

Annexure E: Technical Indicator Description

1.1 Premier Support

Indicator Title	Percentage of Premier's statutory and political obligations
<b>Short Definition</b>	
<b>Purpose / Importance</b>	Effective running of the Provincial Government in order to fulfil electoral mandate, constitution mandate and Provincial Government imperatives and the 12 outcomes implementation
<b>Source / Collection of Data</b>	<p>The key engagements for the Premier will be as follows:</p> <ul style="list-style-type: none"> <li>• 12 * one-on-one meetings with respective MEC's;</li> <li>• 1 * State of the Province Address (SOPA);</li> <li>• 1 * Budget Vote;</li> <li>• 2 * legislation Assented;</li> <li>• 4 * Number of cabinet/ outreach programmes;</li> <li>• 4 * Number of meetings with Human Resources Development Council and Education Stakeholders;</li> <li>• 10 * EXCO cabinet meetings;</li> <li>• 2 * Provincial extended Lekgotlas;</li> <li>• 4 * Presidential Coordinating Council meetings;</li> <li>• 14 * Number of media interviews for the Premier; and</li> <li>• 3 * Number of Provincial Council of AIDS meetings.</li> </ul>
<b>Method of Calculation</b>	<p>Numerator will be number of engagements met /denominator will be the number of engagements planned for the year.</p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b>                      The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the average of validated /restated output of all 4 quarters.</p>
<b>Data Limitations</b>	None, provided that the diary is managed properly
<b>Type of Indicator</b>	Effectiveness indicator
<b>Calculation type</b>	Cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	No
<b>Desired performance</b>	Better functioning of the Provincial Government resulting in the fulfilment of the electoral mandate, constitution mandate and Provincial Government imperatives and the 12 outcomes implementation.
<b>Indicator responsibility</b>	Chief of Staff in Premier's Office

1.2 Director General Support

Indicator Title	Compliance with the strategic planning framework Strategic Plan and Annual Performance Plan
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<b>Short Definition</b>	
<b>Purpose / Importance</b>	To ensure that the Director General, as the Accounting Officer of the department provides / gives strategic direction and complies with legislation
<b>Source / Collection of Data</b>	Strategic Plan and Annual Performance Plan  (The evidence will be the 2017-18 Annual Performance Plan signed by the Director-General & Premier as evidence of approval. Should it be reviewed during 2016-17, the reviewed strategic plan for the current 2014-2019 government term of government will be evidence)
<b>Method of Calculation</b>	Number of documents counted  <b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the sum of validated /restated output of all 4 quarters.
<b>Data Limitations</b>	None
<b>Type of Indicator</b>	Output
<b>Calculation type</b>	Non-cumulative
<b>Reporting cycle</b>	Annually – 4 <sup>th</sup> quarter
<b>New indicator</b>	No
<b>Desired performance</b>	Compliance with the strategic planning framework.
<b>Indicator responsibility</b>	Director General

<b>Indicator Title</b>	<b>MPAT level obtained by the Office of the Premier</b>
<b>Short Definition</b>	NA
<b>Purpose / Importance</b>	It gives an indication of the overall level attained by the Office of the Premier for MPAT all Key Performance Areas thereby showing its ability to effectively manage its Strategic management, Governance and Accountability, Human Resource Management and systems, Financial Management for achievement of departmental objectives as set out in departmental Strategic and Annual plans.
<b>Source / Collection of Data</b>	Primary source: The Preliminary Moderated MPAT 1.6 results issued for OTP by the DPME available at the end of the reporting period; or Corresponding OTP MPAT 1.6 Self assessment results verified by Internal Audit Unit within Provincial Treasury are submitted to DPME.
<b>Method of Calculation</b>	Number of reports counted.  <b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate

	disclosures will be made in the APR. APR output is the same as 4 <sup>th</sup> quarter validated/restated output.
<b>Data Limitations</b>	Inaccurate data and incomplete evidence as well as deficiencies in capturing and uploading of evidence and information for assessment/moderation can influence the score negatively  Delays in issuing final scores by DPME will result in un-moderated results being reported
<b>Type of Indicator</b>	Qualitative Outcome
<b>Calculation type</b>	Non - Cumulative
<b>Reporting cycle</b>	Annually – 4 <sup>th</sup> quarter
<b>New indicator</b>	Yes
<b>Desired performance</b>	Higher actual performance is desirable
<b>Indicator responsibility</b>	Accounting Officer and Unit Head

<b>Indicator Title</b>	<b>Number of reports reflecting strategic decisions taken by Senior Management</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	To track progress on the strategic implementation in the organisation
<b>Source / Collection of Data</b>	The 4 quarterly report may cover the following items: <ul style="list-style-type: none"> <li>- TMC (Top management Committee meetings);</li> <li>- SMT meetings (Senior Management Team meetings); and</li> <li>- Risk Management issues</li> </ul>
<b>Method of Calculation</b>	Number of reports counted  <b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the sum of validated /restated output of all 4 quarters.
<b>Data Limitations</b>	Circumstances which demand a deviation from the SMT Plan based on performance of the source mentioned
<b>Type of Indicator</b>	Outcome Output
<b>Calculation type</b>	Cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	Yes
<b>Desired performance</b>	All strategic decisions are successfully implemented
<b>Indicator responsibility</b>	Accounting Officer and Unit Head

<b>Indicator Title</b>	<b>Number of reports reflecting strategic decisions taken by Heads of Departments</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	HOD: to ensure strategic guidance and synergy in policy implementation / transversal matters
<b>Source / Collection of Data</b>	The 4 quarterly reports may cover the following item:

	- Heads of department (HOD) forum meetings.
<b>Method of Calculation</b>	Number of reports counted  <b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the sum of validated /restated output of all 4 quarters.
<b>Data Limitations</b>	Based on the performance of sources mentioned
<b>Type of Indicator</b>	Outcome Output
<b>Calculation type</b>	Cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	Yes
<b>Desired performance</b>	Improved coordination on transversal issues resulting improved service delivery.
<b>Indicator responsibility</b>	Accounting Officer

#### 1.2.2 Security and Records Management

<b>Indicator Title</b>	Number of reports of units monitored to check compliance with the Minimum Information Security Standards
<b>Short Definition</b>	
<b>Purpose / Importance</b>	Compliance with the Minimum Information Security Standards (MISS)
<b>Source / Collection of Data</b>	When applicable, the four quarterly reports, may include some of the following reporting items: <ul style="list-style-type: none"> <li>• Awareness sessions in all 23 Units;</li> <li>• Physical inspections of files in Units within the Office of the Premier;</li> <li>• Surprise inspections at units;</li> <li>• Engagements with security agencies; and</li> <li>• Any other additional compliance issue with MISS that management may deem appropriate to report to the users.</li> </ul>
<b>Method of Calculation</b>	Number of reports counted  <b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the sum of

	validated /restated output of all 4 quarters.
<b>Data Limitations</b>	Non-classification of documents
<b>Type of Indicator</b>	Output
<b>Calculation type</b>	Cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	No
<b>Desired performance</b>	That all documents and information be referenced and classified in all Units
<b>Indicator responsibility</b>	Unit Head

<b>Indicator Title</b>	<b>Number of reports on provincial security coordination</b>																																										
<b>Short Definition</b>																																											
<b>Purpose / Importance</b>	To ensure that all provincial events and projects are properly coordinated by Office of the Premier with regards to security.																																										
<b>Source / Collection of Data</b>	All departments in the province																																										
<b>Method of Calculation</b>	<p>Number of reports counted</p> <p>When applicable, the four quarterly reports, may include some of the following reporting items:</p> <ul style="list-style-type: none"> <li>events that must happen each year are as follows:</li> </ul> <table border="1"> <thead> <tr> <th></th> <th><b>EVENTS</b></th> <th><b>DEPARTMENTS</b></th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Freedom Day Commemoration</td> <td>Office of the Premier / Sports, Arts &amp; Culture</td> </tr> <tr> <td>2</td> <td>Workers Day</td> <td>Office of the Premier / Labour</td> </tr> <tr> <td>3</td> <td>Youth Day</td> <td>Office of the Premier / Sports, Arts &amp; Culture</td> </tr> <tr> <td>4</td> <td>60th Anniversary Women's Day</td> <td>Office of the Premier / Sports, Arts &amp; Culture</td> </tr> <tr> <td>5</td> <td>Heritage Day</td> <td>Office of the Premier / Sports, Arts &amp; Culture</td> </tr> <tr> <td>6</td> <td>International World Aids Day</td> <td>Office of the Premier / Health</td> </tr> <tr> <td>7</td> <td>International Anti-Corruption Day</td> <td>Office of the Premier</td> </tr> <tr> <td>8</td> <td>Day Of Reconciliation</td> <td>Sports, Arts &amp; Culture</td> </tr> <tr> <td>9</td> <td>State Of The Province Address (SOPA)</td> <td>Office of the Premier</td> </tr> <tr> <td>10</td> <td>Government Security Audits (SAPS/SSA)</td> <td>Office of the Premier / South African Police Services / Transport, Safety &amp; Liaison, State Security Agency (SSA)(NIA-National Intelligent Agency)</td> </tr> <tr> <td>11</td> <td>International Women's Day</td> <td>Office of the Premier / Sports, Arts &amp; Culture</td> </tr> <tr> <td>12</td> <td>Human Rights Day</td> <td>Office of the Premier / Sports, Arts &amp; Culture</td> </tr> <tr> <td>13</td> <td>World TB Day</td> <td>Office of the Premier / Health</td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>Some provincial events are demand driven;</li> <li>Security related visitations to sector departments; and</li> <li>Any other additional provincial security coordination issues that management may deem appropriate to report to the users.</li> </ul> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b></p> <p>The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the sum of validated /restated output of all 4 quarters.</p>		<b>EVENTS</b>	<b>DEPARTMENTS</b>	1	Freedom Day Commemoration	Office of the Premier / Sports, Arts & Culture	2	Workers Day	Office of the Premier / Labour	3	Youth Day	Office of the Premier / Sports, Arts & Culture	4	60th Anniversary Women's Day	Office of the Premier / Sports, Arts & Culture	5	Heritage Day	Office of the Premier / Sports, Arts & Culture	6	International World Aids Day	Office of the Premier / Health	7	International Anti-Corruption Day	Office of the Premier	8	Day Of Reconciliation	Sports, Arts & Culture	9	State Of The Province Address (SOPA)	Office of the Premier	10	Government Security Audits (SAPS/SSA)	Office of the Premier / South African Police Services / Transport, Safety & Liaison, State Security Agency (SSA)(NIA-National Intelligent Agency)	11	International Women's Day	Office of the Premier / Sports, Arts & Culture	12	Human Rights Day	Office of the Premier / Sports, Arts & Culture	13	World TB Day	Office of the Premier / Health
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<b>New indicator</b>	No																																										
<b>Desired performance</b>	All events and projects security coordinated satisfactorily																																										
<b>Indicator responsibility</b>	Unit Head																																										

<b>Indicator Title</b>	<b>Number of security assessment reports</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	To ensure that new staff additions in 2016-17 are screened.
<b>Source / Collection of Data</b>	All units in the Office of the Premier
<b>Method of Calculation</b>	<p>Number of reports counted</p> <p>When applicable, the four quarterly reports, may include some of the following reporting items:</p> <ul style="list-style-type: none"> <li>• Training of officials to conduct security screening;</li> <li>• Screening of new staff additions in 2016-17; and</li> <li>• Any security assessment issue that management may deem appropriate to report to the users.</li> </ul> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b>  The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the sum of validated /restated output of all 4 quarters.</p>
<b>Data Limitations</b>	No data limitation
<b>Type of Indicator</b>	Output
<b>Calculation type</b>	Cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	No
<b>Desired performance</b>	To ensure that all staff are screened prior to appointment.
<b>Indicator responsibility</b>	Unit Head

### 1.2.3. Provincial Council on AIDS – Secretariat

<b>Indicator Title</b>	<b>Number of reports on the functionality of Provincial Council on AIDS</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	To strengthen governance, coordination and institutional arrangements for the provincial HIV/AIDS responses
<b>Source / Collection of Data</b>	<p>The four quarterly reports may include some of the following reporting items:</p> <ul style="list-style-type: none"> <li>- Meetings of the Provincial Council on Aids (PCA) and its substructures; namely, Civil society forum, Partner’s forum; Inter departmental Committee;</li> <li>- Meetings of the District AIDS and Local AIDS Council’s; and</li> <li>- Any issue regarding functionality of PCA at district and local levels that management may deem appropriate to report to the users.</li> </ul>

<b>Method of Calculation</b>	Number of reports counted  <b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the sum of validated /restated output of all 4 quarters.
<b>Data Limitations</b>	None
<b>Type of Indicator</b>	Effectiveness indicator
<b>Calculation type</b>	Cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	Yes
<b>Desired performance</b>	A functional Provincial Council on AIDS and its substructures
<b>Indicator responsibility</b>	Unit Head

<b>Indicator Title</b>	<b>Number of report on the implementation of Provincial Strategic Plan on AIDS</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	To strengthen governance, coordination and institutional arrangements for the provincial HIV/AIDS responses
<b>Source / Collection of Data</b>	All government departments and municipalities
<b>Method of Calculation</b>	Number of reports counted  <b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the sum of validated /restated output of all 4 quarters.
<b>Data Limitations</b>	None
<b>Type of Indicator</b>	Effectiveness indicator
<b>Calculation type</b>	Cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	Yes
<b>Desired performance</b>	Sectors (Government, Business sector, Labour and Civil Society) meet their indicator requirements as per the M&E framework
<b>Indicator responsibility</b>	Unit Head

### 1.3 Executive Council Support

<b>Indicator Title</b>	<b>Number of reports on Executive Council engagement</b>
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<b>Short Definition</b>	
<b>Purpose / Importance</b>	To provide strategic, policy and operational support to the Executive Council through secretarial services, programme and decision management and implantation to enable Executive Council Clusters to function optimally
<b>Source / Collection of Data</b>	The four quarterly reports may include some of the following reporting items: <ul style="list-style-type: none"> <li>- Executive council meetings; and</li> <li>- Executive council outreach programmes.</li> </ul>
<b>Method of Calculation</b>	Number of reports counted  <b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the sum of validated /restated output of all 4 quarters.
<b>Data Limitations</b>	None
<b>Type of Indicator</b>	Output
<b>Calculation type</b>	Cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	Yes
<b>Desired performance</b>	Fully supported EXCO council resulting in better decision making and decision implementation
<b>Indicator responsibility</b>	Unit Head

<b>Indicator Title</b>	<b>Number of reports on Cluster engagements</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	To provide strategic, policy and operational support to the Clusters through secretarial services, programme and decision management and implantation to enable Executive Council Clusters to function optimally
<b>Source / Collection of Data</b>	The four quarterly reports may include some of the following reporting items: <ul style="list-style-type: none"> <li>- Governance &amp; Administration (G&amp;A) cluster meetings;</li> <li>- Economic cluster meetings; and</li> <li>- Social cluster meetings.</li> </ul>
<b>Method of Calculation</b>	Number of reports counted  <b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate

	disclosures will be made in the APR. APR output will be the sum of validated /restated output of all 4 quarters.
<b>Data Limitations</b>	None
<b>Type of Indicator</b>	Output
<b>Calculation type</b>	Cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	Yes
<b>Desired performance</b>	Better functioning of the EXCO clusters resulting improved decision making and decision implementation
<b>Indicator responsibility</b>	Unit Head

#### 1.4 Financial Management

<b>Indicator Title</b>	<b>Number of reports on the financial management services</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	To maintain the unqualified audit opinion Outcome that contributes to the achievement of Outcome 12
<b>Source / Collection of Data</b>	<p>Financial management services include</p> <ul style="list-style-type: none"> <li>- Financial Accounting;</li> <li>- Management Accounting;</li> <li>- Asset Management; and</li> <li>- Supply Chain Management (SCM).</li> </ul> <p>The 4 quarterly reports will include the following principal report issues:</p> <ul style="list-style-type: none"> <li>- 3 * Interim financial statements of 2016-17 financial year.</li> <li>- 1 * AFS for the preceding year (2015-16) &amp; the unqualified audit opinion of that preceding year.</li> </ul> <p>Furthermore, the 4 quarterly reports may also include, the following very important issues:</p> <p><u>SCM</u></p> <ul style="list-style-type: none"> <li>- Monthly reports to Treasury for expenditure exceeding R 30 000;</li> <li>- Number of orders processed;</li> <li>- Fleet requests processed; and</li> <li>- Procurement plans.</li> </ul> <p><u>Asset Management</u></p> <ul style="list-style-type: none"> <li>- Monthly returns to Provincial Treasury.</li> </ul> <p><u>Financial Accounting</u></p> <ul style="list-style-type: none"> <li>- Monthly financial compliance certificates to Treasury;</li> <li>- Number of invoices processed in a quarter;</li> <li>- Number of subsistence claims processed in a quarter; and</li> <li>- Indication of whether suppliers were paid within 30 days/Instruction note 34 returns to Treasury regarding 30 day payment period.</li> </ul> <p><u>Management Accounting</u></p>

	<ul style="list-style-type: none"> <li>- In year budget monitoring reports;</li> <li>- Revenue reports;</li> <li>- Monthly budget expenditure reports; and</li> <li>- Capture of budget on BAS.</li> </ul> <p>The quarterly report may include any issue not covered above, should management deem it to be useful to report to the users of the performance reports.</p>
<b>Method of Calculation</b>	<p>Number of reports counted</p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b>  The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the sum of validated /restated output of all 4 quarters.</p>
<b>Data Limitations</b>	The desired performance will only be known in the first subsequent quarter of the 2016-17 financial year
<b>Type of Indicator</b>	Outcome
<b>Calculation type</b>	Cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	Yes
<b>Desired performance</b>	Financially unqualified audit opinion is the desired performance outcome on the annual financial statements for 2016-17
<b>Indicator responsibility</b>	Chief Financial Officer

Programme 2: Institutional Development

2.1 Strategic Human Resource Management

2.1.1 Human Resource Administration

<b>Indicator Title</b>	<b>Percentage of vacant funded posts filled within 12 months within the Office of the Premier (OTP)</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	It gives an indication of the Percentage of vacant funded posts filled within 12 months the Premier approves the submission of the filling of posts taking into account the cost containment measures and the extent that the OTP complies with the prescribed period and strives to maintain adequate staffing levels to achieve its objectives.
<b>Source / Collection of Data</b>	<ul style="list-style-type: none"> <li>• Approved submission by the Premier after Provincial Treasury's input as per the cost containment measures.</li> <li>• Relevant Persal Reports and personnel files</li> </ul>
<b>Method of Calculation</b>	<p>Calculation  <math>\text{Numerator} / \text{Denominator} \times 100 = \%</math></p> <p><b><u>Bi-annual calculation</u></b>  <b>Numerator</b>                      Total number of filled posts within 12 months after approval by Premier for filling at reporting period.</p> <p><b>Denominator</b>                      Total number of posts approved by Premier to be filled during the reporting period.</p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b>                      The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR calculation is the same as bi-annual calculation.</p>
<b>Data Limitations</b>	Reliability depends on accuracy of recruitment record based on the correct and regular capturing/ updating of the database/ record and loading of information on the Persal system
<b>Type of Indicator</b>	Quantitative output
<b>Calculation type</b>	Non-cumulative
<b>Reporting cycle</b>	Bi-annually
<b>New indicator</b>	Yes
<b>Desired performance</b>	Higher than targeted performance is desirable
<b>Indicator responsibility</b>	Senior Manager: Human Resource Administration

<b>Indicator Title</b>	<b>Average period in months to fill vacant funded posts from the date it became vacant within the Office of the Premier</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	It gives an indication of the average turnaround time for filling vacant

	funded posts and to what extent the OTP complies with the prescribed 12 months period for filling of vacant posts
<b>Source / Collection of Data</b>	Primary source <ul style="list-style-type: none"> <li>Approved submission by the Premier after Provincial Treasury's input as per the cost containment measures.</li> </ul> Supporting evidence/ secondary sources: Relevant Persal Reports and personnel files
<b>Method of Calculation</b>	Calculate the average period by dividing the sum of months it took to fill all the posts by the sum of ALL posts filled, i.e. Numerator/ Denominator = Average Numerator Number of months it took to fill all the posts that were filled (IRRESPECTIVE WHETHER WITHIN 12 MONTHS OR NOT) From the date of Premier approval submission.  Denominator Calculate the sum of ALL the posts that were filled (IRRESPECTIVE WHETHER WITHIN 12 MONTHS OR NOT) as at the end of the reporting period as per the Premier approval submission.  <u><b>Annual Performance Report (APR) annual aggregation process</b></u> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR calculation is the same as the 4 <sup>th</sup> quarter calculation. This means 4 <sup>th</sup> quarter validation/ restated output with the same as APR output.
<b>Data Limitations</b>	Reliability depends on accuracy of recruitment record based on the correct and regular capturing/ updating of the database/ record and loading of information on the Persal system
<b>Type of Indicator</b>	Output
<b>Calculation type</b>	Non-cumulative
<b>Reporting cycle</b>	Annually at end of 4 <sup>th</sup> quarter
<b>New indicator</b>	Yes
<b>Desired performance</b>	Better actual performance is desirable (below 12 months)
<b>Indicator responsibility</b>	Senior Manager: Human Resource Administration

<b>Indicator Title</b>	<b>Average period in months to fill vacant funded posts from the date it became vacant within the Northern Cape Provincial Administration (NCPA)</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	It gives an indication of the overall average turnaround time for filling of vacant funded posts within the NCPA and to what extent the 12 departments within the NCPA comply with the prescribed 12 month timeframe for filling of vacant funded posts. It also indicates the extent to which the OTP effectively coordinates, guides and supports departments to improve in this regard
<b>Source / Collection of Data</b>	Primary source Consolidated Report reflecting average period in months it took each of the 12 provincial departments to fill its vacant funded posts from the date.

	<p>The Premier approved the filling of posts in terms of the cost containment circular.</p> <p>Supporting evidence/secondary sources: Relevant Persal Reports and personnel files</p>
<b>Method of Calculation</b>	<p>Numerator Calculate the sum of all the average periods in months it took the 12 provincial departments to fill vacant funded posts during the reporting period from the date they were approved by executive authorities after consultation with Premier and Treasury.</p> <p>Denominator The number of provincial departments within the NCPA =12</p> <p>Calculation Numerator/ Denominator = Average</p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.</p> <p>The APR output will be the same as the 4<sup>th</sup> quarter report restated/validated output.</p>
<b>Data Limitations</b>	<p>Reliability depends on the accuracy of reports received from departments based on correct loading of information on the Persal system/ updating of their records. To ensure accuracy, validity and completeness of the reported outcomes, underlying supporting documents/evidence must accompany reports from departments. Source documents will enable OTP to validate claims in the reports from departments. In the absent of source documents, accuracy, validity, completeness of the output will not be ascertained.</p>
<b>Type of Indicator</b>	Output
<b>Calculation type</b>	Non-cumulative
<b>Reporting cycle</b>	Annually (4 <sup>th</sup> quarter)
<b>New indicator</b>	Yes
<b>Desired performance</b>	On target will be a positive indication and vast improvement
<b>Indicator responsibility</b>	Senior Manager: Human Resource Administration & Chief Director: Human Resource Management

<b>Indicator Title</b>	<b>Average percentage of funded vacant posts on PERSAL (Vacancy Rate) within the Office of the Premier</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	It gives an indication of the vacancy rate within the OTP and thereby by effectiveness and efficiency of the OTP's recruitment practices/processes that enables it to comply with the prescribed 10% vacancy rate and to therefore maintain adequate staffing levels to achieve its objectives.
<b>Source / Collection of Data</b>	Persal reports reflecting the number of posts on the establishment (posts approved by the Premier for filling plus active filled posts) for the reporting cycle
<b>Method of Calculation</b>	Numerator

	<p>Number of posts approved by Premier for filling.</p> <p>Denominator</p> <p>Number of all filled posts on the establishment plus number of posts approved by Premier as per the cost containment measures.</p> <p>Calculation</p> <p>Divide the posts approved for filling by the Premier by number of posts on the establishment (filled posts plus post on the Premier's approval submission) and multiply by 100 (Numerator/denominator x 100 = %)</p> <p><b>Annual Performance Report (APR) annual aggregation process</b></p> <p>The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. The APR calculation will be the number of posts approved by the Premier for the entire financial year adjusted for filled posts divided by all posts as at 31 March of the financial year and unfilled approved posts.</p>
<b>Data Limitations</b>	Reliability depends on the accuracy of data based on correct and timely loading/updating of information on the Persal system
<b>Type of Indicator</b>	Qualitative output
<b>Calculation type</b>	Non-cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	Yes
<b>Desired performance</b>	Better actual performance of below 10% is desirable
<b>Indicator responsibility</b>	Senior Manager: Human Resource Administration

<b>Indicator Title</b>	<b>Average percentage of funded vacant posts on PERSAL (Vacancy Rate within the NCPA)</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	It gives an indication of the overall average turnaround time for filling of vacant funded posts within the NCPA and to what extent the 12 departments within the NCPA comply with the prescribed 12 month timeframe for filling of vacant funded posts. It also indicates the extent to which the OTP effectively coordinates guides and supports departments to improve in this regard.
<b>Source / Collection of Data</b>	<p>Primary source</p> <p>Consolidated Report reflecting average vacancy rate for each of the 12 provincial departments as at end of the reporting cycle</p> <p>Secondary sources:</p> <p>Relevant Persal Reports</p>
<b>Method of Calculation</b>	<p>Numerator</p> <p>Calculate the sum of the all the average vacancy rates of the 12 provincial departments as at end of the reporting cycle</p> <p>Denominator</p> <p>The number of provincial departments within the NCPA =12</p> <p>Calculation</p> <p>Numerator/ Denominator = Average</p>

	<p><b><u>Annual Performance Report (APR) annual aggregation process</u></b></p> <p>The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.</p> <p>APR will be computed by taking the average of all 4 quarters.</p> $\frac{Q1 + Q2 + Q3 + Q4}{4}$
<b>Data Limitations</b>	Reliability depends on the accuracy of data based on correct and timely loading/ updating of information on the Persal system. To ensure accuracy, validity and completeness of the reported outcomes, underlying supporting documents/evidence must accompany reports from departments. Source documents will enable OTP to validate claims in the reports from departments. In the absent of source documents, accuracy, validity, completeness of the output will not be ascertained.
<b>Type of Indicator</b>	Qualitative output
<b>Calculation type</b>	Non-cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	Yes
<b>Desired performance</b>	Better actual performance of 10% vacancy rate across all provincial departments within the NCPA is desirable
<b>Indicator responsibility</b>	Senior Manager: Human Resource Administration & Chief Director: Human Resource Management

<b>Indicator Title</b>	<b>Number of new Provincial Human Resource Administration (HRA) policies developed and approved</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	It indicates the number of new policies to be developed as governance instruments to guide and strengthen level of standardised and common/consistent practice and conduct in the 2 identified areas across all Departments within the NCPA. It also indicates the extent to which the OTP effectively coordinates guides and supports departments to improve in this regard.
<b>Source / Collection of Data</b>	<p>Primary source</p> <p>Actual approved new provincial policies (Planned new policies)</p> <ol style="list-style-type: none"> <li>1. Provincial Recruitment and Selection and</li> <li>2. Provincial Dress Code policy</li> </ol> <p>Secondary sources</p> <p>Policy register (records of policy drafting and draft policies)</p>
<b>Method of Calculation</b>	<p>Count every new transversal Provincial Human Resource Administration policy that has been approved as at the end of the reporting cycle.</p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b></p> <p>The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and</p>

	<p>complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.</p> <p>APR will be the sum of the approved policies during the 2<sup>nd</sup> and 4<sup>th</sup> quarter.</p>
<b>Data Limitations</b>	The accuracy of the data depends on the extent of research done regarding trends and new developments, sufficient consultation and comprehensiveness of the data/information captured/recorded
<b>Type of Indicator</b>	Output
<b>Calculation type</b>	Cumulative
<b>Reporting cycle</b>	Bi-annually at the end of 2 <sup>nd</sup> and 4 <sup>th</sup> quarters
<b>New indicator</b>	Yes
<b>Desired performance</b>	Higher than targeted performance is desirable
<b>Indicator responsibility</b>	Senior Manager: Human Resource Administration & Chief Director Human Resource Management

<b>Indicator Title</b>	<b>Number of existing approved Departmental HR Policies reviewed</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	It indicates the number of existing OTP policies to be reviewed and therefore OTPs efforts to update/amend its governance instruments to ensure current relevance and compliance/consistency with new developments and legislation
<b>Source / Collection of Data</b>	Policy register (records of reviews) Actual revised OTP policies Special Leave Policy and Recruitment and Selection Policy
<b>Method of Calculation</b>	<p>Count every existing OTP Human Resource Administration policy that has been reviewed as at the end of the reporting cycle</p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.</p> <p>APR will be the sum of the approved policies during the 2<sup>nd</sup> and 4<sup>th</sup> quarter.</p>
<b>Data Limitations</b>	The accuracy of the data depends on the extent of research done regarding trends and new developments/legislation, sufficient consultation and comprehensiveness of the data/information captured/recorded
<b>Type of Indicator</b>	Output
<b>Calculation type</b>	Cumulative
<b>Reporting cycle</b>	Bi-annually at the end of 2 <sup>nd</sup> and 4 <sup>th</sup> quarter
<b>New indicator</b>	Yes
<b>Desired performance</b>	On target
<b>Indicator responsibility</b>	Senior Manager: Human resource Administration

