

PROGRAMME		Administration					
SUB-PROGRAMME		Management (OMS)					
Measurable Objective		To ensure effective planning, resourcing, delivery, project management, monitoring, evaluation and reporting for improved service delivery					
Outcomes	Outputs (SMART)	Performance Indicator	Target Year 1 2011/12	4th Quarter Target	4th Quarter Achievement	4th Quarter Corrective Action Steps if quarter target not met	Year to date
Improved level of compliance in DCS	1.3.1 Established Monitoring, Evaluation and Reporting (MER) system (Project 1.2)	Percentage of accurate, reliable and timely data for decision making.	MER system development initiated; improvement of performance information for decision making purposes and accountability.	Corporate Performance Management System (CPMS) development initiated.	Not achieved. However the Annual Performance Plan Data Capturing Tool was developed as an interim measure and implemented.	Development of specifications for the CPMS put on hold pending the development of the basic IT infrastructure .	MER policy approval reversed to have an inclusive Integrated Planning, Monitoring, Evaluation and Reporting Policy (IPMERP). The consultation for recommendations for approval on this policy is currently underway. The Annual Performance Plan Data Capturing Tool has been developed and implemented as interim tool.
	1.3.2 Vetting of personnel (Project 14.6)	Percentage of vetted personnel.	7% (2841/40286)	2% (749/40286)	0 Confidential Clearance Certificate issued. 2 Top Secret Clearance certificates issued. 0 Confidential Clearance finalised and sent to SSA. 3 Secret Clearance finalized and sent to SSA. 89 SCM clearances applications submitted to SSA. 1178 Pre -employment screening for new appointments. Total screening and clearances conducted 1183 = +2.93% 40286.		3603/40286 1078 = + 2.68% of 40286 1226 =3.04% of 40286 116 =0.29% of 40286 1183 = +2.93% 40286 Total= (3603/40286) 8.94% of vetted personnel
	1.3.3 Setting up Enterprise Project Management Office (EPMO) (Project 7.1)	Functional EPMO	Setting up of a EPMO Transformation agenda.	Continue, review and register new projects	Target has been achieved. All the identified projects are continuing as planned and to be finalised in a two to three year period . Over and above there has been a few new projects identified and the process of getting the governance structures and documents in place has commenced.	No corrective actions required. Work to continue as planned	EPMO Transformation agenda has been set up and approved by the Executive Management. This agenda is based on the Ministerial Task Team report and challenges identified by the Executive Management. 16 Key strategic drivers behind the transformation.
SUB-PROGRAMME		Corporate Services					
Measurable Objective		To improve human resource capacity & management to enable department to fulfill its mandate					
Outcomes	Outputs (SMART)	Performance Indicator	Target Year 1 2011/12	4th Quarter Target	4th Quarter Achievement	4th Quarter Corrective Action Steps if quarter target not met	Year to date
Coordination and monitoring of provision, maintenance and management of human resources improved	1.4.1 Filling of vacant posts (Project 14.5)	Percentage of financed posts not filled.	1476 funded vacant posts filled.	468 funded vacant posts filled	348 appointment	Target achieved.	In the 2011/12 financial year, a total of 2057 appointments were made in various posts. 859 Entry level appointments were finalized. The target of (1476) appointments was therefore exceeded with a total of (581) appointments for the previous financial year.
	1.4.2 Restructuring including role/function clarification (Project 1.1)	Structure aligned to the functions of the DCS and White Paper imperatives.	Approved structure that is aligned to the functions of the DCS (Project 1.1)	Identification and migration of security and corrections personnel.	Achieved. A draft macro structure has been developed and approved by the Minister.	Target achieved.	A draft macro structure has been developed and approved by the Minister.

Outcomes	Outputs (SMART)	Performance Indicator	Target Year 1 2011/12	4th Quarter Target	4th Quarter Achievement	4th Quarter Corrective Action Steps if quarter target not met	Year to date
	1.4.3 Establish capacity for implementation of an Integrated Employee Health and Wellness (EHW) Programme (Project 1.1)	Percentage of person days lost due to leave.	Well informed workforce on EHW.	Well informed workforce on EHW.	Achieved. Policy, and procedures realigned to accommodate all four pillars as proposed by DPSA. Implementation of the DPSAEHW readiness assessment toolkit.	Target achieved.	Policy, and procedures realigned to accommodate all four pillars as proposed by DPSA. -HIV/Aids and TB management – Contagious diseases added to DPSA model and incorporated into first pillar. -SHERQ management pillar includes OHS, ergonomics as well as procedures for workshops. *Work Life balance pillar introduced to cater for EAP; Spiritual Care and Psycho-social wellness. *Fourth pillar includes Sport, Recreation and Wellness Centre management. *Policy and procedures disseminated and workshopped with Labour. Regional Workshops not conducted. *Processes to ensure that EHW will feature in performance agreements of Senior Management finalised. Implementation of DPSA EHW readiness assessment toolkit. 19 Recommendations proposed by National Commissioner. Only 7 of the 19 recommendations implemented in 2011. The following recommendations are still outstanding: - Dedicated budget to be provided for implementing integrated EHW programme. - All 4 pillars of EHW strategy to be specified in DCS strategic Plan. - Standard Operating Procedures to mitigate risks for all 4 pillars to be developed.
			Sick Leave and Temporary Incapacity Leave (TIL) in DCS benchmarked with other Departments in the Public Service to determine rate	Recommendations based on benchmark findings	Achieved. Sick leave and TIL were benchmarked with SAPS, DOJCD and DOD. From the stats, the DCS seem to be utilising more Sick and TIL than other Security Departments . 2009 is however, more for other Departments because it is the end of a 3 year cycle. Interventions will have to be determined to curb the abuse.	Target achieved.	Achieved. Sick leave and TIL were benchmarked with SAPS, DOJCD and DOD. From the stats, the DCS seem to be utilising more Sick and TIL than other Security Departments . 2009 is however, more for other Departments because it is the end of a 3 year cycle. Interventions will have to be determined to curb the abuse.
Project: 7 Days establishment and job refinement	1.4.4 Effective implementation of 7 day establishment (Project 14.3)	Implementation of appropriate work shift system.	Review the shift system.	Resolution signed on shift models and averaging agreement	The following shifts patterns have been proposed for implementation 40Hr and 45 Hr Work Week: -The 10Hr over a 5 week period in a 7Day cycle; -The 12 Days on and 2 Days off in a 14 day cycle; and -The 10 Days on and 4 Days off in a 14 Day cycle. A series of negotiations had taken place between the employer and the organised labour regarding the need to sign the average agreement and consideration of the payment of alleged overtime worked since 2009. Concerted efforts are put together to ensure that a solution is reached for the two issues mentioned above.	Negotiation is ongoing not yet finalized.	The following shifts patterns have been proposed for implementation 40Hr and 45 Hr Work Week: The 10Hr over a 5 week period in a 7Day cycle; The 12 Days on and 2 Days off in a 14 day cycle; and The 10 Days on and 4 Days off in a 14 Day cycle.A series of negotiations had taken place between the employer and the organised labour regarding the need to sign the average agreement and consideration of the payment of alleged overtime worked since 2009. Concerted efforts are put together to ensure that a solution is reached for the two issues mentioned above.
Management of discipline and grievances improved	1.4.5 Management of disciplinary cases	Percentage of person days lost to suspensions.	2010 / 2011 baseline reduced by 10%.	Person days lost due to suspensions reduced by 2,5%	Number of suspensions recorded = 183. Number of suspensions uplifted = 83. Number of suspensions uplifted within 30 days =22. Persons' day lost =7753.	Fast track the finalization of outstanding cases.	

