



THE PRESIDENCY
REPUBLIC OF SOUTH AFRICA

DEPARTMENT: PERFORMANCE MONITORING AND EVALUATION

**Management Performance
Assessment Tool (MPAT)
Report on results of assessment process for
2011/2012**

13 June 2012

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Acronyms and Abbreviations

AGSA	Auditor General of South Africa
DPME	Department of Performance Monitoring and Evaluation
DPSA	Department of Public Service and Administration
EA	Executive Authority
EC	Eastern Cape
FS	Free State
GP	Gauteng
HOD	Head of Department
HR	Human Resources
LP	Limpopo Province
M&E	Monitoring and Evaluation
MP	Mpumalanga
MPAT	Management Performance Assessment Tool
MPSA	Minister of Public Service and Administration
MTSF	Medium Term Strategic Framework
NC	Northern Cape
NT	National Treasury
NW	North West Province
OAG	Office of the Accountant General
OPSC	Office of the Public Service Commission
PFMA	Public Finance Management Act
PMDS	Performance Management and Development System
PSA	Public Service Act
SMS	Senior Management Service
WC	Western Cape

Executive Summary

Background

Improved management practices contribute to improved service delivery. The 12 priority outcomes government has set for 2009-2014 are underpinned by Outcome 12: 'An Efficient, Effective and Development Orientated Public Service'.

In October 2010 Cabinet approved a proposal from the Department of Performance Monitoring and Evaluation (DPME) to work with transversal administrative departments and Offices of the Premier to develop and pilot the implementation of a management performance assessment tool, in support of achieving Outcome 12. The Management Performance Assessment Tool (MPAT) was developed in collaboration with the Department of Public Service and Administration (DPSA) and the National Treasury, with additional inputs from the Office of the Auditor General and the Office of the Public Service Commission.

In June 2011 Cabinet gave a mandate for DPME to implement management performance assessments for all national and provincial departments on an annual basis. Following a series of workshops and consultations, DPME officially launched MPAT in October 2011. Provincial governments through the Offices of the Premier further facilitated their own launches and self-assessments in their provincial departments.

Self-assessment

An important step in the MPAT process is for the senior management of a department to conduct a self-assessment against a range of management standards. MPAT does not duplicate existing monitoring and oversight by other departments, and in fact draws on secondary data from these entities to review the self-assessments of departments. A total of 30 national departments and 73 provincial departments from eight provinces participated in the self-assessment process for the financial year 2011/2012. (Thus 103 out of a total of 158 (65%) national and provincial departments carried out self-assessments.)

Independent moderation of self-assessment results

DPME also subjected the self-assessments to independent peer moderation by selected practitioners and policy experts from national and provincial departments. However, the moderation process was limited due to the availability of evidence to substantiate self-assessment scores from all departments. This was largely due to weaknesses with the design of the evidence submission moderation process. DPME did not provide sufficiently clear guidelines of what evidence would be required to substantiate self-assessment scores, and the process did not allow for follow-ups with departments to provide missing evidence. Due to these limitations, it was only possible to moderate, by means of submitted evidence, 16% of the scores from the self-assessments of the national departments. For the provinces, it was only possible to confirm 31% of the scores of the Western Cape self-assessments, 26% of the Free State scores, 22% of the Northern Cape scores, 18% of the Mpumalanga and North West scores, and 14% of the Eastern Cape scores. Gauteng did not provide any evidence to support their scores. In some cases, however, secondary data from sources such as DPSA, the Auditor General and the Public Service Commission was used to confirm self-assessed scores. As an example, data from the Public Service Commission was used to confirm the self-assessed scores related to submission of financial disclosures for SMS members and HoD performance assessments.

This report therefore focuses mainly on the results of the self-assessments. The self-assessment and moderation processes will be improved for future assessment cycles, and future reports will focus more on the moderated results. Nevertheless, the un-moderated self-assessment results still provide a useful indication of the departments' own perceptions of the quality of their management practices.

Management performance areas and standards

The self-assessment results position departments in terms of four progressive levels of management performance against 31 standards in 17 management performance areas. A department which scores at Level 1 or Level 2 for a particular management area is non-compliant with the minimum legal prescripts in that management area and/or is performing poorly in terms of its management practices in that management area. A department which scores at Level 3 is fully compliant with the legal prescripts in that management area. A Level 4 department on the other hand is fully compliant and operating smartly in terms of its management practices in that management area. In such cases, good practice case studies will be developed and disseminated through learning networks. Level 3, complying fully with the legal prescripts is essentially a minimum requirement for departments and all departments should aspire to operate at Level 4 – being fully compliant and working smartly. It is only when the critical mass of departments are operating at Level 4 that we will achieve the goal of “An Efficient, Effective and Development Orientated Public Service”.

Findings from the 2011-12 assessment process

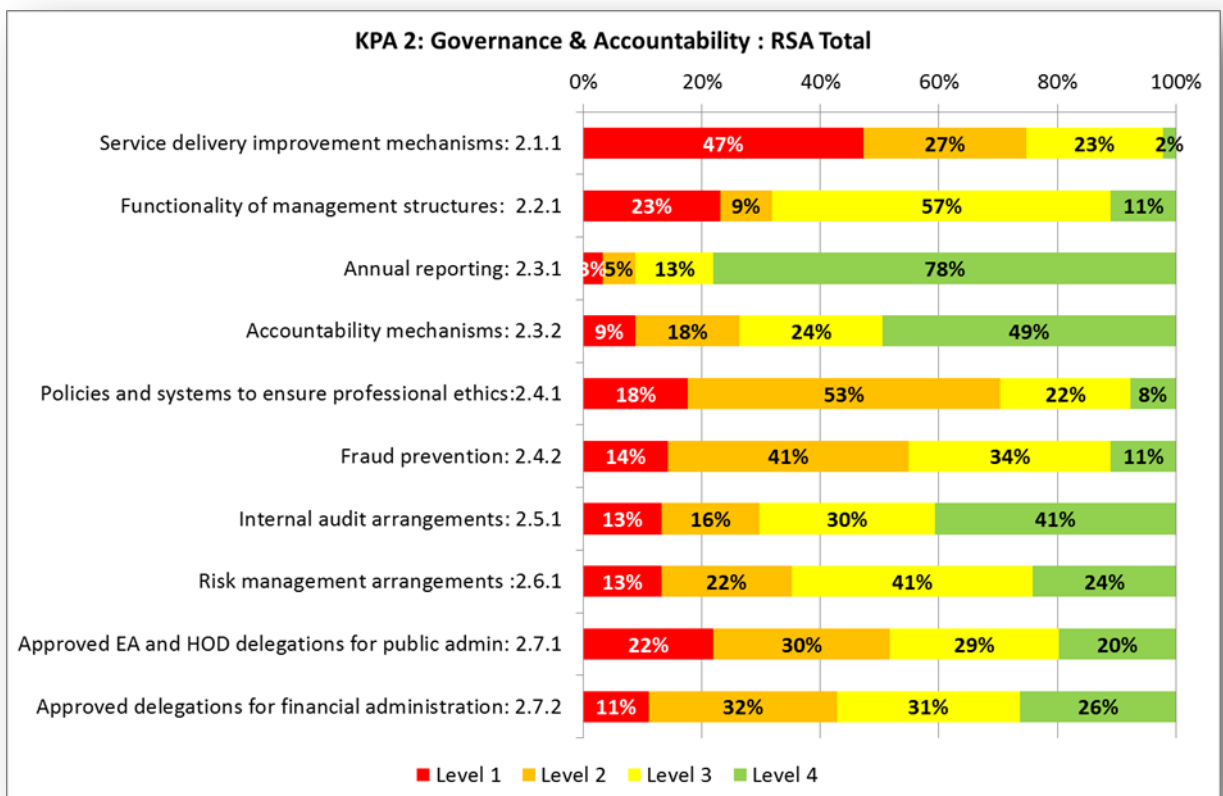
Generally, departments were enthusiastic to conduct the self-assessments. Many departments carried out frank and honest self-assessments and used the process to identify their shortcomings. Some of these departments, as a result of the self-assessment process, are already implementing improvement plans. However, some departments were not as forthright in their self-assessments and may have scored themselves too high. Increasing awareness among these departments will improve their internal self-assessment processes and outputs. Improving the moderation process will address this problem in future.

Key findings based on the combined results of the self-assessments of both national and provincial departments are:

1. There are some management performance areas where most departments rate themselves as either fully compliant or their compliance surpassing the required standards. For the management performance areas of strategic and annual performance planning and programme management alignment, 68% of departments rated themselves as fully compliant or better. In addition, for the annual reporting management performance area, 91% of departments rated themselves as fully compliant or better. However, this is not supported by the Auditor General's negative findings on the reliability and usefulness of reporting against predetermined objectives. For example, for the 2010/11 financial year, the Auditor-General found that only three national departments have sustained a record of having no audit findings on reporting against predetermined objectives. There is therefore clearly a major disparity between the Auditor General's findings on reporting against predetermined objectives and departments' own perceptions on this matter.
2. In 14 out of the 31 standards assessed, the majority of departments rated themselves as not fully compliant, let alone working smartly. Thus, departments have to afford considerable effort to attain basic levels of compliance. Specific areas of concern, emanating from the MPAT, include:

- a) The IT Governance Standard: 83% of departments rated themselves as being less than fully compliant. This correlates with the Auditor General who highlighted weaknesses in IT governance.
- b) The Monitoring and Evaluation Standard: 86% of departments indicated that they are below level 4, i.e. that they are not carrying out evaluations of major programmes periodically and using the results of such evaluations to inform changes to programme plans, business processes, as well as their Annual Performance and strategic plans.
- c) For the HR-related standards of organisation design and implementation, recruitment practices, staff retention, management of diversity, performance management of SMS and HoD, 57% of departments rated themselves as being less than fully compliant i.e. scores of either 1 or 2. In addition, 52% of departments indicated that their HR delegations are not in the prescribed format or in alignment with DPSA guidelines. Weaknesses related to human resource management and development have also been highlighted by the PSC, DPSA and the Auditor General. This is considered a big concern, as effective human resource management and development in departments is key to improving government's performance.

Self-assessment for KPA 2 (Governance & Accountability): national and provincial departments



- d) As illustrated in the graph above, for the standard of service delivery improvement, 74% of departments rated themselves as being less than fully compliant and 47% of departments indicated that they were at level 1 (i.e. they do not have a service charter and service standards in place, as required by the Public Service Regulations). This is a concern, given government's emphasis on improving service delivery, and considering that since 2001, service delivery improvement plans, service charters, and service standards have been the key instrument of government to improve service delivery at national and provincial level. From the moderation process it emerged that many national departments are of the view that the service delivery improvement regulatory requirements do not apply to them because they do not deliver services directly to the public. National departments are, however, not exempt from these requirements in the Public Service Regulations. There may therefore be a need for clarification and additional support by the policy department, the DPSA.
- e) Again as illustrated in the graph above, for the standard of "policies and systems to ensure professional ethics" which constitutes: financial disclosures for all SMS members to the Public Service Commission on time, and/or do not have a gift policy and gift register in place, and/or have not trained their staff in understanding and applying the Code of Conduct, 71% of departments rated themselves as being less than fully compliant, with 17% not complying at all. This means that these departments have not complied with one or more of the above. Similarly, for the standard of fraud prevention, 55% of departments rated themselves as being less than fully compliant of which 41% were partially compliant. This means that more than half of all government departments are not regularly monitoring the implementation of an approved fraud prevention plan. This is problematic, given government's commitment to fighting corruption. However significant insight may be gained from the 11% of departments that assessed themselves at a 4.
- f) For management performance areas related to supply chain management and procurement, 52% or more of departments rated themselves as less than fully compliant for the standards relating to demand management, acquisition management, and disposal management. Again, supply chain management has been highlighted as an area of weakness by the Auditor General. Weak supply chain management provides fertile grounds for corruption and leads to the inefficient and ineffective use of resources.

It is beyond the scope of the MPAT tool to identify the underlying reasons for non-compliance as the spread of non-compliance was arbitrary i.e. while a departments complied in one area the same department did not comply in another area. What is evident is that there is chronic, arbitrary and sometimes selective compliance and willful/conscious non-compliance. The reasons for non-compliance could be attributed to a variety of reasons, including weak management as well as lack of skill and capacity to unclear frameworks and guidelines. Further follow-up and the post-assessment feedback discussion between DPME and departments will seek to identify these. Consistently low compliance in areas such as service delivery improvement and IT governance may be due to a combination of problems related to the relevant regulatory frameworks and departments' failing to implement –the applicable requirements.

There is considerable variation in the MPAT self-assessment results across the eight provinces that participated. It should however be borne in mind that, in a number of provinces, some of the provincial departments did not submit self-assessments and the results of those provinces are therefore not representative of management practices in the province. More than half of the departments from the Eastern Cape, Gauteng and North West did not submit self-assessments and

no departments from KwaZulu-Natal submitted self-assessments. For Limpopo MPAT scores were submitted from all departments in the province. However, on advice from the Office of the Premier in Limpopo, the department's scores were not signed off by the respective HoD of the departments and are thus not included in this report. The report will be updated once revised scores from Limpopo are received. DPME will discuss the reasons with the Office of the Premier in these provinces to ascertain what assistance or support is required to ensure 100% participation from these provinces for the 2012/2013 MPAT assessments.

Conclusions

This has been the first round of MPAT assessments and although it is too early to speak conclusively of the impact of the self-assessment process, the indications in this regard are positive. The introduction of MPAT in national and provincial departments by the DPME has focused departmental management's attention on the importance of good management practices. The self-assessment results, notwithstanding some of the limitations of the first moderation process, do pinpoint management related areas that departments need to focus on. Indeed, the self-assessment process itself has been of value to those departments that involved senior management in their deliberations. These departments indicated that they found the self-assessment process useful and are already implementing improvement plans to address identified areas of weakness.

Recommendations

- 1:** All departments that were assessed in 2011/2012 should prepare and implement improvements measures to ensure that they work towards achieving full compliance and begin to work smartly.
- 2:** DPME, the DPSA, the National Treasury and the Office of the Premiers should provide support and advice to departments in developing their support plans to improve management practices in those areas where low levels of compliance are evident.
- 3:** Transversal policy departments such as the DPSA and National Treasury should follow up, as part of their policy mandate, on those areas where most departments assessed themselves as non-compliant, to determine the underlying reasons for the non-compliance and develop appropriate responses to address these issues. This may require a review of the framework in that area of management. A key concern in this regard is the management performance area of service delivery improvement.
- 4:** DPME, in consultation with the MPAT Technical Committee should introduce technical improvements to the MPAT tool and moderation process. It should also provide more or improved guidance on the evidence required for moderation and guidance to internal audit units of departments on their verification of departments' scores.
- 5:** DPME, DPSA and NT should follow up on the potential good practice cases that were identified in the moderation process. These potential cases should be subjected to further assessment to determine if they are suitable for documentation as case studies and disseminating to a wider audience.
- 6:** All Ministers, Premiers and Members of the Executive Council should ensure that their departments participate in the assessment process in 2012/2013, that the senior management of the department participates in the self-assessment exercise, and that the department provides the evidence to DPME for the self-assessment results to be moderated.

1 Introduction

1.1 Background

Improved management practices are the key to improving government performance and service delivery. Government has committed itself to improving the public service in order to achieve the Priority Outcomes it has set for 2009-2014. These Priority Outcomes are underpinned by Outcome 12: 'An Efficient, Effective and Development Orientated Public Service'.

In October 2010 Cabinet approved a proposal from the Department of Performance Monitoring and Evaluation (DPME) to work with transversal departments and Offices of the Premier to develop and pilot the implementation of a management performance assessment tool, in support of achieving Outcome 12. DPME was mandated by Cabinet to lead the development of the Management Performance Assessment Tool (MPAT). DPME has collaborated with transversal departments, namely, the Department of Public Service and Administration (DPSA), National Treasury (including the Office of the Accountant General), the Department of Cooperative Governance (DCOG), PALAMA and Offices of Premiers of various provinces. Independent bodies, namely, the Auditor-General and the Office of the Public Service Commission have also been involved in the development of MPAT. A Technical Committee comprising senior officials from DPME, DPSA and National Treasury has been responsible for guiding the technical inputs and processes of MPAT.

In June 2011 Cabinet mandated DPME to implement management performance assessments for all national and provincial departments on an annual basis. Following a series of workshops and consultations, DPME officially launched MPAT in October 2011. Provincial governments through the Offices of the Premier further facilitated their own launches and self-assessments in their departments.

The "Management Performance Framework" used in MPAT is based on reviews of similar management performance assessment methodologies used by India, Brazil, Kenya, Canada, and New Zealand. Lessons from international experiences indicated that such methodologies can make a significant contribution to improving the performance of government, particularly if the leadership of the departments being assessed take ownership of the assessment process and the findings, if the results are made public thus encouraging competition between departments, if the management of departments implement and monitors improvement plans, and if transversal policy departments implement support programmes.

An important step therefore in the MPAT process is for the senior managers of a department to conduct a self-assessment against a range of management standards. A total of 30 national departments and 73 provincial departments from eight provinces participated in the self-assessment process for the financial year 2011/2012. This report focuses on the results of the self-assessments.

Lessons from international experience indicate that self-assessment has limitations, for example, departments not assessing themselves realistically. The MPAT process therefore involves an additional step of independent, external moderation. This report touches briefly on efforts by the DPME, National Treasury and the DPSA to moderate the results of the self-assessments.

1.2 Structure of the report

The remainder of the report is organised into the following sections:

- **Section 2** provides a brief overview of MPAT. The MPAT framework was approved by Cabinet in 2011, and no material changes have been made to the framework.
- **Section 3** discusses how MPAT was implemented for the 2011/2012 financial year. It provides information on the participation rates of departments, the support provided to departments to conduct self-assessments, and briefly outlines the moderation process.
- **Section 4** discusses the combined MPAT self-assessment results of the national and provincial departments. It provides the high level results for each of the Key Performance Areas covered by MPAT.
- **Section 5** discusses the consolidated self-assessment results of national departments. These results are discussed at the level of management practices.
- **Section 6** discusses the self-assessment results of each of the eight provinces. As with national departments, the results are discussed at the level of management practices.
- **Section 7** provides concluding remarks and makes recommendations on the way forward.

2 Overview of MPAT

2.1 What is MPAT

The MPAT is a tool that benchmarks good management practice. MPAT assesses the quality of management practices across a comprehensive range of management areas, from supply chain management to strategic planning. In each management area, performance is assessed against the management standards established by the relevant transversal departments (e.g. National Treasury for financial management and supply chain management; and the DPSA for human resource management and development). MPAT does not duplicate existing monitoring by the National Treasury, the DPSA or the Public Service Commission, nor does it duplicate the auditing conducted by the Auditor-General. Instead, MPAT draws on secondary data of these departments and oversight bodies to moderate the self-assessments of departments.

The MPAT framework is built around four management Key Performance Areas (KPA), namely, Strategic Management; Governance and Accountability; Human Resource and Systems Management; and Financial Management.

MPAT is designed to assess compliance and the quality of management practices in these four KPAs. The four KPA's are further broken down into 17 Management Performance Areas (Figure 1). Performance is measured against 31 standards across the management performance areas. What differentiates MPAT from other monitoring processes is that it provides a consolidated view of a department's performance across several critical performance areas, making it easier to prioritise areas that are in need of significant improvement. The value of MPAT for transversal policy departments such as DPSA and National Treasury is that it can assist them in identifying areas where departments need assistance or where frameworks and guidelines could be improved.



Figure 1: Management Performance Areas

Figure 2 illustrates how the MPAT fits into the systems and process through which a department provides public services. It shows how departments use resources (inputs) and management practices in the four KPAs in implementing the activities required to deliver the results (outputs). In terms of the results chain, the outputs contribute to the achievement of the outcomes that in turn have an impact on the lives of citizens.

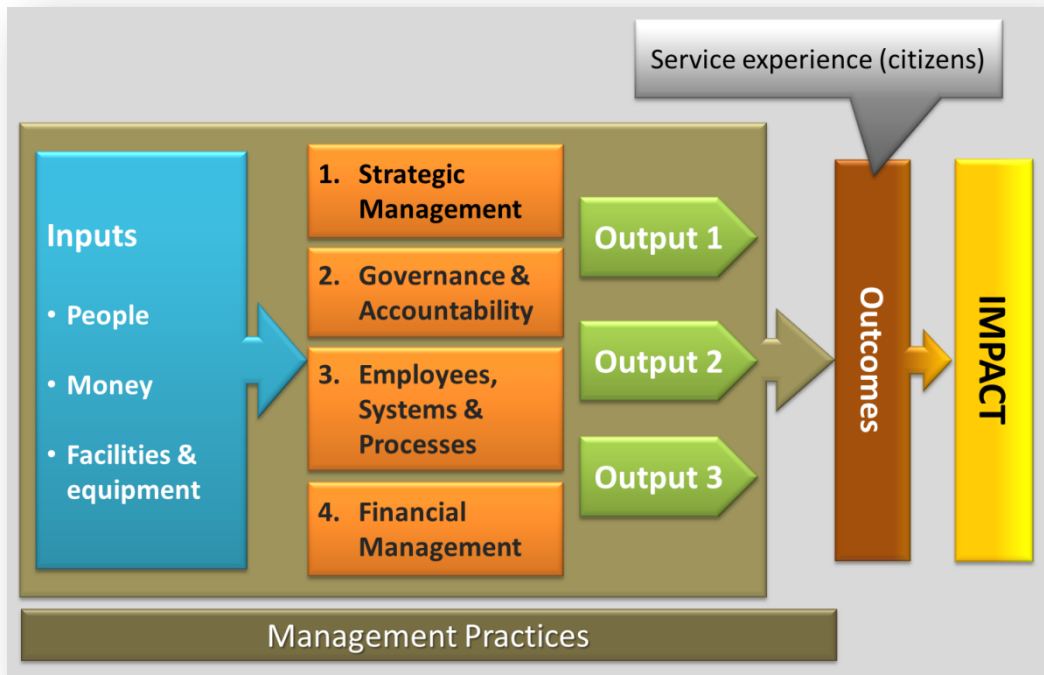


Figure 2: MPAT Model

The MPAT tool comprises a set of 31 standards of management practices in the management performance areas identified in Figure 1. Departments are required to assess themselves against these standards (see Figure 3 for an example of a standard for a particular management performance area). The complete set of standards is provided in Annex A. For each standard, the department rates itself at one of four levels, as illustrated below:

Level	Description
Level 1	Non-compliance with legal/regulatory requirements
Level 2	Partial compliance with legal/regulatory requirements
Level 3	Full compliance with legal/regulatory requirements
Level 4	Full compliance and doing things smartly

A department which scores at Level 1 or Level 2 for a standard is non-compliant with the minimum legal prescripts in that management area and is performing poorly in terms of its management practices in that management area. A department which scores at Level 3 is fully compliant with the legal prescripts in that management area. A Level 4 department on the other hand is fully compliant and operating smartly in terms of its management practices in that management area. In such cases, good practice case studies will be developed and disseminated through learning networks. Level 3, complying fully with the legal prescripts is essentially a minimum requirement for departments and all departments should aspire to operating at Level 4 – being fully compliant and working smartly. It is only when a critical mass of departments operate at Level 4 that we will achieve the goal of “An Efficient, Effective and Development Orientated Public Service”.

1.3 Performance Area: Monitoring and Evaluation		
1.3.1 Indicator name: Use of monitoring and evaluation outputs		
Indicator definition: Extent to which the department uses monitoring and evaluation information.		
Secondary Data: AGSA findings on pre determined objectives – Reported information not reliable.		
Question: Which set of statements best reflects the department’s use of M&E outputs?		
Statement	Evidence	Performance level
Department does not have an M&E Policy/Framework or does not have capacity to generate information.	<ul style="list-style-type: none"> • Not required 	Level 1
Monitoring reports are available but are not used regularly by top management and programme managers to track progress and inform improvement.	<ul style="list-style-type: none"> • Quarterly monitoring reports • Minutes of top management meetings or programme meetings to assess use of reports 	Level 2
Monitoring reports are regularly used by top management and programme managers to track progress and inform improvement.	<ul style="list-style-type: none"> • Quarterly monitoring reports • Minutes of top management meetings or programme meetings to assess use of reports 	Level 3
All above in Level 3 plus: Evaluations of major programmes are conducted periodically and the results are used to inform changes to programme plans, business processes, APP and strategic plan.	<ul style="list-style-type: none"> • All above in Level 3 plus: • Evaluation Reports • Changes to programmes and plans 	Level 4

Figure 3: Management Practice Standard

2.2 MPAT process

The MPAT process has three distinct phases, namely, self-assessment and internal audit validation; external moderation and feedback; and performance improvement and monitoring (see Figure 4). The self-assessment is a key part of the MPAT process as it provides a department with an opportunity to reflect on its management practices and identify areas where it is doing well and areas where it needs to improve. The self-assessment must involve senior management of the department who during a single sitting can focus their attention on the state and quality of management practices in their department. The process varies slightly for provincial departments as the Office of Premier plays the coordinating role for the provincial MPAT. This coordination includes facilitating self-assessments in departments, ensuring that departments submit their self-assessments and evidence to DPME and monitoring the preparation and implementation of improvement plans.

