

REPORT TO: COMMUNITY SERVICES & HEALTH
S79 PORTFOLIO COMMITTEE

1. ITEM NUMBER : CSH 17/06/20

2. SUBJECT

LSU L4028

COMMUNITY SERVICES & HEALTH: 2019/20 THIRD QUARTER'S PROGRESS
REPORT ON THE DIRECTORATE'S PERFORMANCE

ISIHLOKO

IINKONZO ZOLUNTU NEZEMPILO: INGXELO YEKOTA YESITHATHU
ENGENKQUBELA NGOKUMALUNGA NENDLELA YOKUSEBENZA
KWECANDELO LOLAWULO KOWAMA-2019/20

ONDERWERP

GEMEENSKAPSDIENSTE EN GESONDHEID: VORDERINGSVERSLAG OOR DIE
DIREKTORAAT SE PRESTASIE IN DIE DERDE KWARTAAL VAN 2019/20

3. DELEGATED AUTHORITY

In terms of delegation *[System of Delegations as approved by Council on 22 August 2019, PART 7 1 (7) and (8)]*

This report is

- Committee name :
- The Executive Mayor together with the Mayoral Committee (MAYCO)
- Council

In terms of the System of Delegations (2019-08-22), PART 7 1(7) and 1(8):

(7) To monitor the implementation of Council's IDP, budget, business plans, strategic objectives, policies and programmes in relation to their functional area, and report thereon to the Executive Mayor together with the Mayoral Committee for submission to Council.

(8) To evaluate the impact and performance of service delivery generally within the functional area of their respective committee (outcomes monitoring), and report to the Executive Mayor together with the Mayoral Committee for submission to Council.

4. DISCUSSION

The Portfolio Committee must monitor and evaluate the impact and performance during the third quarter of the 2019/20 financial year. Once considered by the Portfolio Committee, the report will be submitted to the Executive Mayor together with the Mayoral Committee for review and evaluation, and to Council for noting.

[System of Delegations as approved by Council on 22 August 2019, PART 7-Delegation 1, paragraphs (7) and (8)].

In alignment to Organizational Performance Management (OPM) processes and timelines, the directorate facilitates quarterly "Plan, Do and Review" (PDR) meetings. Performance for the preceding quarter is presented, and "Reasons for Variance" as well as appropriate "Remedial Action" is suggested for indicators that are not meeting the target.

Below is a summary of the directorate's performance as at 31 March 2020:

Indicators met or exceeded: 29

Indicators not applicable: 9

Indicators not met: 9

Total number of indicators: 47

Result: 29/47 = 61.70%

5. RECOMMENDATIONS

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It is recommended that:

- a) The Portfolio Committee monitor and evaluate the impact and performance of the 2019/20 third quarter's progress report in relation to its functional area. Thereafter the PC report must be submitted to the Executive Mayor together with the Mayoral Committee;
- b) The Executive Mayor together with the Mayoral Committee evaluate and review the 2019/20 third quarter's progress report and submit the report to Council for noting;
- c) It is recommended that Council note the 2019/20 third quarter's progress report.

ISINDULULO

Kundululwe ukuba:

- a) IKomiti yeMicimbi yeSebe mayibek'iliso kwaye iphengulule impembelelo nendlela yokusebenza ngokumalunga nengxelo engenqubela yekota yesithathu kowama-2019/20 ngokujoliswe kwinkalo yayo yokusebenza. Emva koko ingxelo le yeKomiti yeMicimbi yeSebe (PC) kufuneka ingeniswe kuSodolophu weSigqeba kunye nakwiKomiti yeSigqeba sakhe;
- b) Kundululwe ukuba uSodolophu weSigqeba kunye neKomiti yeSigqeba sakhe mabavavanye kwaye baphengulule ingxelo engenqubela yekota yesithathu kowama-2019/20 kwaye iyingenise kwiBhunga ukuze iqwalaselwe;
- c) Kundululwe ukuba iBhunga maliqwalasele ingxelo engenqubela yekota yesithathu kowama-2019/20.