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	1.4.6 Management of grievances	Percentage of grievances handled within 30 days.	All outstanding grievances currently beyond 30 days finalised	Provide training on the management of grievances, analyse, interpret and advise on remedial interventions	Number of grievances recorded = 690 Number of grievances finalised =271 =32.28% Number of grievances finalised within 30 working days =106. Percentage of finalised grievances finalised within 30 days = 39.1%	Fast track the finalization of outstanding cases.	2010/11 - 1678 grievances on record of which 857 finalized (51%). 2011/12 - 1382 grievances recorded of which 907 (66%) finalized. Of those, 347 (38.26%) were finalized in 30 days. In general the DCS recorded 296 less grievances than in the previous financial year - a reduction of 17.64%.
Project: Development of Corrections academy	1.4.7 Establishment of DCS Corrections Academy (Project 4.7)	Functional Corrections Academy.	Approved Business Case for Corrections Academy based on partnerships with other government academies.	Approved Concept Document on Corrections Academy	Project charter and project plan developed. Benchmarking done with South African National Defence Force.	Lack of human and budget resource allocation for the project.	Project charter and project plan developed. Benchmarking done with South African National Defence Force. Research into international best practices done. Unit standards identified and training manuals developed for the accreditation of the Heads of Correctional Centres, Emergency Support Team and Patrol and Dog Training Programmes.
		Number of officials trained per skills development programme	Training provided in line with the work place skills plan (WSP).	Training provided in line with WSP priorities	4764 officials trained in line with WSP priorities. Over and above these, Regions have reported functional training of 8873 officials this quarter.	Target achieved	Total of 978 completed the Corrections Services learnership on 27 January 2012. 859 of 978 learners appointed permanently in March 2012. The other group (of which there are 1013) that is also engaged in the same learnership commenced in August 2011 is engaged in the experiential portion of the learnership which they commenced in January 2012. There are currently 39 HR interns in the system. The recruitment of the next internship group – total of 1200 – is in process and the programme is schedule to commence during May 2012. The programme was initially scheduled to commence in 1 March 2012. National Training projects have focused on and trained the following in terms of numbers during the quarter: Advanced Management Development Programme: 121; Computer Training: 18; EDRMS Computer Training: 45; EDRMS File Plan: 100; EDRMS Functional Training: 14; Electrical Engineering: 11; Emerging Management Development Programme: 143; Emergency Support Teams: 495; Food Services Management: 22; Heads of Correctional Centres: 236; Logis: 1181; Management of Awaiting Trial Detainees: 151; Monitoring and Evaluation: 55; Narcotics Dog Handling: 6; Occupation Directed Education and Training Development Programme: 32; Parole Board: 358; Patrol Dog Handling: 25; Plumbing: 9; Risk and Fraud Management: 15; Risk Management E-learning: 30; Skills Development Facilitation: 36. Over and above the mentioned training regions have reported functional training of 25644 officials during the quarter.
Project: Organisational culture: Diversity Management	1.4.9 Established Organisational Culture based on appropriate diversity management (Project 14.1)	Institutionalise diversity management.	Approved Diversity Management Framework.	Roll out and implementation of the Diversity Management model for DCS.	Underachieved. Diversity Management Framework Final Draft is available and being refined following wide consultation with both internal and external stakeholders including recognised labour unions and all regions.		Diversity Management Framework Final Draft is available and being refined following wide consultation with both internal and external stakeholders including recognised labour unions and all regions.

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SUB-PROGRAMME		Finance						
Measurable Objectives		To provide effective and efficient financial and supply chain management						
Outcomes	Outputs (SMART)	Performance Indicator	Target Year 1 2011/12	4th Quarter Target	4th Quarter Achievement	4th Quarter Corrective Action Steps if quarter target not met	Year to date	
Effective and efficient financial management	1.5.1 Effective financial management - Projected and actual expenditure and revenue to remain within budget (Project 11.2)	Percentage of allocated budget spent	No unauthorised expenditure.	Variance analysis report between spending plans and actual expenditure	The projected expenditure for the spending plan from January to March 2012 was R5 527,269 million versus the actual expenditure of R4 904,362 million The variance between spending plans and actual expenditure amounted to R622,907 million (R622,907 million/R5 527,269 million = 11.27%)	Reasons for variance: The approval for shifting of funds was granted by the Budget Committee on 28 February 2012 3rd quarter virement letter was approved and sent to NT on 30 March 2012	The projected expenditure for the spending plan up to March 2012 was R16 686,925 million versus the actual expenditure of R16 353,900 million. The variance between spending plans and actual expenditure amounted to R333,025 million (R333,025 million/R16 686,925 million = 2,00%)	
			Under expenditure limited to a quarter of a percent of voted funds.	Monthly IYM Submissions; Monthly IYM report to Executive Authority.	Achieved. Monthly IYM submission for December 2011 to February 2012 were compiled and submitted to NT and Executive Authority on or before the due date		Achieved	Monthly IYM submission for March 2011 to February 2012 were compiled and submitted to NT and Executive Authority on or before the due date
				Implement and monitor corrective measures taken for any projected unauthorised expenditure on a monthly basis	Achieved. No overspending of main division or vote projected No expenditure not in accordance with the purpose of vote/main division reported		Achieved	No overspending of main division or vote projected. No expenditure not in accordance with the purpose of vote/main division reported
	1.5.2 Effective procurement - Rand value of all contracts above R30 000 awarded to HDI service providers	Value of contracts awarded to HDI service providers.	80% of contracts awarded to HDI service providers. Increase in value of contracts awarded to HDI against baseline of 2009/10.	80% of contracts awarded to HDI service providers.	Achieved. The PCI System is in the process of being revamped to align it with the new revised PPPFA requirements that came into effect on 07 December 2011. NT has instructed that the capturing of contracts on PCI system must be placed on hold until further notice	Achieved	The PCI System is in the process of being revamped to align it with the new revised PPPFA requirements that came into effect on 07 December 2011. NT has instructed that the capturing of contracts on PCI system must be placed on hold until further notice. 92.17% of contracts awarded to HDI service providers as at 07 December 2011.	
Risk Management: Inadequate Asset Management	1.5.3 Unqualified audit opinion expressed by AGSA (Project 11.3)	Number of audit qualifications.	Reduce level of deficiencies using the 2010/11 AGSA report.	Updated progress on action plans (2010/11 AGSA report).	Inter-store transfers: * Inter-store transfer reports for the period January to March 2012 were submitted by all the regions. Regions were requested to rectify identified discrepancies and explain. * National Treasury has developed a LOGIS report (phase 1) to properly account for internal transfers separately. The report will be utilised in 2012/13 together with the internally developed template. * The Department is continuing with asset reconciliation, there is improvement in accounting for non-cash additions and non-cash disposals with implementation of compensating controls of the standardised template.	N/a	Inter-store transfers: * The Department consulted National Treasury to amend the following: ** LOGIS, as the deficiency was as a result of LOGIS being unable to account for internal transfers separately. ** Annual Financial Statements Framework on classification of non-cash additions and non-cash disposals to include inter-stores transfers. * The Department improved and implemented the following system of internal controls with effect from April 2011: ** A template was designed to account for non-cash additions and non-cash disposals to compensate for the deficiency of LOGIS ** Monthly reconciliation of inter-stores non-cash additions and non-cash disposals from April 2011 to March 2012	