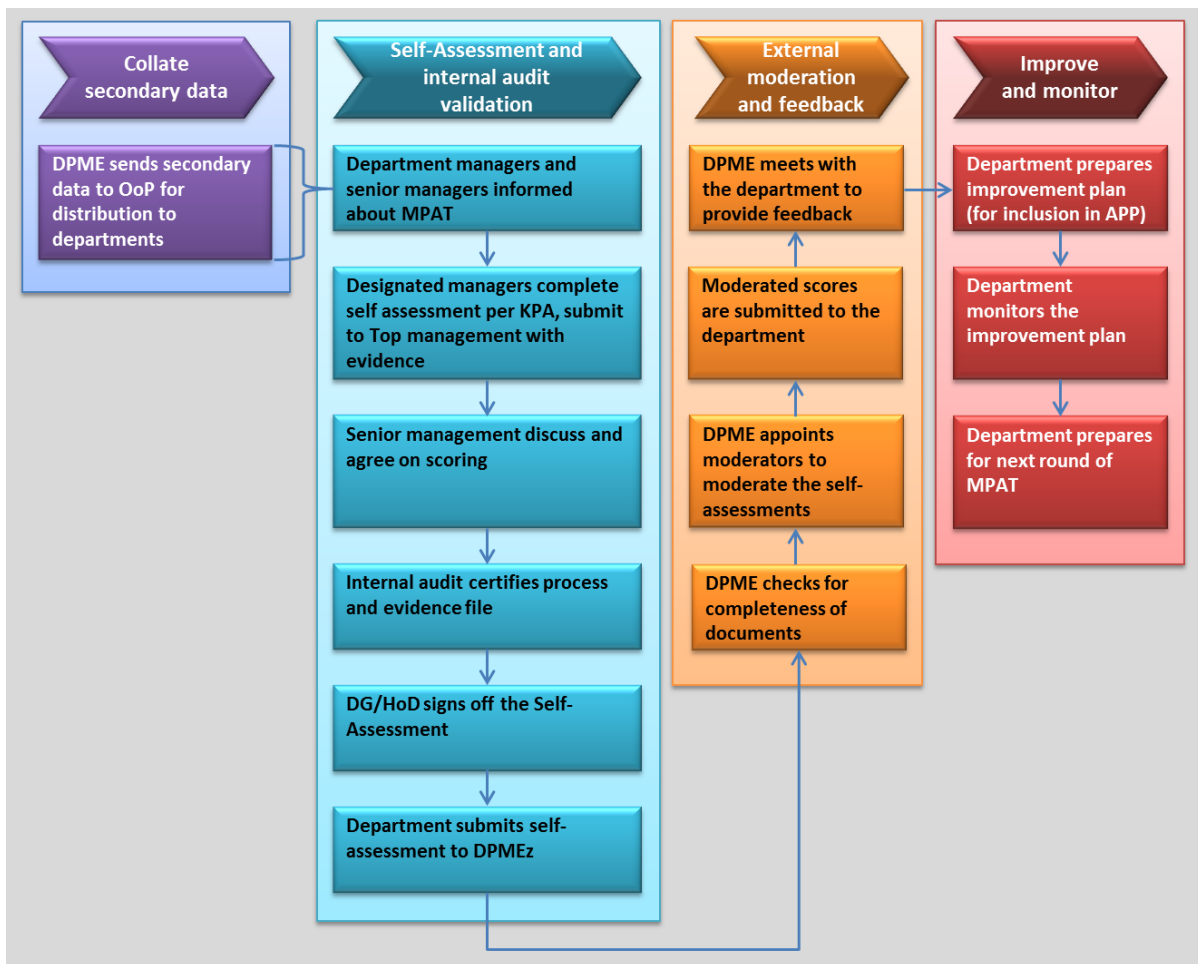


Figure 4: Generic MPAT process

3 How MPAT was conducted for 2011/2012 financial year

3.1 Self-assessments

Departments completed their self-assessments between November 2011 and March 2012. The process unfolded differently in different departments, though it was expected that the senior management would engage actively in the process. The internal audit units were required to validate the evidence the department used to justify its self-assessment scores. Heads of Department signed off on the final self-assessment scores they submitted to DPME.

DPME and the Offices of the Premier facilitated the self-assessment process for those departments that requested assistance. Guidance materials were also developed to support departments in the self-assessment process. Departments which rated themselves at Level 3 or Level 4 were required to submit evidence to substantiate their ratings. DPME also provided guidance to internal audit units on their role in validating the self-assessments and evidence.

Table 1 shows the number of national and provincial departments that submitted self-assessments. A total of 103 out of 158 departments (i.e. 65% of national and provincial departments) submitted self-assessments to DPME. The Eastern Cape, Gauteng and North West only submitted self-assessments for a small number of departments and KwaZulu-Natal did not submit any self-assessments.

Table 1: National and provincial departments submitting self-assessments

	Number of departments submitted self-assessments	Number of departments that did not submit self-assessments
National Departments	30	12
Eastern Cape	5	8
Free State	11	0
Gauteng	6	8
KwaZulu-Natal	0	15
Limpopo *	12	0
Mpumalanga	11	1
Northern Cape	12	0
North West	3	9
Western Cape	13	0
TOTAL	103	53

* Self-assessment scores of Limpopo province is not used in the rest of the report as they are currently reviewing their original ratings.

3.2 Moderating the self-assessments

The self-assessments of departments were subjected to an external peer moderation process to ensure consistency across departments. DPME in collaboration with policy experts from the DPSA and National Treasury together with implementation experts drawn from national and provincial departments conducted a five day moderation workshop, from 16 April to 20 April 2012. The moderation was carried out under 'lock-up' conditions to minimize outside distraction and to ensure the integrity of the moderation process.

The purpose of the moderation workshop was to confirm and/or adjust departments' self-assessment ratings based on evidence submitted by departments and secondary data (such as Auditor General and Public Service Commission reports). The focus of the moderation process is on confirming Level 3 and Level 4 scores, based on evidence.

Moderation involved reviewing the self-assessment scores of departments, based on a set of agreed criteria and drawing on the evidence submitted by departments as well as evidence obtained from secondary data obtained from the DPSA, the Office of the Public Service Commission and the Office of the Auditor-General. Where the moderators made adjustments to the self-assessment scores, they documented the reasons for the adjustments. These comments from the moderators will form the basis of feedback to departments. The moderation process also identified potential 'good practices' that can be shared in the public sector. These will be the subject of further discussion with the relevant departments.

The moderator panels were comprised of public service practitioners with expertise in one or more of the Key Performance Areas of the MPAT. Heads of Department from national and provincial government were requested to invite individuals to apply to be moderators. Moderators were selected on the basis of the following criteria:

- i. Have at least 5 years' experience in the subject matter being moderated and/or
- ii. A formal qualification in the subject matter being moderated.

The relevant lead transversal policy department provided the specialist knowledge and quality assurance of the moderation process, for example, the DPSA provided, inter alia, the specialist knowledge for KPA 3 (Human Resource and Systems Management). All officials involved in the moderation process signed a code of ethical conduct, committing them to confidentiality.

However, the moderation process was limited by the availability of evidence to substantiate self-assessment scores from all departments. This was largely due to weaknesses with the design of the moderation process. DPME did not provide sufficiently clear guidelines of what evidence would be required to substantiate scores, and the process did not allow for follow-ups with departments to provide missing evidence. Due to these limitations, it was only possible to confirm 16% of the scores from the self-assessments of the national departments. For the provinces, it was only possible to confirm 31% of the results of the Western Cape self-assessments, 26% of the Free State results, 22% of the Northern Cape results, 18% of the Mpumalanga and North West results, and 14% of the Eastern Cape results. Gauteng did not provide any evidence to support their scores.

This report therefore focuses mainly on the results of the self-assessments. The moderation process will be improved for future assessment cycles, and future reports will focus more on the moderated results. Nevertheless, the un-moderated self-assessment results still provide a useful indication of the departments' own perceptions of the quality of their management practices.

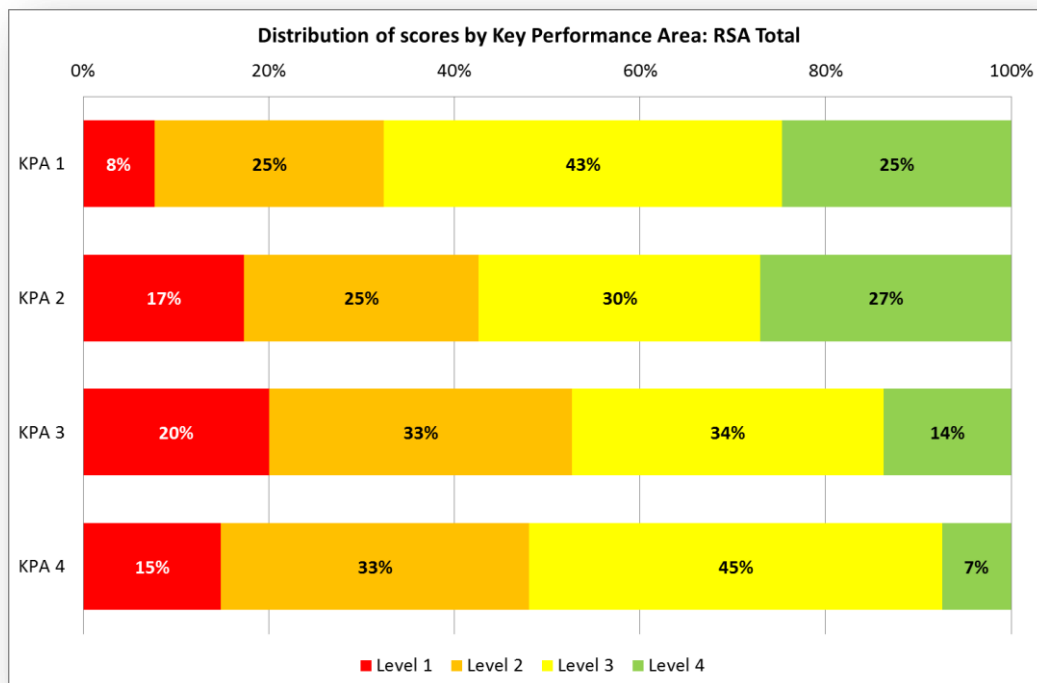
4 MPAT self-assessment results: national and provincial departments

This section of the report discusses the combined results of the 103 national and provincial departments that submitted self-assessments to DPME. It provides the high level results for the four Key Performance Areas (KPA) followed by results per standard for each KPA.

4.1 Overall self-assessment picture

Chart 1 shows the distribution of scores for the four Key Performance Areas for all national and provincial departments that submitted self-assessments. This is a high level view of the results and should be interpreted against the more detailed results in subsequent charts. (Note that some of the percentages add up to more than 100% due to rounding off).

Chart 1: Distribution of scores per Key Performance Area for national and provincial departments



- Departments see themselves as performing better in the KPA 1 (Strategic Management) than in the other KPAs, with 68% of departments rating themselves as fully compliant or better, and 25% of departments considering themselves to be at Level 4 (fully compliant and working smartly). It is however of concern that nearly one-third (33%) of departments have assessed themselves as not fully compliant. Strategic management is the foundation for a department’s operations and weak strategic management practices tend to translate into weaknesses in other performance areas.
- KPA 2 (Governance and Accountability) focuses on management practices concerning critical issues of transparency, accountability, ethical conduct, and quality of service delivery. Fifty-

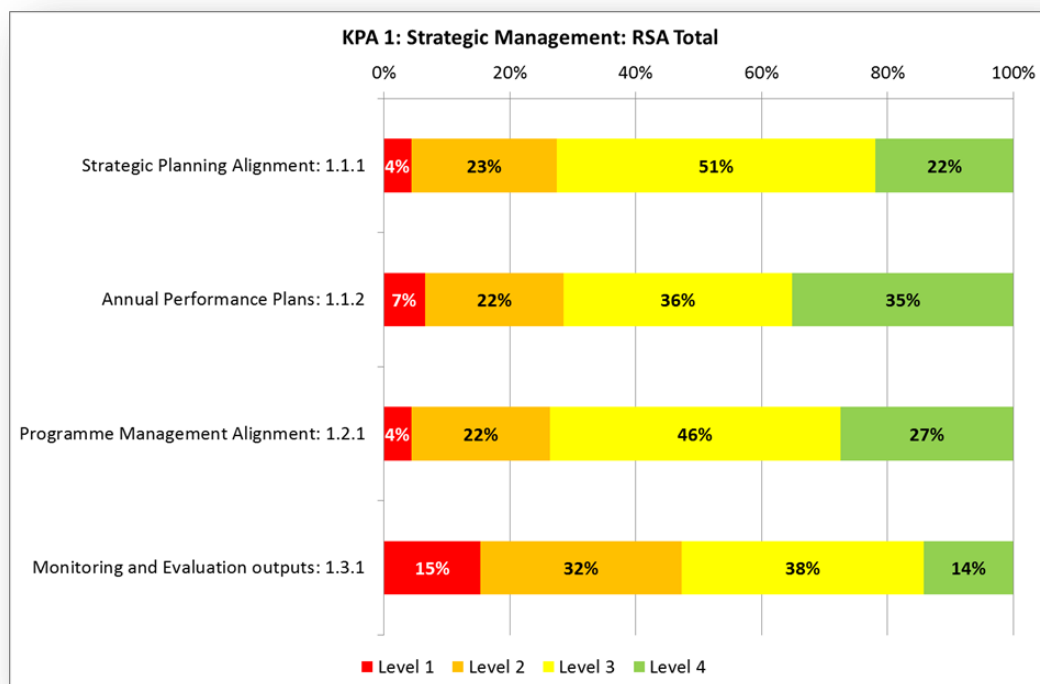
seven percent of departments assessed themselves as fully compliant or better, meaning that as many as 40% of departments do not consider themselves compliant with these practices that are prescribed by the Public Finance Management Act, the Public Service Act and Public Service Regulations.

- KPA 3 (Human Resource and Systems Management) appears to be problematic, with 20% of departments assessing themselves as non-compliant (Level 1) and 33% only partially compliant (Level 2), meaning that more than half of the departments are not fully compliant with the range of requirements set out in the Public Service Regulations and directives and guidelines from the DPSA. This KPA has the lowest percentage of departments which assessed themselves as fully compliant or better.
- KPA 4 (Financial Management) only measures one performance area, namely, Supply Chain Management. Here, 48% of departments rated themselves as not yet fully compliant with Supply Chain management practices. Given the weaknesses in supply chain management identified each year by the Auditor-General, that nearly half of the departments did not rate themselves as fully compliant should be cause for concern.

4.2 KPA 1: Strategic Management

Chart 2 shows the departments’ self-assessments on each of the standards in KPA 1 (Strategic Management). Strategic Management comprises performance areas of Strategic Planning; Programme Management and Monitoring & Evaluation, with four assessment standards.

Chart 2: Self-Assessment for KPA 1 (Strategic Management) for national and provincial departments

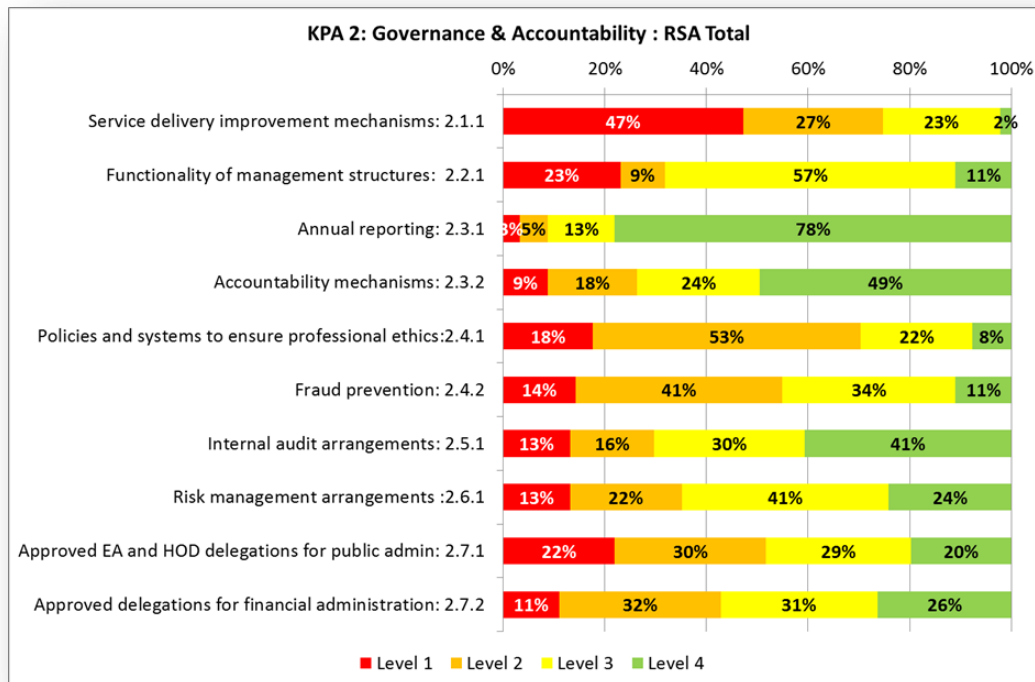


- Departments, according to their own assessments are implementing good strategic management practices in the areas of strategic planning, annual performance plans and programme management. 73% of departments assessed themselves as fully compliant (or better) with Treasury guidelines on strategic planning and claim that they have performance information policies in place. A similar percentage of departments rated themselves as fully compliant or better in ensuring that the internal logic of their departmental programmes is sound and claim to be complying with the requirements for Annual Performance Planning, monitoring and reporting. However, this is not borne out by the Auditor General's negative findings on the reliability and usefulness of reporting against predetermined objectives. For example, for the 2010/11 financial year, the Auditor General found that only three national departments have sustained a record of having no audit findings on reporting against predetermined objectives. There is therefore clearly a major discrepancy between the Auditor General's findings on performance information and departments' own views on their performance information. This matter needs to be addressed by the National Treasury, the Auditor General and DPME.
- Monitoring and evaluation is the weakest area in this KPA, with only 52% of departments assessing themselves as fully compliant or better. 86% of departments indicated that they are below level 4, i.e. that they are not carrying out evaluations of major programmes periodically and using the results of such evaluations to inform changes to programme plans, business processes, and their APP and strategic plan. DPME released the National Evaluation Policy in late 2011, and this should assist departments in improving their evaluation practice.

4.3 KPA 2: Governance and Accountability

The Governance and Accountability KPA contains 10 standards that include service delivery improvement; functionality of management structures; accountability through audit committees and annual reporting; internal audit, fraud prevention and risk management; professional ethics; and delegations.

Chart 3: Self-Assessment for KPA 2 (Governance & Accountability): national and provincial departments



From the self-assessments shown in Chart 3, the vast majority (91%) of departments assessed themselves as fully compliant or better with annual reporting requirements and as many as 78% of departments assessed themselves at Level 4. However, this could not be confirmed during the moderation process as some elements of evidence (for example, proof of presentation to parliamentary committees) were not available. From the evidence provided in the moderation process, it appears that the main reason for partial compliance is that reports have not been tabled within the prescribed time. The comments about reporting on performance against predetermined objectives made in the previous section apply again here.

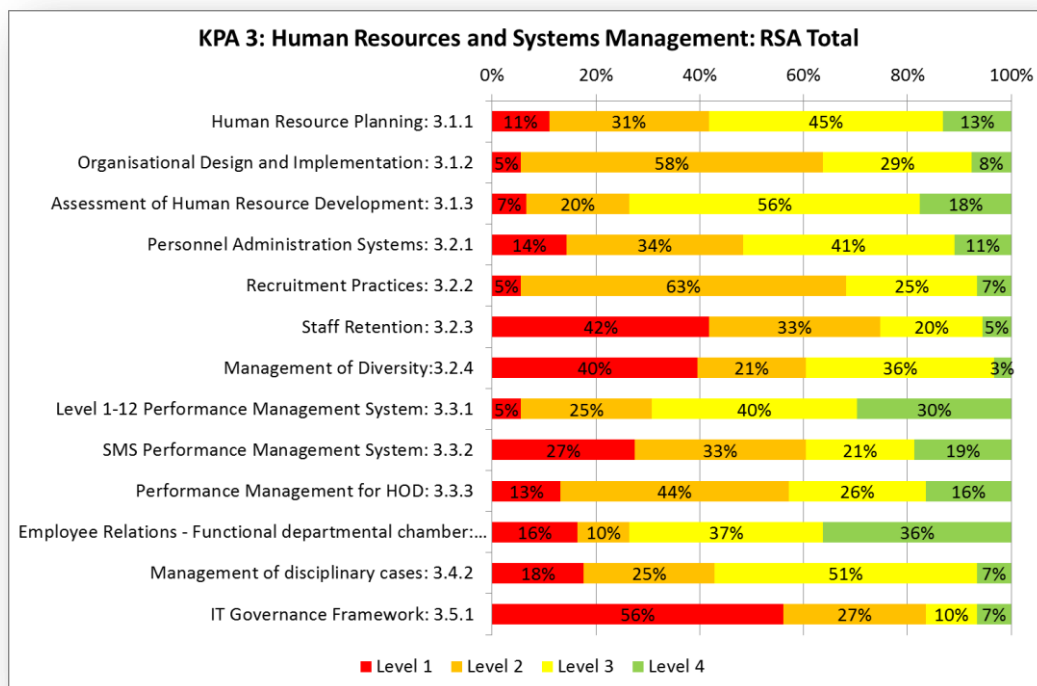
- Departments assessed themselves lower in other elements of KPA 2, and the very low assessments in some elements are cause for concern:
 - a) As many as 74% of departments assessed themselves as non-compliant or partially compliant in service delivery improvement requirements (service charters, service standards and submission of service delivery improvement plans to the DPSA). This is a very high percentage of non-compliant departments and might reflect a lack of understanding of what is required by the prescripts.

- b) 71% assessed themselves as non-compliant or partially compliant with ensuring that they had policies and systems in place for promoting professional ethics, while only 45% of departments reported full compliance or better in submitting financial disclosures to the PSC. The Code of Conduct has been part of the Public Service Regulations for over a decade and all departments are expected to comply. That more than half (55%) of departments are not fully compliant with financial disclosure requirements is of concern, given Government's commitment to combating corruption.
- c) Departments need to have appropriate delegations in place in order to operate efficiently and in compliance with the Public Service Act and Public Finance Management Act. A department's delegations must be in the prescribed format and aligned to guidelines issued by the DPSA and in the case of financial delegations, must be in conformance with Treasury Guidelines. Only 49% of departments reported full compliance or better with regard to public administration delegations from the Executive Authority to the Head of Department. The position with regard to financial delegations is slightly better with 57% of departments assessing themselves as fully compliant or better.

4.4 KPA 3: Human Resources and Systems Management

Chart 4 shows the self-assessments for KPA 3 (Human Resource and Systems Management). This is the largest of the four KPAs and covers 13 standards for self-assessment. These standards range from compliance to best practice. In addition to the range of human resource practices (human resource planning and development; recruitment and staff retention; diversity management; performance management; and employee relations), the KPA also covers IT governance.

Chart 4: Self-Assessment for KPA 3 (Human Resource and Systems Management): national and provincial departments



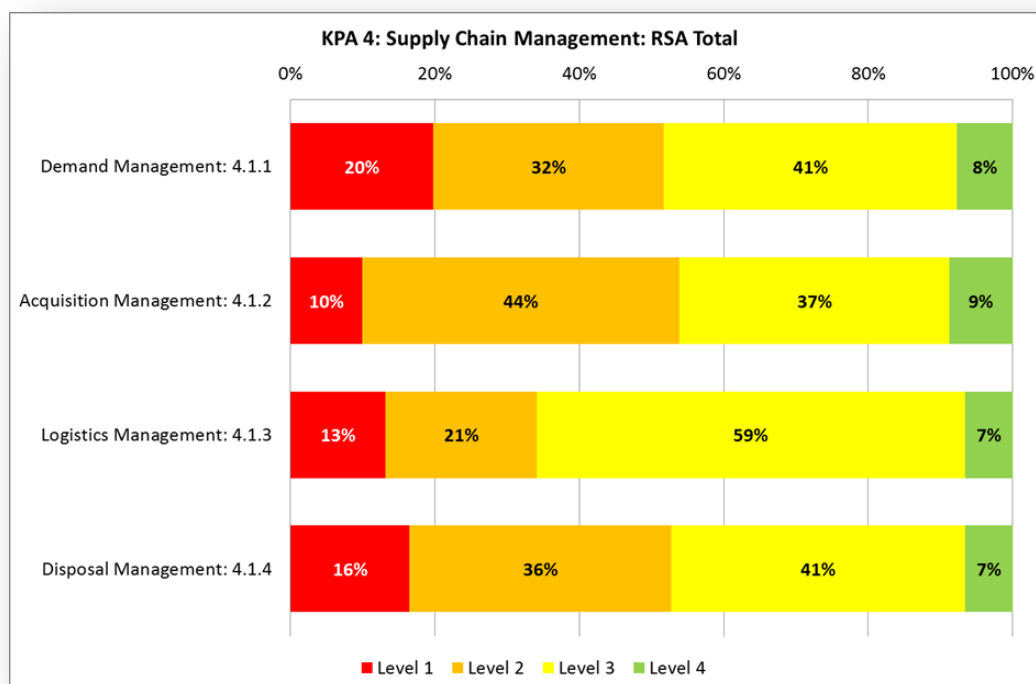
- As mentioned earlier, KPA 3 had the lowest percentage of departments reporting full compliance and implementation compared to the other KPAs. However it must be remembered that this area constituted both compliance and best practices. When analysing the detail of this KPA, it is evident that departments are not complying with human resource practice requirements in general. Departments appear to be doing better in human resource development practices, with 74% fully compliant or better. Similarly positive assessments were made for employee relations and performance management below the SMS level, where 73% and 70% of departments respectively rating themselves as fully compliant or better. A sizeable percentage of departments assessed themselves at Level 4 for these two practices (36% for employee relations and 30% for performance management below SMS level).

