VICTOR KHANYE LOCAL MUNICIPALITY

"A repositioned municipality for a better and sustainable service delivery for all"



2024/25 Institutional (Non-Financial) Mid-Year Performance Report

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1. PURPOSE

The purpose of this report is to give feedback regarding the performance of the Victor Khanye Local Municipality as required through The Municipal Systems Act No 32 of 2000, section 41(e) and the Municipal Finance Management Act 56 of 2003, section 52(d). The information included in this report is based on the IDP and SDBIP as developed for the financial year 2024/2025.

This report is based on information received from each department for assessment of performance for the accumulated Mid-Year Performance for 2024/2025, ending 31 December 2024. This is a high-level report based on a process whereby actual information per Key Performance Area (KPA), Strategic Objective, Programme and the aligned Key Performance Indicators are compared to the approved 2024/2025 IDP and Original SDBIP scorecards.

The overall performance for the the Victor Khanye Local Municipality is based on the Departmental Performance scorecards as detailed below, which is inclusive of the IDP and Original SDBIP KPI's applicable to each department in terms of their respective contribution.



2 EXECUTIVE SUMMARY

This report serves as the Mid-Year Institutional Performance Report for the 2024/25 financial year ending 31 December 2024. It provides effective and informative feedback on the performance level achieved (accumulative reporting) against the targets as laid out in the IDP and Original SDBIP Scorecards. In the case of under-performance, the respective concerns or mitigating reasons are highlighted and detail pertaining to the relevant measures taken to address these challenges are included thereto.

The overall performance for the Victor Khanye Local Municipality is based on a composite Performance Scorecard of each Department comprising of all indicators inclusive of the IDP and Original SDBIP. The institution is responsible for a **total of 175 KPl's**, **of which 130 were assessed.** All these KPl's combine to contribute to the overall performance level of the IDP and Original SDBIP Scorecards.

The overall accumulative Institutional performance score achieved for the Mid-Year Performance Report of 2024/25, ending 31 December 2024 was 83%, based on 108 of 130 KPI's assessed achieving their respective quarterly targets.

3. 2023/24 DRAFT ANNUAL REPORT

The Draft Annual Report (DAR) for the 2023/24 financial year includes the audited financial statements for 2023/24, the report of the Auditor-General to the Council of Victor Khanye Local Municipality as well as the financial health of the Municipality and information on the financial performance of the Municipality.

4. 2023/24 AUDIT REPORT

The Auditor-General issued a Qualified Audit Opinion on the audited financial statements and an Unqualified Audit Opinion on the Annual Performance Report (APR) for the 2023/24 financial year. The table below summarises some of the findings by Auditor General during the 2023/24 Audit. The table also indicates the Audit Action Plan for each finding, which are corrective measures aimed at addressing these findings.

4.1. BASIS FOR THE QUALIFIED AUDIT OPINION 2024

Up_

REPORTABLE	FINDING	ACTION PLAN
MATTERS		
NON-CURRENT	A WILD DEADS	4
ASSETS:	The municipality did not account for some items of	The municipality had a challenge on
Property plant	property plant and equipment in accordance with	infrastructure assets and community
and equipment	GRAP 17, property plant and equipment in the prior	assets based on the previous journal that
	year. This is due to the municipality not assessing	was processed for 2022/2023. Therefore,
	whether there were any indications that the useful lives	the plan is to review the previous journal
	of property, plant and equipment had changed.	and do the proper reconciliation.
	Additionally, some assets were not depreciated in line	
	with the assets management policy. I was unable to	

REPORTABLE MATTERS	FINDING	ACTION PLAN
	quantify the full extent of the misstatement of property, plant and equipment of R943,5 million (2022-23:	
	R920,5 million) as disclosed in note 4 to the financial	
	statements as it was impracticable to do so.	
EXPENDITURE:	In the prior year, I was unable to obtain sufficient	The challenge here was online reading
1. Bulk	appropriate audit evidence for bulk purchases as the	for previous years 2022/2023, however
purchases	municipality did not maintain proper accounting	for 2023/2024, the online reading was
	records. I could not confirm bulk purchase expenses by	not qualified but the qualification is
	alternative means. Consequently, I was unable to	coming from previous years.
	determine whether any adjustment was necessary to	
	corresponding amounts for bulk purchases stated at	Therefore, the plan is to ensure that
	R167,2 million in note 29 to the financial statements	2024/2025 is correct then the previous
	and trade payables stated at R1,1 billion in note 15 to	qualification will automatically fall off
	the financial statements. This also had an impact on	because it will be now sitting at
	the deficit and the accumulated surplus for the period.	accumulated surplus.
DISCLOSURE:		
1. Irregular	The municipality did not have adequate controls to	The plan in this instance is to revisit the
expenditu <mark>re</mark>	identify and disclose all irregular expenditures incurred	methodology that was submitted to AG
	in the previous years, as required by section 125(2)(d)	and revisit the whole population to
	of the MFMA. This resulted in the understatement of	ensure all issues raised by AG and
	irregular expenditure. I was unable to quantify the full	beyond are disclosed accordingly.
	extent of the understatement to the irregular	
	expenditure of R176,2 million (2022-23: R259,3 million)	
	as disclosed in note 37 to the financial statements as it	
	was impracticable to do so.	

The above matters as well as other matters raised by the Auditor-General were addressed in the Audit Action Plan (attached to this report) whereby the Municipal Manager and the executive management clearly indicates the problem/s identified, the planned activities with timeframes to address the problem/s identified, who will be responsible to do it and finally, the status of current progress.



5. KEY PERFORMANCE AREAS AND ORGANISATIONAL STRATEGIC GOALS

The following Strategic Goals and Key Performance Areas have been adopted by the municipality for the purposes of reporting on the attainment of the Institutional performance indicators and targets

KPA 1: Infrastructure and Basic Service Delivery

Goal 1: Improved provision of basic services to the residents of VKLM

Goal 2: Improved social protection and education outcomes

KPA 2: Financial viability and Finance Management

Goal 3: Improved Compliance to MFMA and VKLM Policy Framework

KPA 3: Institutional Development and Transformation

Goal 4: Improved efficiency and effective of the Municipal Administration

KPA 4: Good Governance and Public Participation

Goal 5: Improve community confidence in the system of local government

KPA 5: Spatial Rationale

Goal 6: Increase regularization of built environment

KPA 6: Local Economic Development

Goal 7: Increased economic activity and job creation

The traffic light system used in the report of performance is as follows:

GREEN	ACHIEVED
RED	NOT ACHIEVED
GREY	NOT APPLICABLE



6. COMPARISON OF INSTITUTIONAL PERFORMANCE LEVELS 2023/24 - 2024/25

Table 1: Mid-Year Performance Comparison

Key Performance Areas		2023/24			2024/25		
	Total KPI's Assessed	Targets Achieved	% Targets Achieved	Total KPI's Assessed	Targets Achieved	% Targets Achieved	
KPA 1: Infrastructure and Basic Service Delivery	34	22	65%	31	27	87%	
KPA 2: Financial viability and Finance Management	32	26	81%	32	24	75%	
KPA 3: Institutional Development and Transformation	20	16	80%	19	17	89%	
KPA 4: Good Governance and Public Participation	34	22	65%	34	27	79%	
KPA 5: Spatial Rationale	6	5	83%	7	6	86%	
KPA 6: Local Economic Development	4	4	100%	7	7	100%	
Overall	130	95	73%	130	108	83%	

7. INSTITUTIONAL AND DEPARTMENTAL PERFORMANCE

Below is a summary of the overall combined KPI and Project performance level achieved by each Department, depicting both the individual departmental performance and the achievement per KPA.

Comparison of Institutional KPI's per KPA Versus Departments - 2024/25 Mid-Year Performance

Table 2: KPI's Attaining Target

KPA	KPA 1:	KPA 2: Financial	KPA 3: Institutional	KPA 4: Good	KPA 5:	KPA 6: Local	Total	Dept. %
	Infrastructure and	viability and Finance	Development and	Governance and	Spatial	Economic		
	Basic Service	Management	Transformation	Public Participation	Rationale	Development		
	Delivery					·		
Financial Services	1/1	17/23	0/0	1/1	0/0	0/0	19/25	76%
	100%	70%	N/A	100%	N/A	N/A		
Technical Services	7/9	0/2	1/1	1/1	0/0	1/1	10/14	71%
	50%	0%	100%	100%	N/A	100%		
Community and	17/18	3/3	0/0	4/4	0/0	1/1	25/26	96%
Social Services	100			無				
	78%	100%	N/A	75%	N/A	100%		
Corporate Services	0/0	2/2	12/12	4/4	0/0	0/0	18/18	100%
	N/A	100%	100%	100%	N/A	N/A		
Office of the	3/3	2/2	4/6	17/24	6/7	5/5	37/47	79%
Municipal Manager			(11)					
	67%	100%	67%	71%	71%	100%		
				S / /	J'AY	7		
Total Achieved	27	24	17	27	6	7	108	
Total Assessed	31	32	19	34	7	7	130	
Percentage %	87%	75%	89%	79%	86%	100%	83%	

The following section contains a comprehensive breakdown of the **individual Departmental performance**. The results highlight the progress with respect to performance not only at a departmental level, but also represents the **progress made within each Key Performance Area (KPA).**

The individual performance of each KPI per KPA is highlighted in the following departmental scorecard.

7.1. Office of the Municipal Manager

The Office of the Municipal Manager is responsible for a total of **67 KPI's**, of which **47** were eligible for assessment in the period under review and combine to contribute to the overall performance level for the IDP and Adjustment SDBIP Scorecards. The statistics for the Department are as follows

Table 3: Office of the Municipal Manager Statistics

Туре	Total KPI's Assessed	Targets Achieved	% Target Achieved	Under Target	% Under Target
Total	47	37	79%	10	21%



7.2. Budget & Treasury

The Budget and Treasury Department is responsible for a total of **31 KPI's** of which **25** were eligible for assessment in the period under review and combine to contribute to the overall performance level for the IDP and Adjustment SDBIP Scorecards. The statistics for the Department are as follows.

Table 4: Budget & Treasury Statistics

Туре	Total KPI's Assessed	Targets Achieved	% Target Achieved	Under Target	% Under Target
Total	25	19	76%	6	24%

7.3. Corporate Services

The Corporate Services Department is responsible for a total of **24 KPI's**, of which **18** were eligible for assessment in the period under review and combine to contribute to the overall performance level for the IDP and Adjustment SDBIP Scorecards. The statistics for the Department are as follows.

Table 5: Corporate Services Statistics

Туре	Total KPI's Assessed	Targets Achieved	% Target Achieved	Under Target	% Under Target
Total	18	18	100%	0	0%



7.4. Community & Social Services

The Community and Social Services Department is responsible for a total of **30 KPI's**, of which **26** were eligible for assessment in the period under review and combine to contribute to the overall performance level for the IDP and Adjustment SDBIP Scorecards. The statistics for the Department are as follows.

Table 6: Community and Social Services Statistics

Туре	Total KPI's Assessed	Targets Achieved	% Target Achieved	Under Target	% Under Target
Total	26	25	96%	2	4%

7.5. Technical Services

The Technical Services Department is responsible for a total of **23 KPI's**, of which **14** were eligible for assessment in the period under review and combine to contribute to the overall performance level for the IDP and Adjustment SDBIP Scorecards. The statistics for the Department are as follows.

Table 7: Technical Services Statistics

Туре	Total KPI's Assessed	Targets Achieved	% Target Achieved	Under Target	% Under Target
Total	14	10	71%	4	29%

KEY PERFORMANCE AREA 1: Infrastructure and Basic Service Delivery

The overall score for this KPA is 87% for the quarter under review.

KPI Status	KPA 1: Infrastructure and B	KPA 1: Infrastructure and Basic Service Delivery		
Target Met (as planned and exceeded)	27			
Target Not Met (below planned)	4			
I				
Total	31			
% Targets met	87%			
% Targets not met	13%			

Performance Highlights for Mid-Year

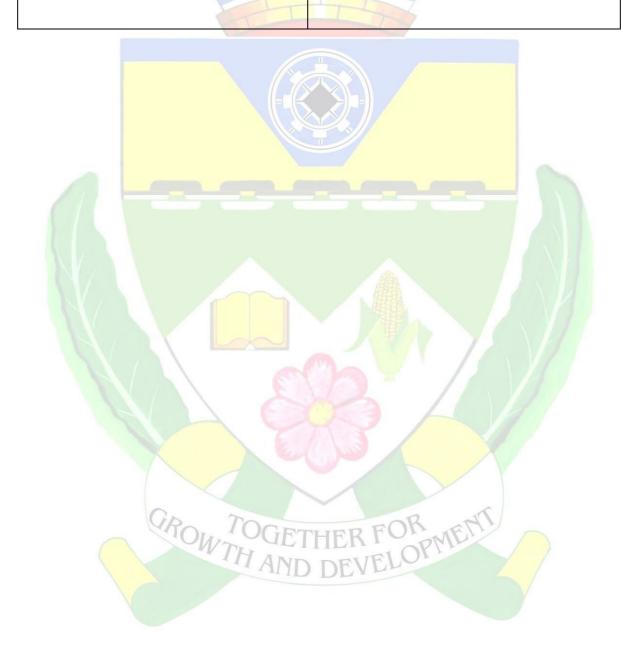
Challenges	Measures taken to improve performance
1. 16% of the conditional WSIG grant was spent There were delays in the appointment of the service provider (BID processes). 2. % of expenditure of Capital projects in terms of budget excl., NDM funded projects by 30 June 2025	- procurement completed site handover 02/12/2024 contractor on site and site establishment completed
The indicator was erroneously duplicated with another indicator during the planning and approval of the 2024/2025 SDBIP.	- A proposal to remove the indicator from the SDBIP will be submitted to Council during the adjustment of the SDBIP in February 2025
3. 67% of emergency response vehicles to comply to the codes of practice (SANS 10090 were available Two vehicles were taken for repairs and have not returned to operation. One pumper still non-operational and will be attended to as soon as the other two return	- Consideration be given to prioritize budget for the replacement of fire response vehicles that have reached their life cycles.

