

ANNEXURE B: TECHNICAL INDICATOR DESCRIPTIONS

STRATEGIC OBJECTIVE INDICATORS

PROGRAMME 1: ADMINISTRATION

Technical indicator description for the strategic objective indicator

| Strategic objective indicator | Implementation of sound financial management within department evidenced by annual unqualified audit outcomes |
|----------------------------------|---|
| Short definition | This indicator is an indication of compliance with relevant legislation and regulations when providing administration support/ internal function as evidenced by positive audit outcomes. |
| Purpose/importance | To demonstrate that the Office of the Premier has sound financial management and complies with financial management regulations. |
| Source/collection of data | Final AGSA Audit report |
| Method of calculation | Unqualified audit opinion in respect of financial statements |
| Data limitations | None |
| Type of indicator | Outcome |
| Calculation type | Non-cumulative |
| Reporting cycle | Annually |
| New indicator | No |
| Desired performance | Unqualified findings with no findings audit report |
| Indicator responsibility | Accounting Officer |

PROGRAMME 2: INSTITUTIONAL DEVELOPMENT

Technical indicator description for the strategic objective indicator

| | |
|--------------------------------------|---|
| Strategic objective indicator | Reviewed Human Resource Development Strategy and report on its implementation. |
| Short definition | To strengthen compliance to National Development Plan (NDP) and Human Resource Development (HRD) legislation |
| Purpose/importance | Indicates the review of the HRD Strategy with implementation plans reviewed at the 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 Growth Development Strategy and NDP objectives. It demonstrates that the Office of the Premier has reviewed the Provincial HRD Strategy and ensures its implementation. |
| Source / collection of data | An approved reviewed Northern Cape Human Resource Development Strategy and implementation reports. |
| Method of calculation | Count the number of approved consolidated Provincial HRD Strategy with the implementation reports. |
| Data limitations | Under/over counting due to misinterpretation of indicator. |
| Type of indicator | Output |
| Calculation type | Non-Cumulative |
| Reporting cycle | Annually |
| New indicator | No |
| Desired performance | Reporting on increased access to occupationally directed program |
| Indicator responsibility | Chief Director: Strategic Human Capital Development DDG: Institutional Development |

PROGRAMME 3: POLICY AND GOVERNANCE

Technical indicator description for the strategic objective indicator

| Strategic objective indicator | Development of Provincial Growth and Development Plan (PGDP) | |
|-----------------------------------|--|--|
| Short definition | The Development of Provincial Growth Development Plan (PGDP) in order to align with the National Development Plan – Vision 2030 | |
| Purpose/importance | <p><u>The PGDP – Vision 2030 addresses six priorities aligned to the NDP:</u></p> <ul style="list-style-type: none"> • Uniting of all South Africans around a common programme to achieve prosperity and equity. • Promoting active citizenry to strengthen development, democracy and accountability. • Bringing about faster economic growth, higher investment and greater labour absorption. • Focusing on key capabilities of people and the state. • Building a capable and developmental state. • Encouraging strong leadership throughout society to work together to solve problems <p><u>The PGDP also play a vital role in</u></p> <ul style="list-style-type: none"> • Ensuring effectiveness and coordinated delivery on the overall development objectives of our developmental state. • Achieving alignment and laying the basis for sustainable development thereby ensuring that plans are economically productive and efficient, meet social needs and address equity issues; whilst building on, and taking advantage of opportunities in the context of the constraints of the province’s natural resource base. | |
| Source /collection of data | Source Documentation | Coordinating Mechanisms |
| | Accredited Research by research institutions | Provincial Planning forum, Planning secretariat and local government engagements |

| | | |
|---------------------------------|--|--|
| | Research done by planning secretariat | AGENDA; minutes; attendance register; presentations |
| | Departmental Diagnostic reports | Cluster system <ul style="list-style-type: none"> ○ Technical cluster, cluster and EXCO ○ Agenda; minutes.; attendance register; presentations |
| | Quarterly PGDP advisory memorandums to Executive Council | HOD Forum |
| | Statistics South Africa publications | Agenda; minutes; attendance register; presentations |
| | Treasury publications | |
| Method of Calculation | One consolidated PGDP submitted to the Executive Council | |
| Data Limitations | Non-submission of reports and information by sector departments towards the PGDP diagnostic report process. Poor attendance of provincial and local government at Provincial Planning Forum, planning secretariat and local government engagements with regards to PGDP. Private sector commitment and contribution towards diagnostic report. | |
| Type of Indicator | Output | |
| Calculation type | Non-cumulative | |
| Reporting cycle | Annually | |
| New indicator | No | |
| Desired performance | Approved and signed off PGDP and Provincial APPs aligned to PGDP | |
| Indicator responsibility | Director: Development Planning | |

| Strategic objective indicator | | Reviewed Provincial Spatial Development Framework (PSDF) | |
|----------------------------------|---|--|--|
| Short definition | To review the PSDF in order to align it to the Spatial Planning, Land Use & Management Act, 2013 | | |
| Purpose/importance | <p>The overall objective of the PSDF is to facilitate sustainable development throughout the Northern Cape. Key aspects of sustainable development are the manner in which settlements are shaped and spatially orientated in the environment, and the extent to which a balance is achieved between the three global imperatives for sustainable development.</p> <p>The PSDF provides an appropriate spatial and strategic context for future land-use throughout the Northern Cape, from a provincial perspective. The PSDF is an expression of the mental image, vision and aspirations, which the people of the Northern Cape have for their province.</p> | | |
| Source/collection of data | Source Documentation | Coordinating Mechanisms | |
| | Accredited Research by research institutions | Provincial Planning forum, Planning secretariat and local government engagements | |
| | Research done by planning secretariat | Agenda; minutes; attendance register; presentations | |
| | Departmental Diagnostic reports | Cluster system <ul style="list-style-type: none"> ○ Technical cluster, cluster and EXCO ○ Agenda; minutes.; attendance register; presentations | |
| | Quarterly PGDP advisory memorandums to Executive council | HOD Forum | |
| | Statistics South Africa publications | Agenda; minutes; attendance register; presentations | |
| | Treasury publications | | |
| Method of calculation | One consolidated PSDF submitted to the Executive Council | | |
| Data limitations | Non-submission of reports and information by sector departments towards the PGDP diagnostic report process. Poor attendance of provincial and local government at Provincial Planning Forum, planning secretariat and local | | |

| | |
|---------------------------------|--|
| | government engagements with regards to PGDP. Private sector commitment and contribution towards diagnostic report. |
| Type of indicator | Output |
| Calculation type | Non-Cumulative |
| Reporting cycle | Annually |
| New indicator | No |
| Desired performance | Approved and signed off PSDF and Provincial APPs aligned to PSDF |
| Indicator responsibility | Director: Development Planning |

| | |
|----------------------------------|---|
| Strategic objective | Co-ordinate the development of the Programme of Action for the 2014-19 MTSF |
| indicator | |
| Short definition | Refers to the development of the Programme of Action for the 2014-2019 MTSF and annual review thereof. |
| Purpose/importance | To ensure development of a Provincial POA aligned to departmental APP's and the 2014-19 MTSF. |
| Source/collection of data | Consolidated POA for the 14 Outcomes: <ul style="list-style-type: none"> • Approved Annual POA • Executive Council Memo |
| Method of calculation | One consolidated POA linked to each financial year |
| Data limitations | Non submission of the POA contribution by lead Outcome departments |
| Type of indicator | Output |
| Calculation type | Non-cumulative |
| Reporting cycle | Annually |
| New indicator | No |

| | |
|---------------------------------|--------------------------|
| Desired performance | Annual review of the POA |
| Indicator responsibility | Senior Manager: PPIM |

| | |
|--------------------------------------|---|
| Strategic objective indicator | Co-ordinate the development of a Provincial Monitoring and Evaluation Framework for the period 2014-2019 |
| Short definition | Refers to the development of a Provincial Monitoring and Evaluation (M & E) Framework linked to the Government Wide Monitoring and Evaluation System. |
| Purpose / importance | <ul style="list-style-type: none"> • Provides for improved monitoring and evaluation (M&E) within the Northern Cape Province. • Provides the foundation for a common understanding of key M&E principles and elements and practices amongst all role-players within the province. |
| Source / collection of data | <p>Approved M&E Framework</p> <ul style="list-style-type: none"> • the Executive Council Memo |
| Method of calculation | One approved M & E Framework document |
| Data limitations | Capacity constraints within OTP |
| Type of indicator | Output |
| Calculation type | Non - cumulative |
| Reporting cycle | Annually |
| New indicator | New – as per the SP 2015/16- 2019/20 |
| Desired performance | Implementation of the M & E Framework |
| Indicator responsibility | Unit Head: PM&E |

| Strategic objective indicator | Co-ordinate the development of a Provincial Evaluation Plan for the period 2017-2020 |
|-----------------------------------|---|
| Short definition | Refers to the Provincial Evaluation Plan aligned to the National Evaluation Policy Framework and the National Evaluation System |
| Purpose / importance | <ul style="list-style-type: none"> • Improve policy of programme performance (Evaluation for learning)-providing feedback to Departments • Improve accountability on public spending and the difference it is making. • Improve decision making e.g. on identify challenges and propose remedial measure. • Increase knowledge of best practice and implementation with regard to a public policy, plan, programme or project |
| Source /collection of data | Approved Provincial Evaluation Framework <ul style="list-style-type: none"> • Executive Memo |
| Method of calculation | One approved Provincial Evaluation Framework |
| Data limitations | Funding and Capacity constraints within OTP |
| Type of indicator | Output |
| Calculation type | Non - cumulative |
| Reporting cycle | Annually |
| New indicator | New – as per the SP 2015/16- 2019/20 |
| Desired performance | Implementation and monitoring of the Evaluation Framework |
| Indicator responsibility | Unit Head |

PROGRAMME 1: ADMINISTRATION

1.1 Premier Support

| 1.1.1 Number of Premier's statutory and political obligations met | | | | | | | | | | | | | | | | | | | |
|---|--|---------------------------------|---------------------------------|---|---|--------------------------------------|--------------------------------------|----------------------------|--|--|--|---------------------------------|---------------------------------|---|---|--------------------------------------|--------------------------------------|--|--|
| Indicator title | 1.1.1 Number of Premier's statutory and political obligations met | | | | | | | | | | | | | | | | | | |
| Short definition | This indicator assists the Premier to meet section 125 of the Constitution. | | | | | | | | | | | | | | | | | | |
| Purpose /importance | Effective running of the Provincial Government in order to fulfil the electoral mandate, constitution mandate and Provincial Government imperatives and the 14 outcomes implementation. | | | | | | | | | | | | | | | | | | |
| Source /collection of data | Supporting documentation for the 16 engagements are in the form of minutes, attendance registers, collaborating source documentation for existence of events such as travel and accommodation expenses, catering, venue and facilities etc. and photographs. This evidence will be obtained from relevant affected units such Aids Council, EXCO Secretariat, DG Support, Finance, Communication Services and others. | | | | | | | | | | | | | | | | | | |
| Method of calculation | <p>Number of engagements counted. The engagements are shown below (per quarter):</p> <table border="1"> <thead> <tr> <th>Quarter 1 (total 5 Engagements)</th> <th>Quarter 2 (total 4 Engagements)</th> </tr> </thead> <tbody> <tr> <td>3 x EXCO (Executive Council) (Outreach)</td> <td>3 x EXCO (Executive Council) (Outreach)</td> </tr> <tr> <td>1 x PCA (Provincial Council on Aids)</td> <td>1 x PCA (Provincial Council on Aids)</td> </tr> <tr> <td>1 x Budget Speech May/June</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <th>Quarter 3 (total 3 Engagements)</th> <th>Quarter 4 (total 4 Engagements)</th> </tr> <tr> <td>2 x EXCO (Executive Council) (Outreach)</td> <td>2 x EXCO (Executive Council) (Outreach)</td> </tr> <tr> <td>1 x PCA (Provincial Council on Aids)</td> <td>1 x PCA (Provincial Council on Aids)</td> </tr> <tr> <td></td> <td>1 x State of the Province Address (SOPA)</td> </tr> </tbody> </table> <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. APR output will be the average of validated output of all 4 quarters.</p> | Quarter 1 (total 5 Engagements) | Quarter 2 (total 4 Engagements) | 3 x EXCO (Executive Council) (Outreach) | 3 x EXCO (Executive Council) (Outreach) | 1 x PCA (Provincial Council on Aids) | 1 x PCA (Provincial Council on Aids) | 1 x Budget Speech May/June | | | | Quarter 3 (total 3 Engagements) | Quarter 4 (total 4 Engagements) | 2 x EXCO (Executive Council) (Outreach) | 2 x EXCO (Executive Council) (Outreach) | 1 x PCA (Provincial Council on Aids) | 1 x PCA (Provincial Council on Aids) | | 1 x State of the Province Address (SOPA) |
| Quarter 1 (total 5 Engagements) | Quarter 2 (total 4 Engagements) | | | | | | | | | | | | | | | | | | |
| 3 x EXCO (Executive Council) (Outreach) | 3 x EXCO (Executive Council) (Outreach) | | | | | | | | | | | | | | | | | | |
| 1 x PCA (Provincial Council on Aids) | 1 x PCA (Provincial Council on Aids) | | | | | | | | | | | | | | | | | | |
| 1 x Budget Speech May/June | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| Quarter 3 (total 3 Engagements) | Quarter 4 (total 4 Engagements) | | | | | | | | | | | | | | | | | | |
| 2 x EXCO (Executive Council) (Outreach) | 2 x EXCO (Executive Council) (Outreach) | | | | | | | | | | | | | | | | | | |
| 1 x PCA (Provincial Council on Aids) | 1 x PCA (Provincial Council on Aids) | | | | | | | | | | | | | | | | | | |
| | 1 x State of the Province Address (SOPA) | | | | | | | | | | | | | | | | | | |
| Data limitations | None provided that the diary is managed properly. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded | | | | | | | | | | | | | | | | | | |

| | |
|---------------------------------|---|
| | to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of indicator | Effectiveness indicator |
| Calculation type | Cumulative |
| Reporting cycle | Quarterly |
| New indicator | No |
| Desired performance | 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. |
| Indicator responsibility | Chief of Staff in Premier's Office |

