



planning, monitoring
& evaluation

Department:
Planning, Monitoring and Evaluation
REPUBLIC OF SOUTH AFRICA



FRONTLINE MONITORING & SUPPORT PROGRAMME

INTEGRATED ANNUAL OVERVIEW REPORT

**IMPLEMENTATION OF MTSF OVERSIGHT MONITORING
ACTIVITIES**

2022-2023 YEAR

APPROVED: 

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*"Thuma
Mina!"*

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ABBREVIATIONS

CCTV	Closed-Circuit Television
COGHSTA	Cooperative Governance, Human Settlements and Traditional Affairs
DDM	District Development Model
DPME	Department of Planning, Monitoring and Evaluation
DOH	Department of Health
DPP	Director of Public Prosecutions
DSD	Department of Social Development
DTIC	Department of Trade, Industry, and Competition
FCS	Family Violence, Child Protection and Sexual Offences
FOSAD	Forum of South African Director Generals
GBVF	Gender Based Violence & Femicide
ICT	Information and Communications Technology
KZN	KwaZulu-Natal
M&E	Monitoring & Evaluation
MOU	Memorandum of Understanding
NGO	Non-Government Organization
NPA	National Prosecuting Authority
NSPGBV&F	National Strategic Plan on Gender-based Violence and Femicide
OTP	Office of the Premier
PED	Provincial Education Department
SAPS	South African Police Service
SITA	State Information Technology Agency
SLA	Service Level Agreement
STATSSA	Statistics South Africa

TCC Thuthuzela Care Centre
VFR Victim Friendly Unit



EXECUTIVE SUMMARY

The Frontline Monitoring and Support (FM&S) programme of the Department of Planning, Monitoring and Evaluation (DPME) monitors service delivery to citizens at the interface between the State and the public, the programme assesses compliance to service delivery standards, and it verifies the implementation of service delivery initiatives across government.

During 2022/2023 financial year, the FM&S Programme undertook various monitoring visits that focused on the priorities as set out in the MTSF 2019-2024, and refined in the ASP 2022. Focus areas included the finalisation of the COVID-19 Vaccination roll-out programme, the roll-out of the Ideal Clinic Realisation Model, Disaster relief measures (as implemented in NW, EC, and KZN), Gender-based Violence intervention services, verification of the SAFE Schools Programme and Executive oversight monitoring.

The FM&S programme utilises mixed methods to conduct oversight monitoring and reporting. These include (i) standardised questionnaires used to gather information from staff and management at facilities, (ii) facilitates the recording of monitor observations (iii) Citizens and community stakeholders (such as School Governing Bodies, Clinic Committees, and traditional authorities) are engaged through focus group to obtain their perspectives on service delivery matters.

The programme also supported several Executive Monitoring activities where the President, Minister in the Presidency, Deputy Minister in the Presidency, and the Director General of the DPME held oversight facilities and community engagements.

Although each monitoring focus area surfaced unique challenges, cross cutting issues include (i) inadequate resourcing (human and financial), (ii) non-implementation of agreed upon service delivery improvements, (iii) inadequate contract management (where service providers do not complete activities as per the contracts), (iv) persistent challenges with water and electricity supply, or back-up installations, and (v) inadequate citizen consultation and participation.

Therefore, this report details the activities undertaken during the reporting period, findings and proposed recommendations. A consolidated list of the challenges experienced and recommendations made is attached as Annexures A and B.

PART A

1. INTRODUCTION

The Frontline Monitoring and Support (FM&S) Programme of Department of Planning, Monitoring and Evaluation (DPME), in partnership with Offices of the Premier (OTPs), monitors service delivery across the country. Public services are the interface of citizen interaction with government, and thus, a critical element in determining citizen's satisfaction and level of trust in government services.

The primary objective of the FM&S programme is to build a capable state characterised by the capacity to respond to experiences, interests, and needs of communities, by cultivating and enhancing the citizen-government interface. This is in line with the National Development Plan's (NDP) emphasis on the State to facilitate active citizenry and participation. To do this, the MTSF commits government to focus on obtaining citizens feedback to drive improvements in service delivery, and ensuring that existing mechanisms for citizen's participation are used effectively.

Nonetheless, government has acknowledged that there is an existing gap in coordination of service delivery interventions, alignment of budgeting and planning across the three spheres of government. To address this, the sixth administration approved the development and implementation of the District Development Model (DDM), which seeks to harness coordination in the development and implementation of One Service Delivery Plan and One Budget with implementation aligned to the district spatiality. In response to the above, the DPME adjusted its monitoring systems, including frontline monitoring, to accommodate this shift and any other emergency interventions at country level e.g. Disaster Relief Plans.

Given the role of FM&S in building a capable state, the complexities in policy implementation identified through project-based monitoring will be shared through a series of documented monitoring findings from various provinces.

In the 2022-23 financial year, the programme planned to deliver on the following:

Table 1: Summary of FM&S Monitoring activities for 2023/2024

Q1	<ul style="list-style-type: none"> • COVID-19 Vaccination Programme: <ul style="list-style-type: none"> - Feedbacks and escalations - Close-out Report • SEZ/IP: <ul style="list-style-type: none"> - Feedbacks - Improvement planning (task team formation) - Status quo on outstanding sites/facilities • SAFE Schools Initiative: Feedback and Improvement <ul style="list-style-type: none"> - Onsite monitoring (MP (20), NW (20) and FS (20) = 157) • Disaster Management: KZN, EC, NW and NC • Executive Monitoring (DDM) + Local Government <ul style="list-style-type: none"> - Improvements planning monitoring (2021/22 Executive visits) - SONA Commitments 	<ul style="list-style-type: none"> - Draft JAP - JAP Approval 	<ul style="list-style-type: none"> • GBV&F: <ul style="list-style-type: none"> - Feedback and improvements • SEZ/IP: <ul style="list-style-type: none"> - Improvements monitoring / verifications - Food Security: Planning / Conceptualisation • Ideal Clinic Verification (NHI): <ul style="list-style-type: none"> - Onsite monitoring (WC, FS, MP, KZN = 110) • SAFE Schools Initiative: <ul style="list-style-type: none"> - Feedback and improvements planning / verifications • Disaster Management: KZN, EC, NW and NC • Executive Monitoring (DDM) + Local Government <ul style="list-style-type: none"> - Improvements monitoring (2021/22 Executive visits) - SONA Commitments • District Development Model <ul style="list-style-type: none"> - Public Service Month (Monitoring Activities) 	<ul style="list-style-type: none"> - JAP Mid-year Review Session 	Q2
Q3	<ul style="list-style-type: none"> • Ideal Clinic Verification (NHI): <ul style="list-style-type: none"> - Onsite monitoring (LP - 18 & NC – 18 = 36) • GBV&F: <ul style="list-style-type: none"> - Onsite Monitoring (aligned to 30 SAPS Hotspots) – verifications to previous sites • Disaster Management: (KZN, EC, NW and NC) Improvements monitoring / verifications • SEZ/IP: <ul style="list-style-type: none"> - Improvements monitoring / verifications (Atlantis SEZ) • Executive Monitoring (DDM) + Local Government <ul style="list-style-type: none"> - Reporting and verification - SONA Commitments • Food Security / Agro Processing (not done) 	<ul style="list-style-type: none"> - Review JAP Activities 	<ul style="list-style-type: none"> • SEZ/IP: <ul style="list-style-type: none"> - Improvements Monitoring / verifications (Atlas) • Disaster Management: (KZN, EC, NW, FS) • Executive Monitoring (DDM) + Local Government • Access to Basic Service Delivery: <ul style="list-style-type: none"> - Provision of emergency and temporary services to informal settlements (Khayelitsha COVID 19 informal settlements) • District Development Model (Eastern Seaboard - New Coastal City, Fezile Dabi Youth Expo) • Annual Planning & Review Workshop (15 Feb 2023) • Planning Roadshow 2023/24 (KZN, WC, EC, LP, GP, FS, NC, NW) and MP (Postponed) • Reporting 	<ul style="list-style-type: none"> - Annual Review Session / Annual Workshop 	Q4

2. BACKGROUND

The first iteration of the FM&S Programme, what was known as Frontline Service Delivery Monitoring, commenced in 2011, and is implemented through an integrated approach in the application of its interventions: (i) executive monitoring, (ii) community-based monitoring, (iii) Presidential Hotline, and (iv) facility-based monitoring. Despite the differences in methodology used, the fundamental monitoring principles of onsite monitoring (announced and unannounced), communication of findings, facilitating improvements with stakeholders, advocacy for citizen’s participation, implementation of improvement plans and site verification processes, are cross cutting.