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							** Inter-store transfers have been suspended with effect from 8 September 2011
				Updated progress on action plans (2010/11 AGSA report).	Unauthorised expenditure amounting to R483,821 million incurred in 2008/09 financial year * The R483.821 million was included in the 2012 Finance Bill which was assented to by the President on 2012 March 22 * The Department has processed the R483.821 million against the 2011/12 under expenditure	N/a	Unauthorised expenditure amounting to R483,821 million incurred in 2008/09 financial year The Department had unauthorised expenditure amounting to R483.821 million incurred in 2008/09 financial year. There was engagement with SCOPA on this matter on the 17 August 2011, SCOPA recommended to Parliament that the Unauthorised Expenditure be funded through savings from the Department's budget The matter was subsequently adopted by National Assembly on the 08th November 2011 The R483.821 million was included in the 2012 Finance Bill which was assented to by the President on 2012 March 22. The Department has processed the R483.821 million against the 2011/12 under expenditure
SUB-PROGRAMME		Central Services					
Measurable Objective		To ensure effective, legally sound, policy compliant and corruption free management of Correctional Services; and effective knowledge management					
Outcomes	Outputs (SMART)	Performance Indicator	Target Year 1 2011/12	4th Quarter Target	4th Quarter Achievement	4th Quarter Corrective Action Steps if quarter target not met	Year to date
All people in South Africa are and feel safe (output 3) Combat corruption within the Justice, Crime Prevention and Security Cluster to enhance its effectiveness and its ability to serve as deterrent against crime.	1.6.1 Improved management of litigation cases	Percentage of finalised litigation cases successfully defended by the Correctional Services.	72% success rate in all litigation	Legal advices/ opinions + contract loses. Ordinary opinions. -Motion Application. -Claims. Arbitration	Received = 173 Finalized =68 In favour DCS = 143 Against DCS =125 Pending = 596 Opinions handled: 282		74% success rate. 674 litigation cases received. 165 cases finalized: 122 in favour of DCS and 43 against DCS. 963 requests for opinion were received. 596 litigation cases were still pending as at 31 March 2012.
	1.6.2 Implementation of anti-corruption strategy	Percentage of officials charged with fraud, corruption and serious maladministration and found guilty of at least one count.	84% conviction rate.	84% Conviction rate.	100% success rate. Officials hearings finalised 20; 20 guilty and 0 found not guilty . Sanctions: Verbal Warning 2; Suspension without salary 9; Dismissal: 5 Final Written Warning: 4 Cases withdrawn: 3, Resignation: 0; Contract rescinded: 1 Total cases handled: 24		97.24% success rate. 145 official hearings finalised, 141 found guilty, 4 Acquitted. [Sanctions: Verbal Warning 2; Written Warning 3; Final Written Warning: 82; Suspension without salary 28; Dismissal 25; Demotion:1] Cases withdrawn 15; Officials resigned 2; Contract Rescinded: 1 Total Cases handled 163

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	1.6.3 Integrated ICT Systems through phased implementation of the CJS Business Information System	Creating a peering point to enable interoperability between DCS CBS and other Systems within JCPS cluster.	Baseline on levels of integration through audit.	60% IJS Peering Point Integration Audit and Implementation of APIS to 125 of 211 community corrections	Under achieved. IJS Peering Point - Integration Audit This is an IJS project. The IJS development team will start development on an End Point for DCS around May 2012. They are currently busy with the development of End Points for other JCPS Cluster Departments. RDOMS - APIS Implementation of APIS to 125 of 211 community corrections.	Service of a database administrator is required.	APIS implemented at 125 of 211 community corrections offices.
	1.6.4 Established Virtual Private Network (VPN)	% of uptime on the ICT Network	100% Readiness of Virtual Private Network	Implementation	Achieved. Pre-requisite documentations(i.e. DCS security policy, List of DCS sites, list of transversal system users and list of active directory users) were finalised and submitted to SITA. Separate DCS security VPN has been established.	100% of VPN pre-requisite phase was completed successfully.	100% VPN pre-requisite phase completed.
	1.6.5 Improve ICT/network infrastructure using international security standards (Project 13.1)	New network, consolidated servers and automated security policies	70% Functional LAN and WAN, operational data centres, automated security policies.	50% Improvement on current functionality	Under achieved. IT Infrastructure Reengineering Cabling RFQ for Brandvlei, Warmbokveld and Van Rynsdorp have been published and closed.	Security policy to be signed off. Full migration to VPN.	40% improvement on current functionality.
	1.6.6 Perceptions of crime among the population managed (Project 7.3)	Percentage of people rating Correctional Services as performing well.	A new baseline on the public rating of performance is established.	Second Quarterly survey results are delivered and reported to leadership.	The Department has subscribed to GCIS Tracker research project to determine the baseline on the public rating of DCS performance. The findings for the one quarter are available and we are waiting for the final baseline that we will in future use to determine progress or improvement. The report on a new baseline will be ready by 31 May 2012.		Findings for one quarter only available. New baseline will be ready on the 31st of May 2012.
		Numbers of stories / articles originated by the Department to set a favourable media agenda and track overall improvement.	40 own good news stories and 12 op-ed pieces are published in print and electronic media in a year.	10 good news stories are generated and published in the print and electronic media.	For the financial year (2011/12) 53 good news stories were published in various newspapers and three out of 12 opinion pieces were published. The above mentioned 53 good news stories excludes Gauteng and Free State Regions as they have not yet submitted the number of their stories.	Limited cooperation from experts/senior managers to assist in the generation of opinion pieces. A directive from the Office of the Commissioner to all CDCs to generate at least one opinion piece per quarter from branches and regions.	53 Good News stories and 12 opinion pieces published.
		Integrated Communication and Marketing Strategy (ICMS) is approved and executed.	The draft ICMS is finalised, approved and execution begun in line with targets & implementation begun.	Marking of Operation Funda key events: announcement of matric results, opening of schools and closure of Operation Vala.	The strategy was finalised in May 2011 but never formally adopted. However significant number of activities reflected in the strategy were implemented	Buy-in and approval from Executive Management and Communication budget allocation must be aligned to the strategy. A strategic session to achieve this is scheduled for June 2012.	Strategy finalised but not approved.

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	1.6.7 Enhanced regional, continental and international cooperation (Project 1.1)	Formalised regional, continental and international partnerships.	Establishment of the Southern African Corrections Forum	Establishment of the Southern African Corrections Forum.	Underachieved. Draft Joint Declaration forwarded to SADC countries for inputs. Inputs received from Mozambique on mission and objectives.	Reasons for underachievement: Under achievement was due to delays in receiving inputs from SADC countries. Interventions: Constant follow-up for inputs.	Joint Draft Declaration forwarded to SADC countries. Awaiting for inputs from SADC countries.
			Provision of secretariat for ACSA	ACSA Secretariat operationalised.	Underachieved. Draft structure designed, analysed and submitted. However, awaiting for outcomes of DCS restructuring process. Preparation for ACSA 2010 Biennial Planning meeting in progress.	Reasons for under achievement: Under achievement was due to the dependency of this task on the DCS restructuring process. Corrective measures: Engagement with Corporate services to enhance capacity. Utilise the existing capacity to provide secretariat support.	Draft structure and design of ACSA secretariat finalised. ACSA EXCO teleconference held. ACSA EXCO meeting outcomes implemented. Secretariat support provided for ACSA 2010 Biennial Planning Committee Meeting in Uganda.
			Provision of capacity building program to South Sudan	Implementation of 4th phase of capacity building program in South Sudan.	Underachieved. Engagement with DIRCO to obtain Donor funding to operationalise capacity building for the government of South Sudan on progress.	Reason for underachievement: New government only established in July 2011. Consistent engagement with DIRCO to obtain funding.	Consistent engagements with DIRCO to obtain funding.
			Implementation of MOUs with Lesotho	Implementation and monitoring of identified areas of the MOU.	Underachieved. Report finalised. However, awaiting for Needs Analysis form Lesotho Correctional Services.	Reasons for underachievement: Under achievement was due to delays in the establishment of the Joint Committee. Lesotho to expedite needs analysis for action plan to be approved.	RSA/Lesotho Joint Committee established. Meeting held with Lesotho on 06 December 2011. An action plan was developed. Report finalised. Awaiting Needs Analysis from Lesotho correctional Services.
			Implementation of MOUs with Zambia	Implementation and monitoring of identified areas of the MOU.	Underachieved. Memo for the revival of the joint committee SA/Zambia received for further consultation.	Reason for under achievement: Further clarity on the role of DCS in the MOU required. Intervention: Approval for the revival of RSA/Zambia Joint Committee.	Memo submitted for approval received. Further consultations to be held.
			Formalised Moue with City of New York	Formalised MOU with City of New York.	Achieved. Further engagement with New York took place. Declaration of intent on RSA/New York development and submitted to New York. However, awaiting feedback from New York.	Interventions: Expedite endorsement on areas of cooperation.	Declaration of Intent on RSA/New York forwarded to New York. Awaiting from New York.