4. 50% of new capital projects were started on time in terms of the appointment of contractors / consultants excluding NDM funded projects.

Development of Portion 6 Of The Farm Middelburg 231-IR Sanitation Services – Phase 2 – Lower Lying Areas: Project re-registration and design due hard rock refusal requiring alternative methods

Development of the 2nd Phase of the Landfill Site in Delmas: Detailed design report submitted to DWS-awaiting feedback from DWS 6.

 Implementation plan to be adjusted during budget adjustment



KPA 1: BASIC SERVICE DELIVERY AND INFRASTRUCTURE DEVELOPMENT

Strategic Goal 1: Improved provision of basic services to the residents of VKLM Strategic Goal 2: Improved social protection and education outcomes

Strategi c Thrust	Programme	КРІ	IDP Link	Resp. MM/ED	SDBIP Ref No	Annual Budget R'000 (Input Indicator	2023/24 Baseline	Annual Target	Mid-Term Target	Actual Performa nce Mid- Term	Achieve ment	Challenges	Corrective Action	POE	IA Comments
Service Delivery	Sanitation	% of households sanitation connections made for all new paid- up applications by 30 June 2025 (GKPI)	Rw23- 2022	ED:TS	1.1.	In house	100%	100% of households sanitation connections made for all new paid-up applications by 30 June 2025 (GKPI)	N/A	N/A	N/A	N/A	N/A	Register of Paid-up Application s and Connection Booklets	N/A
	Water	% of households water connections made for all new paid-up applications by 30 June 2025 (GKPI)		ED:TS	1.2	In house	100%	100% of households water connections made for all new paid-up applications by 30 June 2025 (GKPI)	N/A	N/A	N/A	N/A	N/A	Register of Work- Orders and Connection Booklets	N/A
Service Delivery	Water	Number of water samples tested per month	Rw23- 2022	ED:TS	1.3	In house	New	12 water samples tested	6 water samples tested	6	Achieved	None	None	Copy of water quality reports	Achieved
	Water/ Sanitation	Water Services Master Plan and WSDP developed and submitted to Council by 30 June 2025	Rw30- 2022	ED:TS	1,4	DBSA	TOOTH	1 Water Services Master Plan and WSDP developed and submitted to Council	RFC	N/A R	N/A	N/A	N/A	Copies of Water Services Master Plan and WSDP and Council Resolution	N/A

Strategi c Thrust	Programme	КРІ	IDP Link	Resp. MM/ED	SDBIP Ref No	Annual Budget R'000 (Input Indicator	2023/24 Baseline	Annual Target	Mid-Term Target	Actual Performa nce Mid- Term	Achieve ment	Challenges	Corrective Action	POE	IA Comments
Service Delivery	Housing	Number of monthly progress reports submitted to the MM with respect to the # of new RDP Housing units provided by the PDoHS	Hs 01- 2022	ED:TS	1.5	In house	12	12 progress reports submitted to the MM with respect to the # of new RDP Housing units provided by the PDoHS	6 progress reports submitted to the MM with respect to the # of new RDP Housing units provided by the PDoHS	6	Achieved	None	None	Copies of monthly progress reports submitted to the MM	Target met
Project Manage ment	Project Management	Number of Capital projects (infrastructure) completed in terms of agreed WSIG funding by 30 June 2025.	Rw25- 2022	ED:TS	1.6.	Incl.	NEW	2 Capital projects (infrastructure) completed in terms of agreed WSIG funding by 30 June 2025.	N/A	N/A	N/A	N/A	N/A	Copies of practical completion certificates	N/A
		Number of Capital projects (infrastructure) completed in terms of agreed MIG Funding.		ED:TS	1.7.	Incl.	16	6 Capital projects (infrastructure) completed in terms of agreed MIG Funding.	N/A	N/A	N/A	N/A	N/A	Copies of practical completion certificates	N/A
		% of expenditure of Capital projects in terms of budget excl., NDM funded projects by 30 June 2025	Rw25- 2022	ED:TS	1.8.	53 420	100%	100% expenditure of Capital projects in terms of budget excl., NDM funded projects	50% expenditure of Capital projects in terms of budget excl., NDM funded projects	O%	Not Achieved	KPI is duplication	KPI to be cancelled during budget adjustment	Monthly expenditure report	no POE uploaded for review

Strategi c Thrust	Programme	КРІ	IDP Link	Resp. MM/ED	SDBIP Ref No	Annual Budget R'000 (Input Indicator)	2023/24 Baseline	Annual Target	Mid-Term Target	Actual Performa nce Mid- Term	Achieve ment	Challenges	Corrective Action	POE	IA Comments
Service Delivery	Project Management	% spent on conditional MIG grant by 30 June 2025	Rw06- 2022	ED:TS	1.9.	Incl.	100%	100% spent on conditional MIG grant	50% spent on conditiona I MIG grant	52.1%	Achieved	Additional work packages allocated to the road project	None	MIG expenditure report	Target met
Service Delivery	Project Management	% spent on conditional WSIG grant by 30 June 2025.	Rw06- 2022	ED:TS	1.1.0	Incl.	100%	100% spent on conditional WSIG grant	50% spent on conditiona I WSIG grant	16%	Not Achieved	Delays in procurement	procurement completed site handover 02/12/2024 contractor on site and site establishment completed	WSIG expenditure Report	Target not met
		% of new Capital projects started on time In terms of the appointment of consultants / contractors excluding NDM funded projects by 30 Sept 2024	Rw06- 2022	MM	1.1.1	Incl.	100%	100% new Capital projects started on time In terms of the appointment of consultants / contractors excluding NDM funded projects	100% new Capital projects started on time In terms of the appointme nt of consultant s/ contractor s excluding NDM funded projects	50%	Not Achieved	2. Development of Portion 6 Of The Farm Middelburg 231-IR Sanitation Services – Phase 2 – Lower Lying Areas: Project reregistration and design due hard rock refusal requiring alternative methods 3. Development of the 2nd Phase of the Landfill Site in Delmas: Detailed design report submitted to DWS-awaiting feedback from DWS 6.	Implementation plan to be adjusted during budget adjustment	Copies of the individual project appointmen t letters in terms of consultants /contractors	Achieved POE attached.

Strategi c Thrust	Programme	КРІ	IDP Link	Resp. MM/ED	SDBIP Ref No	Annual Budget R'000 (Input Indicator	2023/24 Baseline	Annual Target	Mid-Term Target	Actual Performa nce Mid- Term	Achieve ment	Challenges	Corrective Action	POE	IA Comments
Service Delivery	Improved community awareness	Number of community awareness campaigns held in terms of waste management per quarter	Wr02- 2022	ED:SS	1.1.2	In house	3	3 community awareness campaigns held in terms of waste management	communit y awarenes s campaign s held in terms of waste managem ent	1	Achieved	None	None	Close-out report for each campaign, pictures and attendance registers.	Achieved
	Waste removal	Number of times refuse collection services rendered per week at Ward 1,2,3,4,5,6,7,8 and 9 (GKPI)	Wr01- 2022	ED:SS	1.1.3	14 672		52 weekly reports on refuse collection services rendered per week at Ward 1, 2, 3, 4, 5, 6, 7, 8 and 9	26 weekly reports on refuse collection services rendered per week at Ward 1, 2, 3, 4, 5, 6, 7, 8 and 9	26	Achieved	None	None	Refuse collection schedule and signed refuse collection monthly reports	Achieved POE was attached
	Electricity	% of new households connections with basic levels of electricity as per received applications by 30 June 2025 (GKPI) (excluding Eskom licenced areas)	Es02- 2022	ED:TS	1.1.4	In house	16 066	100% of new households connections with basic levels of electricity as per received applications	N/A	N/A	N/A	N/A	N/A	Register of Work- Orders and Connection Booklets	N/A
Service Delivery		Electricity Master Plan developed and submitted to Council by 30 June 2025	Es10- 2022	ED:TS	1.1.5	DBSA	TOOTH	1 Electricity Master Plan developed and submitted to Council	RFO	R OPME	N/A	N/A	N/A	Copy of Electricity Master Plan & Council Resolution	N/A

Strategi c Thrust	Programme	КРІ	IDP Link	Resp. MM/ED	SDBIP Ref No	Annual Budget R'000 (Input Indicator	2023/24 Baseline	Annual Target	Mid-Term Target	Actual Performa nce Mid- Term	Achieve ment	Challenges	Corrective Action	POE	IA Comments
Service Delivery	I Electricity	Number of monthly reports on customer disconnections conducted due to electricity tempering submitted to MM	Es10- 2022	ED:TS	1.1.6	In house	4	12 monthly reports on customer disconnection s conducted due to electricity tempering submitted to MM	6 monthly reports on customer disconnec tions conducted due to electricity tempering submitted to MM	6	Achieved	None	None	Monthly Reports submitted to the MM	Achieved
Service Delivery	Roads	Number of KMs of surfaced roads constructed by 30 June 2025	Rsw02 -2022	ED:TS	1.1.7	Incl.	4.5 <mark>km</mark>	1,2KM of surfaced roads constructed by 30 June 2025.	N/A	N/A	N/A	N/A	N/A	Completion /practical completion certificates	N/A
	Roads and Storm Water	Number of monthly reports of potholes patched submitted to the MM	Rsw07 -2022	ED:TS	1.1.8	In house	12	12 reports of potholes patched submitted to the MM	6 reports of potholes patched submitted to the MM	6	Achieved	None	None	Monthly pothole patching report submitted to the MM with Photograph	Achieved
Service Delivery	Roads and Storm Water	Number of monthly reports on Road Maintenance submitted to the MM	Rsw06 -2022	ED:TS	1.1.9	In house	12	12 reports on Road Maintenance submitted to the MM	6 reports on Road Maintenan ce submitted to the MM	6	Achieved	None	None	Copy of monthly reports on Road Maintenanc e	Target met
		Number of monthly reports of storm water drainage systems cleaned & submitted to the MM	Rsw10 -2022	ED:TS	1.2.0	In house	TO(TH)	12 reports of storm water drainage systems cleaned & submitted to the MM	6 reports of storm water drainage systems cleaned & submitted to the MM	R OPME	Achieved	None	None	Monthly storm water draining systems cleaned reports submitted to the MM	Achieved

Strategi c Thrust	Programme	КРІ	IDP Link	Resp. MM/ED	SDBIP Ref No	Annual Budget R'000 (Input Indicator	2023/24 Baseline	Annual Target	Mid-Term Target	Actual Performa nce Mid- Term	Achieve ment	Challenges	Corrective Action	POE	IA Comments
	Disaster Management	% availability of emergency response vehicles per quarter to comply to the codes of practice (SANS 10090)	Dm02- 2022	ED:SS	1.2.1	1 400	82%	80% availability of emergency response vehicles quarter to comply to the codes of practice (SANS 10090)	80% availability of emergenc y response vehicles quarter to comply to the codes of practice (SANS 10090)	67%	Not Achieved	Two vehicles were taken for repairs and have not returned to operation. One pumper still non-operational and will be attended to as soon as the other two return	Consideration be given to prioritize budget for the replacement of fire response vehicles that have reached their life cycles.	Copies of quarterly statistics register	Target not achieved
Service Delivery	Disaster Management	% response time normal hours (5 min) with respect to the request for emergency services received per month to vehicles out the gate	Dm07- 2022	ED:SS	1.2.2	In house	91%	80% response time normal hours (5 min) with respect to the request for emergency services received	80% response time normal hours (5 min) with respect to the request for emergenc y services received	89%	Achieved	Response times based on amount of emergency calls received	None	Copies of monthly statistics register	Target met
		% response time after hours (10 min) with respect to the request for emergency services received per month to vehicles out the gate		ED:SS	1.2.3	In house	86%	85% response time after hours (10 min) with respect to the request for emergency services received	85% response time after hours (10 min) with respect to the request for emergenc y services received	86% PMF	Achieved	Response times based on amount of emergency calls received	None	Copies of monthly statistics register	Target achieved

Strategi c Thrust	Programme	KPI	IDP Link	Resp. MM/ED	SDBIP Ref No	Annual Budget R'000 (Input Indicator	2023/24 Baseline	Annual Target	Mid-Term Target	Actual Performa nce Mid- Term	Achieve ment	Challenges	Corrective Action	POE	IA Comments
Service Delivery	Disaster Management	Number of community awareness programmes conducted per quarter with respect to emergency / disaster risk awareness	Dm07- 2022	ED:SS	1.2.4	Ō	9	4 community awareness programmes conducted with respect to emergency / disaster risk	communit y awarenes s programm es conducted with respect to emergenc y/ disaster risk	2	Achieved	None	None	Copy of close-out report with photograph s and attendance registers.	Achieved
	Indigent	Number of new households earning less than R4220 per month provided with access to free basic services by 30 June 2025 (GKPI)	Rw04- 2022	CFO	1.2.5	ORON	5 465	500 new households earning less than R4220 per month provided with access to free basic services	250 new household s earning less than R4220 per month provided with access to free basic services	1625	Achieved	More than half of the previously registered indigents expired which resulted in an increase in new applications. The expiration of the indigent then resulted in the indigents being converted to normal residential accounts and the credit control measure of blocking prepaid meters affected the applicants hence the increase in applications	SMSs to be sent to applicants whose indigent status will be expiring 3 months before the expiration date to avoid an influx of applications.	Copy of a list of households provided with FBS	Achieved POE attached.