- The following are areas for concern:
 - a) 58% of departments claimed to be fully compliant with human resource planning requirements, which include submission of human resource plans and progress reports to the DPSA. 18% exceeded the requirements for full compliance. Secondary data of the DPSA suggest that the actual compliance rate may be lower. A concern is that 28% of departments are at level 2 implying that in these departments, the HR plans are either incomplete, in draft or awaiting approval. Sound human resource planning is a regulatory function and critical for service delivery and for budgeting and a much higher compliance rate is needed than what has been reported through the self-assessment process.
 - b) 63% of departments rated themselves as not complying with the prescripts on organisational design, that require them to ensure that their organisational structures are approved and that all positions on the approved structure are funded. The intention behind the prescripts is to ensure that departments follow good organisation design principles in restructuring and/or creating new positions, and to avoid the problem of having unfunded posts reflected on the organisational structure.
 - c) As many as 56% of departments assessed themselves as non-compliant and 27% assessed themselves as partially compliant with IT governance requirements. This may be a reflection of lack of clarity or understanding by departments, of what is expected of them. The issue of IT governance has been raised on previous occasions by the Auditor-General and there is an expectation that departments should put in place the appropriate IT governance structures, policies and processes. It is understood that the DPSA is working on a revised framework that will give greater clarity on what is expected of departments.
 - d) The public service is competing with other sectors for critical and scarce skills. It is well-established in human resource practice that high staff turnovers impact on the effectiveness of the organisation and results in loss of institutional memory. It should therefore be cause for concern that only 25% of departments assessed themselves as fully compliant or better in skills retention. Forty-two percent assessed themselves as completely non-compliant in staff retention. A similar percentage assessed themselves as non-compliant in diversity management, thus not addressing requirements of employment equity, particularly with regard to gender and disability.
 - e) While departments appear to be managing performance from Level 1-12, departments report a worrying low level of compliance with performance management requirements for the Senior Management Service - 27% percent of departments assessed themselves as non-compliant with SMS performance management and 33% assessed themselves as partially compliant, meaning that only 40% are fully compliant. The assessments are slightly more positive at the level of the HOD - 42% of departments reported being fully compliant. This low level of compliance with performance management at the senior levels of departments is not conducive to building and sustaining a high performance culture in the public service.

4.5 KPA 4: Financial Management

For purposes of self-assessment, the Financial Management KPA only covers Supply Chain Management. Other performance areas of financial management are covered by the Financial Management Capability Maturity Model of the National Treasury. Chart 5 shows the self-assessment results for all participating departments.

Chart 5: Self-Assessment for Supply Chain Management: national and provincial departments



As discussed under section 4.1, the level of compliance with supply chain management requirements is not positive and this applies to all areas of supply chain management.

- Sound demand management is a prerequisite for good supply chain management as it requires departments to develop procurement plans informed by needs assessment and accurate specification of the goods and services to be procured. Only 49% of departments reported full compliance with demand management requirements.
- The situation is slightly worse for acquisition management that requires departments to have at least a sourcing strategy and follow the procurement rules as set out in Treasury Regulations. 46% of departments reported full compliance with acquisition management.
- Departments appear to fare better with logistics management with 66% reporting full compliance or better.

- For disposal management there is 42% non- and partially compliance. This means that 40% of departments do not have the necessary disposal strategy and disposal policy in place to optimize the use of assets and minimize losses. It may also mean that departmental assets are being disposed of without following proper procedures.

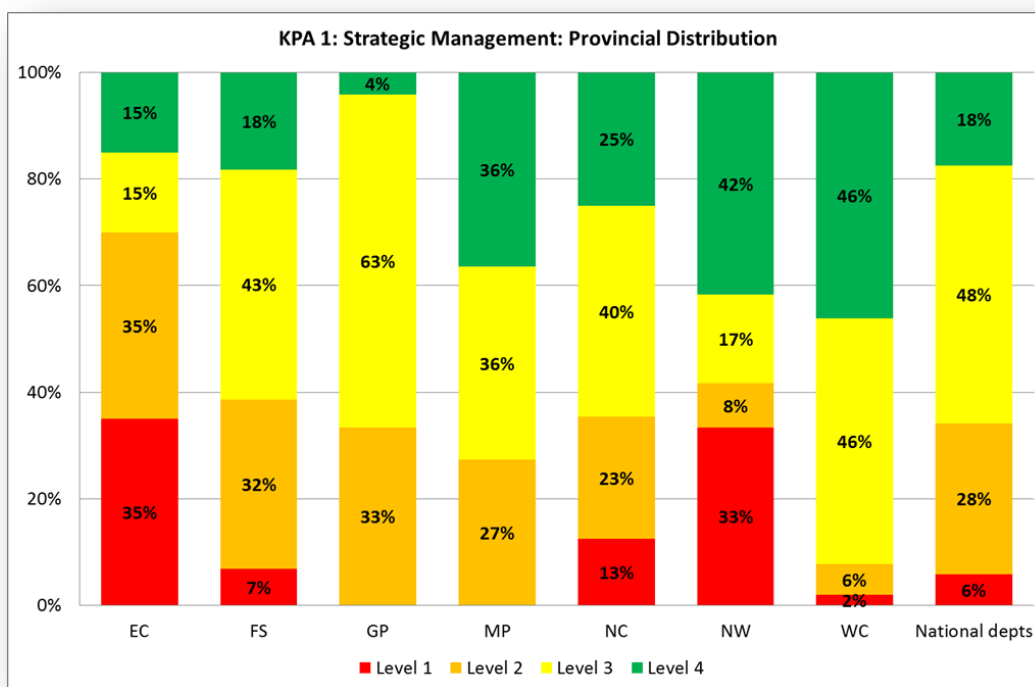
4.6 Comparisons across national and provincial departments

This section of the report provides a comparison of the seven provinces and national departments across the four KPAs of MPAT.

4.6.1 KPA 1: Strategic Management

Chart 6 shows the provincial distribution and comparison with national departments for KPA 1: Strategic Management.

Chart 6: KPA 1: Strategic Management - provincial distribution



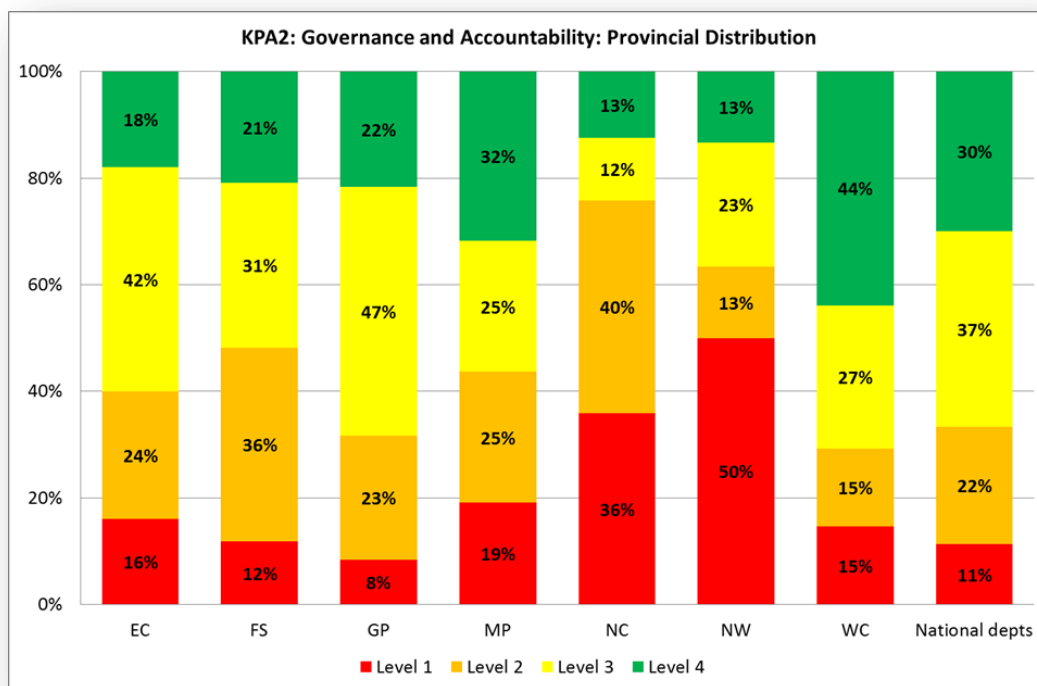
- Departments from the Western Cape and Mpumalanga were more likely to assess themselves at Level 3 or Level 4 than other provinces and national departments, followed by Gauteng.
- National departments and departments from the Northern Cape had similar percentages in their strategic management ratings.

- Mpumalanga and Gauteng assessed all their departments at least partially compliant, that is, no departments were non-compliant (Level 1).
- The Eastern Cape, Gauteng and North West had less than half of their departments submit self-assessments, so their figures are not a reflection of their respective performance.
- Provinces were more likely to assess themselves at Level 4 than were national departments (Western Cape (46%), North West (42%), Mpumalanga (36%) and Northern Cape (25%), compared to 18% of national departments assessing themselves at Level 4).

4.6.2 KPA 2: Governance and Accountability

Chart 7 shows the provincial distribution for KPA 2: Governance and Accountability.

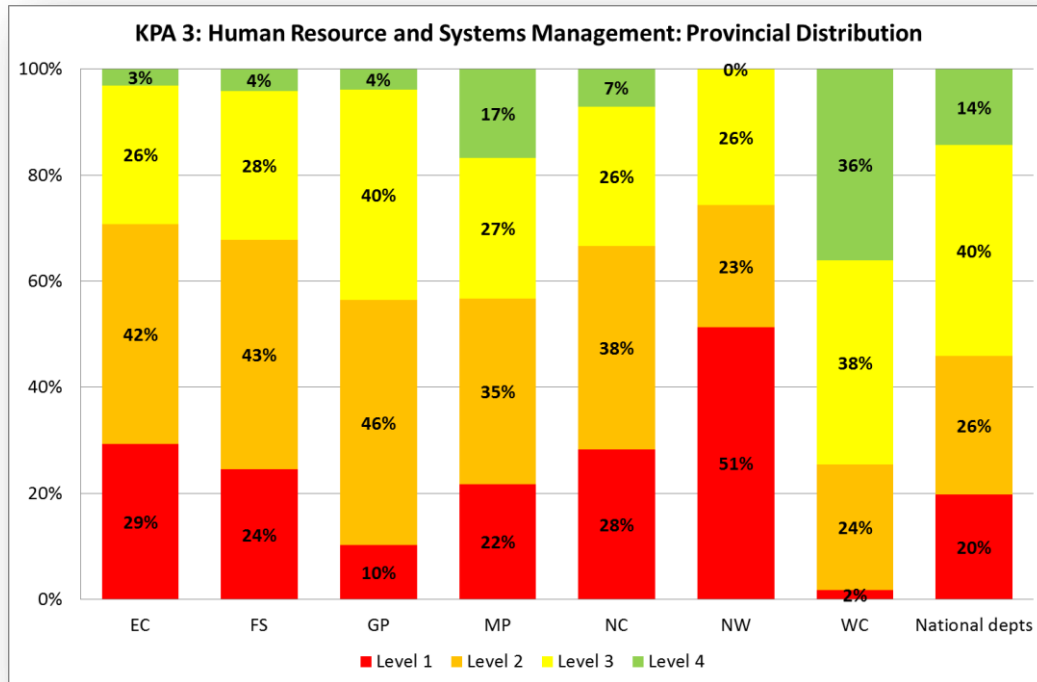
Chart 7: KPA 2: Governance and Accountability - provincial distribution



- Western Cape had the highest percentage of departments assessing themselves as fully compliant or better (71%), followed by Gauteng (69%) and national departments (67%). The Free State and Mpumalanga had similar percentages of departments rating themselves as fully compliant or better in Governance and Accountability, 52% and 57%, respectively.
- By contrast, only 25% of departments in the Northern Cape assessed themselves as fully compliant or better.

Chart 8 shows the provincial comparison for KPA 3: Human Resource and Systems Management.

Chart 8: KPA 3: Human Resource and Systems Management

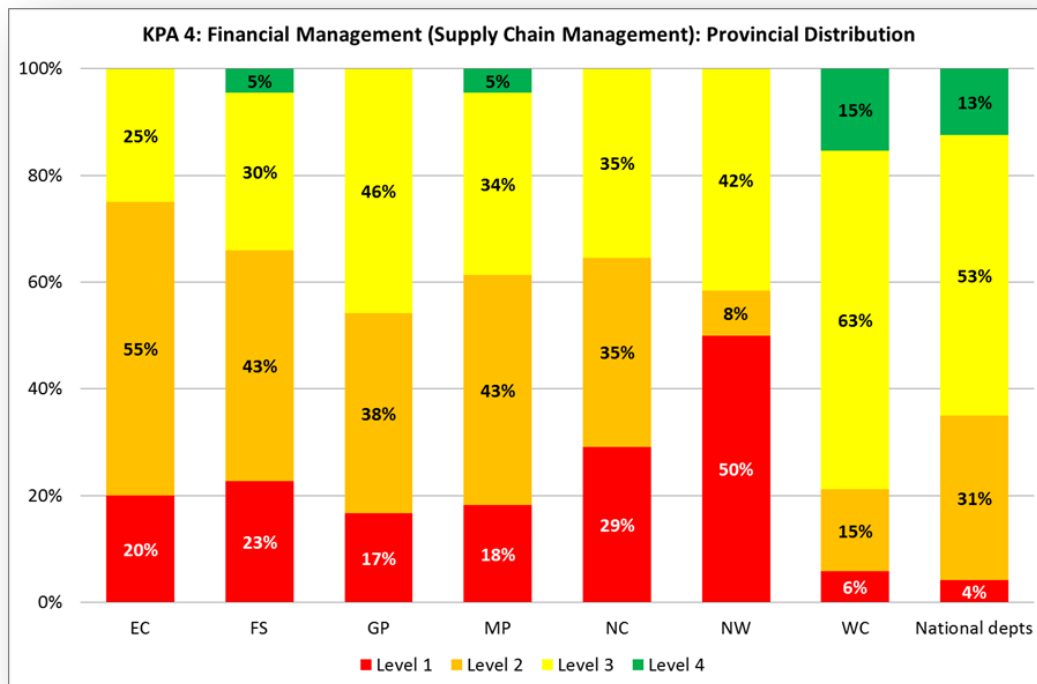


- Departments in the Western Cape were more likely than other provinces and national departments to assess themselves as fully compliant or better in the KPA: Human Resource and Systems Management (74%), followed by national departments (54%) and in a distant third position, Gauteng (44%).
- Human resource and systems management practices are seen to be a problem area for other provinces. Only 32% of Free State departments rated themselves as fully compliant or better and 24% assessed themselves as non-compliant Level 1). The Northern Cape’s assessment is similar to that of the Free State.

4.6.3 KPA 4: Financial Management (Supply Chain Management)

Chart 9 shows the provincial distribution for KPA 4: Supply Chain Management.

Chart 9: KPA 4: Financial Management (Supply Chain Management) -provincial distribution



- Departments in the Western Cape (78%) assessed themselves as fully compliant or better in Supply Chain Management, followed by national departments (66%) and Gauteng (46%).
- Other provinces tended to rate themselves considerably lower – Mpumalanga (39%), Northern Cape and Free State (35%).

4.7 Summary of key findings from the Total RSA results

The following are the key points that emerge from the results presented in Section 4:

1. The overall picture presented on the compliance of national and provincial departments with the minimum requirements stipulated in the legislation, regulations and guidelines is not a positive one. Given the percentage of departments which assess themselves as non-compliant, considerable work still needs to be done in getting departments to basic levels of compliance before they can begin to work smartly (Level 4).
2. There are areas where departments appear to be achieving reasonable levels of compliance, namely, in KPA 1 (Strategic Management) and to some extent in annual reporting compliance; although this is not substantiated by the Auditor General’s findings on reporting

against predetermined objectives. Compliance levels in certain elements of KPA 3 (Human Resource and Systems Management) and KPA 4 (Supply Chain Management) are below what is required for a well-functioning and capable public service.

3. It is beyond the scope of the MPAT tool to identify the underlying reasons for non-compliance – these could vary from lack of skill and capacity to unclear frameworks and guidelines. Part of the feedback discussion between DPME and departments will seek to identify these. Consistently low compliance for example, in service delivery improvement and IT governance may be a reflection of problems with the frameworks themselves or with the departments' understanding of the requirements.
4. The provincial comparisons show the self-assessment scores for the Western Cape to far exceed that of other departments in all KPAs. The Free State and the Eastern Cape had similar self-assessments scores and may have assessed themselves more conservatively than departments in other provinces. National departments, although they assessed themselves higher than provinces such as Mpumalanga and the Free State, tended to score themselves lower than departments in the Western Cape.

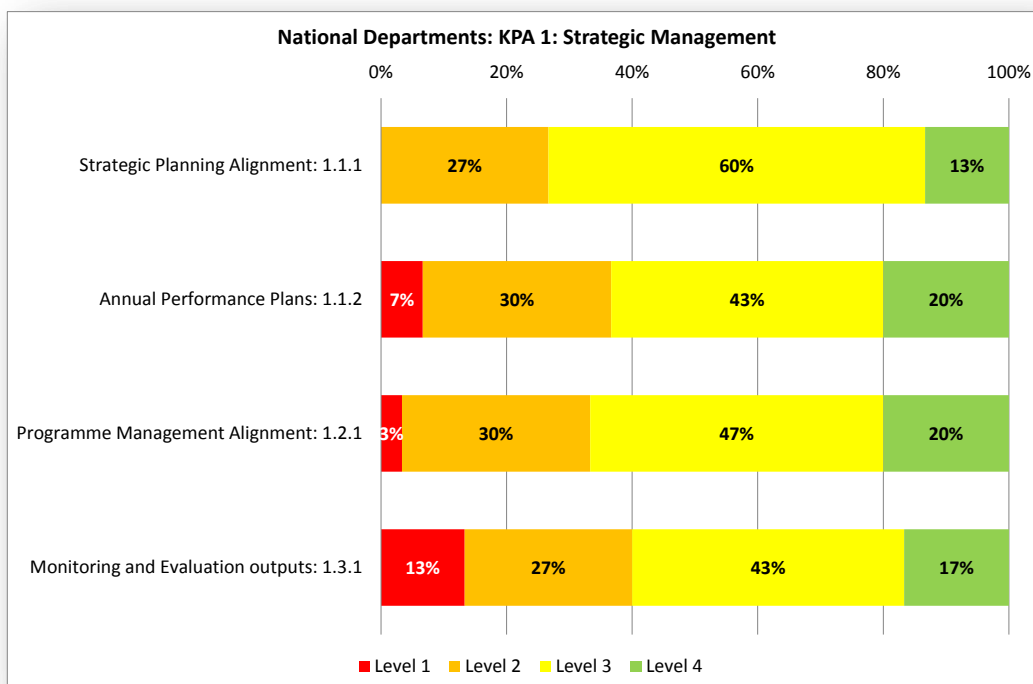
5 MPAT self-assessment results: national departments only

This section of the report discusses the results of self-assessment of the 30 national departments that participated in the MPAT process. Note that a number of departments did not submit evidence or the evidence provided was insufficient for moderation.

5.1 Results per KPA

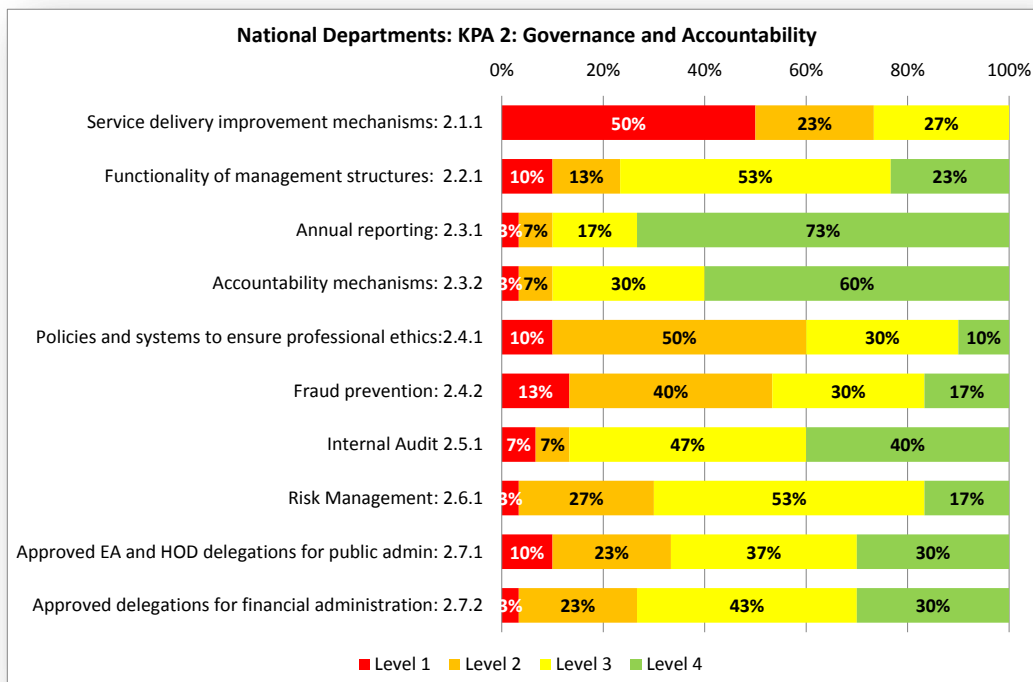
Charts 10 to 13 show the results of self-assessments of national departments for each of the four Key Performance Areas.

Chart 60: National Departments: KPA 1 - Strategic Management

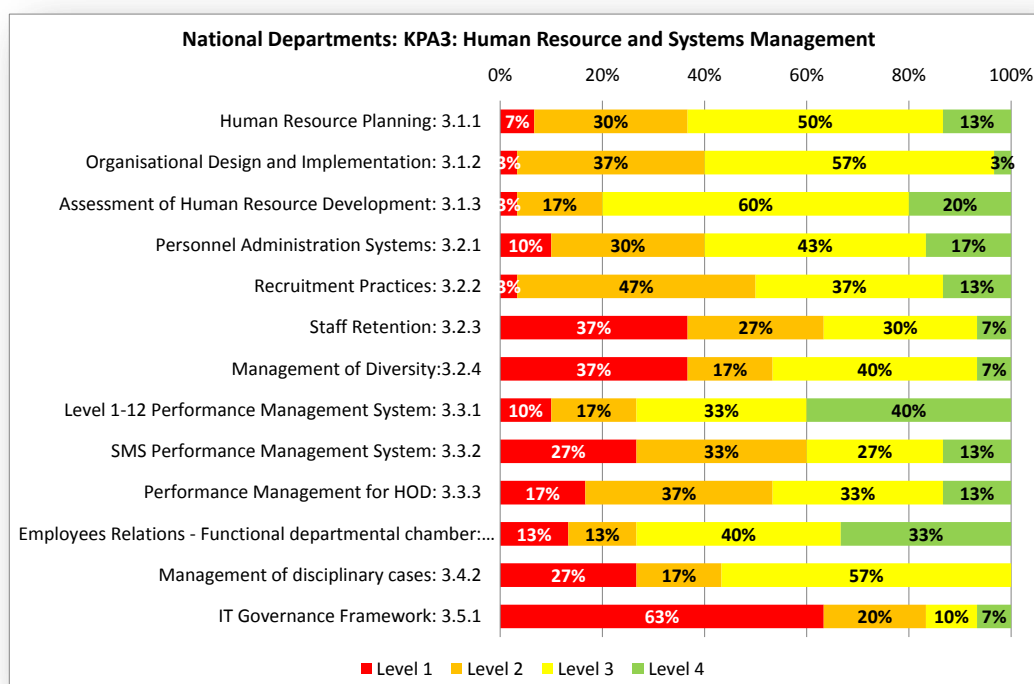


- 73% assessed themselves as fully compliant or better with strategic planning and 27% (more than a quarter) of national departments assessed themselves as partially compliant, followed by 67% fully compliant or better for programme management alignment and 63% for annual performance plans.
- National departments are charged with major policy responsibilities and for providing strategic direction. The level of self-assessed compliance with Strategic Management requirements is not entirely satisfactory for national departments given their responsibilities.
- Monitoring and evaluation is an area of concern as 40% of departments are not fully compliant with requirements.

Chart 71: National Departments: KPA 2 - Governance and Accountability

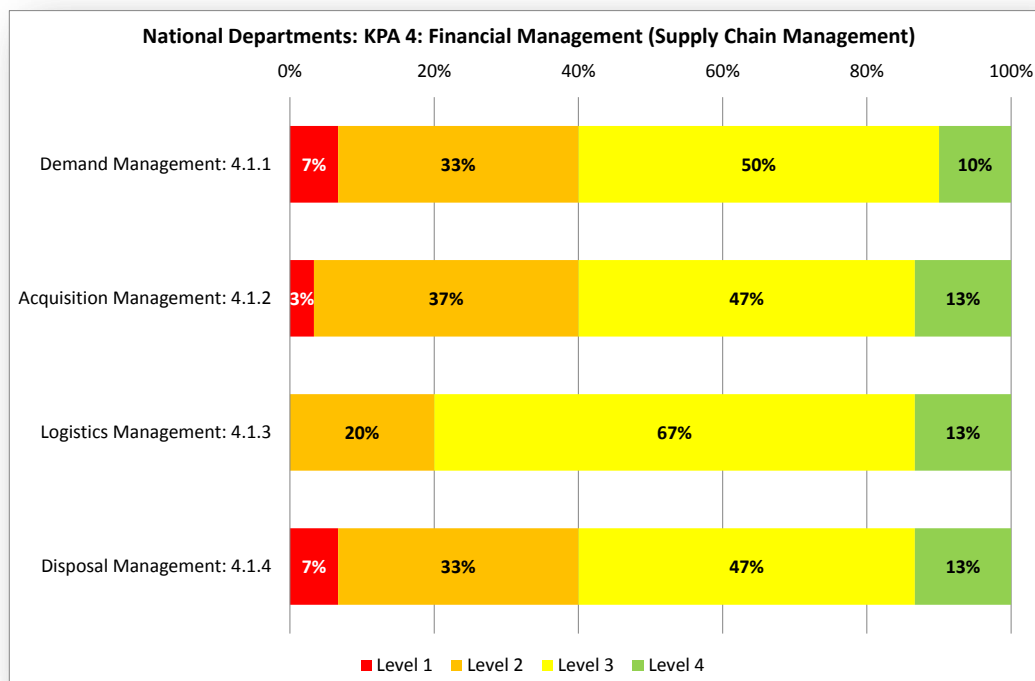


- The overwhelming majority of national departments (90%) see themselves as fully compliant and working smartly on two important areas of accountability, namely, the functioning of their Audit Committees and departmental compliance with annual reporting requirements. However, as mentioned above, the latter is not borne out by Auditor-General findings related to reporting against predetermined objectives. Many departments identified themselves at Level 4 for these two management practices (73% for annual reporting and 60% for audit committees). 87% of national departments assessed themselves as fully compliant or better in internal audit. As mentioned previously, only a small percentage of scores could be confirmed in the moderation process, primarily due to lack of evidence.
- IT governance and service delivery improvement were the standards for which the lowest percentage of departments assessed themselves as compliant, 17% and 27%, respectively. The low percentage of national departments which see themselves as compliant with service delivery improvement requirements may be a reflection of lack of understanding of the requirements and a misconception that policy-oriented departments do not deliver services. In the case of IT governance, during the facilitation of the self-assessments it became clear that departments were often not aware of the formal requirements for IT governance.
- Another area of concern are processes and systems for professional ethics (40% of departments assessed themselves as fully compliant, meaning that more than half (60% are not fully compliant).