AANBEVELINGS

Daar word aanbeveel dat:

- a) Daar word aanbeveel dat die portefeuljekomitee die impak en prestasie van die vorderingsverslag vir die derde kwartaal van 2019/20 teenoor sy funksionele

gebied monitor en evalueer. Daarna moet die portefeuljekomitee se verslag aan die uitvoerende burgemeester tesame met die burgemeesterskomitee voorgelê word;

- b) Daar word aanbeveel dat die uitvoerende burgemeester tesame met die burgemeesterskomitee die vorderingverslag vir die derde kwartaal van 2019/20 evalueer en hersien en vir kennisname aan die Raad voorlê;
- c) Daar word aanbeveel dat die Raad kennis neem van die vorderingsverslag vir die derde kwartaal van 2019/20.

ANNEXURES

CSH DIRECTORATE 2019/20 Q2 PERFORMANCE SCORECARD

FOR FURTHER DETAILS CONTACT

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DIRECTORATE	Community Services & Health	FILE REF NO	Community Services and Health-Support Services (ComServ)(000000515005)

Approval Form

Supported for inclusion on the agenda



CSH 201920 Q3 Performance

Report Reference: 515005
Meeting: Section 79 Portfolio Committee - Community Services and Health
Meeting Date: 03.06.2020
Meeting Venue: Committee Room D

Contact Person: Glen Phyfer
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Item	Section	Approver	Approval	Approved Date	Approver Comments
01	Author	Glen Phyfer	Approved	18.05.2020 09:26:30	Approved
02	Director	VINCENT BOTTO	Approved	18.05.2020 14:22:44	
03	Executive Director	VINCENT BOTTO	Approved	18.05.2020 14:23:48	
04	Legal Compliance	Joan Mari Holt	Approved with Comments	20.05.2020 06:14:49	Certified as legally compliant based on the contents of the repo

ECS Officer:






Context: Comm Serv Health 1920




Scorecard as of: Mar 2020-latest month





Printed date: 18 May 2020

Comments: Indicators met or exceeded: 29
 Indicators not applicable: 9
 Indicators not met: 9
 Total number of indicators: 47
 Result: 29/28 = 76.32%









Filtered by DEPARTMENT_BY_DIRECTORATE: Social Services






Name	Target	Actual	Status	Reason for Variance/Remedial Action Comment
Comm Serv Health 1920				
SFA 1: Opportunity City				
1.2 Leveraging Technology for Progress				
Number of IT Modernization initiatives to improve the ease of doing business identified and scoped	0.00			No target for Q3.
1.3 Economic Inclusion				
Number of external trainees and bursary opportunities (excl. apprentices)	108.00	112.00		Target exceeded
Community Services and Health: Number of Full Time Equivalent (FTE) work opportunities created	932.00	2,179.00		The year began on a high, since RP dept. had a number of multi-year projects that already started in 2018/19, and as per corporate practice, the employees on these projects are counted again for 2019/20, since it is a new financial year. The majority of employees that made up our achievement for Q1 was already employed in 2018/19. These longer term projects also contributed to the over-achievement of the FTE indicators.
Number of Expanded Public Works Programme (EPWP) work opportunities created	6,014.00	7,421.00		The year began on a high, since RP dept. had a number of multi-year projects that already started in 2018/19, and as per corporate practice, the employees on these projects are counted again for 2019/20, since it is a new financial year. The majority of employees that made up our achievement for Q1 was already employed in 2018/19. These longer term projects also contributed to the over-achievement of the FTE indicators.
Number of unemployed apprentices				
Number of identified areas where trained EPWP Facility Protection Officers have been deployed	7.00	10.00		
Percentage budget spent on implementation of WSP	70.00	58.20		Reason for Variance: The period variance is due to Outstanding Bursary Payments, Outstanding Service Provider Payments and the fact that some training interventions started later than anticipated Remedial Action: Process payments; finalise outstanding training interventions where possible. Going forward, the status of COVID-19 lock down levels will have a direct influence on the end of year result.
SFA 2: Safe City				
2.1 Safe Communities				