Strategi c Thrust	Programme	KPI	IDP Link	Resp. MM/ED	SDBIP Ref No	Annual Budget R'000 (Input Indicator	2023/24 Baseline	Annual Target	Mid-Term Target	Actual Performa nce Mid- Term	Achieve ment	Challenges	Corrective Action	POE	IA Comments
Service Delivery	Community Upliftment	Number of initiatives focused on improving the life of designated groups by 30 June 2025	Vg03- 2022	ММ	1.2.6	5 000	6	3 initiatives focused on improving the life of designated groups	initiatives focused on improving the life of designate d groups	4	Achieved	None	None	Copy of close-out reports for each initiative	Target achieved
		Number of learners provided with financial support (Mayoral community programme) by 31 March 2025	Led 34- 2022	MM	1.2.7	600	78	80 learners provided with financial support (Mayoral community programme)	N/A	N/A	N/A	N/A	N/A	Copies of successful learner application s and report on Registratio n Fee Assistance Fund allocation and Copy of close-out reports	N/A
	Community Upliftment	Number of Matric Excellence Awards held by 31 March 2025	Led 34- 2022	MM	1.2.8	700	New	1 Matric Excellence Awards held	N/A	N/A	N/A	N/A	N/A	Copy of a closeout report for the awards inclusive of photograph s and attendance registers.	N/A
Service Delivery	Environmenta I Protection	Number of trees planted in public and private spaces per quarter	Wr13- 2020	ED:SS	1.2.9	75 RO _V	TO	50 trees planted in public and private spaces	25 trees planted in public and private spaces	R R	Achieved	None	None	Copy of close out reports, inclusive of photograph	Target achieved

Strategi c Thrust	Programme	КРІ	IDP Link	Resp. MM/ED	SDBIP Ref No	Annual Budget R'000 (Input Indicator	2023/24 Baseline	Annual Target	Mid-Term Target	Actual Performa nce Mid- Term	Achieve ment	Challenges	Corrective Action	POE	IA Comments
Service Delivery	Parks	Number of main municipal intersections with ornamental structures maintained per month	Cs 03- 2022	ED:SS	1.3.0	In house	15	12 main municipal intersections with ornamental structures maintained	6 main municipal intersections with ornament al structures maintaine d	6	Achieved	None	None	Copy of close out reports, inclusive of photograph s	Target achieved
	Youth	Number of Youth Imbizo held by 30 June 2025	Pa27- 2022	ED:SS	1.3.1	1 200	3	2 Youth Imbizo held	1 Youth Imbizo held	1	Achieved	None	None	Copy of close-out reports for each Imbizo held inclusive of the attendance registers	Achieved
Service Delivery	Mainstream Disability and Gender	Number of events scheduled and held in terms of mainstreaming of gender (man and woman & LGBTQI+), disabled, elderly and children by 30 June 2025	Vg 01- 05 2022	ED:SS	1.3.2	550	11	6 events scheduled and held in terms of mainstreamin g of gender (man and woman & LGBTQI+), disabled, elderly and children	4 events scheduled and held in terms of mainstrea ming of gender (man and woman & LGBTQI+) , disabled, elderly and children	4	Achieved	None	None	Copy of close-out reports for each event inclusive of the, photograph s and attendance registers.	Achieved
	Youth	Number of educational initiatives implemented in terms of the Youth by 30 June 2025	Led35- 2022	ED:SS	1.3.3	600 ROV	6 TO(6 educational initiatives implemented in terms of the Youth	education al initiative implement ed in terms of the Youth	R OPVIE	Achieved	None	None	Copy of close- out reports for each initiative inclusive of photographs and Attendance Registers	Achieved

Strategi c Thrust	Programme	КРІ	IDP Link	Resp. MM/ED	SDBIP Ref No	Annual Budget R'000 (Input Indicator	2023/24 Baseline	Annual Target	Mid-Term Target	Actual Performa nce Mid- Term	Achieve ment	Challenges	Corrective Action	POE	IA Comments
Service Delivery	Youth	Number of Sports and Arts and Culture events held by 30 June 2025	Ts07- 2022	ED:SS	1.3.4	900	2	4 Sports and Arts and Culture events held	2 Sports and Arts and Culture events held	2	Achieved	None	None	Copy of close-out reports for each event, inclusive of photograph s and attendance Registers.	Target achieved
Service Delivery	Libraries	Number of community members utilizing the library facilities monthly	Ls03- 2022	ED:SS	1.3.5	In house	11831	20 000 community members utilizing the library facilities	10 000 communit y members utilizing the library facilities	10000	Achieved	None	None	Copies of monthly summary of the statistics register	Achieved
		Number of library awareness campaigns conducted per quarter		ED:SS	1.3.6	0	New	4 library awareness campaigns conducted	2 library awarenes s campaign s conducted	2	Achieved	None	None	Copy of close-out report for each campaign conducted, inclusive of attendance registers	Achieved
	Environmenta I Protection	Number of air quality education and awareness campaigns conducted by 30 June 2025	Wr10- 2020	ED:SS	1.3.7	In house	New	3 air quality education and awareness campaigns conducted	1 air quality education and awarenes s campaign s conducted	B	Achieved	None	None	Copy of close-out reports for each campaign conducted, inclusive of Attendance Registers.	Achieved

Strategi c Thrust	Programme	КРІ	IDP Link	Resp. MM/ED	SDBIP Ref No	Annual Budget R'000 (Input Indicator	2023/24 Baseline	Annual Target	Mid-Term Target	Actual Performa nce Mid- Term	Achieve ment	Challenges	Corrective Action	POE	IA Comments
Service Delivery	Environmenta I Protection (Air Quality Management Plan)	Number of compliance inspections conducted to monitor facility performance in terms of Air Quality Act by 30 June 2025	Wr10- 2020	ED:SS	1.3.8	In house	New	4 compliance inspections conducted to monitor facility performance in terms of Air Quality Act	complianc e inspection s conducted to monitor facility performan ce in terms of Air Quality Act	2	Achieved	None	None	Copy of inspections report and Attendance Registers	Achieved
		Number of the state of ambient air quality reports submitted to HHS Portfolio Committee per quarter		ED:SS	1.3.9	In house	New	4 state of ambient air quality reports submitted to HHS Portfolio Committee	2 state of ambient air quality reports submitted to HHS Portfolio Committe e	2	Achieved	None	None	An extract of a copy of HSS Monthly Report	Target met
	Mainstream HIV/AIDS	Number of HIV/AID's educational awareness campaigns held each quarter	Vg06- 2022	ED:SS	1.4.0	In house	5	4 HIV/AID's educational awareness campaigns held	2 HIV/AID's education al awarenes s campaign s held	3	Achieved	None	None	Copy of close-out report of each campaign held, inclusive of Attendance Registers	Achieved
Service Delivery	All Services	Number of service delivery reports compiled and submitted to the MM per quarter	As01- 2022	MM	1.4.1	In house	New	4 service delivery reports compiled and submitted to the MM	2 service delivery reports compiled and submitted to the MM	R	Achieved	None	None	Copy of signed service delivery reports	Target Achieved

KEY PERFORMANCE AREA 2: Financial Viability and Finance Management

The overall score for this KPA is 72% for the quarter under review.

KPI Status	KPA 2: Financial viability and Finance Management
Target Met (as planned and exceeded)	24
Target Not Met (below planned)	8
Total	32
% Targets met	75%
% Targets not met	25%

Performance Highlights for Mid-Year

Challenges	Measures taken to improve performance
1. 32% of households billed was collected A payment rate of 33% for residential properties may be attributed to several factors, with the primary reason being the financial difficulties faced by households. Many residents may be experiencing unemployment, reduced income, or economic instability, making it challenging for them to prioritize municipal bill payments. Lack of credit control in licensed areas leads to a increase in the non-payment of municipal services	- The culture of payment has not been a norm with customers and the implementation of credit control with regards to the blocking of prepaid meters has pushed the customers to start paying for their current account or apply to be an indigent. The customers who have not been paying have also been handed over to debt collectors to for the recovery of arrear debt. Customers also have an option to apply for the debt incentive scheme which the municipality is currently running to ensure that their debt is written off.
2. 98% of approved (compliant) invoices were paid within the legislated 30 days This is due to the financial constraints or difficulties that the municipality continues to face.	Full implementation of credit policy and revenue enhancement strategy so as to collect more revenue.
 3. 1% debt coverage ratio was achieved The challenge is that the municipality is very low on collection rate hence is unable to accumulate investment. 4. 49% of outstanding service debtors was achieved 	The municipality must increase its collection rate so that when there funds available for short period is able to make investments.
The credit control report for the month of September 2024 had a challenge on indigent billing because the majority of them were expired hence its having an impact on collection rate.	The revenue unit must notify all indigents that are to expire to come and renew their indigent application

5. 0.29% of the cost coverage ratio was achieved

The variance is less than 1 month which should have been the norm as a result of less cash available in the bank at the year end.

6. Technical Services employees worked overtime in excess of the legislated 40 hours and 45 hours (essential) respectively

This target was not achieved, due to the Rand Water reduction. There was a need for employees to work extra hours to distribute water to the community.

- The implementation of credit control and debt collection process will make the municipality to reduce debt and have available balance at year end

- Rotation of employees will be done and measures will be put in place to ensure that work is done within working hours.

7. Monthly budged funding plan reports were not sent to Council.

Activities were not attended to by departments.

Encourage participation in the activities of the budget funding plan.



KPA 2: FINANCIAL VIABILITY AND FINANCE MANAGEMENT

Strategic Goal 3: Improved compliance to MFMA and VKLM policy Framework

Strategic	Program	KPI	IDP	Resp.	SDBIP	Annual	2023/24	Annual	Mid-	Actual	Achievem	Challenges	Corrective Action	POE	IA
Thrust	me		Link	MM/E D	Ref No	Budget R'000 (Input Indicator)	Baseline	Target	Term Target	Performan ce Mid- Term	ent				Comments
Financial Viability	Financial Manage ment	Approval of MTREF Budget by 31 May 2025	Mf22- 2022	CFO	2.1	In house	1	Approval of MTREF Budget	N/A	N/A	N/A	N/A	N/A	Copy of the approved Final Annual budget	N/A
		% of amounts of households billed collected per quarter	Mf05- 2022	CFO	2.2	In house	30.50%	75% amounts of househol ds billed collected	75% amounts of househol ds billed collected	R FO	Not Achieved	A payment rate of 33% for residential properties may be attributed to several factors, with the primary reason being the financial difficulties faced by households. Many residents may be experiencing unemployment, reduced income, or economic instability, making it challenging for them to prioritize municipal bill payments. Lack of credit control in licensed areas leads to an increase in the non-payment of municipal services	The culture of payment has not been a norm with customers and the implementation of credit control with regards to the blocking of prepaid meters has pushed the customers to start paying for their current account or apply to be an indigent. The customers who have not been paying have also been handed over to debt collectors to for the recovery of arrear debt. Customers also have an option to apply for the debt incentive scheme which the municipality is currently running to ensure that their debt is written off.	Copies of the Credit Control and debt collection report	Not Achieved, the target is 75% and they only achieve 32%

Strategic Thrust	Program me	КРІ	IDP Link	Resp. MM/E D	SDBIP Ref No	Annual Budget R'000 (Input Indicator)	2023/24 Baseline	Annual Target	Mid- Term Target	Actual Performan ce Mid- Term	Achievem ent	Challenges	Corrective Action	POE	IA Comments
Financial Viability	Financial Manage ment	% of amounts of businesses billed collected per quarter		CFO	2.3	In house	94%	85% amounts of business es billed collected	85% amounts of business es billed collected	85%	Achieved	None	Municipality aims to collect 100% on businesses, stricter credit control measures will be implemented to achieve the target	Copies of the Credit Control and debt collection report	Achieved POE attached.
		Unaudited Annual Financial Statements (AFS) submitted on or before 31 Aug 2024	Mf19- 2022	CFO	2.4	3 000	1	Unaudite d Annual Financial Statemen ts (AFS) submitte d to AGSA	1 Unaudite d Annual Financial Statemen ts (AFS) submitte d to AGSA	1	Achieved	None	None	Copy of the Unaudited AFS & Proof of submission to AG	Achieved POE attached.
Financial Manage ment	Financial Manage ment	Number of interim financial statements prepared and submitted to the MM by 28 February 2025	Mf19- 2022	CFO	2.5	3 000	0	1 interim financial statemen ts prepared and submitte d to the MM	N/A	N/A	N/A	N/A	N/A	Interim financial statements & acknowledge ment of receipt by the MM	N/A
		Number of monthly section 71 MFMA reports submitted to Mayoral committee within legislative timeframes	Mf16- 2022	CFO	2.6	In house	12 O _M 22	12 section 71 MFMA reports submitte d to Mayoral committe e	5 section 71 MFMA reports submitte d to Mayoral committe e	R FO	Achieved	None	None	Copy of monthly section 71 report	Achieved POE attached.