PROGRAMME		SECURITY					
Measurable Objective		Prevent persons incarcerated from participating in criminal activities and escaping, by providing an environment that ensures the safety of all persons entrusted to the department's care as well as the safety of the public					
Outcomes	Outputs (SMART)	Performance Indicator	Target Year 1 2011/12	4th Quarter Target	4th Quarter Achievement	4th Quarter Corrective Action Steps if quarter target not met	Year to date

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Inmates are held in safe, secure and humane custody	2.1.1 Improved Secure and safe custody of all inmates (Project 15.1)	Percentage of inmates assaulted in correctional and remand detention facilities per year	2.48% (4 162/167 816)	Less than 0.62 (1 040) inmates assaulted.	Underachieved. 0.98% (1581/160 103)	Reasons for under achievement: Out of a total of 5284 alleged assaults 4369 (83%) were inmate on inmate assaults with 915 (17%) alleged assaults staff on inmate. Major contributing factors are high levels of frustration due to overcrowding and inmates being idle especially remand detainees. Other contributing factors include gangsterism, mind set of officials and misinterpretation with regard to the use of minimum force. Corrective measures: Measures to deal with assaults include installation of intercom system/panic buttons ,the vigorous implementation of gang management strategy, the retraining of officials on the Human rights culture and the use of minimum force, specific attention to programmes and meaningful activities for remand detainees and juveniles and the effective implementation of multi pronged strategy to reduce overcrowding	3.30% (5284/160 103)
	2.1.2 Improved Gang management (Project 4.8) (project 15.1)	Percentage of gang related violent incidents	Reviewed and implemented gang management strategy.	Baseline information on incidences of Gang Violence available	Achieved. Base line info on incidences of gang violence in 2011/2012 available . LMN-3 WC- 125 Gauteng-23 EC-175 FSNC-16 KZN- National: 342	Achieved	Reviewed Gang management strategy available in all Regions. Base line info on incidences of gang violence in 2011/2012 available . LMN-3 WC- 125 Gauteng-23 EC-175 FSNC-16 KZN- National: 342
		DCS Gang Management Unit established and implemented	DCS Gang Management Unit approved.	Submission of a budget proposal	Achieved. The unit has been approved at national level and includes representation at regional level and affected management area level. The inaugural meeting took place on 13 January 2012	Achieved	The unit has been approved at national level and includes representation at regional level and affected management area level. The inaugural meeting took place on 13 January 2012.
	2.1.3 Improved Safe custody of all inmates	Percentage of unnatural deaths in correctional and remand detention facilities per year	0.03% (50 Unnatural deaths/167 816)	0.008% (12) inmate unnatural deaths	Achieved. 0.007% (12/160 103)	Achieved	0.03% (46/106 103)
	2.1.4 Improved security of Correctional Centres (Project 15.1)	Percentage of inmates who escape from correctional and remand detention facilities per year	0.036% (60/167816)	0.009% escapes per qu	Achieved. 0.006% (9/106 103)	Achieved	0.03% (41/160 103)

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Project: Safety and Security enhancement: Security personnel establishment	2.1.5 Fully functional Access Security System	Percentage of centres with fully functional access control security turnstiles	32% 78 out of intended total of 84 correctional centres with turnstiles	Two additional systems 100% installed. 100% of electronic access systems installed at 78 correctional centres to be fully functional	Underachieved. 27%(21 out of intended 78)	Reasons for under achievement: The variance was caused by contractual problems experienced to the maintenance and replacement of out of life cycle equipment linked to the partial deactivation of the system. Corrective measures: The current maintenance contract expired and due to a lack of technical expertise within the Department an external service provider was appointed to assist DCS with the procurement of a Security specialist and a service provider for the management, maintenance and upgrading of the access control system.	27% (21 out of intended 78)
Project: Security system integrations: Integrated security technology framework	2.1.6 Implemented security technology strategy (Project 13.1)	Integrated Security Technology Strategy for department approved	Security Technology specifications developed and approved	Security technology specifications 100% developed	Not achieved. Project Managers were busy with business cases for the projects.	Reasons for non achievement: The scope of this project will be reviewed. A corporate governance structure was developed. The Chief Security office will lead on this project. Corrective measures: A workshop will be held with GITO and CDC Corrections to clarify objectives and give directions.	Project Managers busy with business cases for the projects
		Functional electronic inmate tracking system to monitor movement of offenders within correctional centres.	Functional electronic inmate tracking system approved	Functional inmate tracking system specifications 60% developed.	Underachieved. Discussion document was completed. Draft Business Case in progress as new inputs have been received.	Reasons for under achievement: Business Case has had to be reworked. Corrective measures: A workshop has been scheduled in order for the Business case to be finalised. The appointment of a Bid Evaluation and Specification will be expedited.	Discussion document completed. Draft Business Case (version 1) completed. Project Committee appointed by CDC Corrections.
		Body scanning machines utilised (Project 15.1)	Costed roll out plan approved	Role out plan approved. Budget implications registered.	Achieved. A costed roll out plan approved for implementation at identified risk centres over the next two financial years	Achieved	A costed roll out plan approved for implementation at identified risk centres over the next two financial years
		Partnership with Department of Home Affairs (DHA) to have access to AFIS for inmate identification (Project 15.1)	DCS to access AFIS	Working relations with DHA re : AFIS	Not achieved. Meeting held with DHA to form a task team to assist DCS in drafting a MOU between both Departments.	Reasons of non-achievement: Consultation with DHA is taking longer than anticipated. Corrective measures: Workshop was arranged and will take place May 2012 between the two Departments to craft a framework for the development of a MOU.	Meetings held with DHA to form a task team to assist DCS in drafting a MOU between both Departments.

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	2.1.7 Refine security policies and develop standing operating procedures (Project 15.1)	Revised Security Policy Procedures approved and implemented	Re-submit revised Security Policy Procedures for approval	Training of Area Coordinators Security	Underachieved 90% of policy procedures revised	Reasons for under achievement: The review of security policy procedures included alignment to Minimum Security Standards which took longer than anticipated. Corrective measures: The finalization of the process, approval and implementation of the revised security policy procedures were reprioritize for completion in the 2012/13 financial year	90% of policy procedures revised
PROGRAMME		Corrections					
Measurable Objective		To address the specific rehabilitation needs of persons who have been sentenced to correctional supervision or sentenced to incarceration in a correctional centre or paroled, through regular assessment and providing needs-based					
Outcomes	Outputs (SMART)	Performance Indicator	Target Year 1 2011/12	4th Quarter Target	4th Quarter Achievement	4th Quarter Corrective Action Steps if quarter target not met	Year to date
(outcome 3) All people in south Africa are and feel safe	3.1.1 Down Management of Overcrowding (Project 1.3.3)	Percentage of overcrowding in correctional and remand detention facilities	36% (42 539/118 165)	Maintain level of overcrowding at 36%	Achieved. 35.95% (42481/ 118154)	Achieved	35.95% (42481/ 118154)
	3.1.2 Improved provision of Correctional Sentence plans (assessment, profiling, classification, reclassification) (Project 2.2)	Percentage of offenders serving sentences longer than 24 months who have sentence plans	70% (71 601/102 288)	Improve baseline on approved CSPs of 2010/11 (60910) with 2672 (4.4%)	Over achieved. 93.9% (93339/ 99400)	Achieved	93.9% (93339/ 99400)
		Percentage of newly admitted offenders whose profiles/CSPs were compiled within 21 days	100% of newly admitted offenders serving sentences longer than 24 months with comprehensive profiles within 21 days	100% of newly admitted offenders serving sentences longer than 24 months with comprehensive profiles within 21 days	Under achieved. 91.2% (5678/6175)	Reasons for not achieving 100%: Comprise the shortage of staff but also the policy provision of 21 days in which profiling takes place. This means that offenders admitted shortly before the end of the reporting period may not be considered in the statistics reported. Corrective measures: This will constantly remain a challenge as, irrespective of how many days are utilized for the profiling period, there will always be an overlap between the profiling and reporting periods due to the fact that offenders are admitted on a daily basis. Target reduced in 2012/13 to 95%	89% (27577/31014)