<b>Indicator Title</b>	<b>Management Performance Assessment Tool (MPAT) Level attained for</b>
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<b>Human Resource Administration standard by the Office of the Premier</b>	
<b>Short Definition</b>	
<b>Purpose / Importance</b>	It gives an indication of the score that the OTP obtains on Standard 3.2.2: Application of Recruitment and Retention Practices in the Human Resource Practice and Administration MPAT Performance area
<b>Source / Collection of Data</b>	Primary source The Preliminary Moderated MPAT 1.6 results issued to OTP by the DPME available at the end of the reporting period <sup>1</sup> Corresponding Departmental MPAT 1.6 Self assessment results verified by Internal Audit Unit within Provincial Treasury as submitted to DPME <sup>2</sup>
<b>Method of Calculation</b>	Report the Preliminary Moderated MPAT 1.6 score attained by OTP for standard 3.2.2: Application of Recruitment and Retention Practices in the Human Resource Practice and Administration MPAT Performance area.  <b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.  APR output will be 4 <sup>th</sup> quarter output.
<b>Data Limitations</b>	Inaccurate data and incomplete evidence as well as deficiencies in capturing and uploading of evidence and information for assessment/moderation can influence the score negatively Delays in issuing final scores by DPME will result in un-moderated results being reported
<b>Type of Indicator</b>	Qualitative (outcome)
<b>Calculation type</b>	Non-cumulative
<b>Reporting cycle</b>	Annually at the end of 4 <sup>th</sup> quarter
<b>New indicator</b>	New
<b>Desired performance</b>	On target
<b>Indicator responsibility</b>	Senior Manager: Human Resource Administration

<b>Indicator Title Percentage of Provincial Departments that improves on HR MPAT scores</b>	
<b>Short Definition</b>	
<b>Purpose / Importance</b>	It gives an indication of the extent of improvement <sup>3</sup> in the MPAT scores obtained or sustained at level 4 by provincial departments in MPAT Standard 3.2.2: Application of Recruitment and Retention Practices in the Human Resource Practice and Administration Performance area and thus also improved compliance levels with the legislative framework governing Recruitment and Retention Practices. It also indicates the extent to which the OTP effectively coordinates guides and supports departments to improve in this regard.
<b>Source / Collection of Data</b>	Primary source The Preliminary Moderated MPAT 1.6 results issued to provincial departments by the DPME during the reporting period and the Final Moderated MPAT 1.5 results issued by the DPME for the preceding year specific reference to MPAT Standard 3.2.2: Application of Recruitment and Retention Practices.  Target 9 Departments:

	<ul style="list-style-type: none"> <li>• Agriculture</li> <li>• Environment</li> <li>• Provincial Treasury</li> <li>• Transport</li> <li>• OTP</li> <li>• Roads</li> <li>• Education</li> <li>• Economic Dev</li> <li>• COGHSTA</li> </ul>
<b>Method of Calculation</b>	<p><b>Numerator</b> Number of Departments that sustained level 4 or improved their score in MPAT Standard 3.2.2: Application of Recruitment and Retention Practices in MPAT 1.6 Results if compared to the MPAT 1.5 results. An Improvement is defined as doing better than MPAT1.5 e.g. improved from 2 to 3 or 1 to 2 e.t.c. When a department maintains a level 4 (highest/ there is no level above 4 in MPAT standards) Comparing the 2 cycle, this will be included as an improvement as MPAT standards are improved each year.</p> <p><b>Denominator</b> Number of Provincial departments = 12</p> <p><b>Calculation</b> Numerator/denominator x 100 = %</p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.</p> <p>APR output will be 4<sup>th</sup> quarter output.</p>
<b>Data Limitations</b>	<p>Inaccurate data and incomplete evidence as well as deficiencies in capturing and uploading of evidence and information for assessment/moderation can influence the score negatively</p> <p>Delays in issuing final scores by DPME will result in un-moderated results being reported</p>
<b>Type of Indicator</b>	Qualitative (outcome)
<b>Calculation type</b>	Non-cumulative
<b>Reporting cycle</b>	Annually at the end of 4 <sup>th</sup> quarter
<b>New indicator</b>	New
<b>Desired performance</b>	Higher than targeted performance is desirable
<b>Indicator responsibility</b>	Senior Manager: Human Resource Administration & Chief Director: Human Resource Management

<b>Indicator Title</b>	<b>% of leave captured on PERSAL</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	To indicate the extent of leave and attendance management within the Office of the Premier to ensure accuracy and timely capturing of leave and therefore reliable leave records
<b>Source / Collection of Data</b>	Secondary sources Leave registers

	Leave Persal reports
<b>Method of Calculation</b>	<p><b>Numerator</b> Number of received approved leave forms captured on Persal as at the end of the reporting period</p> <p><b>Denominator</b> Number of approved leave forms received by HRA as at the end of the reporting period</p> <p><b>Calculate</b> Numerator/denominator x 100</p> <p><b><u>Annual Performance Report (APR) /annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be an average of all 4 quarterly validated / restated outputs.</p>
<b>Data Limitations</b>	Reliability depends on the accuracy of Leave Registers and Persal reports based on faithful submission of approved leave forms, adequate controls for movement of leave forms and correct loading of information on the Persal system/ updating of their records
<b>Type of Indicator</b>	Qualitative output
<b>Calculation type</b>	Non -cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	New
<b>Desired performance</b>	On target performance signifying effective leave management
<b>Indicator responsibility</b>	Senior Manager: Human Resource Administration

### 2.1.2 Efficiency Services

<b>Indicator Title</b>	<b>Number of strategic services with mapped business processes within provincial departments</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	<p>It gives an indication of Office of the Premier's efforts to assist departments in documenting business processes for strategic services delivered by provincial departments for continuous service improvement purposes, in line with the legislative framework governing organisational design (OD) and service delivery improvement, as well as Outcome 12. The focus would be on Office of the Premier and Education ( Services:</p> <ul style="list-style-type: none"> <li>• Development of Standard Operating Procedures (OTP)</li> <li>• Job Evaluation (OTP)</li> <li>• Human Resources Administration: Recruitment (OTP)</li> <li>• Learner teacher support materials (Education)</li> </ul>
<b>Source / Collection of Data</b>	<p>Primary source: Reports on/ Records of strategic services with approved, mapped business processes</p> <p>Secondary Source: Business processes identified must be derived from the departmental Service Delivery Model. In the absence of a Service Delivery Model for the Department, a Service Delivery Model may be developed for the specific</p>

	identified strategic service, or the departmental Service Delivery Improvement Plan may be used
<b>Method of Calculation</b>	<p>Calculate the sum of/ count every strategic service with recorded approved mapped business processes, as derived from the relevant Departmental Service Delivery Models.</p> <p>a) The target of the second quarter relates to the actual output of the 2<sup>nd</sup> quarter plus output of the 1<sup>st</sup> quarter.  b) The target for the 3<sup>rd</sup> quarter comprises of 3<sup>rd</sup> quarter output, plus 1<sup>st</sup> and 2<sup>nd</sup> quarter outputs.  c) 4<sup>th</sup> quarter outputs relate to 4<sup>th</sup> quarter output, plus 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> quarter outputs.  d) The APR will be the output of 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> quarters added together.</p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b>  The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.</p>
<b>Data Limitations</b>	<p>Co-operation and capacity of provincial departments to participate and provide accurate data, on time.</p> <p>Co-operation and capacity within the Office of the Premier to provide data accurately and on time, and map business processes. Service delivery models have not been developed in most departments.</p>
<b>Type of Indicator</b>	Output
<b>Calculation type</b>	Cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	Yes
<b>Desired performance</b>	Higher actual performance would be desirable and a positive indication.
<b>Indicator responsibility</b>	Chief Director: Human Resource Management Director: Efficiency Services

<b>Indicator Title</b>	<b>Number of strategic services with developed Standard Operating Procedures within provincial departments.</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	<p>It gives an indication that standard operating procedures within provincial departments have been formally documented, to ensure consistent application of processes, in line with the legislative framework governing service delivery improvement, as well as Outcome 12. The focus would be on Office of the Premier and Education ( Services:</p> <ul style="list-style-type: none"> <li>• Development of Standard Operating Procedures (OTP)</li> <li>• Job Evaluation (OTP)</li> <li>• Human Resources Administration: Recruitment (OTP)</li> <li>• Learner teacher support materials (Education)</li> </ul>
<b>Source / Collection of Data</b>	<p>Approved documented Standard Operating Procedures, as received from provincial departments.</p> <p>Approved Standard Operating Procedures as developed for the Office of the Premier.</p>

<b>Method of Calculation</b>	<p>a) The target of the second quarter relates to the actual output of the 2<sup>nd</sup> quarter plus output of the 1<sup>st</sup> quarter.</p> <p>b) The target for the 3<sup>rd</sup> quarter comprises of 3<sup>rd</sup> quarter output, plus 1<sup>st</sup> and 2<sup>nd</sup> quarter outputs.</p> <p>c) 4<sup>th</sup> quarter outputs relate to 4<sup>th</sup> quarter output, plus 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> quarter outputs.</p> <p>d) The APR will be the output of 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> quarters added together.</p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b></p> <p>The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.</p>
<b>Data Limitations</b>	<p>Co-operation and capacity of provincial departments to participate and provide data accurately and on time.</p> <p>Co-operation and capacity within the Office of the Premier to provide data accurately and on time, and translate information into Standard Operating Procedures.</p> <p>Service delivery models have not been developed in most departments.</p>
<b>Type of Indicator</b>	Output
<b>Calculation type</b>	Cumulative – for the year
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	Yes
<b>Desired performance</b>	Higher actual performance would be desirable and a positive indication
<b>Indicator responsibility</b>	Chief Director: Human Resource Management Director: Efficiency Services

<b>Indicator Title</b>	<b>% of departments with improved MPAT scores with regards to adherence to delegation principles</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	<p>It gives an indication of the level of improvement by Northern Cape provincial departments in complying with the legislative framework governing HR delegations as well as the management practice as set out in MPAT Standard 3.2.6: HR Delegations in terms of assessment by the Department Policy, Monitoring and Evaluation. It also indicates the extent to which the Office of The Premier effectively coordinates, guides and supports departments to improve in this regard.</p>
<b>Source / Collection of Data</b>	<p>Primary source</p> <p>The Preliminary Moderated MPAT 1.6 results and Final MPAT 1.5 results issued by the Department of Policy, Monitoring and Evaluation and available at end of the reporting; alternatively the corresponding Departmental MPAT 1.6 Self assessment results verified by Internal Audit Unit within Provincial Treasury and as submitted to Department of Policy, Monitoring and Evaluation.</p> <p>Target 6 Departments:</p> <ul style="list-style-type: none"> <li>• COGHSTA</li> <li>• Provincial Treasury</li> <li>• OTP</li> <li>• Environment</li> </ul>

	<ul style="list-style-type: none"> <li>• Education</li> <li>• Economic Dev.</li> </ul>
<b>Method of Calculation</b>	<p><b>Numerator</b> Number of Departments that show improved in terms of MPAT Standard 3.2.6: HR Delegations in MPAT 1.6 results if compared to the MPAT 1.5 results. An Improvement is defined as doing better than MPAT1.5 e.g. improved from 2 to 3 or 1 to 2 e.t.c. When a department maintains a level 4 (highest/ there is no level above 4 in MPAT standards) Comparing the 2 cycle, this will be included as an improvement as MPAT standards are improved each year.</p> <p><b>Denominator</b> Number of Provincial departments = 12</p> <p><b>Calculation</b> Numerator/denominator x 100 = %</p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.</p> <p>APR output will be 4<sup>th</sup> quarter output.</p>
<b>Data Limitations</b>	<p>Inaccurate data and incomplete evidence as well as deficiencies in capturing and uploading of evidence and information for assessment/moderation can influence the score negatively</p> <p>Delays in issuing moderated scores by Department of Policy, Monitoring and Evaluation will result in un-moderated results being reported</p>
<b>Type of Indicator</b>	Output
<b>Calculation type</b>	Non – cumulative
<b>Reporting cycle</b>	Annually – 4 <sup>th</sup> quarter
<b>New indicator</b>	Yes
<b>Desired performance</b>	Higher actual performance would be desirable and a positive indication
<b>Indicator responsibility</b>	Chief Director: Human Resource Management Director: Efficiency Services

<b>Indicator Title</b>	<b>% of departments with improved MPAT scores with regards to Organisational Design (OD)</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	<p>It gives an indication that provincial departments are complying with the legislative framework governing Organisational Design (OD), as set out in the MPAT standard 3.1.2, thereby showing an improvement in this particular management practice.</p> <p>It also indicates the extent to which the Office of the Premier effectively coordinates, guides and supports departments to improve in this regard.</p>
<b>Source / Collection of Data</b>	<p>Primary source The Preliminary Moderated MPAT 1.6 &amp; Final MPAT 1.5 issued by the Department of Policy, Monitoring and Evaluation.</p> <p>Corresponding Departmental MPAT 1.6 Self assessment results verified by Internal Audit Unit within Provincial Treasury as submitted to Department</p>

	of Policy, Monitoring and Evaluation.  Target 6 departments: <ul style="list-style-type: none"> <li>• COGHSTA</li> <li>• Roads</li> <li>• Environment</li> <li>• Social</li> <li>• Education</li> <li>• OTP</li> </ul>
<b>Method of Calculation</b>	<p><b>Numerator</b> The number of provincial departments showing improved scores in standard 3.1.2. OD &amp; Implementation for MPAT1.6 compared to MPAT 1.5 results. An Improvement is defined as doing better than MPAT1.5 e.g. improved from 2 to 3 or 1 to 2 e.t.c. When a department maintains a level 4 (highest/ there is no level above 4 in MPAT standards) Comparing the 2 cycle, this will be included as an improvement as MPAT standards are improved each year.</p> <p><b>Denominator</b> Number of Departments =12</p> <p><b>Calculation :</b> Numerator/ Denominator x100 = %</p> <p><b><u>Annual Performance Report (APR) /annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.</p> <p>APR output will be 4<sup>th</sup> quarter output.</p>
<b>Data Limitations</b>	Inaccurate data and incomplete evidence as well as deficiencies in capturing and uploading of evidence and information for assessment/moderation can influence the score negatively Delays in issuing moderated scores by Department of Policy, Monitoring and Evaluation will result in un-moderated results being reported
<b>Type of Indicator</b>	Qualitative (Outcome)
<b>Calculation type</b>	Non – cumulative
<b>Reporting cycle</b>	Annually – 4 <sup>th</sup> quarter
<b>New indicator</b>	Yes
<b>Desired performance</b>	Higher actual performance would be a desirable and positive indication
<b>Indicator responsibility</b>	Chief Director: Human Resource Management Director: Efficiency Services

<b>Indicator Title</b>	<b>MPAT score attained by the Office of the Premier for Organisational Design (OD).</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	It indicates the extent and level of compliance by the Office of the Premier to legislative and policy frameworks (in particular the 2015 Directive on Changes to organisational structures) and nationally acceptable standard and management practice for Organisational Design (OD) and

	implementation as set out in MPAT standard 3.1.2 and thereby showing its ability to effectively define purpose and functions that are aligned to the Office of the Premier's strategic goals and objectives and as such to effectively support the implementation of its strategic plan
<b>Source / Collection of Data</b>	Primary source The Preliminary Moderated MPAT 1.6 results issued for Office of the Premier by the Department of Policy, Monitoring and Evaluation available at end of the reporting period Corresponding Office of the Premier MPAT 1.6 Self assessment results verified by Internal Audit Unit within Provincial Treasury as submitted to Department of Policy, Monitoring and Evaluation. Approved revised Office of the Premier Organisational Structure and Implementation reports
<b>Method of Calculation</b>	Report the Preliminary Moderated MPAT 1.6 score attained by Office of the Premier for standard 3.1.2. Organisational Design (OD) and Implementation under Performance Area: HR Strategy and Planning.  <b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.  APR output will be 4 <sup>th</sup> quarter output.
<b>Data Limitations</b>	Inaccurate data and incomplete evidence as well as deficiencies in capturing and uploading of evidence and information for assessment/moderation can influence the score negatively Delays in issuing final scores by Department of Policy, Monitoring and Evaluation will result in un-moderated results being reported
<b>Type of Indicator</b>	Qualitative (Outcome)
<b>Calculation type</b>	Non – cumulative
<b>Reporting cycle</b>	Annual – 4 <sup>th</sup> quarter
<b>New indicator</b>	Yes
<b>Desired performance</b>	Higher actual performance would be desirable
<b>Indicator responsibility</b>	Chief Director: Human Resource Management Director: Efficiency Services

<b>Indicator Title</b>	<b>% of provincial departments with improved MPAT scores in terms of Human Resources (HR) planning.</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	It gives an indication of the extent of improvement by provincial departments in complying with the legislative framework governing HR planning as set out in the MPAT standard 3.1.1 Planning thereby showing an improvement in their ability to plan for and address current and future workforce needs for achievement of departmental objectives as set out in their strategic and annual plans. It also indicates the extent to which the Office of the Premier effectively coordinates, guides and supports departments to improve in this regard
<b>Source / Collection of Data</b>	Primary Source The Preliminary Moderated MPAT 1.6 results & Final MPAT 1.5 results in respect of all 12 Northern Cape provincial departments issued by

	<p>Department of Policy, Monitoring and Evaluation and available at end of the reporting period</p> <p>Corresponding Departmental MPAT 1.6 Self assessment results verified by Internal Audit Unit within Provincial Treasury as submitted to Department of Policy, Monitoring and Evaluation</p> <p>Target 6 Departments:</p> <ul style="list-style-type: none"> <li>• COGHSTA</li> <li>• OTP</li> <li>• Environment</li> <li>• Education</li> <li>• Provincial Treasury</li> <li>• Transport</li> </ul>
<b>Method of Calculation</b>	<p><b>Numerator</b></p> <p>The number of departments showing improved scores in terms of standard 3.1.1 HR Planning between MPAT1.5 (2015-16) and MPAT 1.6. (2016-17). An Improvement is defined as doing better than MPAT1.5 e.g. improved from 2 to 3 or 1 to 2 e.t.c. When a department maintains a level 4 (highest/ there is no level above 4 in MPAT standards) Comparing the 2 cycle, this will be included as an improvement as MPAT standards are improved each year.</p> <p><b>Denominator</b></p> <p>Number of Provincial departments = 12</p> <p><b>Calculation</b></p> <p>Numerator/denominator x 100 = %</p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b></p> <p>The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.</p> <p>APR output will be 4<sup>th</sup> quarter output.</p>
<b>Data Limitations</b>	<p>Inaccurate data and incomplete evidence as well as deficiencies in capturing and uploading of evidence and information for assessment/moderation can influence the score negatively</p> <p>Delays in issuing moderated scores by Department of Policy, Monitoring and Evaluation will result in un-moderated results being reported</p>
<b>Type of Indicator</b>	Qualitative (Outcome)
<b>Calculation type</b>	Non – cumulative
<b>Reporting cycle</b>	Annually – 4 <sup>th</sup> quarter
<b>New indicator</b>	Yes
<b>Desired performance</b>	Higher actual performance would be desirable.
<b>Indicator responsibility</b>	Chief Director: Human Resource Management Director: Efficiency Services

<b>Indicator Title</b>	<b>MPAT score attained by the Office of the Premier for Human Resources Planning.</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	It gives an indication of the level attained by the Office of the Premier and

	therefore the extent of compliance with the legislative framework governing HR planning, as set out in the MPAT standard 3.1.1 under Performance Area HR Strategy and Planning thereby showing its ability to plan for and address current and future workforce/ capacity needs for achievement of departmental objectives as set out in departmental strategic and annual plans.
<b>Source / Collection of Data</b>	Primary source: The Preliminary Moderated MPAT 1.6 results issued for Office of the Premier by the Department of Policy, Monitoring and Evaluation available at end of the reporting period Corresponding Office of the Premier MPAT 1.6 Self assessment results verified by Internal Audit Unit within Provincial Treasury as submitted to Department of Policy, Monitoring and Evaluation Approved Office of the Premier Human Resources Plan and Implementation Reports
<b>Method of Calculation</b>	Report the Preliminary Moderated MPAT 1.6 score attained by Office of the Premier for standard 3.1.1 HR Planning under Performance Area: HR Strategy and Planning.  <b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.  APR output will be 4 <sup>th</sup> quarter output.
<b>Data Limitations</b>	Inaccurate data and incomplete evidence as well as deficiencies in capturing and uploading of evidence and information for assessment/moderation can influence the score negatively Delays in issuing final scores by Department of Policy, Monitoring and Evaluation will result in un-moderated results being reported
<b>Type of Indicator</b>	Qualitative Outcome
<b>Calculation type</b>	Non – cumulative
<b>Reporting cycle</b>	Annual – 4 <sup>th</sup> quarter
<b>New indicator</b>	Yes
<b>Desired performance</b>	Higher actual performance would be desirable
<b>Indicator responsibility</b>	Chief Director: Human Resource Management Director: Efficiency Services

### 2.1.3 Labour Relations

<b>Indicator Title</b>	<b>Average period in days to finalise disciplinary cases within the Office of the Premier</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	It gives an indication of the turnaround time for finalizing misconduct cases within the OTP and to what extent the OTP complies with the prescribed 80 days timeframe set for finalizing misconduct cases
<b>Source / Collection of Data</b>	Primary source Verified and approved record/ database reflecting: <ul style="list-style-type: none"> <li>• All misconduct cases that were reported during the reporting cycle</li> <li>• the dates when each of those misconduct cases were reported</li> <li>• the dates when each of those cases were finalised</li> </ul>

	<ul style="list-style-type: none"> <li>The period in days it took to finalise each misconduct case</li> </ul> Supporting evidence/ secondary sources: Relevant Persal Reports and physical case files
<b>Method of Calculation</b>	<p><b>Numerator</b>  Number (sum) of DAYS it took to finalise all those misconduct cases that were finalised (IRRESPECTIVE WHETHER WITHIN 80 DAYS OR NOT) as at the end of the reporting period</p> <p><b>Denominator</b>  Calculate the sum of ALL the MISCONDUCT CASES that were finalized (IRRESPECTIVE WHETHER WITHIN 80 DAYS OR NOT) as at the end of the reporting period</p> <p><b>Calculation</b>  Numerator/ Denominator = Average  (Divide the sum of days by the sum of ALL misconduct cases).</p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b>  The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.</p> <p>APR will be computed by taking the average of all 4 quarters.  <math display="block">\frac{Q1 + Q2 + Q3 + Q4}{4}</math></p>
<b>Data Limitations</b>	Reliability depends on accuracy of records based on the correct and regular capturing/ updating of the database/ record and loading of information on the Persal system. Under/ over reporting / non submission/ incomplete documentation and unverified information may lead to inaccuracies in reports Deficiencies in record keeping, capturing and compilation of reports
<b>Type of Indicator</b>	Output
<b>Calculation type</b>	Cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	Yes
<b>Desired performance</b>	Higher actual performance is desirable
<b>Indicator responsibility</b>	Director Labour Relations

<b>Indicator Title</b>	<b>Average period in days to resolve grievances within the Office of the Premier</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	It gives an indication of the turnaround time for resolving grievances within the OTP and to what extent the OTP complies with the prescribed 30 day period set for resolution of employee grievances
<b>Source / Collection of Data</b>	Primary source Verified and approved record/ database reflecting: <ul style="list-style-type: none"> <li>All grievances that were reported during the reporting cycle</li> <li>the dates when each of those grievances were reported</li> <li>the dates when each of those grievances were resolved</li> <li>The period in days it took to resolve each grievance</li> </ul> Supporting evidence/ secondary sources:

	Relevant Persal Reports and physical case files
<b>Method of Calculation</b>	<p><b>Numerator</b> Number (sum) of DAYS it took to resolve all those grievances that were finalised (IRRESPECTIVE WHETHER WITHIN 30 DAYS OR NOT) as at the end of the reporting period</p> <p><b>Denominator</b> Calculate the sum of ALL the GRIEVANCES that were finalized (IRRESPECTIVE WHETHER WITHIN 30 DAYS OR NOT) as at the end of the reporting period</p> <p><b>Calculation</b> Numerator/ Denominator = Average</p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.</p> <p>APR will be computed by taking the average of all 4 quarters.  <math display="block">\frac{Q1 + Q2 + Q3 + Q4}{4}</math></p>
<b>Data Limitations</b>	<p>Reliability depends on accuracy of records based on the correct and regular capturing/ updating of the database/ record and loading of information on the Persal system.</p> <p>Under/ over reporting / non submission/ incomplete documentation and unverified information may lead to inaccuracies in reports</p> <p>Deficiencies in record keeping, capturing and compilation of reports</p>
<b>Type of Indicator</b>	Output
<b>Calculation type</b>	Cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	Yes
<b>Desired performance</b>	Higher actual performance is desirable
<b>Indicator responsibility</b>	Director Labour Relations

<b>Indicator Title</b>	<b>Average period in days to conclude disputes within the Office of the Premier</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	It gives an indication of the turnaround time for concluding conciliations and arbitrations within the OTP and to what extent the OTP complies with the prescribed 90 days period set for concluding employee/ employer disputes
<b>Source / Collection of Data</b>	<p>Primary source</p> <p>Verified and approved record/ database reflecting:</p> <ul style="list-style-type: none"> <li>• All conciliations and arbitrations on hand within the OTP as at the beginning of the financial year (01 April 2016);</li> <li>• All conciliations and arbitrations that were reported during the reporting cycle</li> <li>• the dates when each of those disputes were reported</li> <li>• the dates when each of those conciliations and arbitrations were concluded at arbitration (Resolution date is the date when parties sign the agreement reached)</li> </ul>

	<ul style="list-style-type: none"> <li>• The period in days it took to conclude each conciliations and arbitrations.</li> <li>• Reasons for deviations where the conciliations and arbitrations were not concluded within 90 days</li> </ul> <p>Supporting evidence/ secondary sources: Relevant Persal Reports and physical case agreements</p>
<b>Method of Calculation</b>	<p><b>Numerator</b> Number (sum) of DAYS it took to conclude all those disputes that were finalized (IRRESPECTIVE WHETHER WITHIN 90 DAYS OR NOT) as at the end of the reporting period</p> <p><b>Denominator</b> Calculate the sum of ALL the DISPUTES that were concluded (IRRESPECTIVE WHETHER WITHIN 90 DAYS OR NOT) as at the end of the reporting period</p> <p><b>Calculation</b> Numerator/ Denominator = Average</p> <p><u>Annual Performance Report (APR) /annual aggregation process</u> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.</p> <p>APR will be computed by taking the average of all 4 quarters. <math display="block">\frac{Q1 + Q2 + Q3 + Q4}{4}</math></p>
<b>Data Limitations</b>	<p>Reliability depends on accuracy of record based on the correct and regular capturing/ updating of the database/ record and loading of information on the Persal system.</p> <p>Under/ over reporting / non submission/ incomplete documentation and unverified information may lead to inaccuracies in reports</p> <p>Deficiencies in record keeping, capturing and compilation of reports</p>
<b>Type of Indicator</b>	Output
<b>Calculation type</b>	Cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	Yes
<b>Desired performance</b>	Higher actual performance is desirable
<b>Indicator responsibility</b>	Director: Labour Relations

<b>Indicator Title</b>	<b>Average period in days to finalise disciplinary cases within NCPA (12 provincial departments)</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	It gives an indication of the provincial average turnaround time for finalizing misconduct cases and to what extent the NCPA/ all twelve provincial departments comply with the prescribed 90 day timeframe set for finalizing disciplinary cases for misconduct. It also indicates the extent to which the OTP LR Unit effectively coordinates, guides and supports departments to improve in this regard
<b>Source / Collection of Data</b>	Primary source Consolidated Provincial Reports as at end of each quarter based on Labour Relations reports/ returns submitted by all 12 provincial departments

	<p>within the NCPA reflecting each department's average period in days to resolve disciplinary cases for misconduct</p> <p>Supporting evidence/ secondary sources:          Departmental LR Reports Returns          Relevant PERSAL Reports</p>
<b>Method of Calculation</b>	<p><b>Numerator</b>          Calculate the sum of the average period in days it took each of the 12 provincial departments to finalise disciplinary cases for misconduct during the reporting period as per the consolidated report</p> <p><b>Denominator</b>          The number of provincial departments within the NCPA =12</p> <p><b>Calculation</b>          Numerator/ Denominator = Provincial Average</p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b>          The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.</p> <p>APR will be computed by taking the average of all 4 quarters.  <math display="block">\frac{Q1 + Q2 + Q3 + Q4}{4}</math></p>
<b>Data Limitations</b>	<p>Reliability depends on the accuracy of reports received from departments based on correct loading of information on the PERSAL system/ updating of their records. To ensure accuracy, validity and completeness of the reported outcomes, underlying supporting documents/evidence must accompany reports from departments. Source documents will enable OTP to validate claims in the reports from departments. In the absence of source documents, accuracy, validity, completeness of the output will not be ascertained.</p>
<b>Type of Indicator</b>	Outcome
<b>Calculation type</b>	Cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	Yes
<b>Desired performance</b>	Higher actual performance is desirable i.e. to reduce the average period to 90 days in all provincial departments within the NCPA
<b>Indicator responsibility</b>	Director Labour Relations and Chief Director: Human Resource Management

