Western Cape
Government

Social Development

Performance Information Reporting

Standard Operating Procedure

Purpose of this document

This document is part of a standardised system of managing programme performance information in the Western Cape Department of Social Development (the Department).

Revision History

Version	Date	Summary of Changes
Version 1	28/08/2013	Performance Information SOP approved
Version 2	20/11/2014	Reviewed and amended in line with business changes
Version 3	23/04/2015	Reviewed and amended in line with business changes
Version 4 (2017)	27/06/2017	Revised and amended in line with business changes
Amendment to Version 4	27/06/2018	As per AGSA 2018 management action – consolidation, analysis and reporting
Version 5 (2019)	11/12/2019	Reviewed to include 2018 and 2019 AGSA management actions into SOP document
Final Version 6 (2020)	22/01/2020	Submitted for Approval by HOD
Version 7 (2021)	23/03/2021	Revised and amended in line with business changes

	Signature	Date

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Part 1: Introduction

Performance reporting in context

Performance information indicates how well an organisation is performing against its aims and objectives. Good performance information helps identify what policies and processes work and why they work. Making the best use of available data and knowledge is critical to improving the performance of government as a whole. Performance information is essential for effective management, including business planning, monitoring and evaluation. Externally, performance information allows effective accountability. With appropriate information: parliament, members of the public and other stakeholders are able to exert pressure for improvements and can better understand the issues involved.

UK NAO et al., 2001 in Guideline for the implementation of Provincial Quarterly Performance Reports: Department of Planning, Monitoring and Evaluation 2018

Effective management of performance information requires a clear understanding of different responsibilities, and the structures and systems involved in managing performance.

Framework for Managing Programme Performance Information: National Treasury 2007

The preparation of the Department's Strategic Plan (SP) and Annual Performance Plan (APP) includes the identification and development of Outcomes, Outcome Indicators, Outputs and Output Indicators.

The Department's service delivery units (programmes, regions and facilities) commit themselves to targets to be achieved per indicator in their Operational Plans for the year. These targets are aggregated and included in the SP and APP.

Funded Non-profit organisations (NPOs) deliver services that directly contribute towards target attainment. To this end, individual NPO targets are included in the Transfer Payment Agreements (TPAs) between the NPO and the Department.

Funded NPOs and Departmental service delivery units (Own Services) are required to submit reports indicating their actual achievement relative to the set target. Supporting documentation in the form of registers containing information about the beneficiaries of both Own Services and NPOs are utilised to test the reliability of the reported performance information. The following criteria are used to test the reliability of the reported information:

Validity: Actual reported performance has occurred and pertain to the entity.

Accuracy: Amounts, numbers and other data relating to reported actual performance have been recorded and reported appropriately.

Completeness: All actual results and events that should have been recorded have been recorded and included.

Prescripts

The legislative requirements related to the development of Quarterly Performance Reports (QPRs) are reflected in section 5.3.1 of the National Treasury Regulations (NTRs) and the reporting process serves as a monitoring mechanism for the generation of performance information. The quarterly performance targets as set in the Annual Performance Plans inform the quarterly performance reporting requirements; and the data values reported against the quarterly and annual performance targets generate the performance information. This reporting process also provides a review mechanism where departments and public entities have the opportunity to provide the reasons for deviation from set performance targets; and where relevant the corrective actions that need to be taken to address this.

DG Circular no.26: Western Cape Government 2018

Further, the performance information is used for reporting on the in-year budget implementation process, is integral to the development of the Annual Reporting for a given financial year and is subject to auditing.

Within this context, departments and public entities should ensure that data submitted via the QPR process is relevant, accurate and reliable.

Scope of this document

The processes described in this document apply to quarterly and annual reporting of performance information against the indicators and targets defined in the SP and APP of the Department.

It does not cover the selection of indicators or target setting per indicator and does not apply to other (operational) information collected and used within the Department.

Part 2: Overview of Roles and Responsibilities

The Executive Authority is accountable to provincial legislature and provides it with full and regular reports concerning matters under his/her control. In order that s/he can fulfil this responsibility, the Accounting Officer (AO)and all line managers are responsible for establishing and maintaining performance information processes and systems within their areas of responsibility.

Performance information systems should be integrated within existing management processes and systems. Hereunder are the roles and responsibilities of officials within the Department as it relates to the management of performance information.

Designation	Roles and Responsibilities
Accounting Officer (AO)	• Establish, approve and maintain procedures and processes that enable the collection, collation, recording, management, safeguarding and reporting of accurate and reliable performance information substantiated by relevant evidence. This system is represented by the approved Performance Information Reporting Standard Operating Procedures (PI SOP). The PI SOP is reviewed as required. • Approve the Departmental and customised/sector (where applicable) indicators and targets – final approval is considered as being provided in the form of the signed SP and APP of the Department that is submitted to the Provincial Parliament. • Approve the Department's Performance Information for reporting to Department of Planning, Monitoring and Evaluation in the Office of the Presidency (DPME), the Western Cape Government: Department of the Premier (DotP) and National Department of Social Development (NDSD) quarterly and annually. • Approve the Annual Report (AR) of the Department. Final approval is considered as being provided in the form of the signed APR submitted to the Provincial Parliament. • Appraises the Western Cape Minister for Social Development of progress by the Department on a quarterly and annual basis with respect to performance and target attainment on predetermined objectives.