Outcomes	Outputs (SMART)	Performance Indicator	Target Year 1 2011/12	4th Quarter Target	4th Quarter Achievement	4th Quarter Corrective Action Steps if quarter target not met	Year to date
	3.1.3 Improve delivery of Corrections Programmes (Sexual, aggression, economic, substance abuse, preparation for release, offence suffered, Restorative Justice programmes) (Project 4.1)	Percentage of corrections programmes that are provided by external service providers	73% (19/26)	73% of all corrections programmes rendered by external service providers. Total of corrections programmes = 26 (19/26)	Over achieved. 68% (19/28)	Achieved	68% (19/28)
		Percentage of offenders with approved parole dates who completed pre-release programmes	60% (14356/23921)	15% (3 588)	Over achieved. 165% (5 925)	Achieved	205% (29432)
		Offender involvement in Corrections Programmes	53% (48 929)	13.2% 12 233 Offenders completed Corrections Programmes	Over achieved. 237% (29 108)	Achieved	239% (116 716)
	3.1.4 Improved involvement of Offender in Labour (Project 5.1)	Percentage of eligible offenders with work opportunities	41% (37 379/91 487) Offender labour policy framework, with attention to women offenders access to labour opportunities, approved	41% (37 379/91 487)	Under achieved. 47% (35898/76641)	Reasons for under achievement: The target relating to specifically the number of offenders was not met. However, the average number of offenders performing labour increased by 6643 (23%) from 29255 during April 2011 to 35898 during March 2012	47% (35898/76641) Offender labour policy framework approved and implemented
	3.1.5 Mechanisms for interstate inmates transfers within SADC (Project 4.5)	Protocol on interstate transfers	Protocol on interstate transfer of offenders finalised and approved	Approval of draft protocol on interstate transfers.	Under achieved. Final inputs pertaining to Cabinet memorandum and discussion document provided to ACSA and SADC		Draft protocol submitted to DIRCO prior submission to Cabinet. Final inputs pertaining to Cabinet memorandum and discussion document provided to Branch ACSA and SADC
	3.1.6 Separate facilities for offenders with sentences less than 24 months (Project 12.1)	Number of dedicated short term facilities for offenders with sentences less than 24 months	Dedicated facilities to house offenders with sentences less than 24 months	Monitoring and evaluation to ensure compliance	Achieved. Monitoring and evaluation visits conducted in KwaZulu/ Natal. 3 Regions confirmed that a total of 1355 such offenders are incarcerated in dedicated facilities	Achieved	Monitoring and evaluation visits conducted in KwaZulu/ Natal. 3 Regions confirmed that a total of 1355 such offenders are incarcerated in dedicated facilities

Outcomes	Outputs (SMART)	Performance Indicator	Target Year 1 2011/12	4th Quarter Target	4th Quarter Achievement	4th Quarter Corrective Action Steps if quarter target not met	Year to date
	3.1.7 Establishment of the remand detention system (Project 1.1)	Operationalisation of the White Paper and provisions of the Correctional Matters Amendment Act	Draft regulations approved	Draft regulation approved by DCS executive.	Nil	Achieved	The draft regulation which were aligned with the Correctional Matters Amendment Act were developed and consulted with relevant stakeholders. They were approved by the Parliament.
	3.1.8 Effective efficient and integrated Criminal Justice System (CJS) (Project 3.3)	Reduce average length of time in remand detention from 150 to 120 days.	140 days (reduction by 10 days)	Reduction by 2,5 days (140 days)	Achieved. 96 days	Achieved	96 days data for 170865 records was utilized to calculate the average time spent in detention.
	3.1.9 Implementation of bail protocol (Project 3.3)	Percentage of eligible RDs with bail against all RDs with bail (Eligibility refers to RDs with Bail who have been charged for schedule 7 crimes for section 63A and all RDs with bail for section 63(1)	4% (941/23 534)	4% (941/23534)	Under achieved. National: 111.21% (27218/24475) E Cape: 158.83% 4228/2662 Gauteng: 131.14% 4089/3118 KZN: 92.4% 6710/7264 LMN: 106.50% 475/446 NCFS: 47.09% 566/1202 W Cape: 113.97% 11150/9783	Reasons for target not being met: The initial conceptualization of the indicator was flawed and this had an influence on the determination of baseline and the target for 2011/12. The target for 2012 was written as the 4% increase in the applications that had to be submitted to court instead of calculating the eligible RDs for 63A against those with bail. Corrective measures: Moving forward i.e., from 2012/13 onwards the indicator has been reviewed to measure the outcome of the submission of applications to court.	65% (5387/8371) On 31 March 2012 the eligible RDs for 63A applications based on schedule 7 crimes were 5387 and the total number of RDs with bail were 8276.
	3.1.10 Implemented classification system for remand detainees (Project 3.3)	Framework for Operational classification system for Remand Detainees	Framework for Operational classification system for Remand Detainees approved	Framework for Operational classification system for Remand Detainees approved.	Not achieved. Framework was developed. Draft protocol developed. Draft Classification system is being consulted internally.	Reasons for non-achievement: SAPS requested an extension to the time limits as they have not completed the classification tool. Corrective Measures: A draft tool developed which is being consulted internally. This tool will be piloted at a RDF and upon successful approval rolled out in the new financial year.	Framework was developed. Draft protocol developed. Draft Classification system is being consulted internally.
	3.1.11 Economical and cost effective management of correctional facilities.	Rationalization of correctional facilities.	Development of a costed rationalizational plan.	Develop the implementation plan (base on the approved recommendations).	Under achieved. Different models developed and submitted for consideration. Received back to rework certain models.	Reasons for under achievement: Time consuming process to project financial implications relating to the different recommended models Corrective Measures: Project prioritized to be finalised during the 1st Qtr 2012/13	Different models developed and submitted for consideration. Received back with request to rework certain models and to determine the financial implications.
	3.1.12 Audit of land allocated to DCS to maximise utilisation and increase agricultural production	Maximised utilisation of land allocated to DCS	Audit for appropriate utilisation of land allocated to DCS	Planning for land usage developed.	Land-use Total RSA 39247,9 ha - 6385,7 dry land - 2039,85 ha irrigation - 20885,05 ha natural grazing -9937,3 ha cannot be utilized for agriculture.		Land-use Total RSA 39247,9 ha - 6385,7 dry land - 2039,85 ha irrigation - 20885,05 ha natural grazing -9937,3 ha cannot be utilized for agriculture.
PROGRAMME	Care						
Measurable Objective	To ensure the personal well-being of incarcerated persons by providing various needs-based services						