Strategic Thrust	Program me	KPI	IDP Link	Resp. MM/E	SDBIP Ref No	Annual Budget	2023/24 Baseline	Annual Target	Mid- Term	Actual Performan	Achievem ent	Challenges	Corrective Action	POE	IA Comments
				D		R'000 (Input Indicator)		ŭ	Target	ce Mid- Term					
Financial Manage ment	Financial Manage ment	Midyear section 72 MFMA report submitted to Executive Mayor within legislative timeframes by 25 January 2025	Mf17- 2022	CFO	2.7	In house	1	1 Midyear section 72 MFMA report submitte d to Executiv e Mayor	N/A	N/A	N/A	N/A	N/A	Copy of the Section 72 Report	N/A
		Number of quarterly section 52(d) MFMA reports submitted to Mayoral committee within legislative timeframes	Mf17- 2022	CFO	2.8	In house	4	4 section 52(d) MFMA reports submitte d to Mayoral committe e	2 section 52(d) MFMA reports submitte d to Mayoral committe e	2	Achieved	None	None	Copy of the quarterly section 52(d) report	Achieved POE attached.
		% of approved (compliant) invoices paid within 30 days		CFO	2.9	In house	92%	approved (complia nt) invoices paid	approved (complia nt) invoices paid	97.67%	Not Achieved	Financial constraints	Full implementation of credit policy and revenue enhancement strategy	Copy of the monthly creditors reconciliation report	Not Achieved, the target is 100% they only achieve 97.67%
Financial manage ment	Financial Manage ment	% spent on conditional FMG grant per quarter	Mf15- 2022	CFO	2.1.0	1 800	100%	100% spent on condition al FMG grant	50% spent on condition al FMG grant	56%	Achieved	None	None	Copies of the monthly FMG Report	Achieved POE attached.
		% Debt coverage ratio (GKPI) by 30 September 2024	Mf15- 2022	CFO	2.1.1	In house	18%	45% Debt coverage ratio	45% Debt coverage ratio	RFO	Not Achieved	The challenge is that the municipality is very low on collection rate hence is unable to accumulate investment.	The municipality must increase its collection rate so that when there funds available for short period is able to make investments.	Statement of financial position and statement of financial performance	Not Achieved.

Strategic Thrust	Program me	KPI	IDP Link	Resp. MM/E D	SDBIP Ref No	Annual Budget R'000 (Input Indicator	2023/24 Baseline	Annual Target	Mid- Term Target	Actual Performan ce Mid- Term	Achievem ent	Challenges	Corrective Action	POE	IA Comments
Financial manage ment	Financial Manage ment	% outstanding service debtors to revenue (GKPI) by 30 September 2024		CFO	2.1.2	In house	32%	68% Outstandi ng service debtors to revenue	68% Outstandi ng service debtors to revenue	49%	Not Achieved	The credit control report for the month of September 2024 had a challenge on indigent billing because the majority of them were expired hence its having an impact on collection rate.	The revenue unit must notify all indigent expires to come and renew their indigent application	Statement of Financial Position, Statement of Financial Performance, Notes to the AFS	Target not achieved
		Cost coverage ratio (GKPI) by 30 September 2024		CFO	2.1.3	In house	0.26	1:3 Cost coverage ratio	1:3 Cost coverage ratio	0.29	Not Achieved	The variance is less that 1 month which should have been the norm. as a result of less cash available in the bank at the year end.	The implementation of credit control and debt collection process will make the municipality to reduce debt and have available balance at year end	Statement of Financial Position, Statement of Financial Performance, Notes to the AFS	Target not achieved
Financial manage ment	Supply Chain Manage ment	Number of days taken to conclude and award tenders above R300 000 by 30 June 2025	SC04 -2022	CFO	2.1.4	In house	67,5	<90 days taken to conclude and award tenders above R300 000	<90 days taken to conclude and award tenders above R300 000	90days	Achieved	None	None	Copy of the SCM Register	Achieved POE attached.
		Number of monthly deviation reports submitted to the Council (Total organisation)	SC01 -2022	CFO	2.1.5	In house	12	deviation reports submitte d to Council	5 deviation reports submitte d to Council	5	Achieved	None	None	Copy of the quarterly SCM deviation report and Council Resolution.	Achieved POE attached.
		Number of monthly SCM reports submitted to Council		CFO	2.1.6	In house	12 POW	12 SCM reports submitte d to Council	5 SCM reports submitte d to Council.	RFO RFO	Achieved	None	None	Copy of the monthly SCM report and Council Resolution	Achieved POE attached.

Strategic Thrust	Program me	КРІ	IDP Link	Resp. MM/E D	SDBIP Ref No	Annual Budget R'000 (Input Indicator	2023/24 Baseline	Annual Target	Mid- Term Target	Actual Performan ce Mid- Term	Achievem ent	Challenges	Corrective Action	POE	IA Comments
Financial manage ment	Supply Chain Manage ment	Number of monthly UIFW reports submitted to the Council		CFO	2.1.7	In house	12	12 UIFW reports submitte d to Council	5 UIFW reports submitte d to Council.	5	Achieved	None	None	Copy of UIFW Report and Council Resolution.	Achieved POE attached.
Financial Manage ment	Asset Manage ment	Number of Asset verification reports submitted to Council by 31 March 2025.	As02- 2022	CFO	2.1.8	In house		2 Asset verificatio n reports submitte d to Council by 31 March 2025.	1 Asset verificatio n report submitte d to Council by 30 Septemb er 2024	1	Achieved	None	None	Copy of the asset verification reports and Council Resolution.	Achieved POE attached.
		Fixed Asset Register updated per month.		CFO	2.1.9	In house	New	12 Monthly update of the Fixed Asset Register	6 Monthly update of the Fixed Asset Register	6	Achieved	None	None	Copy of the Fixed Assets Register	Achieved POE attached.
Financial Manage ment	Improved Complian ce to Legislatio n & Policies	% spent of the total operational Budget per quarter	Mf15- 2022	CFO	2.2.0	In house	82%	spent of the total operation al Budget	50% spent of the total operation al Budget	40%	Achieved	According to the norms and standards, the budget must not be exceeded, spending less than the budgeted amount is favourable.	None	Copy of the quarterly section 52(d) report	Not Achieved.
	(Financia I Manage ment)	% spent on employee costs in terms of the total operational Budget per quarter		CFO	2.2.1	In house	34%	<34% spent on employe e costs in terms of the total operation al Budget	<34% spent on employe e costs in terms of the total operation al Budget	25% R FO	Achieved	None	None	Copy of the quarterly section 52(d) report	Achieved

Strategic Thrust	Program me	KPI	IDP Link	Resp. MM/E D	SDBIP Ref No	Annual Budget R'000 (Input Indicator	2023/24 Baseline	Annual Target	Mid- Term Target	Actual Performan ce Mid- Term	Achievem ent	Challenges	Corrective Action	POE	IA Comments
		Number of monthly reports submitted to Council in terms of legislated overtime levels (Total Organisation)		ED:CS	2.2.2	In house	10	12 reports submitted to Council in terms of legislated overtime levels	5 reports submitted to Council in terms of legislated overtime levels	5	Achieved	None.	None.	Copies of monthly overtime report submitted to Council	Achieved POE attached.
Financial Manage ment	Improved Complian ce to Legislatio n & Policies (Financia I Manage ment)	% of employees exceeding legislated overtime levels stipulated as not more than (40) hours per month per employee (OMM)	Mf15- 2022	MM	2.2.3	In house	0%	0% employe es exceedin g legislated overtime levels stipulated as not more than (40) hours per month	0% employe es exceedin g legislated overtime levels stipulated as not more than (40) hours per month	0%	Achieved	None	None	Copies of approved financial overtime schedule	Achieved POE attached.
		% of employees exceeding legislated overtime levels stipulated as not more than (40) hours per month per employee (CS only)		ED:CS	2.2.4	In house	0%	0% employe es exceedin g legislated overtime levels stipulated as not more than (40) hours per month	0% employe es exceedin g legislated overtime levels stipulated as not more than (40) hours per month	o%	Achieved	None.	None.	Copies of approved financial overtime schedule	Achieved POE attached.

Strategic Thrust	Program me	КРІ	IDP Link	Resp. MM/E D	SDBIP Ref No	Annual Budget R'000 (Input Indicator	2023/24 Baseline	Annual Target	Mid- Term Target	Actual Performan ce Mid- Term	Achievem ent	Challenges	Corrective Action	POE	IA Comments
Financial Manage ment	Improved Complian ce to Legislatio n & Policies (Financia I Manage ment)	% of employees exceeding legislated overtime levels stipulated as not more than (40) hours per month per employee (Finance only)	Mf15- 2022	CFO	2.2.5	In house	2.75%	0% employees exceeding legislated overtime levels stipulated as not more than (40) hours per month	0% employees exceeding legislated overtime levels stipulated as not more than (40) hours per month	0%	Achieved	None	None	Copies of approved financial overtime schedule	Achieved POE attached.
Financial Manage ment	Improved Complian ce to Legislatio n & Policies (Financia I Manage ment)	% of employees exceeding legislated overtime levels stipulated as not more than (40) hours per month per employee (SS only) (excl., essential services)	Mf15- 2022	ED:SS	2.2.6	In house	0.25%	0% employe es exceedin g legislated overtime levels stipulated as not more than (40) hours per month	0% employe es exceedin g legislated overtime levels stipulated as not more than (40) hours per month	0%	Achieved	None	None	Copies of approved financial overtime schedule	Achieved POE attached.
		% of employees exceeding legislated overtime levels stipulated as not more than (45) hours per month per employee (SS only) (essential services)		ED:SS	2.2.7	In house	12.65%	0% employee s exceeding legislated overtime levels stipulated as not more than (45) hours per month (essential services)	0% employee s exceedin g legislated overtime levels stipulated as not more than (45) hours per month (essential services)	R FO	Achieved	None	None	Copies of approved financial overtime schedule	Achieved POE attached.

Strategic Thrust	Program me	KPI	IDP Link	Resp. MM/E D	SDBIP Ref No	Annual Budget R'000 (Input Indicator	2023/24 Baseline	Annual Target	Mid- Term Target	Actual Performan ce Mid- Term	Achievem ent	Challenges	Corrective Action	POE	IA Comments
Financial Manage ment	Improved Complian ce to Legislatio n & Policies (Financia I Manage ment)	% of employees exceeding legislated overtime levels stipulated as not more than (40) hours per month per employee (TS) (excl., essential services)	Mf15- 2022	ED:TS	2.2.8	In house	1.25%	0% employe es exceedin g legislated overtime levels stipulated as not more than (40) hours per month	0% employe es exceedin g legislated overtime levels stipulated as not more than (40) hours per month	2%	Not Achieved	This target was not achieved, due to the Rand Water reduction. There was a need for employees to work extra hours to distribute water to the community.	Rotation of employees will be done and measures will be put in place to ensure that work is done within working hours.	Copies of approved financial overtime schedule	Not Achieved.
		% of employees exceeding legislated overtime levels stipulated as not more than (45) hours per month per employee (TS) (essential services)		ED:TS	2.2.9	In house	1.25%	0% employe es exceedin g legislated overtime levels stipulated as not more than (45) hours per month (essential services)	0% employe es exceedin g legislated overtime levels stipulated as not more than (45) hours per month (essential services)	2%	Not Achieved	This target was not achieved, due to the Rand Water reduction. There was a need for employees to work extra hours to distribute water to the community.	Rotation of employees will be done and measures will be put in place to ensure that work is done within working hours.	Copies of approved financial overtime schedule	Not Achieved.
Financial Manage ment	Financial Manage ment & Revenue Enhance ment	Number of road traffic safety operations conducted per month	Tp02- 2022	ED:SS	2.3.0	In house	16 POW?	12 road traffic safety operation s conducte d	6 road traffic safety operation s conducte	RFO	Achieved	None	None	Copy of close up report for road traffic safety operations conducted inclusive of photographs	Achieved POE attached.