1.2 DIRECTOR GENERAL SUPPORT

1.2.1 DG Support

| 1.2.1.1 Compliance with the planning framework | |
|--|---|
| Indicator title | 1.2.1.1 Compliance with the planning framework |
| Short definition | This indicator refers to the department complying with the framework on performance information. |
| Purpose /importance | To ensure that the Director General, as the Accounting Officer of the department provides/gives strategic direction and complies with legislation |
| Source /collection of data | The final approved Strategic Plan and Annual Performance Plan for the department will be the evidence of compliance for the Planning Framework. Furthermore, the documentary evidence for the submission of the aforementioned 2 (two) documents within the stipulated time frames will be available. (Should Strategic Plan be reviewed during 2018-19, the reviewed strategic plan for the current 2014-2019 government term of government will be evidence) |
| Method of calculation | One (1) Strategic Plan and one (1) Annual Performance Plan <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 the 4 th quarter 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 validated output of the 4 th quarter. |
| Data limitations | None. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of indicator | Output |
| Calculation type | Non-cumulative |
| Reporting cycle | Annually (4 th Quarter) |
| New indicator | No |

| Desired performance | Compliance with the strategic planning framework. | | | | | | | | | | | | |
|-----------------------------------|--|---------|--|-------|-------------|---------|--|---------|--|---------|--|---------|--|
| Indicator responsibility | Senior Manager: DG Support | | | | | | | | | | | | |
| Indicator title | 1.2.1.2 MPAT level obtained by the Office of the Premier | | | | | | | | | | | | |
| Short definition | This indicator is an indication of the department complying fully with relevant legal/ regulatory requirements. | | | | | | | | | | | | |
| Purpose /importance | It gives an indication of the overall level attained by the OTP for MPAT- thereby showing its ability to effectively manage its MPAT for achievement of departmental objectives as set out in departmental strategic and annual plans. | | | | | | | | | | | | |
| Source /collection of data | Moderated DPME MPAT results report. | | | | | | | | | | | | |
| Method of calculation | <p>The steps in the assessment are as follows:</p> <ol style="list-style-type: none"> 1. Secondary data collection and first-round performance assessments by department; 2. A self-assessment conducted by the department and submission of data to DPME; 3. A validation process is done by DPME based on the completeness of the self-assessment and the data submitted; 4. A subject matter expert conducts an external moderation on the quality of the findings in the previous steps. The moderator, that is the Assessment Panel or subject experts, will review the information and in engagement with the respective department select its own assessment for each qualitative statement and comment where necessary. <p>The first score is based on secondary data inputs (e.g. Audit Reports), the next score is based on the results of the completed self-assessment questionnaire and the last (final) score is a moderated score which is the subject expert rating after consideration of secondary data analysis, the self-assessment score and evidence provided by the department.</p> <p>The scores are colour-coded as in the figure below:</p> <table border="1"> <thead> <tr> <th>Level</th> <th>Description</th> <th>Level</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>Level 1</td> <td>Department is non-compliant with legal/regulatory requirements</td> <td>Level 3</td> <td>Department is fully compliant with legal/regulatory requirements</td> </tr> <tr> <td>Level 2</td> <td>Department is partially compliant with legal/regulatory requirements</td> <td>Level 4</td> <td>Department is fully compliant with legal regulatory requirements and is doing things smartly</td> </tr> </tbody> </table> <p>A department that scores at Level 1 or Level 2 for a standard is non-compliant with the minimum legal prescripts in that management area and is performing poorly in terms of its management practices in that management area. On the other hand, a department that scores at Level 3 is compliant with the legal prescripts in that management area. A Level 4 department is compliant and operating smartly in terms of its management practices in that management area.</p> | Level | Description | Level | Description | Level 1 | Department is non-compliant with legal/regulatory requirements | Level 3 | Department is fully compliant with legal/regulatory requirements | Level 2 | Department is partially compliant with legal/regulatory requirements | Level 4 | Department is fully compliant with legal regulatory requirements and is doing things smartly |
| Level | Description | Level | Description | | | | | | | | | | |
| Level 1 | Department is non-compliant with legal/regulatory requirements | Level 3 | Department is fully compliant with legal/regulatory requirements | | | | | | | | | | |
| Level 2 | Department is partially compliant with legal/regulatory requirements | Level 4 | Department is fully compliant with legal regulatory requirements and is doing things smartly | | | | | | | | | | |

| | |
|---------------------------------|--|
| | Annual Performance Report (APR) annual aggregation process 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 the 4 th quarter 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 validated output of the 4 th quarter. |
| Data limitations | 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. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of indicator | Qualitative Outcome |
| Calculation type | Non-Cumulative |
| Reporting cycle | Annually (4 th Quarter) |
| New indicator | No |
| Desired performance | Targeted performance (level 3) |
| Indicator responsibility | Senior Manager: DG Support |

| | | |
|------------------------------------|---|---|
| Indicator title | 1.2.1.3 Number of monthly minutes reflecting strategic decisions taken at Senior Management Level | |
| Short definition | This indicator is an indication of decision making regarding strategy implementation. | |
| Purpose / importance | To track progress on the strategic implementation in the organisation. | |
| Source / collection of data | Inputs from the members / units on Office of the Premier specific matters. / Policy directives / guidelines from structures such as EXCO, FOSAD, DPISA, Treasury Compliance Prescripts contained in the PSA, PSR, SMS, PMDS etc. The evidence for the indicator will be attendance registers, agendas, minutes, and any other collaborating supporting documentation deemed appropriate. | |
| Method of calculation | Number of minutes counted. The meetings are shown below (per quarter): | |
| | Quarter 1 (total 7 Strategic decisions meetings) | Quarter 2 (total 7 Strategic decisions meetings) |
| | 3 x SMT (Senior Management Team) | 3 x SMT (Senior Management Team) |
| | 3 x HOD (Head of Departments) | 3 x HOD (Head of Departments) |
| | 1 x TMC (Top Management Committee) | 1 x TMC (Top Management Committee) |

| | | |
|--|---|---|
| | | |
| | Quarter 3 (total 5 Strategic decisions meetings) | Quarter 4 (total 5 Strategic decisions meetings) |
| | 2 x SMT (Senior Management Team) | 2 x SMT (Senior Management Team) |
| | 2 x HOD (Head of Departments) | 2 x HOD (Head of Departments) |
| | 1 x TMC (Top Management Committee) | 1 x TMC (Top Management Committee) |

Annual Performance Report (APR) annual aggregation process

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 output of all 4 quarters.

| | |
|---------------------------------|---|
| Data limitations | Circumstances which demand a deviation from the SMT plan based on performance of the source mentioned. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of indicator | Output |
| Calculation type | Cumulative |
| Reporting cycle | Quarterly |
| New indicator | No |
| Desired performance | All strategic decisions are successfully implemented. |
| Indicator responsibility | Senior Manager: DG Support |

| | |
|------------------------------------|--|
| Indicator title | 1.2.1.4 Number of risk management documents approved by the Accounting Officer |
| Short definition | This indicator is an indication of compliance with section 38 (a) (i) of the PFMA. |
| Purpose / importance | To ensure that all risk and strategic documents are approved by the Accounting Officer. |
| Source / collection of data | Inputs from the HOD Forums Policy directives / guidelines from structures such as EXCO, FOSAD, DPSA, Treasury Compliance Prescripts contained in the PSA, PSR, SMS, PMDS etc. The evidence to the indicator will be the approved risk register, risk management policy and strategy, as well as any other collaborating supporting documentation deemed appropriate. |
| | Number of approved risk management documents |

| | |
|---------------------------------|---|
| Method of calculation | <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 the 2 nd quarter 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 validated output of the 2 nd quarter. |
| Data limitations | Delay in approval of documents, consultation process delayed, quorum not formed during the consultation process. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of indicator | Output |
| Calculation type | Non-Cumulative |
| Reporting cycle | Annually (2nd Quarter) |
| New indicator | No |
| Desired performance | Compliance with the Risk Management Framework. |
| Indicator responsibility | Senior Manager: DG Support |

| | |
|------------------------------------|--|
| Indicator title | 1.2.1.5 Number of reports on provincial departments achieving 100% submission of SMS members' financial disclosure |
| Short definition | This indicator is an indication of compliance with the financial disclosure Framework for Senior Management Service (SMS) in the Public Service to disclose all their registrable interest annually to their Executive Authorities as required by the Public Service Commission (PSC). |
| Purpose / importance | To ensure that all SMS in the province comply with the financial disclosure framework and report annually by 31 May each year. |
| Source / collection of data | Northern Cape SMS members financial disclosures report of PSC |
| Method of calculation | Number of reports <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 the 1 st quarter 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 validated output of the 1 st quarter. |
| Data limitations | To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) |

| | |
|---------------------------------|---|
| | is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of indicator | Output |
| Calculation type | Non-Cumulative |
| Reporting cycle | Annually (1 st Quarter) |
| New indicator | Yes |
| Desired performance | Compliance with the Financial Disclosure Framework. |
| Indicator responsibility | Senior Manager: DG Support |

1.2.2 Security & Records Management

| | |
|------------------------------------|---|
| Indicator title | 1.2.2.1 Number of units monitored to check compliance with Minimum Information Security Standards (MISS) in the Office of the Premier |
| Short definition | This indicator is an indication of compliance with security, classification and referencing of documents. |
| Purpose / importance | Compliance with the Minimum Information Security Standards (MISS) with regard to the management and classification of documentation. |
| Source / collection of data | Physical inspection questionnaire of the 16 units Photographs |
| Method of calculation | 16 units monitored. <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. APR output will be the sum of validated output of all 4 quarters. |
| Data limitations | None. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of indicator | Output |
| Calculation type | Cumulative |
| Reporting cycle | Quarterly |
| New indicator | No |
| Desired performance | To ensure that documents and information are referenced as well as classified in units. |
| Indicator responsibility | Senior Manager: Security and Records Management |

| Indicator title | 1.2.2.2 Number of provincial events provided with security management support | | |
|--|---|---|--|
| Short definition | The indicator relates to the security management of major provincial events. | | |
| Purpose / importance | This indicator ensures that major provincial events and projects are properly co-ordinated by Office of the Premier with regards to security. | | |
| Source / collection of data | The evidence for the indicator will be invitations, agendas, photographs, as well as any other collaborating supporting documentation deemed appropriate. | | |
| Method of calculation | Security co-ordination reports counted. The departments that will be coordinated and assisted in their event/projects are shown below (per quarter): | | |
| | | EVENT | DEPARTMENTS |
| | | QUARTER 1 | |
| | 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 |
| | | QUARTER 2 | |
| | 4 | Heritage Day | Office of the Premier / Sports, Arts & Culture |
| | 5 | Women's Day | Office of the Premier |
| | | QUARTER 3 | |
| | 6 | International World Aids Day | Office of the Premier / Health |
| | 7 | International Anti-Corruption Day | Office of the Premier |
| | 8 | 16 Days of Activism Campaign for No Violence Against Women and Children | Office of the Premier |
| | | QUARTER 4 | |
| | 9 | International Women's Day | Office of the Premier / Sports, Arts & Culture |
| 10 | Human Rights Day | Office of the Premier / Sports, Arts & Culture | |
| 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 | |
| <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</p> | | | |

| | |
|---------------------------------|--|
| | 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 output of all 4 quarters. |
| Data limitations | When departments do not give Office of the Premier their project plans on time. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of indicator | Output |
| Calculation type | Cumulative |
| Reporting cycle | Quarterly |
| New indicator | No |
| Desired performance | To ensure major provincial events and projects are satisfactorily coordinated on security matters. |
| Indicator responsibility | Senior Manager: Security and Records Management |

| | |
|------------------------------------|--|
| Indicator title | 1.2.2.3 Percentage of staff screened for employment suitability |
| Short definition | This indicator relates to the compliance with DPSSA regulations on appointments. |
| Purpose / importance | This indicator ensures that all new staff are screened for employment suitability. |
| Source / collection of data | HRA was consulted on the number of potential posts to be filled in 2018/19 financial year after taking into account some factors associated with recruitment. The evidence of the indicator will be State Security Agency (SSA) reports, vetting reports from the appointed service provider, as well as any other collaborating supporting documentation deemed appropriate. |
| Method of calculation | Percentage of all additional staff screened counted <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 the 4 th quarter 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 validated output of the 4 th quarter. |
| Data limitations | The rate in which posts are being field The slow turnaround time of the State Security Agency. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of |

| | |
|---------------------------------|---|
| | this TID as documented under data sources, method of calculation etc. |
| Type of indicator | Output |
| Calculation type | Non-Cumulative |
| Reporting cycle | Annually (4 th Quarter) |
| New indicator | No |
| Desired performance | To ensure compliance with DPSA regulations on employee suitability. |
| Indicator responsibility | Senior Manager: Security and Records Management |

| | |
|------------------------------------|---|
| Indicator title | 1.2.2.4 Number of departments monitored on the implementation of the anti-corruption framework |
| Short definition | This indicator relates to the capacity development on anti-corruption capability. |
| Purpose / importance | This indicator ensures that departments are familiar with anti-corruption procedures and the Framework. |
| Source / collection of data | Reports of PSC, reports of Office of the Premier indicating that training on anti-corruption that was conducted to officials in departments, one-on-one awareness sessions to be held in departments, and any relevant supporting documentation. |
| Method of calculation | Number of departments counted <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. APR output will be the sum of validated output of all 4 quarters. |
| Data limitations | Dependency on departments to provide reports. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of indicator | Output |
| Calculation type | Cumulative |
| Reporting cycle | Quarterly |
| New indicator | No |
| Desired performance | To ensure that provincial departments implement the Anti-corruption Framework. |
| Indicator responsibility | Senior Manager: Security and Records Management |