Outcomes	Outputs (SMART)	Performance Indicator	Target Year 1 2011/12	4th Quarter Target	4th Quarter Achievement	4th Quarter Corrective Action Steps if quarter target not met	Year to date
Outcomes	Outputs (SMART)	Performance Indicator	Target Year 1 2011/12	4th Quarter Target	4th Quarter Achievement	4th Quarter Corrective Action Steps if quarter target not met	Year to date
	4.1.1 Provision of HIV and AIDS services and programmes (Project 5.2)	Percentage of inmates tested for HIV	23% (38 598/167816)	10 000	Achieved. 10.5% (153/ 14616)	Achieved	67409/ 158577
		Percentage of HIV positive inmates eligible placed on antiretroviral treatment	49% (18 913/38 598)	5163	Under achieved. 49% (1308/ 2684)	<p>Reasons for underachievement: Achievements vary due to the fact that offenders that are eligible for Anti-Retroviral Treatment (ART) differs on a month to month basis due to:</p> <ul style="list-style-type: none"> - Not all offenders who qualified were put on treatment because they were undergoing treatment readiness counseling as prescribed by National Department of Health (DoH) ART Guidelines. - Some of the offenders refused to take ART. <p>Corrective measures: Strengthen HIV and AIDS awareness.</p>	43% (9339/ 21883)
		Percentage of inmates with CD4 count below 350, who are on ARV treatment	92% (12 186/13 161)	92% (3586)	Under achieved. 59% (695/ 1186)	<p>Reasons for under achievement: Achievement vary due to the fact that offenders that are eligible for Anti-Retroviral Treatment (ART) differs on month to month basis due to:</p> <ul style="list-style-type: none"> - Not all offenders who qualified were put on treatment because they were undergoing treatment readiness as prescribed by National Department of Health (DoH) ART Guidelines. -Some of the offenders refuse to take ART. -Some offenders died whilst on ART readiness programme due to late presentation for admission to the program 	69% (6095/8819)
	4.1.2 Provision of Mental Health Care Services (Project 5.2)	Percentage of inmates diagnosed with mental illness and placed under treatment.	70% (1190/1760)	70% (1190/1760)	Achieved. 93.94% (1426/1518)	All inmates diagnosed with mental illness received the required treatment.	98.78% (3007/ 3044)
	4.1.3 Management of Communicable diseases, hypertension and diabetes (Project 5.2)	Percentage of inmates on medical treatment for communicable diseases, hypertension and diabetes.	8% (13425/167816)	8% (13425/ 167816)	Under achieved. 4.87% (8173/ 167816)	<p>Reasons for under achievement: All inmates diagnosed with communicable diseases, hypertension and diabetes received treatment. Not achieving the target is an indication that fewer inmates suffered from communicable diseases, hypertension and diabetes and had required treatment.</p> <p>Corrective measures: Ideal situation is that performance must be lower than the set target.</p>	5.45% (8796/ 161455)

Outcomes	Outputs (SMART)	Performance Indicator	Target Year 1 2011/12	4th Quarter Target	4th Quarter Achievement	4th Quarter Corrective Action Steps if quarter target not met	Year to date
	4.1.4 Improved Provision of Care Programmes (Project 5.2)	Percentage of offenders who participate in care programmes.	45% (75 517/167 816)	12% (75517/ 167816) 32.2%	Achieved. 104.6% (17556/ 167816)	Achieved	106.24% (178290/167816)
		Percentage of care programmes provided by external service providers.	63% (45/72)	63% (45/72)	Achieved 100% (2/2)	Achieved	100% (2/2)
	4.1.5 Provision of adequate nutrition services (Project 5.2)	Number of food service units with the required resources for the provision of food services.	Conduct baseline of status of food service units.	Compilation of comprehensive report. Submission of report with recommendations to management and relevant stakeholders.	Achieved Compiled report with recommendations to management	Achieved	Compiled report with recommendations to management

PROGRAMME Development

Measurable Objective To provide needs-based educational, skills and other development-related programmes, to facilitate the reintegration of offenders into communities

Outcomes	Outputs (SMART)	Performance Indicator	Target Year 1 2011/12	4th Quarter Target	4th Quarter Achievement	4th Quarter Corrective Action Steps if quarter target not met	Year to date
	5.1.1 Participation in Pre-ABET / Literacy tuition (Project 5.1)	Percentage of eligible offenders who participate in literacy training as stipulated in their sentence plans.	2.48% (4162/167816)	64.7% (2290/ 3542)	Not achieved. 1061 (this cannot be put in percentage form as there is no target yet for the 4th Quarter as performance for this period is linked to the target of the new financial year. For the new financial year, a baseline audit on rate of illiteracy for offenders is going to be conducted to determine rate of eligibility for participation in this programme.	Reasons for non-achievement: Rate of under/overachievement cannot be determined based on the reasons supplied. Corrective measures: None for now until the audit has been concluded .	1061
	5.1.2 Participation in ABET programmes (Project 5.1)	Percentage of eligible offenders who participate in ABET programmes as stipulated in their sentence plans.	60.9% (10 515/17 273)	64% (10936/17100)	Achieved. 65% (11118/17100)	Achieved.	65% (11118/ 17100)
	5.1.3 Participation in Mainstream Education FET programmes (Project 5.1)	Percentage of eligible offenders who participate in FET mainstream education programmes.	10.9% (4 415/40 370)	1.3% 534/39966	Achieved 2% (801/39966)	Achieved	2% (801/39966)

Outcomes	Outputs (SMART)	Performance Indicator	Target Year 1 2011/12	4th Quarter Target	4th Quarter Achievement	4th Quarter Corrective Action Steps if quarter target not met	Year to date
	5.1.4 Participation in FET College Programmes (Project 5.1)	Percentage of eligible offenders who participate in FET College programmes	13,1% (2 817/21 427)	13.1% (705/5 356)	Achieved. 16.34% (3503/21427)	Some regions established partnerships with external FET Colleges that can provide resources and that resulted in more learner enrollment. Continuous improvement on the registration of centers for NC(V) programmes.	17.05% (3655/21 427)
	5.1.5 Participation in formal education for all youth (Project 5.1)	Percentage of youth involved in formal schooling	Establish baseline on youth involvement in formal education; 6 centers registered as full time schools by Department of Basic Education	Include target for youth in formal education; 6 centers registered as full time schools by Department of Basic Education(3318/17856)=18.6%	Under achieved. 17% (3037/17856)	Reasons for under achievement. This target only caters for offenders between the ages 18-21 and once offenders are over this age , they get sent to adult centres despite the fact that they are still youth in terms of the youth policy . Corrective measures: We need to sensitize corrections that the classification of youth centres needs to be reviewed to cater for youth from ages 18-25 in line with the youth policy. This will increase the number of youth participation in formal education programmes.	17% (3037/17856)
	5.1.6 Participation in Vocational training; Basic Occupational skills training; Entrepreneurial skills training; computer skills training; (Project 5.1)	Percentage of eligible offenders who participate in skills development programmes	18.92% (7 058/37 303)	9.7% (3629/37303)	Under achieved. 9.48% (3537/37303)	Reasons for under achievement: Limited DCS voted funds for training of offenders. Shortage of Technical educationists and Artisans for the provision of Skills based programmes. Corrective measures: Engagement with the Department of Higher Education and Training to request National Skills Funds(NSF) for the training of offenders in order to augment the limited DCS voted funds. Filling of vacant skills development posts.	10.52% (3924/37 303)
	5.1.7 Improvement of the skills utilisation of offenders and enhancement of their employability. (Project 5.1)	Percentage of eligible offenders who participate in production workshop and agriculture programmes.	5% (1890) improved offender involvement in Production Workshops against the 2008/2009.	Production Workshops (2,42%) 1 890 of the 77 644 minimum and medium sentenced Offenders.	Under achieved. (Production Workshops) Average for 4th quarter is 1 630 offenders which is 9,4 below baseline. This is 2,1 % of the sentenced medium and minimum offenders (77 644).	Reason for underachieved: - Vacant artisan posts still is the major cause. - Low commitment from HCC's to avail offenders. - Artisan salary structures on OSD' s not creating a retention or attractive environment for artisans. Corrective measures: Area- and Regional Commissioners engaged during support visits to prioritize artisan posts.	The average year to date is 1 608 offenders which is 10,6% below the baseline. This is 2,07 % of the sentenced medium and minimum offenders (77 644).
		Percentage of eligible offenders who participate in agricultural programmes	2% (3138) improved offender involvement in Agriculture.	(Agriculture) (4.04%) 3 138 of the 77 644 minimum and medium sentenced Offenders	Over achieved. Agriculture average for 4th quarter is 3 192 offenders which is 3,77% above the baseline. This is 4,11 % of the sentenced medium and minimum offenders (77 644)	Achieved.	The average year to date is 3 210 offenders which is 4,35% above the baseline. This is 4,13% of the sentenced medium and minimum offenders (77 644)
	5.1.8 Establishment of the trading entity (Project 5.1)	Trading entity established	Approved business case	Trading entity establishment initiated.	Reallocated to Branch Finance. The National Commissioner, has approved that the project be allocated to the Branch Finance due to the financial expertise needed to implement the accounting system.		The National Commissioner, has approved that the project be allocated to the Branch Finance due to the financial expertise needed to implement the accounting system.