<b>Indicator Title</b>	<b>Average period in days to resolve employee grievances within the NCPA (12 provincial departments)</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	<p>It gives an indication of the provincial average turnaround time for resolving employee grievances and to what extent the NCPA/ all twelve provincial departments comply with the prescribed 30 day timeframe set for resolution of employee grievances. It also indicates the extent to which the OTP LR unit effectively coordinates guides and supports departments to improve in this regard.</p>

<b>Source / Collection of Data</b>	<p>Primary source Consolidated Provincial Reports as at end of each quarter based on Labour Relations reports/ returns submitted by all 12 provincial departments within the NCPA reflecting each department's average period in days to resolve employee grievances Supporting evidence/ secondary sources: Departmental LR Reports Returns Relevant Persal Reports</p>
<b>Method of Calculation</b>	<p><b>Numerator</b> Calculate the sum of the average period in days it took each of the 12 provincial departments to resolve employee grievances during the reporting period as per the consolidated report</p> <p><b>Denominator</b> The number of provincial departments within the NCPA =12</p> <p><b>Calculation</b> Numerator/ Denominator = Provincial Average</p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.</p> <p>APR will be computed by taking the average of all 4 quarters. <math display="block">\frac{Q1 + Q2 + Q3 + Q4}{4}</math></p>
<b>Data Limitations</b>	Reliability depends on the accuracy of reports received from departments based on correct loading of information on the Persal system/ updating of their records. To ensure accuracy, validity and completeness of the reported outcomes, underlying supporting documents/evidence must accompany reports from departments. Source documents will enable OTP to validate claims in the reports from departments. In the absent of source documents, accuracy, validity, completeness of the output will not be ascertained.
<b>Type of Indicator</b>	Output
<b>Calculation type</b>	Cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	Yes
<b>Desired performance</b>	On target
<b>Indicator responsibility</b>	Director Labour Relations and Chief Director: Human Resource Management

<b>Indicator Title</b>	<b>Average period in days to conclude employee/ employer conciliations and arbitrations</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	It gives an indication of the average turnaround time for concluding employee/ employer conciliations and arbitrations and to what extent the NCPA/ all twelve provincial departments comply with the prescribed 90 day timeframe set for concluding employee/ employer conciliations and arbitrations. It also indicates the extent to which the OTP LR unit effectively coordinates, guides and supports

	departments to improve in this regard
<b>Source / Collection of Data</b>	<p>Primary source Consolidated Provincial Reports as at end of each quarter based on Labour Relations reports/ returns submitted by all 12 provincial departments within the NCPA reflecting each department's average period in days to conclude employee/ employer Conciliations and arbitrations. Supporting evidence/ secondary sources: Departmental LR Reports Returns Relevant Persal Reports</p>
<b>Method of Calculation</b>	<p><b>Numerator</b> Calculate the sum of the average period in days it took each of the 12 provincial departments to conclude employee/ employer conciliations and arbitrations during the reporting period as per the consolidated report</p> <p><b>Denominator</b> The number of provincial departments within the NCPA =12</p> <p><b>Calculation</b> Numerator/ Denominator = Provincial Average</p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.</p> <p>APR will be computed by taking the average of all 4 quarters. <math display="block">\frac{Q1 + Q2 + Q3 + Q4}{4}</math></p>
<b>Data Limitations</b>	Reliability depends on the accuracy of reports received from departments based on correct loading of information on the Persal system/ updating of their records. To ensure accuracy, validity and completeness of the reported outcomes, underlying supporting documents/evidence must accompany reports from departments. Source documents will enable OTP to validate claims in the reports from departments. In the absent of source documents, accuracy, validity, completeness of the output will not be ascertained.
<b>Type of Indicator</b>	Output
<b>Calculation type</b>	Cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	Yes
<b>Desired performance</b>	On target
<b>Indicator responsibility</b>	Director Labour Relations and Chief Director: Human Resource Management

<b>Indicator Title</b>	<b>Management Performance Assessment Tool (MPAT) Level attained for Employee Relations Performance area and standard by the Office of the Premier</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	It gives an indication of the score that the OTP obtains for MPAT Standard 3.4.2.under the Employee Relations Performance area and thereby the level of its management practices that support the management of

	disciplinary cases to ensure the OTP employees conform to the Public Service Code of Conduct
<b>Source / Collection of Data</b>	Primary source The Preliminary Moderated MPAT 1.6 results issued for OTP by the DPME available at end of the reporting period Or Corresponding OTP MPAT 1.6 Self assessment results verified by Internal Audit Unit within Provincial Treasury as submitted to DPME LR and Persal Reports Physical case files
<b>Method of Calculation</b>	Report the Preliminary Moderated MPAT 1.6 score attained by OTP for standard 3.4.2 Management of Disciplinary Cases  <b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.  APR output will be 4 <sup>th</sup> quarter output.
<b>Data Limitations</b>	Inaccurate data and incomplete evidence as well as deficiencies in capturing and uploading of evidence and information for assessment/moderation can influence the score negatively Delays in issuing final scores by DPME will result in un-moderated results being reported
<b>Type of Indicator</b>	Qualitative outcome)
<b>Calculation type</b>	Non – cumulative
<b>Reporting cycle</b>	Annually at end of 4 <sup>th</sup> quarter
<b>New indicator</b>	New
<b>Desired performance</b>	Higher actual performance is desired
<b>Indicator responsibility</b>	Director: Labour Relations

<b>Indicator Title</b>	<b>% Provincial departments that improved in terms of Employee Relations MPAT Performance area and standards</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	It gives an indication of the level/ extent of improvement by NC provincial departments in MPAT standard 3.4.2 Management of Disciplinary Cases and thereby the level of improvement in their management practices that support the management of disciplinary cases to ensure that government employees conform to the Public Service Code of Conduct. It also indicates the extent to which the OTP LR unit effectively coordinates, guides and supports departments to improve in this regard
<b>Source / Collection of Data</b>	Primary Source The Preliminary Moderated MPAT 1.6 results & Final MPAT 1.5 results iro all 12 departments issued by DPME; or Corresponding OTP MPAT 1.6 Self assessment results verified by Internal Audit Unit within Provincial Treasury as submitted to DPME  Target 3 Department: <ul style="list-style-type: none"> <li>• COGHSTA</li> <li>• OTP</li> </ul>

	• Environment
<b>Method of Calculation</b>	<p><b>Numerator</b> The number of Provincial departments showing improved scores for standard 3.4.2 Management of Disciplinary Cases in MPAT1.6 result compared to MPAT 1.5 result. An Improvement is defined as doing better than MPAT1.5 e.g. improved from 2 to 3 or 1 to 2 e.t.c. When a department maintains a level 4 (highest/ there is no level above 4 in MPAT standards) Comparing the 2 cycle, this will be included as an improvement as MPAT standards are improved each year.</p> <p><b>Denominator</b> Number of Provincial departments = 12</p> <p><b>Calculation</b> Numerator/denominator x 100 = %</p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.</p> <p>APR output will be 4<sup>th</sup> quarter output.</p>
<b>Data Limitations</b>	<p>Inaccurate data and incomplete evidence as well as deficiencies in capturing and uploading of evidence and information for assessment/moderation can influence the score negatively Delays in issuing moderated scores by DPME will result in un-moderated results being reported</p>
<b>Type of Indicator</b>	Qualitative (outcome)
<b>Calculation type</b>	Non – cumulative
<b>Reporting cycle</b>	Annually – 4 <sup>th</sup> quarter
<b>New indicator</b>	Yes
<b>Desired performance</b>	Higher actual performance is desirable
<b>Indicator responsibility</b>	Director: Labour Relations and Chief Director: Human Resource Management

<b>Indicator Title</b>	<b>Number of Labour Relations (LR) awareness and promotion programmes implemented in the OTP.</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	Indicates the number of approved structured LR awareness and promotion programmes implemented by the OTP in pursuit of sound labour relations, harmony and stability in the workplace for improved productivity and service delivery
<b>Source / Collection of Data</b>	Record of approved Labour relations awareness and promotion programmes & supporting Implementation Plans Reports on implementation of approved Labour relations awareness and promotion programmes as at end of reporting cycle
<b>Method of Calculation</b>	<p>Calculate the sum of all approved Labour relations awareness and promotion programmes implemented as at end of reporting cycle.</p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to</p>

	agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.  APR will be the sum of programmes relating to the 4 quarters.
<b>Data Limitations</b>	Under/ over counting due to misinterpretation of indicator
<b>Type of Indicator</b>	Quantitative output
<b>Calculation type</b>	Cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	New
<b>Desired performance</b>	Higher actual performance is desirable
<b>Indicator responsibility</b>	Director Labour Relations

<b>Indicator Title</b>	<b>Number of employees reached through LR awareness and promotion programmes in the OTP.</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	To indicate the number of OTP employees that attended and benefitted from structured LR awareness and promotion programmes implemented by the OTP in pursuit of sound labour relations, harmony and stability in the workplace for improved productivity and service delivery
<b>Source / Collection of Data</b>	Attendance Registers of LR awareness and promotion sessions conducted on the approved LR programmes Reports on implementation of approved LR awareness and promotion programmes as at end of reporting cycle Reports on matters deliberated and or concluded at National Forums
<b>Method of Calculation</b>	The sum of/ Count all employees who attended approved LR awareness and promotion programmes implemented as at end of reporting cycle.  <b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.  APR will be the sum of all employees who attended the programmes in all 4 quarters.
<b>Data Limitations</b>	Under/ over counting due to misinterpretation of indicator
<b>Type of Indicator</b>	Quantitative output
<b>Calculation type</b>	Cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	New
<b>Desired performance</b>	Higher actual performance is desirable
<b>Indicator responsibility</b>	Director Labour Relations

<b>Indicator Title</b>	<b>Number of policies and related matters consulted and resolved upon in the NC Chambers</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	It gives an indication of the process of consultation on Policies and related matters as well as Resolutions arrived at between the employer and organized labour in the NC chambers. It also gives an indication of the effectiveness and productivity levels of the chamber
<b>Source / Collection of Data</b>	Consolidated report on Policies and related matters consulted and Resolutions concluded Written mandates received from NCPG Mandating Committee
<b>Method of Calculation</b>	Number of Policies and related matters consulted and resolved upon as at end of reporting period.  <b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.  APR will be the sum of policies and related matters and resolved in all 4 quarters.
<b>Data Limitations</b>	Data depending on the cooperation of stakeholders (Organized labour) Record keeping and disputed information
<b>Type of Indicator</b>	Output
<b>Calculation type</b>	Cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	New
<b>Desired performance</b>	Higher actual performance is desirable
<b>Indicator responsibility</b>	Director Labour Relations, Chief Director: Human Resource Management & DDG: Institutional development

#### 2.1.4 Employee Health and Wellness

<b>Indicator Title</b>	<b>MPAT score attained by the Office of the Premier in terms of Employee Health and Wellness (EH&amp;W)</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	It gives an indication of the OTP's performance and compliance with regard to management practice & implementation of the EH&W Strategic Framework for the Public Service in pursuit of individual and organizational wellness for productivity and improved service delivery as assessed by the organization and moderated by the DPME against nationally acceptable standards for Management of EH&W as set out in MPAT Standard 3.2.5 under Performance Area HR Practice and Administration
<b>Source / Collection of Data</b>	Primary source The Preliminary Moderated MPAT 1.6 results issued for OTP by the DPME available at end of the reporting period  Corresponding OTP MPAT 1.6 Self assessment results verified by Internal Audit Unit within Provincial Treasury as submitted to DPME
<b>Method of Calculation</b>	Report the Preliminary Moderated MPAT 1.6 score attained by OTP for standard 3.2.5 Management of EH&W under Performance Area HR Practice and Administration.

	<p><b><u>Annual Performance Report (APR) annual aggregation process</u></b></p> <p>The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.</p> <p>APR output will be 4<sup>th</sup> quarter output.</p>
<b>Data Limitations</b>	<p>Inaccurate data and incomplete evidence due to deficiencies in capturing and uploading of evidence and information for assessment/ moderation can influence the score negatively</p> <p>Delays in issuing final scores by DPME will result in un-moderated results being reported</p>
<b>Type of Indicator</b>	Qualitative Outcome
<b>Calculation type</b>	Non – cumulative
<b>Reporting cycle</b>	Annually – 4 <sup>th</sup> quarter
<b>New indicator</b>	Yes
<b>Desired performance</b>	<p>On target is desirable</p> <p>To maintain a level 4 MPAT score and meet the annual target.</p>
<b>Indicator responsibility</b>	Director: Employee Health and Wellness

<b>Indicator Title</b>	<b>% Provincial departments that improved on/ sustained (level 4) Employee Health and Wellness (EH&amp;W) MPAT scores</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	<p>It gives an indication of the level/ extent of improvement by NC provincial departments in management practice and compliance with regard to implementation of the EH&amp;W Strategic Framework for the Public Service in pursuit of individual and organizational wellness for productivity and improved service delivery as assessed by the organization and moderated by the DPME against nationally acceptable standards for Management of EH&amp;W as set out in MPAT Standard 3.2.5.</p> <p>It also indicates the extent to which the OTP effectively coordinates, guides and supports departments to improve in this regard</p>
<b>Source / Collection of Data</b>	<p>Primary Source</p> <p>The Preliminary Moderated MPAT 1.6 results &amp; Final MPAT 1.5 results for all 12 departments issued by DPME</p> <p>Corresponding Departmental MPAT 1.6 Self-assessment results verified by Internal Audit Unit within Provincial Treasury as submitted to DPME</p>
<b>Method of Calculation</b>	<p><b>Numerator</b></p> <p>The number of Provincial departments showing improved/sustained Level 4 scores for standard 3.2.5 Management of EH&amp;W under Performance Area HR Practice and Administration in MPAT1.6 result compared to MPAT 1.5.result. An Improvement is defined as doing better than MPAT1.5 e.g. improved from 2 to 3 or 1 to 2 e.t.c. When a department maintains a level 4 (highest/ there is no level above 4 in MPAT standards) Comparing the 2 cycle, this will be included as an improvement as MPAT standards are improved each year.</p> <p><b>Denominator</b></p> <p>Number of Provincial departments = 12</p>

	<p><b>Calculation</b>  Numerator/denominator x 100 = %</p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b>  The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.</p> <p>APR output will be 4<sup>th</sup> quarter output.</p>
<b>Data Limitations</b>	<p>Inaccurate data and incomplete evidence as well as deficiencies in capturing and uploading of evidence and information for assessment/moderation can influence the score negatively  Delays in issuing moderated scores by DPME will result in un-moderated results being reported</p>
<b>Type of Indicator</b>	Qualitative (outcome)
<b>Calculation type</b>	Non – cumulative
<b>Reporting cycle</b>	Annually – 4 <sup>th</sup> quarter
<b>New indicator</b>	Yes
<b>Desired performance</b>	Higher actual performance would be desirable
<b>Indicator responsibility</b>	Director: Employee Health and Wellness & Chief Director: HRM

<b>Indicator Title</b>	<b>% of provincial departments that implement 4 Employee Health and Wellness (EH&amp;W) policies</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	<p>It gives an indication of the extent of compliance by NC provincial departments with regard to implementation of the EH&amp;W Strategic Framework for the Public Service in accordance with standards and legislative and policy framework regulating the Management of EH&amp;W  It also indicates the extent to which the OTP effectively coordinates, guides and supports departments to improve in this regard</p>
<b>Source / Collection of Data</b>	<p>Primary source  Consolidated Provincial EH&amp;W System Monitoring Tool reports reflecting status in terms of approval/ review and implementation of the 4 Departmental EH&amp;W policies namely</p> <ol style="list-style-type: none"> <li>1. HIV, AIDS &amp; TB Management Policy</li> <li>2. Health &amp; Productivity Management Policy</li> <li>3. Safety, Health, Environment, Risk &amp; Quality (SHERQ) Policy and</li> <li>4. Wellness Management Policy</li> </ol> <p>Based on status report submitted by each of the 12 NC provincial departments as at end of the reporting cycle  Actual 4 Approved/ Revised EH&amp;W Policies iro each provincial department  Proof of submission of Annual SMT reports to DPSA</p>
<b>Method of Calculation</b>	<p><b>Numerator</b>  Number of Departments that are fully complaint in terms of implementation of all 4 approved EH&amp;W policies</p> <p><b>Denominator</b>  Number of Provincial Departments = 12</p> <p><b>Calculation</b>  Numerator/denominator x 100 = %</p>

	<p><b><u>Annual Performance Report (APR) annual aggregation process</u></b></p> <p>The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.</p> <p>APR output will be 4<sup>th</sup> quarter output.</p>
<b>Data Limitations</b>	Reliability depends on the accuracy of reports received from departments based on correct loading of information and updating of their records. To ensure accuracy, validity and completeness of the reported outcomes, underlying supporting documents/evidence must accompany reports from departments. Source documents will enable OTP to validate claims in the reports from departments. In the absent of source documents, accuracy, validity, completeness of the output will not be ascertained
<b>Type of Indicator</b>	Qualitative outcome
<b>Calculation type</b>	Non - Cumulative
<b>Reporting cycle</b>	Annually
<b>New indicator</b>	Yes
<b>Desired performance</b>	On target
<b>Indicator responsibility</b>	Director: Employee Health and Wellness & Chief Director SHRM

<b>Indicator Title</b>	<b>Number of EH&amp;W approved behaviour change communication programmes implemented in the OTP (Linked to the 4 Policies).</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	Indicates the number of approved structured EH&W approved behaviour change communication programmes implemented by the OTP in pursuit of individual employee and organizational health, safety and wellness for improved productivity and service delivery
<b>Source / Collection of Data</b>	Record of approved EH&W approved behaviour change communication programmes & supporting Implementation Plans Reports on implementation of approved EH&W approved behaviour change communication programmes as at end of reporting cycle
<b>Method of Calculation</b>	<p>Calculate the sum of all approved EH&amp;W approved behaviour change communication programmes implemented as at end of reporting cycle.</p> <p>a) The target of the second quarter relates to the actual output of the 2<sup>nd</sup> quarter plus output of the 1<sup>st</sup> quarter.</p> <p>b) The target for the 3<sup>rd</sup> quarter comprises of 3<sup>rd</sup> quarter output, plus 1<sup>st</sup> and 2<sup>nd</sup> quarter outputs.</p> <p>c) 4<sup>th</sup> quarter outputs relate to 4<sup>th</sup> quarter output, plus 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> quarter outputs.</p> <p>d) The APR will be the output of 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> quarters added together.</p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b></p> <p>The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when</p>

	performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.
<b>Data Limitations</b>	Under/ over counting due to misinterpretation of indicator
<b>Type of Indicator</b>	Quantitative output
<b>Calculation type</b>	Cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	New
<b>Desired performance</b>	Higher actual performance is desirable
<b>Indicator responsibility</b>	Director: Employee Health and Wellness

<b>Indicator Title</b>	<b>Number of employees reached through the approved behaviour change communication programmes implemented within the OTP</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	To indicate the number of employees that benefit from approved and structured EH&W behaviour change communication programmes implemented by the OTP in pursuit of individual employee and organizational health, safety and wellness for improved productivity and service delivery
<b>Source / Collection of Data</b>	Attendance Registers of EH&W behaviour change communication sessions conducted on the approved programmes Reports on implementation of approved EH&W behaviour change communication programmes as at end of reporting cycle
<b>Method of Calculation</b>	<p>Calculation</p> <p>The sum of/ Count all employees who attended approved EH&amp;W behaviour change communication programmes implemented as at end of reporting cycle.</p> <p>a) The target of the second quarter relates to the actual output of the 2<sup>nd</sup> quarter plus output of the 1<sup>st</sup> quarter.  b) The target for the 3<sup>rd</sup> quarter comprises of 3<sup>rd</sup> quarter output, plus 1<sup>st</sup> and 2<sup>nd</sup> quarter outputs.  c) 4<sup>th</sup> quarter outputs relate to 4<sup>th</sup> quarter output, plus 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> quarter outputs.  d) The APR will be the output of 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> quarters added together.</p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b>  The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.</p>
<b>Data Limitations</b>	Under/ over counting due to misinterpretation of indicator
<b>Type of Indicator</b>	Quantitative output
<b>Calculation type</b>	Cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	New
<b>Desired performance</b>	Higher actual performance is desirable
<b>Indicator responsibility</b>	Director: Employee Health and Wellness

<b>Indicator Title</b>	<b>Number of employees using the workplace occupational health services</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	Indicates to what extent employees use the EH&W workplace occupational health services other than approved behaviour change communication programmes on offer within the OTP
<b>Source / Collection of Data</b>	EH&W Registers (Files would ONLY be available for verification but not for access to/ scrutiny of content so as to maintain confidentiality)
<b>Method of Calculation</b>	<p>Calculate the sum of all employees who used/ accessed/ benefitted from workplace occupational health services as at end of reporting cycle.</p> <p>a) The target of the second quarter relates to the actual output of the 2<sup>nd</sup> quarter plus output of the 1<sup>st</sup> quarter.  b) The target for the 3<sup>rd</sup> quarter comprises of 3<sup>rd</sup> quarter output, plus 1<sup>st</sup> and 2<sup>nd</sup> quarter outputs.  c) 4<sup>th</sup> quarter outputs relate to 4<sup>th</sup> quarter output, plus 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> quarter outputs.  d) The APR will be the output of 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> quarters added together.</p> <p><u>Annual Performance Report (APR) /annual aggregation process</u>  The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.</p>
<b>Data Limitations</b>	Under/ over counting due to human error Refusal due to fear/ unwillingness to disclose based on confidentiality/stigmatization considerations
<b>Type of Indicator</b>	Quantitative output
<b>Calculation type</b>	Cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	New
<b>Desired performance</b>	Higher actual performance is desirable
<b>Indicator responsibility</b>	Director: Employee Health and Wellness

#### 2.1.5 Diversity Management

<b>Indicator Title</b>	<b>% Departments within the NCPA that meet Employment Equity Targets in terms of race, disability and gender as set by government</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	To indicate the extent of compliance with the legislative and policy prescripts regulating employment equity within the NCPA in terms of achieving and maintaining a diverse workforce that reflects the provincial demographics in terms of race, gender and disability across all its departments. It also indicates the extent to which the OTP effectively coordinates, guides and supports departments to improve in this regard
<b>Source / Collection of Data</b>	<p>Primary sources</p> <ul style="list-style-type: none"> <li>• Departmental Employment Equity Reports submitted to Department of Labour</li> <li>• Peral Reports</li> <li>• Provincial demographics as per 2011 Census Report issued by</li> </ul>

	<p>Statistics South Africa</p> <p>Target 3 departments:</p> <ul style="list-style-type: none"> <li>• Economic Development &amp; Tourism</li> <li>• Social Development</li> <li>• Treasury</li> </ul>
<b>Method of Calculation</b>	<p><b>Numerator</b> Number of Departments that are meeting employment equity targets in terms of race, gender and persons with disabilities as at the end of the reporting cycle</p> <p><b>Denominator</b> Number of Provincial Departments = 12</p> <p><b>Calculation</b> Numerator/denominator x 100 = %</p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.</p> <p>APR will be the average of all four quarterly reports.</p>
<b>Data Limitations</b>	Reliability depends on the accuracy of reports received from departments based on correct loading of information on the Persal system/ updating of their records. To ensure accuracy, validity and completeness of the reported outcomes, underlying supporting documents/evidence must accompany reports from departments. Source documents will enable OTP to validate claims in the reports from departments. In the absent of source documents, accuracy, validity, completeness of the output will not be ascertained
<b>Type of Indicator</b>	Qualitative
<b>Calculation type</b>	Non - cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	Yes
<b>Desired performance</b>	Higher actual performance would be desirable and a positive indication.
<b>Indicator responsibility</b>	Chief Director: HRM

<b>Indicator Title</b>	<b>% women in Senior Management Service (SMS) in OTP</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	To indicate the extent of compliance with the legislative and policy prescripts regulating employment equity, specifically 50% women at SMS within the OTP and efforts to achieve and maintain a diverse workforce that reflects and promotes gender equality.
<b>Source / Collection of Data</b>	<p>Primary sources</p> <p>OTP Employment Equity reports reflecting status t in terms of employment of Women at SMS</p> <p>OTP Employment Equity Report submitted to Department of Labour</p> <p>Persal Reports</p>
<b>Method of Calculation</b>	<b>Numerator</b>

	<p>Number of women employed at SMS level within OTP as at the end of the reporting cycle</p> <p><b>Denominator</b> Number of filled SMS posts within OTP</p> <p><b>Calculation</b> Numerator/denominator x 100 = %</p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.</p> <p>The APR will be an average of the 2 quarters.</p>
<b>Data Limitations</b>	Under/ over reporting due deficiencies in updating reports/ records and compilation of reports
<b>Type of Indicator</b>	Qualitative
<b>Calculation type</b>	Non - Cumulative
<b>Reporting cycle</b>	Bi – annually
<b>New indicator</b>	Yes
<b>Desired performance</b>	Higher actual performance would be desirable and a positive indication.
<b>Indicator responsibility</b>	Chief Director: HRM

<b>Indicator Title</b>	<b>% Departments within the NCPA that meet the minimum targets set by government for employment of women at Senior Management Service level</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	To indicate the extent of compliance by Provincial Departments with the legislative and policy prescripts regulating employment equity, with specific reference to 50% women representation at SMS within the NCPA, thereby achieving and maintaining a diverse workforce that reflects and promotes gender equality across all its departments. It also indicates the extent to which the OTP effectively coordinates, guides and supports departments to improve in this regard
<b>Source / Collection of Data</b>	<p>Primary sources</p> <p>Consolidated Provincial Employment Equity reports reflecting status per department in terms of employment of Women at SMS compiled based on status reports submitted by each of the 12 NC provincial departments as at end of the reporting cycle</p> <p>Departmental Employment Equity Reports submitted to Department of Labour \ Persal Reports</p> <p>Target 3 Departments:</p> <ul style="list-style-type: none"> <li>• Social Development</li> <li>• Department of Education</li> <li>• Environment &amp; Nature Conservation</li> </ul>
<b>Method of Calculation</b>	<p><b>Numerator</b></p> <p>Number of Departments that are complaint in terms of 50% representation of women at SMS level as at the end of the reporting cycle</p>

	<p><b>Denominator</b> Number of Provincial Departments = 12</p> <p><b>Calculation</b> Numerator/denominator x 100 = %</p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.</p> <p>The APR will be the average of the 2 quarters.</p>
<b>Data Limitations</b>	Reliability depends on the accuracy of reports received from departments based on correct loading of information on the Persal system/ updating of their records. To ensure accuracy, validity and completeness of the reported outcomes, underlying supporting documents/evidence must accompany reports from departments. Source documents will enable OTP to validate claims in the reports from departments. In the absent of source documents, accuracy, validity, completeness of the output will not be ascertained
<b>Type of Indicator</b>	Qualitative outcome
<b>Calculation type</b>	Non - Cumulative
<b>Reporting cycle</b>	Bi-annually (1 <sup>st</sup> and 4 <sup>th</sup> Quarter)
<b>New indicator</b>	Yes
<b>Desired performance</b>	Higher actual performance would be desirable and a positive indication.
<b>Indicator responsibility</b>	Chief Director: HRM

<b>Indicator Title</b>	<b>% people with disabilities employed by OTP</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	To indicate the extent of compliance with the legislative and policy prescripts regulating employment equity with specific reference to 2% representation of persons with disabilities within the OTP, thereby achieving and maintaining a diverse workforce that reflects and promotes job access for persons with disabilities across all its departments. It also indicates the extent to which the OTP effectively coordinates, guides and supports departments to improve in this regard
<b>Source / Collection of Data</b>	Primary sources OTP Employment Equity reports reflecting status in terms of employment of Persons with disabilities as at end of the reporting cycle OTP Employment Equity Report submitted to Department of Labour Persal Reports
<b>Method of Calculation</b>	<p><b>Numerator</b> Number of persons with disabilities employed at OTP as at the end of the reporting cycle</p> <p><b>Denominator</b> Number of all staff employed at OTP as at end of reporting cycle</p> <p><b>Calculation</b></p>

	<p>Numerator/denominator x 100 = %</p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b>  The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.</p> <p>The APR will be an average of the 4 quarters.</p>
<b>Data Limitations</b>	Reliability depends on the accuracy of reports received from departments based on correct loading of information on the Persal system/ updating of their records. To ensure accuracy, validity and completeness of the reported outcomes, underlying supporting documents/evidence must accompany reports from departments. Source documents will enable OTP to validate claims in the reports from departments. In the absent of source documents, accuracy, validity, completeness of the output will not be ascertained
<b>Type of Indicator</b>	Qualitative
<b>Calculation type</b>	Non - Cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	Yes
<b>Desired performance</b>	Higher actual performance would be desirable and a positive indication.
<b>Indicator responsibility</b>	Chief Director: HRM