Chart 12: National Departments: KPA 3 –Human Resource and Systems Management

There is considerable variation in assessments across the management practice areas of KPA 2 and clearly, departments are faring better in some areas than in others.

- 80% of departments assessed themselves as fully compliant or better in human resource development. This is the management practice area that attracts the most positive ratings in KPA 2. In the area of employee relations, 73% of departments claim to have functional bargaining chambers in place and operating in full compliance of requirements. Of these, 33% claim to operate smartly with regard to departmental chambers, meaning that they consult unions on all matters of mutual interest prior to implementation and that unions do support the implementation of forum decisions.
- National departments appear to be faring better in complying with performance management of staff at Levels 1-12 (73% fully compliant or better), compared to performance management at the SMS level (40% fully compliant or better) and performance management of HODs (46% fully compliant or better).
- There are other areas in human resource management where the picture is not positive. The percentage of departments assessing themselves as not fully compliant on important management practices is high, for example, in staff retention (64%); diversity management (54%); management of disciplinary cases (44%); and organisational design (40%).
- 83% of national departments assessed themselves as not fully compliant with IT governance, and this matter requires further attention from the transversal policy department (DPSA).

Chart 13: National Departments: KPA 4 - Financial Management (Supply Chain Management)

With regard to Supply Chain Management, 80% of national departments assessed themselves as fully compliant or better in logistics management. In other areas of Supply Chain Management, the picture is less positive, with 60% of departments assessing themselves as fully compliant or better and 40% not fully compliant.

5.2 Summary of key findings from National Departments' results

- Overall, national departments appear strongest in KPA 1 (Strategic Management), though there are areas of weakness, particularly, monitoring and evaluation. Most national departments believe that they are complying with accountability requirements (audit committees and annual reports) – but their views on their annual reports are not substantiated by Auditor General findings on reporting against predetermined objectives.
- There are areas in Supply Chain Management where national departments may need further support from National Treasury.
- From the results of the self-assessment of national departments, there are areas that are in need of urgent attention:
 - a) There appear to be challenges in several aspects of human resource management, in particular, organisational design, performance management at the SMS and HOD levels; staff retention and the management of diversity.

- b) National departments are not exempt from service delivery improvement requirements and there may be a need for clarification and support by the policy department, the DPSA.
- c) There is a general need for national departments to improve their monitoring and evaluation practices, supported by DPME.

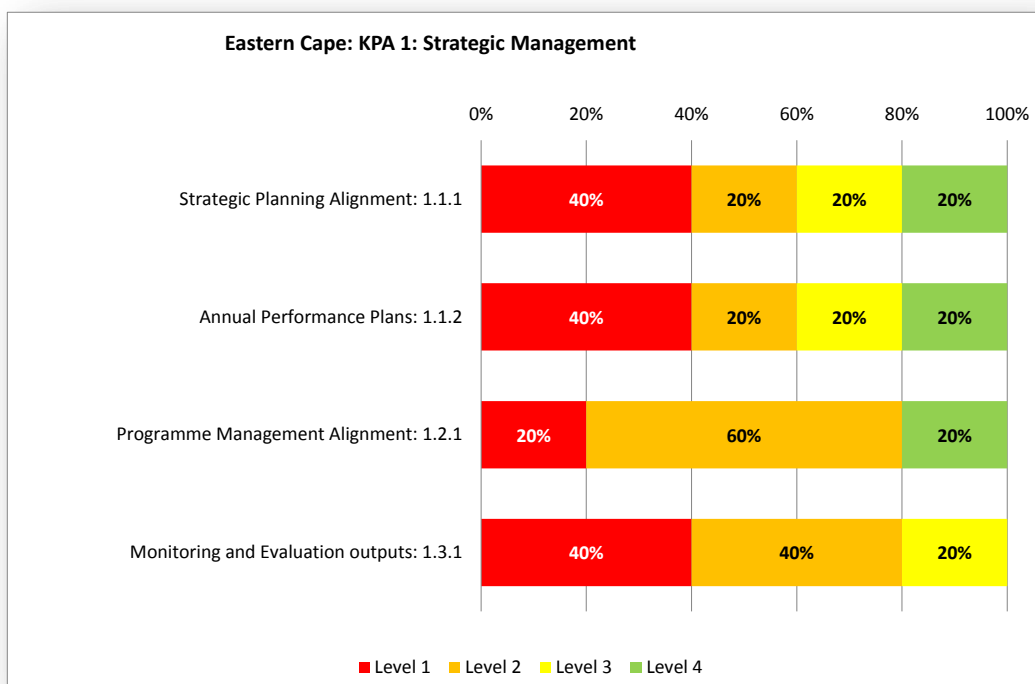
6 MPAT self-assessment results: provinces

This section discusses the self-assessment results of the eight provinces that participated in the MPAT process.

6.1 Self-Assessment: Eastern Cape

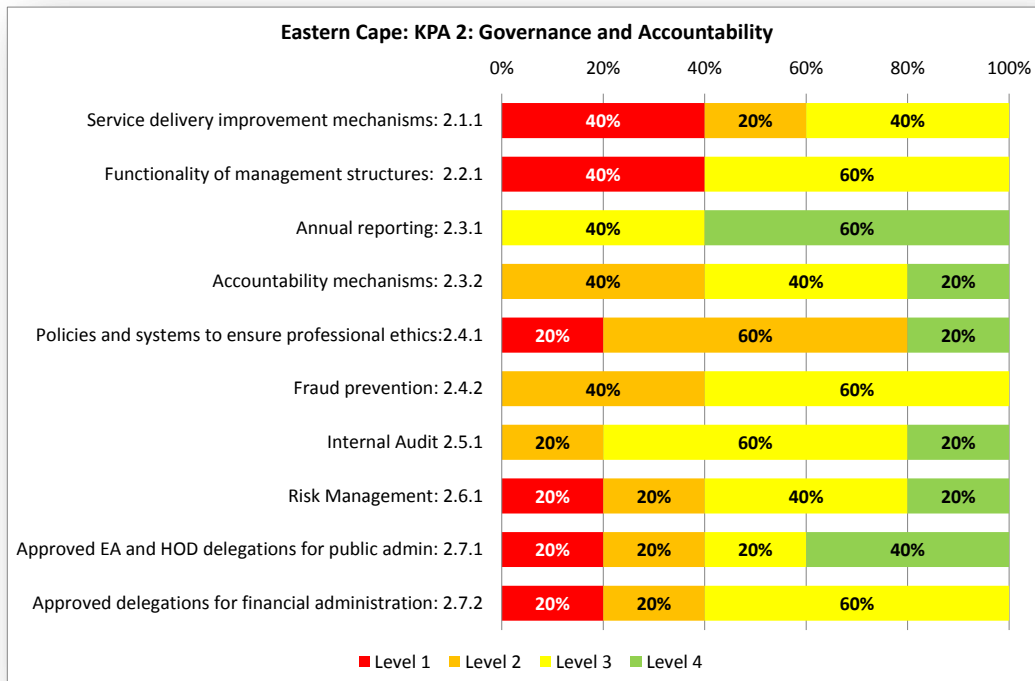
Five departments from the Eastern Cape submitted their self-assessments. Charts 14 to 17 show the results of these self-assessments

Chart 84 : Eastern Cape: KPA 1 - Strategic Management



Departments in the Eastern Cape reported low levels of compliance with Strategic Management requirements. 60% of departments assessed themselves as partially compliant or worse (non-compliant) with strategic planning and annual performance planning requirements and 80% assessed themselves at these levels for monitoring and evaluation and programme management alignment.

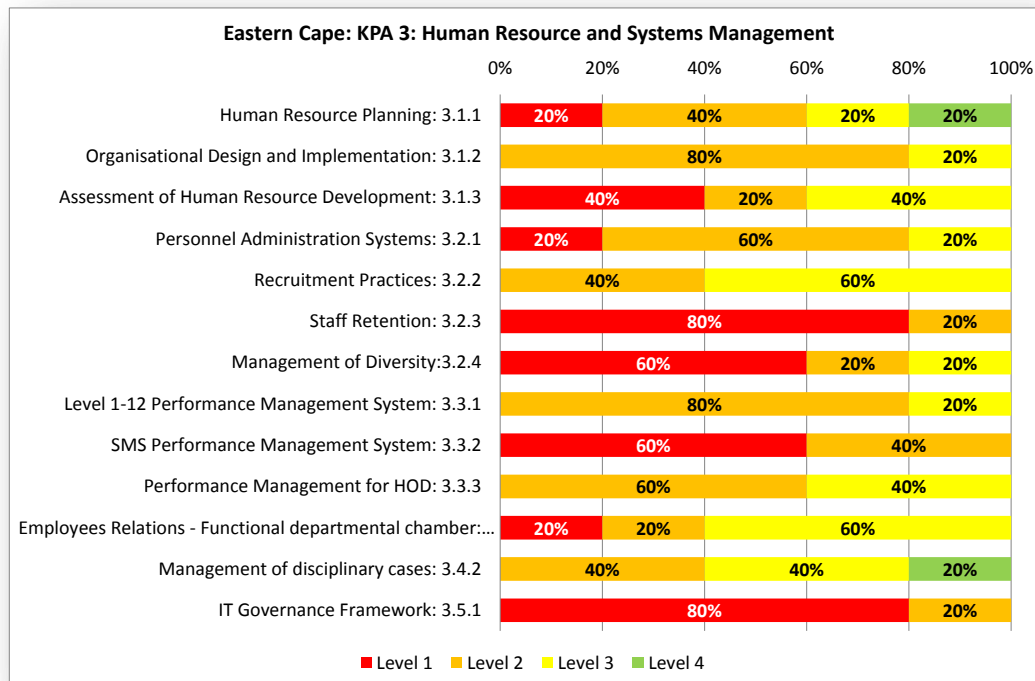
Chart 15: Eastern Cape: KPA 2 - Governance and Accountability



The departments from the Eastern Cape assessed themselves more positively in Governance and Accountability than in KPA 1. All departments assessed themselves as fully compliant or better with annual reporting requirements and 80% of departments assessed themselves at these levels for internal audit.

However, for service delivery improvement, 60% of departments assessed themselves as not fully compliant; and 80% assessed themselves as not fully compliant with policies and systems to ensure professional ethics.

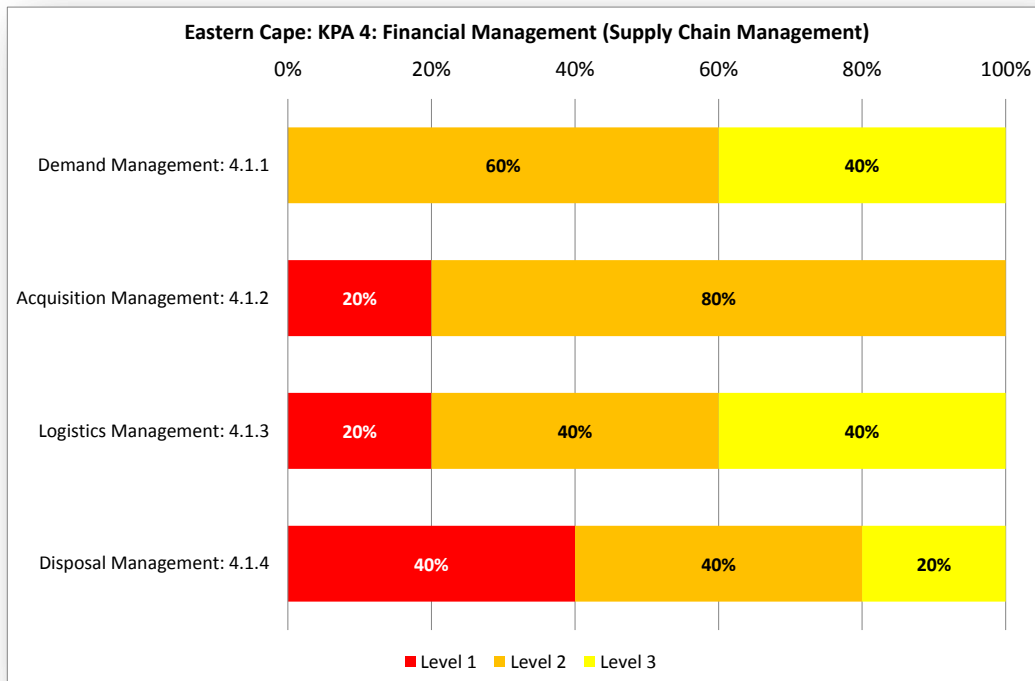
Chart 96: Eastern Cape: KPA 3 – Human Resource and Systems Management



The five departments that assessed themselves show problems in complying with a number of human resource management practices.

- No departments reported fully compliance with staff retention, performance management of SMS and IT governance framework.
- 80% of departments assessed themselves as partially compliant with organisational design and implementation requirements, personnel administration systems, management of diversity, and performance management of Levels 1-12.

Chart 107: Eastern Cape: KPA 4 - Financial Management (Supply Chain Management)



Departments from the Eastern Cape mostly assessed themselves as not fully complying in Supply Chain Management. No departments were fully compliant on acquisition management.

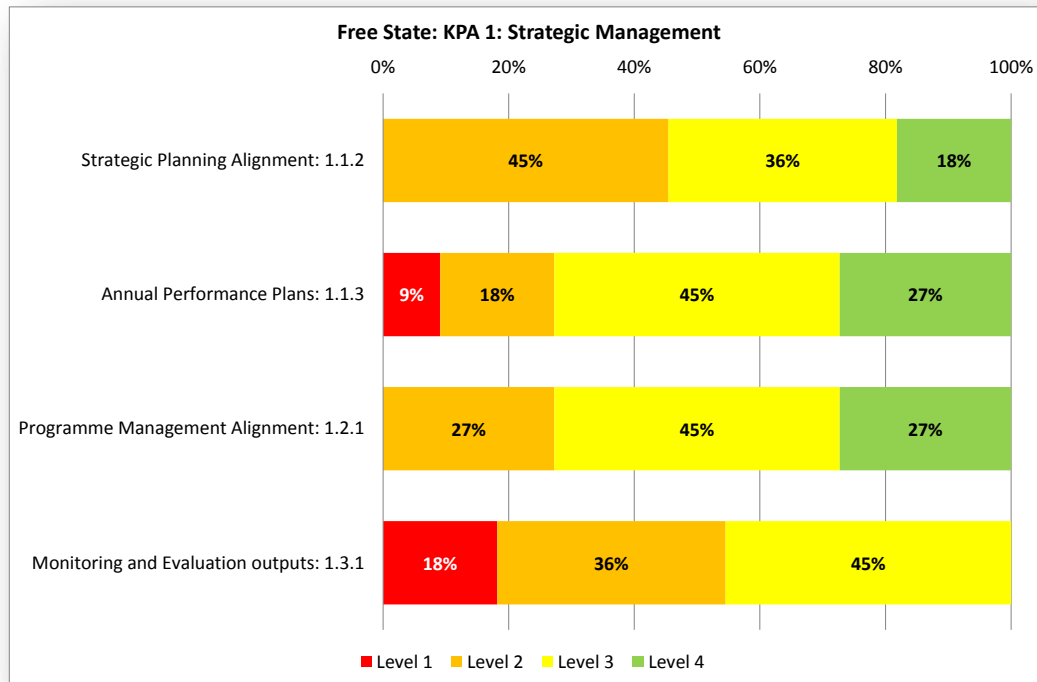
Summary of findings for the Eastern Cape

- The Eastern Cape departments assessed themselves positively in less than half of the management practices covered by MPAT. All departments assessed themselves as fully compliant or better in annual reporting and a large percentage of departments did so for internal audit.
- In many cases, less than two-thirds of departments assessed themselves as fully compliant, for example, functionality of management structures; accountability (audit committees); fraud prevention; public administration delegations; financial delegations; and employee relations.
- Areas where no departments assessed themselves as fully compliant (Level 3) should be cause for concern. These include staff retention; performance management of the SMS; IT governance; and acquisition management.

6.2 Self-assessment: Free State

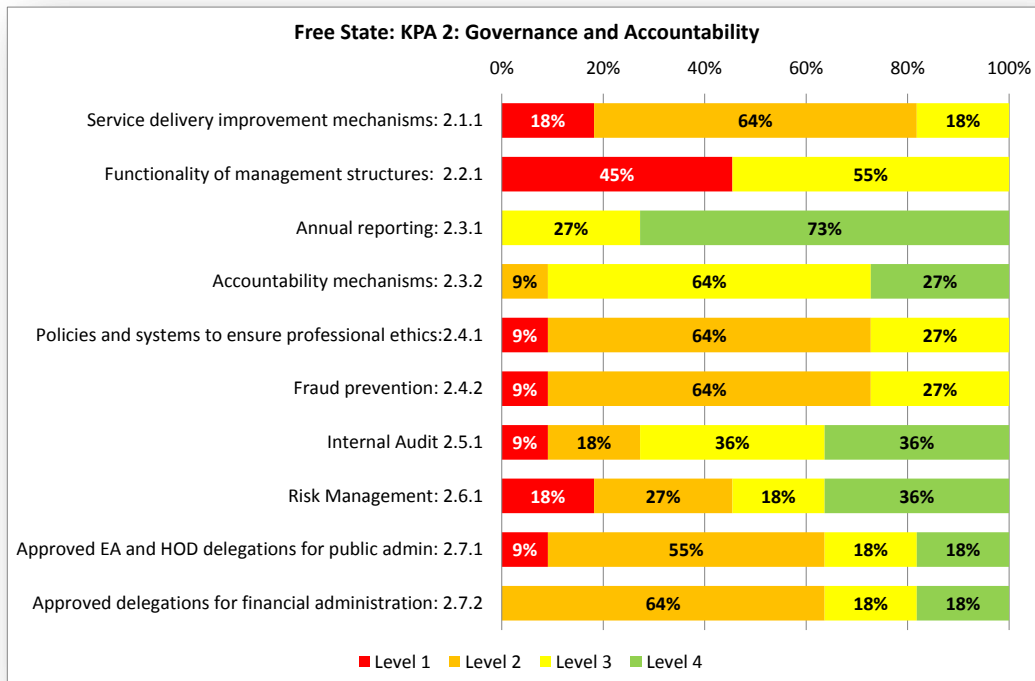
A total of 11 departments from the Free State submitted their self-assessments to the DPME.

Chart 118: Free State: KPA 1 - Strategic Management



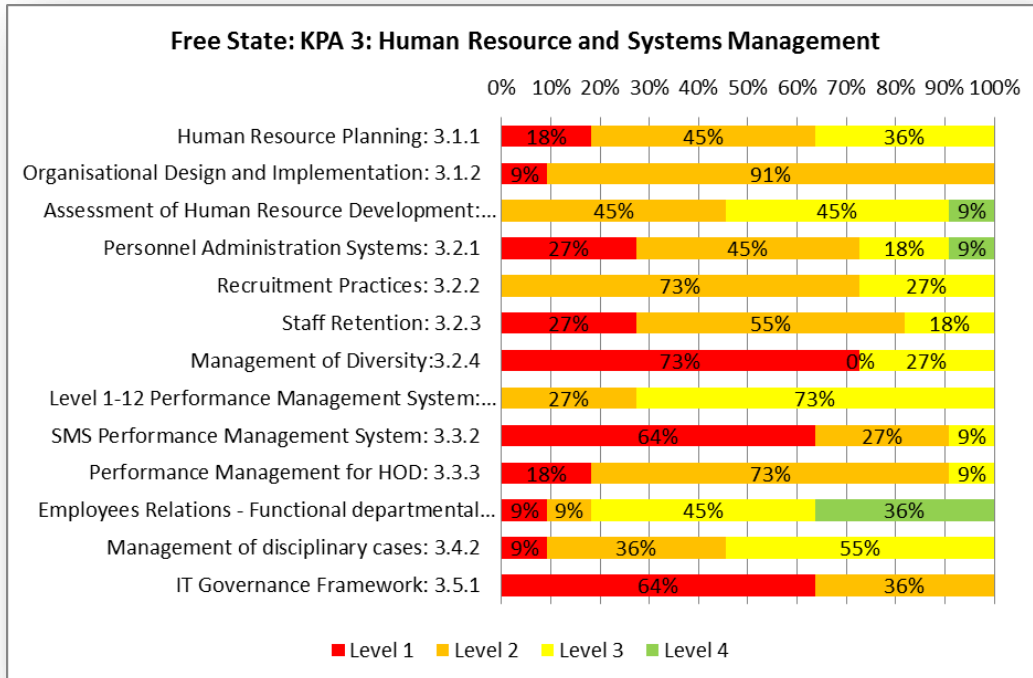
- 72% of departments assessed themselves as fully compliant or better in the management practices of annual performance plans and programme management alignment. Interestingly, 27% of departments perceive themselves to be fully compliant and working smartly (Level 4) in these two management practices.
- It should however, be of concern that 45% of Free State departments are only partially compliant with strategic planning requirements.
- As was the case with national departments and other provinces, monitoring and evaluation appears to be a weakness in Free State departments. 55% of departments assessed themselves as not fully compliant with monitoring and evaluation requirements.

Chart 12: Free State: KPA 2 - Governance and Accountability

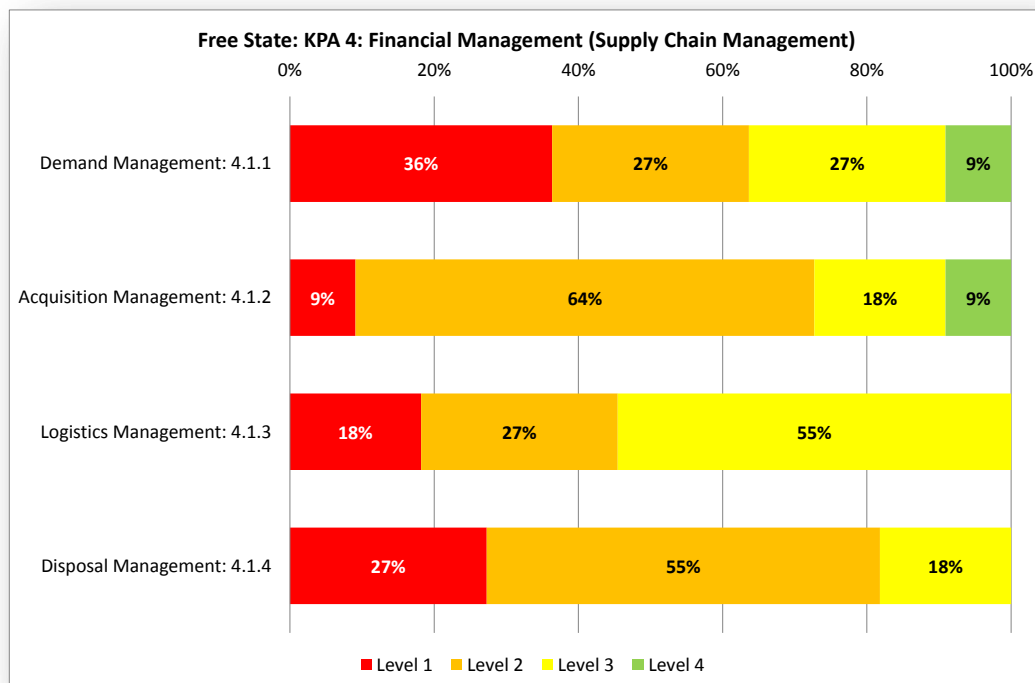


- All departments in the Free State assessed themselves as fully compliant or better on annual reporting. This was not confirmed in the moderation process. It should also be noted that 45% Free State departments by their own assessment were only partially compliant on strategic planning, and therefore having all departments fully compliant or better with annual reporting requirements is perhaps not a realistic self-assessment.
- For other management practices in KPA 2, departments were less positive and assessed themselves not fully compliant for service delivery improvement (82%); for professional ethics (73%); for fraud prevention (72%); and for delegations (64%) requirements for public administration and financial administration.

Chart 130: Free State: KPA 3 - Human Resource and Systems Management



- Departments in the Free State were more likely to assess themselves as partially compliant or non-compliant in KPA 3. Areas of concern where the majority of departments scored themselves as non-compliant with regard to human resource management practices include HR planning (63%); organisational design and implementation (100%); payroll administration (72%); management of diversity (73%); staff retention (82%); and IT governance (100%)
- Another area of concern is the high percentage of departments that assessed themselves as not fully compliant with performance management of the SMS (91%) and performance management of HODs (91%).

Chart 21: Free State: KPA 4: Financial Management (Supply Chain Management)

The overall picture in Supply Chain Management in Free State departments is not a positive one:

- In the performance area of Supply Chain Management, 55% of departments assessed themselves as fully compliant with logistics management requirements. This was the supply chain management practice with the largest percentage of departments assessing themselves as fully compliant.
- In other supply chain management practices, there were large percentages of departments assessing themselves as not fully compliant.