Designation	Roles and Responsibilities
Chief Directors (CDs) Social Welfare and Restorative Service Children, Families and ECD Community and Partnership Development Service Delivery Management and Coordination Chief Financial Officer Business Planning and Strategy (BP&S)	• Ensure that Indicators and targets are developed in consultation with the AO and Chief Director: Business Planning and Strategy (CD: BP&S) to ensure alignment with the SP and APP. • Ensure that Reporting specifications and dates are adhered to. • Assess the performance information, including the reasons for variance between planned and achieved targets, and certify it as reliable. • Certify quarterly performance information and ensure submission to the Director: Business Planning and Monitoring (Dir: BP&M). • Ensure that Performance information reports and supporting documentation is safeguarded according to the Department's Records Management procedures and File Plan and conforms and complies with Protection of Personal Information Act (POPIA), 4 of 2013.
Programme Directors (PDs)	• Ensure that quarterly performance information reports on designated indicators are compiled and submitted timeously. • Propose indicators and targets for NPOs to the relevant CD. • Develop technical indicator descriptions in consultation with the relevant/appropriate CD(s) and CD: BP&S or her/his delegate, for approved indicators. • Approve the validated Performance Information, the reasons for variance between targets and achievement, as well as proposed corrective actions received from their business unit as accurate and complete and, submit it together with the NPO evidence and reporting grid timeously to the appropriate CD for certification. • Ensure that Programme performance information documents are filed appropriately according to the Department's Records Management procedures and Departmental File Plan and conforms and complies with POPIA.

Designation	Roles and Responsibilities
Programme Managers (PMs)	• Compile a complete and accurate list of funded NPO with targets per NPO and per relevant indicator. • Ensure that NPOs submit quarterly progress performance reports in line with reporting requirements. • Assess the NPO quarterly reports and verify the reported performance information (actual achievement) using the means of verification as defined in the technical indicator description for the indicator. • Verify the performance information for accuracy and completeness and submit to the PD for consolidation. • File NPO performance information reports and supporting evidence according to the Department's Record Management procedures and File Plan and conforms and complies with POPIA.
Regional Directors (RDs)	• Ensure that quarterly performance information reports on designated indicators are compiled and submitted timeously. • Develop technical indicator descriptions in consultation with the relevant/appropriate CD(s) and CD: BP&S or her/his delegate, for approved indicators. • Approve the validated Performance Information, the reasons for variance between targets and achievement, as well as corrective actions as accurate and complete and submit the consolidated regional performance information together with evidence and reporting grid timeously to the CD for certification. • Ensure that Regional performance information documents are filed appropriately according to the Department's Records Management procedures and Departmental File Plan and conforms and complies with POPIA.
Programme Implementation and Coordination (PIC) Managers	• Ensure that SDA's submit quarterly progress performance reports in line with reporting requirements. • Consolidate SDA performance information capture grids and summary per indicator into Performance information report per Region and submit to the RD for approval. • Ensure that regional performance information reports and supporting evidence are filed according to the Department's Record Management procedures and File Plan and conforms and complies with POPIA.

Designation	Roles and Responsibilities
Social Work Managers (SWMs) (Own Services)	• Compile a complete and accurate list of Service Delivery Areas (SDAs) with targets per SDA and per relevant indicator. • Ensure that SDAs submit quarterly progress performance reports in line with reporting requirements. • Assess SDA quarterly reports and verify the reported performance information (actual achievement) using the means of verification as defined in the technical indicator description for the indicator. • Verify the performance information for accuracy and completeness and submit to the RD for consolidation in line with reporting requirements and time frames. • Ensure that SDA performance information reports and supporting evidence are filed according to the Department's Record Management procedures and File Plan and conforms and complies with POPIA.
Chief Director: Business Planning and Strategy (CD: BP&S)	• Manages the development, review and implementation of the procedures and processes that enable the collection, collation, quality assurance, recording, management, safeguarding and reporting of accurate and reliable performance information substantiated by relevant evidence. • Facilitates the development of performance indicators with CDs and/or their delegates. • Makes recommendations to and obtains approval from the AO for the implementation of the set of annual performance indicators and targets. Approval is considered as being provided in the form of the signed SP and APP of the Department that is submitted to the Provincial Parliament. • Provides assurance to the AO that the captured quarterly performance information on the Electronic Quarterly Performance Reporting System (eQPRS) has been verified and quality assured via sign-off of the QPR Certificate of Approval.

Designation	Roles and Responsibilities
Director: Business Planning and Monitoring (Dir: BP&M)	• Ensures that verified and quality assured and approved quarterly Performance Information is provided to DPME, DotP and NDSD by the stipulated due dates. • Develops and maintains performance indicators, technical indicator descriptions and reporting frameworks. • Ensures that the Technical Indicator Descriptions in the APP are complete, accurate and valid. • Ensures where necessary, that the relevant CD has received comment on the reasons for variance and the accuracy and completeness of the performance information for each indicator which falls within her/his line function. • Ensures that the consolidated QPR is compiled. • Confirms that the captured quarterly/annual performance information on the eQPRS has been verified and quality assured by sign-off as Departmental Coordinator on the Certificate of Approval uploaded onto the eQPRS and submit to the CD: BP&S for certification. • Submits the certified QPR to the AO for approval. • Ensures that the approved verified and quality assured performance information is uploaded into the eQPRS on a quarterly and annual basis in line with statutory requirements. • Verifies and ensures the inclusion of approved performance information in the Department's AR. • Verifies and ensures that the indicators in the AR are the same as those included in the APP of the year in question. • Facilitates training to programmes and regional/local offices on the development and implementation of Technical Indicator Descriptions. • Facilitates the implementation of the PI SOP.

Designation	Roles and Responsibilities
Deputy Director: Monitoring and Reporting (DD: M&R)	• Develops performance reporting tools (registers, templates, worksheets and cover sheets) annually or as required. • Provides capacity-building sessions and quality assurance to the officials responsible for performance information collection, verification and consolidation, to maintain compliance. • Assesses the relevance of reasons for variance included in the performance information. • Provides comment to the CD and PDs where necessary on reasons for variance. • Prepares and verifies the Quarterly and pre-audit/year-end Performance Reports on eQPRS utilising approved reports submitted by the relevant CDs. • Ensures that files are opened for performance information and supporting documentation in line with the Department's Records Management procedures and File Plan and conforms and complies with POPIA.
Director: Finance (Dir: Finance)	• Certifies and submits the completed monthly subsidy indicator expenditure grid to responsible PM for verification.
Deputy Director: Management Accounting (DD: MA)	• Ensures the preparation of a monthly subsidy indicator expenditure grid for each subsidy-related indicator annually, revised in-year if required. • Verifies the accuracy of the monthly subsidy indicator expenditure grid and provide reasons for variance and submit to the Dir: Finance for certification.