The FM&S programme continues to promote a progressive monitoring model with emphasis on collection of primary data from sites, and the facilitation of improvements in a developmental manner, through multi-stakeholder engagements. The ultimate goal is to encourage compliance to service delivery norms and standards, facilitate policy or programme reforms by providing factual evidence, and further promote a culture of self-monitoring across government.

3. PURPOSE OF REPORT

This report seeks to:

- i. Share monitoring insights for 2022/ 2023 Frontline Monitoring findings from projects and sites visited in the first two quarters;
- ii. Share critical implementation challenges faced by implementing sectors at a site level; and
- iii. To table recommendations made to Sectors per project monitored.

4. METHODS OF DATA COLLECTION

The monitoring was conducted utilising standardised questionnaires, each focused on the area being monitored. Three sources of data were assessed across all the projects: (i) monitor observations, (ii) staff interviews, and (iii) citizen engagements. Staff were interviewed to understand systemic challenges they may face in providing services, as well as providing evidence of compliance. Monitor observations were done to assess visible compliance to standards and/or regulations. Citizen engagements were done individually (one-on-one interviews, such as during the Ideal Clinic Monitoring) or in group format (focus groups, such as the School Governing Bodies during the SAFE School project).

The data collected was submitted onto an online platform that also facilitated rudimentary analysis. More detailed analysis was done on specific indicators / questions utilising MS Excel.

PART B

5. SUMMARY OF OVERSIGHT MONITORING FINDINGS

The DPME, as custodian of government-wide planning, monitoring and evaluation, is responsible for reporting to the Presidency and Cabinet on government's response to the disasters (such as the COVID-19 health pandemic, and floods), service delivery performance, and impact of the goals set out in the localised MTSF, and citizens experiences.

In supporting the priorities of the department, the monitoring conducted by the programme in 2022-2023 financial year focused on six (6) priority areas: (i) COVID-19 Vaccination project, (ii) Sanitation Appropriation for Education, (iii) Gender Based Violence, (iv) Administrative and technical support to the Executives on their oversight monitoring, and (v) Disaster Relief Management, and (vi) IDEAL Clinic Realisation. Below is a summary of findings as per the interventions achieved in the last two quarters.

5.1 Education

DPME in collaboration with the OTPs conducted a case study in hundred and fifty-nine (159) schools in six provinces, mainly (i) Eastern Cape, (ii) KwaZulu-Natal, (iii) Free State, (iv) Limpopo, (v) North-West, and (vi) Mpumalanga. Whilst the DPME initiative focused mainly on assessing progress on the delivery of appropriate sanitation and infrastructure improvements in public schools, other education related issues are reported too. The sampling considered the following elements: prioritisation of provinces where there is a backlog in terms of eradicating inappropriate infrastructure. The selection of schools also included a fair distribution of those where DBE reported progress, type of sanitation that the school had, and changes after SAFE intervention. At the point of selecting schools DBE reported a total number of 2 315 schools that had progressed towards completion with 1 098 schools still not done.

Below is a table indicating the areas and number of schools visited in Provinces:

Table 2: Monitoring coverage of SAFE Schools across six (6) Provinces

Province	DBE District	Number of Schools visited	Date of visit
Eastern Cape	BCM, Amatole West, Chris Hani West, Chris Hani East	25	14 – 18 February 2022
KwaZulu-Natal	Harry Gwala, Amajuba, King Cetshwayo, uMgungundlovu	24	14 – 18 February 2022
Limpopo	Vhembe, Capricorn, Mokopane East, Sekhukhune	24	14 – 17 February 2022
Free State	Thabo Mofutsanyane	31	16 – 20 May 2022
North West	Bojana, Dr Kenneth Kaunda, Dr Ruth Segomotsi Momputi, Ngaka Modiri Molema	32	16 – 20 May 2022
Mpumalanga	Nkangala, Ehlanzeni, Gert Sibande	23	23 – 26 May 2022
Total:	159		

The schools visited are a subset of the schools identified by DBE as in progress or completed. All 159 schools monitored were found operating within the DBE teaching norms. Significant improvements on the sanitation facilities were noted in all schools visited despite challenges of contract management and the poor quality of work in provinces such as KZN. It should be noted that educators and SGBs acknowledged the improvements even though they had concerns with the reduction of the number of toilet cubicles as compared to the pit structures.

The schools had minimum required teaching and learning material even though the team observed shortage of textbooks, stationery, and educators for critical subjects in some of the schools. All 159 schools have elected SGBs. Although SGBs received orientation and training after they were elected, it was apparent that in some schools regular training is required so that all members can fully understand their roles and responsibilities in facilitating the effective and smooth functioning of the schools. All schools have access to water, provided either by the municipality, boreholes or rain harvesting (JoJo Tanks). However, challenges of municipal water disruption were noted in schools situated in rural areas of EC, LP, MP and KZN. In addition, safety

and security in schools remain an area of improvement across all six provinces to reduce the vulnerability of schools to vandalism and theft.

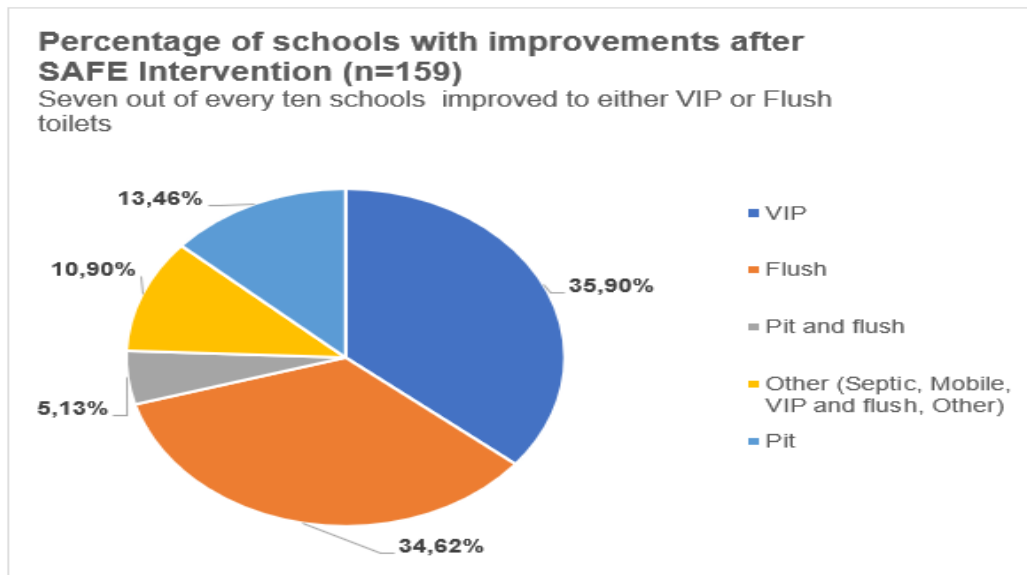


Figure 1: Improvements in sanitation after SAFE intervention

There have been notable improvements resulting from the implementation of SAFE project. 35,90% visited schools migrated from pit to VIP; 34,62% to flushable toilets; 10,9% to septic/mobile/others; 5,13% use pit and flush. However, 13,46% schools in provinces such as EC, KZN, FS, LP are still using inappropriate sanitation facilities.