<b>Indicator Title</b>	<b>% Departments within the NCPA that meet the minimum targets set by government for employment of persons with disability</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	To indicate the extent of compliance with the legislative and policy prescripts regulating employment equity with specific reference to 2% representation of persons with disabilities within the NCPA thereby achieving and maintaining a diverse workforce that reflects and promotes job access for persons with disabilities across all its departments. It also indicates the extent to which the OTP effectively coordinates, guides and supports departments to improve in this regard
<b>Source / Collection of Data</b>	<p>Primary sources</p> <p>Consolidated Provincial Employment Equity reports reflecting status per department in terms of employment of Persons with disabilities compiled based on status reports submitted by each of the 12 NC provincial departments as at end of the reporting cycle</p> <p>Departmental Employment Equity Reports submitted to Department of Labour / Persal Reports</p>
<b>Method of Calculation</b>	<p><b>Numerator</b>  Number of Departments that are complaint in terms of 2% representation of persons with disabilities as at the end of the reporting cycle</p> <p><b>Denominator</b>  Number of Provincial Departments = 12</p> <p><b>Calculation</b>  Numerator/denominator x 100 = %</p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b>  The first step to be performed during the annual aggregation will be to</p>

	<p>agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.</p> <p>The APR will be the average of the 2 quarters.</p>
<b>Data Limitations</b>	Reliability depends on the accuracy of reports received from departments based on correct loading of information on the Persal system/ updating of their records. To ensure accuracy, validity and completeness of the reported outcomes, underlying supporting documents/evidence must accompany reports from departments. Source documents will enable OTP to validate claims in the reports from departments. In the absent of source documents, accuracy, validity, completeness of the output will not be ascertained
<b>Type of Indicator</b>	Qualitative outcome
<b>Calculation type</b>	Non – cumulative
<b>Reporting cycle</b>	Bi-annually and 1st & 4th quarter
<b>New indicator</b>	Yes
<b>Desired performance</b>	Higher actual performance would be desirable and a positive indication.
<b>Indicator responsibility</b>	Chief Director: HRM

<b>Indicator Title</b>	<b>Number of Diversity awareness and promotion programmes implemented within the OTP</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	<p>To indicate the number of approved structured Diversity awareness and promotion programmes implemented by the OTP in pursuit of improved diverse workplace culture of tolerance, respect, sensitivity and understanding for improved productivity and service delivery.</p> <p>Diversity awareness and promotion programmes are implemented as follow:</p> <ul style="list-style-type: none"> <li>• Human Rights Day</li> <li>• Heritage Day</li> <li>• Training EE &amp; Diversity Policies ( Dignity in Workplace &amp; change Management)</li> <li>• Cultural Diversity- to understand appreciate and celebrate different backgrounds of employee in workplace</li> </ul>
<b>Source / Collection of Data</b>	<p>Record of approved Diversity awareness and promotion programmes &amp; supporting Implementation Plans:</p> <ul style="list-style-type: none"> <li>• Invitations</li> <li>• Agenda/programme</li> <li>• Attendance Register</li> </ul>
<b>Method of Calculation</b>	<p>Calculation</p> <p>The sum of/ Count all approved Diversity awareness and promotion programmes implemented as at end of reporting cycle.</p> <p>a) The target of the second quarter relates to the actual output of the 2<sup>nd</sup> quarter plus output of the 1<sup>st</sup> quarter.</p> <p>b) The target for the 3<sup>rd</sup> quarter comprises of 3<sup>rd</sup> quarter output, plus 1<sup>st</sup></p>

	<p>and 2nd quarter outputs.</p> <p>c) 4<sup>th</sup> quarter outputs relate to 4<sup>th</sup> quarter output, plus 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> quarter outputs.</p> <p>d) The APR will be the output of 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> quarters added together.</p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b></p> <p>The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.</p>
<b>Data Limitations</b>	Under/ over counting due to misinterpretation of indicator
<b>Type of Indicator</b>	Quantitative
<b>Calculation type</b>	Cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	New
<b>Desired performance</b>	Higher actual performance is desirable
<b>Indicator responsibility</b>	Chief Director: HRM

<b>Indicator Title</b>	<b>Number of employees reached through the Diversity awareness and promotion programmes implemented within the OTP</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	To indicate the number of employees that benefits from approved structured Diversity awareness and promotion programmes implemented by the OTP in pursuit of improved diverse workplace culture of tolerance, respect , sensitivity and understanding for improved productivity and service delivery
<b>Source / Collection of Data</b>	<p>Attendance Registers of Diversity awareness and promotion sessions conducted on the approved programmes.</p> <p>Reports on implementation of approved Diversity awareness and promotion programmes as at end of reporting cycle.</p> <p>Diversity awareness and promotion programmes are implemented as follow:</p> <ul style="list-style-type: none"> <li>• Human Rights Day</li> <li>• Heritage Day</li> <li>• Training EE &amp; Diversity Policies ( Dignity in Workplace &amp; change Management)</li> <li>• Cultural Diversity- to understand appreciate and celebrate different backgrounds of employee in workplace</li> </ul>
<b>Method of Calculation</b>	<p>Calculation</p> <p>The sum of/ Count all employees who attended approved Diversity awareness and promotion programmes implemented as at end of reporting cycle.</p> <p>a) The target of the second quarter relates to the actual output of the 2<sup>nd</sup> quarter plus output of the 1<sup>st</sup> quarter.</p> <p>b) The target for the 3<sup>rd</sup> quarter comprises of 3<sup>rd</sup> quarter output, plus 1<sup>st</sup></p>

	<p>and 2nd quarter outputs.</p> <p>c) 4<sup>th</sup> quarter outputs relate to 4<sup>th</sup> quarter output, plus 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> quarter outputs.</p> <p>d) The APR will be the output of 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> quarters added together.</p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b>  The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.</p>
<b>Data Limitations</b>	Under/ over counting due to misinterpretation of indicator
<b>Type of Indicator</b>	Quantitative output
<b>Calculation type</b>	Cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	New
<b>Desired performance</b>	Higher actual performance is desirable
<b>Indicator responsibility</b>	Chief Director: HRM

<b>Indicator Title</b>	<b>MPAT Level attained for Management of Diversity standard by the Office of the Premier</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	It gives an indication of the score that the OTP obtains for MPAT Standard 3.2.4 under the Human Resource Practice and Administration Performance area and thereby the level of its management practices that support the management of diversity to ensure the OTP meets and sustains equity targets as set by government
<b>Source / Collection of Data</b>	Primary source The Preliminary Moderated MPAT 1.6 results issued for OTP by the DPME available at end of the reporting period Or Corresponding OTP MPAT 1.6 Self assessment results verified by Internal Audit Unit within Provincial Treasury as submitted to DPME Employment Equity Reports
<b>Method of Calculation</b>	Report the Preliminary Moderated MPAT 1.6 score attained by OTP for standard 3.2.4 Management of Diversity.  <b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.  APR output will be 4 <sup>th</sup> quarter output.
<b>Data Limitations</b>	Inaccurate data and incomplete evidence as well as deficiencies in capturing and uploading of evidence and information for assessment/

	moderation can influence the score negatively Delays in issuing final scores by DPME will result in un-moderated results being reported
<b>Type of Indicator</b>	Qualitative 9Outcome0
<b>Calculation type</b>	Non – cumulative
<b>Reporting cycle</b>	Annually at the end of 4 <sup>th</sup> quarter
<b>New indicator</b>	New
<b>Desired performance</b>	On target
<b>Indicator responsibility</b>	Chief Director: HRM

<b>Indicator Title</b>	<b>% Provincial departments that improved in terms of Management of Diversity MPAT scores</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	It gives an indication of the level/ extent of improvement by NC provincial departments in MPAT standard 3.2.4 Management of Diversity and thereby the level of improvement in their management practices that support the management of diversity to ensure that they meet and sustain equity targets as set by government. It also indicates the extent to which the OTP effectively coordinates, guides and supports departments to improve in this regard
<b>Source / Collection of Data</b>	Primary Source The Preliminary Moderated MPAT 1.6 results & Final MPAT 1.5 results from all 12 departments issued by DPME; or Corresponding OTP MPAT 1.6 Self assessment results verified by Internal Audit Unit within Provincial Treasury as submitted to DPME  Target 3 Departments: <ul style="list-style-type: none"> <li>• COGHSTA</li> <li>• OTP</li> <li>• Provincial Treasury</li> </ul>
<b>Method of Calculation</b>	<p><b>Numerator</b> The number of Provincial departments showing improved scores for standard 3.2.4 Management of Diversity under Performance Area HR Practice and Administration in MPAT1.6 result compared to MPAT 1.5.result. An Improvement is defined as doing better than MPAT1.5 e.g. improved from 2 to 3 or 1 to 2 e.t.c. When a department maintains a level 4 (highest/ there is no level above 4 in MPAT standards) Comparing the 2 cycle, this will be included as an improvement as MPAT standards are improved each year.</p> <p><b>Denominator</b> Number of Provincial departments = 12</p> <p><b>Calculation</b> Numerator/denominator x 100 = %</p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.</p>

	APR output will be 4 <sup>th</sup> quarter output.
<b>Data Limitations</b>	Inaccurate data and incomplete evidence as well as deficiencies in capturing and uploading of evidence and information for assessment/moderation can influence the score negatively  Delays in issuing moderated scores by DPME will result in un-moderated results being reported
<b>Type of Indicator</b>	Qualitative ( Outcome)
<b>Calculation type</b>	Non – cumulative
<b>Reporting cycle</b>	Annually – 4 <sup>th</sup> quarter
<b>New indicator</b>	Yes
<b>Desired performance</b>	Higher actual performance would be desirable
<b>Indicator responsibility</b>	Chief Director: HRM

<b>Data Limitations</b>	Inaccurate/ incomplete records and attendance registers
<b>Type of Indicator</b>	Output
<b>Calculation type</b>	Non-Cumulative
<b>Reporting cycle</b>	Annually
<b>New indicator</b>	Yes
<b>Desired performance</b>	Higher than actual
<b>Indicator responsibility</b>	Chief State Law Advisor

## 2.2 Strategic Human Capital Development

### 2.2.1 Human Resource Development and Transversal Coordination

<b>Indicator Title</b>	<b>Number of intake for artisanship (A), bursaries (B) awarded, internship (I) and learnership (L) = (ABIL) across the NC province</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	Indicates the number of unemployed youth enlisted in an artisanship (A), internship (I) and learnership (L) or awarded bursaries (B) by different sectors and stakeholders across the NC in compliance with HRD policy frame work to ensure unemployed graduates and students are offered work based training, skills development & experiential learning opportunities in pursuit of Outcome 5 skilled and capable workforce and enhanced employment prospects for the youth
<b>Source / Collection of Data</b>	Consolidated Provincial Intake Reports reflecting number of interns, learners apprentices recruited as well as all bursaries awarded by each of the 12 provincial departments as well as every individual external stakeholder and sector within the Northern Cape province benefiting unemployed youth. Departmental and stakeholder Intake reports
<b>Method of Calculation</b>	Calculate the sum of intake by counting all interns, learners, apprentices successfully recruited and bursaries awarded within the NC as at the end of the reporting period.  <u>Annual Performance Report (APR) /annual aggregation process</u> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when

	<p>performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.</p> <p>The APR uses the same method of calculation as the 4<sup>th</sup> quarter. Therefore quarter 4 validated / restated output will be the same as APR output.</p>
<b>Data Limitations</b>	Reliability depends on the accuracy of reports received from departments based on correct loading of information on the Persal system/ updating of their records. To ensure accuracy, validity and completeness of the reported outcomes, underlying supporting documents/evidence must accompany reports from departments. Source documents will enable OTP to validate claims in the reports from departments. In the absent of source documents, accuracy, validity, completeness of the output will not be ascertained.
<b>Type of Indicator</b>	Output
<b>Calculation type</b>	Non-Cumulative
<b>Reporting cycle</b>	Annually
<b>New indicator</b>	No
<b>Desired performance</b>	Higher actual performance is desirable
<b>Indicator responsibility</b>	Chief Director: Strategic Human Capital Development, Senior Manager HRDSSC Senior Manager, HRDS Manager

<b>Indicator Title</b>	<b>Number of employees who benefitted from Human Resources development initiatives in 12 NC provincial departments.</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	Indicates the percentage of all OTP employees (Levels 1 to 12 and SMS) who benefits from training and capacity development initiatives planned as per the WSP and other training interventions aimed at addressing the workforce skills and capacity needs/gaps for achievement of departmental objectives as set out in departmental strategic and annual plans.
<b>Source / Collection of Data</b>	<p>Primary Sources</p> <p>WSP Implementation/ Annual Training reports</p> <p>Reports on Approved Bursary applications</p> <p>Persal reports reflecting number of employees as per end of reporting cycle</p> <p>Secondary sources</p> <p>Training attendance registers and databases.</p> <p>Bursary applications and contracts.</p>
<b>Method of Calculation</b>	<p>Number of employees that benefited from capacity development initiatives as at the reporting period.</p> <p>a) The target of the second quarter relates to the actual output of the 2<sup>nd</sup> quarter plus output of the 1<sup>st</sup> quarter.</p> <p>b) The target for the 3<sup>rd</sup> quarter comprises of 3<sup>rd</sup> quarter output, plus 1<sup>st</sup> and 2<sup>nd</sup> quarter outputs.</p> <p>c) 4<sup>th</sup> quarter outputs relate to 4<sup>th</sup> quarter output, plus 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> quarter outputs.</p> <p>d) The APR will be the output of 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> quarters added together.</p> <p><u>Annual Performance Report (APR) annual aggregation process</u></p> <p>The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output</p>

	per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.
<b>Data Limitations</b>	Reliability depends on the accuracy of reports received from departments based on correct loading of information on the Persal system/ updating of their records. To ensure accuracy, validity and completeness of the reported outcomes, underlying supporting documents/evidence must accompany reports from departments. Source documents will enable OTP to validate claims in the reports from departments. In the absent of source documents, accuracy, validity, completeness of the output will not be ascertained.
<b>Type of Indicator</b>	Outcome
<b>Calculation type</b>	Cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	Yes
<b>Desired performance</b>	Higher actual performance is desirable
<b>Indicator responsibility</b>	Senior Manager PMCD and HRD Manager

<b>Indicator Title</b>	<b>% of eligible HoDs within the NCPA enrolled for the Compulsory Induction Programme (CIP) for HoDs</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	Indicates the % of newly appointed HoDs who were enrolled for the CIP for HoDs and the extent of compliance by the NCPA with the MPSA Directive on Compulsory Capacity Building and Minimum Entry Requirements for SMS aimed at building/ improving management / leadership capabilities and effectiveness within the NCPA across all provincial departments
<b>Source / Collection of Data</b>	Consolidated Provincial HoD CIP Implementation Reports  Database of HoDs eligible for enrolment in the Compulsory SMS Capacity Building Programmes & CIP for HoDs per each of the 12 provincial departments within the NCPA
<b>Method of Calculation</b>	<p><b>Numerator</b> Number of eligible HoDs enrolled for CIP for HoDs as at end of the reporting period</p> <p><b>Denominator</b> Number of all HoDs eligible for enrolment in CIP for HoDs across all 12 provincial government departments within the NCPA</p> <p><b>Calculation</b> Numerator/ Denominator x 100 = %</p> <p><u>Annual Performance Report (APR) /annual aggregation process</u> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.</p> <p>APR calculation is the same as 4<sup>th</sup> quarter calculation.</p>

<b>Data Limitations</b>	Reliability depends on the accuracy of reports received from departments based on correct loading of information on the Persal system/ updating of their records. To ensure accuracy, validity and completeness of the reported outcomes, underlying supporting documents/evidence must accompany reports from departments. Source documents will enable OTP to validate claims in the reports from departments. In the absent of source documents, accuracy, validity, completeness of the output will not be ascertained.
<b>Type of Indicator</b>	Outcome
<b>Calculation type</b>	Non-cumulative
<b>Reporting cycle</b>	Annually
<b>New indicator</b>	Yes
<b>Desired performance</b>	On target
<b>Indicator responsibility</b>	Chief Director: Strategic Human Capital Development, Senior Manager HRDTS

<b>Indicator Title</b>	<b>% of eligible employees enrolled for the Compulsory Induction Programme (CIP) across all provincial government departments within the NCPA</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	Indicates the extent of targeted compulsory HRD interventions for Improved service delivery and management capabilities within the NCPA across all departments in terms of Compulsory induction targeting all newly appointed employees from L1-12 and SMS (excluding HoDs) Across all provincial departments. It also indicates the extent to which the OTP effectively coordinates, guides and supports departments to improve in this regard in pursuit of Outcome 12
<b>Source / Collection of Data</b>	Quarterly Consolidated Provincial HRD CIP Implementation reports Database of employees eligible (L1 -12 and SMS) for enrolment in the Compulsory Induction Programme per each of the 12 provincial departments within the NCPA
<b>Method of Calculation</b>	<p><b>Numerator</b> Number of eligible employees (L1 -12 and SMS) enrolled for the CIP as at end of the reporting period</p> <p><b>Denominator</b> Number of all government employees (L1 -12 and SMS) eligible for enrolment in the CIP across all 12 provincial government departments within the NCPA</p> <p><b>Calculation</b> Numerator/ Denominator x 100 = %</p> <p><u>Annual Performance Report (APR) /annual aggregation process</u> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.</p> <p>APR will be an average of the 2 quarters.</p>
<b>Data Limitations</b>	Reliability depends on the accuracy of reports received from departments

	based on correct loading of information on the Persal system/ updating of their records. To ensure accuracy, validity and completeness of the reported outcomes, underlying supporting documents/evidence must accompany reports from departments. Source documents will enable OTP to validate claims in the reports from departments. In the absent of source documents, accuracy, validity, completeness of the output will not be ascertained.
<b>Type of Indicator</b>	Outcome
<b>Calculation type</b>	Non - cumulative
<b>Reporting cycle</b>	Bi-Annually
<b>New indicator</b>	Yes
<b>Desired performance</b>	Higher actual performance is desirable
<b>Indicator responsibility</b>	Senior Manager HRDTS

<b>Indicator Title</b>	<b>% of SMS members enrolled for compulsory SMS Capacity building programme</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	Indicates the extent of compliance by the NCPA with the MPSA Directive on Compulsory Capacity Building and Minimum Entry Requirements for SMS aimed at building/ improving management / leadership capabilities and effectiveness within the NCPA across all provincial departments
<b>Source / Collection of Data</b>	Quarterly Consolidated Provincial Compulsory SMS Capacity Building Implementation Reports Database of SMS members eligible for enrolment in the Compulsory SMS Capacity Building Programmes per each of the 12 provincial departments within the NCPA
<b>Method of Calculation</b>	<p><b>Numerator</b> Number of eligible SMS members enrolled for Compulsory SMS Capacity Building Programmes as at end of the reporting period</p> <p><b>Denominator</b> Number of all SMS members eligible for enrolment in Compulsory SMS Capacity Building Programmes across all 12 provincial government departments within the NCPA</p> <p><b>Calculation</b> Numerator/ Denominator x 100 = %</p> <p><u>Annual Performance Report (APR) /annual aggregation process</u> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.</p> <p>APR will be an average of the 2 quarters.</p>
<b>Data Limitations</b>	Reliability depends on the accuracy of reports received from departments based on correct loading of information on the Persal system/ updating of their records. To ensure accuracy, validity and completeness of the reported outcomes, underlying supporting documents/evidence must accompany reports from departments. Source documents will enable OTP

	to validate claims in the reports from departments. In the absent of source documents, accuracy, validity, completeness of the output will not be ascertained.
<b>Type of Indicator</b>	Outcome
<b>Calculation type</b>	Cumulative
<b>Reporting cycle</b>	Bi Annually
<b>New indicator</b>	Yes
<b>Desired performance</b>	Higher actual performance is desirable
<b>Indicator responsibility</b>	Senior Manager: HRDTS

<b>Indicator Title</b>	<b>% of provincial departments with improved MPAT scores in terms of Human Resources Development (HRD) Planning, Implementation and Reporting.</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	<p>It gives an indication of the level/ extent of improvement by 12 provincial departments in complying with the legislative framework governing and nationally acceptable standards for HRD planning, implementation and reporting as set out in the MPAT standard 3.1.3 thereby showing an improvement in their ability to plan for and address current and future workforce skills and capacity gaps that are needed for achievement of objectives as set out in departmental strategic and annual plans.</p> <p>It also indicates the extent to which the OTP effectively coordinates, guides and supports departments to improve in this management practice and standards.</p>
<b>Source / Collection of Data</b>	<p>Primary Source</p> <p>The Preliminary Moderated MPAT 1.6 results &amp; Final MPAT 1.5 results for all 12 departments issued by DPME available at end of the reporting period; or</p> <p>Corresponding Departmental MPAT 1.6 Self assessment results verified by Internal Audit Unit within Provincial Treasury as submitted to DPME Approved HRD Implementation Plan and Implementation Monitoring Tool</p> <p>Target 3 departments:</p> <ul style="list-style-type: none"> <li>• Education</li> <li>• Office of the Premier</li> <li>• Environment</li> </ul>
<b>Method of Calculation</b>	<p><b>Numerator</b></p> <p>The number of departments showing improved scores for standard 3.1.3 HRD Planning, Implementation and Reporting in the MPAT1.6 compared to MPAT 1.5 results. An Improvement is defined as doing better than MPAT1.5 e.g. improved from 2 to 3 or 1 to 2 e.t.c. When a department maintains a level 4 (highest/ there is no level above 4 in MPAT standards) Comparing the 2 cycle, this will be included as an improvement as MPAT standards are improved each year.</p> <p><b>Denominator</b></p> <p>Number of Provincial departments = 12</p> <p><b>Calculation</b></p> <p>Numerator/denominator x 100 = %</p> <p><u>Annual Performance Report (APR) /annual aggregation process</u></p> <p>The first step to be performed during the annual aggregation will be to</p>

	<p>agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.</p> <p>APR output will be 4<sup>th</sup> quarter output</p>
<b>Data Limitations</b>	<p>Inaccurate data and incomplete evidence as well as deficiencies in capturing and uploading of evidence and information for assessment/moderation can influence the score negatively</p> <p>Delays in issuing moderated scores by DPME will result in un-moderated results being reported</p>
<b>Type of Indicator</b>	Qualitative (Outcome)
<b>Calculation type</b>	Non-cumulative
<b>Reporting cycle</b>	Annually – 4th quarter
<b>New indicator</b>	Yes
<b>Desired performance</b>	Higher actual performance would be desirable.
<b>Indicator responsibility</b>	Chief Director: Strategic Human Capital Development, Senior Manager HRDTS

<b>Indicator Title</b>	<b>Number of Provincial/Transversal HRD Forums coordinated and supported</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	<p>It indicates the number of formalised structures that are in place and functional for effective coordination, monitoring and evaluation of HRD interventions across internal and external role-players and functions with specific reference to the HRD Council; Provincial Skills Development Forum and the Outcome 5 Implementation Forum</p>
<b>Source / Collection of Data</b>	<p>Terms of Reference of formal HRD Coordination Structures</p> <p>File of all Notices, Agenda, Attendance registers &amp; Minutes of all meetings held by the HRD Council; Provincial Skills Development Forum &amp; Outcome 5 Implementation Forum</p>
<b>Method of Calculation</b>	<p>Calculation</p> <p>The sum of all Provincial/ Transversal HRD Forums that held their quarterly meetings as at end of the reporting period.</p> <p>For purposes of the APR to meet the annual target, there must have been 3 meetings of HRD Council, Provincial Skills Development and Outcome 5 Implementation forum for all 4 quarters.</p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b></p> <p>The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the sum of validated / restated output of all 4 quarters.</p>
<b>Data Limitations</b>	<p>Availability &amp; attendance levels of all members/ parties</p> <p>Deficiencies in record keeping</p>

Type of Indicator	Output
Calculation type	Non-cumulative
Reporting cycle	Quarterly
New indicator	Yes
Desired performance	On Target
Indicator responsibility	Chief Director: Strategic Human Capital Development, Senior Manager HRDTS & Manger HRDS

<b>Indicator Title</b>	<b>Number of 5 year HRD Strategies and Implementation Plans for the Northern Cape Province developed, approved and implemented</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	Indicates the number of HRD strategies with Implementation Plans approved for the period 2015-2020 as at end of the reporting cycle to ensure the availability of documented instruments to guide inter-sectoral and multi-pronged interventions to build human capabilities for economic growth and development for attainment of the Provincial GDS and NDP objectives
<b>Source / Collection of Data</b>	Approved Northern Cape Human Resource Development Strategy 2015-2020 with its Implementation Plan Secondary sources Reports/ Register on progress in development of the HRD strategy and Implementation Plan Draft HRD strategy and Implementation Plan
<b>Method of Calculation</b>	Count approved Provincial HRD Strategy with its Implementation Plan.  <b><u>Annual Performance Report (APR) /annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.  APR equals the first quarter target as it is using the same method of calculation.
<b>Data Limitations</b>	Under/ over counting due to misinterpretation of indicator
<b>Type of Indicator</b>	Output
<b>Calculation type</b>	Non-Cumulative
<b>Reporting cycle</b>	Annually
<b>New indicator</b>	Yes
<b>Desired performance</b>	On target
<b>Indicator responsibility</b>	Chief Director: Strategic Human Capital Development and Senior Manager PMCD & Transversal HRD manager

### 2.2.2 Performance Management and Capacity Development

<b>Indicator Title</b>	<b>% of employees benefitting from Human Resources development initiatives within OTP</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	Indicates the percentage of all OTP employees (Levels 1 to 12 and SMS) who benefits from training and capacity development initiatives planned as per the WSP and other training interventions aimed at addressing the

	workforce skills and capacity needs/gaps for achievement of departmental objectives as set out in departmental strategic and annual plans.
<b>Source / Collection of Data</b>	<p>Primary Sources</p> <p>WSP Implementation/ Annual Training reports</p> <p>Reports on Approved Bursary applications</p> <p>Persal reports reflecting number of employees as per end of reporting cycle</p> <p>Secondary sources</p> <p>Training attendance registers and databases.</p> <p>Bursary applications and contracts.</p>
<b>Method of Calculation</b>	<p><b>Numerator</b></p> <p>Number of employees that benefited from capacity development initiatives as at the reporting period</p> <p><b>Denominator</b></p> <p>Total number of OTP employees as per Persal reports</p> <p><b>Calculation</b></p> <p>Numerator/ Denominator x100 = %</p> <p><b><u>Annual Performance Report (APR) /annual aggregation process</u></b></p> <p>The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the average of all validated / restated quarterly outputs.</p> <p>The APR will have its numerator as the sum of OTP employees who benefitted from HRD initiatives divided by total number of OTP employees as per Persal reports.</p>
<b>Data Limitations</b>	Under/ over reporting lead to inaccurate data and incomplete information/ evidence Deficiencies in record keeping, capturing and compilation of reports
<b>Type of Indicator</b>	Outcome
<b>Calculation type</b>	Non - Cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	Yes
<b>Desired performance</b>	Higher actual performance is desirable
<b>Indicator responsibility</b>	Senior Manager PMCD and HRD Manager

<b>Indicator Title</b>	<b>Number of unemployed youth benefitting from Internship and Workplace Integrated learning (WIL) programmes within OTP</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	Indicates the number of unemployed youth enlisted by the OTP in compliance with HRD policy frame work to ensure unemployed graduates and students are offered experiential learning opportunities in pursuit of Outcome 5 skilled and capable workforce and enhanced employment prospects for the youth
<b>Source / Collection of Data</b>	Record of/ Report on Intern and WIL appointments made as at end of reporting period Individual Contracts and Portfolio's of Evidence for each appointed Intern and WIL

<b>Method of Calculation</b>	<p>Calculate by adding every individual (headcount) enlisted intern and WIL appointee as at the end of reporting cycle.</p> <p><b><u>Annual Performance Report (APR) /annual aggregation process</u></b>  The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.</p> <p>APR will be all interns and WILs who were still on contract at the Office of the Premier for a part of the financial year. This number includes interns/WILs whose contracts overlaps between financial years.</p>
<b>Data Limitations</b>	Under/ over reporting lead to inaccurate data and incomplete information/ evidence Deficiencies in record keeping, capturing and compilation of reports
<b>Type of Indicator</b>	Outcome
<b>Calculation type</b>	Non - Cumulative
<b>Reporting cycle</b>	Annually
<b>New indicator</b>	Yes
<b>Desired performance</b>	Higher actual performance is desirable
<b>Indicator responsibility</b>	Senior Manager PMCD and HRD Manager

<b>Indicator Title</b>	<b>% of OTP Workplace Skill Plan (WSP) targets achieved</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	It indicates the extent of successful implementation of training and capacity development initiatives planned as per the WSP and extent of addressing the workforce skills and capacity needs/gaps for achievement of departmental objectives as set out in departmental strategic and annual plans.
<b>Source / Collection of Data</b>	<p>WSP and Quarterly &amp; Annual Training Report/ HRD Monitoring Tool</p> <p>Any of the training listed below or any other training prioritised by management:</p> <ul style="list-style-type: none"> <li>• Executive Development Programme Modules</li> <li>• Compulsory Induction Programme</li> <li>• Compulsory Induction Programme SMS</li> <li>• Advanced Management Development Programme</li> <li>• Strategic and Operational Planning</li> <li>• Strategic Leadership</li> <li>• Monitoring and Evaluation</li> <li>• Information Technology ICT Governance</li> <li>• Information Technology System and Database Administration</li> <li>• Project Management</li> <li>• Principles of Evidence</li> <li>• Arbitration</li> <li>• Legal Drafting</li> <li>• CIP</li> <li>• Excellent Customers services</li> <li>• PERSAL Training</li> </ul>