Part 3: Planning for performance reporting (annual cycle)

Output	Activities	Timeframe	Responsibility
Technical Indicator Descriptions in APP (and SP when relevant)	Compile and review (where necessary) technical indicator descriptions with input from indicator owners and management.	June – January	Dir: BP&M
	Finalise indicators with programmes and own services.	Aug - Feb	Dir: BP&M
	Approval of indicators and targets.	Feb	CDs and AO
eQPRS system populated for current reporting year.	Indicators, indicator types and targets transcribed from approved APP to eQPRS.	Per DPME schedule (± June)	DD: M&R
	eQPRS checked for consistency with approved APP.		
	eQPRS certified for consistency with approved APP.		Dir: BP&M
AR	eQPRS for the year in question and consistency checklist is used to ensure consistency between indicators in APP and AR for year in question.	May	DD: M&R
Performance Information Reporting Standard Operating Procedures (PI SOP)	Review and revise PI SOP in line with business requirements and lessons learned.	As required	Dir: BP&M
	PI SOP supported.	As required	CD: BP&S
	PI SOP approved.	As required	AO
Registry files for performance information	Ensure that performance information files are opened in Registry in line with Records Management procedures and the Department's File Plan and conforms and complies with POPIA.	As required	SWM, PM and DD: M&R
Data collection tools & templates	Design templates in line with PI SOP, technical indicator descriptions and stakeholders' needs.	As required	DD: M&R
	Templates checked for accuracy and relevance with respect to collection and collation of required information.	As required	Dir: BP&M
	Templates approved.	As required	CD: BP&S in conjunction with relevant CDs
Training & support for stakeholders	Capacity-building for stakeholders (programme and regional teams).	Per approved project plan	DD: M&R
	Capacity-building training programme and dates approved.	As required	CD: BP& S

Part 4: Reporting NPO performance information

Responsibility: PDs and CDs responsible for funded NPOs. In the case of Own Services Facilities and NPO funded Child and Youth Care Centres, performance information is reported by the relevant PD.[1]

Output	Activities	Timeframe	Responsibility
Reliable performance information report from NPO	Receive NPO progress report and supporting documents record and acknowledge receipt. Resolve reporting problems with NPO.	Reporting dates as stipulated in the TPA between NPO and the Department.	PM
	Complete Performance Information verification checklist[2] and certify reliability of performance information according to the following criteria:	Quarterly	
	1. Accuracy: NPO progress report and supporting documentation must: • balance i.e. the numbers on the progress report and the supporting documentation must match. • provide reasons for variance between actual and planned performance. 2. Validity: NPO progress report and supporting documentation must: • be submitted by the due date. • relate to the correct service, indicator and technical indicator description – this is stipulated in the TPA between the NPO and DSD. • be for the correct reporting period. 3. Completeness: • performance information must be reported (even if zero). • NPO progress report and supporting documentation must be dated and signed by the responsible person.		

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[1] Own Services Facilities do not form part of the responsibilities of RDs and hence are noted in this section. Own Services Facilities and NPO funded CYCCs are managed by the Director: Facilities Management.

[2] See Appendix B

Output	Activities	Timeframe	Responsibility
Reliable performance information summary per indicator	Check and approve NPO progress report.	Quarterly	ASD: M&E in the relevant sub-programme
	Compile NPO Performance Information summary per indicator from progress reports provided by the NPOs in a quarter.		PM
	Certify NPO Performance Information summary per indicator as reliable according to the following criteria:		PD
	1. Accuracy: • performance information per NPO accurately summarised in the NPO capture grids. • verifiable reasons are provided for variance between actual and planned performance per NPO. 2. Validity: • Each NPO progress report is certified as reliable by the sub-programme manager or her/his delegate. 3. Completeness: • All NPO progress reports have been received.		

Output	Activities	Timeframe	Responsibility
Reliable performance information report per programme	Compile Performance Information report per programme consisting of: • total of verified performance information for each indicator. • summarised verifiable reason for variance between actual and planned performance for each indicator. • Checks the performance information against the indicator summary.	Quarterly, in line with Reporting timeline	PM
	Certify that all APP indicators are included, and performance information is accurate, reliable and complete.	Quarterly, in line with Reporting timeline	PD
	Certify Performance Information report per programme as reliable for external reporting according to the following criteria:	Quarterly, in line with Reporting timeline	CD
	1. Accuracy: • summarised reason for variance between actual and planned performance for each indicator and corrective actions that need to be taken. 2. Validity: • Each NPO capture grid per indicator report is certified as reliable by PD. 3. Completeness: • Reports are submitted for all indicators.		