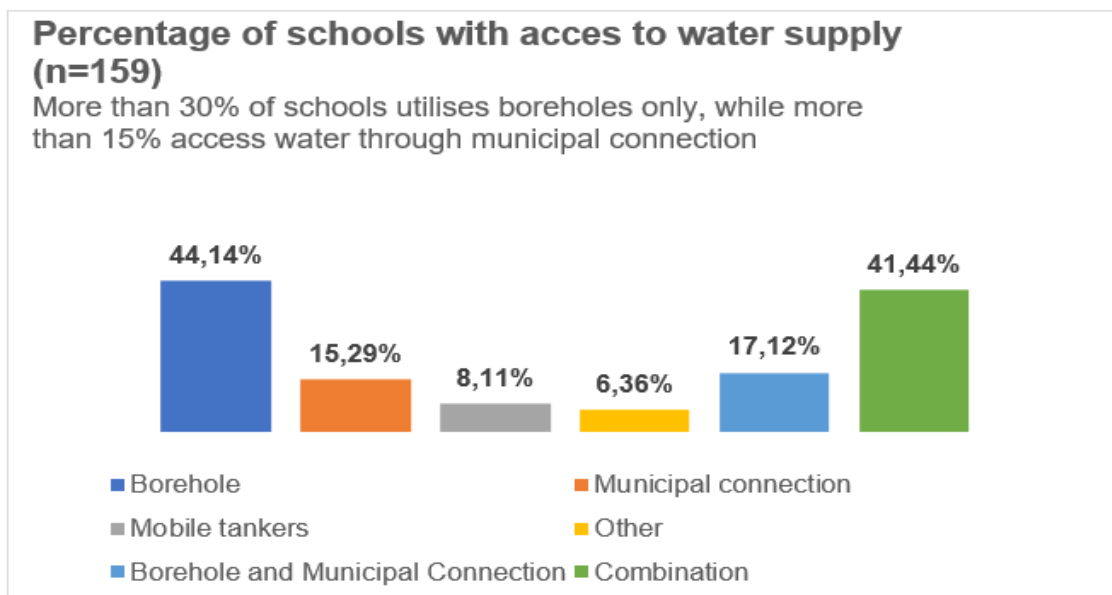


Figure 2: Provision of water in monitored schools

More than 44,14% of schools access water through boreholes while 41,44% utilize both boreholes, JoJo tanks and municipal connection. A small percentage of 6,36% had no reliable access to water supply. These schools source water either from the river, community water taps and water donated by community members or parents.

5.2 Engagement with school governing boards

During monitoring, most schools had appointed full member SGBs except for Clydesdale JSS, Hlanzeni PS and Nyenyezi PS (KZN) where there were vacancies. All SGB members were trained mostly by the school management on roles and responsibilities. However, during the engagements, the SGB members generally showed lack of understanding on the roles and responsibilities which directly affected their functionality. Nonetheless, in provinces such as FS, EC, and MP, SGBs appeared to be very involved in school governance matters. In many schools, SGBs confirmed their involvement in school finances, even though fundraising efforts seemed to be very minimal. However, a general concern was raised that many parents do not support schools except, attending meetings.

With regards to school functionality, the SGBs highlighted the following common challenges (i) deteriorating building infrastructure, (ii) shortage of classrooms, (iii) late delivery of stationery and insufficient textbooks, (iv) lack of internet connectivity, (v) budget cuts by DBE, (vi) constant school vandalism, (vii) shortage of scholar transport for learners, (ix) poor road infrastructure leading to schools, and (x) substance abuse by learners especially, in Senior Secondary Schools. The SGBs further indicated a good relationship between the school, parents and communities.

5.3 Lessons learnt

- i. There was no clear communication between the Circuits / Districts and the schools regarding implementation of the SAFE project, including specifications;
- ii. Inconsistent site monitoring resulted in situations where some of the construction work was partially completed;
- iii. Educator Assistants play a crucial role: it is important for the DBE to communicate that they should not be used as teachers especially where there are teachers' shortages;

- iv. The current model used to allocate teachers badly affects small schools, in particular making it difficult for these schools to function effectively;
- v. There is still a gap in training of SGBs to ensure effective functionality, especially in rural schools. Schools with active and functional SGBs proved to have fewer challenges;
- vi. Long travelling distance between schools, and poor road infrastructure, had a negative impact on efficiencies.

5.4 Cross cutting challenges in monitored public schools

- i. Provision of new ablution facilities: There was no proper communication between the Circuits / Districts and the schools regarding implementation of the SAFE project, including specifications and delivery timelines. Continuous on-site monitoring lacked at project sites, resulting in poor workmanship and incomplete construction in some provinces.
- ii. Lack of Safety and Security: Break-ins and vandalism are concerning because government property is destroyed and at times stolen. Lack of investment in safety and security in schools results in theft, and at times, incidences of violence.
- iii. Shortage of Teaching and Learning Material: Late delivery and shortage (textbooks and stationery) of learning resources affected most monitored schools. Delays in filling of vacant posts creates a gap in teaching and increases teacher: learner ratios. Lack of support for learners in need of placement in special schools and limited availability of such schools in EC and LP. Non-provision of library and nutrition centres resulted in school's conversion of classrooms to cater for such needs. High level of substance abuse and teenage pregnancy in Secondary Schools remain a concern.
- iv. Dilapidating building infrastructure: While schools have received new ablution facilities, classroom infrastructure appeared to be dilapidated with no proper maintenance.
- v. Lack of Access to Basic Services: There are schools still operating without access to water and electricity in KZN and LP such as Hlanzeni PS, Ntanyeni PS (KZN). Poor road infrastructure continues to limit access to schools, especially those situated in rural areas.

5.5 Recommendations

- i. It is recommended that the DBE and Provincial Education Departments (PED) note the monitoring results and devise mechanisms to address the identified gaps.
- ii. DPME will share the list of where sub-standard work was observed in building sanitation infrastructure, and provinces working with DBE need to develop plans on how to rectify this situation with dates.
- iii. Enhance communication and transparency between the provincial DBE / Districts and targeted schools regarding the implementation of SAFE project.
- iv. DBE is advised to engage PEDs and District Offices on maintenance and aftercare of ablution facilities prior to the hand over. There should be clear maintenance guidelines for the schools and framework to monitor the implementation thereafter.
- v. DBE is advised to conduct an evaluation study and determine the impact of Assistant Educators in schools, as they seem to be valuable and play a crucial role in creating a conducive environment for teaching and learning;
- vi. PED's are encouraged to continue working with parents and communities in seeking workable solutions towards improving safety and security in schools, and.
- vii. Based on 2018 National Learner Transport Programme evaluation recommendations, the DBE and Department of Transport to consider a review of policy to address challenges raised in the evaluation report, including budgeting. A plan with timeframes on policy review and implementation of the recommendations should be developed.

Regardless of the persistent challenges in visited schools, DBE should be commended for its endeavours in restoring dignity of learners and staff in previously disadvantaged communities. The DPME and OTPs will continue to monitor the implementation of such intervention plans and verify progress.