1.2.3 Provincial Council on Aids - Secretariat

| | |
|-------------------------|---|
| Indicator title | 1.2.3.1 Number of reports on the functionality of the Provincial Council on AIDS |
| Short definition | This indicator refers to the secretariat support given to the Provincial Council on AIDS and its Sub structures |

| | |
|------------------------------------|---|
| Purpose / importance | This indicator assists in the strengthening of governance, coordination and institutional arrangements for the provincial HIV/AIDS responses. |
| Source / collection of data | The four quarterly reports include some of the following reporting items: <ul style="list-style-type: none"> - Meetings of the Provincial Council on Aids (PCA) and its substructures; namely, Civil society forum, Partner's forum; Inter departmental Committee; - Meetings of the District AIDS and Local AIDS Council's; and - Any issue regarding functionality of PCA at district and local levels that management may deem appropriate to report to the users. Invite, Agenda, Attendance register, and minutes |
| Method of calculation | Number of reports counted <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. APR output will be the sum of validated output of all 4 quarters. |
| Data limitations | None availability of stakeholder, members to form a quorum. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of indicator | Effectiveness indicator |
| Calculation type | Cumulative |
| Reporting cycle | Quarterly |
| New indicator | No |
| Desired performance | A functional Provincial Council on AIDS and its substructures. |
| Indicator responsibility | Unit Head |

| | |
|------------------------------------|---|
| Indicator title | 1.2.3.2 Number of reports on the implementation of PSP (Provincial Implementation Plan on Aids) |
| Short definition | This indicator refers to the tracking of progress on implementation of provincial implementation plan on HIV/Aids responses. |
| Purpose / importance | This indicator assists in the strengthening of governance, coordination and institutional arrangements for the provincial HIV/AIDS responses. |
| Source / collection of data | The four quarterly progress reports on the implementation of Provincial Implementation Plan on AIDS. |
| Method of calculation | Number of reports counted <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. APR output will be the sum of validated output of all 4 quarters. |
| Data limitations | Reliance on tertiary information sources from PCA sectors. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of indicator | Effectiveness indicator |
| Calculation type | Cumulative |
| Reporting cycle | Quarterly |
| New indicator | No |
| Desired performance | Sectors (Government, Business sector, Labour and Civil Society) meet their indicator requirements as per the M&E framework. |
| Indicator responsibility | Unit Head |

1.3 EXCO Secretariat

| | |
|------------------------------------|---|
| Indicator title | 1.3.1 Number of reports on Executive Council engagements |
| Short definition | This indicator assists the Premier to meet section 125 of the Constitution. |
| Purpose / importance | This indicator assists in the provision of strategic, policy and operational support to the Executive Council through secretarial services, programme and decision management and implementation to enable Executive Council Clusters to function optimally. |
| Source / Collection of Data | The four quarterly reports may include the following reporting items: <ul style="list-style-type: none"> - Executive council meetings; and - Executive council outreach programmes. The evidence will be EXCO minutes, attendance registers, photographs during EXCO outreach and any other collaborating supporting documentation. |
| Method of calculation | Number of reports counted <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. APR output will be the sum of validated output of all 4 quarters. |
| Data limitations | None availability of stakeholder, members to form a quorum. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not |

| | |
|---------------------------------|--|
| | adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of indicator | Output |
| Calculation type | Cumulative |
| Reporting cycle | Quarterly |
| New indicator | No |
| Desired performance | Fully supported EXCO council resulting in better decision making and decision implementation. |
| Indicator responsibility | Senior Manager: EXCO Secretariat |

| | |
|------------------------------------|---|
| Indicator title | 1.3.2 Number of reports on Cluster engagements |
| Short definition | This indicator assists the Premier to meet section 125 of the Constitution. |
| Purpose / importance | This indicator assists in the provision of strategic, policy and operational support to the Executive Council through secretarial services, programme and decision management and implementation to enable Executive Council Clusters to function optimally. |
| Source / collection of data | The four quarterly reports may include the following reporting items: <ul style="list-style-type: none"> - Governance & Administration (G&A) cluster meetings; - Economic cluster meetings; and - Social cluster meetings. |
| Method of calculation | Number of reports counted <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. APR output will be the sum of validated output of all 4 quarters. |
| Data limitations | None availability of stakeholder, members to form a quorum. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of indicator | Output |
| Calculation type | Cumulative |
| Reporting cycle | Quarterly |
| New indicator | No |
| Desired performance | Better functioning of the EXCO clusters resulting improved decision making and decision implementation. |
| Indicator responsibility | Senior Manager: EXCO Secretariat |

1.4 Financial Management

| | |
|------------------------|--|
| Indicator title | 1.4.1 Compliance with financial accounting reporting requirements |
|------------------------|--|

| and relevant accounting legislation and prescripts (with no material findings) | |
|--|--|
| Short definition | This indicator is an indication that the Annual Financial Statements are in compliance with section 40 of the PFMA. |
| Purpose / importance | This indicator contributes to positive audit outcomes in the achievement of Outcome 12 objectives. |
| Source / collection of data | The evidence will be 1 Audited Annual Financial Statements with no material audit restatements in compliance with section 40 (1) (b) of the PFMA. <u>In respect of preceding financial year.</u> |
| Method of calculation | One Annual Financial Statement counted. <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 the 1 st quarter 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 validated output of the 1 st quarter. |
| Data limitations | None. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of Indicator | Outcome |
| Calculation type | Non-Cumulative |
| Reporting cycle | Annually (1 st quarter) |
| New indicator | No |
| Desired performance | Compliance with relevant legislation and financially unqualified audit opinions with no material audit restatements. |
| Indicator responsibility | Chief Financial Officer |

| Indicator title | |
|---|---|
| 1.4.2 Percentage of uncontested invoices paid within 30 days of receipt date | |
| Short definition | This indicator is an indication of compliance with the PMFA and the Treasury Regulations. |
| Purpose / importance | This indicator contributes to positive audit opinion outcomes in the achievement of Outcome 12 objectives. |
| Source / collection of data | The evidence will be the monthly return to Provincial Treasury in the form of Instruction note 34. |
| Method of calculation | Numerator: Number of unopposed invoices paid within 30 days per quarter Denominator: Total number of unopposed invoices received per quarter Calculation: Numerator divided by denominator multiplied by 100 <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. APR output will be the sum of validated output of all 4 quarters divided by 4. |
| Data limitations | The availability and uptime of BAS system, LOGIS system and its accurate updating To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of indicator | Outcome |
| Calculation type | Non-Cumulative |
| Reporting cycle | Quarterly |
| New indicator | No |
| Desired performance | 100% of unopposed invoices paid within 30 days of receipt thereof |
| Indicator responsibility | Chief Financial Officer |

| | |
|------------------------------------|---|
| Indicator title | 1.4.3 Compliance with budget management legislation and prescripts resulting in 98% annual budget spent for the preceding financial year |
| Short definition | This indicator is an indication of the percentage departmental budget spent to its fullest capacity without under-spending. The norm is 2% on total budget for a particular year. |
| Purpose / importance | Departments are allocated budgets to perform what their mandate requires. Under-spending on the annual budget could indicate that mandates/delivery were not fully realised. It contributes to effective departmental financial management and support services. |
| Source / collection of data | Adjustment Appropriation Act and Audited Annual Financial Statements. |
| Method of calculation | <p>Numerator: Amount expended in a financial year as per the Annual Financial Statements, verified by the Auditor-General</p> <p>Denominator: Approved budget of the Department as per the Adjustments Appropriation Act</p> <p>Calculation: Numerator divided by denominator multiplied by 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 the 1st quarter 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</p> |

| | |
|---------------------------------|--|
| | same as validated output of the 1 st quarter. |
| Data limitations | None. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of indicator | Quantitative/output |
| Calculation type | Non-Cumulative |
| Reporting cycle | Annually in respect of preceding financial year (1 st Quarter). |
| New indicator | No |
| Desired performance | 98% annual budget spent. |
| Indicator responsibility | Chief Financial Officer |

PROGRAMME 2: INSTITUTIONAL DEVELOPMENT

2.1 Strategic Human Resource Management

2.1.1 Human Resource Administration

| | |
|------------------------------------|--|
| Indicator title | 2.1.1.1 Average percentage of funded vacant posts on PERSAL (vacancy rate) within the Northern Cape Provincial Administration |
| Short definition | It gives an indication of the vacancy rate within the Northern Cape Provincial Administration (NCPA), and thereby the effectiveness and efficiency of recruitment practices/processes and ability of all Provincial departments (individually and collectively) to comply with the prescribed 10% vacancy rate and maintain adequate staffing levels. |
| Purpose / importance | It gives an indication of the vacancy rate within the NCPA and thereby the effectiveness and efficiency of recruitment practices/processes and ability of all Provincial departments (individually and collectively) to comply with the prescribed 10% vacancy rate and maintain adequate staffing levels to achieve their objectives. It also indicates the extent to which the OTP effectively co-ordinate, guides and supports departments to improve in this regard. |
| Source / collection of data | Primary source Consolidated report reflecting average vacancy rate for each of the 12 Provincial departments as at end of the reporting cycle. Secondary source: Departmental PERSAL Reports |
| Method of calculation | Numerator Calculate the sum of the all the average vacancy rates of the 12 Provincial Departments as at end of the reporting cycle Denominator The number of provincial departments within the NCPA = 12 Calculation Numerator/Denominator x 100 <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 the 4 th quarter 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 th quarter calculation. This means 4 th quarter validation output with the same as APR output. |
| Data limitations | Reliability depends on accuracy of data based on correct and timely loading/updating of information on the PERSAL System. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of Indicator | Output |
| Calculation type | Non-cumulative |
| Reporting cycle | Annually (4th Quarter) |
| New indicator | No |
| Desired performance | Better actual performance of 10% vacancy rate across all Provincial departments within the NCPA is desirable. |
| Indicator responsibility | Senior Manager: Human Resource Administration |

| | |
|------------------------------------|--|
| Indicator title | 2.1.1.2 Percentage of appointments made in vacant funded posts within a twelve (12) month period within the Office of the Premier |
| Short definition | Indicates the number of appointments made within a twelve (12) month period from date of advert |
| Purpose / importance | It gives an indication of the number of appointments made within twelve (12) months from the date of advert |
| Source / collection of data | Verified and approved recruitment record/database reflecting: <ul style="list-style-type: none"> • Relevant PERSAL Reports and personnel files • Advert • Appointment letter (Offer of employment) • Acceptance of employment • Appointment on PERSAL (Assumption of duty) |
| Method of calculation | <p>Numerator: Number of posts advertised. Denominator: Number of posts filled Calculation: 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 the 4th quarter 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,</p> |

| | |
|---------------------------------|--|
| | 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 validated output of the 4 th quarter. |
| Data limitations | 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. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of Indicator | Quantitative output |
| Calculation type | Non-cumulative |
| Reporting cycle | Annually (4th Quarter) |
| New indicator | No |
| Desired performance | Higher than targeted performance is desirable |
| Indicator responsibility | Senior Manager: Human Resource Administration |

| | |
|------------------------------------|--|
| Indicator title | 2.1.1.3 Number of new Provincial Human Resource Administration (HRA) policies approved |
| Short definition | Indicator refers to the number of new HRA policies developed and approved for the province to standardise processes and guide departments accordingly. |
| Purpose / importance | 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 Office of the Premier effectively coordinates guides and supports departments to improve in this regard. |
| Source / collection of data | <p>Primary source Actual approved new provincial policies</p> <ol style="list-style-type: none"> 1. Resettlement Policy and 2. Leave of Absence Policy <p>Secondary sources Policy register (records of policy drafting and draft policies)</p> |
| Method of calculation | <p>Count every new transversal Provincial Human Resource Administration policy that has been approved as at the end of the reporting cycle</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 the 4th quarter 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</p> |

| | |
|---------------------------------|--|
| | same as validated output of the 4 th quarter. |
| Data limitations | 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. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of Indicator | Output |
| Calculation type | Non-Cumulative |
| Reporting cycle | Annually (4th Quarter) |
| New indicator | No |
| Desired performance | Higher than targeted performance is desirable |
| Indicator responsibility | Senior Manager: Human Resource Administration |

| | |
|------------------------------------|---|
| Indicator title | 2.1.1.4 Number of existing approved Departmental Human Resource (HR) Policies reviewed |
| Short definition | Indicator refers to existing approved Departmental Human Resource Administration (HRA) policies reviewed. |
| Purpose / importance | It indicates the number of existing Office of the Premier policies to be reviewed and therefore Office of the Premier's efforts to update/amend its governance instruments to ensure current relevance and compliance/consistency with new developments and legislation |
| Source / collection of data | Policy register (records of reviews) Actual revised Office of the Premier policies: <ol style="list-style-type: none"> 1. Recruitment and Selection Policy 2. Overtime Policy |
| Method of calculation | Count every existing OTP Human Resource Administration policy that has been reviewed as at the end of the reporting cycle <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 the 4 th quarter 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 validated output of the 4 th quarter |
| Data limitations | 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. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre- |

| | |
|---------------------------------|--|
| | determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of Indicator | Output |
| Calculation type | Non-cumulative |
| Reporting cycle | Annually (4 th Quarter) |
| New indicator | No |
| Desired performance | On target |
| Indicator responsibility | Senior Manager: Human Resource Administration |