Summary of findings for the Free State

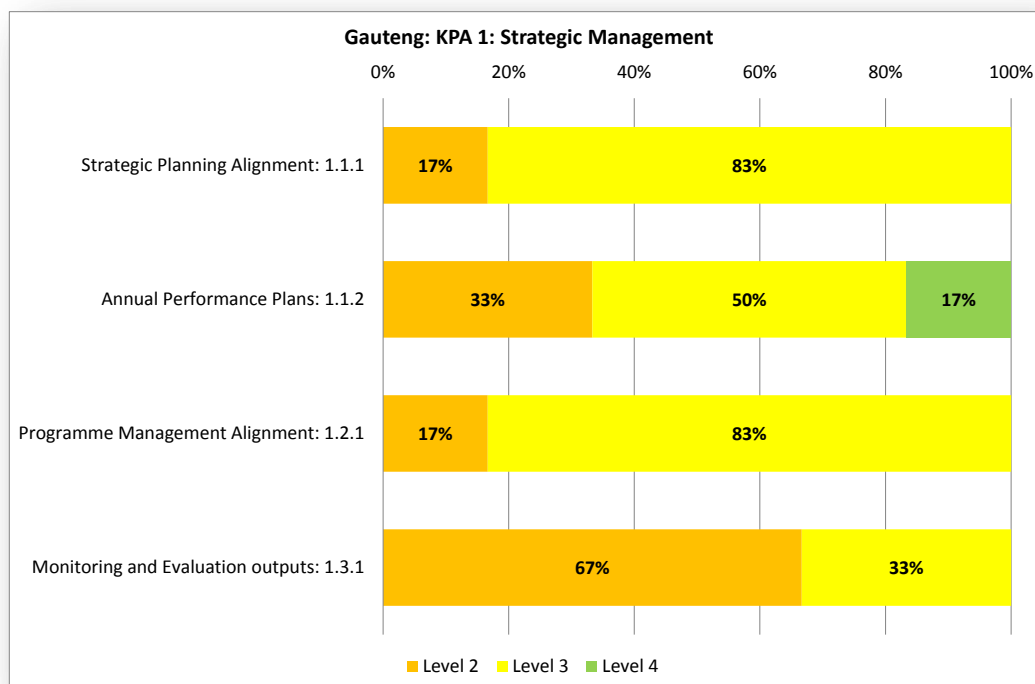
- Departments in the Free State tended to assess themselves as partially compliant (Level 2). Management practices where more than half of the departments rated themselves as partially compliant include service delivery improvement (64%); professional ethics (64%); fraud prevention (64%); EA and HOD delegations (55%); financial delegations (64%); staff retention (55%); performance management of HODs (73%); acquisition management (64%) and disposal management (64%).
- The province assessed itself more positively in KPA 1 (Strategic Management) and in selected areas of Governance and Accountability, for example, accountability mechanisms (annual reporting and audit committee); and internal audit.

- There appear to be problems in KPA 3 (Human Resource and Systems Management). 73% of departments assessed themselves as non-compliant (Level 1) in management of diversity and SMS performance management and ICT governance sixty four (64%) of departments assessed themselves on level 1.No department assessed themselves to comply with the organisational design and implementation with only nine (9) percent complying with the HOD performance management requirements. Only 27% of departments considered their recruitment practices and personnel administration systems to be fully compliant.
- In the area of Supply Chain Management, areas of concern for departments are acquisition management, demand management and disposal management.
- With such a large percentage of departments assessing themselves as partially compliant, it will be important for policy departments (DPSA, National Treasury and DPME) to discuss with the Free State what the obstacles are in moving from partial compliance (Level 2) to full compliance (Level 3).

6.3 Self-assessment: Gauteng

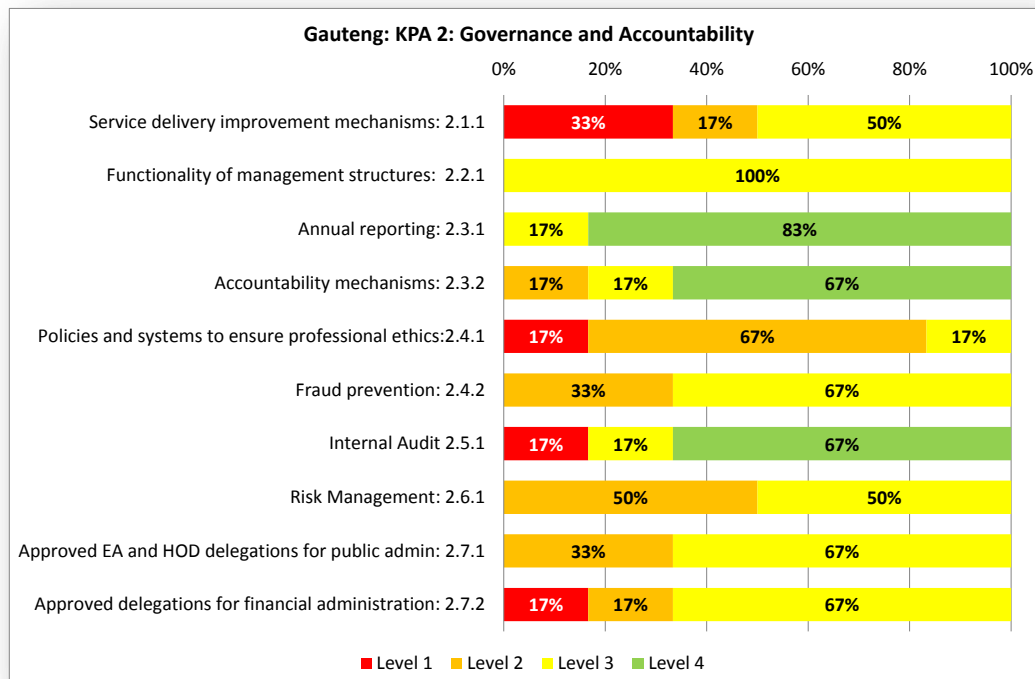
Gauteng submitted self-assessments for six departments (half of the number of departments in the province). The results of these self-assessments are shown below. These results are not necessarily representative of the entire province.

Chart 142: Gauteng: KPA 1 - Strategic Management



- 83% of departments assessed themselves as fully compliant in strategic planning and programme management alignment
- 67% of departments assessed themselves as fully compliant or better in annual performance planning (with 17% seeing themselves to be at Level 4)
- As was the case with national departments and other provinces, monitoring and evaluation was the management practice where fewer departments assessed themselves as fully compliant. Only 37% of Gauteng departments scored themselves as fully compliant.

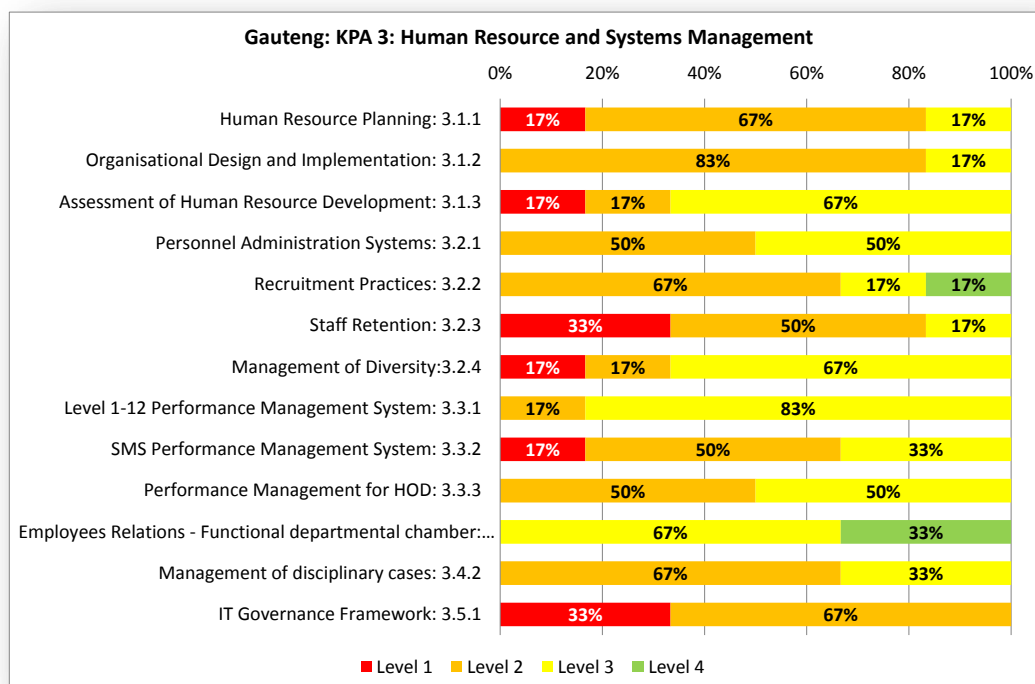
Chart 153: Gauteng: KPA 2 - Governance and Accountability



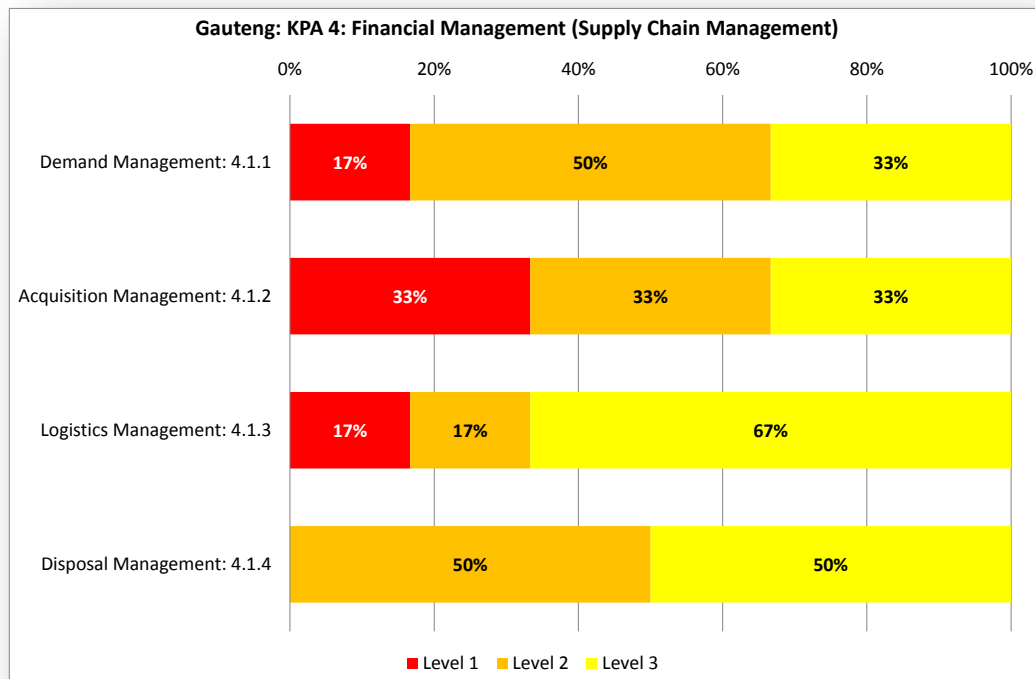
Gauteng departments tended to assess themselves positively in the Governance and Accountability KPA.

- All departments saw themselves as fully compliant with functionality of management structures, meaning that all departments have management structures in place with approved terms of reference, schedule and hold meetings regularly, document their decisions and ensure that there is follow through.
- All departments saw themselves as fully compliant or better with regard to annual reporting and 83% considered themselves to be at Level 4.
- Other areas where departments assessed themselves positively include audit committees and internal audit (84% fully compliant or better).
- Departments were less positive in their assessment of professional ethics (84% not fully compliant) and service delivery improvement and risk management (50% not fully compliant).

Chart 164: Gauteng: KPA 3 - Human Resource and Systems Management



- All departments assessed themselves as fully compliant or better on employee relations – having functional departmental chambers and 83% of departments assessed themselves as fully compliant in performance management for Level 1-12 staff. However, from the self-assessments, the six participating departments appear to be experiencing problems in a number of areas of human resource management (KPA 3).
- 84% of departments assessed themselves as not fully compliant (67% are partially compliant) in human resource planning; 83% of departments are only partially compliant for organisational design and implementation; and 83% are not fully compliant (Level 1 and 2) with staff retention.
- Other areas of concern showing a large percentage of departments assessing themselves as not fully compliant include: performance management of SMS (67%), management of disciplinary cases (67%), recruitment practices (67%) and performance management of HODs (50%).
- No departments assessed themselves as fully compliant with IT governance requirements.

Chart 175: Gauteng: KPA 4 - Financial Management (Supply Chain Management)

In the performance area of Supply Chain Management, logistics management is the only supply chain management practice where more than 50% of departments assessed themselves as fully compliant.

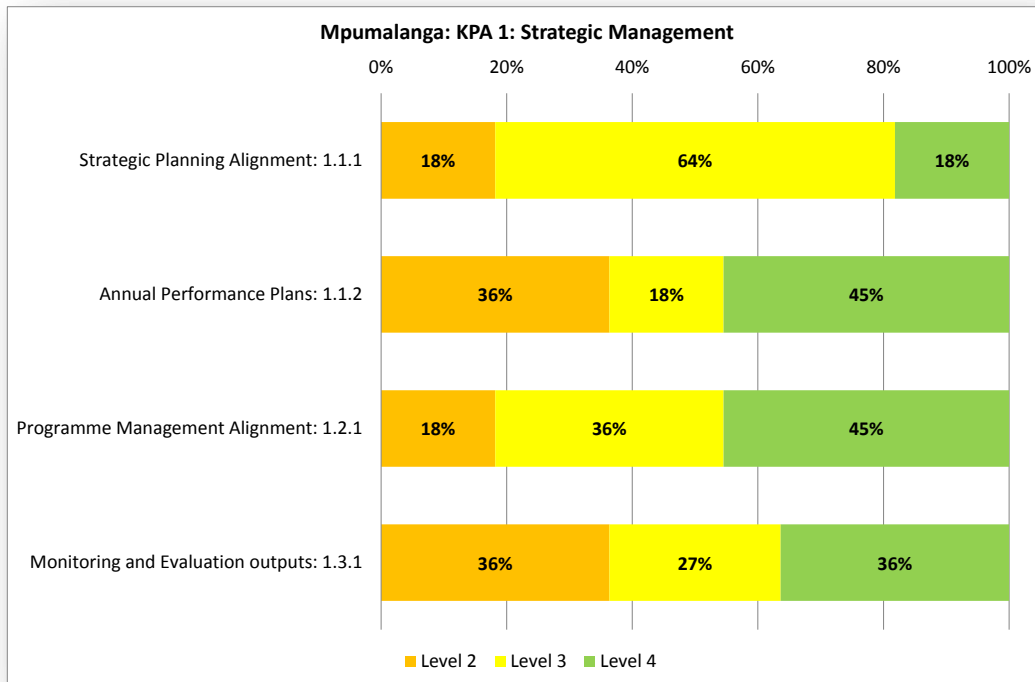
Summary of findings for Gauteng

- The self-assessments by Gauteng departments tended towards the positive in the case of strategic management where not a single department was completely non-compliant (Level 1). Departments in the province appear to have problems with monitoring and evaluation.
- Like other provinces and national departments, Gauteng reported a low rate of compliance on service delivery improvement, staff retention and IT governance.
- Areas of concern are monitoring and evaluation; professional ethics; human resource planning; organisational design and implementation; recruitment practices; SMS performance management; management of disciplinary cases; IT governance framework; and supply chain management.

6.4 Self-assessment: Mpumalanga

Mpumalanga submitted self-assessments for 11 of its departments. Mpumalanga departments submitted evidence, though the evidence portfolios were incomplete for some departments.

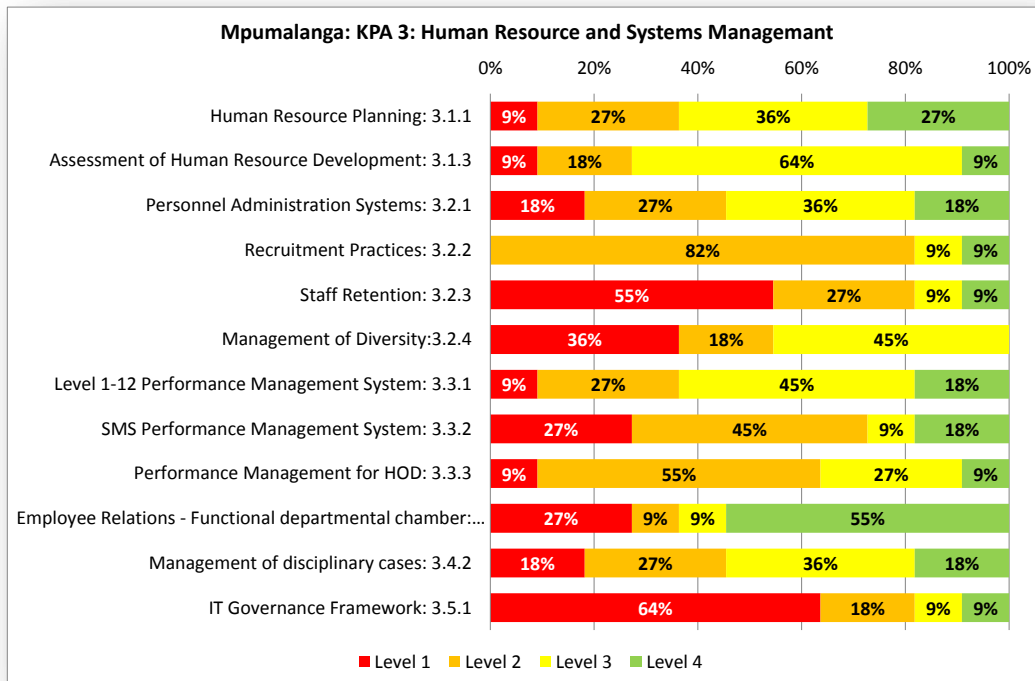
Chart 186: Mpumalanga: KPA 1 - Strategic Management



Departments in Mpumalanga tended to assess themselves positively in KPA 1: Strategic Management, but also had areas where they are partially compliant. No department assessed itself as non-compliant (Level 1).

- 82% of departments assessed themselves as fully compliant or better in annual performance plans and programme management alignment.
- 45% of departments in the province see themselves as performing at Level 4 in annual performance plans and programme management alignment.
- Like other provinces and national departments, there appear to be challenges in complying with monitoring and evaluation – 36% of departments in Mpumalanga are partially compliant.

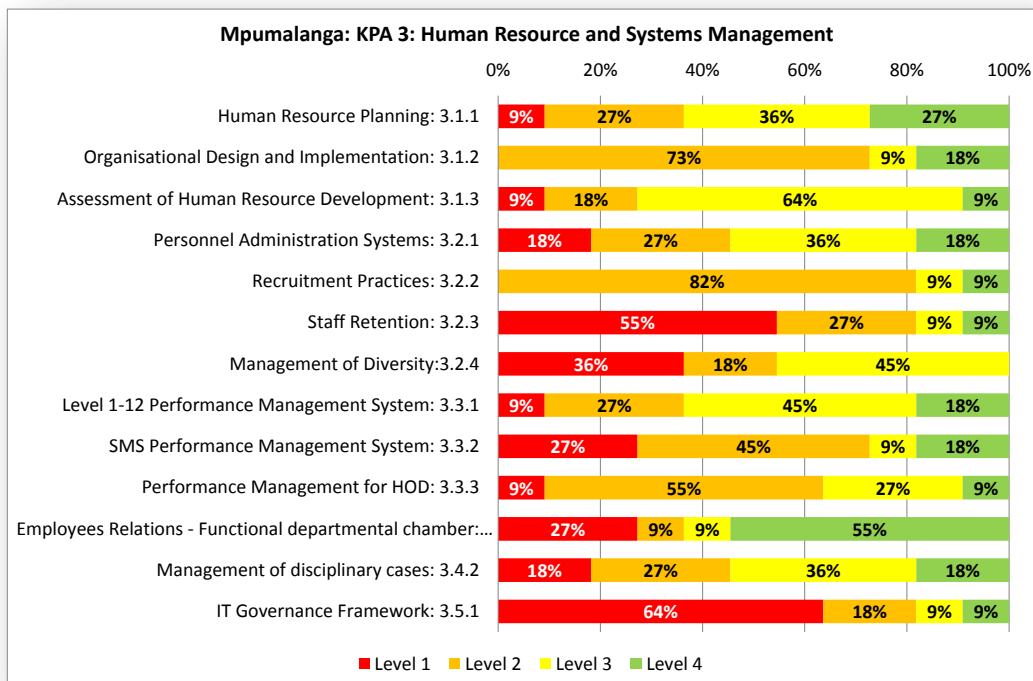
Chart 197: Mpumalanga: KPA 2 - Governance and Accountability



There is a high degree of variability in the self-assessments across the different management practices in KPA 2, suggesting an uneven understanding and application of good governance and accountability practices in the province.

- All departments assessed themselves as fully compliant or better in risk management; 82% of departments assessed themselves as fully compliant or better in internal audit; and 82% of departments assessed themselves at Level 4 for annual reporting.
- On the other extreme, 91% of departments assessed themselves as not fully compliant (Level 1 and 2) with service delivery improvement requirements. While compliance with this management practice is a problem for most provinces and national departments, it is of concern that as many as 82% of Mpumalanga departments assessed themselves as non-compliant (Level 1).
- Other areas where a large percentage of departments assessed themselves as not fully compliant include: professional ethics (73%); public administration delegations (54%); financial delegations (64%); and functionality of management structures. With regard to the latter three management practices, the figures suggest that there may be problems in how departments make decisions.

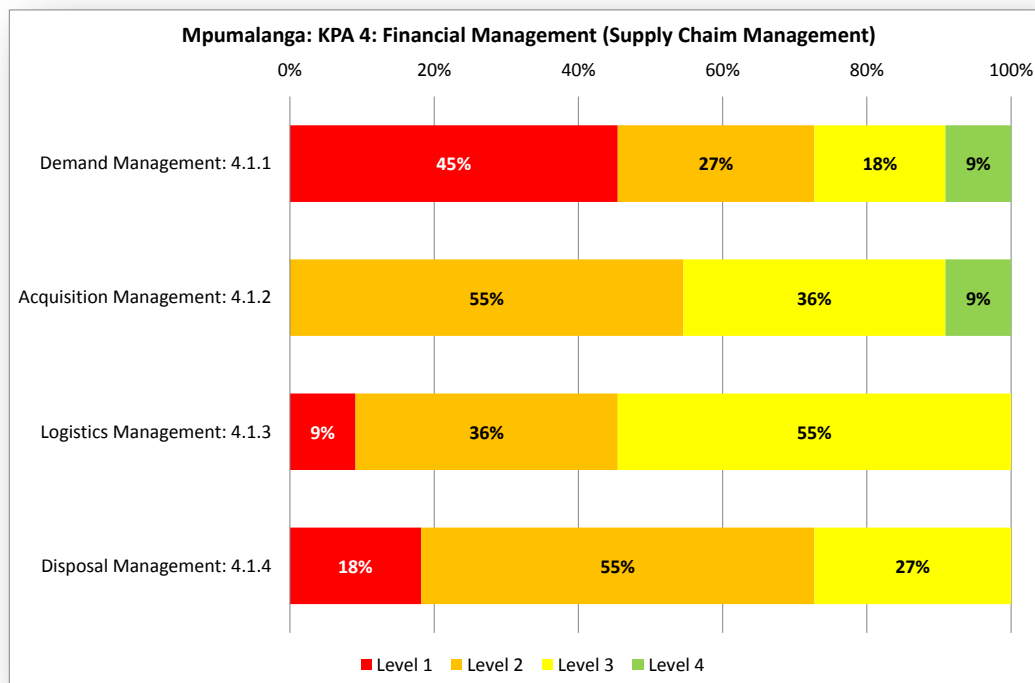
Chart 208: Mpumalanga: KPA 3 - Human Resource and Systems Management



Departments in Mpumalanga appear to have difficulty in complying with many of the human resource management requirements in KPA 3 and there may be systemic underlying reasons for this that should be investigated by the Office of the Premier and the DPSA.

- 73% of departments are only partially compliant with organisational design and implementation thus raising concerns about the extent to which unfunded posts are reflected on departmental organisational structures.
- 82% of departments are only partially compliant with recruitment practices, meaning that they are not following the Public Service Regulations fully or consistently.
- 72% of departments assessed themselves as not being fully compliant (Level 1 and 2) with staff retention requirements.
- While the province appears to be better at performance management for Level 1-12 staff, 72% of departments assessed themselves as not fully compliant with performance management requirements for the SMS and 64% assessed themselves not fully compliant with performance management of HODs.
- Like other provinces, IT governance appears to be a problem for Mpumalanga with 82% of departments assessing themselves as not fully compliant.

Chart 29: Mpumalanga: KPA 4 - Financial Management (Supply Chain Management)



Supply Chain Management appears to be a problem for most departments in Mpumalanga with a low percentage of departments assessing themselves as fully compliant.

- As was the case with other provinces and national departments, Mpumalanga departments were more likely to assess themselves more fully compliant on logistics management than on any of the other elements of supply chain management. However, only 55% of departments assessed themselves as fully compliant on logistics management.
- Demand management and disposal management appear to be the most problematic for departments, with 73% of departments assessing themselves as not fully compliant.

Summary of findings for Mpumalanga

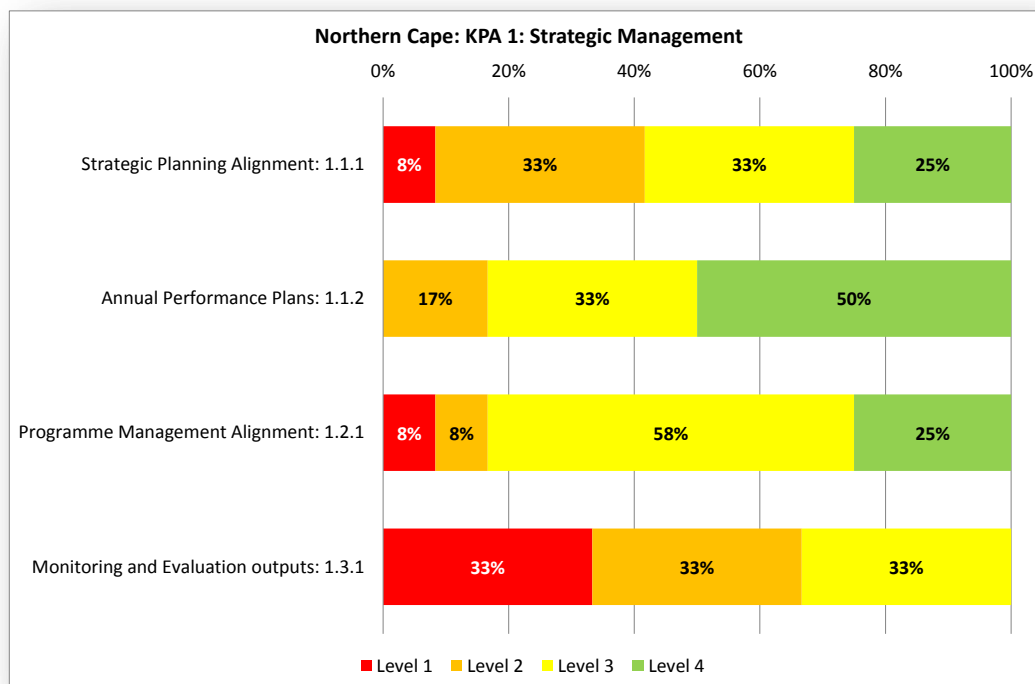
- Departments in Mpumalanga tended to assess themselves positively in KPA 1: Strategic Management, but also had areas where they are partially compliant. No department assessed itself as non-compliant (Level 1). There appear to be challenges in complying with monitoring and evaluation requirements.
- There is a high degree of variability in the self-assessments across the different management practices in KPA 2, suggesting an uneven understanding and application of good governance and accountability practices in the province. Areas of concern for Mpumalanga departments are service delivery improvement; professional ethics; and public administration and financial delegations.