6. HEALTH

6.1 Ideal Clinic Realisation Model Verification Monitoring

Government's accelerated efforts towards realising the full implementation and rollout of the National Health Insurance (NHI) prompted the DPME-FM&S programme to conduct onsite visits to various facilities in six (6) provinces to verify the status of clinics identified as "Ideal", and further verify results produced through the peer-review process which qualified targeted clinics to the Ideal Status. The verification was conducted using structured monitoring tools categorised into different focus areas aligned to the Ideal Clinic Realisation Model (ICRM).

The administration of the data collection instruments enabled data engagement with (i) facility management (formal interviews), (ii) Monitor Observations (monitor taking a walk about around the facility to verify visible adherence to delivery standards, and to collect the necessary supporting photographic evidence); and (iii) Citizen Engagements (dialogue with citizens to determine the level of satisfaction with services provided by the clinic).

A total of 146 clinics were monitored in six (6) provinces (Free State, KwaZulu-Natal, Limpopo, Mpumalanga, Northern Cape, and Western Cape) in 2022/2023 implementation year.

6.2 Monitoring Focus Areas

The verification of the ICRM focused on verifying the standard areas of the model centered the following: (i) Administration, (ii) Integrated Clinic Service Management, (iii) Medicine Supplies and Laboratory Services, (iv) Human Resources for Health, (v) Support Services, (vi) Infrastructure, (vii) Health Information Management, (viii) Communication, (ix) District Health System Support, and (x) Implementing Partners and Stakeholders.

Waiting times in clinics (n=146)

More than 9 out of every 10 clinic monitored displayed and adhered to the national waiting time of no more than 3 hours

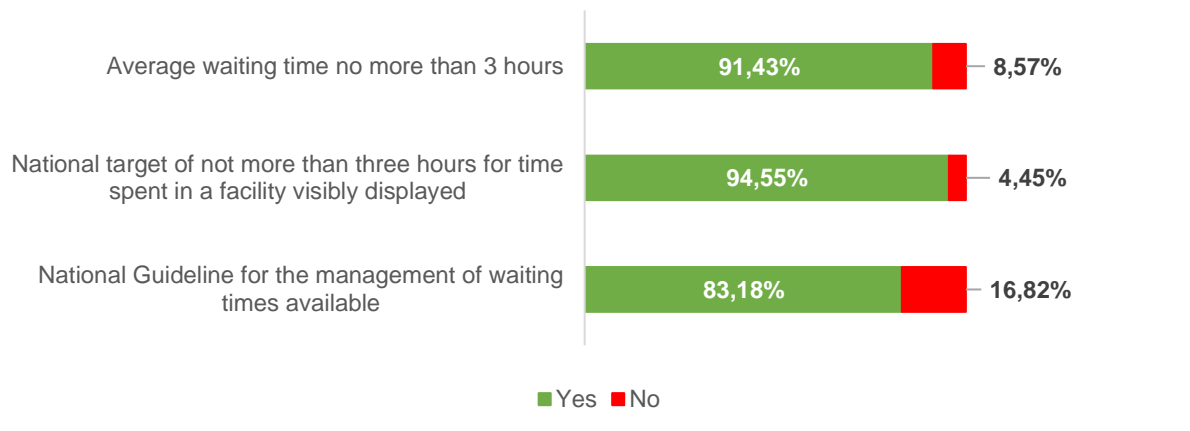


Figure 3: Waiting times in clinics monitored

On average, clinics performed well in terms of the display and adherence to waiting times, with citizens confirming during interviews that they didn't wait too long to be assisted.

Availability and management of medicines (n=146)

Nearly 40% of sites had expired medicines on their shelves, but more than 90% had all the tracer medicines available

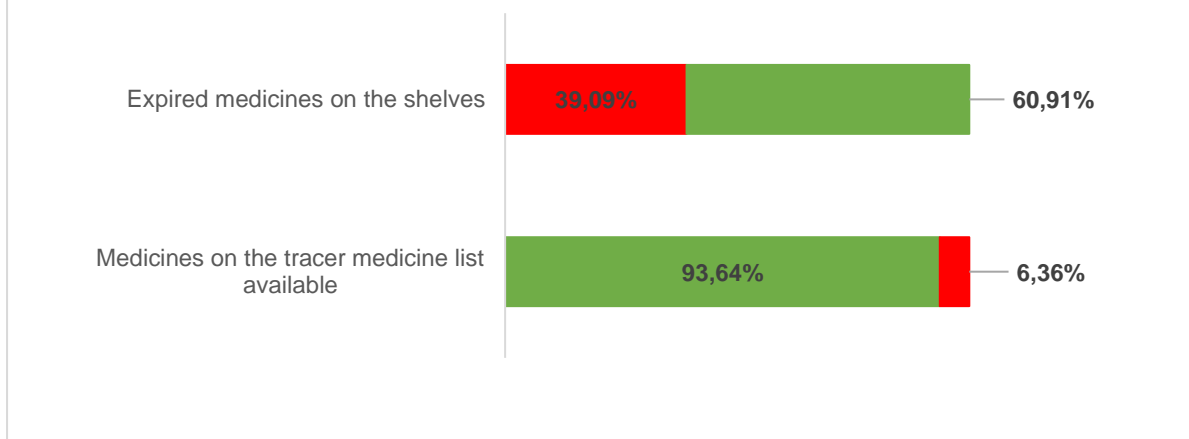


Figure 4: Availability of medicines

Although most clinics had all the required tracer medicines available, nearly 40% had expired medicines on their shelves.

Average overall Patient Experience of Care Survey of 80% (n=146)

One out of every five clinics did not obtain 80% overall in the Patient Experience of Care Survey

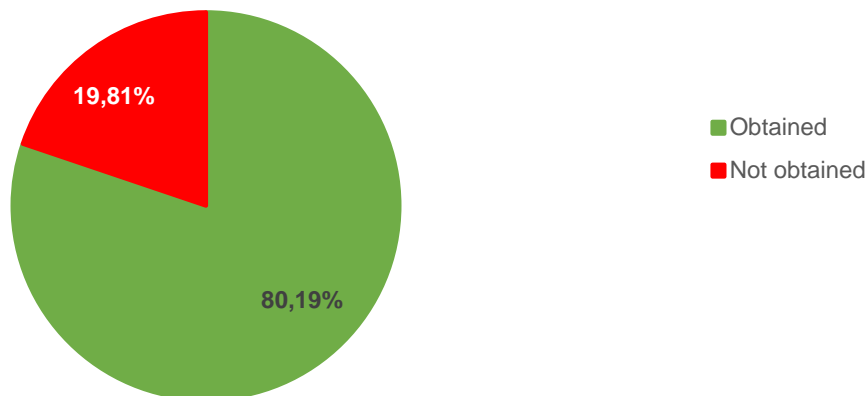


Figure 5: Patient Experience of Care

Every four out of five clinics achieved an overall score of 80% or above in the Patient Experience of Care Survey, indicating generally good patient care practices.

6.3 Cross Cutting Challenges

- i. In most clinics the staff establishment is not in line with the determined workload, resulting in staff shortages.
- ii. Some of the clinics' spaces are too small and does not accommodate all services and staff. This include issues of poor infrastructure maintenance.
- iii. Most of the facilities do not have backup system for emergency during water and electric interruptions.
- iv. Most of the facilities do not have proper lockable waste storage areas and weaknesses in contract management; for example, Tjakastad clinic was found not to have a proper waste storage facility, thus posing a serious health risk to the staff, patients, and children.
- v. Shortage of Ambulance services and proper life support equipment in some areas, particularly in more rural communities.
- vi. Several facilities are non-compliant to safety regulations (No fire and/or electrical certificates), especially in Vhembe District (LP).
- vii. Doctors do not visit clinics as per the schedule, compromising patients access to primary health services.
- viii. There are delays of the issuing of clinic committee's appointment letters from the provincial offices of the MEC.