Indicators reporting subsidies transferred to NPOs

Responsibility: PDs and CDs responsible for respective indicator, Dir: Finance

Output	Activities	Timeframe	Responsibility
Reliable expenditure information report from the Basic Accounting System (BAS)	Compile and verify subsidy indicator expenditure grids from BAS.	Monthly	Budget Coordinator/ State Accountant ASD: Management Accounting
	Verify information in subsidy indicator expenditure grids using the approved subprogramme transfer allocation submission and payment activation sheet/list to ensure accuracy of information.	Monthly	DD: MA
	Certify the completed monthly subsidy indicator expenditure grids and submit to responsible PM for verification and DD:M&R.	Monthly	Dir: Finance
	Complete Performance Information verification checklist and certify reliability of performance information according to the following criteria: 1. Accuracy: Subsidy indicator expenditure grids and supporting documentation must: • balance i.e. the expenditure reported must match the supporting documentation. • provide reasons for variance between actual and planned performance. 2. Validity: Subsidy indicator expenditure grid and supporting documentation must: • be submitted by the due date. • relate to the correct service, indicator and technical indicator description – this is stipulated in the TPA between the NPO and the Department. • be for the correct reporting period. 3. Completeness: • Expenditure information must be reported (even if zero). • Subsidy indicator expenditure grids and supporting documentation must be dated and signed by the responsible person.	Monthly	PM

Output	Activities	Timeframe	Responsibility
Reliable performance information summary per indicator	Compile Performance Information summary per subsidy indicator from monthly subsidy indicator expenditure grids provided by Finance in a quarter.	Monthly	ASD: M&E in the relevant sub-programme
	Certify that all performance information per subsidy indicator is included and performance information is accurate, reliable and complete.		PM
	Certify subsidy Performance Information summary per indicator as reliable according to the following criteria: 1. Accuracy: • performance information per subsidy indicator accurately copied to summary report. • verifiable reasons are provided for variance between actual and planned performance per subsidy indicator. 2. Validity: • Each subsidy indicator expenditure grid is certified as reliable by the sub-programme manager or her/his delegate. 3. Completeness: • All subsidy indicator expenditure grids have been received.		PD

Output	Activities	Timeframe	Responsibility
Reliable performance information report per programme	Compile Performance Information report per programme consisting of: • total of verified performance information for each subsidy indicator. • summarised verifiable reason for variance between actual and planned performance for each subsidy indicator.	Quarterly, in line with Reporting timeline	PM
	Certify that all subsidy-related APP indicators are included and performance information is accurate, reliable and complete.		PD
	Certify Performance Information report per programme as reliable for external reporting according to the following criteria: 1. Accuracy: • summarised reason for variance between actual and planned performance for each subsidy indicator and corrective actions that need to be taken. 2. Validity: • Performance Information summary per subsidy indicator report is certified as reliable by PD. 3. Completeness: • Reports are submitted for all subsidy indicators.		CD

Part 5: Reporting Regional performance information

Responsibility: Regional Directors and AO

Output	Activities	Timeframe	Responsibility
Reliable performance information report per indicator from SDA	Receive SDA reports, record and acknowledge receipt. Resolve reporting problems with SDA. Complete Performance Information verification checklist and certify reliability of performance information according to the following criteria: 1. Accuracy: SDA report and supporting documentation must: • balance i.e. the numbers on the summary report and the supporting documentation must match. • provide verifiable reasons for variance between actual and planned performance. 2. Validity: SDA report and supporting documentation must: • be submitted by the due date to the correct person at the regional office. • relate to the correct service and indicator. • have the correct format and content per technical indicator descriptions. • be for the correct reporting period. 3. Completeness: • performance information must be reported (even if zero) (check against operational plan). • SDA report is dated and signed by the responsible Social Work manager.	Quarterly	Designated official in the Regional Office

Output	Activities	Timeframe	Responsibility
Reliable performance information summary per indicator	Compile SDA performance information capture grid and summary per indicator consisting of: • calculated total of verified performance information. • summary of reasons for variance between actual and planned performance total from verification checklists.	Quarterly	Social Work Supervisor/ SWM

Output	Activities	Timeframe	Responsibility
Reliable performance information summary per Region	Consolidate SDA performance information capture grid and summary per indicator into Performance information report per Region. Resolve reporting problems with SDA.	Quarterly	PIC Manager
	Certify Performance Information report per Region as reliable according to the following criteria: 1. Accuracy: • Performance Information per indicator accurately calculated from verification checklists. • Verifiable reasons are provided for variance between actual and planned performance per indicator. 2. Validity: • Each verification checklist has been certified as reliable by the responsible Social Work manager and the official in the regional office. 3. Completeness: • All SDA reports with all indicators against which the region reports have been included.		RD
	Certify Performance Information reports per Region as reliable according to the following criteria: 1. Accuracy: Performance Information report per Region and supporting documentation must: • balance i.e. the numbers on the summary report and the supporting documentation must match. • provide verifiable reasons for variance between actual and planned performance and corrective actions that need to be taken. 2. Validity: summary report and supporting documentation must: • relate to the correct service and indicator. • have the correct format and content per technical indicator descriptions. • be for the correct reporting period. 3. Completeness: • performance information must be reported (even if zero). • performance Information report per Region must be dated and signed by the RD.	Quarterly, in line with Reporting timeline	CD

Part 6: Consolidation, analysis and reporting

Responsibility: DD: M&R, Dir: BP&M, CD: BP&S and AO

Output	Activities	Timeframe	Responsibility
Quarterly and at year-end			
PI received from Programmes and Regions analysed	Receive certified validated performance information from CDs and AO.	In line with Reporting timeline	DD: M&R
	Ensure analysis of PI and comments received and quality assure reasons for deviation.		Dir: BP&M or delegate
First (draft) submission QPR to DotP and National DSD quarterly and at year end on eQPRS.	• Ensure the capture of total validated outputs and narratives per indicator for the reporting period on the eQPRS. • Verify information uploaded to eQPRS using certified performance information from programmes and regions and submit quarterly performance information to DotP and NDSD via eQPRS.		DD: M&R
Final quarterly and end of year submissions of QPR via eQPRS to DotP and NDSD and, for Departmental AR	• Receive certified amendments to validated performance information from CDs. • Receive and consider comments from NDSD and DotP and where necessary discuss with CDs for possible inclusion. • In the case of the completeness and accuracy for the APR at year end, ensure completion, sign off and submit the Consistency Checklist to provide assurance to the Dir: BP&M of consistency between the APP and APR.		DD: M&R
	• Certify all quarterly QPR information and submit proof of certification to CD: BP&S. • Certify the Consistency Checklist of consistency between the APP and APR and provide to the CD: BP&S. • Includes performance information on output indicators at year-end.	In line with Reporting timeline	Dir: BP&M
	Assess reasons for deviation and sign-off eQPRS report – assurance for AO.		CD: BP&S
	Sign off eQPRS report, approval letter & eQPRS system.		AO
	Upload signed eQPRS report and approval letter.		DD: M&R
	Distribute the eQPRS report to all managers responsible for PI.	2 working days after Final QPR submissions on *eQPRS*.	DD: M&R