2.1.2 Efficiency Services

| | |
|------------------------------------|--|
| Indicator title | 2.1.2.1 A consolidated report on Provincial Departments supported with Business Process Modelling implementation. |
| Short definition | This is a consolidated report developed outlining the departments supported with the implementation of Business Process Modelling (the mapping of business processes and development of standard operating procedures (SOP's)). |
| Purpose / importance | It gives an indication of Office of the Premier's efforts to support provincial departments to enable them to map business processes and develop SOP's. |
| Source / collection of data | Schedule, Consolidated Implementation Report, Checklist, Agendas, attendance registers, presentations and minutes of workshops, information sessions and meetings; documentation to departments guiding on the implementation of Business Process Modelling. |
| Method of calculation | Count of a Consolidated Report. <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 the 4 th quarter 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 validated output of the 4 th quarter. |
| Data limitations | Readiness and capacity of provincial departments to participate and provide accurate data, on time/reliance on external service recipients for providing of information, in time. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of indicator | Output |
| Calculation type | Non-Cumulative |
| Reporting cycle | Annually (4 th Quarter) |
| New indicator | Yes |
| Desired performance | Same as per annual target. |

| | |
|---------------------------------|-------------------------------------|
| Indicator responsibility | Senior Manager: Efficiency Services |
|---------------------------------|-------------------------------------|

| | |
|------------------------|---|
| Indicator title | 2.1.2.2 A consolidated report on Provincial Departments supported with the implementation of Directive on HR Delegations |
|------------------------|---|

| | |
|------------------------------------|---|
| Short definition | This is consolidated report developed outlining provincial departments supported, to facilitate their implementation of the Directive on Public Administration and Management Delegations, 2014, as issued by the Minister of Public Service and Administration. |
| Purpose / importance | It indicates the level of support provided towards strengthening provincial Departments (including the Office of the Premier) in complying with the legislative framework governing HR delegations. The indicated support is provided through information sharing sessions and capacity building workshops, written communication, as well as meetings with delegations systems administrators and officials with delegated responsibilities in terms of the Public Service Act and Public Service Regulations. |
| Source / collection of data | Schedule, Consolidated Implementation Report, Checklist, Agendas, attendance registers, presentations and minutes of workshops, and information sessions, meetings, as well as documentation to departments guiding on the implementation of HR Delegations. |
| Method of calculation | Count of a Consolidated Implementation Report. <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 the 4 th quarter 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 validated output of the 4 th quarter. |
| Data limitations | Readiness and capacity of provincial departments to participate in delegation processes and provide accurate data, on time/reliance on external service recipients for providing of information, in time. |
| Type of indicator | Output |
| Calculation type | Non-Cumulative |
| Reporting cycle | Annually (4 th Quarter) |
| New indicator | Yes |
| Desired performance | Same as per annual target. |
| Indicator responsibility | Senior Manager: Efficiency Services |

| | |
|------------------------|---|
| Indicator title | 2.1.2.3 A consolidated report on Provincial Departments supported with the implementation of the Directive on changes to Organizational Structures |
|------------------------|---|

| | |
|-------------------------|---|
| Short definition | This is the consolidated report developed on provincial departments |
|-------------------------|---|

| | |
|------------------------------------|---|
| | supported, to facilitate their implementation of the Directive on changes to organisational structures, 2015, as issued by the Minister of Public Service and Administration (MPSA). |
| Purpose / importance | <p>It gives an indication of the level of support provided towards strengthening provincial departments (including the Office of the Premier as Department) in complying with the legislative framework governing Organisational Design (OD), in particular the 2016 Directive on changes to Organisational Structures.</p> <p>The described support is provided through workshops, formal advice and feedback to departments (as part of the formal consultation process), Job Evaluation Panel sittings, as well as meetings with organisational design practitioners and departmental management.</p> |
| Source / collection of data | Schedule, Consolidated Implementation Report, Checklist, Agendas, attendance registers, presentations and minutes of workshops, engagements, information sessions and meetings; documentation to departments guiding on the implementation of the Directive on changes to organisational structures. |
| Method of calculation | <p>Count of a Consolidated Implementation Report.</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 the 4th quarter 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 validated output of the 4th quarter.</p> |
| Data limitations | Readiness and capacity of provincial departments to participate and provide accurate data, on time/reliance on external service recipients for providing of information, in time. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of indicator | Output |
| Calculation type | Non-Cumulative |
| Reporting cycle | Annually (4th Quarter) |
| New indicator | Yes |
| Desired performance | Same as per annual target. |
| Indicator responsibility | Senior Manager: Efficiency Services |

| | |
|-------------------------|--|
| Indicator title | 2.1.2.4 A consolidated report on Provincial departments supported with the implementation of the Directive on Human Resource Planning |
| Short definition | This is the consolidated report developed on the provincial departments |

| | |
|------------------------------------|--|
| | supported, to facilitate their implementation of the amended Directive on the Development and Reporting on Human Resources Plans in the Public Service, 2014, as issued by the Minister of Public Service and Administration (MPSA). |
| Purpose / importance | It gives an indication of the extent and reach of the support provided towards strengthening of provincial departments (including the Office of the Premier) in complying with the legislative framework governing Human Resources (HR) Planning. The described support can be provided through workshops, formal advice and feedback to departments, as well as meetings with management and functionaries responsible for HR Planning. |
| Source / collection of data | Schedule, Consolidated Implementation Report, Checklist, Agendas, attendance registers, presentations and minutes of workshops, engagements, information sessions and meetings; documentation to departments guiding on the implementation of HR Planning. |
| Method of calculation | Count of a Consolidated Implementation Report. <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 the 4 th quarter 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 validated output of the 4 th quarter. |
| Data limitations | Readiness and capacity of provincial departments to participate and provide accurate data, on time/reliance on external service recipients for providing of information, in time. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of indicator | Output |
| Calculation type | Non-Cumulative |
| Reporting cycle | Annually (4 th Quarter) |
| New indicator | Yes |
| Desired performance | Same as per annual target. |
| Indicator responsibility | Senior Manager: Efficiency Services |

| | |
|-------------------------|---|
| Indicator title | 2.1.2.5 Number of Human Resource Planning documents approved for the Office of the Premier |
| Short definition | This is the number of HR planning documents approved for the Office of the Premier, i.e. the HR capability assessment and improvement plan (one document), and the Annual HR implementation progress report (HRIPR)), as required in line with the HR Planning (HRP) Directive, for approval and submission to the Department of Public Service and |

| | | | | | |
|---|--|---|----------------------|-------|--------------------|
| | Administration (DPSA). | | | | |
| Purpose / importance | Compliance with the HR planning Directive and broader legislative framework related to HR planning. | | | | |
| Source / collection of data | <p>Primary source: Approved HR plan/ action plan, schedule, agendas, minutes, letters, e-mails, presentations, attendance registers, approved HR Planning documents:</p> <table border="1"> <tr> <td>HR Capability Assessment and Improvement Plan</td> <td>30 April (Quarter 1)</td> </tr> <tr> <td>HRIPR</td> <td>30 May (Quarter 1)</td> </tr> </table> <p>Secondary source: Acknowledgement of receipt from the DPSA.</p> | HR Capability Assessment and Improvement Plan | 30 April (Quarter 1) | HRIPR | 30 May (Quarter 1) |
| HR Capability Assessment and Improvement Plan | 30 April (Quarter 1) | | | | |
| HRIPR | 30 May (Quarter 1) | | | | |
| Method of calculation | <p>Counting of number of approved report submitted to the DPSA by due date as per HR directive.</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 the 1st quarter 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 validated output of the 1st quarter.</p> | | | | |
| Data limitations | Capacity constraints and reliance on wide variety of stakeholders for information needed to compile final documents. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. | | | | |
| Type of indicator | Output | | | | |
| Calculation type | Non-Cumulative | | | | |
| Reporting cycle | Annually (1st Quarter) | | | | |
| New indicator | Yes | | | | |
| Desired performance | Two (2) approved HR planning documents submitted to the DPSA by the specified due dates. | | | | |
| Indicator responsibility | Senior Manager: Efficiency Services | | | | |

2.1.3 Labour Relations

| | |
|-----------------------------|--|
| Indicator title | 2.1.3.1 Number of reports on the average number of days taken to resolve disciplinary, grievance and dispute cases by Provincial Departments |
| Short definition | The Office of the Premier is responsible for analysing and consolidating signed off reports from Provincial Departments for submission to the Department of Public Service and Administration.(DPSA) |
| Purpose / importance | Analyse and consolidate reports from provincial departments to monitor |

| | |
|------------------------------------|--|
| | on timeframes taken to finalise disciplinary, grievances and disputes by departments |
| Source / collection of data | Reports from Provincial Departments on all misconduct, grievances and disputes cases. |
| Method of calculation | Simple calculation of number of reports developed <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. APR will be the sum of all 4 quarters. |
| Data limitations | None. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of indicator | Output |
| Calculation type | Cumulative |
| Reporting cycle | Quarterly |
| New indicator | No |
| Desired performance | As per quarterly target |
| Indicator responsibility | Senior Manager: Labour Relations |

| | |
|------------------------------------|--|
| Indicator title | 2.1.3.2 Number of reports on Northern Cape Chamber activities |
| Short definition | Reports developed by the Office of the Premier in relation to meetings, policies and related matter consulted between organised labour and the state in the capacity as employer. The Northern Cape Chamber has been established in terms of the Labour Relations Act. |
| Purpose / importance | To develop a report for DPSA and provide oversight over the correct implementation of the chamber (PSCBC, GPSSBC, ELRC, PHSDSBC) resolutions as agreed between organised labour and employer. |
| Source / collection of data | Notice, Agenda, Minutes and Attendance Registers. |
| Method of calculation | One (1) Consolidated report per quarter <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. APR will be the sum of all 4 quarters. |
| Data limitations | None. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of indicator | Output |
| Calculation type | Cumulative |
| Reporting cycle | Quarterly |
| New indicator | No |
| Desired performance | Same as per quarterly targets |
| Indicator responsibility | Senior Manager: Labour Relations |

| | |
|------------------------------------|--|
| Indicator title | 2.1.3.3 Number of Labour Relations awareness programmes conducted in the Office of the Premier. |
| Short definition | Number of awareness programmes held on the disciplinary code, code of conduct, abscondment, grievance procedure and sexual harassment policy conducted in the Office of the Premier. |
| Purpose / importance | To indicate the number of awareness programmes in pursuit of sound labour relations, harmony and stability in the workplace for improved productivity and service delivery. These awareness programmes held within the Office of the Premier would include: <ul style="list-style-type: none"> • Disciplinary code: Quarter 1 • Code of Conduct: Quarter 2 • Abscondment: Quarter 3 • Grievance Procedure: Quarter 4 • Sexual Harassment Policy: Quarter 4 |
| Source / collection of data | Notice and schedules. Attendance Registers of Labour Relations awareness sessions conducted on the approved Labour Relations programmes. Reports on implementation of approved Labour Relations awareness and promotion programmes as at end of reporting cycle. |
| Method of calculation | The number of Labour Relations awareness and promotion programmes conducted at end of reporting cycle <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. APR will be the sum of all programmes relating to the 4 quarters. |
| Data limitations | None. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of indicator | Output |
| Calculation type | Cumulative |
| Reporting cycle | Quarterly |
| New indicator | No |
| Desired performance | Same as per quarterly targets |
| Indicator responsibility | Senior Manager: Labour Relations |

2.1.4 Employee Health and Wellness

| | |
|------------------------------------|---|
| Indicator title | 2.1.4.1 Number of Employee Health & Wellness (EH&W) programmes implemented within the Office of the Premier. |
| Short definition | A count of the number of Employee Health & Wellness (EH&W) programmes implemented within the Office of the Premier. |
| Purpose / importance | Indicates the number of evidence based EH&W programmes implemented by the Office of the Premier in pursuit of individual employee and organizational health, safety and wellness. The programme list are as follows: <ul style="list-style-type: none"> • Health and Productivity Programme • Wellness Programme • SHERQ Programme |
| Source / collection of data | Reports on implementation of EH&W programmes as at end of reporting cycle Attendance Registers of EH&W communication sessions conducted. |
| Method of calculation | Calculate the sum of all EH&W programmes implemented as at end of reporting cycle <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. APR will be the sum of all 4 quarters |
| Data limitations | Under/over counting due to misinterpretation of indicator. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not |

| | |
|---------------------------------|--|
| | adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of indicator | Output |
| Calculation type | Cumulative |
| Reporting cycle | Quarterly |
| New indicator | No |
| Desired performance | Higher actual performance is desirable |
| Indicator responsibility | Senior Manager: Employee Health and Wellness |