Outcomes	Outputs (SMART)	Performance Indicator	Target Year 1 2011/12	4th Quarter Target	4th Quarter Achievement	4th Quarter Corrective Action Steps if quarter target not met	Year to date
	5.1.9 Improved self sufficiency, storing and/or selling of agricultural products (Project 5.1)	Percentage of attainment of agricultural targets.	Milk production 6 793 000 liters Red meat production 561 500 kg Pork production 2 076 000 kg Chicken production 1 338 300 Egg production 1 464 000 doz Vegetable production 14 155 000 Fruit production was 562 000kg	Milk production:1 698 250 litres Red meat production:140 375 kg Pork production: 519 000 kg Chicken production: 334 575 kg Egg production:366 000 doz Vegetable production: 3 538750 kg Fruit Production: 140 625 kg	Milk production: 1 592712 litres Red meat production: 161 479 kg Pork production: 437 977kg Chicken production: 323 519 kg Egg production: 382 263doz Vegetable production: 2 558 295 kg Fruit Production: 117719kg	<p>Achieved/Under achieved,/Over achieved: Milk Production: Under achieved: FS/NC:207 790L (87,3%); KZN:167 452L (95,7%); LMN: 162 392L (72,6%); EC: 174 755L (99,9%). Over achieved: Gauteng: 410 653L (111,3%); WC:469 670 L (113,5%) Red Meat Production: Under achieved: LMN: 6 896kg (47,5%). Achieved: GAUT:26 340 kg (99,4%); Over achieved: KZN:35 067kg (105,1%); FS/NC: 27 718 kg (145,9%); EC: 21 719 kg (234,8%); WC: 43 739g (115,9%). Pork Production: Under achieved: FS/NC:52 917 kg (59%); EC: 28 630 kg (49,6%); WC: 111 561kg (81.1%); Gauteng: 123 823kg (95,6%) Achieved: Over achieved: LMN: 53 070 kg (112,9%); KZN:66 976kg (116.5%)</p> <p>Chicken Production Under achieved: Gauteng: 56 056 kg (74.7%). Achieved: Over achieved: EC: 78 524 kg (110,2%); WC: 183 467 (107,9%). Egg Production Under achieved: FS/NC:28 161 doz (93,9%); LMN: 138 358 doz (99.4%). Over achieved: KZN: 63 335doz (115,2%); EC: 65 600 doz (115,6%). WC: 86 809 doz (102,1%) Fruit Production Under achieved: EC: 0 kg (0%); KZN: -; LMN:2 874 kg (30,3%). Over achieved: Gauteng: 10 634 kg (110,4%); FS/NC: 4 072 kg (203,6%); WC: 100 139 kg (123,2%). Vegetable Production Under achieved: FS/NC:379 291 kg (65.2%); EC: 138 173kg (38%); KZN: 170 450 kg (54.5%); LMN: 484 288 kg (61,7%); Gauteng: 511 185 kg (72,3%). Over achieved: WC: 890 681kg (113%)</p> <p>Reasons for underachievement: Milk Production: Managerial challenges , i.e. regarding Artificial Insemination. Insufficient budget for purchasing replacement cows. Dilapidated infrastructure, equipments and machineries. Pork Production: Managerial problems in the piggeries in the Free state./N. Cape and Eastern Cape regions. Chicken production: It is due to problems experienced with the previous suppliers of day old chickens and break downs in the abattoir at Zonderwater. Egg production: High mortalities at Grootvlei layer project. Fruit production: It is due to the seasonality of fruit production.</p>	Vegetable production was 9 091 165 kg ,which was 64,2% of the year to date target. Red meat production was 585 090 kg ,which is 104,2 % of the year to date target. Milk production was 6 338 172 L, which was 93,3% of the target. Pork production was 1 740 243 kg, which was 83,8% of the target. Chicken production was 1 181 760 kg, which was 88,3% of the target. Egg production was 1 547 534 doz, which was 105,7% of the target.

Outcomes	Outputs (SMART)	Performance Indicator	Target Year 1 2011/12	4th Quarter Target	4th Quarter Achievement	4th Quarter Corrective Action Steps if quarter target not met	Year to date
						<p>Corrective measures: Milk Production: Monitor the implementation of Artificial Insemination. Pork Production: Training of officials during the support visits/M&E visits. Chicken Production: New contract is in place with effect from 01 Dec 2011. Abattoir machinery repaired. Egg Production: Region involve a veterinarian to assist with the problem. Vegetable Production: Work session was arranged with Regional Directors Development and Care as well as Regional Coordinators Production Workshops and Agriculture where the poor performance on vegetable production as well as interventions from these officials were discussed.</p>	
	5.1.10 Participation in Sports programmes; Libraries; Recreational programmes; Arts programmes; Culture programmes ((Project 5.1)	Percentage of offenders involved in sports, recreation, arts and culture	4% Increased Mass Participation in Sport, Recreation, Arts and Culture against the 2010/2011 baseline. Sport: 38003, Recreation: 54240, Arts 5 294, Culture: 11 540, Libraries: 17 339 Total= 126 416	1% Sport = 380 Recreation = 542 Arts = 52 Culture = 115 Libraries = 173	Not achieved. 78,39% (99105/126416)	<p>Reasons for non achievement: Participation in recreation has reduced due to registration of active participants instead of passive participants</p> <p>Corrective measures Registration of only active participants in both all programmes will give a true reflection of participation .</p> <p>Introduction of new programmes</p>	78,39% (99105/126416)
PROGRAMME		Social Reintegration					
Measurable Objective		To provide needs-based programmes and services to offenders to facilitate their social acceptance and effective reintegration of offenders into their communities					
Outcomes	Outputs (SMART)	Performance Indicator	Target Year 1 2011/12	4th Quarter Target	4th Quarter Achievement	4th Quarter Corrective Action Steps if quarter target not met	Year to date
	6.1.1 Improved affectivity of Community Corrections to reduce violations of parolees (Project 6.3)	Percentage of parolees without violations per year	76.2% (31 237/40 993)	0.57% increase in the number of parolees without Violations	79.9% (49298 / 39405)	Target exceeded	76.1% (47095 / 35819)
	6.1.2 Improved Victim Involvement Programmes (project 6.1)	Percentage of parole cases in which victims of crime make representations	2.22% (530/23 921)	2.2%	Under achieved. 2.07% (153/7368)	<p>Reasons for underachievement: Lack of transportation of victims to parole board hearings.</p> <p>Corrective measures: Current policy to be reviewed to make provision for transportation of victims to parole board hearings.</p>	2.1% (684/32827)