	<ul style="list-style-type: none"> <li>• Research Methodologies</li> <li>• Business Process modelling</li> <li>• Advanced Management</li> <li>• Fundamental Management</li> <li>• Emerging Management Development</li> <li>• Central supplier database</li> <li>• Lead facilitator development</li> </ul>
<b>Method of Calculation</b>	<p><b>Numerator</b> Number of training and capacity development initiatives planned in terms of the WSP or training prioritised by management, implemented as end of the reporting period.</p> <p><b>Denominator</b> Total Number of training and capacity development initiatives planned in terms of the WSP or any other training prioritised by management.</p> <p><b>Calculation</b> Numerator/ Denominator x100 = %</p> <p><b><u>Annual Performance Report (APR) /annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.</p> <p>APR will use the same method of calculation as the 4<sup>th</sup> quarter.</p>
<b>ata Limitations</b>	Under/ over reporting lead to inaccurate data and incomplete information/ evidence Deficiencies in record keeping, capturing and compilation of reports
<b>Type of Indicator</b>	Outcome
<b>Calculation type</b>	Non-Cumulative
<b>Reporting cycle</b>	Annually (4 <sup>th</sup> quarter)
<b>New indicator</b>	Yes
<b>Desired performance</b>	Higher than targeted performance is desirable
<b>Indicator responsibility</b>	Senior Manager PMCD and HRD Manager

<b>Indicator Title</b>	<b>Management performance levels for the OTP in terms of Human Resources Development (HRD) Planning, Implementation and Reporting.</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	It gives an indication of the level attained by the OTP and therefore the extent of compliance with the legislative framework governing HRD planning, implementation and reporting as set out in the MPAT standard 3.1.3 under Performance Area HR Strategy and Planning thereby showing its ability to plan for and address current and future workforce skills and capacity needs/gaps for achievement of departmental objectives as set out in departmental strategic and annual plans.
<b>Source / Collection of Data</b>	Primary source The Preliminary Moderated MPAT 1.6 results issued for OTP by the DPME available at end of the reporting period for standard; OR Corresponding OTP MPAT 1.6 Self assessment results verified by Internal Audit Unit within Provincial Treasury as submitted to DPME

	Approved OTP HRD Plan & Implementation Reports
<b>Method of Calculation</b>	<p>Report the Preliminary Moderated MPAT 1.6 score attained by OTP for standard 3.1.3. HRD planning, implementation and reporting under Performance Area: HR Strategy and Planning.</p> <p><b><u>Annual Performance Report (APR) /annual aggregation process</u></b>  The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.</p> <p>APR uses the same method of calculation as the 4<sup>th</sup> quarter. The APR will be the same 4<sup>th</sup> quarter output.</p>
<b>Data Limitations</b>	<p>Inaccurate data and incomplete evidence as well as deficiencies in capturing and uploading of evidence and information for assessment/moderation can influence the score negatively</p> <p>Delays in issuing final scores by DPME will result in un-moderated results being reported</p>
<b>Type of Indicator</b>	Qualitative outcome
<b>Calculation type</b>	Non - cumulative
<b>Reporting cycle</b>	Annually – 4 <sup>th</sup> quarter
<b>New indicator</b>	Yes
<b>Desired performance</b>	On target to sustain a level 4 MPAT score
<b>Indicator responsibility</b>	Senior Manager PMCD & HRD Manager

<b>Indicator Title</b>	<b>% employees within the OTP who are compliant in terms of Implementation of Employee performance management systems</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	To indicate the extent of compliance by OTP employees with implementation of the OTP EPMDS Policy and legislative framework and thereby OTP's ability to optimise the quality and quantity of every individual employee's output / performance so as to improve organisational performance and service delivery
<b>Source / Collection of Data</b>	<p>Primary Source</p> <p>Consolidated Quarterly EPMDS Implementation Reports reflecting status of implementation in terms of</p> <ul style="list-style-type: none"> <li>• number of complete Performance Agreements (PAs) submitted on time</li> <li>• The number of PAs submitted after due date/ late</li> <li>• Number of outstanding PAs (not submitted as at end of reporting cycle)</li> <li>• Employee Performance agreements</li> <li>• Where applicable PA's which were reviewed after six months / PA's of new employees</li> <li>• Persal Reports</li> <li>• Approved EPMDS Policy</li> </ul>
<b>Method of Calculation</b>	<p><b>Numerator</b> Sum of fully compliant employees in terms of submitted performance agreements on 31 May of the financial year.</p> <p><b>Denominator</b> Total OTP staff population eligible for Performance assessment (including non-compliant employees in terms of any one or all</p>

	<p>criteria cited above) as at 31 May</p> <p><b>Calculation</b>  Numerator/ Denominator x 100 =%</p> <p>In subsequent 3 quarters, the % will be assessed in terms of new additions of the head count/where employees change their PAs after six months.</p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b>  The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.  APR will be an average of all the 4 quarters.</p>
<b>Data Limitations</b>	Under/ over reporting / non submission/ incomplete documentation and information may lead to inaccuracies in reports Deficiencies in record keeping, capturing and compilation of reports
<b>Type of Indicator</b>	Outcome
<b>Calculation type</b>	Non - cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	No
<b>Desired performance</b>	On target
<b>Indicator responsibility</b>	Senior Manager PMCD and PMDS Manager

<b>Indicator Title</b>	<b>Management Performance levels attained by OTP for Management of L1-12 Employee Performance</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	To indicate the extent of implementation of the OTP EPMDS Policy and level of compliance with legislative framework and nationally acceptable standards as set out in MPAT for Implementation of L1-12 Performance Management Systems (PMS) and thereby its ability to optimise the quality and quantity of every individual output / performance so as to improve organisational performance and service delivery
<b>Source / Collection of Data</b>	The Preliminary Moderated MPAT 1.6 results for OTP issued by DPME available at end of the reporting period; OR The corresponding Departmental MPAT 1.6 Self assessment results verified by Internal Audit Unit within Provincial Treasury as submitted to DPME
<b>Method of Calculation</b>	Actual Preliminary Moderated MPAT 1.6 scores attained by OTP for standard 3.3.1 Implementation of L1-12 Performance Management System  <b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.

	The APR will be the same as the 4 <sup>th</sup> quart validated /restated output.
<b>Data Limitations</b>	Inaccurate data and incomplete evidence as well as deficiencies in capturing and uploading of evidence and information for assessment/moderation can influence the score negatively Delays in issuing moderated scores by DPME will result in un-moderated results being reported
<b>Type of Indicator</b>	Qualitative (Outcome)
<b>Calculation type</b>	Non – cumulative
<b>Reporting cycle</b>	Annually – 4 <sup>th</sup> quarter
<b>New indicator</b>	Yes
<b>Desired performance</b>	Higher actual performance would be desirable.
<b>Indicator responsibility</b>	Senior Manager PMCD & Manager PMDS

<b>Indicator Title</b>	<b>Management Performance levels attained by OTP for Management of SMS Employee Performance (excluding HoDs)</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	To indicate the extent of implementation of the OTP EPMDS Policy and level of compliance with legislative framework and nationally acceptable standards as set out in MPAT for Implementation of SMS Performance Management System and thereby its ability to optimise the quality and quantity of every individual output / performance so as to improve organisational performance and service delivery
<b>Source / Collection of Data</b>	The Preliminary Moderated MPAT 1.6 results for OTP issued by DPME available at end of the reporting period; or Corresponding Departmental MPAT 1.6 Self assessment results verified by Internal Audit Unit within Provincial Treasury as submitted to DPME
<b>Method of Calculation</b>	Actual Preliminary Moderated MPAT 1.6 scores attained by OTP for standard 3. 3.1 (L1-12) and 3.3.2 Implementation of SMS Performance Management System as at end of reporting cycle  <b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.  The APR will be the same as the 4 <sup>th</sup> quart validated /restated output.
<b>Data Limitations</b>	Inaccurate data and incomplete evidence as well as deficiencies in capturing and uploading of evidence and information for assessment/moderation can influence the score negatively Delays in issuing moderated scores by DPME will result in un-moderated results being reported
<b>Type of Indicator</b>	Qualitative (Outcome)
<b>Calculation type</b>	Non – cumulative
<b>Reporting cycle</b>	Annually – 4 <sup>th</sup> quarter
<b>New indicator</b>	Yes
<b>Desired performance</b>	Higher actual performance would be desirable.
<b>Indicator responsibility</b>	Chief Director: Strategic Human Capital Development Senior Manager and HRD Manager

<b>Indicator Title</b>	<b>Management Performance levels attained by OTP for Management of Heads of Department (HoD) Performance</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	To indicate the extent of compliance with legislative framework and nationally acceptable standards as set out in MPAT for Implementation of Performance Management System for HoDs by all provincial departments within the NCPA and thereby the OTPs ability to effectively coordinate the management of HoD performance
<b>Source / Collection of Data</b>	The Preliminary Moderated MPAT 1.6 provincial result issued by DPME available at end of the reporting period The Preliminary Moderated MPAT 1.6 departmental results issued by DPME available at end of the reporting period or Corresponding Departmental MPAT 1.6 Self assessment results verified by Internal Audit Unit within Provincial Treasury as submitted to DPME
<b>Method of Calculation</b>	Actual Preliminary Moderated MPAT 1.6 scores attained by OTP for standard 3.3.3 Implementation of Performance Management System for HoDs  <b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.  The APR will be the same as the 4 <sup>th</sup> quart validated /restated output.
<b>Data Limitations</b>	Inaccurate data and incomplete evidence as well as deficiencies in capturing and uploading of evidence and information for assessment/moderation can influence the score negatively Delays in issuing moderated scores by DPME will result in un-moderated results being reported
<b>Type of Indicator</b>	Qualitative (Outcome)
<b>Calculation type</b>	Non – cumulative
<b>Reporting cycle</b>	Annually – 4 <sup>th</sup> quarter
<b>New indicator</b>	Yes
<b>Desired performance</b>	Higher actual performance would be desirable.
<b>Indicator responsibility</b>	Chief Director: Strategic Human Capital Development, Senior Manager and HRD Manager

<b>Indicator Title</b>	<b>Number of Performance Management Development System support visits conducted at Provincial Departments to consult and advise on compliance and constraints issues identified by departments</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	Indicates number of monitoring and support visits to 11 provincial departments (1 visit per department) by the OTP to guide and strengthen compliance with the PMDS policy framework and SMS handbook provincially and to offer advice and support
<b>Source / Collection of Data</b>	Support visit reports Target 11 departments: 1) Health 2) Education 3) Social Development

	<ul style="list-style-type: none"> <li>4) Agriculture</li> <li>5) Sports Arts and Culture</li> <li>6) Treasury</li> <li>7) Environment and Nature Conservation</li> <li>8) Safety and Liaison</li> <li>9) Roads and Public Works</li> <li>10) COGHSTA</li> <li>11) Economic Development</li> </ul> <p>And any additional visit that may be deemed necessary by management</p>
<b>Method of Calculation</b>	<p>Counting every visit (1 visit per department)</p> <p>a) The target of the second quarter relates to the actual output of the 2<sup>nd</sup> quarter plus output of the 1<sup>st</sup> quarter.</p> <p>b) The target for the 3<sup>rd</sup> quarter comprises of 3<sup>rd</sup> quarter output, plus 1<sup>st</sup> and 2<sup>nd</sup> quarter outputs.</p> <p>c) 4<sup>th</sup> quarter outputs relate to 4<sup>th</sup> quarter output, plus 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> quarter outputs.</p> <p>d) The APR will be the output of 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> quarters added together.</p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b></p> <p>The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.</p>
<b>Data Limitations</b>	Double counting of visits to a single department
<b>Type of Indicator</b>	Output
<b>Calculation type</b>	Cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	Yes
<b>Desired performance</b>	On target
<b>Indicator responsibility</b>	Chief Director: Strategic Human Capital Development & Senior Manager PMCD

<b>Indicator Title</b>	<b>% of provincial departments improving MPAT scores on PMDS standards</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	To indicate the extent of improvement across all NC departments in the implementation of departmental EPMDS Policies and level of compliance with legislative framework and nationally acceptable standards as set out in MPAT for Implementation of L1-12, SMS & HoD Performance Management Systems (PMS). It further also indicates the ability of and extent to which the OTP effectively coordinates, guides and supports departments to improve in this management practice and standards.
<b>Source / Collection of Data</b>	<p>The Preliminary Moderated MPAT 1.6 results and Final MPAT 1.5 results for all 12 provincial departments issued by DPME and available at end of the reporting period or</p> <p>Corresponding Departmental MPAT 1.6 Self assessment results verified by Internal Audit Unit within Provincial Treasury as submitted to DPME</p> <p>Target 3 departments:</p>

	<ol style="list-style-type: none"> <li>1) Office of the Premier</li> <li>2) Education</li> <li>3) Environment</li> </ol>
<b>Method of Calculation</b>	<p><b>Numerator</b> The number of departments showing improved scores iro all three MPAT standards for Implementation of Performance Management System i.e. Standard 3.3.1 (L1-12), Standard 3.3.2 (SMS) and Standard 3.3.3 HoD in MPAT1.6 if compared to MPAT 1.5 results. An Improvement is defined as doing better than MPAT1.5 e.g. improved from 2 to 3 or 1 to 2 e.t.c. When a department maintains a level 4 (highest/ there is no level above 4 in MPAT standards) Comparing the 2 cycle, this will be included as an improvement as MPAT standards are improved each year.</p> <p><b>Denominator</b> Number of Departments =12</p> <p><b>Calculation :</b> Numerator/ Denominator x100.</p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.</p> <p>APR will be the same as the 4<sup>th</sup> quarter validated/restated output.</p>
<b>Data Limitations</b>	<p>Inaccurate data and incomplete evidence as well as deficiencies in capturing and uploading of evidence and information for assessment/moderation can influence the score negatively</p> <p>Delays in issuing moderated scores by DPME will result in un-moderated results being reported</p>
<b>Type of Indicator</b>	Qualitative ( Outcome)
<b>Calculation type</b>	Non- cumulative
<b>Reporting cycle</b>	Annually – 4 <sup>th</sup> quarter
<b>New indicator</b>	Yes
<b>Desired performance</b>	Higher actual performance would be desirable.(all departments attaining Level 3 score)
<b>Indicator responsibility</b>	Chief Director: Strategic Human Capital Development and Senior Manager PMCD

### 2.3 Legal Services

<b>Indicator Title</b>	<b>% Reduction in litigation cases against the NCPG</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	Indicates the extend of reduction in number of new litigation cases instituted against the NCPG (Departments and entities) if compared to the number of cases instituted in the previous year and therefore the extent of minimized exposure to financial, legal and reputational risks. It also indicates the extent to which the OTP effectively coordinates, guides and supports departments to improve in this regard
<b>Source / Collection of Data</b>	Consolidated Provincial Database of all new litigation cases instituted against the NCPG verified by the Office of the State Attorney

	Litigation files
<b>Method of Calculation</b>	<p><b>Numerator</b> Reduction in number of litigation cases= Baseline (number of litigation cases instituted in the previous year) minus number of new litigation cases instituted during the reporting period/cycle</p> <p><b>Denominator</b> Baseline (number of litigation cases instituted in the previous year)</p> <p><b>Calculation</b> Numerator/Denominator x100=% Reduction</p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.</p> <p>APR will be the same as the 4<sup>th</sup> quarter validated /restated output.</p>
<b>Data Limitations</b>	Reliability depends on the accuracy of reports received from departments based on correct loading of information on the Persal system/ updating of their records. To ensure accuracy, validity and completeness of the reported outcomes, underlying supporting documents/evidence must accompany reports from departments. Source documents will enable OTP to validate claims in the reports from departments. In the absent of source documents, accuracy, validity, completeness of the output will not be ascertained.
<b>Type of Indicator</b>	Outcome
<b>Calculation type</b>	Non-cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	Yes
<b>Desired performance</b>	Higher actual performance is desirable
<b>Indicator responsibility</b>	Chief State Law Advisor

<b>Indicator Title</b>	<b>% Reduction in litigation cases lost by the NCPG</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	Indicates the extent of reduction in litigation cases lost by the NCPG if compared to the number of cases lost in the previous year and therefore the level of success achieved in defending matters thereby minimizing the NCPG's exposure to financial losses as well as legal and reputational risk
<b>Source / Collection of Data</b>	Reports Judgements
<b>Method of Calculation</b>	<p><b>Numerator</b> Reduction in number of litigation cases lost = Baseline (number of litigation cases lost in the previous year) minus number of new litigation cases lost during the reporting period/ cycle</p> <p><b>Denominator</b> Baseline (number of litigation cases lost in the previous year)</p> <p><b>Calculation</b> Numerator / Denominator x100 = % Reduction</p>

	<p><b><u>Annual Performance Report (APR) annual aggregation process</u></b></p> <p>The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.</p> <p>APR will be the same as the 4<sup>th</sup> quarter validated /restated output.</p>
<b>Data Limitations</b>	<p>Reliability depends on the accuracy of reports received from departments based on correct loading of information on the Persal system/ updating of their records. To ensure accuracy, validity and completeness of the reported outcomes, underlying supporting documents/evidence must accompany reports from departments. Source documents will enable OTP to validate claims in the reports from departments. In the absent of source documents, accuracy, validity, completeness of the output will not be ascertained.</p>
<b>Type of Indicator</b>	Outcome
<b>Calculation type</b>	Non-cumulative
<b>Reporting cycle</b>	Annually (4th quarter)
<b>New indicator</b>	Yes
<b>Desired performance</b>	Increase in successfully defended matters
<b>Indicator responsibility</b>	Chief State Law Advisor

<b>Indicator Title</b>	<b>% of advice and legal opinions requests provided to the NCPG</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	<p>Indicates the level of performance by Legal Services in terms of provision of legal advice and opinions against number of requests received from Premier, Members of Executive Council, Director -General, government departments, Municipalities, entities and the public thereby the extent of legal support services to ensure sound executive and administrative decision-making and action within the NCPA and minimize the NCPGs' exposure to financial, legal and reputational risks</p>
<b>Source / Collection of Data</b>	<p>Register of Requests received and assigned Physical files/record of/documented legal advice &amp; opinions provided</p>
<b>Method of Calculation</b>	<p><b>Numerator</b> Number of Legal advice and opinions provided as at end of reporting cycle</p> <p><b>Denominator</b> Number of requests for legal advise and opinions received by Legal Services as at end of reporting cycle</p> <p><b>Calculation</b> Numerator/ Denominator x 100 = % provided</p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b></p> <p>The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate</p>

	disclosures will be made in the APR.  APR is an average of all 4 quarterly validated /restated outputs.
<b>Data Limitations</b>	Reliability depends on the accuracy of reports received from departments based on correct loading of information on the Persal system/ updating of their records. To ensure accuracy, validity and completeness of the reported outcomes, underlying supporting documents/evidence must accompany reports from departments. Source documents will enable OTP to validate claims in the reports from departments. In the absent of source documents, accuracy, validity, completeness of the output will not be ascertained.
<b>Type of Indicator</b>	Output
<b>Calculation type</b>	Non-cumulative
<b>Reporting cycle</b>	Bi-annually
<b>New indicator</b>	Yes
<b>Desired performance</b>	Higher actual performance is desirable
<b>Indicator responsibility</b>	Chief State Law Advisor & Senior Managers Legal Services

<b>Indicator Title</b>	<b>% of existing provincial legislation reviewed.</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	Indicates the extent to which provincial legislation is reviewed by Legal Services for consistency with the Constitution, new related legislation and case law and general legal principles so as to ensure provincial legislation is updated and in keeping with new developments. It also indicates the extent to which the OTP effectively coordinates, guides and supports departments to improve in this regard
<b>Source / Collection of Data</b>	Database of all existing provincial legislation as at beginning of reporting cycle Register/ Record of all Provincial legislation reviewed Physical File of recommendations made to Executive Council or relevant department based on review
<b>Method of Calculation</b>	<p><b>Numerator</b> Number of all Provincial legislation reviewed as at end of reporting cycle</p> <p><b>Denominator</b> All existing provincial legislation as at beginning of reporting cycle as per database</p> <p><b>Calculation</b> Numerator/ Denominator x 100 = % Reviewed</p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.</p> <p>APR will be the same as the 4<sup>th</sup> quarter validated /restated output.</p>
<b>Data Limitations</b>	Reliability depends on the accuracy of reports received from departments based on correct loading of information on the Persal system/ updating of

	their records. To ensure accuracy, validity and completeness of the reported outcomes, underlying supporting documents/evidence must accompany reports from departments. Source documents will enable OTP to validate claims in the reports from departments. In the absent of source documents, accuracy, validity, completeness of the output will not be ascertained.
<b>Type of Indicator</b>	Output
<b>Calculation type</b>	Non-cumulative
<b>Reporting cycle</b>	Annually
<b>New indicator</b>	Yes
<b>Desired performance</b>	Higher actual performance is desirable
<b>Indicator responsibility</b>	Chief State Law Advisor and Senior Managers: Legal Services

<b>Indicator Title</b>	<b>% of all Bills certified</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	Indicates the extent of Bills certified by the Office of the Chief State Law Advisor interns of section 166(4) of The Standing Rules of Northern Cape Provincial Legislature, 2001to ensure Bills are Constitutional, sound & consistent with other related legislation. It also indicates the extent to which the OTP effectively coordinates, guides and supports departments in this regard
<b>Source / Collection of Data</b>	Register/ Record of all Bills received from provincial government departments and entities for certification and assigned to State Law Advisors Record of Certified Bills as recommended to Executive Council/ Legislature Physical Copies of Legislation Letter of instruction from client department
<b>Method of Calculation</b>	<p><b>Numerator</b> Number of Certified Bills that were adopted as at end of reporting cycle</p> <p><b>Denominator</b> Number of all Bills received by Legal Services from provincial government departments and entities for certification as at end of reporting cycle</p> <p><b>Calculation</b> Numerator/ Denominator x 100 = %</p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the same as 4<sup>th</sup> quarter validated / restated output.</p>
<b>Data Limitations</b>	Reliability depends on the accuracy of reports received from departments based on correct loading of information on the Persal system/ updating of their records. To ensure accuracy, validity and completeness of the reported outcomes, underlying supporting documents/evidence must accompany reports from departments. Source documents will enable OTP to validate claims in the reports from departments. In the absent of source documents, accuracy, validity, completeness of the output will not be

	ascertained.
<b>Type of Indicator</b>	Outcome
<b>Calculation type</b>	Non-cumulative
<b>Reporting cycle</b>	Annually (4 <sup>th</sup> quarter)
<b>New indicator</b>	Yes
<b>Desired performance</b>	All Bills adopted by the legislature to be certified
<b>Indicator responsibility</b>	Chief State Law Advisor

<b>Indicator Title</b>	<b>% of Contracts (above R10 million) subjected to legal vetting</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	Indicates the number of major Contracts (value above R500 000) referred to Legal Services for review and vetting so as to ensure that the NCPG enters into legally sound contracts and enforces due diligence on other contracting parties and minimize unintended risk exposure to the NCPG.
<b>Source / Collection of Data</b>	Register/Record of all contracts and draft contracts received from provincial government departments and entities and assigned. Physical file/Record of each contract/draft contract reviewed and legally vetted
<b>Method of Calculation</b>	<p>Calculation: Count every contract/draft contract reviewed and legally vetted</p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.</p> <p>APR output will be the average of 2 bi-annual reports</p>
<b>Data Limitations</b>	Reliability depends on the accuracy of reports received from departments based on correct loading of information on the Persal system/ updating of their records. To ensure accuracy, validity and completeness of the reported outcomes, underlying supporting documents/evidence must accompany reports from departments. Source documents will enable OTP to validate claims in the reports from departments. In the absent of source documents, accuracy, validity, completeness of the output will not be ascertained.
<b>Type of Indicator</b>	Output
<b>Calculation type</b>	Non-cumulative
<b>Reporting cycle</b>	Bi - Annually
<b>New indicator</b>	Yes
<b>Desired performance</b>	Higher actual performance is desirable
<b>Indicator responsibility</b>	Chief State Law Advisor

<b>Indicator Title</b>	<b>MPAT score attained by Office of the Premier for Promotion of Access to Information</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	Indicates the extent of improvement in the implementation and compliance with Promotion of Access to Information Act (PAIA)

	requirements and nationally acceptable standards as set out in MPAT and thereby improvement in terms of giving effect to the right of access to information in the spirit of openness, transparency and accountability.
<b>Source / Collection of Data</b>	The Preliminary Moderated MPAT 1.6 results and Final MPAT 1.5 results for all 12 provincial departments issued by DPME and available at end of the reporting period or Corresponding Departmental MPAT 1.6 Self assessment results verified by Internal Audit Unit within Provincial Treasury as submitted to DPME.
<b>Method of Calculation</b>	<p><b>Numerator</b> The number of departments showing improved scores iro MPAT standard 2.10.1 Promotion of Access to Information in MPAT 1.6 if compared to MPAT 1.5 results.</p> <p>An Improvement is defined as doing better than MPAT1.5 e.g. improved from 2 to 3 or 1 to 2 e.t.c. When a department maintains a level 4 (highest/ there is no level above 4 in MPAT standards) Comparing the 2 cycle, this will be included as an improvement as MPAT standards are improved each year.</p> <p><b>Denominator</b> Number of Departments = 12 <b>Calculation:</b> Numerator/Denominator x100. Refer to footnote 2 on page 1 above</p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.</p> <p>APR output is the same as 4<sup>th</sup> quarter validated/restated output.</p>
<b>Data Limitations</b>	Inaccurate data and incomplete evidence as well as deficiencies in capturing and uploading of evidence and information for assessment/moderation can influence the score negatively. Delays in issuing moderated scores by DPME will result in un-moderated results being reported.
<b>Type of Indicator</b>	Qualitative (Outcome)
<b>Calculation type</b>	Non-cumulative
<b>Reporting cycle</b>	Annually (4 <sup>th</sup> quarter)
<b>New indicator</b>	Yes
<b>Desired performance</b>	Higher actual performance would be desirable
<b>Indicator responsibility</b>	Chief State Law Advisor

<b>Indicator Title</b>	<b>% of departments improved in terms of MPAT scores for Promotion of Access to Information</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	Indicates the extent of improvement in the implementation and compliance with PAIA requirements and nationally acceptable standards as set out in MPAT by provincial departments and thereby improvement in terms of giving effect to the right of access to information in the spirit of openness, transparency and accountability. It also gives an indication of

	the extent to which the OTP Legal Services effectively coordinates, guides and supports departments to improve in this management practice and standards
<b>Source / Collection of Data</b>	The Preliminary Moderated MPAT 1.6 results and Final MPAT 1.5 results for all 12 provincial departments issued by DPME and available at end of the reporting period or Corresponding Departmental MPAT 1.6 Self assessment results verified by Internal Audit Unit within Provincial Treasury as submitted to DPME
<b>Method of Calculation</b>	<p><b>Numerator</b> The number of departments showing improved scores iro MPAT standard 2.10.1 Promotion of Access to Information in MPAT 1.6 if compared to MPAT 1.5 results.</p> <p>An Improvement is defined as doing better than MPAT1.5 e.g. improved from 2 to 3 or 1 to 2 e.t.c. When a department maintains a level 4 (highest/ there is no level above 4 in MPAT standards) Comparing the 2 cycle, this will be included as an improvement as MPAT standards are improved each year.</p> <p><b>Denominator</b> Number of Departments = 12</p> <p><b>Calculation:</b> Numerator/Denominator x 100 Refer to footnote 2 on page 1 above</p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.</p> <p>APR output is the same as 4<sup>th</sup> quarter validated/restated output.</p>
<b>Data Limitations</b>	Inaccurate data and incomplete evidence as well as deficiencies in capturing and uploading of evidence and information for assessment/moderation can influence the score negatively Delays in issuing moderated scores by DPME will result in un-moderated results being reported
<b>Type of Indicator</b>	Qualitative (Outcome)
<b>Calculation type</b>	Non-cumulative
<b>Reporting cycle</b>	Annually (4 <sup>th</sup> quarter)
<b>New indicator</b>	Yes
<b>Desired performance</b>	Higher actual performance would be desirable
<b>Indicator responsibility</b>	Chief State Law Advisor

<b>Indicator Title</b>	<b>MPAT scores attained/maintained by Office of the Premier for Promotion of Administrative Justice.</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	It gives an indication of the OTP's performance and compliance with regard

	to management practice & implementation of Promotion of Administrative Justice Act (PAJA) requirements and nationally acceptable standards as set out in MPAT and thereby improvement in terms of administrative justice requirements of openness, transparency and accountability in terms of administrative decisions and action.
<b>Source / Collection of Data</b>	The Preliminary Moderated MPAT 1.6 results for OTP issued by DPME and available at end of the reporting period or Corresponding Departmental MPAT 1.6 Self assessment results verified by Internal Audit Unit within Provincial Treasury as submitted to DPME
<b>Method of Calculation</b>	Report the Preliminary Moderated MPAT 1.6 score attained by OTP for MPAT standard 2.11.1 Compliance with PAJA requirements Refer to footnote 2 on page 1 above  <b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.  APR output is the same as 4 <sup>th</sup> quarter validated/restated output.
<b>Data Limitations</b>	Inaccurate data and incomplete evidence as well as deficiencies in capturing and uploading of evidence and information for assessment/moderation can influence the score negatively Delays in issuing moderated scores by DPME will result in un-moderated results being reported
<b>Type of Indicator</b>	Qualitative (Outcome)
<b>Calculation type</b>	Non-cumulative
<b>Reporting cycle</b>	Annually (4th quarter)
<b>New indicator</b>	Yes
<b>Desired performance</b>	Higher actual performance is desirable
<b>Indicator responsibility</b>	Chief State Law Advisor

<b>Indicator Title</b>	<b>% of departments improved in terms of MPAT scores for Promotion of Administrative Justice.</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	Indicates the extent of improvement in the implementation and compliance with PAJA requirements and nationally acceptable standards as set out in MPAT and thereby improvement in terms of administrative justice requirements of openness, transparency and accountability in terms of administrative decisions and action. It also gives an indication of the extent to which the OTP Legal Services effectively coordinates, guides and supports departments to improve in this management practice and standards.
<b>Source / Collection of Data</b>	The Preliminary Moderated MPAT 1.6 results and Final MPAT 1.5 results for all 12 provincial departments issued by DPME and available at end of the reporting period or  Corresponding Departmental MPAT 1.6 Self assessment results verified by Internal Audit Unit within Provincial Treasury as submitted to DPME.