2.2 Strategic Human Capital Development

2.2.1 Human Resource Strategy and Transversal Coordination

| | |
|------------------------------------|--|
| Indicator title | 2.2.1.1 Number of outcome 5 Program of Action (POA) Memorandums |
| Short definition | Achievement on the Outcome 5 Provincial Programme of Action (POA). |
| Purpose / importance | Indicates the progress made on Outcome 5, a skilled and capable workforce to support an inclusive growth path, as committed by government to support the NDP's vision of ensuring that by 2030, South Africans should have access to education and training of the highest quality leading to improved learning outcomes. |
| Source / collection of data | Quarterly Outcome 5 POA memorandums signed off by the DDG: Institutional Development. Memorandums are submitted as per the PIMS unit schedule and will be reported on as follows: Quarter 1 of 2018/19 – memorandum for the 4 th quarter 2017/18 Quarter 2 of 2018/19 – memorandum for the 1 st quarter 2018/19 Quarter 3 of 2018/19 – memorandum for the 2 nd quarter 2018/19 Quarter 4 of 2018/19 – memorandum for the 3 rd quarter 2018/19 |
| Method of calculation | Count the number of memorandums submitted <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. APR will be the sum of all 4 quarters |
| Data limitations | Late submission of inputs from stakeholders. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of indicator | Output |
| Calculation type | Cumulative |
| Reporting cycle | Quarterly |
| New indicator | No |

| | |
|---------------------------------|--|
| Desired performance | To ensure the G&A technical cluster is updated on progress made in relation to the outcome on a quarterly basis. |
| Indicator responsibility | Senior Manager : HRS&TC |

| | |
|------------------------------------|---|
| Indicator title | 2.2.1.2 Number of Human Resource Development Forums convened |
| Short definition | To strengthen the coordination of Human Resource Development initiatives in the provincial administration. |
| Purpose / importance | It indicates the number of forums that are in place for effective coordination, of Human Resource Development initiatives within the provincial administration. |
| Source / collection of data | Primary: Notices, Agenda, Attendance registers & Minutes of all meetings held by the Forum. Secondary: Quarterly consolidated report of training conducted in departments. |
| Method of calculation | Count the number of meetings convened 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 performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the same as validated output of the 4 th quarter. |
| Data limitations | Attendance of meetings by HRD practitioners. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of indicator | Output |
| Calculation type | Cumulative |
| Reporting cycle | Quarterly |
| New indicator | Yes |
| Desired performance | HRD Forums meetings convened on a quarterly basis. |
| Indicator responsibility | Senior Manager: HRS&TC |

| | |
|-----------------------------|---|
| Indicator title | 2.2.1.3 Number of reports indicating compliance by Provincial departments with the submission of HRD Plans |
| Short definition | Report on compliance by provincial departments in terms of Human Resource Development (HRD) legislative framework. This report is informed by the submission of plans from departments. |
| Purpose / importance | It indicates the extent to which the Provincial Administration complied with HRD Legislative Framework. |

| | |
|------------------------------------|--|
| Source / collection of data | <p>Primary data: A consolidated report to the Director General on whether departments complied with the submission of HRD reports to the DPSA and line function SETA's.</p> <p>Secondary data: This report will include status on the submission of departmental:</p> <ul style="list-style-type: none"> • Workplace Skills Plans • HRD plans • HRD monitoring reports |
| Method of calculation | <p>Annual consolidated report indicating compliance by departments on submission of HRD plans</p> <p>Annual Performance Report (APR) /annual aggregation process 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 the 2nd quarter 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 validated output of the 2nd quarter</p> |
| Data limitations | <p>None submission of HRD Plans by departments to the DPSA and line function SETA's by due dates. 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> |
| Type of indicator | Output |
| Calculation type | Non-Cumulative |
| Reporting cycle | Annual (2 nd Quarter) |
| New indicator | No |
| Desired performance | Compliance by departments on the submission of Departmental HRD Plans to DPSA. |
| Indicator responsibility | Senior Manager: HRS&TC |

| | |
|------------------------------------|--|
| Indicator title | 2.2.1.4 Number of Provincial skills Development forums(PSDF) convened |
| Short definition | To strengthen the coordination of Human Resource Development initiatives in the province. |
| Purpose / importance | It indicates the number of forums that are in place for effective coordination, of Human Resource Development initiatives within the province. |
| Source / collection of data | Notices, Agenda, Attendance registers & Minutes of all meetings held by the Forum. |
| Method of calculation | Calculate the number of forums as at the end of the reporting period |

| | |
|---------------------------------|---|
| | <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. APR output will be the sum of validated output of all 4 quarters.</p> |
| Data limitations | Availability & attendance levels of members. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of indicator | Output |
| Calculation type | Cumulative |
| Reporting cycle | Quarterly |
| New indicator | Yes |
| Desired performance | Provincial Skills Development Forums convened on a quarterly basis. |
| Indicator responsibility | Senior Manager: HRS&TC |

2.2.2 Performance Management and Capacity Development

| | |
|------------------------------------|--|
| Indicator title | 2.2.2.1 Number of employees benefitting from Human Resource Development(HRD) initiatives (trainings and bursaries) within the Office of the Premier |
| Short definition | Indicates the number of all Office of the Premier employees (Levels 1 to 12 and SMS) who benefited from training and capacity development initiatives and bursaries aimed at addressing the workforce skills and capacity needs/gaps for achievement of departmental objectives as set out in departmental strategic and annual plans |
| Purpose / importance | Addressing the workforce skills and capacity needs/gaps within Office of the Premier through training and capacity development initiatives, for achievement of departmental objective s as set out in departmental strategic and annual plans. |
| Source / collection of data | <ul style="list-style-type: none"> • Approved submission on Bursaries awarded • Training attendance registers (If attendance registers are not available, copies of certificates of the training attended or any other proof that training was attended). |
| Method of calculation | Count all employees of Office of the Premier (Levels 1 to 12 and SMS) that have attended training initiatives and those that have been awarded bursaries. <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 3 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 3 validated quarterly outputs. |
| Data limitations | External service providers and units within OTP not supplying the Office with attendance registers or certificates. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of indicator | Output |
| Calculation type | Cumulative |
| Reporting cycle | Quarterly (2 nd , 3 rd , & 4 th) |
| New indicator | No |
| Desired performance | Increased number of employees capacitated. |
| Indicator responsibility | Senior Manager: PMCD |

| | |
|------------------------------------|--|
| Indicator title | 2.2.2.2 Number of unemployed youth benefitting from youth development programmes within the Office of the Premier to offer experiential learning opportunities(Interns & WIL) |
| Short definition | Number of unemployed youth enlisted by the Office of the Premier in terms of Internships and Work Integrated Learning (WIL) programmes. |
| Purpose / importance | 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, through enlistment of unemployed youth by the Office of the Premier in compliance with HRD policy framework. |
| Source / collection of data | Signed DPSA report on Interns and WIL appointments made as at end of reporting period (March each year). |
| Method of calculation | Count all enlisted interns and WIL appointees within OTP as at the end of reporting cycle (March each year). <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 the 4 th quarter 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 all interns and WILs who were still on contract at the Office of the Premier for a part of the financial year. |
| Data limitations | Unavailability of SETA contracts. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when |

| | |
|---------------------------------|---|
| | the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of indicator | Output |
| Calculation type | Non-Cumulative |
| Reporting cycle | Annually (4th Quarter) |
| New indicator | No |
| Desired performance | Unemployed youth provided with workplace experience. |
| Indicator responsibility | Senior Manager: PMCD |

| | |
|------------------------------------|--|
| Indicator title | 2.2.2.3 Number of PMDS status reports submitted on compliance with the submission of Performance Agreements within the Northern Cape Administration. |
| Short definition | A consolidated status report to the Director General (DG) to indicate provincial compliance in respect of the 12 Provincial Departments regarding the submission of Levels 1 to 12, SMS Members and HOD's Performance Agreements by 31 May each year. This report is informed by information received from sector Departments. |
| Purpose / importance | A consolidated report to DG on whether departments complied or not with the submission of PA's by 31 May each year. |
| Source / collection of data | Consolidated status report on provincial compliance with the submission of performance agreements by 31 May each year in respect of 12 Provincial Departments. |
| Method of calculation | Count one consolidated PMDS status report submitted to the DG. <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 the 2 nd quarter 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 validated output of the 2 nd quarter |
| Data limitations | Non-submission of information by provincial departments. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of indicator | Output |
| Calculation type | Non-cumulative |
| Reporting cycle | Annually (2 nd Quarter) |
| New indicator | Yes |
| Desired performance | Quality status report |
| Indicator responsibility | Senior Manager: PMCD |

| Indicator title | 2.2.2.4 Number of annual performance evaluation session co-ordinated for the Heads of Departments (HODs) |
|------------------------------------|--|
| Short definition | The co-ordination of HOD evaluations, rendering of secretariat and administrative support to the HOD evaluation panel. To further ensure compliance with legislative framework within the NCPA and thereby the Office of the Premier's ability to effectively coordinate the management of HOD performance. |
| Purpose / importance | To ensure coordination of HOD annual evaluation sessions by rendering of secretariat and administrative support to the HOD evaluation panel responsible for the effective evaluation and management of HOD performance aligned to the cabinet resolution on Performance Management and Development System for HOD's. |
| Source / collection of data | Notices, Agenda and Attendance register |
| Method of calculation | Count a number of every HOD evaluation session coordinated for the province. <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 the 4 th quarter 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 validated output of the 4 th quarter |
| Data limitations | To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of indicator | Output |
| Calculation type | Non-Cumulative |
| Reporting cycle | Annually(4 th Quarter) |
| New indicator | Yes |
| Desired performance | Evaluation session to take place. |
| Indicator responsibility | Senior Manager: PM&CD |

2.3 Legal Services

| Indicator title | 2.3.1 Number of structured programmes to minimize legal risks against the Northern Cape Provincial Departments |
|-----------------------------|---|
| Short definition | The pro-active and preventative management of legal risk in the Province. |
| Purpose / importance | Indicates the programmes that will be implemented as a proactive, preventative measure to minimize the Northern Cape Provincial Administration's exposure to legal and reputational risks. These include 1. Mediation; 2. Training (including advocacy, awareness and Legal Advisory Notes) programmes. |

| | |
|------------------------------------|---|
| Source / collection of data | Attendance Registers or Minutes of Mediation sessions. Attendance Registers or course material of Training interventions. |
| Method of calculation | Count the number of programmes or interventions conducted <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 the 4 th quarter 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 th quarter validated output |
| Data limitations | Demand Driven area, subject to cooperation by Departments. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of indicator | Output |
| Calculation type | Non-Cumulative |
| Reporting cycle | Annually (4 th Quarter) |
| New indicator | No |
| Desired performance | Legal Risks minimized |
| Indicator responsibility | Chief State Law Advisor |

| | |
|------------------------------------|---|
| Indicator title | 2.3.2 Number of quarterly reports on legal matters resolved |
| Short definition | Drafting of a report that encompasses different types of legal matters, that may include legal opinions, contracts, and legislation and litigation management. |
| Purpose / importance | Indicates the number of reports on the type of legal matters drafted by the Office of the Chief State Law Advisor to ensure legal compliance. |
| Source / collection of data | Consolidated Quarterly Reports on the legal matters resolved by Northern Cape Provincial Departments, which may include legal opinions, contracts, legislation and litigation management. |
| Method of calculation | Number of quarterly reports submitted <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. APR output will be the sum of all 4 quarterly reports |
| Data limitations | Demand Driven; Needs cooperation from Departments. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it |

| | |
|---------------------------------|---|
| | pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of indicator | Output |
| Calculation type | Cumulative |
| Reporting cycle | Quarterly |
| New indicator | No |
| Desired performance | All legal instruments and decisions are legally compliant. |
| Indicator responsibility | Chief State Law Advisor |

| | |
|------------------------------------|---|
| Indicator title | 2.3.3 Number of legal support agreements signed and implemented with State Attorney, Northern Cape Departments and Municipalities |
| Short definition | The signing of legal support agreements with the State Attorney, Northern Cape Departments and Municipalities to ensure effective coordination of legal services. |
| Purpose / importance | To formalise the support given to Northern Cape Provincial Departments and Municipalities as well as the State Attorney that is required to sign a cooperation agreement with Premier. |
| Source / collection of data | Legal support agreements (LSAs) to be entered into with the State Attorney, municipalities and departments. Implemented agreements (those agreements that were signed in previous quarters/years, to be implemented in current financial year) will form part of the LSA's. |
| Method of calculation | Count the number of LSAs. <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 the 2 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 output of the 2 quarters. |
| Data limitations | Departments and Municipalities not cooperating with signature of agreements. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of indicator | Output |
| Calculation type | Cumulative |
| Reporting cycle | Bi-Annually (2 nd and 4 th Quarter) |
| New indicator | No |
| Desired performance | Structured coordination of legal support |
| Indicator responsibility | Chief State Law Advisor |

2.4 Information Communication Services

2.4.1 Information Technology and Infrastructure

| Indicator title | 2.4.1.1 Number of departmental ICT documents (Policies, Charters, Plans Frameworks, Manual and Strategies) reviewed |
|------------------------------------|--|
| Short definition | Indicates the review ICT documents in the Office of the Premier |
| Purpose / importance | <p>Measures the number of approved and/or revised Departmental Corporate Governance of Information Communication Technology (CGICT) 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.</p> <p>Also measures approved and/or revised Departmental IT Documents (policies, strategies and plans, manuals)</p> |
| Source / collection of data | <ul style="list-style-type: none"> • Corporate Governance of ICT Policy – Quarter 1 • Corporate Governance of ICT Charter – Quarter 1 • ICT Operational Plan – Quarter 1 • ICT Plan – Quarter 2 • ICT Implementation Plan – Quarter 2 • Two (2) additional ICT documents (policies, strategies and plans, manuals) reviewed – Quarter 3 & 4 <p>Seven (7) ICT documents (policies, strategies and plans, manuals) reviewed.</p> |
| Method of calculation | <p>Count each fully compliant document.</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. APR output will be the same as validated output of the 4th quarter.</p> |
| Data limitations | <p>Poor/insufficient alignment of departmental IT documents to required National compliance. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc.</p> |
| Type of Indicator | Output |
| Calculation type | Cumulative |
| Reporting cycle | Quarterly |
| New indicator | No |
| Desired performance | On target performance |
| Indicator responsibility | Senior Manager: Information Communication Technology |

| Indicator title | |
|--|---|
| 2.4.1.2 Number of Departmental services, e-enabled, based on the Service Delivery Model | |
| Short definition | Implementation of e-enabled systems within the Office of the Premier |
| Purpose / importance | Measures the number of Office of the Premier services that have been e-enabled to enhance service delivery and access. Also indicates the extent of Office of the Premier ICT Unit 's efforts & ability to provide effective and efficient ICT Software solutions that simplify and automate manual based business processes within Office of the Premier to promote usage by citizens, business and government and as such improve service delivery and the lives of citizens. Management of coordination of the Thusong Service Centre Programme by the Office of the Premier in the Northern Cape. |
| Source / collection of data | <ul style="list-style-type: none"> • Project plan of service to be e-enabled. • Project Implementation Progress and Closeout Reports reflecting successful e-enablement of services. • Thusong Service Centre report. |
| Method of calculation | Count every service that has been e-enabled as at the end of the reporting cycle. <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 the 2 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 validated output of the 4 th quarter. |
| Data limitations | Poor/insufficient understanding of business of department on part of ICT units. To ensure accuracy, validity and completeness of the reported outcomes, underlying supporting documents/evidence must accompany report from department. In the absent of source documents, accuracy, validity, completeness of the output will not be ascertained. |
| Type of indicator | Output |
| Calculation type | Cumulative |
| Reporting cycle | Bi-Annually (2 nd & 4 th Quarter) |
| New indicator | No |
| Desired performance | Higher actual performance is desirable. |
| Indicator responsibility | Senior Manager: Information Communication Technology |