Name	Target	Actual	Status	Reason for Variance/Remedial Action Comment
Number of assessments/recommendations to ECDs in informal settlements, to assist to become compliant	150.00	146.00		Target not met Reason for Variance: Site visits were suspended due to COVID-19 Social Distancing Measures. Remedial Action: None Q4 Comment: The interventions are socially inclusive and on lockdown level 4 social distancing is prescribed with a limitation on the number of persons allowed in a space. This does not permit social gatherings, and therefore no further assessments will happen in Q4
SFA 3: Caring City				
3.1 Excellence in basic service delivery				
Number of Community Services Facilities in informal settlements				No target for Q3. The project will not be completed as the National Lockdown was implemented. This in effect kept the project manager from concluding the public participation process as community members were still unhappy about the proposed concept. Funds will be returned to the Grants Office and will be used on the City's informal settlements COVID-19 plan.
Customer Satisfaction: Sport and Recreation programmes being offered at Community Recreation Centres and Halls				
Customer Satisfaction: Access and maintaining of Community Services Facilities (Score 1 - 5 Likert scale)				
Customer satisfaction: Access to public libraries (Score 1 - 5 Likert scale)				
Percentage adherence to Citywide service requests	90.00	90.41		Target exceeded.
3.2 Mainstreaming Basic Delivery to Informal Settlements and Backyard Dwellers				
Number of Community Services facilities developed/upgraded	0.00	2.00		Reason for Variance: Welmoed Cemetery and NY116 Gugulethu Synthetic Pitch projects completed ahead of schedule. Remedial Action: None required.
SFA 4: Inclusive City				
4.3 Building Integrated Communities				
Number of Informal Settlements receiving LIS services and initiatives	17.00	13.00		Reason for Variance: 13 of the 17 planned services/programmes were achieved. The remainder could not be offered as libraries were closed due to COVID-19 in order to adhere to social distancing regulations. Area Central had however offered an 5 additional unplanned services during February 2020. Remedial Action: As it is not envisaged that libraries will re-open to the public during the current financial year this target will not be met by end Q4.
Average number of library visits per library	25,500.00			Reason for Variance: Data is not available due to COVID-19 lockdown. Libraries are currently closed. Remedial Action: Data is dependent on the manual recording of gate count readings which can only be done once staff return to the libraries. An actual for Q3 can then be determined. As it is not envisaged that libraries will re-open to the public during the current financial year this target will not be met by end Q4.

Name	Target	Actual	Status	Reason for Variance/Remedial Action Comment
Number of monitoring visits done to informal settlements to identify potential Health Hazards	16,875.00	17,358.00		<p>REASON FOR VARIANCE: There was a concerted effort by Environmental Health Practitioners to ensure basic services in our informal settlements were rendered and functional. All outstanding maintenance and repairs were addressed by Environmental Health working transversally with other line departments such as Water and Sanitation, Solid Waste and TDA: Roads with an effort to safe guard the health of residents.</p> <p>The informal communities were identified as being most vulnerable in this time of the COVID-19 pandemic, Environmental Health staff completed more monitoring visits to relay the message of inhabitants implementing preventative measures as social distancing, proper hand washing and personal hygiene in an effort to stop the spread of the virus. Inspections were conducted of additional new informal settlements where land was invaded requesting basic services and ensuring they have access to a clean potable water supply.</p> <p>REMEDIAL ACTION: The department is currently well within target and therefore no remedial action required. Visits will be monitored and is on-going. Quarter 4 Target will be met.</p>
Number of Health & Hygiene Interventions related to informal settlements completed	750.00	1,101.00		<p>Reason for Variance: There has been an increase in interventions due to the demand of Health & Hygiene Awareness.</p> <p>Remedial Action: Health & Hygiene interventions remains ongoing.</p>
Transversal: Youth Dev Strategy: Number of youth participating in youth development interventions	7,000.00	8,602.00		<p>Target exceeded Reason for Variance: More youth were interested in participating in City interventions: Cumulative for CS&H (LIS=182; SDECD=102; R&P=80; Health=2201: Total = 2565) Other city departments 6037. Remedial Action: None required. Q4 comment: The initiatives are socially inclusive interventions and on lockdown level 4 social distancing is prescribed with a limitation on the number of persons allowed in a space. This does not permit social gatherings, therefore no further youth development interventions will be implemented.</p>
Number of strengthening families initiatives implemented	10.00	10.00		<p>Target met The Q4 target of 18 will not be achieved due to the country's Covid-19 lockdown. Assuming SD&ECD's implementing officials are allowed to return to work 4 May, achieving the target would still not be possible due to the following: SFP is a socially inclusive programme and on lockdown level 4 social distancing is prescribed with a limitation on the number of persons allowed in a space, and does not permit social gatherings, therefore no further initiatives will be implemented; Logistics such as venue, transport, catering, etc. would need to be accessible and available which may not be possible on lockdown Level 4; SFP is an 8 week programme. There would not be enough weeks to implement the programme before the end of June; SFP is implemented in the evening to accommodate families, and during Lockdown Level 4 this will not be possible as there is a curfew placed upon communities.</p>