	<p>Target 5 Departments:</p> <ul style="list-style-type: none"> <li>• Agriculture</li> <li>• Economic</li> <li>• Environment</li> <li>• Provincial Treasury</li> <li>• OTP</li> </ul>
<b>Method of Calculation</b>	<p><b>Numerator</b> The number of departments showing improved scores iro MPAT standard 2.11.1 Compliance with PAJA requirements in MPAT1.6 if compared to MPAT 1.5 results.</p> <p>An Improvement is defined as doing better than MPAT1.5 e.g. improved from 2 to 3 or 1 to 2 e.t.c. When a department maintains a level 4 (highest/ there is no level above 4 in MPAT standards) Comparing the 2 cycle, this will be included as an improvement as MPAT standards are improved each year.</p> <p><b>Denominator</b> Number of Departments =12</p> <p><b>Calculation :</b> Numerator/ Denominator x100. Refer to footnote 2 on page 1 above</p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.</p> <p>APR output is the same as 4<sup>th</sup> quarter validated/restated output.</p>
<b>Data Limitations</b>	<p>Inaccurate data and incomplete evidence as well as deficiencies in capturing and uploading of evidence and information for assessment/moderation can influence the score negatively Delays in issuing moderated scores by DPME will result in un-moderated results being reported</p>
<b>Type of Indicator</b>	Qualitative (Outcome)
<b>Calculation type</b>	Non-cumulative
<b>Reporting cycle</b>	Annually (4th quarter)
<b>New indicator</b>	Yes
<b>Desired performance</b>	Higher actual performance would be desirable.
<b>Indicator responsibility</b>	Chief State Law Advisor

<b>Indicator Title</b>	<b>Number of Legal Capacity building/training initiatives conducted</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	Indicates the number of internal initiatives e.g. seminars, workshops and training sessions organised by the Office of the Chief State Law Advisor to build capacity / empower Legal admin officers and state law advisors within the NCPA
<b>Source / Collection of Data</b>	Record of legal capacity building/training initiative and training material Attendance registers

<b>Method of Calculation</b>	Count every legal capacity building/training initiative conducted at end of the reporting period  <b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.  APR output will be the sum of all validated/ restated undertaken in the financial year.
<b>Data Limitations</b>	Inaccurate/ incomplete records
<b>Type of Indicator</b>	Output
<b>Calculation type</b>	Non-Cumulative
<b>Reporting cycle</b>	Annually
<b>New indicator</b>	Yes
<b>Desired performance</b>	Higher than actual
<b>Indicator responsibility</b>	Chief State Law Advisor

<b>Indicator Title</b>	<b>Number of legal admin officers/state law advisors who benefitted from legal capacity building/training initiatives</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	Indicates the number of Managers, Legal admin officers, state law advisors and interns attached to legal services within the 12 Provincial departments trained through initiatives in 2.4.11
<b>Source / Collection of Data</b>	Record of legal capacity building/training initiative and training material  Attendance registers
<b>Method of Calculation</b>	Count every Managers: Legal Services; Legal admin officer, state law advisor and legal intern who attended capacity building/training initiatives conducted at end of the reporting period  <b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.  APR output is the same as 4 <sup>th</sup> quarter validated/restated output.
<b>Data Limitations</b>	Inaccurate/ incomplete records and attendance registers
<b>Type of Indicator</b>	Output
<b>Calculation type</b>	Non-Cumulative
<b>Reporting cycle</b>	Annually
<b>New indicator</b>	Yes
<b>Desired performance</b>	Higher than actual
<b>Indicator responsibility</b>	Chief State Law Advisor

2.4 Information Communication Services

2.4.1 Information Technology and Infrastructure

<b>Indicator Title</b>	<b>Number of departments with approved/ reviewed ICT Corporate Governance Policies and Charters as well as ICT Plans, Implementation Plans and Operational Plans</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	Measures the number of NC provincial departments with approved and or revised CGITC policies & Charters, ICT Plans, Implementation Plans and Operational Plans as prescribed by the CGICT Policy Framework for the Public Service and in accordance with the CGITC assessment standard & checklist issued by DPSA. Also indicative of the extent of coordination, guidance & support provided by the PGITO & OTP ICT Unit to provincial departments
<b>Source / Collection of Data</b>	Departmental <ul style="list-style-type: none"> <li>• Corporate Governance of ICT Policy;</li> <li>• Corporate Governance of ICT Charter t;</li> <li>• ICT Plan;</li> <li>• ICT Implementation Plan; and</li> <li>• ICT Operational Plan for each of the 12 Departments</li> </ul> PGITO verification/ assessment Reports & checklists. For a department to qualify for inclusion as a validated output, it must have all 5 documents.
<b>Method of Calculation</b>	Count each Department with full set of fully compliant documents  <b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR validation will be a sum of all departments that has all the 5 documents cited under source/ collection of data.
<b>Data Limitations</b>	Poor/ insufficient understanding of business of departments on part of ICT units
<b>Type of Indicator</b>	Output
<b>Calculation type</b>	Non - Cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	Yes
<b>Desired performance</b>	On target performance
<b>Indicator responsibility</b>	Senior Manager Information Communication Technology & Chief Director: Communications Services

<b>Indicator Title</b>	<b>Number of departments supported with implementation of business and ICT alignment</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	Measures the number of provincial departments that are have been supported by PGITO & OTP ICT Unit to implement ICT as an enabler of their services and business by aligning ICT activities with service delivery / business processes.

	This Indicator supports OTP Efficiency Services business process mapping of strategic services
<b>Source / Collection of Data</b>	Departmental Business and ICT alignment Support Project Plans developed by PGITO/ OTP ICT unit read and cross referenced to Departmental ICT Plans Project Implementation Progress and Close-out Reports reflecting successful implementation of alignment
<b>Method of Calculation</b>	Count each Department successfully supported with implementation of business and ICT alignment.  a) The target of the second quarter relates to the actual output of the 2 <sup>nd</sup> quarter plus output of the 1 <sup>st</sup> quarter. b) The target for the 3 <sup>rd</sup> quarter comprises of 3 <sup>rd</sup> quarter output, plus 1 <sup>st</sup> and 2 <sup>nd</sup> quarter outputs. c) 4 <sup>th</sup> quarter outputs relate to 4 <sup>th</sup> quarter output, plus 1 <sup>st</sup> , 2 <sup>nd</sup> , and 3 <sup>rd</sup> quarter outputs. d) The APR will be the output of 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> and 4 <sup>th</sup> quarters added together  <b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be a sum of all departments supported during the year.
<b>Data Limitations</b>	Poor/ insufficient understanding of business of departments on part of ICT units. Reliability depends on the accuracy of reports received from departments based on correct loading of information and updating of their records. To ensure accuracy, validity and completeness of the reported outcomes, underlying supporting documents/evidence must accompany reports from departments. Source documents will enable OTP to validate claims in the reports from departments. In the absent of source documents, accuracy, validity, completeness of the output will not be ascertained.
<b>Type of Indicator</b>	Output
<b>Calculation type</b>	Cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	Yes
<b>Desired performance</b>	Higher actual performance is desirable
<b>Indicator responsibility</b>	Senior Manager Information Communication Technology & Chief Director: Communications Services

<b>Indicator Title</b>	<b>Number of Departmental services, e-enabled, based on the Service Delivery Model.</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	Measures the number of departmental services that have been e-enabled to enhance service delivery and access Also indicates the extent of OTP ICT Unit's efforts & ability to provide effective and efficient ICT Software solutions that simplify and automate manual based business processes to promote usage by citizens, business

	and government and as such improve service delivery and the lives of citizens.
<b>Source / Collection of Data</b>	Departmental Service e-enablement Project Plans developed by OTP ICT unit read and cross referenced to Departmental ICT Plans Project Implementation Progress and Close-out Reports reflecting successful e-enablement of services
<b>Method of Calculation</b>	Count every service that has been e-enabled as at end of the reporting cycle  <b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the sum of the 2 quarterly outputs.
<b>Data Limitations</b>	Poor/ insufficient understanding of business of departments on part of ICT units
<b>Type of Indicator</b>	Output
<b>Calculation type</b>	Cumulative
<b>Reporting cycle</b>	Bi-Annually
<b>New indicator</b>	Yes
<b>Desired performance</b>	Higher actual performance is desirable
<b>Indicator responsibility</b>	Senior Manager Information Communication Technology

<b>Indicator Title</b>	<b>MPAT score attained by OTP for ICT Corporate Governance.</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	It indicates score attained or maintained by the OTP and thereby the extent and level of compliance by the OTP with legislative and policy frameworks (in particular the Corporate Governance of ICT (CGITC) Policy Framework for the Public Service and nationally acceptable standard and management practice for CGITC as set out in MPAT standard 2.8.1 and thereby showing its ability to effectively use ICT to support the implementation of its strategic and annual performance plans
<b>Source / Collection of Data</b>	Primary source The Preliminary Moderated MPAT 1.6 results issued for OTP by the DPME available at end of the reporting period Corresponding OTP MPAT 1.6 Self assessment results verified by Internal Audit Unit within Provincial Treasury as submitted to DPME
<b>Method of Calculation</b>	Report the Preliminary Moderated MPAT 1.6 score attained by OTP for standard 2.8.1 Corporate governance of ICT under Performance Area: ICT Refer to footnote 2 on page 1 above  <b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when

	performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output is the same as the 4 <sup>th</sup> quarterly output.
<b>Data Limitations</b>	Inaccurate data and incomplete evidence as well as deficiencies in capturing and uploading of evidence and information for assessment/moderation can influence the score negatively Delays in issuing final scores by DPME will result in un-moderated results being reported
<b>Type of Indicator</b>	Qualitative (outcome)
<b>Calculation type</b>	Non-cumulative
<b>Reporting cycle</b>	Annual
<b>New indicator</b>	Yes
<b>Desired performance</b>	On target
<b>Indicator responsibility</b>	Senior Manager Information Communication Technology

<b>Indicator Title</b>	<b>% of departments improving MPAT scores on ICT Corporate Governance.</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	It measures the extent of improvement by provincial departments in complying with the legislative & policy framework governing Corporate Governance of ICT (CGITC) as set out in the MPAT standard 2.8.1 thereby showing an improvement in their ability to plan for and deploy ICT for achievement of departmental objectives as set out in their strategic and annual plans. It also indicates the extent to which the OTP effectively coordinates, guides and supports departments to improve in this regard
<b>Source / Collection of Data</b>	Primary Source The Preliminary Moderated MPAT 1.6 results & Final MPAT 1.5 results for all 12 NC provincial departments issued by DPME & available at end of the reporting period  Corresponding Departmental MPAT 1.6 Self assessment results verified by Internal Audit Unit within Provincial Treasury as submitted to DPME.  Target 3 Departments: <ul style="list-style-type: none"> <li>• Economic</li> <li>• Environment</li> <li>• OTP</li> </ul>
<b>Method of Calculation</b>	<b>Numerator</b> The number of departments showing improved scores in terms of standard 2.8.1 Corporate governance of ICT under Performance Area: ICT between MPAT1.5 and MPAT 1.6. An Improvement is defined as doing better than MPAT1.5 e.g. improved from 2 to 3 or 1 to 2 e.t.c. When a department maintains a level 4 (highest/ there is no level above 4 in MPAT standards) Comparing the 2 cycle, this will be included as an improvement as MPAT standards are improved each year. <b>Denominator</b> Number of Departments =12 <b>Calculation :</b> Numerator/ Denominator x100. Refer to footnote 2 on page 1 above  <b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which

	is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the same as the 4 <sup>th</sup> quarterly validated/ restated output.
<b>Data Limitations</b>	Inaccurate data and incomplete evidence as well as deficiencies in capturing and uploading of evidence and information for assessment/moderation can influence the score negatively Delays in issuing moderated scores by DPME will result in un-moderated results being reported
<b>Type of Indicator</b>	Qualitative (Outcome)
<b>Calculation type</b>	Non-cumulative
<b>Reporting cycle</b>	Annually – 4th quarter
<b>New indicator</b>	Yes
<b>Desired performance</b>	Higher actual performance is desirable.
<b>Indicator responsibility</b>	Senior Manager Information Communication Technology & Chief Director Information Communication Technology and Strategic Communication Services

<b>Indicator Title</b>	<b>Number of provincial workshops hosted on information security and privacy protection responsibilities.</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	Measures the number of internal ICT workshops and information sessions organised and facilitated by the PGITO/ OTP ICT Unit for provincial departments in the Northern Cape province to build capacity / empower government ICT practitioners within the NCPA to keep up with latest development and technologies
<b>Source / Collection of Data</b>	Record of provincial ICT workshops/ information sessions hosted Attendance registers.
<b>Method of Calculation</b>	Count every Communications capacity building/training initiative conducted at end of the reporting period.  a) The target of the second quarter relates to the actual output of the 2 <sup>nd</sup> quarter plus output of the 1 <sup>st</sup> quarter. b) The target for the 3 <sup>rd</sup> quarter comprises of 3 <sup>rd</sup> quarter output, plus 1 <sup>st</sup> and 2 <sup>nd</sup> quarter outputs. c) 4 <sup>th</sup> quarter outputs relate to 4 <sup>th</sup> quarter output, plus 1 <sup>st</sup> , 2 <sup>nd</sup> , and 3 <sup>rd</sup> quarter outputs. d) The APR will be the output of 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> and 4 <sup>th</sup> quarters added together.  <b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the sum of workshops hosted during the year.
<b>Data Limitations</b>	Unavailability of/ Inaccurate/ incomplete records
<b>Type of Indicator</b>	Output
<b>Calculation type</b>	Cumulative

<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	Yes
<b>Desired performance</b>	Higher actual performance is desirable
<b>Indicator responsibility</b>	Senior Manager Information Communication Technology

<b>Indicator Title</b>	<b>Number of ICT managers and practitioners / technicians benefitting from ICT workshops/ information sessions conducted</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	Indicates the number of ICT managers and practitioners / technicians (including IT Interns ) within the 12 Provincial departments who participated in in-house ICT workshops/ information sessions organised/ conducted by PGITO/ OTP ICT Services
<b>Source / Collection of Data</b>	Record of ICT workshops/ information sessions organised/ conducted by PGITO/ OTP ICT Services Attendance registers
<b>Method of Calculation</b>	Count every ICT managers and practitioners / technicians (including IT Interns ) within the 12 Provincial departments who attended ICT workshops/ information sessions organised/ conducted by PGITO/ OTP ICT Services at end of the reporting period  <b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the sum of ICT officials who benefitted in the workshops for the entire year.
<b>Data Limitations</b>	Inaccurate/ incomplete records and attendance registers
<b>Type of Indicator</b>	Output
<b>Calculation type</b>	Cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	Yes
<b>Desired performance</b>	Higher than actual
<b>Indicator responsibility</b>	Senior Manager Information Communication Technology

<b>Indicator Title</b>	<b>Average turnaround time in days for resolving Helpdesk calls and service requests from Departments</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	Measures the average turnaround time in days to finalise requests and calls logged related to ICT faults reported to the OTP ICT Unit and IT Service Desk by users across all provincial departments. It further indicates the level of services provided by the OTP ICT Unit and IT Service Desk to provide efficient problem and incident management to effectively and efficiently manage and resolve IT related problems and service requests reported by users, thereby contributing to effective service delivery by client departments
<b>Source / Collection of Data</b>	Call Logging System and IT Service Desk system reports extracted from the database of requests reported/ calls logged reflecting date & time

	received; date and time. resolved and closed and the period in days taken to resolve/ close the request/ call
<b>Method of Calculation</b>	<p><b>Numerator</b> Sum of days taken to resolve each request/ call</p> <p><b>Denominator</b> Total number of requests reported/ calls logged</p> <p><b>Calculation</b> Numerator/ Denominator = Average turnaround time to resolve Helpdesk calls and service requests</p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR will be an average of outputs for all 4 quarters.</p>
<b>Data Limitations</b>	Non availability of system due to power outages and cuts and Unavailability of/ Inaccurate/ incomplete records and deficiencies in capturing and uploading of system can influence the data negatively
<b>Type of Indicator</b>	Impact
<b>Calculation type</b>	Non - cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	No
<b>Desired performance</b>	Higher actual performance is desirable
<b>Indicator responsibility</b>	Senior Manager Information Communication Technology

<b>Indicator Title</b>	<b>Average percentage network LAN (Local Area Network) &amp; WAN (Wide Area Network) uptime and availability maintained</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	Measures the average percentage uptime & availability of the Local & Wide Area Network (LAN & WAN) for a 24 hour x 7 per week day service and reliability and availability of the network infrastructure in order to provide better connectivity to systems and applications across the NCPA. It is also indicative of the extent of successful monitoring by OTP ICT Unit to ensure network uptime and availability is maintained according to the SITA SLA. Uptime is the amount of time when the network is available for users to utilise but excludes scheduled downtime for maintenance
<b>Source / Collection of Data</b>	SITA NMS (Network Management System) & Network infrastructure availability Reports: <ul style="list-style-type: none"> <li>• Router Switch Report;</li> <li>• LAN Interface Report;</li> <li>• WAN Interface Report</li> </ul>
<b>Method of Calculation</b>	<p><b>Numerator:</b> Total number of hours actual uptime</p> <p><b>Denominator:</b> Total number of hours uptime required over 24 hours x 7 days per week over the reporting period</p> <p><b>Calculation</b> Numerator/ Denominator = Average % Uptime</p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to</p>

	agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output is an average of the 4 quarters outputs.
<b>Data Limitations</b>	No specific limitation.
<b>Type of Indicator</b>	Output
<b>Calculation type</b>	Non – cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	No
<b>Desired performance</b>	Higher actual performance is desirable
<b>Indicator responsibility</b>	Senior Manager Information Communication Technology & Chief Director: Communications Services

<b>Indicator Title</b>	<b>Number of Provincial IT Delivery Plans developed and implemented</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	Indicates the number of Consolidated high level Provincial IT Delivery Plans developed and implemented by the NCPA to guide consistent and seamless delivery of integrated transversal and centralised ICT services and infrastructure to minimise cost and increase alignment of investment towards strategic provincial priorities goals and objectives as per the PGDS, MTSF POA & NDP Vision 2030 including the backup plan for discovery in the event of disasters
<b>Source / Collection of Data</b>	Approved Provincial IT Delivery Plan including Disaster Recovery mechanisms Executive Council resolution on approval
<b>Method of Calculation</b>	Count each Provincial IT Delivery Plan that has been approved by Executive Council at end of the reporting cycle  <b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. The APR output will be Provincial IT delivery plans developed and implemented during the financial year.
<b>Data Limitations</b>	No specific limitation.
<b>Type of Indicator</b>	Output
<b>Calculation type</b>	Non-Cumulative
<b>Reporting cycle</b>	Annually (2nd Quarter)
<b>New indicator</b>	Yes
<b>Desired performance</b>	Higher actual performance is desirable
<b>Indicator responsibility</b>	Senior Manager Information Communication Technology & Chief Director: Communications Services

<b>Indicator Title</b>	<b>Number of departments with updated Intranet and Internet Websites.</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	Measures the number of departments with active Websites that are regularly updated to ensure posts are time relevant, topical and updated and as such informative of accurate departmental contact details, leadership and management, services, work, activities and developments. It also indicates the extent of effective monitoring of Websites by Departments & OTP
<b>Source / Collection of Data</b>	Active Websites Record of Updates Record of hits
<b>Method of Calculation</b>	Count each/ the sum of active and regularly updated departmental websites  <b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the sum of the updated intranet and internet websites for the year.
<b>Data Limitations</b>	Lack of effective/ Deficiencies in website monitoring systems
<b>Type of Indicator</b>	Output
<b>Calculation type</b>	Cumulative
<b>Reporting cycle</b>	Bi-Annually
<b>New indicator</b>	Yes
<b>Desired performance</b>	Higher actual performance is desirable.
<b>Indicator responsibility</b>	Chief Director: Communications Services & Senior Manager Information Communication Technology

<b>Indicator Title</b>	<b>Number of New/ modernised Departmental Websites developed for OTP</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	Measures the number of new websites developed for the OTP or existing website modernised to ensure the OTP has its own departmental website to be updated with posts that are informative of accurate OTP specific contact details, leadership and management, services, work, activities and developments.
<b>Source / Collection of Data</b>	Live and active OTP Website
<b>Method of Calculation</b>	Count new OTP website  <b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output is the sum of websites developed for OTP.

<b>Data Limitations</b>	Over-reporting due to confusion regarding OTP viz a viz NCPA Website
<b>Type of Indicator</b>	Output
<b>Calculation type</b>	Non-cumulative
<b>Reporting cycle</b>	Annually – 3rd quarter
<b>New indicator</b>	Yes
<b>Desired performance</b>	Higher actual performance is desirable.
<b>Indicator responsibility</b>	Chief Director: Communications Services & Senior Manager Information Communication Technology

## 2.4. Information Communication Services

### 2.4.2 Communication

<b>Indicator Title</b>	<b>Number of Media Communications issued on work and decisions of EXCO and its Clusters</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	Indicates the number of monthly media statements and articles/ opinions issued by OTP Communication Services on the work and decisions of EXCO and its 3 Clusters to ensure that the citizens of the province are updated and in keeping with new developments regarding provincial policies and priority delivery areas
<b>Source / Collection of Data</b>	Record of / and physical media clippings of monthly media statements and articles/ opinions issued by OTP Communications Quarterly Provincial Communications Report approved by Executive Council Database of all Executive Council and Cluster meetings and matters resolved upon Database of all EXCO outreaches undertaken and Feedback Reports
<b>Method of Calculation</b>	<p>Calculation Count number of monthly media statements and articles/ opinions issued by OTP Communications as at end of reporting cycle</p> <p>a) The target of the second quarter relates to the actual output of the 2<sup>nd</sup> quarter plus output of the 1<sup>st</sup> quarter. b) The target for the 3<sup>rd</sup> quarter comprises of 3<sup>rd</sup> quarter output, plus 1<sup>st</sup> and 2<sup>nd</sup> quarter outputs. c) 4<sup>th</sup> quarter outputs relate to 4<sup>th</sup> quarter output, plus 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> quarter outputs. d) The APR will be the output of 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> quarters added together.</p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the sum of validated /restated output of all 4 quarters.</p>
<b>Data Limitations</b>	Deficiencies in record keeping
<b>Type of Indicator</b>	Output
<b>Calculation type</b>	Cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	Yes
<b>Desired performance</b>	Higher actual performance is desirable

Indicator responsibility	Chief Director: Communications Services
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Indicator Title	Number of strategic speeches drafted / edited
Short Definition	
Purpose / Importance	Indicates the number of strategic policy speeches (SOPA, Budget Speeches, Commemorative Days speeches, etc) to be delivered by Premier, MEC'S & DG were drafted/ scrutinized and edited by OTP Communications Services to ensure content is of acceptable standard and quality, factual and consistent/ in keeping with Government Communications Strategy & MTSF and new developments. Also indicates the level of support provided to Premier, DG, Ministries and Departments in terms of provision of communication services against number of requests received from Premier, MECs, DG, government departments (including Ministries) and thereby ensuring sound speeches and minimum risk to the reputation of Government speakers and the Administration.
Source / Collection of Data	Register of Requests received Record of/ Physical Speeches as drafted/scrutinised/ edited
Method of Calculation	<p>Calculation Count number of Speeches drafted/scrutinised/ edited as at end of reporting cycle</p> <p>a) The target of the second quarter relates to the actual output of the 2<sup>nd</sup> quarter plus output of the 1<sup>st</sup> quarter. b) The target for the 3<sup>rd</sup> quarter comprises of 3<sup>rd</sup> quarter output, plus 1<sup>st</sup> and 2<sup>nd</sup> quarter outputs. c) 4<sup>th</sup> quarter outputs relate to 4<sup>th</sup> quarter output, plus 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> quarter outputs. d) The APR will be the output of 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> quarters added together.</p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the sum of validated /restated output of all 4 quarters.</p>
Data Limitations	Deficiencies in Record keeping Indicator is demand driven
Type of Indicator	Output
Calculation type	Non - cumulative
Reporting cycle	Quarterly
New indicator	Yes
Desired performance	Higher actual performance is desirable
Indicator responsibility	Chief Director: Communications Services

Indicator Title	Minimum daily print media page space occupied by the NCPA
Short Definition	
Purpose / Importance	Indicates the average page space over a 5 day week (Monday to Friday) occupied by the NCPA across 12 departments through articles, statements, opinions, letters, advertisements, etc in contracted newspapers in the

	main, but also other community newspapers. It indicates the extent of ability of OTP Communications to coordinate all provincial departments to ensure effective, timely and topical communication by the NCPA to the people of the province so as to keep them informed and updated on service delivery and related issues across the 12 provincial departments and NC communities
<b>Source / Collection of Data</b>	Record of / and physical media clippings indicating media page space occupied by NCPA (12 departments) Consolidated Monthly Communication Plans reflecting page space targets per each of the 12 Departments Quarterly Provincial Communications Report approved by Executive Council To meet this quarter target each of the 4 quarters must have 2 pages of daily coverage for that quarter, as follows, according to working days: <ul style="list-style-type: none"> <li>• 1<sup>st</sup> quarter: 124</li> <li>• 2<sup>nd</sup> quarter: 130</li> <li>• 3<sup>rd</sup> quarter: 126</li> <li>• 4<sup>th</sup> quarter: 128</li> </ul> To compute the number of POE for each quarter, working days were calculated for each quarter and then multiplied by 2, as there must be 2 pages of coverage for each day.
<b>Method of Calculation</b>	<b>Numerator</b> Total media page space occupied by NCPA across 12 departments (count every page occupied) as at end of the reporting period <b>Denominator</b> Number of days over 5day week (Monday to Friday) when newspapers were available (exclude Public Holidays) as at end of the reporting period <b>Numerator/ Denominator = Average daily page space occupied</b>  <b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. To meet this target for APR purposes all the 4 quarterly outputs must meet the daily coverage for each quarter (124, 130, 126 & 128 for 1 <sup>st</sup> to 4 <sup>th</sup> quarter respectively).
<b>Data Limitations</b>	Deficiencies in Record keeping Availability of page space Inconsistencies in information provided.
<b>Type of Indicator</b>	Output
<b>Calculation type</b>	Non - cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	Yes
<b>Desired performance</b>	Higher actual performance is desirable
<b>Indicator responsibility</b>	Chief Director: Communications Services

<b>Indicator Title</b>	<b>Number of Departments supported towards development and approval of Departmental Annual Communication Plans</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	Indicates the number of provincial departments supported in developing

	and ultimate approval of their Departmental Annual Communication Plans that are aligned to their 2014-2019 MTSF Strategic & Annual Performance Plans and thereby the implementation of the Provincial Communications Strategy Framework. It indicates the extent to which the OTP Communications Unit effectively coordinates, guides and supports departments to comply & improve in this regard
<b>Source / Collection of Data</b>	Record and evidence of Departments Supported- Attendance registers will also be evidence for such one on one visits, evidence of review of coaching notes and any collaborating evidence to support the existence of such support visits. Approved Departmental Annual Communication Plans.  Annual events and activities <ul style="list-style-type: none"> <li>• Lead communication task teams during events.</li> </ul>
<b>Method of Calculation</b>	Sum of/ Count every Department supported with an approved Departmental Annual Communication Plans.  a) The target of the second quarter relates to the actual output of the 2 <sup>nd</sup> quarter plus output of the 1 <sup>st</sup> quarter. b) The target for the 3 <sup>rd</sup> quarter comprises of 3 <sup>rd</sup> quarter output, plus 1 <sup>st</sup> and 2 <sup>nd</sup> quarter outputs. c) 4 <sup>th</sup> quarter outputs relate to 4 <sup>th</sup> quarter output, plus 1 <sup>st</sup> , 2 <sup>nd</sup> , and 3 <sup>rd</sup> quarter outputs. d) The APR will be the output of 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> and 4 <sup>th</sup> quarters added together.  <b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the sum of validated /restated output of all 4 quarters.
<b>Data Limitations</b>	Over/ under reporting
<b>Type of Indicator</b>	Output
<b>Calculation type</b>	Cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	Yes
<b>Desired performance</b>	Higher actual performance would be desirable.
<b>Indicator responsibility</b>	Chief Director: Communications Services