| Indicator title | |
|--|--|
| 2.4.1.3 Number of provincial workshops hosted on information security and privacy protection responsibilities | |
| Short definition | ICT capacity and skills building |
| Purpose / importance | Measures the number of internal ICT workshops organised and facilitated by the PGITO/Office of the Premier ICT Unit for provincial departments in the Northern Cape province to build capacity/ empower government ICT |

| | |
|------------------------------------|--|
| | practitioners within the Northern Cape Provincial Administration to keep up with latest development and technologies. |
| Source / collection of data | Record of provincial ICT workshops hosted. Attendance registers. <ul style="list-style-type: none"> • Agenda • Attendance register • Presentations |
| Method of calculation | Count every workshop conducted at 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 the 2 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. |
| Data limitations | Unavailability of/inaccurate/incomplete records. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of indicator | Output |
| Calculation type | Cumulative |
| Reporting cycle | Bi-Annually (2 nd & 4 th Quarter) |
| New indicator | No |
| Desired performance | Higher actual performance is desirable |
| Indicator responsibility | Senior Manager: Information Communication Technology |

| | |
|------------------------------------|---|
| Indicator title | 2.4.1.4 Number of Northern Cape Provincial Government Departments websites reviewed |
| Short definition | Website development assistance provided to Northern Cape Provincial Government Departments. |
| Purpose / importance | Measures the number of provincial departments with active Websites reviewed by OTP to ensure that websites are aligned and standardized to GCIS Minimum website content requirements. |
| Source / collection of data | Website Review Report on Departmental website reviewed. |
| Method of calculation | Count the number of NCPG departmental websites reviewed. <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. APR output will be the sum of the updated intranet and internet websites for the year. |
| Data limitations | Lack of effective/Deficiencies in website monitoring systems. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. When most of the actual validated outputs are zero from departments, it will then be meaningless to compute the provincial output. Therefore zero will be awarded overall. |
| Type of indicator | Output |
| Calculation type | Cumulative |
| Reporting cycle | Quarterly |
| New indicator | No |
| Desired performance | Higher actual performance is desirable. |
| Indicator responsibility | Senior Manager: Information Communication Technology |

2.4.2 Communication

| | |
|------------------------------------|--|
| Indicator title | 2.4.2.1 Number of reports on Media Communications on Executive Council Outreach programmes |
| Short definition | Communication services rendered to EXCO Outreach programmes. |
| Purpose / importance | Indicates the number of media statements and articles/opinions issued on the work and decisions of EXCO to ensure that the citizens of the province are updated and in keeping with new developments regarding provincial policies and priority delivery areas. |
| Source / collection of data | Quarterly Provincial Communications Report. Record of/and physical media clippings of media statements and articles issued. Database of all EXCO outreaches undertaken and Feedback Reports |
| Method of calculation | Count number of reports on media statements and articles/opinions issued as at the end of reporting cycle. <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. APR output will be the sum of validated output of all 4 quarters. |
| Data limitations | No specific limitation. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio |

| | |
|---------------------------------|---|
| | of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of indicator | Output |
| Calculation type | Cumulative |
| Reporting cycle | Quarterly |
| New indicator | No |
| Desired performance | Better informed citizens in the province |
| Indicator responsibility | Chief Director: Communications Services |

| | |
|------------------------------------|--|
| Indicator title | 2.4.2.2 Number of Strategic Speeches drafted for the Premier |
| Short definition | Drafting of speeches to be delivered by Premier |
| Purpose / importance | Indicates the number of strategic policy speeches (SOPA, Budget Speeches, Commemorative Days speeches) to be delivered by the Premier drafted to ensure content is of acceptable standard and quality, factual and consistent/in keeping with Government Communications Strategy & MTSF. |
| Source / collection of data | Record of Speeches drafted. |
| Method of calculation | Count number of Speeches drafted as at the end of reporting cycle Annual Performance Report (APR) annual aggregation process 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 output of all 4 quarters. |
| Data limitations | None. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of indicator | Output |
| Calculation type | Cumulative |
| Reporting cycle | Quarterly |
| New indicator | No |
| Desired performance | Acceptable standard and quality. |
| Indicator responsibility | Chief Director: Communications Services |

| Indicator title | |
|---|---|
| 2.4.2.3 Number of reports on media coverage on the Programme of Action of the Northern Cape Provincial Government. | |
| Short definition | Media coverage of the Programme of Action of the Northern Cape Provincial Government. |
| Purpose / importance | Indicates the weekly media coverage related to the Programme of Action across all 12 departments through articles, statements, opinions, letters, and advertisements in print and electronic media. It indicates the extent to which the Office of the Premier is able to coordinate all provincial departments to ensure effective, timely and coherent communication. |
| Source / collection of data | Quarterly Provincial Communications Reports. Record of media articles, statements, opinions, letters and advertisements indicating media coverage by NCPA (12 departments). |
| Method of calculation | Number of reports on media coverage on the Programme of Action across 12 departments (count every page occupied) as at 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 performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the sum of validated output of all 4 quarters. |
| Data limitations | Technological constraints, in accessibility of electronic media voice clips and inaccurate reports/information from Provincial departments. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of indicator | Output |
| Calculation type | Cumulative |
| Reporting cycle | Quarterly |
| New indicator | No |
| Desired performance | Weekly coverage on the Programme of Action on NCPA. |
| Indicator responsibility | Chief Director: Communications Services |

| Indicator title | |
|--|--|
| 2.4.2.4 Percentage of Presidential Hotline cases resolved | |
| Short definition | Management of Provincial Presidential Hotline service. |
| Purpose / importance | 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. |
| Source / collection of data | Presidential Hotline reports |
| Method of calculation | Provincial score in % attained by the Northern Cape for resolution of |

| | |
|---------------------------------|---|
| | <p>reported cases as reported by the Presidency as at end of reporting period.</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. APR output will be on the average of all the validated outputs</p> |
| Data limitations | Over/under reporting. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of indicator | Output |
| Calculation type | Non-cumulative |
| Reporting cycle | Quarterly |
| New indicator | No |
| Desired performance | Higher actual performance would be desirable |
| Indicator responsibility | Chief Director: Communications Services |

| | |
|------------------------------------|---|
| Indicator title | 2.4.2.5 Number of Communication Forums convened |
| Short definition | Meetings of Provincial Communication Forum (PCF) convened. |
| Purpose / importance | <p>Indicates the number of Communications Forum convened by Office of the Premier to guide and coordinate a coherent communication system. The Provincial Communications Forum comprises of the following:</p> <ul style="list-style-type: none"> • Office of the Premier • GCIS • SALGA • All other departments. |
| Source / collection of data | Agenda, Minutes and Attendance registers |
| Method of calculation | <p>Count PCF meetings as at the end of the reporting period.</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. APR output is the sum of all Forums undertaken during the financial year</p> |

| | |
|---------------------------------|--|
| Data limitations | Minutes only signed off within the following quarter once approved. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of indicator | Output |
| Calculation type | Cumulative |
| Reporting cycle | Quarterly |
| New indicator | No |
| Desired performance | To ensure coherence in government communication system. |
| Indicator responsibility | Chief Director: Communications Services |

2.5 Programme Support

| 2.5.1 Number of Governance and Administration (G&A) Technical Clusters Meetings held | |
|---|--|
| Indicator title | 2.5.1 Number of Governance and Administration (G&A) Technical Clusters Meetings held |
| Short definition | Number of Governance and Administration (G&A) Technical Cluster meetings convened and held in support of the Political and EXCO Cluster. |
| Purpose / importance | To ensure that matters referred to the G&A Political Cluster and EXCO Cluster have been sufficiently canvassed and processed at a technical/administrative level, to ensure informed decision-making at EXCO level. |
| Source / collection of data | EXCO Timetable, Notice, Agenda, Minutes, Resolution Matrix, Attendance Register. Terms of Reference. |
| Method of calculation | Number of G&A Technical Cluster meetings held 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 performing the aforementioned internal control procedures, appropriate disclosures will be made in the APR. APR output will be the sum of validated outputs for all 4 quarters. |
| Data limitations | Availability and attendance of Technical Cluster members. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of indicator | Output |
| Calculation type | Cumulative |
| Reporting cycle | Quarterly |
| New indicator | No |

| | |
|---------------------------------|--|
| Desired performance | Matters referred to EXCO Cluster for informed decision-making. |
| Indicator responsibility | Deputy Director-General: Institutional Development. |

| Indicator title | |
|---|---|
| 2.5.2 Number of Outcome 12 Programme of Action (POA) Technical Cluster Memorandums | |
| Short definition | Number of quarterly memorandums received by the Technical G&A Cluster in the achievement of the Outcome 12 Provincial Programme of Action (POA) by service delivery partners. |
| Purpose / importance | Indicates the extent to which progress is made in building an efficient, effective and development orientated 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 (NDP). |
| Source / collection of data | <p>Quarterly Outcome 12 Technical Cluster Memorandums signed off by the DDG: Institutional Development. Memorandums are submitted as per the PIMS unit schedule and reported on as follows:</p> <p>1st Quarter 2018/19 - Memorandum will be for the 4th Quarter 2017/18 2nd Quarter 2018/19 - Memorandum will be for the 1st Quarter 2018/19 3rd Quarter 2018/19 - Memorandum will be for the 2nd Quarter 2018/19 4th Quarter 2018/19 - Memorandum will be for the 3rd Quarter 2018/19</p> |
| Method of calculation | <p>Count the number of Memorandums submitted</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. APR output will be the sum of all 4 quarterly validated outputs.</p> |
| Data limitations | Late submission of inputs from service delivery partners. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of indicator | Output |
| Calculation type | Cumulative |
| Reporting cycle | Quarterly |
| New indicator | No |
| Desired performance | To ensure the G&A Technical Cluster is updated on progress made in relation to the outcome on a quarterly basis. |
| Indicator responsibility | Deputy Director-General: Institutional Development. |

3. PROGRAMME 3: POLICY AND GOVERNANCE

3.1 Inter Governmental Relations

| 3.1.1 Number of consolidated reports on the Intergovernmental Fora in the province | |
|--|--|
| Indicator title | 3.1.1 Number of consolidated reports on the Intergovernmental Fora in the province |
| Short definition | Refers to the reports consolidated from the different Intergovernmental fora in terms of the relations and disputes between different spheres of government and state-owned entities. |
| Purpose / importance | To promote and facilitate effective intergovernmental relations between the different spheres of government. Intergovernmental forums serve as consultative platforms to discuss and resolve disputes amongst departments and municipalities. |
| Source / collection of data | <ul style="list-style-type: none"> • Premier's Intergovernmental Forum held quarterly <ul style="list-style-type: none"> ○ (Invites, Agendas, Attendance Registers, Minutes and Resolution Matrices) • Technical PIGF Forum held quarterly <ul style="list-style-type: none"> ○ (Invites, Agendas, Action List and Attendance Registers) |
| Method of calculation | <p>Numeric count of 1 report per quarter</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. APR output will be the sum of validated output of all 4 quarters.</p> |
| Data limitations | Co-operation of provincial departments and municipalities to participate and provide accurate data and reports, on time. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of indicator | Output |
| Calculation type | Cumulative |
| Reporting cycle | Quarterly |
| New indicator | No |
| Desired performance | Same as per the quarterly targets |
| Indicator responsibility | Senior Manager: IGR Unit |

| 3.1.2 Number of International engagements facilitated by the Office of the Premier | |
|--|---|
| Indicator title | 3.1.2 Number of International engagements facilitated by the Office of the Premier |
| Short definition | Facilitation refers to the application of note Verbale of the out- and inbound diplomatic missions by the province. This in line with Outcome 11 of the Provincial and National Priorities. |

| | |
|------------------------------------|---|
| Purpose / importance | To provide support international missions, diplomacy and image building initiatives as well as municipal international relations in order to promote the provincial interest. To provide advice on visa requirements and applications to the provincial departments |
| Source / collection of data | Outbound missions: <ul style="list-style-type: none"> • Approved Executive Council Memorandum (Outbound Missions for EXCO members outside SADC region) ○ Note Verbale from DIRCO (Not applicable to SADC countries, e.g. Namibia) • Approved Director-General Memorandum (Outbound Missions for Officials travelling within the SADC region) • Report on the international and diplomatic missions Inbound missions: <ul style="list-style-type: none"> • Notice/ invitations from visiting missions |
| Method of calculation | Numeric count of all international missions, diplomacy initiatives and Municipal international relations exercises facilitated per quarter <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 the 4 th quarter 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 th quarter validated output |
| Data limitations | No proper schedules and plans from departments. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of indicator | Output |
| Calculation type | Non-Cumulative |
| Reporting cycle | Annually (4 th Quarter) |
| New indicator | No, slightly rephrased the wording |
| Desired performance | Successful facilitation of International engagements by OTP |
| Indicator responsibility | Senior Manager: IGR Unit |

| | |
|------------------------------------|--|
| Indicator title | 3.1.3 Number of Provincial Committee meetings to facilitate Official Donor Assistance (ODA) |
| Short definition | Facilitate the provincial engagements relating to the sourcing of donor funding for the province. |
| Purpose / importance | To Official Donor Assistance(ODA) in pursuance of provincial and municipal development |
| Source / collection of data | Invites, agenda, minutes, attendance registers and resolution matrices |

| | |
|---------------------------------|---|
| | of Provincial ODA Meetings |
| Method of calculation | Numeric count of provincial committee meetings held per quarter <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 the 2 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 output of all 2 quarters. |
| Data limitations | Irregular attendance of meetings by members. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of indicator | Output |
| Calculation type | Cumulative |
| Reporting cycle | Bi-annual (2 nd and 4 th Quarters) |
| New indicator | No |
| Desired performance | 2 Bi-annual committee meetings |
| Indicator responsibility | Senior Manager: IGR Unit |

| | |
|------------------------------------|---|
| Indicator title | 3.1.4 Number of reports on official government events supported with protocol service by the Office of the Premier |
| Short definition | Refers to Official Protocol and diplomatic services rendered by the IGR on all official national, provincial and ceremonial events hosted by the Premier |
| Purpose / importance | To provide strategic and effective protocol services to provincial government and ceremonial events as well as national events hosted by the province |
| Source / collection of data | Primary source: <ul style="list-style-type: none"> • Annual Provincial Events Calendar • Notice/Invitation • Programme of the event |
| Method of calculation | Numeric count of all reports where protocol services were rendered in the Province per quarter <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. APR output will be the sum of validated output of all 4 quarters. |
| Data limitations | None. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of indicator | Output |
| Calculation type | Cumulative |
| Reporting cycle | Quarterly |
| New indicator | No |
| Desired performance | Successfully supported events |
| Indicator responsibility | Senior Manager : IGR Unit |