Output	Activities	Timeframe	Responsibility
Quarterly and at year-end			
Reliable Output Indicator performance information for Departmental AR at Year-end	Consolidate certified performance information received from respective CD/AO for each strategic/output indicator. Check reliability of Output Indicator PI information: 1. Accuracy: The totals for the Outputs indicator must match the total of the certified achievement. 2. Validity: The certified performance information must relate to the correct indicators. 3. Completeness: Performance information for all AO approved indicators must be included. (Check against Technical Indicator descriptions.)	Annually	DD: M&R
	Check that the Output indicator PI against annual final eQPRS report for AR is correct.		
	Certify Output indicator PI against annual final eQPRS report for AR as correct using consistency checklist and submit signed checklist to CD: BP&S.		Dir: BP&M

Part 8: Filing performance information reports

Responsibility: PDs including Dir: BP&M, RDs, CDs.

Output	Timeframe	Responsibility	File ref
• NPO progress reports and supporting documentation in NPO file.	Quarterly	PDs	C-nnn
• PI summary per indicator, PI report per programme in PI file per programme.		CDs	2/7/2/DSD/qq yyyy / A-nnn
• SDA reports and supporting documentation.	Quarterly	RDs	2/7/2/DSD/qq yyyy / A-nnn
• PI summary per Region and supporting documentation in PI file per region.	Quarterly	CD	2/7/2/DSD/qq yyyy / A-nnn
• PI report summary per programme in PI file per quarter. • Queries and responses resulting from analysis of QPR received. • Consistency checklist.	Quarterly/ Annually	DD: M&R	2/7/2/DSD/qq yyyy

Appendix A

Applicable legislation, policies and guidelines

Public Finance Management Act (PFMA) Section 40 (3)		
Treasury Regulations Chapter 5.3.1, 18.3.1(b)		
Protection of Personal Information Act, 4 of 2013		
Guideline for the implementation of Provincial Quarterly Performance Reports	DPME/DotP	Annual
Policy on the Funding of Non-Government Organisations for the Provision of Social Welfare and Community Development Services (as amended)	Western Cape DSD	2017
Performance Information Handbook	National Treasury	2011
Framework for Managing Programme Performance Information	National Treasury	2007
Revised Framework for Strategic Plans and Annual Performance	DPME	2019
Uniform File Plan for the Provincial Government of the Western Cape	Western Cape Government	2012
Records Management Policy	Western Cape DSD	2019
Western Cape Department of Social Development Signatures Protocol during the National State of Disaster	Western Cape DSD	2020

Acronyms

AGSA	Auditor-General of South Africa
AO	Accounting Officer
APP	Annual Performance Plan
APR	Annual Performance Report
ASD	Assistant Director
BAS	Basic Accounting System
BP&M	Business Planning and Monitoring
BP&S	Business Planning and Strategy
CD	Chief Director
CYCC	Child & Youth Care Centre
Dir	Director
DD	Deputy Director
DotP	Department of the Premier
DPME	Department of Planning, Monitoring and Evaluation in the Office of the Presidency
eQPRS	Electronic Quarterly Performance Reporting System
HOD	Head of Department
M&E	Monitoring and Evaluation
M&R	Monitoring and Reporting
NDSD	National Department of Social Development
NPO	Non-profit Organisation
NTR	National Treasury Regulation
PD	Programme Director
PI	Performance information
PIC	Programme Implementation and Coordination
PM	Programme Manager
POPIA	Protection of Personal Information Act
QPR	Quarterly Performance Report
RD	Regional Director
SDA	Service Delivery Area
SOP	Standard Operating Procedures
SP	Strategic Plan
TPA	Transfer Payment Agreement
WCG	Western Cape Government

Glossary

Validity	Actual reported performance has occurred and pertain to the entity.
Accuracy	Amounts, numbers and other data relating to reported actual performance have been recorded and reported appropriately.
Completeness	All actual results and events that should have been recorded have been recorded and included.
Validated data	Reliable performance information submitted in Provincial Quarterly Performance Reports.
Variance	Difference between planned output (target) and actual reported output.

Appendix B: Guide to Reporting templates

All templates are submitted Quarterly or Annually in line with indicator reporting frequency.

Name of template	Derivation
Performance Information verification checklist	For own services in Regions and Sub-programmes. In the case of the former, completed by official in Regional Office and certified by RD. In the case of the latter, completed by official in Facilities' Office and certified by PD.
NPO Performance Information summary per indicator	Completed by official in Programme Office, verified by PM and certified by the PD and CD.
Performance information report per sub-programme	For NPO services (including subsidy indicators) and own services, completed by PM, certified by PD and CD.
Regional Performance information summary per Indicator	Completed by official in Regional Office, certified by RD.
Performance information report per Region	Completed by official in Regional Office, certified by the RD and CD.
Performance Information report per Programme	a) For indicators to which own services in Regions and/or NPOs and/or own services by sub-programmes contribute, the performance information is collated by the DD: M&R. b) Consolidated performance information for a programme is collated and verified by the DD: M&R. c) Consolidated performance information is uploaded to eQPRS by the DD:M&R

Performance Information (PI) Verification Checklist 2020-21

Western Cape Government
Social Development

Programme	Sub-programme 2.3 Services to the Persons with Disabilities		Period:	Q
Indicator	2.3.1.2 Number of Persons with Disabilities accessing DSD residential facilities.			
Facility		C-code		

	Verification questions	Yes / No	Comments
Accuracy	The numbers on the summary report and the supporting documentation match.		
	Verifiable reasons are provided for variance between actual and planned performance.		
Reason for variance between actual and planned performance.			
Validity	Summary reports and supporting documentation were submitted by the due date to the correct person.		
	Reported performance information relates to the correct service and indicator.		
	Reported performance information is for the correct reporting period.		
	Quarterly facility registers of Persons with Disabilities residing in the facility.		
	Progress/summary report indicates the number of residents (children and adults) in each government-owned facility at the end of each quarter.		
Completeness	Summary reports and supporting documentation: - have a title and page number on each page; - are signed and dated by the responsible person.		