- Departments in Mpumalanga appear to have difficulty in complying with many of the human resource requirements in KPA 3 and there may be systemic underlying reasons for this that should be investigated by the Office of the Premier and the DPSA. Areas of concern include organisational design and implementation; recruitment practices; staff retention; SMS performance management; HOD performance management; and IT governance.
- Supply Chain Management appears to be a problem for most departments in Mpumalanga with a low percentage of departments assessing themselves as fully compliant.

6.5 Self-assessment: Northern Cape

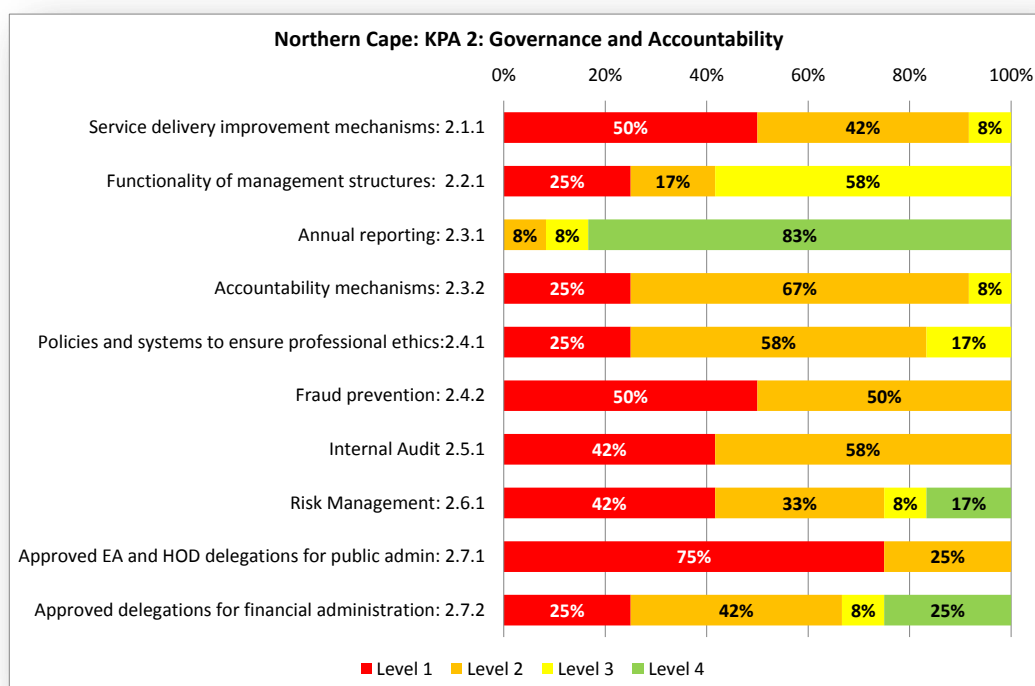
The Northern Cape submitted self-assessments for 12 departments.

Chart 210: Northern Cape: KPA 1 - Strategic Management



- Consistent with other provinces and national departments, Northern Cape departments tended to assess themselves positively in management practices of annual performance plans and programme management alignment. 83% of departments assessed themselves as fully compliant or better on these two areas.
- Furthermore, 50% of departments believe that they are performing at Level 4 with regard to their annual performance plans. For departments to achieve Level 4, they must, in addition to complying with the prescribed format for annual performance plans, actively monitor implementation and use performance information for decision-making.
- This positive self-assessment on annual performance plans is contradicted by the self-assessment scores for monitoring and evaluation practices. Here, only 33% of departments assessed themselves as fully compliant. Two-thirds of departments, by their own assessment are not using monitoring reports to track implementation progress and inform programme improvements.

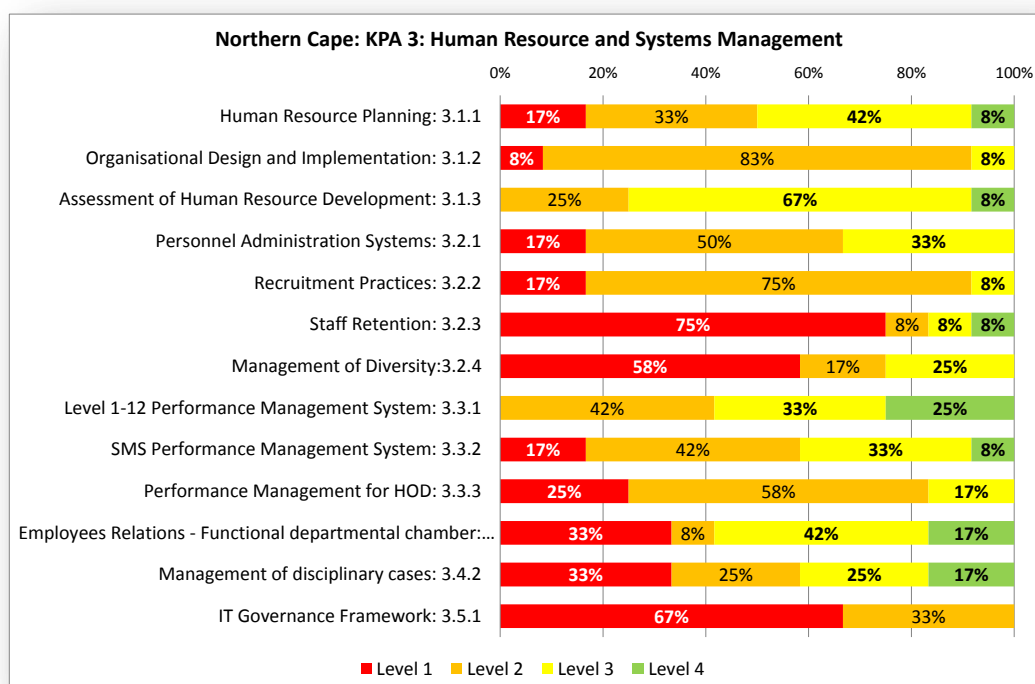
Chart 221: Northern Cape: KPA 2 - Governance and Accountability



Based on their self-assessments, there appear to be serious challenges in the Northern Cape with regard to complying with good governance and accountability requirements of the public service.

- Annual reporting is the only area where departments assessed themselves positively – 83% assessed themselves at Level 4. This could not be confirmed by the moderation process as not all departments provided adequate evidence. Also, the low percentage of departments which are compliant with monitoring and evaluation requirements raises doubts about the extent to which annual reports meet Treasury requirements on programme performance information.
- No departments assessed themselves as compliant with fraud prevention, internal audit and public administration delegations.
- 92% of departments assessed themselves as not fully compliant with service delivery improvement and accountability mechanisms (audit committees). Other areas of concern are risk management and financial administration delegations.

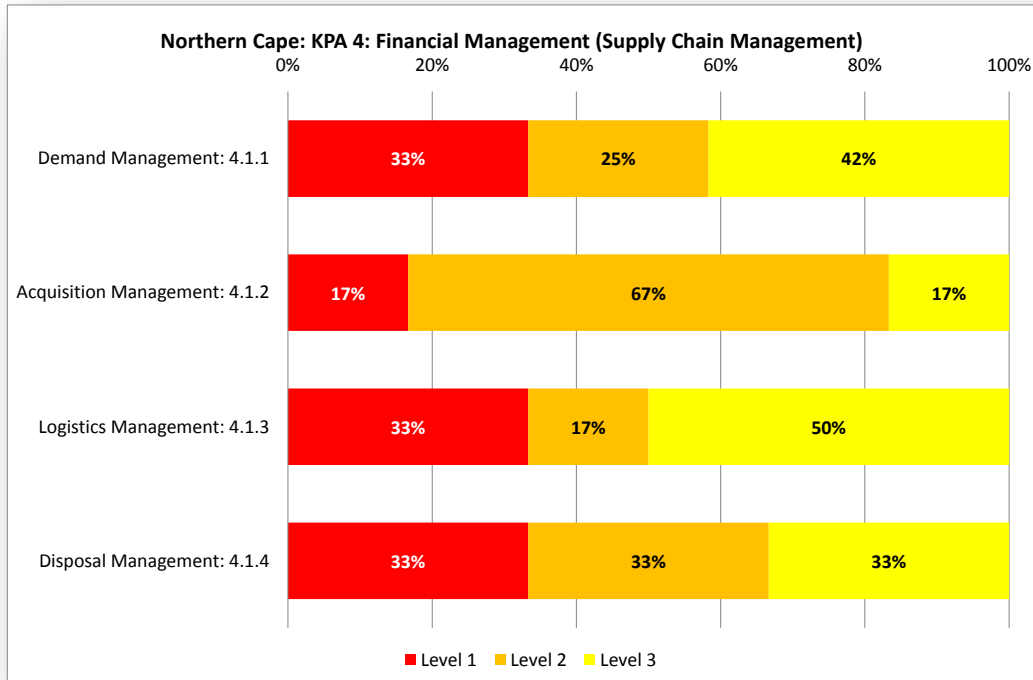
Chart 232: Northern Cape: KPA 3 - Human Resource and Systems Management



Northern Cape departments appear to have difficulty in complying with human resource management requirements. Human resource development is the one area where departments assessed themselves positively – 75% of departments believe that they are fully compliant or better in human resource development.

- 92% of departments assessed themselves as not fully complying with organisational design and implementation. Recruitment practices are another area of concern with 92% of departments assessing themselves as not being fully compliant with requirements of the Public Service Regulations. Furthermore, 84% of departments assessed of departments assessed themselves as not fully compliant with staff retention requirements (75% of departments are at Level 1).
- Performance management across all levels of the public service in the Northern Cape appears to be a problem. 42% of departments assessed themselves as not fully compliant with performance management of staff at Levels 1-12; 59% of departments assessed themselves as not fully compliant with performance management requirements for the SMS; and 83% of departments assessed themselves as not fully compliant with performance management requirements for HODs.
- As was the case with other provinces and national departments, a large percentage of departments assessed themselves as not fully compliant with IT governance requirements (100% of departments).

Chart 243: Northern Cape: KPA 4 - Financial Management (Supply Chain Management)



Supply chain management appears to be a problem for the Northern Cape, judging from their self-assessments of this performance area.

- The supply chain management practice where departments were most likely to assess themselves as fully compliant is logistics management. However, only 50% of departments assessed themselves as fully compliant in logistics management.
- Only 17% of departments assessed themselves as fully compliant with acquisition management, and 83% are not fully compliant. This means that 83% of departments claim that they are not managing their supplier database effectively (updating database with supplier performance information) and paying suppliers within 30 days of receipt of a legitimate invoice.

Summary of findings for the Northern Cape

- Departments in the Northern Cape overall tended to assess themselves as partially compliant or non-compliant. There are very few areas where the majority (at least two-thirds) of departments assessed themselves as fully compliant (or better), for example, annual performance plans, programme management alignment and human resource development.
- There appear to be serious challenges in the Northern Cape with regard to complying with good governance and accountability requirements of the public service. Areas of concern

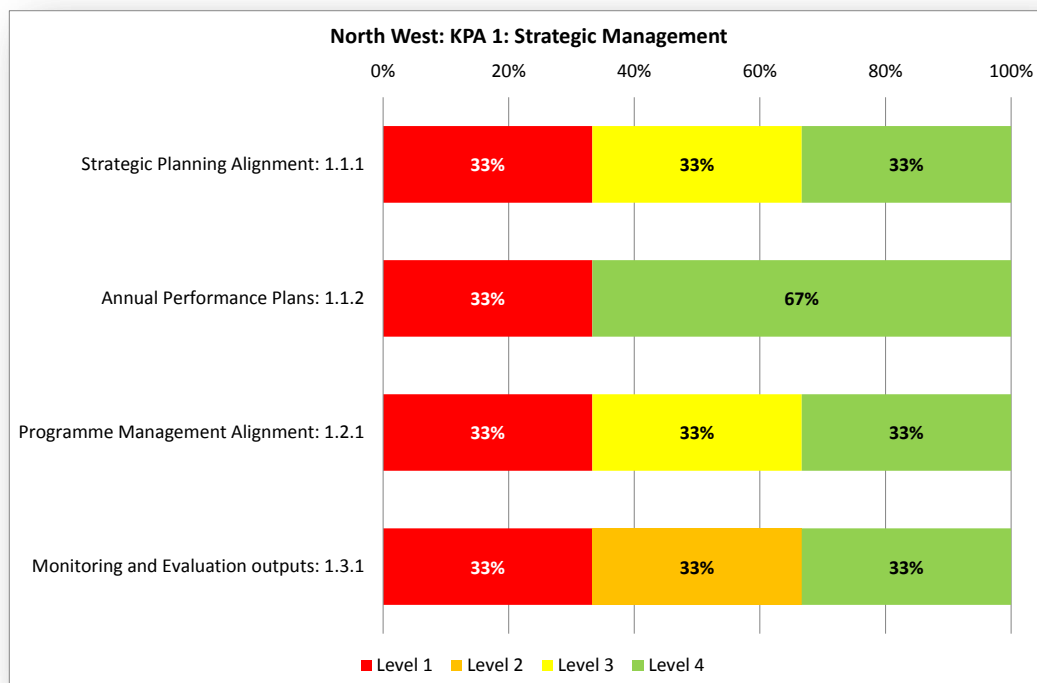
include service delivery improvement; fraud prevention; internal audit; audit committees; risk management; and public administration and financial delegations.

- Northern Cape departments appear to have difficulty in complying with human resource management requirements. There are several areas that need attention, in particular, organisational design and implementation; recruitment practices; skills retention; and performance management at all levels.
- Most departments in the Northern Cape are not complying fully with Supply Chain Management requirements.
- Given the tendency of departments in the Northern Cape to assess themselves as partially compliant or non-compliant, it is essential that transversal policy departments engage the Office of the Premier to identify the underlying causes of the problems that departments in this province are experiencing.

6.6 Self-assessment: North West

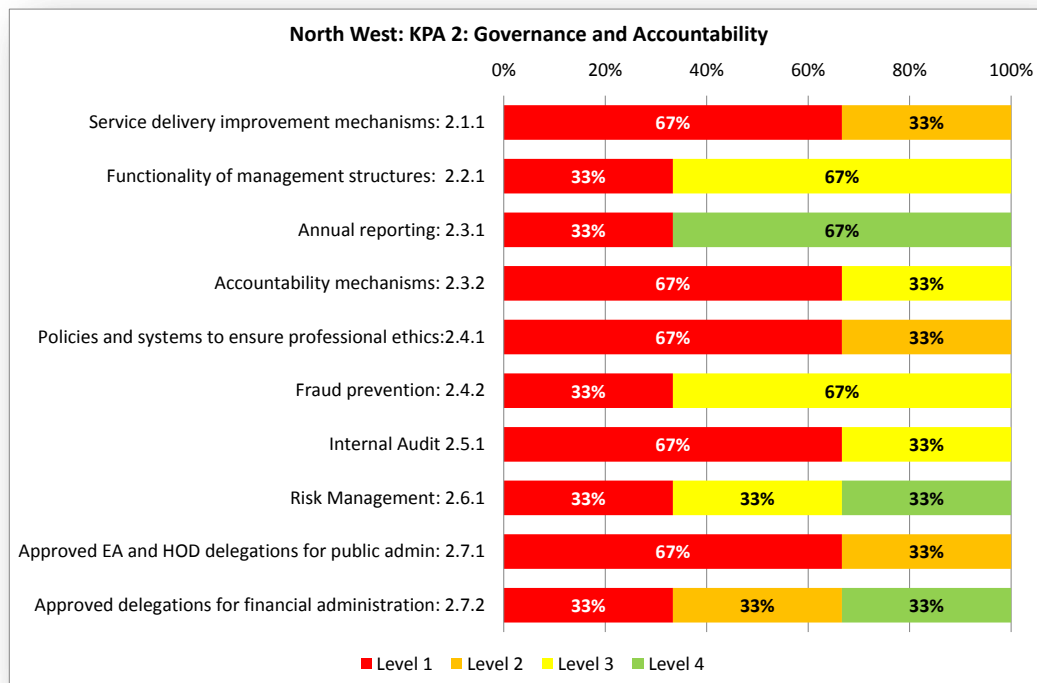
North West submitted self-assessments for only three departments and the results of the self-assessments cannot be taken as representative of the province.

Chart 34: North West: KPA 1 - Strategic Management



- 67% of departments see themselves as being fully compliant or better in strategic planning, annual performance plans and programme management alignment. In the case of annual performance plans, the departments see themselves as operating at Level 4 (fully compliant and working smartly).
- 67% of departments assessed themselves as not fully compliant with monitoring and evaluation requirements.

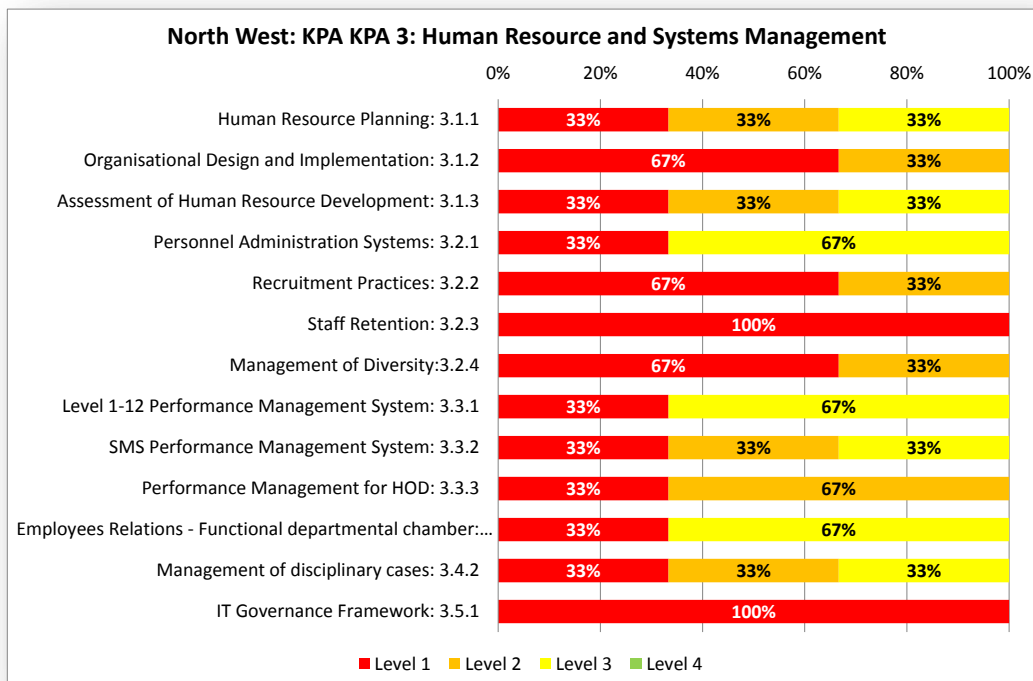
Chart 255: North West: KPA 2 - Governance and Accountability



For the three departments that conducted self-assessments, there are a number of problems in the KPA of Governance and Accountability.

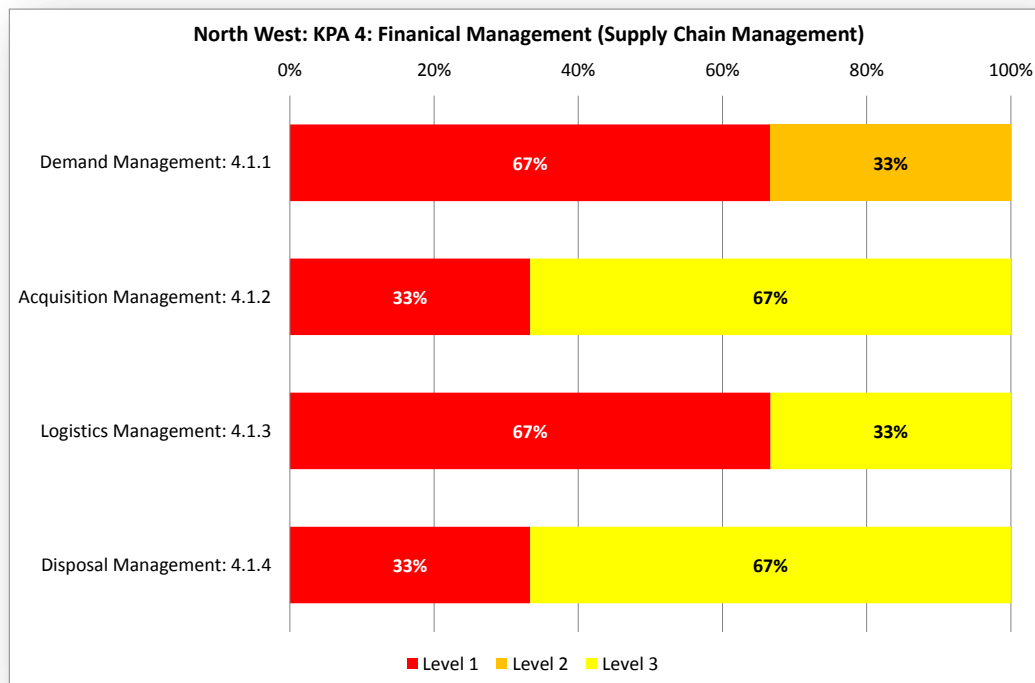
- No departments are fully compliant with service delivery improvement, professional ethics and public administration delegations.
- Departments were non-compliant on all the management practices in KPA 3.

Chart 266: North West: KPA 3 - Human Resource and Systems Management



- Departments assessed themselves as non-compliant (Level 1) on all human resource management practices.
- All departments assessed themselves as non-compliant (Level 1) on staff retention and IT governance.
- No departments were fully compliant with organisational design and implementation, recruitment practices, management of diversity and performance management of HODs.

Chart 277: North West: KPA 4 - Financial Management (Supply Chain Management)



- No departments reported full-compliance with demand management, while 67% of departments assessed themselves as fully compliant with acquisition management and disposal management.

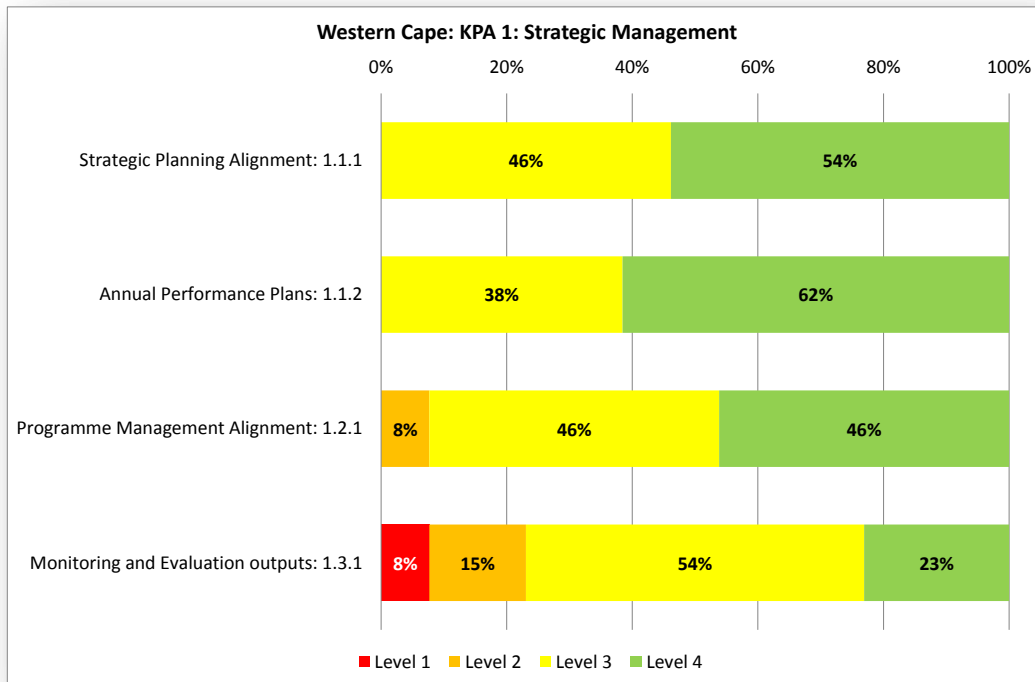
Summary of findings for North West province

- The departments assessed themselves positively in the management practices of strategic planning, annual performance plans, programme management, and annual reporting.
- The areas where most departments assessed themselves as non-compliant are service delivery improvement; accountability (audit committee); ethics; internal audit; public administration delegations; recruitment practices; staff retention; diversity management; IT governance; demand management and disposal management.
- The small number of departments that participated in the MPAT process should be cause for concern. It is difficult to form a comprehensive picture of the state of management practices in North West province with the limited data available. DPME will discuss with the Office of the Premier to see how it can assist in securing a higher participation rate from the province for MPAT 2012/2013.

6.7 Self-assessment: Western Cape

The Western Cape submitted self-assessments for all its 13 departments.