3.2.1 Provincial Service Delivery Programmes Monitoring and Evaluation

| | |
|------------------------------------|---|
| Indicator title | 3.2.1.1 Number of consolidated quarterly reports on the co-ordination of Provincial Monitoring and Evaluation |
| Short definition | A consolidated report on the programmes and activities executed relating to the Provincial Co-ordination of the M & E functions within the Provincial Administration. |
| Purpose / importance | To highlight quarterly progress on the co-ordination of the M&E functions, the challenges and recommendations. |
| Source / collection of data | <p>Four (4) consolidated quarterly reports providing progress on the following:</p> <ul style="list-style-type: none"> ○ Report on the M & E Forum meeting held quarterly <ul style="list-style-type: none"> - Notice of meeting - Attendance Register - Minutes ○ Analysis on the co-ordination of the implementation of Evaluation Plans across the provincial departments. Report to include the following: <ul style="list-style-type: none"> ○ Status of Departmental evaluation plans by departments ○ Report on the implementation of the Provincial Evaluation Plan in terms of quarterly Evaluation Technical Working Group meetings <ul style="list-style-type: none"> ● Invite ● Agenda ● Attendance registers ● Minutes |
| Method of calculation | <p>One (1) consolidated quarterly report count for one (1)</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</p> |

| | |
|---------------------------------|--|
| | 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 output of all 4 quarters |
| Data limitations | In year budget reprioritisation, Workshops dependent on DPME processes. Dependant on quorum for Monitoring & Evaluation Forum and Evaluation Technical Working Group. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of indicator | Output |
| Calculation type | Cumulative |
| Reporting cycle | Quarterly |
| New indicator | Indicator same as previous year (slight phrasing change output the same) |
| Desired performance | Same as per the quarterly targets |
| Indicator responsibility | Unit Head: Provincial Service Delivery Intervention Programmes M&E |

| | |
|------------------------------------|---|
| Indicator title | 3.2.1.2 Number of consolidated quarterly reports on the implementation of Frontline Service Delivery Monitoring Programme |
| Short definition | A consolidated report on Frontline Service Delivery Monitoring which entail base-line, feedback and improvement monitoring and verification meetings at service delivery facilities as per the Joint Annual Plan for FSD. |
| Purpose / importance | To instil the culture of self-monitoring in departments so that improvements to the quality of service delivery is realised. |
| Source / collection of data | Four (4) consolidated quarterly reports Primary Source: <ul style="list-style-type: none"> • Joint Annual Plan for FSD for the 2018/19 financial year. • Provincial Plan for FSD 2018/19 financial year. Supporting Evidence as per the annual schedule roll out: <ul style="list-style-type: none"> • Baseline Monitoring • Feedback Sessions • Improvement Monitoring Meetings • Improvement Verifications |
| Method of calculation | One consolidated FSDM report counts for one (1) <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. APR output will be the sum of validated output of all 4 quarters. |
| Data limitations | In year budgetary re-prioritisation. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of indicator | Output |
| Calculation type | Cumulative |
| Reporting cycle | Quarterly |
| New indicator | Indicator same as previous year (slight phrasing change output the same) |
| Desired performance | Same as the quarterly targets |
| Indicator responsibility | Unit Head : Provincial Service Delivery Intervention Programmes M & E |

| | |
|------------------------------------|--|
| Indicator title | 3.2.1.3 Number of consolidated bi-annual reports on the implementation of the Citizen Based Monitoring Programme |
| Short definition | A consolidated bi-annual report on the coordination of Citizen Based Monitoring which entail the implementation and monitoring of commitments by the selected sector departments as per consultation and feedback from Municipalities. The Annual schedule outlines the phases as concluded in on accordance with the CBM toolkit. |
| Purpose / importance | To coordinate the implementation of CBM in accordance with CBM Toolkit. |
| Source / collection of data | 2 (Two) consolidated biannual reports Primary Source: CBM Toolkit Supporting evidence: Bi-annual report highlighting implementation of CBM progress aligned to the CBM toolkit. Consolidated assessment/evaluation report on CBM |
| Method of calculation | One consolidated CBM report counts for one (1) <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 the 2 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 output of the 2 quarters. |
| Data limitations | In year budgetary re-prioritisation. Dependent on DPME co-ordination. |

| | |
|---------------------------------|--|
| | Dependant on buy-in and commitment to the CBM Programme from the identified municipality. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate /insufficient/ inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of indicator | Output |
| Calculation type | Cumulative |
| Reporting cycle | Bi-annually (2 nd & 4 th Quarter) |
| New indicator | Indicator reporting cycle changed from quarterly to bi-annually |
| Desired performance | Same as the quarterly targets |
| Indicator responsibility | Unit Head: Provincial Service Delivery Intervention Programmes M & E |

| | |
|------------------------------------|--|
| Indicator title | 3.2.1.4 Number of consolidated reports on interventions across departments towards performance improvement of the Management Performance Assessment Tool (MPAT) |
| Short definition | A consolidated bi-annual report on the monitoring of the implementation of the Management Performance Assessment Tool. |
| Purpose / importance | To improve management practices and performance within the administration |
| Source / collection of data | <p>2 (Two) consolidated bi-annual reports</p> <p>Primary Source:</p> <ul style="list-style-type: none"> • Departmental Improvement Plans • MPAT Self-assessment scores, and final results as provided by DPME <p>Supporting Evidence:</p> <ul style="list-style-type: none"> ○ Monitoring Sessions (1st Semester April to September) <ul style="list-style-type: none"> - Monitoring of the compliance register - Attendance Registers - Report on the performance improvement sessions - Invitation letters ○ Information Sessions (1st Semester) ○ Reports on the status of MPAT evidence submission (2nd Semester October to March) ○ Assessment Report on the status of self-assessment concluded in the 2nd quarter (2nd Semester) ○ Analysis of the improvement plans (2nd Semester) ○ Report on the status of challenge period (2nd semester) <p>Memorandum on annual performance of province to HOD Forum, Governance and Administration Cluster and EXCO (2nd Semester)</p> |
| Method of calculation | <p>One consolidated report counts for one (1)</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</p> |

| | |
|---------------------------------|---|
| | 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 output of all 4 quarters. |
| Data limitations | In year budgetary re-prioritisation. Dependent on DPME implementation of MPAT. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of indicator | Output |
| Calculation type | Cumulative |
| Reporting cycle | Bi-annually (2 nd & 4 th Quarter) |
| New indicator | Indicator reporting cycle changed from quarterly to bi-annually |
| Desired performance | Same as the quarterly targets |
| Indicator responsibility | Unit Head: Provincial Service Delivery Intervention Programmes M & E |

| | |
|------------------------------------|--|
| Indicator title | 3.2.1.5 Number of consolidated quarterly reports on the monitoring of the War on Poverty Programme |
| Short definition | A consolidated report on the monitoring of the performance of the referrals of the War on Poverty Programme |
| Purpose / importance | To ensure services that are identified are delivered by district and departments |
| Source / collection of data | Four (4) consolidated quarterly reports Primary Source: <ul style="list-style-type: none"> ○ 2018/19 referrals issued by DSD ○ Quarterly spread sheet on progress of referrals issued by DSD Supporting evidence: <ul style="list-style-type: none"> ○ Quarterly Memorandum to the Social Technical Cluster on the WOP programme (the memorandum covers the quarterly analysis report on the referrals). <i>NB: Quarter reports relates to the Previous quarter.</i> |
| Method of calculation | One consolidated WOP report counts for one (1) <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. APR output will be the sum of validated output of all 4 quarters. |
| Data limitations | In year budgetary re-prioritisation. To avoid any ambiguity pertaining |

| | |
|---------------------------------|--|
| | validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of indicator | Output |
| Calculation type | Cumulative |
| Reporting cycle | Quarterly |
| New indicator | Same as previous year |
| Desired performance | Same as the quarterly targets |
| Indicator responsibility | Unit Head: Provincial Service Delivery Intervention Programmes M & E |

3.2.2 Sub Programme: Provincial Performance Information Monitoring and Evaluation

| | |
|------------------------------------|--|
| Indicator title | 3.2.2.1 Number of consolidated quarterly assessment reports on Provincial Performance Information |
| Short definition | Refers to the consolidated assessment and reporting of quarterly performance of departments in the Provincial administration: <ul style="list-style-type: none"> • as per their approved APP's and • Quarterly outputs as per EQPR System. |
| Purpose / importance | <ul style="list-style-type: none"> • To report on the Quarterly Performance of departments as per the DPME reporting requirements. (EQPR Guidelines, Framework for SP and APP, Treasury Instructions) • To establish performance progress against departmental plans and targets linked to the financial year. |
| Source / collection of data | <p>Primary source:</p> <ul style="list-style-type: none"> • EQPRS • Departmental narrative reports • Certificate of Approval by HoD • Approved departmental APP • 18/19 EQPR Circular (1st Q) • Publication tables <p>Supporting evidence:</p> <ul style="list-style-type: none"> • Consolidated report with QPR Assessment of provincial departments (each quarter for 18/19) <p><i>NB: Each quarterly report relates to the Previous quarter.</i></p> |
| Method of calculation | <p>One consolidated assessment report counts for one (1)</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. APR</p> |

| | |
|---------------------------------|---|
| | output will be the sum of validated output of all 4 quarters. |
| Data limitations | Non-submission of quarterly narrative reports and EQPRS data by provincial departments as per regulated dates. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of indicator | Output |
| Calculation type | Cumulative |
| Reporting cycle | Quarterly |
| New indicator | Continues without change |
| Desired performance | Four (4) consolidated reports |
| Indicator responsibility | Unit Head |

| | |
|------------------------------------|---|
| Indicator title | 3.2.2.2 Number of consolidated assessment reports on the Draft Annual Performance Plans of Provincial Departments |
| Short definition | Refers to the consolidated assessment report of Departmental first and second draft APPs submitted in accordance with policy and regulatory frameworks. |
| Purpose / importance | To guide and support departments and ensure compliance to regulatory frameworks (EQPR Guidelines, Framework for SP and APP, Treasury Instructions) |
| Source / collection of data | <p>Primary source:</p> <ul style="list-style-type: none"> • 1st and 2nd Draft APP of departments, • Customised indicators issued by DPME • Letter to DPME on the submission of 1st and 2nd draft Annual Performance Plans <p>Supporting evidence:</p> <ul style="list-style-type: none"> • Letter to DPME on the submission of the assessment of the draft Annual Performance Plans <p>Consolidated assessment reports on submitted APPs, with individual departmental reports (draft 1 APP (Q3) and draft 2 APP (Q4))</p> |
| Method of calculation | <p>One consolidated assessment report (with individual departmental reports) counts for one (1)</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 the 2 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 output of all 2 quarters.</p> |

| | |
|---------------------------------|---|
| Data limitations | Non-submission of first and second draft APPs. Late submission of draft APPs by departments. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/ insufficient/ inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of indicator | Output |
| Calculation type | Cumulative |
| Reporting cycle | Bi-Annually (3 rd and 4 th Quarter) |
| New indicator | Continues without change |
| Desired performance | Consolidated assessment reports of 13 departments |
| Indicator responsibility | Unit Head |

| | |
|------------------------------------|--|
| Indicator title | 3.2.2.3 Number of consolidated quarterly performance assessment reports on the Implementation of the Provincial Programme of Action |
| Short definition | Refers to the consolidated quarterly assessment of quarterly performance reports by provincial departments against the approved Provincial Programme of Action (POA) |
| Purpose / importance | To establish progress on the provincial POA, and to elevate challenges and remedial measures relating to implementation. |
| Source / collection of data | <p>Primary Source</p> <ul style="list-style-type: none"> • Approved 2018/19 PoA <p>Supporting evidence:</p> <ul style="list-style-type: none"> • Consolidated cluster-based progress report on the implementation of the Provincial Programme of Action per quarter. <p><i>NB: Each report relates to the Previous quarter.</i></p> |
| Method of calculation | <p>One consolidated POA Narrative Report counts for one (1)</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. APR output will be the sum of validated output of all 4 quarters.</p> |
| Data limitations | None/ late submission of quarterly POA reports by Lead Outcome department. Ineffective functioning of implementation Forums. Technical Cluster meetings not being held according to annual schedule To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to |

| | |
|---------------------------------|--|
| | the pre-determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of indicator | Output |
| Calculation type | Cumulative |
| Reporting cycle | Quarterly |
| New indicator | Continues without change |
| Desired performance | 4 consolidated performance reports |
| Indicator responsibility | Unit Head |