Calculation:	Count and report the number of residents (children and adults) in each government-owned facility at the end of each quarter. Annual output is the highest achieved across the quarters.					
	Q Target	**Fac. report**	**Supp. docs**	**Verified**	**Not verified**	**Reasons for not verified numbers**
NFD (number)						

	Verified by:	**Captured by:**	**Checked by:**
Signature			
Name	-------------------------------------	-------------------------------------	-------------------------------------
Position	**Responsible Official**	**Responsible Official**	**Responsible Manager**
Date	-------------------------------------	-------------------------------------	-------------------------------------

Programme	Sub-programme 2.2: Services to Older Persons	2.2	Use this grid for the whole year. (Hide previous and future quarters.)
Indicator Title	Number of subsidised beds in residential care facilities for Older Persons.	1.1	
Source of data	HOD and MEC approved funding appraisal grid		
Method of calculation	Count and report the number of subsidised beds in funded NPOs. Annual output is the highest achieved across the quarters.		
APP NPO target	5050	Quarterly	Non-cum (Max)
Completeness checks	1. Ensure that data from all verification checklists is included		
	2. Check completeness against list of funded NPOs from finance		

1st quarter

Type indicator number here:	1			Calc. totals	0	0	0	0		0	

	Name of organisation	C-code	Type of org	Region	Annual target	Quarterly target	Reported	Verified	Not verified	Reasons for not verified	Variance from target	Reasons for variance from target
1									0		0	
2									0		0	
3									0		0	
4									0		0	
5									0		0	
6									0		0	
7									0		0	
8									0		0	
9									0		0	
10									0		0	
11									0		0	
12									0		0	
13									0		0	
14									0		0	
15									0		0	
16									0		0	
17									0		0	
18									0		0	
19									0		0	
20									0		0	

	Data is valid, accurate and complete	Checked by:	Certified as reliable by:
Signature	....	....	....
Name Position	Duly appointed official in Pgm office	Programme Manager	Programme Director (Budget Holder)
Date	....	....	....

Western Cape Government
Social Development

Ind Number	Sub-pgm no	Sub-programme	Ind Name	Type of indicator	Reporting cycle	Calculation type	1QT	2QT	2QV-1	2QV-1 comment	Corrective Action	3QT	4QT	2020-21 T
2.3.1.1	2.3	Sub-programme 2.3 Services to the Persons with Disabilities	Number of subsidised beds in funded NPO residential care facilities for Persons with Disabilities.	Output Direct service delivery Demand-driven	Quarterly	Non-cum (Max)	1 674	1 674				1 674	1 674	1 674
2.3.1.3	2.3	Sub-programme 2.3 Services to the Persons with Disabilities	Number of subsidies transferred to protective workshops providing services to Persons with Disabilities.	Output Direct service delivery Demand-driven	Quarterly	Non-cum (Max)	2836	2836				2836	2836	2836
2.3.1.4	2.3	Sub-programme 2.3 Services to the Persons with Disabilities	Number of subsidies transferred to community-based day care centres for Persons with Disabilities.	Output Direct service delivery Demand-driven	Quarterly	Non-cum (Max)	1005	1005				1005	1005	1005
2.3.1.5	2.3	Sub-programme 2.3 Services to the Persons with Disabilities	Number of people accessing DSD funded NPO specialised support services.	Output Direct Service Delivery Demand driven	Quarterly	Cum (Year-end)	27 000	25 000				19 000	20 000	91 000

	Checked against indicator summary reports	All indicators included (per APP)	Certified as reliable by:
Signature	....	....	....
Name Position	Programme Manager	Programme Director	Chief Director
Date	....	....	....

![Western Cape Government Social Development logo]

Completeness checklist and PI summary
Region: Cape Winelands / Overberg

Reporting period   **Q 2020-21**   «Pgm_no»
                                                               .«Ind_no»

Sub-programme:

Indicator:

Service Delivery Area	Number reported	Number validated	Reasons for not validated
Breede Valley			
Witzenberg			
Drakenstein			
Stellenbosch			
Overstrand			
Theewaterskloof			
Cape Agulhas			
TOTAL			

Compiler

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Name: Position: Signature: Date:

Responsible
manager

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Name: Position: Signature: Date:

Every page must be numbered and signed by the person who prepared it   Page___ of ___