<b>Indicator Title</b>	<b>% of Presidential Hotline cases resolved</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	Indicates the extent of resolution of cases and complaints reported by the Public to the Presidential Hotline by all 12 Departments and municipalities in the Northern Cape thereby increasing the NCPA & municipal responsiveness and accountability to citizens
<b>Source / Collection of Data</b>	Presidential Hotline reports
<b>Method of Calculation</b>	Provincial score in % attained by the Northern Cape for resolution of reported cases as reported by the Presidency as at end of reporting period

	<p><b><u>Annual Performance Report (APR) annual aggregation process</u></b></p> <p>The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be on the average of all the validated/restated outputs</p>
<b>Data Limitations</b>	Over/ under reporting
<b>Type of Indicator</b>	Output
<b>Calculation type</b>	Non -cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	Yes
<b>Desired performance</b>	Higher actual performance would be desirable
<b>Indicator responsibility</b>	Chief Director: Communications Services

<b>Indicator Title</b>	<b>Improved % Customer Satisfaction Index</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	Indicates the extent of improvement in customer satisfaction with the responses and outcome of cases and complaints reported to the Presidential Hotline by all 12 Departments and municipalities in the Northern Cape thereby increasing the NCPA & municipal responsiveness and accountability to citizens
<b>Source / Collection of Data</b>	Presidential Hotline reports
<b>Method of Calculation</b>	<p>Provincial score in % attained by the Northern Cape according to the customer satisfaction index as reported by the Presidency at end of the reporting period</p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b></p> <p>The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output is the same as the 4<sup>th</sup> quarter validated/restated output</p>
<b>Data Limitations</b>	Over/ under reporting
<b>Type of Indicator</b>	Impact /Outcome
<b>Calculation type</b>	Non -cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	Yes
<b>Desired performance</b>	Higher actual performance would be desirable
<b>Indicator responsibility</b>	Chief Director: Communications Services

<b>Indicator Title</b>	<b>Number of communications capacity building initiatives conducted</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	Indicates the number of internal initiatives e.g. seminars, workshops and training sessions initiated and organised by the Office of the Chief Director Communications Services in the OTP to build capacity / empower government Communicators within the NCPA to keep up with latest

	development and technologies available
<b>Source / Collection of Data</b>	Record of Communication capacity building initiatives and related training material Attendance registers
<b>Method of Calculation</b>	Count every Communications capacity building/training initiative conducted at end of the reporting period  <b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output is the sum of all initiatives undertaken during the financial year
<b>Data Limitations</b>	Inaccurate/ incomplete records
<b>Type of Indicator</b>	Output
<b>Calculation type</b>	Cumulative
<b>Reporting cycle</b>	Bi-Annually
<b>New indicator</b>	Yes
<b>Desired performance</b>	Higher than actual
<b>Indicator responsibility</b>	Chief Director: Communications Services

<b>Indicator Title</b>	<b>Number of Communications Officers (including Ministerial Media Liaison Officers) benefitting from Communications capacity building initiatives</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	Indicates the number of Communications Officers (including Ministerial Media Liaison Officers) and interns attached to Communications services within the 12 Provincial departments who participated in in-house Communications capacity building initiatives organised by OTP Communications Services
<b>Source / Collection of Data</b>	Record of I Communications capacity building/training initiative and training material Attendance registers
<b>Method of Calculation</b>	Count every Communications Manager & Officer (including Ministerial Media Liaison Officers) and intern who attended Communications capacity building initiatives conducted at end of the reporting period  <b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the sum of officers who benefitted from the initiatives during the financial year.
<b>Data Limitations</b>	Inaccurate/ incomplete records and attendance registers
<b>Type of Indicator</b>	Output
<b>Calculation type</b>	Non - cumulative
<b>Reporting cycle</b>	Bi-Annually

<b>New indicator</b>	Yes
<b>Desired performance</b>	Higher than actual
<b>Indicator responsibility</b>	Chief Director: Communications Services

## 2.5 Programme Support

<b>Indicator Title</b>	<b>% of Consolidated Programme 2 Performance Plans submitted timely</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	Indicate the extent & level of consolidation and quality assurance of Branch Performance Plans by Programme Leadership and thereby the effectiveness and efficiency of management/ programme support, accountability and coordination systems/ mechanisms within the Office of the Programme Manager: Institutional Development
<b>Source / Collection of Data</b>	Schedule/ Database of Consolidated Programme 2 Performance Plans to be submitted to Policy & Planning and Director-General Register/ Record of Consolidated Programme 2 Performance Plans submitted to Policy and Planning Units & Office of the Director-General within OTP Physical Consolidated Programme 2 Performance Plans as submitted
<b>Method of Calculation</b>	<p><b>Numerator</b> The number of all Consolidated Programme 2 Performance Plans submitted to Policy and Planning Units &amp; Office of the Director-General within OTP as at end of the reporting period</p> <p><b>Denominator</b> Number of Consolidated Programme 2 Performance Plans due for submission as at end of reporting cycle</p> <p><b>Calculation :</b> Numerator/ Denominator x100 = %.</p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the sum of outputs (plans) for the financial year.</p>
<b>Data Limitations</b>	Under/ over reporting Dependence on Branch Executive members for submission of Sub-Programme Plans and input Quality of Plans/ input
<b>Type of Indicator</b>	Outcome
<b>Calculation type</b>	Non - cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	New
<b>Desired performance</b>	On target
<b>Indicator responsibility</b>	DDG: Institutional Development& Manager : Office of the DDG

<b>Indicator Title</b>	<b>% of Consolidated Programme 2 Performance Reports/ Returns submitted timely</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	To indicate the extent & level consolidation and quality assurance of Branch Performance Reports/ Returns by Programme Leadership based on effectiveness and efficiency of programme & management support, accountability and coordination systems/ mechanisms within the Office of the Programme Manager: Institutional Development
<b>Source / Collection of Data</b>	Schedule/ Database of Consolidated Programme 2 Performance Reports/ Returns to be submitted to Policy & Planning and Director-General Register/ Record of Consolidated Programme 2 Performance Reports /Returns submitted to Policy and Planning Units & Office of the Director-General within OTP Physical Consolidated Programme 2 Performance Reports / Returns as submitted
<b>Method of Calculation</b>	For 100% to be achieved for each quarter there must be reports for all 11 units in the programme. <b>Numerator</b> The number of all Consolidated Programme 2 Performance Reports /Returns submitted to Policy and Planning Units & Office of the Director-General within OTP as at end of the reporting period <b>Denominator</b> Number of Consolidated Programme 2 Performance Reports/ Returns due for submission as at end of reporting cycle <b>Calculation :</b> Numerator/ Denominator x100 = %.  <b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be an average of all the 4 quarters.
<b>Data Limitations</b>	Under/ over reporting Dependence on Branch Executive members for submission of Sub-Programme Reports and input Quality of reports/ input
<b>Type of Indicator</b>	Outcome
<b>Calculation type</b>	Non - cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	New
<b>Desired performance</b>	All departments achieve level 4 MPAT scores
<b>Indicator responsibility</b>	DDG: Institutional Development& Manager : Office of the DDG

<b>Indicator Title</b>	<b>Number of Governance and Administration (G&amp;A) Technical Clusters meetings</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	It indicates the number of technical clusters meetings convened in support of Executive Council G& A Cluster and Executive Council (EXCO), the main purpose being to ensure matters referred to EXCO G&A Cluster and EXCO have been sufficiently canvassed and processed at a technical/ administrative

	level to ensure informed decision-making at the executive level.
<b>Source / Collection of Data</b>	Minutes and Attendance registers of the G&A Technical Cluster meetings
<b>Method of Calculation</b>	<p><b>Calculation</b></p> <p>The sum of all G&amp;A Technical Cluster meetings held as at end of the reporting period.</p> <p>a) The target of the second quarter relates to the actual output of the 2<sup>nd</sup> quarter plus output of the 1<sup>st</sup> quarter.</p> <p>b) The target for the 3<sup>rd</sup> quarter comprises of 3<sup>rd</sup> quarter output, plus 1<sup>st</sup> and 2<sup>nd</sup> quarter outputs.</p> <p>c) 4<sup>th</sup> quarter outputs relate to 4<sup>th</sup> quarter output, plus 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> quarter outputs.</p> <p>d) The APR will be the output of 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> quarters added together.</p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b></p> <p>The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the sum of validated / restated outputs for all 4 quarters.</p>
<b>Data Limitations</b>	Availability & attendance levels of all members/ parties Deficiencies in record keeping
<b>Type of Indicator</b>	Quantitative Output
<b>Calculation type</b>	Cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	New
<b>Desired performance</b>	Higher actual performance is desirable
<b>Indicator responsibility</b>	DDG: Institutional Development& Manager : Office of the DDG

<b>Indicator Title</b>	<b>% of matters successfully processed by the G&amp;A Technical Cluster</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	It indicates the number of matters as per the agenda of the G&A Tech Cluster successfully processed/ canvassed and referred to the Executive Council G& A Cluster or Executive Council for consideration and resolution. It indicates the level of functionality , effectiveness and efficiency of the G&A Technical Cluster as support structure to the executive Council and its committees
<b>Source / Collection of Data</b>	Agenda and Minutes of the G&A Technical Cluster Draft Agenda of EXCO G&A Cluster OR EXCO
<b>Method of Calculation</b>	<p><b>Numerator</b></p> <p>the number of all matters successfully processed and referred to EXCO G&amp;A Cluster OR EXCO from the G&amp;A Technical Cluster as at end of the reporting period</p> <p><b>Denominator</b></p> <p>Number of all matters that served at G&amp;A Technical Cluster meetings as per the agenda and corresponding minutes as at the end of the reporting period</p> <p><b>Calculation :</b></p> <p>Numerator/ Denominator x100 = %.</p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b></p> <p>The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each</p>

	performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the average of all 4 quarterly restated / validated outputs.
<b>Data Limitations</b>	Quality of memoranda submitted Availability & attendance levels of all members/ parties Due diligence by all members / departments in terms of follow-up and processing of matters
<b>Type of Indicator</b>	Qualitative Outcome
<b>Calculation type</b>	Non - cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	New
<b>Desired performance</b>	Higher actual performance is desirable
<b>Indicator responsibility</b>	DDG: Institutional Development

<b>Indicator Title</b>	<b>% Outcome 5 Provincial Programme of Action (POA) targets achieved</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	This indicates the extent to which progress is made in building a skilled and capable workforce within the province by measuring actual collective performance against planned targets by all stakeholders and role-players across all sectors
<b>Source / Collection of Data</b>	Consolidated Outcome 5 Reports as at end of each quarter based on input/ reports from all Outcome 5 delivery partners on sub-outcomes for which they are responsible Outcome 5 POA
<b>Method of Calculation</b>	<p><b>Numerator</b> Number of targets fully achieved as at end of reporting cycle</p> <p><b>Denominator</b> Total Number of Targets planned as per the Outcome 5 POA for the performance cycle</p> <p><b>Calculation</b> <math>\text{Numerator} / \text{Denominator} \times 100 = \%</math></p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the average of all 4 quarterly restated / validated outputs.</p>
<b>Data Limitations</b>	Under/ over reporting / non submission/ incomplete documentation and unverified information may lead to inaccuracies in reports Ambiguous/ poorly designed Outcome /sub-outcome indicators/ outputs/ activities and targets Deficiencies in record keeping, capturing and compilation of reports
<b>Type of Indicator</b>	Outcome
<b>Calculation type</b>	Non - Cumulative
<b>Reporting cycle</b>	Bi-annually
<b>New indicator</b>	Yes

<b>Desired performance</b>	Higher actual performance is desirable
<b>Indicator responsibility</b>	Chief Director HRDSSC and Deputy Director-General: Institutional Development

<b>Indicator Title</b>	<b>% of Outcome 12 Provincial Programme of Action (POA) targets achieved</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	This indicates the extent to which progress is made in building an efficient, effective and development-oriented Public Service within the Northern Cape province by measuring actual collective performance against planned targets by all stakeholders and role-players across all sectors and as such the realisation of Vision 2030 as espoused in the National Development Plan
<b>Source / Collection of Data</b>	Consolidated Outcome 12 Reports as at end of each quarter based on input/reports from all Outcome 12 delivery partners on sub-outcomes for which they are responsible Outcome 12 Provincial Programme of Action (POA)
<b>Method of Calculation</b>	<p><b>Numerator</b> Number of Outcome 12 POA targets fully achieved as at end of reporting cycle</p> <p><b>Denominator</b> Total Number of Targets planned as per the Outcome 12 POA for the performance cycle</p> <p><b>Calculation</b> <math>\text{Numerator} / \text{Denominator} \times 100 = \%</math></p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the average of all 4 quarterly restated / validated outputs.</p>
<b>Data Limitations</b>	Under/ over reporting / non submission/ incomplete documentation and unverified information may lead to inaccuracies in reports Ambiguous/ poorly designed Outcome & sub-outcome indicators/ outputs/ activities and targets Deficiencies in record keeping, capturing and compilation of reports
<b>Type of Indicator</b>	Qualitative Outcome
<b>Calculation type</b>	Non - cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	Yes
<b>Desired performance</b>	Higher actual performance is desirable
<b>Indicator responsibility</b>	DDG: Institutional Development and Manager: Office of the DDG

<b>Indicator Title</b>	<b>Number of functional Programme 2 Management / coordination Structures coordinated</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	It indicates the number of formalised structures that are in place and functional for effective coordination, monitoring and evaluation of Programme 2 functions across internal and external role-players and functions
<b>Source / Collection of Data</b>	Database of formal Programme 2 Management/ Coordination Structures, which would include among others:  1. Executive Management Branch Meetings

	<ol style="list-style-type: none"> <li>2. Extended Management Branch Meetings</li> <li>3. Programme 2 Branch Meetings</li> <li>4. Programme 2 Risk Meetings</li> <li>5. Programme 2 Annual Performance Plan Meetings</li> <li>6. Programme 2 Quarterly Performance Plan Meetings</li> </ol> <p>File of all Agenda, Attendance registers &amp; Minutes of all Programme 2 Management / Coordination Structures meetings held.</p>
<b>Method of Calculation</b>	<p><b>Calculation</b></p> <p>All Programme 2 Management /Coordination Structures meetings held as at the end of the reporting period.</p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b>  The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output of 5 will be met when all 25 meetings of the branch have been held.</p>
<b>Data Limitations</b>	<p>Availability &amp; attendance levels of all members/ parties</p> <p>Deficiencies in record keeping</p>
<b>Type of Indicator</b>	Output
<b>Calculation type</b>	Non-cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	Yes
<b>Desired performance</b>	On target
<b>Indicator responsibility</b>	DDG: Institutional Development and Manager: Office of the DDG

<b>Indicator Title</b>	<b>MPAT score attained by the Office of the Premier for Human Resources Management (HRM).</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	<p>It gives an indication of the overall level attained by the OTP for MPAT Key Performance Area 3: Human Resource Management and therefore the extent of adherence to policy requirements and compliance with the legislative framework governing HRM that guide management practice according to standards as set out under MPAT KPA 3: HRM in respect of the performance areas</p> <ul style="list-style-type: none"> <li>• HR Strategy and Planning</li> <li>• HR Practice &amp; Administration; and</li> <li>• Management of Employee Performance</li> </ul> <p>thereby showing its ability to effectively manage its human resources for achievement of departmental objectives as set out in departmental strategic and annual plans.</p>
<b>Source / Collection of Data</b>	<p>Primary source</p> <p>The Preliminary Moderated MPAT 1.6 results issued for OTP by the DPME available at end of the reporting period; or</p> <p>Corresponding OTP MPAT 1.6 Self assessment results verified by Internal Audit Unit within Provincial Treasury as submitted to DPME</p>
<b>Method of Calculation</b>	<p>Report the Preliminary Moderated MPAT 1.6 score attained by OTP for MPAT Key Performance Area 3: Human Resource Management</p> <p>Refer to footnote 2 on page 1 above</p>

	<p><b><u>Annual Performance Report (APR) annual aggregation process</u></b></p> <p>The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be equal to the 4th quarterly validated / restated outputs.</p>
<b>Data Limitations</b>	<p>Inaccurate data and incomplete evidence as well as deficiencies in capturing and uploading of evidence and information for assessment/ moderation can influence the score negatively</p> <p>Delays in issuing final scores by DPME will result in un-moderated results being reported</p>
<b>Type of Indicator</b>	Qualitative Outcome
<b>Calculation type</b>	Non-cumulative
<b>Reporting cycle</b>	Annually
<b>New indicator</b>	Yes
<b>Desired performance</b>	Higher actual performance is desirable
<b>Indicator responsibility</b>	Chief Director: HRM & DDG: Institutional Development

<b>Indicator Title</b>	<b>% of provincial departments with improved MPAT scores in terms of Human Resources Management (HRM)</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	<p>It gives an indication of the level &amp; extent of improvement by NC provincial departments in MPAT Key Performance Area 3: Human Resource Management and therefore the extent of adherence to policy requirements and compliance with the legislative framework governing HRM that guide management practice according to standards as set out under MPAT KPA 3: HRM in respect of the performance areas</p> <ul style="list-style-type: none"> <li>• HR Strategy and Planning</li> <li>• HR Practice &amp; Administration; and</li> <li>• Management of Employee Performance</li> </ul> <p>thereby showing an improvement in their ability to effectively manage their human resources for achievement of departmental objectives as set out in departmental strategic and annual plans.</p>
<b>Source / Collection of Data</b>	<p>Primary Source</p> <p>The Preliminary Moderated MPAT 1.6 results &amp; Final MPAT 1.5 results iro all 12 NC provincial departments issued by DPME &amp; available at end of the reporting period</p> <p>Corresponding Departmental MPAT 1.6 Self assessment results verified by Internal Audit Unit within Provincial Treasury as submitted to DPME.</p> <p>Target 9 Departments:</p> <ul style="list-style-type: none"> <li>• COGHSTA</li> <li>• Agriculture</li> <li>• Education</li> <li>• Environment</li> <li>• Health</li> <li>• Provincial Treasury</li> <li>• Roads</li> <li>• Economic</li> </ul>

	<ul style="list-style-type: none"> <li>• Transport</li> </ul>
<b>Method of Calculation</b>	<p><b>Numerator</b> The number of departments showing improved scores in terms of MPAT Key Performance Area 3: Human Resource Management for MPAT1.6 if compared to MPAT 1.5 results. An Improvement is defined as doing better than MPAT1.5 e.g. improved from 2 to 3 or 1 to 2 e.t.c. When a department maintains a level 4 (highest/ there is no level above 4 in MPAT standards) Comparing the 2 cycle, this will be included as an improvement as MPAT standards are improved each year.</p> <p><b>Denominator</b> Number of Provincial Departments =12</p> <p><b>Calculation :</b> Numerator/ Denominator x100. Refer to footnote 2 on page 1 above</p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR.APR output will be equal to the 4th quarterly validated / restated outputs.</p>
<b>Data Limitations</b>	<p>Inaccurate data and incomplete evidence as well as deficiencies in capturing and uploading of evidence and information for assessment/ moderation can influence the score negatively</p> <p>Delays in issuing moderated scores by DPME will result in un-moderated results being reported</p>
<b>Type of Indicator</b>	Qualitative (Outcome)
<b>Calculation type</b>	Non-cumulative
<b>Reporting cycle</b>	Annually
<b>New indicator</b>	Yes
<b>Desired performance</b>	Higher actual performance would be desirable.
<b>Indicator responsibility</b>	Chief Director: HRM & DDG: Institutional Development

<b>Indicator Title</b>	<b>Number of functional intergovernmental forums supported by the Office of the Premier</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	It gives an indication of OTP's efforts to support the strategic functionality of the Premier's Intergovernmental and Technical Forum in order to foster and promote effective intergovernmental relations
<b>Source / Collection of Data</b>	Primary Source: PIGF's Minutes and Attendance Registers Technical PIGF's Secondary Source: District's IGR Forum Reports The support provided by the unit is secretariat and protocol services in the Premier Inter-Governmental Forum (PIGF) is chaired by the Premier.
<b>Method of Calculation</b>	Calculate the sum of PIGF meetings vis-à-vis the minutes and attendance registers Calculate the sum of Technical forum meetings vis-à-vis number of minutes and attendance register  <b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the sum of validated /restated output of all 4 quarters.
<b>Data Limitations</b>	Co-operation and capacity of provincial departments and municipalities to participate and provide accurate data, on time.
<b>Type of Indicator</b>	Qualitative (Outcome)
<b>Calculation type</b>	Cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	Yes
<b>Desired performance</b>	Desired improved and effective functionality of PIGF and PIGF TECH in the Province to maximise collaboration
<b>Indicator responsibility</b>	Senior Manager: IGR UNIT

<b>Indicator Title</b>	<b>% of bilateral engagements supported by the Office of the Premier</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	To give an indication of the support provided to inbound and outbound international visits, diplomacy and image building initiatives as well as municipal international relations in order to promote the provincial interest
<b>Source / Collection of Data</b>	Provincial Database of inbound and outbound international visits Register of International Relations Agreements and Protocols
<b>Method of Calculation</b>	The percentage of bilateral engagements supported by the Office of the Premier will be counted as:

	<p>Numerator: no of all visits, diplomacy initiatives and Municipal international relations exercises undertaken by the provincial government and local municipalities in the province</p> <p>Denominators: No of the above supported by OTP Numerator/Denominator X 100</p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the same as the 4<sup>th</sup> quarter validated/restated output</p>
<b>Data Limitations</b>	Database and Registers not updated
<b>Type of Indicator</b>	Quantitative output
<b>Calculation type</b>	Cumulative
<b>Reporting cycle</b>	Annually
<b>New indicator</b>	Yes
<b>Desired performance</b>	Expanding market access and generating increased opportunities and collaboration
<b>Indicator responsibility</b>	Senior Manager IGR Unit

<b>Indicator Title</b>	<b>Number of engagements to facilitate Official Donor Assistance (ODA) to attain provincial development targets.</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	To indicate the coordination and supportive role of the Office in creating an enabling environment for attracting Official Development Assistance(ODA) in pursuance of provincial and municipal development targets.
<b>Source / Collection of Data</b>	<p>Primary Source: Minutes and Attendance Registers of Meetings, Funding proposals</p> <p>Secondary Source: Provincial ODA Database</p>
<b>Method of Calculation</b>	<p>The sum of engagements with agencies of Official Donor Assistance</p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the sum of validated /restated output of all 4 quarters.</p>
<b>Data Limitations</b>	Inaccurate record keeping and database that is not updated
<b>Type of Indicator</b>	Quantitative output
<b>Calculation type</b>	Cumulative
<b>Reporting cycle</b>	Annually

<b>New indicator</b>	Yes
<b>Desired performance</b>	Strengthened partnerships to facilitate growth opportunities
<b>Indicator responsibility</b>	Senior Manager: IGR Unit / national treasury / departments and municipalities

<b>Indicator Title</b>	<b>Number of official government events supported with protocol service by the Office of the Premier</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	Indicates the coordination and supportive role that the Office of the Premier in providing strategic and effective protocol services to provincial government and ceremonial events as well as national events hosted by the province
<b>Source / Collection of Data</b>	Programme of scheduled events. Invite of events
<b>Method of Calculation</b>	Sum of official government events supported with protocol service by the Office of the Premier at the end of the reporting cycle  <b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the sum of validated /restated output of all 4 quarters.
<b>Data Limitations</b>	Inadequate record keeping
<b>Type of Indicator</b>	Qualitative output
<b>Calculation type</b>	Cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	No
<b>Desired performance</b>	The highest standard of professional protocol services
<b>Indicator responsibility</b>	Senior Manager : IGR Unit; Provincial Departments and municipalities

### 3.2 Monitoring and Evaluation

<b>Indicator Title</b>	<b>Number of reports to coordinate the implementation of the Provincial Monitoring and Evaluation Framework across Provincial administration</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	A coordinated provincial and local approach to monitoring and evaluation reporting.
<b>Source / Collection of Data</b>	Invitation letters. Attendance Registers. Minutes. Agenda's. Reports to SMT, HODs Forum. Presentation to the Provincial M&E Forum.
<b>Method of Calculation</b>	One consolidated M&E report counts for one (1)  <b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control

	procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the sum of validated /restated output of all 4 quarters.
<b>Data Limitations</b>	No data limitations
<b>Type of Indicator</b>	Output
<b>Calculation type</b>	Cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	No
<b>Desired performance</b>	Increase in indicator is desirable
<b>Indicator responsibility</b>	Executive Manager

<b>Indicator Title</b>	<b>Number of reports on the implementation of evaluation across departments</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	To improve policy and programme performance through generating knowledge which enhances accountability and decision making.
<b>Source / Collection of Data</b>	Agenda's Invitation letters. Attendance Registers. Departmental Evaluation Plans. Provincial Evaluation Plans. Improvement Plans. Schedule of Training. Evaluation Report. Quality Assurance report. Concept paper. Questionnaires. Evaluation working group schedule of meetings. Minutes.
<b>Method of Calculation</b>	One consolidated Evaluation report counts for one (1)  <b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the sum of validated /restated output of all 4 quarters.
<b>Data Limitations</b>	Non submission of topics by programme managers and departments.
<b>Type of Indicator</b>	Output
<b>Calculation type</b>	Cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	No
<b>Desired performance</b>	Increase in indicator is desirable
<b>Indicator responsibility</b>	Executive Manager

<b>Indicator Title</b>	<b>Number of interventions across departments towards performance improvement on the Management Performance Assessment Tool (MPAT).</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	To build internal monitoring and self-evaluation capacity, with specific focus on management practices.
<b>Source / Collection of Data</b>	<p>Invitation letters.</p> <p>Attendance Registers.</p> <p>Minutes.</p> <p>Agendas.</p> <p>Reports to the SMT and HODs Forum</p> <p>Presentations to the Steering Committee Meeting, SMT, HODs Forum.</p> <p>Improvement Plans.</p> <p>Monitoring schedules on the compliance register.</p> <p>MPAT results, preliminary and final results.</p> <p>Schedule of meetings.</p> <p>Schedule of Information sessions.</p> <p>Schedule of monitoring sessions.</p>
<b>Method of Calculation</b>	<p>One consolidated MPAT report counts for one (1)</p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b>  The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the sum of validated /restated output of all 4 quarters.</p>
<b>Data Limitations</b>	Non loading of evidence on the MPAT web system.
<b>Type of Indicator</b>	Output
<b>Calculation type</b>	Cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	No
<b>Desired performance</b>	Lower indicator is desirable
<b>Indicator responsibility</b>	Executive Manager

<b>Indicator Title</b>	<b>Number of service delivery Site visits to monitor service delivery.</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	To instil the culture of self-monitoring in departments so that improvements to the quality of service delivery is realised.
<b>Source / Collection of Data</b>	<p>Annual Visit Schedule.</p> <p>Dashboard Reports.</p> <p>Invitation letters.</p> <p>Agenda's/Programmes.</p> <p>Memo's to HODs Forums.</p> <p>Narrative Reports.</p> <p>Photographic evidence report.</p> <p>Improvement Plans.</p> <p>Bi-Annual Review meetings.</p> <p>FSDM Annual Workshops.</p> <p>Joint Annual Plans.</p> <p>Provincial Annual Visit Schedule.</p> <p>Presentation to SMT.</p>

<b>Method of Calculation</b>	One consolidated FSDM report counts for one (1)  <b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the sum of validated /restated output of all 4 quarters.
<b>Data Limitations</b>	No data limitations
<b>Type of Indicator</b>	Output
<b>Calculation type</b>	Cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	No
<b>Desired performance</b>	Lower indicator is desirable
<b>Indicator responsibility</b>	Executive Manager

<b>Indicator Title</b>	<b>Number of reports on the implementation of the Citizen Base Monitoring in the Province</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	To focus on building local level accountability through the co-production of monitoring information by citizens.
<b>Source / Collection of Data</b>	Invitation letters. Agenda/Programmes. Quarterly Progress Reports. Survey Results. Survey Questionnaires. Improvement Commitment Posters. Internal Evaluation questionnaires and report. Presentations to the SMT/HODs Forums
<b>Method of Calculation</b>	One consolidated Citizen Based Monitoring report counts for one (1)  <b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the sum of validated /restated output of all 4 quarters.
<b>Data Limitations</b>	Non implementation of commitments by sector departments.
<b>Type of Indicator</b>	Output
<b>Calculation type</b>	Cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	No
<b>Desired performance</b>	Increase in indicator is desirable

Indicator responsibility	Executive Manager
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Indicator Title	Number of War on Poverty programmes monitored.
Short Definition	
Purpose / Importance	Enhancing integrated government services and development to poor households.
Source / Collection of Data	Quarterly WOP War Room meetings. Agendas and attendance registers. Quarterly Performance Reports, Memo's to the Technical Social Cluster, SMT, HODs Forums.
Method of Calculation	One consolidated War on Poverty report counts for one (1)  <b>Annual Performance Report (APR) annual aggregation process</b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the sum of validated /restated output of all 4 quarters.
Data Limitations	Non verification of information.
Type of Indicator	Output
Calculation type	Cumulative
Reporting cycle	Quarterly
New indicator	No
Desired performance	Lower indicator is desirable
Indicator responsibility	Executive Manager