Outcomes	Outputs (SMART)	Performance Indicator	Target Year 1 2011/12	4th Quarter Target	4th Quarter Achievement	4th Quarter Corrective Action Steps if quarter target not met	Year to date
	6.1.3 Effective functioning CMCs and submission of profiles to CSPBs (Project 6.2)	Percentage of eligible cases considered by Parole Board	90% (41 873/46 526)	90% (10468/11632)	Under achieved. 69.42% (13463/19393)	Reasons for underachievement: Dependent on CMC functioning	75.98% (60884/80131)
	6.1.4 Capacitated and effective Parole Boards to avoid inconsistencies in the decisions (Project 6.1)	Percentage of cases considered by the Parole Board and referred to Parole Review Board	0.08% (34/41 873) Training of 53 (100%) CSPBs	Achieved. 0.08% (8.5/ 10468); Training of 12 (24.5%)CSPBs	Achieved. 0.07% (6/8526)	Achieved	0.03% (15/45842)
	6.1.5 Increased diversion of Offenders sentenced to 24 months and less to correctional supervision (Project 3.3)	Ratio of incarcerated offenders with sentences of 24 months and less to probationers	1:1.5	01:01.0	Under achieved. 1:1.5 (19124 / 12439)	Reasons for under achievement: Target was met. However, DCS has little control over this indicator as it is reliant on the Judiciary to impose non-custodial sentences	1:1.4 (19301 / 13419)
	6.1.6 Electronic monitoring system for parolees and probationers (Project 6.4)	Functional electronic monitoring system for parolees and probationers	Development of specifications and procurement	Development of solution Pilot prototype	Achieved. Training of selected community corrections officials in all regions concluded. Regional Management Briefings in 5 regions concluded.	Target was met. Roll-out of the Electronic Monitoring Pilot Project will continue throughout the regions. It is envisaged that the total of 150 offenders will be reached during the ensuing financial year.	The twelve months pilot project officially commenced on the 28th March 2012 and will run until the 27th March 2013. Eighty-nine (89) offenders were placed under EM by the 31st of March 2012.
	6.1.7 Implementation of the medical parole policy (Project 8.1)	Percentage of offenders released on medical parole	Effective Medical Advisory Board	Establishment of Medical Advisory Board	Medical Advisory Board appointed.	Reasons for none achievement: Act 5 of 2011 was only implemented on 1 March 2012	Medical Parole Advisory Board appointed.
	6.1.8 Consideration for parole of all lifers sentenced before 1 March 1994	Consideration of all offenders sentenced before 1 March 1994	Consideration of all offenders sentenced before 1 March 1994	Embedded in Departmental Operations. Completion of consideration of all Van Vuuren cases	All Van Vuuren cases have been considered: 368 decisions: Parole: 47 Day Parole: 95 Further profile: 220 Deportation: 3 Referred to mental institution: 3		100% (368/368)
	6.1.9 Halfway Houses for released offenders (project 6.5)	Framework for halfway houses and piloted half way houses	A comprehensive feasibility study on the efficiency and effectiveness of half way houses in the South African situation	Pilot Halfway Houses for women	Halfway House pilot started in Gauteng Province (Naturena). Policy Drafted and will be consulted with internal and external stakeholders.		Halfway Houses piloted. Policy drafted.
PROGRAMMES		Facilities					
Measurable Objective		Prevent persons incarcerated from participating in criminal activities and escaping, by providing an environment that ensures the safety of all persons entrusted to the department's care as well as the safety of the public					

Outcomes	Outputs (SMART)	Performance Indicator	Target Year 1 2011/12	4th Quarter Target	4th Quarter Achievement	4th Quarter Corrective Action Steps if quarter target not met	Year to date	
Outcomes	Outputs (SMART)	Performance Indicator	Target Year 1 2011/12	4th Quarter Target	4th Quarter Achievement	4th Quarter Corrective Action Steps if quarter target not met	Year to date	
7.1.1 Construction of 4 new PPP facilities (Project 10.1)	Number of new bed spaces created	0/12000 (Build new facilities through PPP)	Negotiation process	Achieved. Alternative procurement models submitted to national Commissioner			PPP Optimization Workshop held and Alternative procurement models submitted to national Commissioner	
		21.2% (956/4511)						
		Brandvlei 100% completion - 346 beds	100% complete	Achieved. 100% complete				3% progress (project was at 97% completion at the beginning and at 100% completion at the end of the financial year).
		Ceres 100% completion - 282 beds	100% complete	Under achieved. 75% complete	Reasons for underachievement: Poor performance by DPW contractor on Ceres and Vanrhynsdorp projects	Corrective measures: DPW has imposed penalties on contractors for slow progress		22% progress (project was at 53% completion at the beginning and at 75% completion at the end of the financial year).
		Vanrhynsdorp 100% completion - 328 beds	100% complete	97% complete				24% progress (project was at 73% completion at the beginning and at 97% completion at the end of the financial year).
7.2.2 Head office and regional office relocation (Project 12.2)	New Office Space	Business Case and Awarding of Tender for Head Office	Project Implementation (actual construction).	Underachieved. Tender documentation submitted to DPW for advert of tender	Reasons for underachievement: DPW has not advertised due to internal processes.	Corrective measures: National Commissioner and CDC Corrections have repeatedly engaged with DPW Acting DG to resolve the matter.	Tender documentation submitted to DPW for advert of tender	
		Business Case for LMN Regional Office relocation	Project Implementation (site briefing establishment).	Under achieved. Draft business case awaiting Regional Commissioner's approval	Reasons for underachievement: Delays due to consideration of location of new office within the 3 provinces that the region serves; availability of land (municipalities); and ownership of land (DPW).	Corrective measures: Speed up Regional Commissioners' consideration of the draft business case.	Draft business case completed	
		Rental of office for relocation of KZN Regional Office outside of Management Area.	Regional Office relocated to rented premises	Achieved. Repair of alternative space 80% complete; Business case for construction of office underway	Target achieved as the region took an alternative route to procure office space by securing a government building and repairing the building for office space. .Region is still busy with the draft. The business case for phase 2 (building of additional office space as the current building that is been repaired can only accommodate SMS personnel only). Will be given urgent attention.	Region took an alternative route to procure office space by securing a government building and repairing the building for office space.		

Outcomes	Outputs (SMART)	Performance Indicator	Target Year 1 2011/12	4th Quarter Target	4th Quarter Achievement	4th Quarter Corrective Action Steps if quarter target not met	Year to date
	7.2.3 Upgrade of facilities for improved service delivery	Percentages of centers appropriately equipped for White Paper delivery	Construction of nodes for IT servers; Implementation of the short-term target based on IT's business case.	Nil. Nodes no longer required	N/A	N/A	N/A
			Repair and Renovation - Brandvlei Max (upgrade for OHS Act Compliance)	Completed Documentation (DPW)	Achieved. DPW issued with instruction to scope the repair work	Achieved.	DPW issued with instruction to scope the repair work
			Replacement of Juvenile at Leeuwkop as part of the new 3000-bed correctional centre	Completion of feasibility study and continuation of site clearance. Business case approved by National Commissioner	Achieved. Business case approved by National Commissioner	Achieved.	Business case completed and approved by National Commissioner
			Audit of Compliance of infrastructure	22 additional facilities audited	Achieved. 22 facilities audited	Achieved.	22 facilities audited
			Building of school facilities	Norms development, pre-planning and site investigation by DPW. (New education facilities completed at Ceres Warmbokkeveld and Vredenburg)	Under achieved. Business Case submitted to National Commissioner by Development and Care		Business Case submitted to National Commissioner by Development and Care
			Gauteng Women's Centre	Site investigation by DPW. Approved business case	Under achieved. However, awaiting approved from Region		Business case not submitted by Region
			Workshop capacity	Norms development, pre-planning and site investigation by DPW.	The business cases developed by Development and Care has not been approved for the four workshops that has been identified. DPW can only be engaged after approval.		Business case not approved

Approved/Not Approved

TS Moyane
National Commissioner

Date