Name	Target	Actual	Status	Reason for Variance/Remedial Action Comment
Transversal: Alcohol & other Drugs Strategy: Number of initiatives implemented to effect the AOD Strategy in Support of the National Drug Master plan	5.00	5.00	▲	Target met The initiatives are socially inclusive programmes and on lockdown level 4 social distancing is prescribed with a limitation on the number of persons allowed in a space. Lockdown Level 4 does not permit social gatherings therefor no further initiatives will be implemented.
Percentage adherence to equal or more than 45.3% representation by women	45.30	52.42	✓	Target exceeded.
Percentage adherence to EE target in Management level 1-3	74.00	81.82	✓	Target exceeded
Initiate a Project to establish a second Safe Space	1.00	1.00	▲	Target met Q3 Milestone: Submit planning application Second safe space has been established. The Project had to be fast tracked due to COVID-19 that affected the Homeless People. Q4 target needs to be amended to ?Second Safe Space established?
Conduct an Effectiveness Evaluation of the Culemborg Safe Space	1.00	0.00	✗	Target not met Q3 Milestone: Report submitted Reason for variance: Delays in procuring a Service Provider resulted in a delay in project deliverables. Remedial Action: Draft report to be submitted and reviewed by 21 April 2020. Target will be met in Q4.
Number of Social Development Initiatives implemented in targeted informal settlements	24.00	28.00	✓	Target exceeded The interventions are socially inclusive initiatives and on lockdown level 4 social distancing is prescribed with a limitation on the number of persons allowed in a space. This does not permit social gatherings therefore no social development interventions will be implemented in targeted informal settlements.
Number of youth development initiatives implemented	6.00	8.00	✓	Target exceeded The initiatives are socially inclusive programmes and on lockdown level 4 social distancing is prescribed with a limitation on the number of persons allowed in a space. Lockdown Level 4 does not permit social gatherings therefore no further youth development initiatives will be implemented.
Number of Recreation & Parks initiatives implemented in targeted informal settlements	27.00	30.00	✓	
Number of assessments conducted at the Matrix Sites	900.00	1,054.00	✓	Reason for Variance: The increase in screenings affects the number of assessments. Remedial Action: This is a new indicator so this baseline will determine future targets
Number of Live well challenge initiatives implemented				
Evaluate the establishment of additional Matrix Sites	1.00	1.00	▲	Target Met
Percentage of clean drug tests of clients within the program	73.00	81.20	✓	Reason for Variance: The increase in screenings affects the clean drug test rate. Remedial Action: There has been an increase in the target for the new financial year.
Number of #YouthStartCT entrepreneurial challenges hosted	1.00	1.00	▲	Target met Q3 Milestone: MOA signed

Name	Target	Actual	Status	Reason for Variance/Remedial Action Comment
Percentage adherence to equal or more than 2% of complement for persons with disabilities (PWD)	2.00	2.94		Target exceeded
Number of clients screened at the Substance Abuse Outpatient Treatment Centres	1,577.00	1,833.00		Reason for Variance: Additional outreaches rendered the increased amount of screenings. Remedial Action: Screenings to be monitored on an ongoing basis
Percentage adherence to EE target in all appointments (internal & external)	90.00	96.71		Target exceeded
SFA 5: Well-Run City				
5.1 Operational Sustainability				
Percentage of 2019/20 Project Managers comments completed in SAP PPM	95.00	99.00		Target exceeded.
Percentage spend of National Grant Funding	40.00	30.66		Reasons for Variance: Delay in the award of various infrastructure term tenders as well as the professional term tender. Further delay by the introduction of a National Lockdown due to the COVID-19 outbreak. Remedial Action: Work on these projects remain on-going, and where possible construction is taking place. Furthermore, it should be noted that works done at cemeteries will be expedited in order to fast track the COVID-19 cemetery plan. There are a number of new projects that the directorate is implementing in response to the impact of the pandemic. The value of these projects are not yet known. The plan is to virement funds from projects where under expenditure has been identified
Percentage of projects screened in SAP PPM	95.00	100.00		Target exceeded.
Percentage of absenteeism	5.00	3.26		Target exceeded
Percentage spend of Capital Budget	48.90	35.20		Reason for Variance: 1. Delay in the award of tender 30C, which resulted in the following programmes being behind schedule: a. Ideal clinics; and b. National Core Standards Compliance. 2. Construction of the Heideveld ECD: extensions of contract period approval delayed. 3. Millers camp sport field upgrade: Challenges experienced with the rectification of the zoning, resulted in delay of implementation. 4. Mfuleni integrated recreational facility: Project implementation slightly delayed due to external stakeholder delays experienced. 5. SASREA compliance project. Remedial Action: 1. Tender 30C has now been awarded and consultants are in the process of being appointed. 2. Project managers together with the support of the finance manager/heads will continue to closely monitor and ensure that projects are implemented within the prescribed timelines by ensuring all payment certificates are received timeously. 3. Engage with community in order to mitigate concerns raised. 4. Identify challenges and process virements where applicable to ensure maximum capital spend at financial year-end. 5. Rework project implementation as a result of the negative impact of COVID 19. Going forward, the status of COVID-19 lock down levels will have a direct influence on the end of year result.