### 3.3 Provincial Policy Management

#### 3.3.1 Special Programmes

Indicator Title	Number of departments with CR responsive strategies
Short Definition	Strategies and plans of departments that reflects Children's Rights (CR) delivery initiatives, programmes, plans and projects that are budgeted for. Departmental indicators must include CR indicators as well. (Definition of children is 0 to below 17 years)
Purpose/Importance	To enable the office to identify CR issues that falls between the cracks. To alert the principals on CR emerging issues. To enable the office to compile a CR Provincial Report for the planning of the province and to accumulate reporting information as provincial inputs towards the country reports on the African Charter on the Rights and Welfare of the Child, Periodic report on the United Nations Convention on the Rights of the Child and the report on Optional Protocol on the sale of children and child prostitution.
Source/collection of Data	Departmental reports and indicators
Method of calculation	Simple count  <b>Annual Performance Report (APR) annual aggregation process</b> The first step to be performed during the annual aggregation will be to agree /

	compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the sum of validated /restated output of all 4 quarters.
<b>Data limitations</b>	Lack of disaggregated information from departmental reports.
<b>Type of indicator</b>	Cumulative
<b>Calculation type</b>	output
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	Yes
<b>Desired Performance</b>	Province Specific disaggregated Children’s Rights Report
<b>Indicator responsibility</b>	Manager

<b>Indicator Title</b>	<b>Number of Child Participation Programmes coordinated</b>
<b>Short Definition</b>	Government programmes that involves children.
<b>Purpose/Importance</b>	To ensure that consultation and involvement of children is mainstreamed in government processes – even legislation processes.
<b>Source/collection of Data</b>	ORC report and departmental reports.
<b>Method of calculation</b>	Simple count of the programmes coordinated  <b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the sum of validated /restated output of all 4 quarters.
<b>Data limitations</b>	Not all departments and units embark on child participation programmes
<b>Type of indicator</b>	Cumulative
<b>Calculation type</b>	output
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	No
<b>Desired Performance</b>	More child participation programmes in the provincial government
<b>Indicator responsibility</b>	Manager

<b>Indicator Title</b>	<b>Number of reports on the mainstreaming children’s rights in Office of the Premier</b>
<b>Short Definition</b>	Units within OTP mainstreaming CR initiatives in their plans.
<b>Purpose/Importance</b>	CR indicators reflecting in plans, programmes, projects and strategies of Units
<b>Source/collection of Data</b>	Unit reports and indicators submitted to Performance Information Management Unit. Mainstreaming refers to the unit prioritising children’s rights in the implementation of programme (Development Planning, Research, Provincial Council on AIDS and Intergovernmental Relations)
<b>Method of calculation</b>	Simple count of Children’s Rights (CR) Mainstreamed in OTP

	<p><b><u>Annual Performance Report (APR) annual aggregation process</u></b>  The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the sum of validated /restated output of all 4 quarters.</p>
<b>Data limitations</b>	Indicator depended on the responsiveness of Unit Managers
<b>Type of indicator</b>	Cumulative
<b>Calculation type</b>	output
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	Yes
<b>Desired Performance</b>	Inculcate CR sensitive service delivery initiatives within OTP
<b>Indicator responsibility</b>	Manager

<b>Indicator title</b>	<b>Number of reports on the existence of responsive disability strategies in institutions.</b>
<b>Short Definition</b>	Provincial reports on disability responsive strategies based NDP,14 Outcomes, Job Access Strategic Framework and United Nation Convention on the Rights of Persons with Disabilities
<b>Purpose/ Importance</b>	To enable OSPD to coordinate, monitor and evaluate service delivery on persons with disabilities as well as introducing interventions on emerging service delivery challenges
<b>Source/ collection of data</b>	Reports from institutions <ul style="list-style-type: none"> <li>• Siyathemba Municipality</li> <li>• Department of Correctional Services</li> <li>• Departments of Public Service Administration</li> <li>• National Social Development</li> </ul>
<b>Method of calculation</b>	Simple count of institutions with responsive disability strategies  <b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the sum of validated /restated output of all 4 quarters.
<b>Data limitations</b>	Dependent on institutions submissions and accuracy of reports
<b>Type of indicator</b>	Output
<b>Calculation type</b>	Cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	Yes
<b>Desired performance</b>	Improved service delivery for persons with disabilities.
<b>Indicator responsibility</b>	Manager

<b>Indicator title</b>	<b>Number of reports on disability delivery partnerships with stakeholders.</b>
<b>Short Definition</b>	Reports on disability service delivery partnership with stakeholders
<b>Purpose/ Importance</b>	To enable OSPD to monitor and evaluate disability specific delivery partnership
<b>Source/ collection of data</b>	Reports from institutions <ul style="list-style-type: none"> <li>• Standing Committee on Gender, Women, Children and Persons with Disability</li> <li>• Department of Justice Service Excellence Awards</li> <li>• National Home Builder Registration Council</li> </ul>
<b>Method of calculation</b>	Simple count of partnerships  <b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the sum of validated /restated output of all 4 quarters.
<b>Data limitations</b>	Dependent on institutions submissions and accuracy of reports
<b>Type of indicator</b>	Out put
<b>Calculation type</b>	Cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	Yes
<b>Desired performance</b>	Improved service delivery partnership that promotes and protect the rights of persons with disabilities
<b>Indicator responsibility</b>	Manager

<b>Indicator title</b>	<b>Number of reports on the mainstreaming of the disability rights in Office of the Premier</b>
<b>Short Definition</b>	Number of OTP units mainstreaming disability rights.
<b>Purpose/ Importance</b>	Disability Rights indicators reflecting in plans, programmes and policies of OTP
<b>Source/ collection of data</b>	OTP Units reports Mainstreaming refers to the unit prioritising and incorporating disability rights in the development and implementation of plans.  There will be report on engagements with units on the policy and Plans: <ul style="list-style-type: none"> <li>• Draft National Evaluation Framework</li> <li>• Draft Provincial Evaluation Plan</li> <li>• Draft Monitoring and Evaluation Framework</li> <li>• Transport Policy</li> </ul>
<b>Method of calculation</b>	Simple count of programmes  <b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control

	procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the sum of validated /restated output of all 4 quarters.
<b>Data limitations</b>	Dependent on OTP units submissions and accuracy of reports
<b>Type of indicator</b>	Output
<b>Calculation type</b>	Cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	Yes
<b>Desired performance</b>	Disability Rights mainstreamed in OTPs plan and programmes
<b>Indicator responsibility</b>	Manager

<b>Indicator Title</b>	<b>Number of campaigns a year to promote the Charter of Positive Values</b>
<b>Short Definition</b>	Provincial Report on the promotion of the Charter of Positive Values campaigns
<b>Purpose / Importance</b>	Enable the Unit to coordinate, monitor and evaluate the promotion of the Charter of Positive values in all sectors to ensure the basis of a long term moral renewal programme in both government and civil society
<b>Source / Collection of Data</b>	<p>Reports from 5 Departments and 2 District Municipalities through quarterly inter-governmental meetings 2016/17 MTSF Target.</p> <p>MTSF TARGET</p> <p>2019 Provincial Target -16 = 4 per Annual MTSF Target</p> <p>2016/17</p> <p>5 Departments</p> <p>2 District Municipalities</p> <p>2017/18</p> <p>4 Departments</p> <p>2 District Municipalities</p> <p>2018/19</p> <p>3Departments</p> <p>1 District Municipality</p> <p>Supporting evidence:</p> <ul style="list-style-type: none"> <li>• Invitations to Meetings/Events/Programs</li> <li>• Agenda</li> <li>• Minutes</li> <li>• Copy of Program</li> <li>• Speech or Presentation</li> <li>• Charter of Positive Values Pamphlet</li> <li>• Attendance Registers</li> </ul>
<b>Method of Calculation</b>	<p>Simple count of campaigns</p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b></p> <p>The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the sum of validated /restated output of all 4 quarters.</p>
<b>Data Limitations</b>	Dependent on departments and municipalities submissions and accuracy of

	reports
<b>Type of Indicator</b>	Output
<b>Calculation type</b>	Cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	No
<b>Desired performance</b>	To assist in the development of a caring society through the revival of the Spirit of Ubuntu and the actualisation and realization of the values and ideals enshrined in the constitution.
<b>Indicator responsibility</b>	Manager

<b>Indicator Title</b>	<b>Number of Awareness programmes held through Sector Forums</b>
<b>Short Definition</b>	Quarterly assessment report on a number of Municipalities and Provincial departments where awareness programmes had been rolled out in line with the MRM 3year POA.
<b>Purpose / Importance</b>	For performance tracking in terms of involvement of stakeholders.
<b>Source / Collection of Data</b>	<p>Reports from Departments and Municipalities</p> <p>MTSF TARGET</p> <p>2019 Provincial Target -8 = 2 per Annual MTSF target 2016/17</p> <p>5 Departments</p> <p>2 District Municipalities</p> <p>2017/18</p> <p>4 Departments</p> <p>2 District Municipalities</p> <p>2018/19</p> <p>3Departments</p> <p>1 District Municipality</p> <p>Supporting evidence:</p> <ul style="list-style-type: none"> <li>• MRM 3year POA</li> <li>• Calendar of Programmes/events from Department</li> <li>• Invitation letters</li> <li>• Programs</li> <li>• Speech/presentation/Information pack</li> </ul> <p>Attendance register</p>
<b>Method of Calculation</b>	<p>Simple count of programmes</p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b></p> <p>The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the sum of validated /restated output of all 4 quarters.</p>
<b>Data Limitations</b>	Dependent on departments and municipalities submissions and accuracy of reports
<b>Type of Indicator</b>	Output
<b>Calculation type</b>	Cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	Yes
<b>Desired performance</b>	Build capacity within the spheres of government; contribute to the individual

	and collective healing process of communities thus breaking the cycles of violence and redouble efforts towards social cohesion by building an inclusive society.
<b>Indicator responsibility</b>	Manager

<b>Indicator Title</b>	<b>Number of consolidated reports on the implementation of the Moral Regeneration Movement Charter of Positive Values mainstreaming</b>
<b>Short Definition</b>	Provincial reports on the number of OTP Units, departments and municipalities implementing the MRM Charter of Positive Values Framework
<b>Purpose / Importance</b>	Assess the status of MRM to ensure that the government sector is strengthened and that MRM activities become an integral part of departmental strategies/operations.
<b>Source / Collection of Data</b>	<p>Reports from departments and municipality</p> <p>MTSF TARGET</p> <p>2019 Provincial Target -16 = 4 per Annual MTSF target</p> <p>2016/17</p> <p>3 Departments</p> <p>5 OTP Units</p> <p>2 District Municipalities</p> <p>2017/18</p> <p>4 Departments</p> <p>5 OTP Units</p> <p>1 District Municipalities</p> <p>2018/19</p> <p>4Departments</p> <p>4 OTP Units</p> <p>2 District Municipality</p> <p>Supporting Evidence:</p> <ul style="list-style-type: none"> <li>• Departments APP</li> <li>• Municipal SDIP</li> <li>• Invitations to meetings</li> <li>• Agenda</li> <li>• Minutes</li> <li>• Attendance Registers</li> </ul>
<b>Method of Calculation</b>	<p>Simple count of consolidated reports</p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b></p> <p>The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the sum of validated /restated output of all 4 quarters.</p>
<b>Data Limitations</b>	Financial and Human resources
<b>Type of Indicator</b>	Output
<b>Calculation type</b>	Cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	Yes
<b>Desired performance</b>	Charter of Positive Values mainstreamed in departments and municipal plans

	and programmes
<b>Indicator responsibility</b>	Manager

<b>Indicator title</b>	<b>Number of policies reviewed within OTP to establish alignment to the National Gender Policy Framework</b>
<b>Short definition</b>	Refers to the consolidated assessment and reporting of policies assessed within OTP to establish alignment. Feedback provided on assessment to individual units within OTP.
<b>Purpose/importance</b>	To ensure alignment and implementation to the National Gender Policy framework.
<b>Source/collection of data</b>	Source: Approved and draft policies reviewed, <ul style="list-style-type: none"> <li>• Assessment report with recommendations,</li> <li>• Minutes of feedback sessions</li> <li>• Presentations</li> </ul>
<b>Method of calculation</b>	One consolidated assessment report counts for one (1)  <b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the sum of validated /restated output of all 4 quarters.
<b>Data limitations</b>	Irregular policy forum meetings
<b>Type of indicator</b>	Output
<b>Calculation type</b>	Cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	New indicator
<b>Desired performance</b>	To establish the gender sensitivity of policies within OTP.
<b>Indicator responsibility</b>	OSW Manager

<b>Indicator title</b>	<b>Number of Provincial Programme of Action for women empowerment</b>
<b>Short definition</b>	Refers to the development of a Provincial consolidated POA for women empowerment. <ul style="list-style-type: none"> <li>• as aligned to the MTSF</li> <li>• and plans of National department of Women</li> </ul>
<b>Purpose/importance</b>	To monitor implementation of alignment to National gender policy framework.
<b>Source/collection of data</b>	Source: Approved Provincial POA for women empowerment Supporting evidence: <ul style="list-style-type: none"> <li>• Consultation sessions with departments (minutes, attendance reg, agenda)</li> <li>• Action list (indicators)</li> <li>• Signed POA by HODs.</li> <li>• Approved POA (consolidated)</li> </ul>

<b>Method of calculation</b>	One consolidated Provincial POA for women empowerment (1)  <b>Annual Performance Report (APR) annual aggregation process</b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the sum of validated /restated output of all 4 quarters.
<b>Data limitations</b>	Non submission of input to the POA by provincial departments.
<b>Type of indicator</b>	Output
<b>Calculation type</b>	Cumulative
<b>Reporting cycle</b>	Annually
<b>New indicator</b>	New indicator
<b>Desired performance</b>	To monitor implementation and identify challenges in terms of service delivery to women.
<b>Indicator responsibility</b>	OSW Manager

<b>Indicator title</b>	<b>Quarterly progress finalised on the implementation of the G&amp;A sector Programme of Action.</b>
<b>Short definition</b>	Refers to the consolidated progress report of quarterly performance of departments in the Provincial administration: <ul style="list-style-type: none"> <li>• as per the approved POA</li> <li>• As per approved sector plans or programmes</li> </ul>
<b>Purpose/importance</b>	To monitor implementation of alignment to National gender policy framework.
<b>Source/collection of data</b>	Source: 1 Consolidated progress report per quarter. Supporting evidence: <ul style="list-style-type: none"> <li>• Departmental progress reports</li> <li>• Assessment of departmental progress reports</li> <li>• Consultation session (minutes, agenda, attendance)</li> <li>•</li> </ul>
<b>Method of calculation</b>	One consolidated narrative report counts for one (1)  <b>Annual Performance Report (APR) annual aggregation process</b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the sum of validated /restated output of all 4 quarters.
<b>Data limitations</b>	Non submission of quarterly reports by provincial departments.
<b>Type of indicator</b>	Output

Calculation type	Cumulative
Reporting cycle	Quarterly
New indicator	New indicator
Desired performance	To establish the impact of performance against set targets of the POA
Indicator responsibility	OSW Manager

Indicator title	Quarterly progress finalised on the implementation of the Social sector Programme of Action.
Short definition	Refers to the consolidated progress report of quarterly performance of departments in the Provincial administration: <ul style="list-style-type: none"> <li>• as per the approved POA</li> <li>• As per approved sector plans or programmes</li> </ul>
Purpose/importance	To monitor implementation of alignment to National gender policy framework.
Source/collection of data	Source: 1 Consolidated progress report per quarter. Supporting evidence: <ul style="list-style-type: none"> <li>• Departmental progress reports</li> <li>• Assessment of departmental progress reports</li> <li>• Consultation session (minutes, agenda, attendance)</li> </ul>
Method of calculation	One consolidated narrative report counts for one (1)  <b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the sum of validated /restated output of all 4 quarters.
Data limitations	Non submission of quarterly reports by provincial departments.
Type of indicator	Output
Calculation type	Cumulative
Reporting cycle	Quarterly
New indicator	New indicator
Desired performance	To establish the impact of performance against set targets of the POA
Indicator responsibility	OSW Manager

Indicator title	Quarterly progress finalised on the implementation of the Economic sector Programme of Action.
Short definition	Refers to the consolidated progress report of quarterly performance of departments in the Provincial administration: <ul style="list-style-type: none"> <li>• as per the approved POA</li> <li>• As per approved sector plans or programmes</li> </ul>
Purpose/importance	To monitor implementation of alignment to National gender policy framework.
Source/collection of data	Source: 1 Consolidated progress report per quarter. Supporting evidence: <ul style="list-style-type: none"> <li>• Departmental progress reports</li> <li>• Assessment of departmental progress reports</li> </ul>

	<ul style="list-style-type: none"> <li>• Consultation session (minutes, agenda, attendance)</li> <li>•</li> </ul>
<b>Method of calculation</b>	<p>One consolidated narrative report counts for one (1)</p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b>  The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the sum of validated /restated output of all 4 quarters.</p>
<b>Data limitations</b>	Non submission of quarterly reports by provincial departments.
<b>Type of indicator</b>	Output
<b>Calculation type</b>	Cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	New indicator
<b>Desired performance</b>	To establish the impact of performance against set targets of the POA
<b>Indicator responsibility</b>	OSW Manager

<b>Indicator title</b>	<b>Number of departments monitored on institutionalisation of Gender Policy Framework</b>
<b>Short definition</b>	<p>Refers to the progress and interventions taken towards developing best practice departments in the province based on specific criteria developed.</p> <ul style="list-style-type: none"> <li>• 2 depts identified</li> <li>• progress of identified departments to be monitored quarterly against criteria.</li> </ul>
<b>Purpose/importance</b>	To establish two best practice departments in the Province per year.
<b>Source/collection of data</b>	<p>Source: Quarterly progress reports on interventions taken, guidance and support given to departments.</p> <ul style="list-style-type: none"> <li>• Gender Machinery meetings</li> <li>• Meetings with departments</li> <li>• Guiding documents developed.</li> </ul>
<b>Method of calculation</b>	<p>One consolidated narrative report counts for one (1)</p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b>  The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the sum of validated /restated output of all 4 quarters.</p>
<b>Data limitations</b>	Non submission of quarterly reports by provincial departments.
<b>Type of indicator</b>	Output

<b>Calculation type</b>	Cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	New indicator
<b>Desired performance</b>	To develop best practice in the province
<b>Indicator responsibility</b>	OSW Manager

### 3.3.2 Policy Coordination Research and Development

<b>Indicator Title</b>	<b>Number of Quarterly performance reports submitted</b>
<b>Short Definition</b>	Pre-determined Objectives reports submitted to Provincial Performance Information Management and the Provincial Legislature
<b>Purpose / Importance</b>	To ensure compliance to regulatory frameworks (Quarterly Performance Report Guideline Framework for Strategic Plan and Annual Performance Plan, Treasury Instruction)
<b>Source / Collection of Data</b>	Supporting evidence: performance reports from Programme Managers with POE.
<b>Method of Calculation</b>	<p>One consolidated narrative report counts for one (1)</p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b>  The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the sum of validated /restated output of all 4 quarters.</p>
<b>Data Limitations</b>	Late submissions of quarterly reports by Units
<b>Type of Indicator</b>	Output
<b>Calculation type</b>	Cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	No
<b>Desired performance</b>	High performance is desirable
<b>Indicator responsibility</b>	Executive Manager: Policy and Planning

<b>Indicator Title</b>	<b>Submission of Approved Strategic Plan / Annual Performance Plan</b>
<b>Short Definition</b>	Departmental APP submitted in accordance with policy and regulatory frameworks
<b>Purpose / Importance</b>	To ensure compliance to regulatory frameworks (QPR Guidelines, Framework for SP and APP, Treasury Instructions)
<b>Source / Collection of Data</b>	Reports from Programme Managers
<b>Method of Calculation</b>	<p>Approved document</p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b>  The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete.</p>

	Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the sum of validated /restated output of all 4 quarters.
<b>Data Limitations</b>	Late submission
<b>Type of Indicator</b>	Output
<b>Calculation type</b>	Non - cumulative
<b>Reporting cycle</b>	Annually
<b>New indicator</b>	Yes
<b>Desired performance</b>	High performance is desirable
<b>Indicator responsibility</b>	Executive Manager

### 3.3.3 Development Planning

<b>Indicator Title</b>	<b>Number of Advisory Memorandums submitted to executive council</b>
<b>Short Definition</b>	To provide advice to political principals to facilitate decision-making an issues that requires expert opinion and advice.
<b>Purpose / Importance</b>	To provide advice to political principals to facilitate decision making on issues that requires expert opinion/advice
<b>Source / Collection of Data</b>	Technical cluster / cluster memorandums and executive council memorandums
<b>Method of Calculation</b>	<p>Verification of advisory memorandum – number of signed advisory memorandum technical cluster / cluster and executive council.</p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b>  The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the sum of validated /restated output of all 4 quarters.</p>
<b>Data Limitations</b>	None
<b>Type of Indicator</b>	Output
<b>Calculation type</b>	Cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	Yes
<b>Desired performance</b>	Produce 4 quarterly advisory memorandum to executive council
<b>Indicator responsibility</b>	DDG: Policy and Governance

### 3.4 Programme Support

<b>Indicator title</b>	<b>Provincial assessments on Performance information concluded quarterly</b>
<b>Short definition</b>	<p>Refers to the consolidated assessment and reporting of quarterly performance of departments in the Provincial administration:</p> <ul style="list-style-type: none"> <li>• as per their approved APP's and</li> <li>• Quarterly outputs as per QPR model.</li> </ul>
<b>Purpose/importance</b>	To report on the Quarterly Performance of departments as per the DPME reporting requirements. (QPR Guidelines, Framework for SP and APP, Treasury Instructions)
<b>Source/collection of data</b>	<p>Source: Approved departmental APP, QPR Model, Departmental narrative reports</p> <p>Supporting evidence:</p>

	<ul style="list-style-type: none"> <li>• Signed off letter on 4<sup>th</sup> QPR of 13 departments issued to DPME,</li> <li>• Acknowledgement letter to HOD's signed by DG,</li> <li>• QPR Workshop Minutes, Agenda, Attendance Register,</li> <li>• 16/17 QPR Circular,</li> <li>• 16/17 QPR Model Assessment</li> </ul>
<b>Method of calculation</b>	<p>One consolidated assessment report counts for one (1)</p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b>  The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the sum of validated /restated output of all 4 quarters.</p>
<b>Data limitations</b>	Non submission of quarterly narrative reports by provincial departments.
<b>Type of indicator</b>	Output
<b>Calculation type</b>	Cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	New indicator
<b>Desired performance</b>	To establish the impact of performance against departmental plans and targets linked to the financial year.
<b>Indicator responsibility</b>	Senior Manager

<b>Indicator title</b>	<b>Number of assessment reports on Draft Annual Performance plans</b>
<b>Short definition</b>	Refers to the consolidated assessment report of Departmental first and second draft APPs submitted in accordance with policy and regulatory frameworks
<b>Purpose/importance</b>	To guide and support departments and ensure compliance to regulatory frameworks (QPR Guidelines, Framework for SP and APP, Treasury Instructions)
<b>Source/collection of data</b>	Source: 1st and 2nd Draft APP of departments, Customised indicators Supporting evidence: <ul style="list-style-type: none"> <li>• Letter to DPME signed by DG.</li> <li>• 13 Assessment reports</li> </ul>
<b>Method of calculation</b>	<p>One consolidated POA Narrative report counts for one (1)</p> <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b>  The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the sum of validated /restated output of all 4 quarters.</p>
<b>Data limitations</b>	Non submission of first and second draft APPs.

	Late submission of draft APP's by departments.
<b>Type of indicator</b>	Output
<b>Calculation type</b>	Cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	Continues without change
<b>Desired performance</b>	All departments compliant to regulatory frameworks in terms of APPs.
<b>Indicator responsibility</b>	Senior Manager

<b>Indicator title</b>	<b>Number of Quarterly progress assessments on the implementation of the Programme of Action</b>
<b>Short definition</b>	Refers to the consolidated quarterly assessment of quarterly performance by provincial departments against the approved POA.
<b>Purpose/importance</b>	To establish progress in the Province on POA progress, and to identify challenges relating to implementation.
<b>Source/collection of data</b>	Source: Consolidated progress report on the implementation of the Provincial Programme of Action for each quarter. Supporting evidence: <ul style="list-style-type: none"> <li>• Approved 16/17 POA presented to EXCO</li> <li>• Table of Actions and indicators</li> <li>• Memos to cluster.</li> <li>• Cluster Meetings Attended</li> <li>• Quarterly EXCO MEMO and EXCO Resolution.</li> </ul>
<b>Method of calculation</b>	One consolidated POA Narrative report counts for one (1)  <b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the sum of validated /restated output of all 4 quarters.
<b>Data limitations</b>	Non submission of quarterly reports by provincial department. Non-functional implementation Forums
<b>Type of indicator</b>	Output
<b>Calculation type</b>	Cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	Continues without change
<b>Desired performance</b>	To establish the impact of performance in the Province relating to the Programme of Action and identify remedial measures to accelerate delivery of the Government's Programme of Action
<b>Indicator responsibility</b>	Senior Manager

<b>Indicator Title</b>	<b>Number of departmental services charters approved</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	Service delivery charters to be displayed at all institutions that interface with citizens
<b>Source / Collection of Data</b>	Approved Service Charters
<b>Method of Calculation</b>	Approved Service Charters

	<p><b><u>Annual Performance Report (APR) annual aggregation process</u></b>  The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the sum of validated /restated output of all 4 quarters.</p>
<b>Data Limitations</b>	-
<b>Type of Indicator</b>	Output
<b>Calculation type</b>	Non-cumulative
<b>Reporting cycle</b>	Annual
<b>New indicator</b>	Yes
<b>Desired performance</b>	Publicly and prominently display of approved Service Charters
<b>Indicator responsibility</b>	Assistant Manager Batho Pele

<b>Indicator Title</b>	<b>Number of Batho Pele Meetings coordinated in the Provincial Administration</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	To create a learning platform for departments across the three spheres through their Batho Pele Coordinators
<b>Source / Collection of Data</b>	Batho Pele Forum
<b>Method of Calculation</b>	Number of dept's attending  <p><b><u>Annual Performance Report (APR) annual aggregation process</u></b>  The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the sum of validated /restated output of all 4 quarters.</p>
<b>Data Limitations</b>	-
<b>Type of Indicator</b>	-
<b>Calculation type</b>	Cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	Yes
<b>Desired performance</b>	To have all sector dept's and municipalities representatives
<b>Indicator responsibility</b>	Assistant Manager Batho Pele

<b>Indicator Title</b>	<b>Monitoring report on the implementation of departmental Service Delivery Improvement Plans (SDIP)</b>
<b>Short Definition</b>	
<b>Purpose / Importance</b>	To ascertain whether the outcome of a transformed, effective and efficient Northern Cape provincial government has been achieved
<b>Source / Collection of Data</b>	SDIP

<b>Method of Calculation</b>	Progress made v/s quality and compliance  <b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the sum of validated /restated output of all 4 quarters.
<b>Data Limitations</b>	-
<b>Type of Indicator</b>	-
<b>Calculation type</b>	Non - cumulative
<b>Reporting cycle</b>	Annual
<b>New indicator</b>	Yes
<b>Desired performance</b>	Review on progress done M&E
<b>Indicator responsibility</b>	Assistant Manager Batho Pele

<b>Indicator Title</b>	<b>Number of programme support reports</b>
<b>Short Definition</b>	Refers to all programmes / engagements undertaken.
<b>Purpose / Importance</b>	To monitor and coordinate programmes within the Branch. To ensure that the Branch perform optimally
<b>Source / Collection of Data</b>	Quarterly reports Memo's to Executive Council Presentations / Notes to HOD, TMC and SMT
<b>Method of Calculation</b>	One consolidated narrative report counts for one (1)  <b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the sum of validated /restated output of all 4 quarters.
<b>Data Limitations</b>	Non submission
<b>Type of Indicator</b>	Output
<b>Calculation type</b>	Cumulative
<b>Reporting cycle</b>	Quarterly
<b>New indicator</b>	No
<b>Desired performance</b>	High performance is desirable
<b>Indicator responsibility</b>	Deputy Director General

<b>Indicator Title</b>	<b>Number of Monitoring reports on the implementation of the MPAT Improvement Plan for KPA1</b>
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<b>Short Definition</b>	
<b>Purpose / Importance</b>	It gives an indication of the level attained by the Office for MPAT Key Performance Areas 1 thereby showing its ability to effectively manage its Strategic management for achievement of departmental objectives as set out in departmental Strategic and Annual plans.
<b>Source / Collection of Data</b>	Primary source: Consolidated information for the Improvement Plan Evidence submitted to MPAT for moderation under KPA 1
<b>Method of Calculation</b>	Consolidated report  <b><u>Annual Performance Report (APR) annual aggregation process</u></b> The first step to be performed during the annual aggregation will be to agree / compare the portfolio of evidence (POE) to the validated output per each performance indicator of all 4 quarters by a different team which is independent of the validating quarterly outputs. This internal control procedure ensures that all the information in the APR is accurate, valid and complete. Should there be any discrepancies that are detected when performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the sum of validated /restated output of all 4 quarters.
<b>Data Limitations</b>	Inaccurate data and incomplete evidence as well as deficiencies in capturing and uploading of evidence and information for assessment/ moderation can influence the score negatively
<b>Type of Indicator</b>	Output
<b>Calculation type</b>	Cumulative
<b>Reporting cycle</b>	Quarterly (1 <sup>st</sup> and 2 <sup>nd</sup> Quarters)
<b>New indicator</b>	Yes
<b>Desired performance</b>	Higher actual performance is desirable
<b>Indicator responsibility</b>	Deputy Director General