Metro East

Number	pgm no	Sub-programme	Ind Name	Type of indicator	Reporting cycle	Calculation type	1QT	2QT	2QV-1	2QV-1 comment	Corrective Action	3QT	4QT	2020-21 T	Method of calculation	Verified number	Verified by (initials)
2.5.1.1	2.5	Sub-programme 2.5 Social Relief	Number of undue hardship cases (households) assessed and referred to SASSA for social relief of distress benefit.	Output Direct service delivery Demand-driven	Quarterly	Cum (Year-end)	63	62				63	62	250	Count the number of beneficiaries (one per household) who were assessed and referred to SASSA during the reporting period.		
2.5.1.2	2.5	Sub-programme 2.5 Social Relief	Number of disaster cases (households) assessed and referred to SASSA for social relief of distress benefit.	Output Direct service delivery Demand-driven	Quarterly	Cum (Year-end)	100	100				100	100	400	Count the number of cases (one per household) who were assessed and referred to SASSA during the reporting period.		
3.2.1.3	3.2	Sub-programme 3.2 Care and Services to Families	Number of families participating in family preservation and support services.	Output Direct service delivery Demand-driven	Quarterly	Cum (Year-end)	150	150				150	150	600	Count the number of existing and newly admitted families (not each individual in the family) participating in these services and programmes.		
3.3.1.1	3.3	Sub-programme 3.3 Child Care and Protection	Number of children placed in foster care.	Output Direct service delivery Demand-driven	Quarterly	Cum (Year-end)	85	85				85	85	340	Count the number of children placed in foster care or cluster foster care for the first time during the reporting period.		
3.3.1.2	3.3	Sub-programme 3.3 Child Care and Protection	Number of children re-unified with their families or alternative caregivers.	Output Direct service delivery Demand-driven	Quarterly	Cum (Year-end)	5	5				5	5	20	Count the number of children on the notices of discharge issued over the reporting period (excluding those dealt with in terms of section 189).		
3.3.1.3	3.3	Sub-programme 3.3 Child Care and Protection	Number of parents and caregivers that have completed parent education and training programmes.	Output Direct service delivery Demand-driven	Quarterly	Cum (Year-end)	40	40				40	40	160	Count the actual number of parents and / or caregivers of children who are already in the child protection system as a result of a statutory process who have completed parent education and training programmes over the reporting period.		
3.3.1.4	3.3	Sub-programme 3.3 Child Care and Protection	Number of investigations into the question of whether a child is in need of care and protection not initiated by the children's court.	Output Direct service delivery Demand-driven	Quarterly	Cum (Year-end)	125	125				125	125	500	Count the number of investigations per quarter initiated by designated social workers (as described in the short definition) into the question of whether a child is in need of care and protection following a report, referral and/ or preliminary risk assessment of the relevant child.		
3.3.1.5	3.3	Sub-programme 3.3 Child Care and Protection	Number of children's court inquiries opened (investigations initiated by the children's court).	Output Direct service delivery Demand-driven	Quarterly	Cum (Year-end)	9	9				9	9	36	Count the number of orders of the children's court and referrals by the clerk to investigate whether a child(ren) is in need of care and protection, including (but not limited to) section 47; section 50(1); and section 155(2) issued per quarter.		
3.3.1.6	3.3	Sub-programme 3.3 Child Care and Protection	Number of Form 38 reports submitted by designated social workers to the children's court.	Output Direct service delivery Demand-driven	Quarterly	Cum (Year-end)	55	55				55	55	220	Count the number of Form 38 Reports submitted to the children's court in response to orders of the children's court and/ or cases referred for investigation at intake level at DSD local offices and funded NPOs to investigate whether a child(ren) is in need of care and protection, including section 47; section 50(1); and section 155(2) issued per quarter.		
3.3.1.7	3.3	Sub-programme 3.3 Child Care and Protection	Number of children's court inquiries completed.	Output Direct service delivery Demand-driven	Quarterly	Cum (Year-end)	55	55				55	55	220	Count the number of court orders issued by the children's court in terms of sections 155(8) and 156 of the Children's Act in each quarter.		
4.2.1.1	4.2	Sub-programme 4.2 Crime Prevention and support	Number of adults in conflict with the law referred to diversion programmes.	Output Direct service delivery Demand-driven	Quarterly	Cum (Year-end)	180	180				180	180	720	Count the number of adults referred to diversion programmes in the reporting period.		
4.2.1.2	4.2	Sub-programme 4.2 Crime Prevention and support	Number of adults in conflict with the law who completed diversion programmes.	Output Direct service delivery Demand-driven	Quarterly	Cum (Year-end)	130	130				130	130	520	Count the number of adults completing diversion programmes (as evidenced by signed off completion registers) in the reporting period.		
4.2.1.3	4.2	Sub-programme 4.2 Crime Prevention and support	Number of children in conflict with the law assessed.	Output Direct service delivery Demand-driven	Quarterly	Cum (Year-end)	225	225				225	225	900	Count the number of assessments completed in the reporting period.		
4.2.1.4	4.2	Sub-programme 4.2 Crime Prevention and support	Number of children in conflict with the law referred to diversion programmes.	Output Direct service delivery Demand-driven	Quarterly	Cum (Year-end)	95	95				95	95	380	Count the number. court referrals to diversion programmes/diversion options in the reporting period.		
4.2.1.5	4.2	Sub-programme 4.2 Crime Prevention and support	Number of children in conflict with the law who completed diversion programmes.	Output Direct service delivery Demand-driven	Quarterly	Cum (Year-end)	25	25				25	25	100	Count the number of children completing a diversion programme and/ or diversion options during the reporting period.		
4.2.1.8	4.2	Sub-programme 4.2 Crime Prevention and support	Number of schools in 11 highest risk police precincts and/or WCG safety plan areas where DSD and/or DSD funded social workers identify, assess, refer and follow up children and youth at risk for specialised interventions on a weekly basis.	Output Direct service delivery Demand-driven	Quarterly	Cum (Year-end)	0	3				5	2	10	Count the number of schools involved in the programme on the 1April. Thereafter only count the new schools added per quarter, including the 1st Quarter during the reporting period.		
4.3.1.1	4.3	Sub-programme 4.3 Victim Empowerment	Number of victims of gender-based violence (GBV) accessing psychosocial support services.	Output Direct service delivery Demand-driven	Quarterly	Cum (Year-end)	30	30				30	30	120	• Count the number of new victims receiving services from service organisations; and • Only count a client the first time they receive services during the year.		
4.4.1.3	4.4	Sub-programme 4.4 Substance Abuse, Prevention and Rehabilitation	Number of service users that have received early intervention services for substance abuse.	Output Direct service delivery Demand-driven	Quarterly	Cum (Year-end)	45	45				45	45	180	Count the number of service users accessing services quarterly during the reporting period.		
4.4.1.4	4.4	Sub-programme 4.4 Substance Abuse, Prevention and Rehabilitation	Number of service users that have received aftercare and reintegration services for substance abuse.	Output Direct service delivery Demand-driven	Quarterly	Cum (Year-end)	8	8				8	8	32	Count the number of service users who received aftercare and reintegration services during the reporting period.		
5.3.1.1	5.3	Sub-programme 5.3 Institutional capacity building (ICB) and support for NPOs	Number of NPOs capacitated.	Output Indirect service delivery Demand-driven	Quarterly	Cum (Year-end)	100	100				100	100	400	Count the number of NPOs represented by attendees that completed capacity-building workshops over the reporting period.		
5.6.1.2	5.6	Sub-programme 5.6 Youth development	Number of youth linked to job and other skills development opportunities from own services.	Output Direct service delivery Not demand-driven	Quarterly	Cum (Year-end)	150	150				150	150	600	Count the number of youth (14-35) linked to opportunities over the reporting period.		