3.3 Provincial Policy Management

3.3.1 Special Programmes

| | |
|------------------------------------|--|
| Indicator title | 3.3.1.1 Number of Departments consulted on the policy recommendations of Special Programmes responsive Annual Performance Plans |
| Short definition | It is about consulting Departments on policy recommendations as per the policy analysis conducted by Special Programmes on the responsiveness of Departmental Annual Performance Plans. Special Programmes is made up of the following units: Office on the Rights of the Child; Office on the Status of Persons with Disabilities; Office on the Status of Women; Moral Regeneration Movement and Diversity Management |
| Purpose / importance | To ensure that policy recommendations from previous assessments find expression in the 2019/20 Departmental Annual Performance Plans |
| Source / collection of data | Quarterly reports on the number of Departments consulted, Notice, Attendance registers, Agenda, Minutes |
| Method of calculation | Count the number of Departments consulted. <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. APR output will be the sum of validated output of all 4 quarters. |
| Data limitations | Lack of cooperation and buy-in from Departments. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of indicator | Output |
| Calculation type | Cumulative |
| Reporting cycle | Quarterly |
| New indicator | No |
| Desired Performance | All twelve departments consulted. |

| | |
|---------------------------------|------------------------------------|
| Indicator responsibility | Senior Manager: Special Programmes |
|---------------------------------|------------------------------------|

| | |
|------------------------------------|---|
| Indicator title | 3.3.1.2 Number of District Municipalities consulted on the policy recommendations of Special Programmes responsive Integrated Development Plans |
| Short definition | It is about consulting Departments on policy recommendations as per the policy analysis conducted by Special Programmes on the responsiveness of Departmental Annual Performance Plans. Special Programmes is made up of the following units: Office on the Rights of the Child; Office on the Status of Persons with Disabilities; Office on the Status of Women; Moral Regeneration Movement and Diversity Management |
| Purpose / importance | To ensure that policy recommendations generated from previous assessments find expression in the 2019/20 Integrated Development Plans review of District Municipalities |
| Source / collection of data | Quarterly reports on the number of District Municipalities consulted, Notice, Attendance registers, Agenda, Minutes |
| Method of calculation | Count the number of District Municipalities consulted <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. APR output will be the sum of validated output of all 4 quarters. |
| Data limitations | Lack of cooperation and buy-in from District Municipalities. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of indicator | Output |
| Calculation type | Cumulative |
| Reporting cycle | Quarterly |
| New indicator | No |
| Desired Performance | All five District Municipalities consulted |
| Indicator responsibility | Senior Manager: Special Programmes |

| 3.3.1.3 Number of Special Programmes Forums convened | |
|---|---|
| Indicator title | 3.3.1.3 Number of Special Programmes Forums convened |
| Short definition | Counts the number of Special Programme forums convened. |
| Purpose / importance | It is about the number of Special Programme Forum meetings convened in line with the mandate of Special Programmes which is Children, Gender, Disability, Diversity and Moral Regeneration |
| Source / collection of data | Notice, Agenda, Minutes, Attendance Registers |
| Method of calculation | Count the number of Special Programmes Forums convened. <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. APR output will be the sum of validated output of all 4 quarters. |
| Data limitations | Non-attendance. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of indicator | Output |
| Calculation type | Cumulative |
| Reporting cycle | Quarterly |
| New indicator | No |
| Desired Performance | Four (4) forums convened |
| Indicator responsibility | Senior Manager: Special Programmes |

| 3.3.1.4 Number of Advocacy Programmes coordinated | |
|--|---|
| Indicator title | 3.3.1.4 Number of Advocacy Programmes coordinated |
| Short definition | Programmes advocating for the recognition, promotion and protection of the rights of Women, Children and Persons with disabilities. It is also about change management and restoration of moral fibre |
| Purpose / importance | It is about commemorating, empowerment and sensitisation of the mandate of Special Programmes which is Children, Gender, Disability, Diversity and Moral Regeneration |
| Source / collection of data | Notice, Agenda/Programme, Minutes, Attendance Registers, Media Clips, Photographs and calendar of activities |
| Method of calculation | Simple count of Advocacy programmes held, which include: CAPACITY BUILDING: ORC: 1. Provincial Training on Children’s Rights mainstreaming OSPD: 2. Provincial Training on Disability Rights mainstreaming and 3. White Paper on the Rights of Persons with Disabilities OSW: 4. Provincial Training on Gender Rights mainstreaming MRM: 5. Training on the Charter of Positive Values |

| | |
|---------------------------------|--|
| | <p>DM: 6. Provincial Training on Change Management</p> <p>CELEBRATING COMMEMORATIVE DAYS:</p> <p>ORC: 7. International Children’s Day, 8. Day of the African Child, 9. Nelson Mandela Children’ Day and 10. National Children’s Day.</p> <p>OSPD: 11. Disability Rights Awareness Month (DRAM)</p> <p>OSW: 12. Women’s Month, 13.16 Days of Activism Campaign and 14. International Women’s Day</p> <p>MRM: 15. Moral Regeneration Month</p> <p>DM: 16. Human Rights Month and 17. Heritage Month</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. APR output will be the sum of validated output of all 4 quarters.</p> |
| Data limitations | Non-attendance. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of indicator | Output |
| Calculation type | Cumulative |
| Reporting cycle | Quarterly |
| New indicator | No |
| Desired Performance | Effective co-ordination of advocacy programmes. |
| Indicator responsibility | Senior Manager: Special Programmes |

3.3.2 Policy Coordination Research and Development

| | |
|------------------------------------|--|
| Indicator title | 3.3.2.1 Number of Socio – Economic Impact Assessment workshop coordinated |
| Short definition | Workshops coordinated on SEIA |
| Purpose / importance | To evaluate the impact of government policies, regulations and legislation. |
| Source / collection of data | Notice, Attendance register |
| Method of calculation | 1 Workshop |
| | <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 the 2nd quarter 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</p> |

| | |
|---------------------------------|--|
| | 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 2 nd quarter validated output |
| Data limitations | None. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of indicator | Output |
| Calculation type | Non-cumulative |
| Reporting cycle | Annually (2 nd Quarter) |
| New indicator | Yes |
| Desired performance | Coordinated SEIA workshop |
| Indicator responsibility | Executive Manager: Policy and Planning |

| | |
|------------------------------------|--|
| Indicator title | 3.3.2.2 Number of Policy and Research Forums convened |
| Short definition | Policy and Research Forums convened |
| Purpose / importance | To establish gaps in the provincial policies. |
| Source / collection of data | Notice, Agenda, Minutes, Attendance register |
| Method of calculation | 1 Forum per quarter convened <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. APR output will be the sum of validated output of all 4 quarters. |
| Data limitations | None. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of indicator | Output |
| Calculation type | Cumulative |
| Reporting cycle | Quarterly |
| New indicator | Yes |
| Desired performance | Policy and Research Forum convened |
| Indicator responsibility | Executive Manager: Policy and Planning |

| Indicator title | |
|--|--|
| 3.3.2.3 No of departments with approved service delivery charter within the Provincial Administration | |
| Short definition | Number of departments that have approved service delivery charter within the Northern Cape Provincial Administration. |
| Purpose / importance | This indicator ensures that the provincial departments have approved service delivery charters. |
| Source / collection of data | Copies of approved service delivery charters from four departments in the provincial administration. The target will be four targets in 2018/19 financial year as a start. |
| Method of calculation | Simple count of departments that have approved service delivery charter in the provincial administration. <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 the 2 nd quarter 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 2 nd quarter validated output |
| Data limitations | Departments not submitting reports. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation e.t.c. |
| Type of indicator | Output |
| Calculation type | Non-Cumulative |
| Reporting cycle | Annually (2 nd Quarter) |
| New indicator | No |
| Desired performance | Reports submitted timeously |
| Indicator responsibility | Executive Manager: Policy and Planning |

| Indicator title | |
|---|--|
| 3.3.2.4 Number of Batho Pele forums convened | |
| Short definition | Number of Batho Pele meetings coordinated |
| Purpose / importance | To create learning platform for departments across the three spheres through their Batho Pele Coordinators. To share initiatives, experiences and lessons learnt during the implementation process geared towards improving service delivery |
| Source / collection of data | <ul style="list-style-type: none"> • Batho Pele Forum • Meeting Schedule/Notices • Agenda • Attendance Register • Minutes • Presented Presentations from Departments and Office of the Premier |

| | |
|---------------------------------|---|
| | <ul style="list-style-type: none"> • Resolutions |
| Method of calculation | <p>Number of Batho Pele meetings held per quarter</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. APR output will be the sum of validated output of all 4 quarters.</p> |
| Data limitations | Departments not attending the Batho Pele Forums. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of indicator | Output |
| Calculation type | Cumulative |
| Reporting cycle | Quarterly |
| New indicator | No |
| Desired performance | Batho Pele meetings held per quarter |
| Indicator responsibility | Executive Manager: Policy and Planning |

| | |
|------------------------------------|---|
| Indicator title | 3.3.2.5 Number of reports on the Service Delivery Improvement Plans (SDIP) across provincial departments |
| Short definition | Number of SDIP developed |
| Purpose / importance | Strengthening the co-ordination, collaboration and facilitation of the institutionalization of service delivery improvement planning |
| Source / collection of data | <ul style="list-style-type: none"> ❖ Report on the implementation of SDIP ❖ Approved SDIP's by all Provincial Departments ❖ Follow Up Meetings with Departments ❖ Meeting Schedule/Notices ❖ Annual Reports 2017/18 ❖ Attendance Register ❖ Minutes ❖ Resolutions |
| Method of calculation | <p>Number of Progress reports per quarter</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</p> |

| | |
|---------------------------------|---|
| | 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 output of all 4 quarters. |
| Data limitations | Non submission of SDIP by Provincial Departments. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation e.t.c |
| Type of indicator | Output |
| Calculation type | Cumulative |
| Reporting cycle | Quarterly |
| New indicator | No |
| Desired performance | Progress report per quarter |
| Indicator responsibility | Executive Manager: Policy and Planning |

3.3.3 Development Planning

| | |
|------------------------------------|--|
| Indicator title | 3.3.3.1 Number of advisory memorandums submitted to Executive Council on the progress of the PGDP |
| Short definition | <ul style="list-style-type: none"> To Provide Strategic Advice to Executive Council on the progress of the PGDP Advice on SPLUMA implementation and Government priorities |
| Purpose / importance | To provide advice to political principals to facilitate decisions making on issues that requires expert opinion and advice |
| Source / collection of data | <p>Primary:</p> <ul style="list-style-type: none"> Provincial Planning Forum (PGDP) National SPLUM Forum NSDF Technical Working Groups Technical Cluster meetings <p>(Invite, Agenda, Minutes, Attendance register and presentations)</p> <p>Secondary:</p> <p>Executive Council signed Memorandums</p> |
| Method of calculation | <p>Verification of Advisory Memorandums - Number of signed advisory Memorandums technical cluster/cluster and EXCO</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. APR output will be the sum of validated output of all 4 quarters.</p> |
| Data limitations | Postponement of Executive Council Meetings Late approval of memorandums by Clusters. To avoid any ambiguity |

| | |
|---------------------------------|---|
| | pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of indicator | Output |
| Calculation type | Cumulative |
| Reporting cycle | Quarterly |
| New indicator | No |
| Desired performance | Produce 4 Quarterly advisory Memorandums to EXCO for resolution. |
| Indicator responsibility | Senior Manager: Development Planning |

| | |
|------------------------------------|---|
| Indicator title | 3.3.3.2 Number of research assignments completed by 31 March 2019 |
| Short definition | Research assignments completed and approved |
| Purpose / importance | OTP is using the results of research to inform its work. Research results to be presented at Provincial Planning Forum |
| Source / collection of data | <p>Research reports completed</p> <p>Research reports completed and approved</p> <ul style="list-style-type: none"> ➤ Governance model for the Northern Cape ➤ Government procurement and SMME <p>Provincial Consultations</p> <p>Questionnaires</p> |
| Method of calculation | <p>Simple count of research assignments completed by the end of the financial year</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 the 4th quarter 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 4th quarter validated output</p> |
| Data limitations | <p>Governance model for the NC</p> <ul style="list-style-type: none"> • Confidentiality with regard to the Cluster System <p>Government procurement and SMME</p> <ul style="list-style-type: none"> • Treasury current procurement systems • No approved provincial SMME <p>Fragmented information in relation to SMME's</p> <p>To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc.</p> |

| | |
|--------------------------|---|
| Type of indicator | Output |
| Calculation type | Non-Cumulative |
| Reporting cycle | Annually (4 th Quarter) |
| New indicator | No |
| Desired performance | Two Research assignments completed and submitted by 31 March 2019 |
| Indicator responsibility | Senior Manager: Development Planning |

3.4 Programme Support

| | |
|------------------------------------|--|
| Indicator title | 3.4.1 Number of reports on programme support engagements |
| Short definition | Counts the number of functional Programme 3 engagements held |
| Purpose / importance | <p>It indicates the number of engagements undertaken to ensure the effective coordination, monitoring and evaluation of Programme 3 functions. The meeting structures include amongst others:</p> <ul style="list-style-type: none"> • Policy and Governance Executive Branch Meetings • Policy and Governance General Branch Meetings • APP Review Sessions • Outcome 11 Implementation Forums • Programme 3 Risk Management Meetings • Programme 3 Unit meetings |
| Source / collection of data | Agenda, Minutes and Attendance registers of all Programme 3 engagements |
| Method of calculation | <p>All Programme 3 engagements held as at the end of the reporting period.</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. APR output will be the sum of validated output of all 4 quarters.</p> |
| Data limitations | Non /Late/ Incomplete submission by the Executive Managers and Senior Managers of the Units. To avoid any ambiguity pertaining validity, accuracy and completeness issues as it pertains to the actual achievements of the target, zero will be awarded to actual output when the submitted Portfolio of Evidence (POE) is not adequate/insufficient/inconsistent to the pre-determined requirements of this TID as documented under data sources, method of calculation etc. |
| Type of indicator | Output |
| Calculation type | Cumulative |
| Reporting cycle | Quarterly |
| New indicator | No |
| Desired performance | To produce 4 programme support reports per annum |
| Indicator responsibility | Deputy Director General: Policy and Governance |