Strategic Thrust	Program me	КРІ	IDP Link	Resp. MM/E D	SDBIP Ref No	Annual Budget R'000 (Input Indicator)	2023/24 Baseline	Annual Target	Mid- Term Target	Actual Performan ce Mid- Term	Achievem ent	Challenges	Corrective Action	POE	IA Comments
Financial Manage ment	Financial Manage ment & Revenue Enhance	Number of flammable liquids permits issued by 30 June 2025	Mf02- 2022	ED:SS	2.3.1	In house	35	34 flammabl e liquids permits issued	N/A	N/A	N/A	N/A	N/A	Copy of permits register	N/A
	ment	% of trade licenses issued as per approved applications by 30 June 2025		MM	2.3.2	In house	7	100% trade licenses issued as per approved applicatio ns.	N/A I	N/A	N/A	N/A	N/A	Copies of application register and copy of Trade license issued.	N/A
Financial Manage ment	Financial Manage ment & Revenue collection	Number of monthly reports on the implementation of credit control and debt collection policy submitted to Council	SCM 01- 2022	CFO	2.3.3	In house	4	reports on the impleme ntation of credit control and debt collection policy submitte d to Council	5 reports on the impleme ntation of credit control and debt collection policy submitte d to Council	5	Achieved	None	None	Copy of Monthly Credit Control Report and Council Resolution	Target achieved
		Number of monthly reports submitted to Council on budget funding plan		CFO	2.3.4	In house	New	12 reports submitte d to Council on budget funding plan	5 monthly reports submitte d to Council on budget funding plan	RFO	Not Achieved	Activities not attended to by departments.	Encourage participation in the activities of the budget funding plan.	Copies of quarterly budget funding plan reports.	Not Achieved.

Strategic Thrust	Program me	КРІ	IDP Link	Resp. MM/E D	SDBIP Ref No	Annual Budget R'000 (Input Indicator)	2023/24 Baseline	Annual Target	Mid- Term Target	Actual Performan ce Mid- Term	Achievem ent	Challenges	Corrective Action	POE	IA Comments
Financial Manage ment	Financial Manage ment & Revenue collection	Number of business licences verifications conducted bi- annually	Mf02- 2022	MM	2.3.5	In house	New	business licences verificatio ns conducte d	business licences verificatio ns conducte d	11	Achieved	None	None	Register of businesses verified and a copy of a close-out report	Achieved POE Attached.
Financial Manage ment	Improved Complian ce to Legislatio n & Policies (Financia I Manage ment)	Number of Bank reconciliation submitted to the Municipal Manager within 10 days after the end of the month'	Mf15- 2022	CFO	2.3.6	In house	New	12 Bank reconcilia tions submitte d to the Municipal Manager	6 Bank reconcilia tions submitte d to the Municipal Manager	6	Achieved	None	None	Bank reconciliation and proof of submission	Achieved POE attached.
	Financial Manage ment	Number of monthly reports produced and submitted to the MM on the usage of fuel	SC01 -2022	CFO	2.3.7	In house	New	reports produced and submitte d to the MM on the usage of fuel	6 reports produced and submitte d to the MM on the usage of fuel	6	Achieved	None	None	Copy of signed fuel usage report	Achieved POE attached.

KEY PERFORMANCE AREA 3: Institutional Development and Transformation

The overall score for this KPA is 89% for the quarter under review.

KPI Status	KPA 3: Institutional Development and Transformation
Target Met (as planned and exceeded)	17
Target Not Met (below planned)	2
Total	19
% Targets met	89%
% Targets not met	11%

Performance Highlights for 2024/25 Mid-Year

Challenges	Measures taken to improve performance
1. 75 % of Internal Audit findings in terms of ICT resolved	
The current BCP/DR is inadequate located at the remote site, Water treatment however the ICT upgrade is still in progress this variance of 25%.	The upgrade will be completed by end of Q3 including the Data Centre Solution at the server room then the Disaster Recovery as Service will take effect. Then the BCP document will be developed and compliment the infrastructure properly.
2. 82% of the planned 85% quarterly targets was achieved	
See respective departmental comments	- See respective departmental comments



KPA 3: INSTITUTIONAL DEVELOPMENT AND TRANSFORMATION

Strategic Goal 4: Improved efficiency and effectiveness of the Municipal Administration

Strategic Thrust	Programm e	КРІ	IDP Link	Resp. MM/ED	SDBIP Ref No	Annual Budget R'000 (Input Indicator)	2023/24 Baseline	Annual Target	Mid-Term Target	Actual Performan ce Mid- Term	Achievem ent	Challenges	Corrective Action	POE	IA Comments
Operatio nal Efficiency	Performanc e Manageme nt	% of KPIs attaining organisational targets by 30 June 2025 (Total organisation)	Pm02- 2022	MM	3.1	In house	56%	100% KPIs attaining organisatio nal targets	85% KPIs attaining organisatio nal targets	83%	Not Achieved	See respective departmental comments	See respective departmental comments	Copies of the quarterly consolidated performance report	Target not achieved
	Organisatio nal Developme nt	Submit a final report to the MM after conducting an employee satisfaction survey by 30 June 2025	Eq1- 2022	ED:CS	3.2	In house	_	1 final report submitted the MM after conducting an employee satisfaction	N/A	N/A	N/A	N/A	N/A	Copy of final satisfaction survey evaluation report acknowledge d by MM	N/A
		2024/25 Calendar of events developed and approved by Council by 30 June 2025	Pa18- 2022	MM	3.3	In house	1	1 Calendar of events developed and approved by Council	N/A	N/A	N/A	N/A	N/A	Approved calendar of events and Council Resolution	N/A
Operatio nal Efficiency		% of employees from previously disadvantaged groups appointed in the three highest Task Grades of management as per the approved 2023-25 EE plan (GKPI) by 30 June 2025.	Eq2- 2022	ED:CS	3.4	In house	85% W7	85% employees from previously disadvantag ed groups appointed in the three highest Task Grades of management	HER F	OR LOPM	N/A	N/A	N/A	Copies of appointment letters	N/A

Strategic Thrust	Programm e	КРІ	IDP Link	Resp. MM/ED	SDBIP Ref No	Annual Budget R'000 (Input Indicator)	2023/24 Baseline	Annual Target	Mid-Term Target	Actual Performan ce Mid- Term	Achievem ent	Challenges	Corrective Action	POE	IA Comments
Organisa tional Develop ment	Organisatio nal Developme nt	% of budget spent implementing the Workplace Skills Plan (GKPI) by 30 June 2025	Ts06- 2022	ED:CS	3.5	1 300	70%	100% budget spent implementi ng the Workplace Skills Plan	N/A	N/A	N/A	N/A	N/A	Copy of an extract from a Section 52 (d) report	N/A
		Number of bi- annual reports submitted to the MM on disciplinary matters reported and finalized by 30 June 2025.	Pa36- 2022	ED:CS	3.6	In house	100%	2 reports submitted to the MM on disciplinary matters reported and finalized by 30 June 2025.	1 report submitted to the MM on disciplinary matters reported and finalized	1	Achieved	None	None	Reports submitted to the MM on disciplinary matters reported and finalized	Achieved POE attached.
Operatio nal Efficiency	Organisatio nal Developme nt	% of Internal Audit findings in terms of ICT resolved by 30 June 2025.	Pa13- 2022	MM	3.7	In house	57.75%	100% Internal Audit findings in terms of ICT resolved	100% Internal Audit findings in terms of ICT resolved10 0% Internal Audit findings in terms of ICT resolved	75%	Not Achieved	The current BCP/DR is inadequate located at the remote site, Water treatment whoever the ICT upgrade is still in progress this variance of 25%. Correctives Measurement	The upgrade will be completed by end of Q3 including the Data Center Solution at the server room then the Disaster Recovery as Service will take effect. Then the BCP document will be developed and compliment the infrastructure properly.	Copy of a follow-up on Internal Audit Report	Not achieved, target not met
Operatio nal Efficiency	ICT	Microsoft 365 programme installed and implemented by 31 May 2025.	It 02- 08 2022 SCM0 1- 2022	MM	3.8	In house	New	Microsoft 365 programme installed and implemented by 31 May 2025.	N/A HER F	N/A OR LOPIV	N/A	N/A	N/A	Copy Software License	N/A

Strategic Thrust	Programm e	КРІ	IDP Link	Resp. MM/ED	SDBIP Ref No	Annual Budget R'000 (Input Indicator)	2023/24 Baseline	Annual Target	Mid-Term Target	Actual Performan ce Mid- Term	Achievem ent	Challenges	Corrective Action	POE	IA Comments
Operatio nal Efficiency	ICT	Number of ICT Steering Committee reports submitted to the MM per quarter		MM	3.9	In house	2	4 ICT Steering Committee reports submitted to the MM per quarter	2 ICT Steering Committee report submitted to the MM per quarter	2	Achieved	None	None	ICT Steering Committee reports signed by the MM per Quarter	Achieved POE attached.
	Legal Services	Number of quarterly reports on the status of municipal service level agreements approved by the MM by 30 June 2025		ED: CS	3.1.0	In house	1	4 quarterly reports on the status of municipal service level agreement s approved by the MM	2 quarterly report on the status of municipal service level agreement s approved by the MM	2	Achieved	None	None	Quarterly Reports on the status of municipal service level agreements approved by the MM	Achieved POE attached.
	Legal Services	Number of quarterly reports on the status of municipal legal cases that the municipality is involved in approved by the MM by 30 June 2025	Mf15- 2022	ED: CS	3.1.1	In house	1	4 quarterly reports on the status of municipal legal cases that the municipality is involved in approved by the MM	2 quarterly reports on the status of municipal legal cases that the municipality is involved in approved by the MM	2	Achieved	None	None	Quarterly reports on the status of municipal legal cases that the municipality is involved in approved by the MM	Achieved POE attached.
Organisa tional Develop ment	Organisatio nal Developme nt	Review and submit organisational structure (aligned to the IDP and Budget) to Council for approval before June 2025	Eq9- 2022	ED:CS	3.1.2	In house	TOWTH	and submit organisatio nal structure (aligned to the IDP and Budget) to Council for approval	HER F	OR LOPIV	N/A	N/A	N/A	Copy of an approved annual organogram by Council and Council Resolution	N/A

Strategic Thrust	Programm e	КРІ	IDP Link	Resp. MM/ED	SDBIP Ref No	Annual Budget R'000 (Input Indicator)	2023/24 Baseline	Annual Target	Mid-Term Target	Actual Performan ce Mid- Term	Achievem ent	Challenges	Corrective Action	POE	IA Comments
Organisa tional Develop ment	Organisatio nal Developme nt	Number of monthly Human Capital reports submitted to Council by 30 June 2025.	Eq10- 2022	ED:CS	3.1.3	In house	12	12 staff Human Capital reports submitted to Council	5 staff Human Capital reports submitted to Council	5	Achieved	None	None	Copies of Human Capital reports submitted to Council	Achieved POE attached.
Organisa tional Develop ment	Fleet Manageme nt	Number of quarterly fleet management reports submitted and approved by the MM	Pa36- 2022	ED:TS	3.1.4	In house	4	4 fleet manageme nt report submitted and approved by the MM	2 fleet manageme nt report submitted and approved by the MM	2	Achieved	None	None	Fleet management reports approved by the MM	Achieved POE attached.
	Organisatio nal Developme nt	Number of job descriptions report submitted and approved by the MM by 30 June 2025	Eq12- 2022	ED:CS	3.1.5	In house	0	2 job description s reports submitted and approved by the MM	1 job description s report submitted and approved by the MM	_	Achieved	None.	None.	Copy of job descriptions report signed by the MM	Achieved POE attached.
Organisa tional Develop ment	Workplace Skills Developme nt	Workplace Skills Plan (WSP) and Annual Training Report (ATR) submitted to LGSETA on due date 30 April 2024	Ts04- 2022	ED:CS	3.1.6	In house		Workplace Skills Plan (WSP) and Annual Training Report (ATR) submitted to LGSETA	N/A	N/A	N/A	N/A	N/A	Copies of WSP and ATR submitted to the LG SETA	N/A
		Number of quarterly training status reports submitted to the District		ED:CS	3.1.7	In house	TWING TO THE	4 Training status reports submitted to the District	Training status report submitte d to the District	OR ORM	Achieved	None	None	Copy of quarterly training status report submitted to the District	Achieved POE attached

Strategic Thrust	Programm e	KPI	IDP Link	Resp. MM/ED	SDBIP Ref No	Annual Budget R'000 (Input Indicator)	2023/24 Baseline	Annual Target	Mid-Term Target	Actual Performan ce Mid- Term	Achievem ent	Challenges	Corrective Action	POE	IA Comments
Organisa tional Develop ment	Workplace Skills Developme nt	Number of skills audit conducted by 31st December 2024.	Pa 12- 2023	ED:CS	3.1.8	COGTA	New	1 Skills Audit conducted by the 31st of December 2024	1 Skills Audit conducted by the 31st of December 2024	1	Achieved	None	None	Skills Audit Report	Achieved POE was attached
Organisa tional Develop ment	Workplace Skills Developme nt	Number of employees trained per quarter in line with the approved 2024/25 WSP	Ts04- 2022	ED:CS	3.1.9	2 000	97	employees trained per quarter in line with the approved 2024/25 WSP	employees trained in line with the approved 2024/25 WSP	43	Achieved	None	None	Copies of the quarterly training report. submitted to the District	Achieved POE attached.
Organisa tional Develop ment	Workplace Health and Safety	Number of monthly workplace inspections conducted and submitted to the MM	Oh06- 2022	ED:CS	3.2.0	In house	12	workplace inspections conducted and submitted to the MM	6 workplace inspections conducted and submitted to the MM	6	Achieved	None	None	Copies of monthly inspection reports submitted to the MM	Achieved POE attached.
		Number of quarterly SHE related reports submitted to the MM		ED:CS	3.2.1	In house	8	4 SHE related reports submitted to the MM	2 SHE related reports submitted to the MM	2	Achieved	None	None	Copy of the quarterly SHE related reports submitted to the MM	Target achieved
		Number of employee wellness reports submitted to the MM per quarter	Oh05- 2022	ED:CS	3.2.2	900	114	4 employee wellness reports submitted to the MM	2 employee wellness reports submitted to the MM	2	Achieved	None	None	Copy of the close-out report	Achieved
Organisa tional Develop ment	Labour Relations	Number of Local Labour Forum (LLF) meetings agendas processed every quarter as per approved Calendar of Events	Pa36- 2022	ED:CS	3.2.3	In house	TOWTH	4 Local Labour Forum (LLF) meetings agendas processed	2 Local Labour Forum (LLF) meetings agendas processed	OR LOPM	Achieved	None	None	Copy of the agenda signed by the Chairperson	Achieved POE was provided