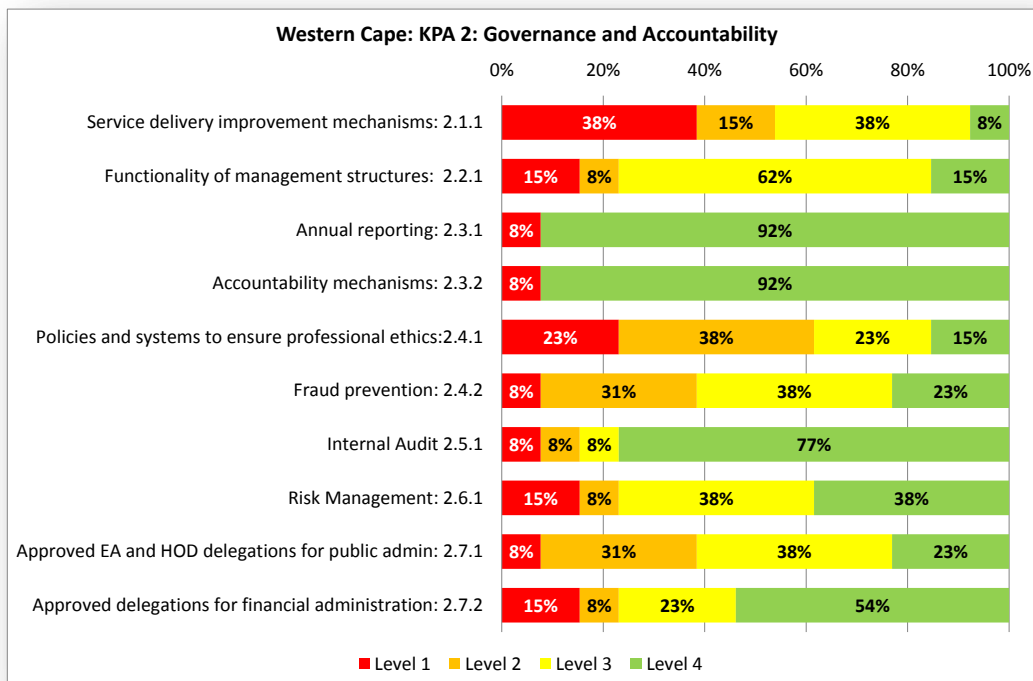
Chart 288: Western Cape: KPA 1 - Strategic Management



Western Cape departments mostly assessed themselves as fully compliant or better on all aspects of Strategic Management.

- All departments assessed themselves as fully compliant or better on strategic planning and annual performance plans. Western Cape departments see themselves as surpassing the compliance requirements of Level 3 and performing at Level 4 (working smartly). 62% of departments assessed themselves at Level 4 for annual performance plans and 54% did so for strategic planning.
- Monitoring and evaluation is the weakest element in KPA 1. 23% of departments assessed themselves as not fully compliant with requirements. However, relative to other provinces and national departments, the percentage of fully compliant departments in the Western Cape is high at 67%.

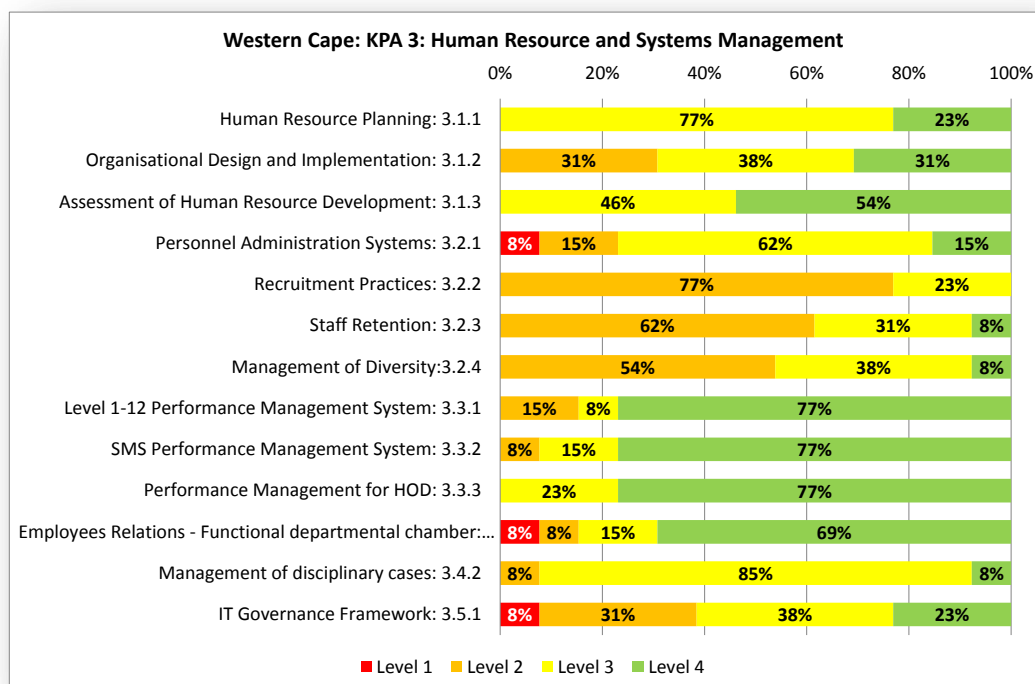
Chart 29: Western Cape: KPA 2 - Governance and Accountability



In Governance and Accountability, the self-assessments by Western Cape departments tended towards the positive, with acknowledgement of areas where there are compliance problems.

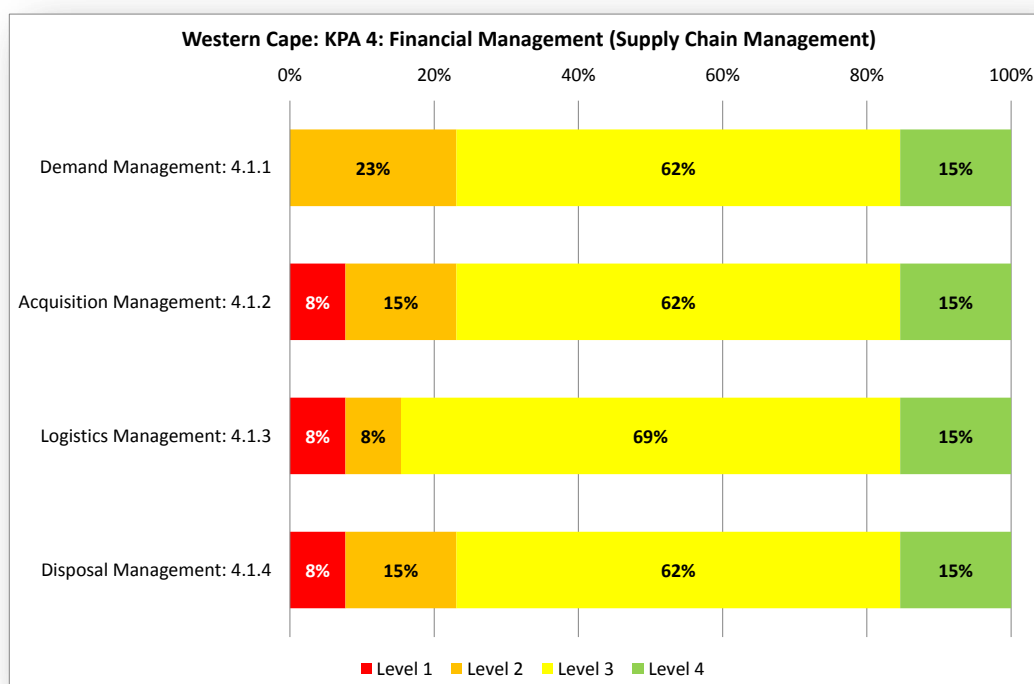
- Accountability through annual reporting and audit committees as well as internal audit are areas where a large percentage of departments assessed themselves as fully compliant or better. In the case of annual reporting and audit committees, 92% of departments assessed themselves at Level 4 and 77% did so for internal audit. The province also sees itself as having effective management structures in place (77% fully compliant or better).
- Like other provinces and national departments, Western Cape departments appear to have problems with service delivery improvement. Only 46% of departments assessed themselves as fully compliant or better.
- Other areas where departments assessed themselves less positively include professional ethics (67% not fully compliant); fraud prevention (41% not fully compliant); and public administration delegations (39% not fully compliant).

Chart 300: Western Cape: KPA 3 - Human Resource and Systems Management



There is variation in the departments’ self-assessments across the human resource management practices, though departments tended to assess themselves as fully compliant or better in a number of these practices.

- All departments assessed themselves as fully compliant or better in human resource planning, human resource development and performance management of HODs. The Western Cape is the only province where all departments claim to be fully compliant with performance management of HODs.
- The province, from its self-assessments, appears to be driving a strong performance management culture. In addition to 100% departments claiming to be fully compliant with performance management of HODs, 92% of Western Cape departments assessed themselves as fully compliant or better in SMS performance management and 85% assessed themselves as such for performance management of staff Levels 1-12. Furthermore, 92% of departments assessed themselves as fully compliant or better in the management of disciplinary cases.
- Recruitment practices, staff retention and management of diversity are areas where a large percentage of departments assessed themselves as partially compliant and these areas may be in need of attention. These include recruitment practices (77% partially compliant); staff retention (62% partially compliant); and management of diversity (54% partially compliant).
- IT governance appears to be less of a problem for the Western Cape compared to other provinces and national departments – 71% of departments assessed themselves as fully compliant or better.

Chart 311: Western Cape: KPA 4 - Financial Management (Supply Chain Management)

Western Cape departments assessed themselves more positively in Supply Chain Management than their counterparts in other provinces and national departments. Their assessments are more or less consistent across the four supply chain management practices.

- 77% of departments assessed themselves as fully compliant or better in demand management, acquisition management and disposal management, while 84% of departments assessed themselves as such for logistics management.
- There are areas for improvement across all four supply chain management practices as there are departments that assessed themselves as partially compliant and non-compliant: 23% for disposal management, acquisition management and demand management.

Summary of findings for Western Cape

- Departments in the Western Cape most frequently assessed themselves as Level 3 (fully compliant), followed by Level 4 (fully compliant and working smartly). Strategic Management (KPA 1) is where they assessed themselves most positively, with a large percentage of departments claiming to operate at Level 4.
- In Governance and Accountability, the self-assessments by Western Cape departments tended towards the positive, with acknowledgement of areas where there are compliance problems. Accountability through annual reporting and audit committees as well as internal audit are areas where a large percentage of departments assessed themselves as fully compliant or better. Areas that may require attention include service delivery improvement, professional ethics, fraud prevention and public administration delegations.

- There is variation in the departments' self-assessments across the human resource management practices, though departments tended to assess themselves as fully compliant or better in a number of these practices. All departments assessed themselves as fully compliant or better in human resource planning, human resource development and performance management of HODs. The province appears to be driving a strong performance management culture. The Western Cape is the only province where all departments claim to be fully compliant with performance management of HODs and 92% claim full compliance with performance management of the SMS. Recruitment practices, staff retention and management of diversity are areas where a large percentage of departments assessed themselves as partially compliant and these areas may be in need of attention.
- Departments assessed themselves more positively in Supply Chain Management than their counterparts in other provinces and national departments. Their assessments are more or less consistent across the four supply chain management practices.

6.8 Summary of key findings from provincial results

1. There is considerable variation in the MPAT self-assessment results across the eight provinces that participated. It should however be borne in mind that a number of provincial departments did not submit self-assessments and the results of those provinces are therefore not representative. The extent to which the self-assessment scores for Level 3 and Level 4 could be confirmed should also be taken into consideration.
2. From the self-assessment results, it is evident that a number of provincial departments are finding it difficult to achieve full compliance with public administration requirements across most of the management practices of the MPAT tool, let alone achieving Level 4 (full compliance and working smartly).
3. Areas where departments appear to be in need of assistance include monitoring and evaluation; service delivery improvement; ethics; fraud prevention; human resource planning; recruitment practices; staff retention; diversity management; performance management of SMS and HODs ; IT governance; and supply chain management. The extent to which provinces need assistance will vary from province to province and from department to department. The MPAT results of each province serves as a starting point for the development of improvement plans and plans to support provincial departments.
4. More than half of the departments from the Eastern Cape, Gauteng and North West did not submit self-assessments and no departments from KwaZulu-Natal submitted self-assessments. DPME will discuss the reasons with the Office of the Premier in these provinces to ascertain what assistance or support is required to ensure 100% participation from these provinces for the 2012/2013 MPAT assessments.

7 Concluding remarks and recommendations

This has been the first round of MPAT assessments and though it is too early to speak conclusively of the impact of the assessments, the indications are positive. The introduction of MPAT in national and provincial departments has focused attention on the importance of good management practices for achieving the outcomes that Government has prioritised. The self-assessment results, notwithstanding some of the limitations of the first moderation process, do pinpoint areas that departments need to focus on. Indeed, the self-assessment process itself has been of value to those departments that involved senior management in their deliberations. The senior management of many departments indicated that they found the self-assessment process useful and are already implementing improvement plans to address identified areas of weakness.

This first round of assessments provided an invaluable opportunity to test the nascent moderation process. Obtaining the appropriate evidence to confirm the self-assessment scores was a major challenge for the moderation process. However, the moderators provided detailed comments on each department that they moderated and these comments will be used in the feedback given to departments. Although there are problematic levels of non-compliance in a number of areas, the moderation process managed to identify potential cases of good practice.

The following actions are recommended:

Recommendation 1: All departments that were assessed in 2011/2012 should prepare and implement improvements plans to ensure that they work towards achieving full compliance and begin to work smartly.

Recommendation 2: DPME, the DPSA and National Treasury should develop support plans to assist departments to improve management practices in those areas where low levels of compliance are evident.

Recommendation 3: Transversal policy departments such as the DPSA and National Treasury should follow up on those areas where most departments assessed themselves as non-compliant, to determine the underlying reasons for the non-compliance and develop appropriate responses to address these issues. This may require a review of the framework in that area of management. Key area of concern is in the area of service delivery improvements.

Recommendation 4: DPME, in consultation with the MPAT Technical Committee should introduce technical improvements to the MPAT tool and moderation criteria. It should also provide better guidance on the evidence required for moderation and guidance to internal audit units of departments.

Recommendation 5: DPME should follow up on the potential good practice cases that were identified in the moderation process. These potential cases should be subjected to further assessment to determine if they are suitable for documentation as case studies and disseminating to a wider audience.

Recommendation 6: All Ministers, Premiers and Members of the Executive Council should ensure that their departments participate in the assessment process in 2012/2013, that the senior management of the department participates in the self-assessment exercise, and that the department provides the evidence to DPME for the self-assessment results to be moderated.

Annex A: self-assessment standards

KPA 1: Strategic Management

1.1 Performance Area: Strategic Planning		
1.1.1 Indicator name: Strategic Planning Alignment		
Indicator definition: Extent to which strategic plan based on analysis, is aligned with MTSF and/or PGDS, Delivery Agreements, informs APP, and includes risk mitigation.		
Question: Which set of statements best reflects the quality of the department's strategic planning?		
Statement	Evidence	Performance level
<p>Department's strategic plan is not compliant with Treasury guidelines.</p> <p>Department's strategic plan does not have a clear link with MTSF (PGDS for provinces) and/or any of the Delivery Agreements. Little or no evidence of risk mitigation strategies.</p>	<ul style="list-style-type: none"> • Not required 	Level 1
<p>Department's strategic plan is partially compliant with Treasury guidelines.</p> <p>Department's strategic plan is linked to the MTSF (PGDS for provinces) and the relevant Delivery Agreement(s).</p>	<ul style="list-style-type: none"> • Alignment between strategic plan, MTSF and delivery agreements 	Level 2
<p>Department's strategic plan is fully compliant with Treasury guidelines.</p> <p>Department's strategic plan is based on situational analysis.</p> <p>Performance information policy including procedures and business processes in line with NT framework and APP is in place and being implemented.</p> <p>Department's strategic plan is linked to the MTSF (PGDS for provinces) and the relevant Delivery Agreement(s).</p> <p>Strategic plan is submitted to Parliament/ Provincial legislature on time</p>	<ul style="list-style-type: none"> • Analytical work done for strategic planning • Alignment between strategic plan, MTSF and delivery agreements • Performance information policy, procedures and business processes 	Level 3
<p>All above in Level 3 plus:</p> <p>Department's strategic plan has a 'line of sight' externally to government's medium term priorities and delivery agreements, and internally to the department's mandate.</p> <p>Department actively monitors the risks to achieving strategic outcomes of the Strategic Plan.</p> <p>Strategic plan reviewed annually and adjusted as required.</p>	<ul style="list-style-type: none"> • All above in Level 3 plus • Evidence of total alignment between strategic plan, annual performance plan and MTSF and delivery agreements • Implementation of risk mitigation strategies • Documented evidence of review of strategic plan 	Level 4

1.1 Performance Area: Strategic Planning		
1.1.2 Indicator name: Annual Performance Plans		
Indicator definition: Extent to which contents of APP complies with Treasury guidelines and implementation reported and monitored effectively.		
Question: Which set of statements best reflects the quality of the contents of the department's Annual Performance Plan?		
Statement	Evidence	Performance level
APP is not compliant with Treasury guidelines. Department's APP is not aligned with its strategic plan. Strategic objectives and targets are not quantified and linked to a budget programme. No alignment between APP and high level plans such as delivery agreements.	<ul style="list-style-type: none"> • None required 	Level 1
APP is partially compliant with Treasury guidelines. Department's APP is linked to the Strategic Plan, strategic objectives, budget programmes, delivery agreements and other cross cutting programmes where applicable but lack required measureable quarterly targets, indicators and performance data mechanisms to monitor implementation.	<ul style="list-style-type: none"> • Alignment between strategic plan, annual performance plan, delivery agreements, budget and all programmes are demonstrated. 	Level 2
APP fully compliant with Treasury guidelines. Department's APP is linked to the Strategic Plan, strategic objectives, budget programmes and other cross cutting programmes where applicable and has measureable quarterly targets and indicators to track implementation progress Draft APP is submitted to NT and DPME for comments on time. APP is submitted to Parliament on time.	<ul style="list-style-type: none"> • Alignment between strategic plan, annual performance plan, delivery agreements, budget and all programmes are demonstrated. Key deliverables are quantified in terms of the SMART criteria • Evidence of submission to NT, DPME and Parliament 	Level 3
All above in Level 3 plus: Quarterly reports are submitted on time and demonstrate performance. Programmes are costed and informed by service delivery targets. Management regularly monitors progress against APP and takes actions to address bottlenecks/ blockages.	<ul style="list-style-type: none"> • All above in level 3 plus: • Minutes of management meetings • Quarterly reports 	Level 4

1.2 Performance Area: Programme¹ Management		
1.2.1 Indicator name: Programme Management Alignment		
Indicator definition: Internal logic of APP programmes and use of programme performance information.		
Question: Which of the following statements demonstrates best the logic layout of the department's programmes in terms of a programme performance and or log frame approach?		
Statement	Evidence	Performance level
No evidence that Departmental APP programmes show linkages between departmental goals, objectives, desired programme outcomes, outputs, inputs and activities	<ul style="list-style-type: none"> • None required 	Level 1
Departmental APP's programmes show limited linkages between departmental goals, desired programme outcomes, outputs, inputs and activities	<ul style="list-style-type: none"> • Strategic Plan, APP, and Programme plans 	Level 2
Departmental programmes show a high degree of linkages between departmental goals, desired programme outcomes, outputs, inputs and activities. Programme baselines are correctly set in terms of norms and standards of the sector and performance targets are achievable.	<ul style="list-style-type: none"> • Strategic Plan, APP, and Programme plans 	Level 3
<p>All above in Level 3 plus:</p> <p>Complete alignment between Strategic Plan, APP and Programmes.</p> <p>Programme Performance targets are measureable to enable programme evaluations to be conducted.</p> <p>Active utilisation of programme performance information by management to inform decisions and improvements to programme plans and implementation.</p>	<ul style="list-style-type: none"> • All above in Level 3 plus: • Changes to programme plans and implementation based on analysis of performance information 	Level 4

¹ "Programme" means a delivery programme and not the budget programme. Examples of programmes include EPWP and ECD.

1.3 Performance Area: Monitoring and Evaluation		
1.3.1 Indicator name: Use of monitoring and evaluation outputs		
Indicator definition: Extent to which the department uses monitoring and evaluation information		
Question: Which set of statements best reflects the department's use of M&E outputs?		
Statement	Evidence	Performance level
Department does not have an M&E Policy/Framework or capacity to generate information	<ul style="list-style-type: none"> • None required 	Level 1
Monitoring reports are available but are not used regularly by top management and programme managers to track progress and inform improvement.	<ul style="list-style-type: none"> • Quarterly monitoring reports • Minutes of top management meetings or programme meetings to assess use of reports 	Level 2
Monitoring reports are regularly used by top management and programme managers to track progress and inform improvement.	<ul style="list-style-type: none"> • Quarterly monitoring reports • Minutes of top management meetings or programme meetings to assess use of reports 	Level 3
All above in Level 3 plus: Evaluations of major programmes are conducted periodically and the results are used to inform changes to programme plans, business processes, APP and strategic plan.	<ul style="list-style-type: none"> • All above in Level 3 plus: • Evaluation Reports • Changes to programmes and plans 	Level 4

KPA 2: Governance and Accountability

2.1 Performance Area: Service Delivery Improvement		
2.1.1 Indicator name: Service delivery improvement mechanisms		
Indicator definition: Whether the department has an approved service delivery charter, standards and service delivery improvement plan and adheres to these to improve services.		
Question: Which set of statements best reflects the state of the department's service delivery improvement mechanisms?		
Statement	Evidence	Performance level
Department does not have a service charter and service standards.	<ul style="list-style-type: none"> • None required 	Level 1
Department has a service charter and service standards.	<ul style="list-style-type: none"> • Service charter and Service standards 	Level 2
<p>Department has a service charter, service standards and SDIP.</p> <p>Department displays its service charter.</p>	<ul style="list-style-type: none"> • Service charter, service standards and SDIP • Display of service charter 	Level 3
<p>All above in Level 3 plus:</p> <p>Department regularly monitors compliance to service delivery standards and reports on this are considered by top management and used to inform the SDIP.</p> <p>Progress reports against the SDIP are regularly considered by top management.</p>	<ul style="list-style-type: none"> • All above in Level 3 plus: • Minutes of top management meetings • Progress reports and monitoring reports • Stakeholders' feedback 	Level 4

2.2 Performance Area: Management structure		
2.2.1 Indicator name: Functionality of management structures		
Indicator definition: How well management structures function in the department.		
Question: Which set of statements best reflects the functionality of the department's management structures?		
Statement	Evidence	Performance level
Department's management structures do not have formal terms of reference	<ul style="list-style-type: none"> • None required 	Level 1
Department has management structures with formal terms of reference. Management meetings are scheduled and meetings take place.	<ul style="list-style-type: none"> • Management terms of reference • Minutes of meetings and attendance register • Schedule of meetings 	Level 2
Department has management structures with formal terms of reference. Management meetings are scheduled and meetings take place. Management decisions are documented, clear, responsibility allocated and followed through.	<ul style="list-style-type: none"> • Management terms of reference • Agenda , Minutes of meetings and attendance register • Action lists or matrix for follow up on decisions 	Level 3
<p>All above in Level 3 plus:</p> <p>Management gives feedback to lower levels in the Department on decisions taken at management meetings.</p> <p>Top Management Meeting agenda focuses on strategic objectives and priorities of department as described in the strategic plan and APP.</p> <p>MPAT results are used to drive improvements in the department once it is available.</p>	<ul style="list-style-type: none"> • All above in Level 3 plus: • Evidence of use of MPAT results 	Level 4

2.3 Performance Area: Accountability		
2.3.1 Indicator name: Annual reporting		
Indicator definition: Compliance with reporting requirements		
Question: Which set of statements best reflects the department's compliance with annual reporting requirements		
Statement	Evidence	Performance level
Department did not table the annual report.	<ul style="list-style-type: none"> • None required 	Level 1
Department did not table the annual report on time.	<ul style="list-style-type: none"> • Report tabled and date tabled 	Level 2
Department tabled the annual report on time and the report complies with Treasury Regulations.	<ul style="list-style-type: none"> • Report tabled and date tabled • Report contents 	Level 3
All above in Level 3 plus: Accounting Officer attended meetings required by Parliament or provincial legislature on the annual report.	<ul style="list-style-type: none"> • All above in Level 3 plus: • Record of briefing of Parliament or provincial legislature 	Level 4

2.3 Performance Area: Accountability		
2.3.2 Indicator name: Assessment of accountability mechanisms (Audit Committee)		
Indicator definition: Whether the department has the main accountability mechanisms (Audit Committee) in place and committee's level of functioning.		
Question: Which of the following statements best reflects the state of the department's Audit Committee?		
Statement	Evidence	Performance level
Department does not have an audit committee in place.	<ul style="list-style-type: none"> • None required 	Level 1
Department has an audit committee in place.	<ul style="list-style-type: none"> • Appointment letters or agreement for shared audit committee 	Level 2
Audit committee meets as scheduled. Audit committee functions in terms of National Treasury guidelines for audit committees.	<ul style="list-style-type: none"> • Minutes of Audit Committee meetings • Department's assessment report on audit committee 	Level 3
All above in Level 3 plus: Management acts on information from the audit committee. Internal Audit tracking of management responses and implementation of recommendations	<ul style="list-style-type: none"> • All above in Level 3 plus: • Internal Audit tracking reports on management responses and implementation of recommendations 	Level 4

2.4 Performance Area: Ethics		
2.4.1 Indicator name: Assessment of policies and systems to ensure professional ethics		
Indicator definition: Systems and policies in place to promote ethical behaviour and discourage unethical behaviour and corruption.		
Question: Which set of statements best reflects the department's efforts to ensure professional ethics in the work place?		
Statement	Evidence	Performance level
Department has no code of conduct or has not formally adopted the Code of Conduct for the Public Service.	<ul style="list-style-type: none"> • None required 	Level 1
Department has an approved Code of Conduct. Partial submission of SMS financial disclosures to OPSC.	<ul style="list-style-type: none"> • Approved Code of Conduct • Proof of financial disclosure submissions to OPSC 	Level 2
Department supports staff in understanding and applying the Code of Conduct. All SMS members' completed financial disclosures signed by EA and submitted to PSC on time. Department has a gift policy and gift register in place	<ul style="list-style-type: none"> • Signatures of staff verifying receipt of Code of Conduct. • Visible display of the Code of Conduct. • Proof of financial disclosure submissions to OPSC • Gift policy and register 	Level 3
All above in Level 3 plus: Department provides additional training in ethics (beyond Code of Conduct). Department has surveyed staff to test their understanding of ethical behaviour and application of Code of Conduct. Department performs a risk assessment on financial disclosure forms and identifies potential conflicts of interest.	<ul style="list-style-type: none"> • All above in Level 3 plus: • Proof of training in application of Code of Conduct • Risk assessment report 	Level 4