- ix. A number of clinics visited in Pixley Ka Seme District (NC) have security challenges as there are no 24hr security guards.

6.4 Recommendations

- i. Facilities should be supported with additional clinical staff to alleviate service delivery delays signified by the long queues.
- ii. There is a need for DoH to review and amend employment strategies to attract and retain clinical staff especially Certified Nursing Practitioners (CNP's) in rural areas.
- iii. Mitigate infrastructure challenges in clinics and revamp older clinics (e.g. Khayaletu, Lawaaikamp, Rosemoor, etc.), as this impact accessibility and service delivery turn-around times.
- iv. There is a need for DoH to ensure optimal safety and security arrangements in clinic facilities to ensure safety of patients, staff, and State resources.
- v. The DoH is encouraged to ensure that all facilities have proper waste management and removal services as per the sector standards.
- vi. Improvement of patients waiting times and ambulance services remains as areas for DoH to prioritise to ensure provision of better services to citizens.
- vii. Support and maintain positive community relations by finalising the appointment of Clinics Committees; and
- viii. Key transversal improvements be integrated into the district and where necessary the departmental Service Delivery Improvement Plan (SDIP).

7. COVID-19 VACCINATION

Between the 16th of August and the 03rd of September 2021, DPME and Offices of the Premiers continued to monitor the rollout of COVID-19 vaccine project across the nine provinces, targeting 111 vaccination sites (government and non-governmental medical facilities). In November 2021, the monitoring exercise was expanded with more focus on assisting government in determining the perceptions associated with vaccine hesitancy in communities. This was done through a Rapid Assessment study undertaken from 08 November 2021 to 31st March 2022. Five provinces were prioritised, namely, Gauteng, KwaZulu- Natal, Mpumalanga province, Northern Cape, and North West; covering Local Municipalities across Metros and Districts.

Below is a summary of monitoring results from the above-mentioned provinces.

7.1 Cross cutting challenges

In relation to vaccine hesitancy, the evident declining number of citizen's vaccine uptake might ultimately result in wastages (doses / expired vaccines) and citizens' complaints who could be turned back due to sites not wanting to open new vials. Low turnout of the clients who are eligible to be vaccinated is a challenge as it makes it difficult to prepare sufficient vials while also avoiding wastages of doses. Due to vaccine hesitancy and misleading information, members of the community are resorting to buying the vaccine certificates without being vaccinated; this conduct was noted in the WC and GP.

During the visits, the majority of clinics and pharmacies providing vaccinations were under severe pressure due the small buildings they find themselves in. As a result, lack of adequate waiting space was observed, except for where the vaccine sites operated from community halls. A lack of appropriate resuscitation rooms was observed. Some vaccination sites had infrastructure challenges affecting the running of vaccination sites. Human resources also remained a challenge in monitored facilities, for example, sites that had to conduct Outreach were either closed on vaccination day or left with few staff members to continue servicing citizens. Outreach programmes are allocated sufficient number of staff on paper but the actual staff working on the day of the visit are often limited.

Challenges were noted in relation to the EVDS appointment system with slots being opened by facilities on the system but appointments not being scheduled. This compromised proper planning by facilities. In addition, weaknesses in planning and coordination on delivery of vaccines resulted in long waiting times for citizens and frustration of vaccinators, particularly where private transportation had been arranged by the sub-district. Inconsistency in opening times and days by vaccination sites, as well as incorrect information in relation to launched vaccination sites compromised the targeted numbers and implementation of the programme.

On issues of safety, the withdrawal of security services in escorting pharmacists during collection of vials from one facility to the other posed a security risk. Lastly, lack of knowledge by citizens on private sector / medical aid contributions resulted in insured

citizens complaining of being charged at private vaccination facilities. Inconsistency in informing clients about the side effects of vaccines came out as a major concern. Some facilities were not servicing clients but instead referred them back to the sites where they obtained their first jab; this discouraged citizen and compromised their convenience.

7.2 Lessons learned

- i. Planning and coordination remains a challenge; while the rollout at outreach sites is commendable, there is a risk of delay in terms of vaccines reaching sites which consequently results in citizens long waiting times.
- ii. The vaccine hesitancy has negatively impacted the country's goal of reaching herd immunity numbers. The low turnout of citizens to take the vaccine mostly is a result of lack of communication and misleading information about the vaccine.
- iii. The active involvement of ward councillors had resulted in a high turnout of citizens to take vaccine in areas such as Kanonkop Cricket Club Hall (MP).
- iv. Private sector seemed more advanced on using technology in their pharmacies as compared to public facilities and these were able to use limited human resources efficiently.
- v. Good working relationships between health facilities, private sector and other key stakeholders would improve the resourcing of the vaccination project, for example, the South African National Defence Force had supplied Barberton Hospital (MP) with a tent, and Impungwe Hospital agreed with Thungela Mine for the supply of two tents for waiting areas.

7.3 Recommendations

Acknowledging the work already done by DoH in trying to address the above-mentioned challenges, despite the fact that the vaccination programme has subsided, the following is recommended:

- i. In future, the location and size of private sites to assist government should be considered before launching any public health related programme, and ensure availability of required equipment to support the delivery of services.

- ii. The sub-district, where they have a role to play, should be supported with sufficient human resources and tools of trade in line with the population expected to be served.
- iii. DoH at a provincial level needs strengthen records management to ensure that correct and updated patient statistical information is kept at the facility level.
- iv. Emphasize the importance of communicating possible side effects for any vaccination/ immunisation at a facility level by healthcare professionals as part of government's effort to deal with perceptions that can lead to hesitancy.
- v. With the national vaccination programme subsidised it remains important for DoH to continue intensifying communication and awareness on the need for all eligible citizens to register and undergo the vaccination process.

8. GENDER-BASED VIOLENCE

In 2022, DPME-FM&S programme, together with OTPs continued to monitor GBV&F sites in the Eastern Cape, KwaZulu-Natal, Mpumalanga, and North West. The visits mainly focused on the South African Police Services' Victim-Friendly Rooms (VFRs), Thuthuzela Care Centres (TCCs), and Khuseleka One Stop Centres. These visits were substantiated by feedback sessions and improvements monitoring activities.

Amongst other things, the purpose of the visit was to assess the roll-out of the National Strategic Plan on Gender Based Violence and Femicide (NSPGBV&F) by collecting primary data informed by the Pillars of the NSP on GBV&F in order to assess how services between TCCs, VFRs and National Prosecuting Authority (NPA) are integrated in fighting the scourge of GBV&F.