Strategic Thrust	Programm e	КРІ	IDP Link	Resp. MM/ED	SDBIP Ref No	Annual Budget R'000 (Input Indicator)	2023/24 Baseline	Annual Target	Mid-Term Target	Actual Performan ce Mid- Term	Achievem ent	Challenges	Corrective Action	POE	IA Comments
Operatio nal Efficiency	Performanc e Manageme nt	2024/25 Mid-year and 2023/24 Annual Performance Reviews of Section 56 & 54A employees conducted by the 31st of March 2025.	Pm06- 2022	MM	3.2.4	50		2024/25 Mid-year and 2023/24 Annual Performanc e Reviews of Section 56 & 54A employees conducted by the 31st of March 2025.	N/A	N/A	N/A	N/A	N/A	Performance Assessment Reports and attendance registers.	N/A
		Performance Agreements of Senior Managers signed by 31 July. 2024	Pm05- 2022	MM	3.2.5	In house	_	5 Performanc e Agreement s of Senior Managers signed	5 Performanc e Agreement s of Senior Managers signed	5	Achieved	None	None	Signed Performance Agreements and proof of submission to CoGTA	Achieved POE was provided
Operatio nal Efficiency	Performanc e Manageme nt	Compilation of the Annual Performance Report (2023/24 FY) and submitted to AG by 31 Aug 2024	Pm02- 2022	MM	3.2.6	In house		1 Annual Performanc e Report (2023/24 FY) submitted to AG	1 Annual Performanc e Report (2023/24 FY) submitted to AG		Achieved	None	None	Copy of APR and proof of submission to AG	Achieved POE was provided
		Number of quarterly SDBIP performance reports submitted to Council	Pm02- 2022	MM	3.2.7	In house	2	4 SDBIP performanc e reports submitted to Council	2 SDBIP performanc e report submitted to Council	2	Achieved	None	None	Quarterly SDBIP performance report and Council Resolution.	Achieved POE was provided
	GROWTH AND DEVELOPMENT														

KEY PERFORMANCE AREA 4: Good Governance and Public Participation

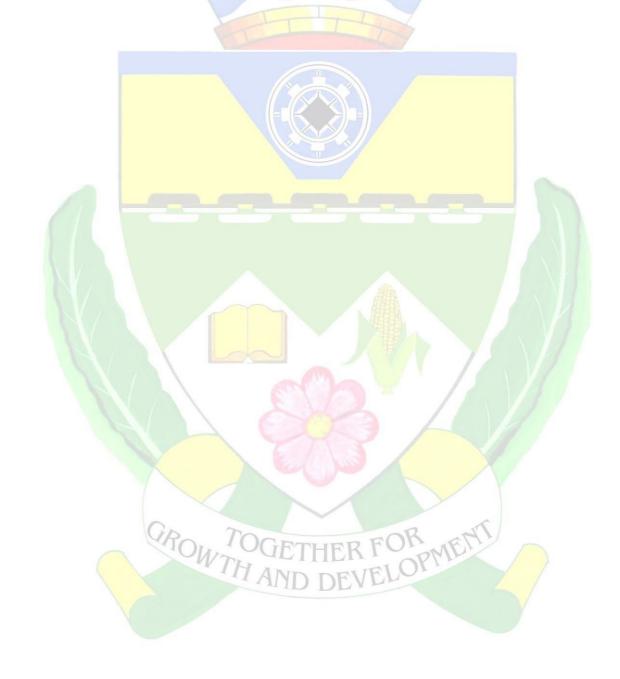
The overall score for this KPA is **76%** for the quarter under review.

KPI Status	KPA 4: Good Governance and Public Participation
Target Met (as planned and exceeded)	27
Target Not Met (below planned)	7
Total	34
% Targets met	79%
% Targets not met	21%

Performance Highlights for Mid-Year

Challenges	Measures taken to improve performance
1. The municipality obtained a qualified audit	
opinion from the AGSA for the 2023/24 financial year (financials). For the AOPO, we obtained an	
unqualified audit opinion	
Identification of findings by the AGSA	Implement the Audit Action Plan and ACSA
i. Property, Plant and equipment	- Implement the Audit Action Plan and AGSA recommendations.
ii. Bulk purchases	
iii. Irregular expenditure	
2. 54% of council meetings resolutions were	
resolved.	
Some council resolutions are interlinked between two	- Departmental Heads have been urged to
or three departments therefore making successful implementation a challenge.	fast-track the implementation of Council
implementation a challenge.	Resolutions.
Some resolutions require funds, and budgetary	
constraints make it difficult to achieve.	
GRO TOGET	TOR FOR
3. The review of the risk based internal audit plan was not submitted to Council by 31 July 2024.	TEK TOPME
was not submitted to council by 31 July 2024.	DEVELO
Delayed due to risk Management Processes to be	- Will streamline future planning to the risk
finalised. The plan was subsequently finalised and approved by the audit committee later than the	management processes to reflect actual activity
targeted date.	activity

4. 23% of Internal Audit findings raised as per the audit plan, were resolved.	
Most of the findings raised require finances however due to our cash flow challenges, we were unable to implement them.	- Escalate to the Municipal Manager and monitor weekly
5. No radio slots were booked for the Executive Mayor.	
There were no radio Slots booked for the second quarter	- Two slots will be booked in the third quarter



KPA 4: GOOD GOVERNANCE AND PUBLIC PARTICIPATION

Strategic Goal 5: Improve community confidence in the system of local government

Strategic Thrust	Program me	КРІ	IDP Link	Resp. MM/ED	SDBIP Ref No	Annual Budget R'000 (Input Indicator	2023/2 4 Baseli ne	Annual Target	Mid-Term Target	Actual Performa nce Mid- Term	Achievem ent	Challenges	Corrective Action	POE	IA Comments
Good Governa nce	Good Governa nce	% of total MPAC resolutions raised and resolved per quarter	Pa29- 2022	MM	4.1	In house	50%	80% MPAC resolutions raised and resolved	80% MPAC resolutions raised and resolved	80.41%	Achieved	None	None	Copies of the quarterly MPAC resolutions raised and the respective managers response	Achieved POE was attached
	Risk Manage ment	% execution per quarter of Risk Management Plan in line with detailed time schedule (total organisation)	Pa07- 2022	MM	4.2	In house	85%	85% execution of Risk Management Plan in line with detailed time schedule	85% execution of Risk Management Plan in line with detailed time schedule	85%	Achieved	None.	None.	Copies of the Quarterly Risk Reports, and minutes of the Risk Management Meetings	Achieved POE was provided
Good Governa nce	Good Governa nce	Obtain an improved audit opinion from the annual audit outcome from AGSA	Pa08- 2022	ММ	4.3	In house	Qualifi ed Opinio n	Unqualified Opinion	Unqualified Opinion	0	Not Achieved	Identification of findings by the AGSA	Implement the Audit Action Plan and AGSA recommendations.	Copy of the Auditor General's final audit report	Not Achieved based on Identification of findings by the AGSA
Good Governa nce	Good Governa nce	% of AG Management Letter findings resolved (in terms of the Audit Action Plan) by 30 June 2025 (Total organization)	Pa11- 2022	CFO	4.4	In house	68%	85% AG Management Letter findings resolved (in terms of the Audit Action Plan)	N/A	N/A	N/A	N/A	N/A	Copy of the quarterly AG Action Plan status report	N/A

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Strategic Thrust	Program me	KPI	IDP Link	Resp. MM/ED	SDBIP Ref No	Annual Budget R'000 (Input Indicator)	2023/2 4 Baseli ne	Annual Target	Mid-Term Target	Actual Performa nce Mid- Term	Achievem ent	Challenges	Corrective Action	POE	IA Comments
		Draft Consolidated Annual Report submitted to AG on or before the 31 Aug 2024	Mf15- 2022	MM	4.5	In house	1	1 Draft Annual Report compiled and submitted to the office of the Auditor General	1 Draft Annual Report compiled and submitted to the office of the Auditor General	1	Achieved	None	None	Copy of Annual Report and proof of submission to AG	Achieved POE was attached
		Number of Ward operational plans submitted to Council by 30 June 2025.	Pa24- 2022	MM	4.6	1 000	0	9 Ward operational plans submitted to Council	9 Ward operational plans submitted to Council	9	Achieved	None	None	Copy of annual Ward operational reports submitted to Council and Council Resolution	Achieved POE was attached
Accounta bility	Communi ty Participat ion	Number of Quarterly Ward Committee Functionality reports submitted to Council.	Pa22- 2022	MM	4.7	In house	4	4 Ward Committee Functionality reports submitted to Council	2 Ward Committee Functionality report submitted to Council	2	Achieved	None	None	Copies of quarterly ward committee Functionality reports submitted to Council and Council Resolution.	Achieved POE attached
		Number of Quarterly Community outreach meetings facilitated and attended	Pa21- 2022	ММ	4.8	320 GR	ω	4 Community outreach meetings facilitated and attended	2 Community outreach meeting facilitated and attended	OR	Achieved	None	None	Copy of the quarterly outreach report, inclusive of the attendance register	Achieved POE was attached

Strategic Thrust	Program me	КРІ	IDP Link	Resp. MM/ED	SDBIP Ref No	Annual Budget R'000 (Input Indicator	2023/2 4 Baseli ne	Annual Target	Mid-Term Target	Actual Performa nce Mid- Term	Achievem ent	Challenges	Corrective Action	POE	IA Comments
Good Governa nce	Good Governa nce	Submission of final audited consolidated Annual Report to Council by the 31 Jan 2025	Mf15- 2022	MM	4.9	In house	1	1 Annual report tabled before council	N/A	N/A	N/A	N/A	N/A	Copy of Final Annual Report and Council Resolution.	N/A
		Submission of Oversight Report to Council by the 31 March 2025		MM	4.1.0	In house	1	1 Oversight report submitted to Council	N/A	N/A	N/A	N/A	N/A	Annual Oversight Report and Council Resolution.	N/A
		2024/25 IDP Review Process Plan approved by Council by 31 Aug 2025	Mf20- 2022	MM	4.1.1	In house	1	1 IDP process plan developed and approved by Council	1 IDP process plan developed and approved by Council	1	Achieved	None	None	Copy of approved IDP review Process Plan and Council Resolution.	Achieved POE was attached
		Final IDP tabled and approved by Council by 31 May 2025	Mf20- 2022	MM	4.1.2	In house	1	1 Final IDP tabled and approved by Council by 31 May 2025.	N/A	N/A	N/A	N/A	N/A	Copy of Final IDP and Council resolution	N/A
Good Governa nce	Good Governa nce	Number of new/reviewed policies, strategies and By-Laws approved by Council by 30 June 2025 (OMM)	Pa37- 2022	MM	4.1.3	In house	11	new/reviewed policies, strategies and By-Laws approved by Council	N/A	N/A	N/A	N/A	N/A	Council Resolution of all approved policies, strategies and By-Laws.	N/A
		Number of monthly Section 80 Committee agendas generated as per the approved Calendar of Events	Pa33- 2022	ED:CS	4.1.4	In house	17	36 Section 80 Committee agendas generated	15 Section 80 Committee agendas generated	OR OR	Achieved	None.	None.	Copies of signed Section 80 Committee agendas	Achieved POE was attached