Regional Director   Duly appointed official in Office of HOD   Head of Department

Signature _____   _____   _____

Name _____   _____   Dr Robert Macdonald

Date _____   _____   _____

Appendix C: Reporting timeline

Actual submission dates will be confirmed and circulated annually when Annual DPME Guidelines received.

	Report validated data for:	Regions to M&R (to consolidate)	M&R to DotP & Nat DSD (to validate)	CD / HOD to M&R (to consolidate)	M&R to DotP & Nat DSD (Final signed)
1st report	1Q (Apr – Jun)	2W July	2W July	3W July	End July
2nd report	2Q (Jul – Sep)	2W October	2W October	3W October	End October
3rd report	3Q (Oct – Dec)	2W January	2W January	3W January	End January
4th report	4Q (Jan – Mar)	2W April	2W April	3W April	End April
Final report	Year (Apr – Mar)	1W May	2W May	1W May	End May

Appendix D: Annual Report Consistency Checklist

1. Indicators and targets are correctly transcribed from the APP to the Annual Report.
2. Performance information is correctly transcribed from the eQPRS to the Annual Report

Sub-programme	Pgm / Ind	Type of indicator	Ind Name	Check	2020-21 T	Check	2020-21 V	Check	Deviation	Check	Comments on deviation	Check	Comments
Sub-programme 1.2 Corporate Management Services	1.2.1.1	Output Direct service delivery Not demand-driven	Number of training interventions for social work and social work-related occupations.		29		-		-29		0		
	1.2.1.2	Output Indirect service delivery Not demand-driven	Number of bursaries awarded.		109		-		-109		0		
	1.2.1.3	Input Indirect service delivery Not demand-driven	Number of social workers in the employ of the DSD during a financial year.		834		-		-834		0		
	1.2.1.4	Output Indirect service delivery Not demand-driven	Percentage expenditure in relation to DSD allocated budget.		2% Variance		-		-		0		
	1.2.1.5	Output Indirect service delivery Not demand-driven	Percentage of invoices paid to DSD service providers within 30 days.		1		-		-1		0		
	1.2.1.6	Output Indirect service delivery Not demand-driven	Auditor General of South Africa (AGSA) opinion on the audit of financial statements and report on the usefulness and reliability of reported performance information.		Clean Audit		-		-		0		
Sub-programme 2.2: Services to Older Persons	2.2.1.1	Output Direct service delivery Demand-driven	Number of subsidised beds in residential care facilities for Older Persons.		5 050		-		-5 050		0		
	2.2.1.2	Output Direct service delivery Demand-driven	Number of subsidies transferred to community-based care and support services for Older Persons.		17 000		-		-17 000		0		
	2.2.1.3	Output Direct service delivery Demand-driven	Number of subsidised beds in assisted and independent living facilities for Older Persons.		850		-		-850		0		
Sub-programme 2.3 Services to the Persons with Disabilities	2.3.1.1	Output Direct service delivery Demand-driven	Number of subsidised beds in funded NPO residential care facilities for Persons with Disabilities.		1 674		-		-1 674		0		
	2.3.1.2	Output Direct service delivery Demand-driven	Number of Persons with Disabilities accessing DSD residential facilities.		110		-		-110		0		
	2.3.1.3	Output Direct service delivery Demand-driven	Number of subsidies transferred to protective workshops providing services to Persons with Disabilities.		2 836		-		-2 836		0		
	2.3.1.4	Output Direct service delivery Demand-driven	Number of subsidies transferred to community-based day care centres for Persons with Disabilities.		1 005		-		-1 005		0		
	2.3.1.5	Output Direct Service Delivery Demand driven	Number of people accessing DSD funded NPO specialised support services.		91 000		-		-91 000		0		

AR 2020/21 compiled and checked against APP 2020/21: includes all indicators and targets in the APP 2020/21. The pre-audit annual verified PI achievements and reasons for deviation are consistent with the final approved QPR.

Verified that all the AR 2020/21 indicators and targets have been populated with the indicators and targets in the APP 2020/21. The pre-audit annual verified PI achievements and reasons for deviation are consistent with the final approved QPR.

Certified that there is consistency with respect to indicator titles and targets between the AR 2020/21 and the APP 2020/21: that all indicators in the APP have been replicated in the AR, and that the pre-audit annual verified PI achievements and reasons for deviation are consistent with the final approved QPR.

Name	Shariefah Mahomed	Name	Deirdre Rule	Name	Sihaam Nieftagodien
ASD	Monitoring & Reporting	DD	Monitoring & Reporting	Director	Business Planning & Monitoring
Signature		Signature		Signature	
Date		Date		Date	

The Department of Social Development
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