Table 3: Coverage of sites per province

Province	TCC Sites	VFR Sites	Shelters
EC	Lusikisiki TCC	Lusikisiki SAPS	
	Sinawe TCC	UMthatha SAPS	
	Butterworths TCC	Butterworths SAPS	
	Dora Nginza TCC	KwaZakhele SAPS	
	KwaNobuhle Khuseleka One Stop Centre		
KZN	Madadeni TCC	Osizweni VFR	
	Empangeni TCC	Empangeni VFR	
	Edendale TCC	Plessislaer VFR	
	Umlazi TCC	Umlazi VFR	
	Phoenix TCC	Inanda VFR, Ntuzuma VFR KwaMashu VFR	
MP	Themba TCC	Kabokweni Police Station VFR	Grace Shelter
	Ermelo TCC	Ermelo Police Station VFR	Hands Off Women & Children
	Witbank TCC	Witbank Police Station VFR	Foundation for Victims of Crime
NW	Klerksdorp Magistrate Court		
	Potchefstroom Magistrate Court		
	Ikageng Sattelite Court		
	Mafikeng Magistrate Court		
	Mafikeng TCC		
	Potchefstroom TCC		
	Klerksdorp TCC		
	Taung TCC		
	Rustenburg TCC		
WC	Karl Bremer hospital (TCC)		

Province	TCC Sites	VFR Sites	Shelters
	Atlantis / Wesfleur TCC		
	Paarl TCC		
	Worcester TCC		
	Mossel Bay TCC		
	George TCC		
	Knysna TCC		
	Victoria Whyberg TCC		



8.1 Cross cutting challenges

- i. Access to services by victims remains a challenge in rural areas of the Eastern Cape, Mpumalanga and KwaZulu-Natal, especially in deep rural areas. This poses challenges for services to be provided timely and sufficiently to the victims. Shortage of resources in police stations e.g. vehicles worsens the problem
- ii. Challenges remain with unfunded intervention activities and shortage of specialised staff, such as forensic nurses, including other support resources in TCCs and VFRs.
- iii. Weak coordination of interdepartmental interventions and collaboration to address inadequate resources and collective service delivery monitoring processes.
- iv. The shortage of forensic laboratories and huge backlogs on DNA sample analysis and Forensic investigations hinders speedy delivery of services to victims.
- v. Deteriorated and ageing infrastructure utilised to deliver services remains an area of concern.
- vi. The Memorandum of Understanding on the functionality of TCCs has not been signed at a provincial level between key stakeholders and this affects working relations and provision of services in some TCCs. The signed MOUs need to be cascaded down and signed at the facility level with site-specific protocols.
- vii. The Department of Health strongly supports Knysna and Mossel Bay TCC with medical screening and medical needs of survivors of GBV, but the operation of the TCC's is completely different from other TCC's. The two sites operate in a single room that is dedicated as a TCC for survivors. They are supported largely by civil society organisations who continue to provide survivors through empowerment services and the provision of shelter as well as psychosocial support.
- viii. Perpetrators are convicted in some cases. However, some Police Officers are reported as being friends of perpetrators and their cases are withdrawn without the victim's knowledge. It was alleged that the Police Officers are not giving enough priority to cases of GBVF and this might be a major factor that

keeps victims of gender-based violence away from reporting cases in the police stations.

- ix. Whilst the inefficiencies of Police Officers are being reported, perpetrators are arrested but the victims at a later stage withdraw cases as a result of mediation between the families of victims and perpetrators outside the court system that make it difficult for the conviction or prosecution of perpetrators.
- x. The two sites are not sufficiently capacitated in terms of both human resources and infrastructure; however, they are making do with what they have. Attempts to reach out to different key role players / lead departments have been made, and intervention is therefore required to improve and fast track the necessary support.

8.2 Lessons learned

- i. The funding and resourcing of the GBV intervention sites may cause skewed distribution of resources. For example, what came out of the monitoring is that although the TCCs are managed by the NPA, the organisation is only responsible for NPA employees and others are funded by their respective sectors.
- ii. The TCCs which have support onsite from non-governmental organisations are able to provide appropriate psychosocial support services.

It is important to note though that a level of improvements have been reported at some sites regarding infrastructure and other quick wins. Below is a summary of improvements reported at a site level.

Table 4: Progress reported on improvements efforts at a site level

Province	Site	Infrastructural issues
KZN	Madadeni TCC	The current TCC building will be demolished and a new building will be constructed by a private donor, and is anticipated to be fully functional at the end of the next financial year. TCC moved to Madadeni Hospital Crisis Centre in March 2023. There are engagement between the donor and the hospital CEO regarding where the new TCC will be built.
	Edendale TCC	There is a shortage of space and there are discussions underway to see where and how services can be provided where there is bigger space. At the moment, existing structures within DoH are used to accommodate some of the services.
	Phoenix TCC	A standby generator is available and functional to provide power during outages and a second generator is in the procurement process. A new fridge has been procured by DOH and delivered and NPA is in the process of procuring a second fridge for the facility.
	Umlazi TCC	The facility will be redesigned for optimal use and there are now JoJo tanks for additional water from the reservoir within the hospital.
	All VFRs	VFRs have been provided with couches, filing cabinets, water dispensers, and staff. GBVF desks are available in all police stations in the province.
	All VFRs	High crime police stations in the province will be allocated vehicles for VFRs within October and November 2022 and these include Osizweni, Empangeni, Plessislaer, Umlazi, Inanda, Ntuzuma, and KwaMashu VFRs.
	KwaMashu VFR	VFR has been moved to a new location and is fully resourced.
	Osizweni VFR	Telephone lines are available but there is no network connectivity.
	Ntuzuma VFR	VFR is now fully functional with all required services provided. DSD placed a Social Worker at this facility in 2019 but could not function from Ntuzuma as the VFR was not operational.
GP	<p>City of Tshwane- 3 Sites</p> <p>City of Johannesburg-8 Sites</p> <p>Emfuleni Local Municipality-2 Sites</p>	<p>The allocation of a vehicle for each TCC would require resourcing, for instance there has to be a driver hired and with current resource limitations it may not be possible and stakeholders are still figuring out who will take the responsibility for overall management of the vehicle.</p> <p>The NPA is taking stock of maintenance needs in all the TCCs and will implement an intervention to ensure that accommodation becomes of an acceptable standard. There are also plans to have another centre operating at Diepsloot, to improve access to services. The NPA has secured donations of food items, through a public and private partnership, to the tune of R300 000 from SPAR Supermarket chain for clients.</p> <p>There is debriefing provided to staff once a year as well as trainings that are undertaken for staff members. The NPA will liaise with the funded stakeholders such as the Department of Social Development to provide extra psychosocial services over and above what is currently available.</p>

Province	Site	Infrastructural issues
NW	Mahikeng TCC	All forensic nurses have moved back to the hospital wards, except for one that assist on the night shifts due to the issue of non-recognition of their specialty (forensic). The centre operates only with Doctors which impacts on waiting times for the victims as they are not permanently stationed at the centre. A working computer and printer have been provided. The centre has no child friendly room and exam room for children, cannot accommodate victims and there are no beds and kitchen and only one bathroom for all victims unfortunately the building structure does not allow for additional rooms or renovations.
	Klerskdorp TCC	VAO hired and assumed duty in April 2022. The TCC has been reconnected to the main hospital's generator the forensic nurse has resigned however the hospital has allocated a professional nurse that performs forensic duties at the TCC. The security is lax starting from the main gate to the TCC, vehicles are not searched. GBV&F victims/survivors are still not interviewed at TCC and are transported in marked vehicles to police stations.
	Potchefstroom TCC	There is a general shortage of Forensic Nurses leading the TCC to headhunt because, those who qualify are demoralised due to remuneration. The centre is operating with 1 Forensic Nurse, they are negotiating with the hospital management on the possibility of having one more Forensic Nurse on stand-by following the resignation of 1 Forensic Nurse in April. They are also negotiating with the hospital management for Doctors assistance as they are currently assisted by Interns/ Comm Serve Doctors who at times do not have the capacity to complete J88 forms especially when the Forensic Nurse is not available. Flooding challenges are still persisting, TCC is still awaiting to hear from the Provincial Health department following their assessment visit in October. Security personnel are just conducting hourly patrols but not willing to accompany Forensic Nurses from the hospital to the TCC as it is not part of their functions hence Forensic Nurses have stopped being on stand-by for the past 2 months.
EC	Lusikisiki, Mthatha, Butterworth and Dora Nginza TCCs	<p>All visited TCCs are managed by NPA, through a dedicated site manager, supported by SAPS, DSD and Health. There are however challenges with regards to Forensic Nurses availability, this due to fact that the profession is not properly recognised, therefore not attractive to potential candidates.</p> <p>There are trained FCS members stationed at the TCCs except for Lusikisiki where Vipul members are enrolled to assist on a need's basis. Except at Mthatha and Dora Nginza, all other TCCs visited are operating in Park Homes, though these are faced with challenges in terms poor maintenance and shortage of space.</p> <p>TCCs are not provided with dedicated vehicles for administration and awareness campaigns, they rely on DSD and SAPS who are also faced with shortages.</p>