Strategic Thrust	Program me	КРІ	IDP Link	Resp. MM/ED	SDBIP Ref No	Annual Budget R'000 (Input Indicator	2023/2 4 Baseli ne	Annual Target	Mid-Term Target	Actual Performa nce Mid- Term	Achievem ent	Challenges	Corrective Action	POE	IA Comments
Good Governa nce	Good Governa nce	Final SDBIP approved by Executive Mayor within 28 days after approval of Budget	Pa32- 2022	MM	4.1.5	In house	1	1 Final SDBIP approved by Executive Mayor	N/A	N/A	N/A	N/A	N/A	Copy of Final approved SDBIP and Acknowledge ment letter by the Mayor	N/A
		Adjusted Budget and SDBIP approved by Council by the end of February 2024	Pa32- 2022 Pa35- 2022	MM	4.1.6	In house	1	1 Adjusted Budget and SDBIP approved by Council	N/A	N/A	N/A	N/A	N/A	Copy of Adjustment Budget and SDBIP and Council Resolution.	N/A
		% of Council meetings resolutions resolved per quarter (Total organisation)		MM	4.1.7	In house	46.50 %	100% Council meetings resolutions resolved	100% Council meetings resolutions resolved	54%	Not Achieved	- Some council resolutions are interlinked between two or three departments therefore making successful implementation a challenge. - Some resolutions require funds, and budgetary constraints make it difficult to achieve.	- Departmental Heads have been required to fast- track the implementation of Council Resolutions.	Copy of quarterly status report of Council resolutions resolved	Not achieved, target not met
		Number of monthly Ordinary Council meeting agendas generated as per the approved Calendar of Events	Pa35- 2022	ED:CS	4.1.8	In house	O	11 Ordinary Council meeting agendas generated	5 Ordinary Council meeting agendas generated	5	Achieved	None	None	Copy of signed Council agendas	Achieved POE attached.
Good Governa nce	Good Governa nce	Number of monthly ordinary MAYCO agendas generated as per the approved Calendar of Events	Pa34- 2022	ED:CS	4.1.9	In house	OWY	11 Ordinary MAYCO agendas generated	5 Ordinary MAYCO agendas generated	OR OR	Achieved	None.	None.	Copy of signed Mayoral Committee agendas	Achieved POE was attached

Strategic Thrust	Program me	КРІ	IDP Link	Resp. MM/ED	SDBIP Ref No	Annual Budget R'000 (Input Indicator)	2023/2 4 Baseli ne	Annual Target	Mid-Term Target	Actual Performa nce Mid- Term	Achievem ent	Challenges	Corrective Action	POE	IA Comments
Good Governa nce	Good Governa nce	Number of quarterly Compliance Register Reports submitted to Council	Pa38- 2021	MM	4.2.0	In House	New	4 Quarterly Compliance Register Report submitted to Council	2 Quarterly Compliance Register Report submitted to Council	2	Achieved	None	None	Copy of quarterly Compliance Register Report and Council Resolution	Achieved POE was attached
		Number of MPAC committee reports submitted to Council per quarter	Pa29- 2022	MM	4.2.1	In house	3	4 MPAC committee reports submitted to Council	2 MPAC committee reports submitted to Council	2	Achieved	None	None	Copy of MPAC Report and Council Resolution.	Achieved POE was attached
Good Governa nce	Good Governa nce	Draft 2025/26 IDP tabled before Council for adoption by 31 March 2025	Mf20- 2022	MM	4.2.2	In house	1	1 Draft 2024/25 IDP tabled before Council for adoption by 31 March 2025	N/A	N/A	N/A	N/A	N/A	Copy of the Draft 2024/25 IDP and Council Resolution	N/A
	Risk Manage ment	% execution per quarter of Risk Management Plan in line with detailed time schedule (OMM)	Pa17- 2022	MM	4.2.3	In house	25%	execution per quarter of Risk Management Plan	85% execution per quarter of Risk Management Plan	72%	Not Achieved	In Quarter 2, the Department implemented/addre ssed 455 of its Risks. The outstanding risks fell under the Service Delivery unit.	Service Delivery Unit has since addressed all their Risks in Q2 and will keep the momentum going forward.	Copy of the Risk Monitoring Report	Not achieved, Target was not met
Good Governa nce	Risk Manage ment	% execution per quarter of Risk Management Plan in line with detailed time schedule (Finance only)	Pa17- 2022	CFO	4.2.4	In house	60%	85% execution per quarter of Risk Management Plan	85% execution per quarter of Risk Management Plan	90%	Achieved	None	None	Copy of the Risk Monitoring Report	Achieved POE was attached

Strategic Thrust	Program me	KPI	IDP Link	Resp. MM/ED	SDBIP Ref No	Annual Budget R'000	2023/2 4 Baseli	Annual Target	Mid-Term Target	Actual Performa nce Mid-	Achievem ent	Challenges	Corrective Action	POE	IA Comments
						(Input Indicator)	ne			Term					
Good Governa nce	Risk Manage ment	% execution per quarter of Risk Management Plan in line with detailed time schedule (SS only)	Pa17- 2022	ED:SS	4.2.5	In house	77%	85% execution per quarter of Risk Management Plan	85% execution per quarter of Risk Management Plan	100%	Achieved	All future action plans were implemented during the previous two quarters	None	Copy of the Risk Monitoring Report	Achieved POE was attached
		% execution per quarter of Risk Management Plan in line with detailed time schedule by (TS)		ED:TS	4.2.6	In house	21%	85% execution per quarter of Risk Management Plan	85% execution per quarter of Risk Management Plan	97%	Achieved	None	None	Copy of the Risk Monitoring Report	Achieved POE attached.
		Number of Risk Management reports submitted to the Risk Management Committee per quarter		ММ	4.2.7	In house	4	4 Risk Management reports submitted to the Risk Management Committee	2 Risk Management reports submitted to the Risk Management Committee	2	Achieved	None.	None.	Copy of quarterly Risk Management Committee report	Achieved POE was attached
		Number of Risk Management Committee reports submitted to the Audit Committee per quarter	Pa04- 2022	MM	4.2.8	In house	4	4 Risk Management Committee reports submitted to the Audit Committee	2 Risk Management Committee reports submitted to the Audit Committee	2	Achieved	None.	None.	Copies of Risk Management Committee reports	Achieved POE was attached
Good Governa nce	Risk Manage ment	% execution per quarter of Risk Management Plan in line with detailed time schedule (CS only)	Pa17- 2022	ED:CS	4.2.9	In house	85%	85% execution per quarter of Risk Management Plan	85% execution per quarter of Risk Management Plan	95.8%	Achieved	None	None	Copy of the Risk Monitoring Report	Achieved POE was attached

Strategic Thrust	Program me	KPI	IDP Link	Resp. MM/ED	SDBIP Ref No	Annual Budget R'000 (Input Indicator	2023/2 4 Baseli ne	Annual Target	Mid-Term Target	Actual Performa nce Mid- Term	Achievem ent	Challenges	Corrective Action	POE	IA Comments
		Number of Internal Audit reports submitted to the Audit Committee per quarter	Pa10- 2022	ММ	4.3.0	In house	4	4 Internal Audit reports submitted to the Audit Committee	2 Internal Audit reports submitted to the Audit Committee	2	Achieved	None	None	Copy of the quarterly IA progress report	Achieved POE was attached
Good Governa nce	Internal Audit	Number of Audit Committee reports submitted to Council per quarter	Pa10- 2022	MM	4.3.1	In house	3	4 Audit Committee reports submitted to Council	2 Audit Committee reports submitted to Council	2	Achieved	None	None	Copy of quarterly AC report submitted to Council and Council Resolution	Achieved POE was attached
	Good Governa nce	Action Plan on issues raised by the Auditor General compiled and tabled to Council by 31 January 2025	Pa08- 2022	CFO	4.3.2	In house	0	1 Action Plan on issues raised by the Auditor General compiled and tabled to Council	N/A	\(\frac{1}{2}\)	N/A	N/A	N/A	Copy of approved Action Plan and Council Resolution.	N/A
	Internal Audit	Review Risk Based Internal Audit Plan and submit to Audit Committee by 31 July 2024	Pa08- 2022	MM	4.3.3	In house	1	1 Review Risk Based Internal Audit Plan and submit to Audit Committee	1 Review Risk Based Internal Audit Plan and submit to Audit Committee	0	Not Achieved	Delayed due to risk Management Processes to be finalised. The plan was subsequently finalised and approved by the audit committee.	Will streamline future planning to the risk management processes to reflect actual activity	Reviewed Risk Based Internal Audit Plan submitted to Audit Committee	Not achieved, target was not met
Custome r Relations hip Manage ment	Custome r/ Stakehol der Relations hip Manage ment	Number of quarterly Customer Complaint reports submitted to Council (inclusive of Presidential Hotline)	Pa39- 2022	MM	4.3.4	In house	3 OW7	4 Customer Complaint reports submitted to Council	2 Customer Complaint reports submitted to Council	OR	Not Achieved	The user Department compiled the quarterly reports, however didn't submit the reports to Council asper the required POE.	The user department has since been sensitized to submit to reports to council as per the SDBIP requirements.	Copy of quarterly Customer Complaint reports and Council Resolution	Not achieved, Council resolution was not attached as per the means of verification

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Strategic Thrust	Program me	КРІ	IDP Link	Resp. MM/ED	SDBIP Ref No	Annual Budget R'000 (Input Indicator)	2023/2 4 Baseli ne	Annual Target	Mid-Term Target	Actual Performa nce Mid- Term	Achievem ent	Challenges	Corrective Action	POE	IA Comments
Good Governa nce Good Governa	Good Governa nce	% of Internal Audit Findings resolved per quarter as per the Audit Plan (Total Organization)	Pa10- 2022	MM	4.3.5	In house	42%	100% Internal Audit Findings resolved as per the Audit Plan	100% Internal Audit Findings resolved as per the Audit Plan	23%	Not Achieved	Cash flow Constraints	escalate to MM, and monitor weekly	Copy of the quarterly internal audit report	Not achieved, target was not met. The internal audit findings were not fully implemented
nce	Governa nce	Number of new/reviewed policies, strategies and By-Laws approved by Council by 30 June 2025 (B&T only)	Pa37- 2022	CFO	4.3.6	In house	21	19 new/reviewed policies, strategies and By-Laws approved by Council	N/A	N/A	N/A	N/A	N/A	Council Resolution of all approved policies, strategies and By-Laws.	N/A
Good Governa nce	Good Governa nce	Number of new/reviewed policies, strategies and By-Laws approved by Council by 30 June 2025 (CS only)		ED:CS	4.3.7	In house	5	05 new/reviewed policies, strategies and By-Laws approved by Council	N/A	N/A	N/A	N/A	N/A	Council Resolution of all approved policies, strategies and By-Laws	N/A
Good Governa nce	Good Governa nce	Number of new/reviewed policies, strategies and By-Laws approved by Council by 30 June 2025 (SS only)	Pa37- 2022	ED:SS	4.3.8	In House	0	5 Number of new/reviewed policies, strategies and By-Laws approved by Council	N/A	N/A	N/A	N/A	N/A	Council Resolution of all approved policies, strategies and By-Laws.	N/A
		Number of new/reviewed policies, strategies and By-Laws approved by Council by 30 June 2024 (TS only)	Pa37- 2022	ED:TS	4.3.9	In house	New	new/reviewed policies, strategies and By-Laws approved by Council by 30 June 2024 (TS only)	N/A SHERE	N/A OB	N/A	N/A	N/A	Council Resolution of all approved policies, strategies and By-Laws.	N/A

Strategic Thrust	Program me	KPI	IDP Link	Resp. MM/ED	SDBIP Ref No	Annual Budget R'000 (Input Indicator	2023/2 4 Baseli ne	Annual Target	Mid-Term Target	Actual Performa nce Mid- Term	Achievem ent	Challenges	Corrective Action	POE	IA Comments
Good Governa nce	Youth Develop ment	Review and Adoption of the Youth Development Strategy by 30 June 2025.		ED:SS	4.4.0	In-House	New	1 Youth Development Strategy reviewed and adopted by the 30th of June 2025	N/A	N/A	N/A	N/A	N/A	Copy of the reviewed and adopted Youth Development Strategy and the Council Resolution	N/A
	Improved Complian ce to Legislatio n &	Number of Municipal firearms inspections conducted per month	Tp03- 2022	ED:SS	4.4.1	In house	12	12 Municipal firearms inspections conducted	6 Municipal firearms inspections conducted	6	Achieved	None	None	Copies of firearms inspections forms	Achieved POE was attached
	Policies(Public Safety)	Number of Cemeteries Management Forum Meetings Scheduled & held per quarter	Cs01- 2022	ED:SS	4.4.2	In house	3	4 Cemeteries Management Forum Meetings Scheduled & held	2 Cemeteries Management Forum Meetings Scheduled & held	0	Achieved	None	None	Copy of close out report for each forum meeting inclusive of Attendance Registers	Achieved POE was attached
Custome r Relations hip Manage ment	Custome r/ Stakehol der Relations hip	Number of Customer satisfaction survey conducted by 30 June 2025	Pa20- 2022	MM	4.4.3	In house	In house	1 Customer satisfaction survey conducted	N/A	N/A	N/A	N/A	N/A	Report on Customer satisfaction survey submitted to the MM	N/A
	Manage ment	Number of monthly updates of the Municipal social media accounts		ММ	4.4.4	In house	New	12 monthly updates of the Municipal social media accounts	6 monthly updates of the Municipal social media accounts	6	Achieved	None	None	Copy of dated screenshots of social media accounts updates.	Achieved POE attached.