Name	Target	Actual	Status	Reason for Variance/Remedial Action Comment
Percentage OHS investigations completed	100.00	93.55		<p>Reason for Variance: Although target was not met, it must be noted that the Directorate is performing comparatively well in relation to the City's recorded actual of 64%. A total of 6 incidents were not investigated timeously i.e. Rec & Parks 3; LIS 2; CH 1 incident. This is mainly due to administrative and system issues e.g. forms incorrectly completed, case duplication which was not deleted by Corp OHS and pending guidance from Corp OHS on validity of COID claims. The COVID-19 lockdown also impacted as staff were unavailable to action uploads or address queries. The COID Administration Desk was 'shut down' and no incidents could be logged other than confirmed COVID 19 cases that could be reported telephonically as Occupational Diseases. As the logging of incidents (on SAP_EHS) is only done centrally, line Departments were instructed to follow the off-line/manual process of reporting an IOD. This resulted in hard copies being completed and scanned in to COID Admin for later capturing.</p> <p>Remedial Action: Departments are currently looking at measures to mitigate risks of delayed submissions and also looking at ways to capacitate staff to fast track OHS cases to ensure compliance. However, it must be noted that the COVID-19 lockdown period will continue to negatively impact on COID incidents occurring in Q4 in that central logging of incidents on SAP only started happening on Monday, 4 May when some of the COID Staff returned to work resulting in the incidents that happened just before the lockdown and before the end of March, are only being logged/captured now, resulting in the system showing incidents without investigation reports. Also, ALL incidents that happened before 8 April and that were not captured, have now exceeded their 30 day cut-off, thus resulting in a negative impact on the KOI. Note also that , if the incident is not in the system (i.e. a W.Cl.2 was not created on the system), the Annexure 1 cannot be captured.</p>
Percentage vacancy rate	13.19	4.91		<p>Target exceeded. Reason for variance: Depts vigorously driving the filling of vacancies processes with R&S Remedial Action: n/a</p>
Percentage Operating Budget spent	71.00	69.10		<p>Reason for Variance: Employee related costs (under), due to the turnaround time in filling vacancies and the impact of the internal filling of vacancies. Other expenditure (under), due to delays in bursary payments. Remedial Action: The directorate currently has 442 vacancies, which are in various stages of the recruitment and selection process; 448 posts were filled while 221 employment contracts were terminated since the beginning of the financial year. Going forward, the status of COVID-19 lock down levels will have a direct influence on the end of year result.</p>
Percentage of assets verified	60.00	22.57		<p>Reason for Variance: Annual Asset Verification commenced later than anticipated due to technical issues with scanners and system at Treasury. This results in a manual verification process. Remedial Action: Complete manual verification process before corporate deadline in May 2020. Going forward, the status of COVID-19 lock down levels will have a direct influence on the end of year result.</p>
Percentage Internal Audit findings resolved	75.00	100.00		Target exceeded. 100% compliance.

Name	Target	Actual	Status	Reason for Variance/Remedial Action Comment
Percentage of Declarations of Interest completed	75.00	90.00		Target exceeded. Reason for Variance: Depts vigorously driving the completion of DOI processes with a focus on T14 & Above Remedial Action: n/a

 Well Below
  Below
  On Target
  Above
  Well Above
  Trend Up
  Trend Stable
  Trend Down