Province	Site	Infrastructural issues
		<p>At Dora Nginza, a Donor had offered to provide a new structure for the value of R1 million, and the TCC had, with support of quantity surveyors, identified suitable land on the hospital premises however the management of the Hospital rejected the proposal.</p> <p>DNA results remain a challenge with regards to quickness in finalization of cases</p> <p>TCCs are unable to provide interim shelter while victims wait to be placed in shelters, the DoH has protocols that do not allow TCCs to have people sleep over because their safety cannot be guaranteed. They however can accommodate victims overnight.</p> <p>There are a few places of safety, there's also confusion amongst GBV role-players as to who is responsible for the provision of shelter/places of safety and the knowledge of what is available, as revealed through discussions in both Lusikisiki and Mthatha.</p> <p>Victims who default on follow up medication and scheduled psychosocial support services, often cite transportation costs as the reason. NGOs attached to TCCs (where this is applicable) such as in Dora Nginza and Mthatha, cover these costs from donor funding.</p> <p>The unwillingness of state psychologists to see patients from TCCs is a challenge; most avoid compiling psychological reports for the courts and being summoned to testify.</p>

9. DISASTER MANAGEMENT

The heavy rainfalls which occurred during April 2022 resulted in localised flooding in the EC, KZN, NW, and NC provinces. This led to the destruction of infrastructure and houses, resulting in the displacement of families.

The declaration of the National State of Disaster on 18 April 2022 in terms of Section 3 of the Disaster Management Act 57 of 2002 (“the Act”) confers the responsibility for coordination and management of the disaster to the national executive. This enables the mobilization of resources from across the board. It also requires various organs of state to provide support in the implementation of measures for immediate relief, recovery, and reconstruction.

DPME was tasked to monitor the availability of disaster relief measures as implemented by a variety of stakeholders. Three provinces were visited, namely the EC (OR Tambo District), NW (Deelpan Village), and KZN (all the affected districts as well as the eThekweni Metropolitan Municipality). The monitoring focused on assessing the status of road infrastructure, the provision of alternative shelter to affected households, as well as the interventions by various government departments and other stakeholders in addressing the challenges posed by the floods.

9.1 KwaZulu-Natal

KZN experienced extensive rains that affected all 10 districts and the Metro, leading to flooding in some areas. Since the coordinated multi-stakeholder intervention, the province has made progress in providing alternative emergency accommodation for those families affected by floods. With the budgeted amount of **R325 764 000-00** granted by National Department of Human Settlements, the Province divided its intervention plan into two phases, for phase 1 the focus was on procurement of 1810 TRU Units and phase 2 on procurement 1064 units (8 Urban sites). In December 2022, the DHS reported that seven contractors had been appointed to commence with earthworks, and that construction of TRU’s will commence once this process has been finalized. The DHS further reported that as of 24th December, an amount of R128 581 823, 24 had been processed for payment.

In relation to Temporary Residential Units and Residential Units, according to HS, a total of 1680 TRU’s were completed in December 2022 and 1599 have been occupied

by needy families. HS however, reported 81 Units not yet occupied in KwaDukuza as they are awaiting connection of basic services. The progress in other areas is affected by land issues which relate to unbuildable sites and other soil related conditions, therefore alternate sites and further assessments are required.

In relation to the rest of affected areas, as of December 2022, HS reported the following feedback:

Table 5: Progress on provision of Shelters and TRUs in KZN

ACTIVITY/ MILESTONE	DISTRICT MUNICIPALITY	DELIVERED	REMAINING
<p>1680 TRU's Complete to date and 1599 have been occupied leaving a difference 81 that is not occupied is at KwaDukuza awaiting services</p> <p>The pace is affected by land issues which relate to unbuildable sites and other soil related conditions. This requires alternate site and further assessments.</p> <p>EXPENDITURE</p> <p>An amount of R98 802 000.00 been processed for payment with invoices of R3 760 849.95 being processed for payment total to following milestones</p>	eThekwini	300	26
	Harry Gwala	150	Completed
	iLembe (First Allocation)	400	Completed
	iLembe (Second Allocation)	100	10
	King Cetshwayo (First Allocation)	40	Completed
	King Cetshwayo (Second Allocation)	100	Completed
	uGu	200	61
	uMgungundlovu	200	33
	uMkhanyakude	40	Completed
	Amajuba	100	Completed
	uMzinyathi	70	Completed
	uThukela	70	Completed
	Zululand	40	Completed
		1 810	Nil

As of December 2022, all Mass Care Centres, had been closed. In relation to eThekwini, 75 mass care centres have been closed with 45 remaining occupied. KwaDukuza had 11 mass care centres and 4 have been closed. From the closed Mass Care Centres, people were moved to the TRUs and 10 Transitional Emergency Accommodation (TEAs).

It is important to note though that the status report on these interventions might have changed since December 2022.

9.1.1 Monitoring Verifications at EThekwini Metro

The monitoring verification at eThekwini Metro focused on the constructed TRUs and available TEAs at Namibia Stop 8 in Inanda and Crystal Valley, and 120 O'Flaherty in Palmiet. Below are the results of the verifications conducted in December 2022:

In Namibia Stop 8, Inanda, 10 blocks accommodating 38 households have been contracted. There is 01 x JoJo tank with no water filled. However, residents access water supply and ablution facilities at the temporary structure nearby.

Out of 20 toilet cubicles in the nearby Transitional camp, Stop 8 residents are allocated 2 cubicles (1x males, 1x females). Waste removal is done by the municipality but residents are not provided with dustbins or refuse bags. Beneficiaries have very minimal or no household furniture. The residents have access to electricity. The TRUs are not paved to avoid piled mud in front of the units on rainy days and people are prone to injuries as a result. Some housing units show signs of leakages and water comes inside the house from the bottom structure of the house.

It was confirmed that the Mass Care Centre has been closed with no people left. In Crystal Valley, 120 O'Flaherty, and Palmiet, 83 households are accommodated, with 1 x unit occupied by four families. Families are provided with 2 x 3/2 Beds per room by DHS. Pre-paid electricity is provided by the municipality with a recharge of R1000 loaded every once a week and this is shared by the 83 households.

However, during the visit, residents had no access to water and electricity and according to those interviewed, it has become normal to live without water and electricity and this goes on for days. Challenges with access control were observed with a potential of inconveniencing residents with special needs.

9.1.2 Monitoring Verifications in KwaDukuza Local Municipality

A total of 5 municipal wards were visited where TRUs were under construction. TRUs constructed in Ward 17 (30 units), Ward 21 (60 Units), Ward 20 (10), Ward 09 (10), and Ward 11 (10). Provision of services (electricity, water, and sanitation) completed in Ward 17. Electricity to be installed in Ward 21. Ablution services to be installed in Ward 20, Ward 09, and Ward 11.