Strategic Thrust	Program me	KPI	IDP Link	Resp. MM/ED	SDBIP Ref No	Annual Budget R'000 (Input Indicator	2023/2 4 Baseli ne	Annual Target	Mid-Term Target	Actual Performa nce Mid- Term	Achievem ent	Challenges	Corrective Action	POE	IA Comments
		Number of quarterly newsletter(s) published		MM	4.4.5	600	1	4 newsletter(s) published	2 newsletter(s) published	2	Achieved	None	None	Copy of quarterly newsletter(s) published	Achieved POE was attached
Custome r Relations hip	Custome r/ Stakehol der	Number of radio slots secured for the Executive Mayor per quarter	Pa18- 2022	MM	4.4.6	200	1	4 radio slots secured for the Executive Mayor	2 radio slot secured for the Executive Mayor	0	Not Achieved	There were no radio Slots booked for the second quarter	Two slots will be booked in the third quarter	Copy of confirmation from the radio station	Not achieved POE attached is irrelevant
Manage ment	Relations hip Manage ment	Number of legislated notices approved by the MM and published per quarter		MM	4.4.7	500	თ	5 legislated notices approved by the MM and published	1 legislated notices approved by the MM and published	1.	Achieved	None	None	Copy of approved notices published	Achieved POE was attached
		Number of monthly updates of the Municipal Website as per Section 75 of the MFMA.		MM	4.4.8	In house	New	12 monthly updates of the Municipal Website as per Section 75 of the MFMA	6 monthly updates of the Municipal Website as per Section 75 of the MFMA	14	Achieved	There was a high number of legislated documents that had to be uploaded during the 1st and 2nd Quarters.	The indicator's target will be a mended in the 2025/26 financial year.	Dated Municipal Website screen shots.	Achieved POE was attached
	Strategic Planning	Strategic Planning Lekgotla report Submitted to Council by 30 June 2025.	Mf20- 2022	MM	4.4.9	In house	1	1 Strategic Planning Lekgotla report Submitted to Council by 30 June 2025.	N/A	N/A	N/A	N/A	N/A	Close-out report, attendance register and Council Resolution	N/A
Good Governa nce	Security Services	Number of quarterly status reports on monitoring of Municipal security services submitted to the Municipal Manager per quarter	Tp03- 2022	ED:SS	4.5.0	In house	New	4 status reports on monitoring of Municipal security services submitted to the Municipal Manager	2 status report on monitoring of Municipal security services submitted to the Municipal Manager	2	Achieved	None	None	Quarterly Security Reports and Acknowledge ment of receipt by MM	Achieved, POE attached.

KEY PERFORMANCE AREA 5: Spatial Rationale

The overall score for this KPA is 71% for the quarter under review.

KPI Status	KPA 5: Spatial Rationale
Target Met (as planned and exceeded)	6
Target Not Met (below planned)	1
Total	7
% Targets met	86%
% Targets not met	14%

Performance Highlights for Mid-Year

Challenges	Measures taken to improve performance
4 2 1 45 6 41 1 2 2 2 2 2	
1. Only 45 of the planned 2800 property inspections conducted in terms of compliance to	
the Land scheme and Building Regulations, were	
achieved.	
Insufficient awareness and human capital	- Intensify awareness of the program and
	request ward committee to assist program



KPA 5: SPATIAL DEVELOPMENT

Strategic Goal 6: Increase regularisation of built environment

												21 11			
Strategi c Thrust	Program me	KPI	IDP Link	Resp. MM/E D	SDBIP Ref No	Annual Budget R'000 (Input Indicator)	2023/24 Baseline	Annual Target	Mid-Term Target	Actual Performan ce Mid- Term	Achievem ent	Challenges	Corrective Action	POE	IA Comments
Land Tenure and Spatial Develop ment	Land Tenure and Spatial Develop ment	% of new registered building plan applications received and approved (referred back) within agreed timeframes of 28 days.	Sd07- 2022	MM	5.1	In house	100%	100% new registered building plan applications received and approved (referred back)	100% new registered building plan applications received and approved (referred back)	100%	Achieved	None	None	Copy of application Register	Target achieved
Land Tenure and Spatial Develop ment	Land Tenure and Spatial Develop ment	% of (category 2) land use applications received and processed within 90 days by authorised officer	Sd06- 2022	MM	5.2	In house	100%	100% (category 2) land use applications received and processed	100% (category 2) land use applications received and processed	100%	Achieved	None	None	Copy of the land use application s report and register	Achieved POE was attached
		% of (category 1) land use applications received and referred to Nkangala District Tribunal within 90 days from VKLM	Sd06- 2022	MM	5.3	In house	100%	100% (category 1) land use applications received and referred to Nkangala District Tribunal	100% (category 1) land use applications received and referred to Nkangala District Tribunal	100%	Achieved	None	None	The list of registered application s received and referred to NDM (Land tribunal)	Achieved POE attached.
Land Tenure and Spatial Develop ment	Building Control	Number of quarterly reports on building contraventions notices issued submitted to the MM	Sd06- 2022	ММ	5.4	In house	80% OWT	4 Quarterly Reports on building contraventions notices issued submitted to the MM	2 Quarterly Report on building contraventions notices issued submitted to the MM	OR OPMI	Achieved	None	None	Copy of quarterly reports submitted and signed by the MM.	Achieved, POE attached.

Strategi c Thrust	Program me	КРІ	IDP Link	Resp. MM/E D	SDBIP Ref No	Annual Budget R'000 (Input Indicator	2023/24 Baseline	Annual Target	Mid-Term Target	Actual Performan ce Mid- Term	Achievem ent	Challenges	Corrective Action	POE	IA Comments
Land Tenure and Spatial Develop ment	Building Control	Number of property inspections conducted per quarter in terms of compliance to the Land scheme and Building Regulations		MM	5.5.	In house	New	6400 property inspections conducted in terms of compliance to the Land scheme and Building Regulations	2800 property inspections conducted in terms of compliance to the Land scheme and Building Regulations	45	Not Achieved	Insufficient awareness and human capital	Intensify awareness of the program and request ward committee to assist program	Close-out report with signed inspection forms	Not achieved, target was not met
	Land Audit	Land Audit report developed and submitted to the MM by 30 June 2025	Sd06- 2022	MM	5.6	In house	New	1 Land Audit report developed and submitted to the MM	N/A	N/A	N/A	N/A	N/A	Copy of land audit reports submitted to the MM	N/A
Land Tenure and Spatial Develop ment	Land Audit	Number of quarterly reports on cases of Land Invasion reported and resolved submitted to the MM	Sd09- 2022	MM	5.7.	In house	New	4 Quarterly Reports on cases of Land Invasion reported and resolved submitted to the MM	2 Quarterly Report on cases of Land Invasion reported and resolved submitted to the MM	2	Achieved	None	None	Land invasion reports submitted and signed by the MM	Achieved POE was attached
		Number of Quarterly reports on Land Contraventions notices issued submitted to the MM by 30 June 2025.		MM	5.8.	In house	New	4 Quarterly reports on Land Contravention s notices issued submitted to the MM	2 Quarterly report on Land Contraventions notices issued submitted to the MM	OR ORM	Achieved	None	None	Copy of quarterly report of building contraventi on notices issued signed by the MM.	Achieved POE was attached

Strategi c Thrust	Program me	КРІ	IDP Link	Resp. MM/E D	SDBIP Ref No	Annual Budget R'000 (Input Indicator	2023/24 Baseline	Annual Target	Mid-Term Target	Actual Performan ce Mid- Term	Achievem ent	Challenges	Corrective Action	POE	IA Comments
Land Tenure and Spatial Develop ment	Land Audit	Spatial Development Framework (SDF) reviewed and adopted by Council by 30 June 2025.	Sd06- 2022	MM	5.9.	In house	New	1 Spatial Development Framework (SDF) reviewed and adopted by Council	N/A	N/A	N/A	N/A	N/A	Copy of the SDF document submitted to Council and Council Resolution.	N/A

KEY PERFORMANCE AREA 6: Local Economic Development

The overall score for this KPA is 86% for the quarter under review.

KPI Status	KPA 6: Local Economic Development
Target Met (as planned and exceeded)	7
Target Not Met (below planned)	0
Total	7
% Targets met	100%
% Targets not met	0%

Performance H<mark>ighlights for Mid</mark>-Year

	Challenges	Measures taken to improve p	erformance
None		None	



KPA 6: LOCAL ECONOMIC DEVELOPMENT

Strategic Goal 7: Increased economic activity and job creation

Strategic Thrust	Program me	KPI	IDP Link	Resp. MM/ED	SDBIP Ref No	Annual Budget R'000 (Input Indicator	2023/24 Baseline	Annual Target	Mid-Term Target	Actual Performan ce Mid- Term	Achievem ent	Challenges	Corrective Action	POE	IA Comments
Economi c Growth and Develop ment	Economi c Growth and Develop ment	Number of MOU's signed with respect to external Social Responsibility Programmes by 30 June 2025	Led03 - 2022	MM	6.1	In house	-	2 MOU's signed with respect to external Social Responsibility Programmes	N/A	N/A	N/A	N/A	N/A	Copy of the signed MOU's	N/A
		Number of bi- annual reports submitted to Council with respect to CSI and SLP Programme of both Business and Mining organisations by 30 June 2025.		MM	6.2	In house	3	2 CSI and SLP Programme of both Business and Mining organisations Report submitted to Council	1 CSI and SLP Programme of both Business and Mining organisations Report submitted to Council	1	Achieved	None	None	Copies of bi-annual reports submitted to Council	Achieved POE was attached
		Number of total work opportunities created through labour intensive programmes by 30 June 2025 (GKPI).	Led09 - 2022	ED:TS	6.3	In house	New	121 work opportunities created through labour intensive programme by 30 June 2025 (GKPI).	61 work opportunities created through labour intensive programme by 30 June 2025 (GKPI).	109	Achieved	The target is per quarter however performance is measure accumulatively annual	KPI measurement to be adjusted during budget adjustment	Job opportunity report	Achieved POE was attached
Economi c Growth and Develop ment	Economi c Growth and Develop ment	Number of skills development initiatives scheduled and held in terms of the youth bi-annually	Led35 - 2022	ED:SS	6.4	400	OWT	2 skills development initiatives held for the youth	1 skill development initiatives held for the youth	OR OPM	Achieved	None	None	Copy of close-out report inclusive of Attendance Register.	Target Achieved

Strategic Thrust	Program me	КРІ	IDP Link	Resp. MM/ED	SDBIP Ref No	Annual Budget R'000 (Input Indicator	2023/24 Baseline	Annual Target	Mid-Term Target	Actual Performan ce Mid- Term	Achievem ent	Challenges	Corrective Action	POE	IA Comments
Economi c Growth and Develop ment	Economi c Growth and Develop ment	Number of SMME's and Cooperatives capacity building skills workshops held by the 30 June 2025	Led10 - 2022	MM	6.5	200	4	2 SMME's and Cooperatives skills workshop held	1 SMME's and Cooperatives skills workshop held	1	Achieved	None	None	Copy of close-out reports inclusive of Attendance Register.	Achieved POE was attached
		Number of EPWP Full Time Equivalent (FTE's) created through social, culture and environment initiatives per quarter	Led09 - 2022	MM	6.6	1 361	587	170 EPWP Full Time Equivalent (FTE's) created through social, culture and environment initiatives	80 EPWP Full Time Equivalent (FTE's) created through social, culture and environment initiatives	210	Achieved	There was a need for more participants.	There is a need to adjust the budget and the target.	Copy of monthly DPW Summary report	Achieved POE was attached
Economi c Growth and Develop ment	Economi c Growth and Develop ment	Number of new investments attracted into the local economy by 30 June 2025.		MM	6.7	In house	NEW	2 Direct/Non- direct Investment into the local economy	N/A	N/A	N/A	N/A	N/A	Copy of the signed MOUs	N/A
	ment	Acquisition of an industrial site by 30 June 2025.		MM	6.8	External	NEW	1 industrial site acquired by the 30 June 2025	N/A	N/A	N/A	N/A	N/A	Report submitted to Council and a Council Resolution	N/A
		Launch of Local Economic Development (LED) Forum by 30 September 2024.		MM	6.9	In house	NEW	1 Local Economic Development (LED) Forum launched by 30 September 2024.	1 Local Economic Development (LED) Forum launched by 30 September 2024	OR OPMI	Achieved	None	None	Close-out report with attendance register	Achieved POE was attached

Strategic Thrust	Program me	KPI	IDP Link	Resp. MM/ED	SDBIP Ref No	Annual Budget R'000 (Input Indicator	2023/24 Baseline	Annual Target	Mid-Term Target	Actual Performan ce Mid- Term	Achievem ent	Challenges	Corrective Action	POE	IA Comments
Economi c Growth and Develop ment	Economi c Growth and Develop ment	Launch of the Local Tourism Committee (LRC) by 30 June 2024		MM	6.1	In house	NEW	Local Tourism Committee (LRC) launched by 30 September 2024.	Local Tourism Committee (LRC) launched by 30 September 2024.	1	Achieved	None	None	Close-out report with attendance register	Achieved POE was attached
	Youth Develop ment	Youth Development Summit held by 30 June 2025	Pa30- 2022	ED:SS	6.11.	650	0	1 Youth Development Summit held by 30 June 2025.	N/A	N/A	N/A	N/A	N/A	Council resolution to host the event and close out summit report	N/A



SWALED MACDONALD MASHABELA the Municipal Manager of the Victor Khanye Local Municipality, hereby certify that the Mid-Year Performance Report and supporting documentation for the period July 2024 to December 2024 has been prepared in accordance with the Municipal Finance Management Act and the regulations made under the Act.

SIGNED BY THE MUNICIPAL MANAGER: MR TM MASHABELA

GROWTH

DATE