2.4 Performance Area: Ethics		
2.4.2 Indicator name : Fraud prevention		
Indicator definition: Extent to which the department meets fraud prevention requirements		
Question: Which set of statements best reflects the extent to which the department meets fraud prevention requirements?		
Statement	Evidence	Performance level
Department does not have a fraud prevention plan.	<ul style="list-style-type: none"> • None required 	Level 1
Department has an approved fraud prevention plan.	<ul style="list-style-type: none"> • Copy of approved plan 	Level 2
Department has an approved fraud prevention plan and regularly monitors implementation.	<ul style="list-style-type: none"> • Copy of approved plan • Quarterly reports to Risk Management and Audit Committee 	Level 3
All above in Level 3 plus: Department uses fraud prevention plan implementation reports to inform improvement to control measures.	<ul style="list-style-type: none"> • All above in Level 3 plus: • Evidence of improved control measures 	Level 4

2.5 Performance Area: Internal Audit		
2.5.1 Indicator name: Assessment of internal audit arrangements		
Indicator definition: The capacity and level of functioning of the department's internal audit unit		
Question: Which set of statements best reflects the state of internal audit in the department?		
Statement	Evidence	Performance level
Department does not have an internal audit unit.	<ul style="list-style-type: none"> • None required 	Level 1
Department has an internal audit unit with suitably qualified staff	<ul style="list-style-type: none"> • Structure and staff profile of internal audit unit 	Level 2
<p>Department has an internal audit, with suitably qualified staff and an internal audit plan based on a risk assessment.</p> <p>Internal audit unit reports administratively to the Accounting Officer and functionally to the Audit Committee.</p> <p>Department updates internal audit plan annually.</p> <p>Complies with standards of Institute of Internal Auditors</p>	<ul style="list-style-type: none"> • Structure and staff profile of internal audit unit • Approved 3 year and annual audit plan • Audit Committee minutes • Auditor-General's report 	Level 3
<p>All above in Level 3 plus:</p> <p>Management acts on internal audit reports.</p>	<ul style="list-style-type: none"> • All above in Level 3 plus • Management responses to findings and recommendations 	Level 4

2.6 Performance Area: Risk Management		
2.6.1 Indicator name: Assessment of risk management arrangements		
Indicator definition: Whether the department has basic risk management elements in place and how well these function.		
Question: Which set of statements best reflects the state of risk management in the department?		
Statement	Evidence	Performance level
Department has not conducted a risk assessment in the past year	<ul style="list-style-type: none"> • None required 	Level 1
Department has risk management committee in place Department has completed a risk assessment	<ul style="list-style-type: none"> • Risk management committee membership and terms of reference • Copy of risk assessment 	Level 2
Department has a risk management plan approved by the accounting officer and Audit Committee. Risk management committee regularly reports to the Audit Committee on the implementation of the risk management plan Department updates risk management plan regularly	<ul style="list-style-type: none"> • Copy of risk assessment • Copy of approved risk management plan and evidence of updating • Minutes of Risk Committee meetings 	Level 3
All above in Level 3 plus: Managers take responsibility for managing risks in their areas Management acts on risk management reports	<ul style="list-style-type: none"> • All above in Level 3 plus: • Updated risk register • Evidence of risk management on top management agenda 	Level 4

2.7 Performance Area: Delegations		
2.7.1 Indicator name: Approved EA and HOD delegations for public administration in terms of the Public Service Act, available in prescribed format and audited		
Indicator definition: Whether the EA has implemented the delegations framework set out in PSR and directed by the Minister for Public Service and Administration.		
Question: Which set of statements best reflects the state of public administration delegations in the department?		
Statement	Evidence	Performance level
Department has no delegations in place.	<ul style="list-style-type: none"> • None required 	Level 1
Department has a set of delegations in place but this does not comply with DPSA guidelines	<ul style="list-style-type: none"> • Documents to show actions taken thus far 	Level 2
Department's delegations are in the prescribed format and in alignment with DPSA guidelines and approved structure.	<ul style="list-style-type: none"> • Approved delegations document • Delegations register updated • Delegations aligned to organisational structure 	Level 3
All above in Level 3 plus: Delegations from the Executive Authority to the HOD and to all relevant performer levels are appropriate for the levels.	<ul style="list-style-type: none"> • All above in Level 3 plus: • Confirmation of appropriateness of delegations by Auditor General 	Level 4

2.7 Performance Area: Delegations		
2.7.2 Indicator name: Approved HOD delegations for financial administration in terms of the PFMA		
Indicator definition: Whether the department has financial delegations in place in format prescribed by the PFMA and audited		
Question: Which set of statements best reflects the state of financial administration delegations in your department?		
Statement	Evidence	Performance level
Department has no financial delegations.	<ul style="list-style-type: none"> • None required 	Level 1
Department has financial delegations in place not aligned to Treasury guidelines	<ul style="list-style-type: none"> • Documents to show actions taken thus far 	Level 2
Department has financial delegations in place and aligned to Treasury guidelines and approved structure	<ul style="list-style-type: none"> • Approved delegations document • Delegations register updated • Delegations aligned to organisational structure • Audit of delegations by Auditor-General 	Level 3
All above in Level 3 plus: Delegations from Accounting Officer to all relevant performer levels are appropriate for the levels.	<ul style="list-style-type: none"> • All above in Level 3 plus: 	Level 4

KPA 3: Human Resource and Systems Management

3.1 Performance Area: Human Resource Strategy and Planning		
3.1.1 Indicator name: Human Resource Planning		
Indicator definition: The department complies with and implements the HR planning requirements. A MTEF HR plan has been developed and approved by the relevant authority.		
Question: Which set of statements best reflects the state of Human Resource Planning in the department?		
Statement	Evidence	Performance level
Department does not have HR Plan	<ul style="list-style-type: none"> • None required 	Level 1
Department has an approved HR plan and submitted to DPSA.	<ul style="list-style-type: none"> • Proof of draft plan and routed submission 	Level 2
Department has an approved HR plan and submitted to DPSA and Department submits implementation progress reports to DPSA.	<ul style="list-style-type: none"> • Evidence of signed plan and progress reports submitted to DPSA 	Level 3
All above in Level 3 plus: Department has a long term plan to ensure the supply of critical skills Management considers and acts on trends in PERSAL data	<ul style="list-style-type: none"> • All above in Level 3 plus: • Proof of long term plan • Evidence of management decisions 	Level 4

3.1 Performance Area: HR Strategy and Planning		
3.1.2 Indicator name: Organisational Design		
Indicator definition: Organisational structure submitted for consultation by competent authority, meeting requirements of the Directive on Organisational Structuring		
Question: Which set of statements best reflects how the department responds to the Directive on Organisational Structuring		
Statement	Evidence	Performance level
No organisational structure was submitted for consultation in terms of the Directive and/or cannot be funded within the Medium Term Expenditure Framework (MTEF)	<ul style="list-style-type: none"> • None required 	Level 1
The organisational structure was submitted for consultation but has fundamental flaws with information inadequacies, for example, lack of information to support the assessment that it is aligned to the strategic plan, that it is affordable and that the positions are correctly graded, etc.	<ul style="list-style-type: none"> • Approved organogram • Proof organogram submitted for consultation • Job grading reports 	Level 2
The organisational structure was submitted and of the prescribed quality for consultation to the Minister for Public Service Administration, comments taken into account, and structure approved by the Executive Authority. PERSAL reflects approved funded structure	<ul style="list-style-type: none"> • Approved organogram • Proof organogram submitted for consultation • Job grading reports • PERSAL structure report 	Level 3
All above in Level 3 plus: Organisational design is based on analysis of service delivery model, mandates and strategies and functions	<ul style="list-style-type: none"> • All above in Level 3 plus: • Analytical work done for organisational design 	Level 4

3.1 Performance Area: HR Strategy and Planning		
3.1.3 Indicator name: Assessment of Human Resources Development		
Indicator definition: Whether the department workplace skills plans based on departmental needs, scarce skills and national skills priorities.		
Question: Which set of statements best reflects the state of Human Resources Development in the department?		
Statement	Evidence	Performance level
Department does not have a workplace skills plan	<ul style="list-style-type: none"> • None required 	Level 1
<p>Department has a workplace skills plan but it is not aligned to national scarce skills and youth priorities.</p> <p>Department's workplace skills plan is not informed by the Personnel Development Plans.</p>	<ul style="list-style-type: none"> • Proof of draft plan 	Level 2
<p>Department has a workplace skills plan and it is aligned to national scarce skills and youth priorities and is informed by the Personnel Development Plans.</p> <p>Reports submitted to PSETA as required</p>	<ul style="list-style-type: none"> • Proof of signed plan • Proof of reports submitted to PSETA 	Level 3
<p>All above in Level 3 plus:</p> <p>Identified skills gaps have been closed</p> <p>Department is integrating the developmental needs into the APP.</p>	<ul style="list-style-type: none"> • All above in Level 3 plus: • Proof of reduction in skills gaps • Indications of integration in APP 	Level 4

3.2 Performance Area: HR Practices and Administration		
3.2.1 Indicator name: Assessment of Personnel Administration Systems		
Indicator definition: Departmental procedures to manage payroll certification and quality control.		
Question: Which set of statements best reflects the procedures in place to manage the payroll in the department?		
Statement	Evidence	Performance level
No process in place to manage monthly payroll certification.	<ul style="list-style-type: none"> • None required 	Level 1
A process is in place but is not or only partially being implemented.	<ul style="list-style-type: none"> • Copy of procedure for payroll management 	Level 2
A process is in place and is fully implemented on a monthly basis and discrepancies are corrected in the system.	<ul style="list-style-type: none"> • Copy of procedure for payroll management • Proof of amendments/ updates made to payroll 	Level 3
All above in Level 3 plus: A trend analysis is conducted to identify risks and develop mitigation plans that are implemented.	<ul style="list-style-type: none"> • All above in Level 3 plus: • Proof of trends analysis with risk assessment and mitigation plans implemented 	Level 4

3.2 Performance Area: Human Resource Practices and Administration		
3.2.2 Indicator name: Application of recruitment practices		
Indicator definition: Recruitment practices adhere to regulatory requirements and are strategic in nature, supporting the continuing resourcing of the department		
Question: Which set of statements best reflects the department's approach to recruitment?		
Statement	Evidence	Performance level
The department does not comply with public service regulations for recruitment processes, and no recruitment processes have been defined.	<ul style="list-style-type: none"> • None required 	Level 1
A recruitment process has been approved which is compliant to the public service regulations but is not fully or consistently implemented.	<ul style="list-style-type: none"> • Copy of standard operating procedure or policy for recruitment 	Level 2
A recruitment process with clear roles and responsibilities has been approved and is fully and consistently implemented. All vacant posts are filled within twelve months.	<ul style="list-style-type: none"> • Copy of standard operating procedure or policy for recruitment • Copy of implementation of process • Copy of delegations clarifying roles and responsibilities • Recruitment statistics 	Level 3
All above in Level 3 plus: Department has a process to clearly define job descriptions and competency requirements and these are used in the recruitment process. All vacant posts are filled within four months.	<ul style="list-style-type: none"> • All above in Level 3 plus: • Job descriptions and competency requirements • Evidence that interview questions are designed with due consideration to the job responsibilities and competency requirements. • Priorities in HR Plan are evident and addressed in recruitment practices 	Level 4

3.2 Performance Area: Human Resource Practices and Administration		
3.2.3 Indicator name: Staff retention		
Indicator definition: Efforts to develop and retain staff, especially retaining scarce and critical skills		
Question: Which set of statements best reflects the department's approach to staff retention?		
Statement	Evidence	Performance level
Staff retention efforts are not informed by a standardised approach or procedure to deal with retention of scarce and critical skills.	<ul style="list-style-type: none"> • None required 	Level 1
Inconsistent application of an approved standardised approach or procedure to deal with retention of scarce and critical skills.	<ul style="list-style-type: none"> • Approved procedure with an indication of the occupational classes to be prioritised for retention 	Level 2
<p>Department consistently applies an approved standardised approach or procedure to deal with staff retention, scarce and critical skills and the development of staff.</p> <p>Systems are in place to inform decision making on retention.</p> <p>A conducive environment exists and addresses the needs and expectations of employees aligned to the needs of the organisation.</p>	<ul style="list-style-type: none"> • Approved procedure with an indication of the occupational classes to be prioritised for retention • Employee satisfaction survey 	Level 3
<p>All above in Level 3 plus:</p> <p>Department's approach in dealing with staff retention, scarce skills and development of talent are aligned to the HR Plan.</p> <p>Department uses trend analysis of internal and external supply and demand factors to inform decisions on critical and scarce skills retention.</p>	<ul style="list-style-type: none"> • All above in Level 3 plus: • Trends captured in HR plan and evidence of utilisation to inform decisions • HR Plan Alignment 	Level 4

3.2 Performance Area: Human Resource Practices and Administration		
3.2.4 Indicator name: Management of diversity		
Indicator definition: Management practices adhere to regulatory requirements and are strategic in nature, supporting the management of diversity within the department		
Question: Which set of statements best reflects the department's approach to diversity management?		
Statement	Evidence	Performance level
Department does not have strategies that address issues of diversity (e.g. Gender, disability, etc.), implementation plan and does not provide implementation reports to DPSA	<ul style="list-style-type: none"> • None required. 	Level 1
Department has strategies that address issues of diversity (e.g. Gender, disability etc.), implementation plan and but does not provide implementation reports to DPSA	<ul style="list-style-type: none"> • Copy of approved strategy and implementation plan 	Level 2
Department has strategies that address issues of diversity (e.g. Gender, disability etc.), implementation plan and provides implementation reports to DPSA	<ul style="list-style-type: none"> • Copy of approved strategy and implementation plan • Copies of implementation reports 	Level 3
<p>All above in Level 3 plus:</p> <p>Department has an active programme to mainstream diversity management and is addressing perceptions within the department.</p> <p>Department is actively implementing initiatives to address the supply of employees that meet the diversity criteria</p>	<ul style="list-style-type: none"> • All above in Level 3 plus: • Copy of advocacy programme • Evidence of supply initiatives 	Level 4

3.3 Performance Area: Management of Performance		
3.3.1 Indicator name: Implementation of Level 1-12 Performance Management System		
Indicator definition: Department implements its PMDS in terms of all employees within the requisite policy provisions		
Question: Which set of statements best reflects the state of performance management in the department?		
Statement	Evidence	Performance level
Department does not have a Performance Management and Development System in place	<ul style="list-style-type: none"> • None required 	Level 1
Department has an approved PMDS in place which is partially implemented.	<ul style="list-style-type: none"> • Copy of the policy with timelines and structures including roles and responsibilities 	Level 2
Full implementation and adherence to the approved departmental PMDS.	<ul style="list-style-type: none"> • Proof of submission of the outcome of the performance reviews and a copy of approved policy 	Level 3
All above in Level 3 plus: Department is showing evidence of actively managing the performance outcomes in relation to the development of employees, managing poor performance and rewarding outstanding performance.	<ul style="list-style-type: none"> • All above in Level 3 plus: • Proof those areas of development or poor performance have been identified after formal performance reviews have been conducted. • Evidence that outstanding performance has been identified and rewarded 	Level 4

3.3 Performance Area: Management of Performance		
3.3.2. Indicator name: Implementation of SMS Performance Management System (excluding HODs)		
Indicator definition: Department implements the SMS PMDS in terms of all SMS Members within the requisite policy provisions		
Question: Which set of statements best reflects the implementation of SMS performance management in the department?		
Statement	Evidence	Performance level
Signed performance agreements are not in place for all SMS members	<ul style="list-style-type: none"> • None required 	Level 1
All SMS members have signed performance agreements in place but regular assessments and feedback sessions are not performed throughout the year.	<ul style="list-style-type: none"> • Report on the signing of performance agreements 	Level 2
All SMS members have signed performance agreements in place and regular assessments and feedback sessions are performed throughout the year.	<ul style="list-style-type: none"> • Report on the signing of PA's • Submission of the outcome of the annual assessment process 	Level 3
All above in level 3: Plus the following: Evidence is shown of actively managing the performance outcomes in relation to development, managing poor performance and rewarding outstanding performance.	<ul style="list-style-type: none"> • All above in Level 3 plus: • Proof that areas of development or poor performance have been identified and addressed after formal performance reviews have been conducted. • Evidence that outstanding performance has been identified and rewarded. 	Level 4

3.3 Performance Area: Management of Performance		
3.3.3 Indicator name: Implementation of Performance Management System for HOD		
Indicator definition: Performance of the Head of Department is managed		
Question: Which set of statements best reflects the how the performance of the HOD is managed?		
Statement	Evidence	Performance level
The HOD did not submit a signed performance agreement to the Executive Authority.	<ul style="list-style-type: none"> • None required 	Level 1
The HOD submitted a signed performance agreement to the Executive Authority but EA did not file it with the Public Service Commission.	<ul style="list-style-type: none"> • Proof of submission of signed performance agreement to EA 	Level 2
The HOD performance agreement was filed at the Public Service Commission on time. Formal mid-year and annual performance reviews conducted.	<ul style="list-style-type: none"> • Acknowledgement and comments received from PSC. • Copy of formal reviews. 	Level 3
All above in Level 3 plus: Evidence is shown of actively managing the performance outcomes in relation to development, managing poor performance and rewarding outstanding performance.	<ul style="list-style-type: none"> • All above in Level 3 plus: • Proof that areas of development or poor performance have been identified and addressed after formal performance reviews have been conducted. • Evidence that outstanding performance has been identified and rewarded. 	Level 4

3.4. Performance Area: Employee Relations		
3.4.1 Indicator name : Employee Relations -Functional departmental chamber		
Indicator definition: The departmental chamber is meeting regularly, unions are consulted on mutual interests and have joint implementation programmes		
Question: Which set of statements best reflects the functioning of the departmental bargaining chamber and its engagement with the department?		
Statement	Evidence	Performance level
Department does not have a departmental chamber or consultative forum.	<ul style="list-style-type: none"> • None required 	Level 1
Department has a departmental chamber or consultative forum but it does not consult on all matters of mutual interest prior to implementation.	<ul style="list-style-type: none"> • Agenda and minutes of meetings 	Level 2
Department has a departmental chamber or consultative forum and it does consult on all matters of mutual interest are consulted prior to implementation.	<ul style="list-style-type: none"> • Agenda and minutes of meetings 	Level 3
All above in Level 3 plus: Unions' inputs are considered by management in decision-making in relation to all matters of mutual interest.	<ul style="list-style-type: none"> • Agenda and minutes of meetings • Proof of joint projects 	Level 4

3.4 Performance Area: Employee Relations		
3.4.2 Indicator name: Management of disciplinary cases		
Indicator definition: Whether the department manages disciplinary cases within the prescribed policies and ensures implementation of recommendations.		
Question: Which set of statements best reflects the department's approach to management of disciplinary cases?		
Statement	Evidence	Performance level
Department does not finalise disciplinary cases within the policy requirements; the necessary documentation is not kept; and reports are not submitted on time.	<ul style="list-style-type: none"> • None required 	Level 1
Department finalises disciplinary cases within the policy requirements but the necessary documentation is not kept and reports are not submitted on time.	<ul style="list-style-type: none"> • Available information on disciplinary case management 	Level 2
Department finalises disciplinary cases within the required process and timeframes and necessary documentation is kept and reports are submitted on time.	<ul style="list-style-type: none"> • Available information on disciplinary case management • Copies of reports submitted 	Level 3
All above in Level 3 plus: Department conducts trend analysis on nature of misconduct and implements preventive measures	<ul style="list-style-type: none"> • All above in Level 3 plus: • Proof of trend analysis • Proof of implementation of recommendations and corrective measures 	Level 4

3.5 Performance Area: IT Systems and equipment		
3.5.1 Indicator name: IT Governance Framework		
Indicator definition: Whether the department has an approved IT governance framework that is integrated in the APP.		
Question: Which set of statements best reflects the department's approach to governance of IT?		
Statement	Evidence	Performance level
Department does not have an IT Governance Framework and IT Plan.	<ul style="list-style-type: none"> • No evidence 	Level 1
Department has an IT Governance Framework and IT Plan but does not provide regular reports to the DPSA.	<ul style="list-style-type: none"> • Approved IT Governance Framework • Approved IT Plan 	Level 2
Department has an approved IT Governance Framework and, IT Plan and provides regular reports to DPSA on time.	<ul style="list-style-type: none"> • Approved IT Governance Framework • Approved IT Plan • Copies of reports submitted to DPSA 	Level 3
All above in Level 3 plus: Department's IT requirements are integrated into the Department's APP.	<ul style="list-style-type: none"> • All above in Level 3 plus: • Proof of integration with APP 	Level 4

KPA 4: Financial Management (Supply Chain Management)

4.1 Performance Area: Supply Chain Management		
4.1.1 Indicator name: Demand management		
Indicator definition: Needs assessment and specifications of goods and services required by the department linked to departmental budget.		
Question: Which set of statements best reflects the department's approach to demand management?		
Statement	Evidence	Performance level
Department does not have a demand management plan.	<ul style="list-style-type: none"> • None required 	Level 1
Department has demand management plan in place but is not implemented.	<ul style="list-style-type: none"> • Copy of procurement plan 	Level 2
Department has demand management plan in place, the plan has been implemented and reports submitted to Treasury on time.	<ul style="list-style-type: none"> • Copy of procurement plan • Copy of implementation plan • Copies of reports submitted to Treasury 	Level 3
All above in Level 3 plus: The demand management reflects measures to achieve cost savings such as non-procurement solutions, transfer of redundant stock and efficiency in usage of assets.	<ul style="list-style-type: none"> • All above in Level 3 plus: • Business plan/Operational Plan • Performance Review report • Reports on Procurement Spend 	Level 4

4.1 Performance Area: Supply Chain Management		
4.1.2 Indicator name: Acquisition management		
Indicator definition: Effective and efficient management of entire acquisitions process from initial decision on how to approach the market, to evaluating supplier performance of the contract.		
Question: Which set of statements best reflects the department's approach to acquisition management?		
Statement	Evidence	Performance level
Department does not have sourcing strategy.	<ul style="list-style-type: none"> • None required 	Level 1
Department has sourcing strategy, but no implementation plan. Department has a supplier database in place.	<ul style="list-style-type: none"> • Sourcing strategy • Supplier database 	Level 2
Department has sourcing strategy, and implementation plan. Department has a supplier database in place and periodically updates it. Department pays suppliers within 30 days. Suppliers' performances are updated and information used in future acquisitions.	<ul style="list-style-type: none"> • Sourcing strategy • Implementation plan • Supplier database • BAS report • Professional service provider(PSP) database 	Level 3
All above in Level 3 plus: Management monitors payment times and addresses non-compliance with requirement to pay within 30 days. Proper Bid Committee Administration in place. Sourcing strategy reflects assessment of the different procurement methodology options for various categories of spend of the department with a view to choosing the most effective and efficient option for each category Managers monitor performance of suppliers against the contracts and take remedial actions where necessary	<ul style="list-style-type: none"> • All above in Level 3 plus: • Updated supplier database • Supplier usage report • Procurement spend reports • Supplier performance review report • Bid Committee appointment letters, signed Codes of Conduct, Bid administration document • Contract management meetings • Correspondence with suppliers during contracts 	Level 4

4.1 Performance Area: Supply Chain Management		
4.1.3 Indicator name: Logistics management		
Indicator definition: Managing the entire process of logistics, from setting inventory levels, to receiving, managing and issuing goods.		
Question: Which set of statements best reflects the department's approach to logistics management?		
Statement	Evidence	Performance level
Department does not have documented processes for receiving, managing and issuing goods.	<ul style="list-style-type: none"> • None required 	Level 1
Department has documented processes for receiving, managing and issuing goods.	<ul style="list-style-type: none"> • Process flow 	Level 2
Department implements processes for receiving, managing and issuing goods.	<ul style="list-style-type: none"> • LOGIS report • BAS report 	Level 3
<p>All above in Level 3 plus:</p> <p>Stock holdings and distribution processes optimised to minimise cost.</p> <p>High level of internal customer satisfaction.</p>	<ul style="list-style-type: none"> • All above in Level 3 plus: • Purchase order process from creating order to invoicing, receiving and paying goods and services • Reports on how long stock are held before used 	Level 4

4.1 Performance Area: Supply Chain Management		
4.1.4 Indicator name: Disposal management		
Indicator definition: Disposal strategy and policy to optimise use of assets, minimise losses and ensure correct execution of disposal process.		
Question: Which of the following statements best reflects your department's approach to disposal management?		
Statement	Evidence	Performance level
Department does not have a disposal strategy and policy.	<ul style="list-style-type: none"> • None required 	Level 1
Department has a disposal strategy and policy but not implemented.	<ul style="list-style-type: none"> • Disposal strategy and policy documents 	Level 2
<p>Department has a disposal strategy disposal policy and it is implemented.</p> <p>Disposal committee appointed and disposal meetings are held.</p>	<ul style="list-style-type: none"> • Disposal strategy and policy documents • Implementation plan documents • Appointment letters of Disposal Committee • Minutes of Disposal Committee • Proof of communication to staff • AG Disposal requirement report 	Level 3
<p>All above in Level 3 plus:</p> <p>Department's disposal strategy leads to optimal use, minimised losses and increased savings.</p> <p>Department considers social and environmental benefits in disposal processes.</p> <p>Obsolescence planning is done</p> <p>Department maintains a database of redundant assets</p>	<ul style="list-style-type: none"> • All above in Level 3 plus: • Disposal committee meeting minutes showing where disposal issues are debated • Proof of increased savings or minimised losses • Obsolescence planning documents • Database of redundant assets 	Level 4