9.1.3 Key challenges found during progress verification visits

- i. In eThekweni Metro: during the visit in December 2022, there was no provision of water and electricity at Namibia Stop 8, and beneficiaries are currently struggling with these services. There were few ablution facilities

for beneficiaries (1 cubicle allocated per gender). Some housing units are leaking at the bottom of the structures in Namibia Stop 8. In Crystal Valley, despite provision of decent shelter, residents have limited access to water and electricity.

- ii. In KwaDukuza Local Municipality: some areas had no basic services such as water, electricity and sanitation (Ward 09, no water, electricity and sanitation; Ward 11, no water and sanitation)
- iii. Depleting resources from the donors who have played a major role in the running of shelters.
- iv. There is a challenge with the availability of land that can be used to build TRUs. In areas where land is available, some people in the shelters are not willing to relocate to areas outside their municipal wards.
- v. There are areas with poor access roads to places where TRUs should be constructed.
- vi. Some TRUs in Mandeni have problems with the roof insulation that was not properly fixed and looks like they will collapse.

9.1.4 Recommendations

- i. Installation of basic services (water, electricity and sanitation) be prioritised in all TRAs, TEAs and TRAs. – DPME, National DHS and KZN OTP should continue to conduct monitoring and verification of reported progress, to ensure that people are moved from shelters to TRUs, TRAs and TEAs.
- ii. There should be engagements with KZN OTP, DSD, and DHS at the provincial level for possible and workable intervention mechanisms regarding the budgetary constraint impacting the provision of food vouchers and weekend social services at the shelters.
- iii. The Provincial Department of Human Settlement needs to fast-track the construction of TRUs, especially for those victims that can still settle in their original stands / residential areas.
- iv. The contractor responsible for the construction of TRUs at Mandeni should urgently fix all the identified shortcomings at the already completed TRUs.

9.2 Eastern Cape

The province experienced prolonged heavy rainfall in April 2022 and this resulted in incidents such as flooding, mudslides, and structural collapse of residential and commercial buildings and road infrastructure in coastal areas. Engagements were held with Ingquza Hill Local Municipality, Nyandeni Local Municipality, Port St Johns and Ward Councillors for the affected wards.

The floods in the Port St Johns had resulted in some household losing their homes. 429 household are reported to have been affected by the floods, some of whom some are partially affected, whilst others are homeless. 60 households have been identified at the period to receive temporary structures. An assessment of conditions of house Ward 1, 3 and 6 was made. Most houses that were affected are of poor quality, they were also built along flood line areas. These houses, some are of mud structures of which others were repaired utilising same type of material (mud, cement and wood, doors, roof and windows were fixed for some.

The monitoring team also collected first hand data through observations within the roads infrastructure and areas that were affected by the floods in wards indicated below. These were followed by follow-up engagements with key role players as part of improvements monitoring.

Table 6: List of verified roads in EC

OR Tambo District	Ward 11	Ward 31	Ward 20	Ward 03
Ingquza Hill Local Municipality	Gcinisiwe PS	Xopozo	Tyeni access road	Kwanene and Sikhulu
	Bhodweni clinic	Mafadobo via Mwelo JSS	Myeni access road	Thala access road
	Ndzala bridge	Bungeni	Nkosi Mavela	Machibini access road
	Hlwahlwazi to Buhlungu			
Nyandeni local municipality	Ward 2		Ward 13	
	Damaged Access Roads from Zibungu to Lukhuni, Mantlaneni to Kwelimdaka, and Nkalweni to Mahaane		Damaged Bridge between Buntingville to Mandlovini villages	
	Ward 21		Ward 30	

	Maqanyeni Access road Bolotwa to Chunu, Poulini to Nzwakazi.	Access road leading to Zanokhanyo and Maqonyeni clinic, as well as access road from Mazetsheni to Mpandle village.
Port St Johns local municipality	Ward 6	Ward 10
	Military base road leading to the Airstrip is damaged on sides as a result of soil erosion.	Gabelana street from R61 connecting to golana, and noqhekwana was affected by rain.

In addition, two bridges that were washed away by the floods were visited in Port St Johns:

i. Mthonga

Damage to Mthonga in Lutathweni village (ward 1) bridge is estimated at R13 million for about 25 meters. Vehicles are only able to pass through the river when water is flowing normally on the other side of the bridge. The access road is key for transportation of citizens and also learners through scholar transport.

ii. Mnenu

Damage to Mnenu bridge in Kwagingqa is in ward 1 it is estimated at R13 million. It should be mentioned that the road leading the bridge is note in a good condition and along the sides its plantation of small trees which are making impossible to drive and walk through. The poor state of road is impacting on its usability.

9.2.1 Recent flooding in Eastern Cape (February and March 2023)

Municipality	Ward	Key issues
KSD	25	On the 17 th of February 2023, floods swept away the entire structure of Tyelinzima Senior Secondary school. School Furniture, School Equipment (Computers and Photocopier machine), nutrition programme kitchen utensils and learner support material was totally destroyed. The only remaining structures are ablution facilities which are constructed at the upper side of the school premises.
Port St Johns	6	R61 collapsed in two sections towards Port St Johns town from Mthatha.
Port St Johns	6	Displaced community members are accommodated at Port St Johns Youth Centre (19) and Jungle Monkey BnB (31).

The above information is based on verification activities which were done to the sites visited by the President on 28 March 2023 in Port St Johns. Over and above this, on 26 & 27 March 2023, the Intergovernmental Committee on Disaster Management set and the following was reported:

- i. There were 1426 people affected, 333 homeless and 1093 partially damaged homes.
- ii. 50 displaced families are and accommodated in PSJ Youth Centre (19) & Jungle Monkey Bed & Breakfast (31).
- iii. 94 municipal gravel access roads, and 18 bridges are affected and these are mostly in PSJ.
- iv. In relation to Education infrastructure, 1 school got flooded in PSJ while 38 schools are unreachable as bridges collapsed.
- v. The Social Development – PSJ offices were flooded resulting in disruption of services and 4 fatalities.

It should be mentioned that other sectors are still providing verified reports on the actual effects of the Disaster.

9.2.2 Key challenges

- i. Unattended service delivery and development deliverables on housing and infrastructure (roads and bridges) and lack of maintenance of the existing infrastructure such as stormwater management.
- ii. The Ndzaka Bridge collapsed and community members have challenges in accessing the roads leading to other villages.
- iii. During the visit in December 2022, there were still families which are homeless and were never catered for when the TRUs were allocated to province. This includes 126 households in Ward 2 that are without electricity.
- iv. On rainy days all access roads leading to clinics and schools become muddy and not accessible by car and this led to people having to leave their cars far and walk to their destination points.
- v. Uncoordinated efforts by government institutions on the ground in addressing emerging issues on flood disaster response management remains a challenge.
- vi. Slow response of government in providing for the emergency crisis, there is no model to manage and resource shelters especially in the context of anticipated delays in relocating displaced families.
- vii. Unattended service delivery and development deliverables on housing and infrastructure (roads and bridges) and lack of maintenance of the existing infrastructure such as stormwater management.
- viii. Uncoordinated planned interventions to support and provide enablers for farming communities.

9.2.3 Recommendations

- i. Integrated sector efforts in monitoring progress of the implementation plan with R2,7 Million allocated for projects of roads maintenance in Nyandeni, R4, 1 Million in Ingquza Hill and R13,3 Million in Port St Johns. Displaced people have been staying in temporary shelters for almost three months and they are no longer comfortable and awaiting to be moved to their TRUs.
- ii. Government institutions and municipalities need to speed up the process of availing land where TRUs can be constructed.
- iii. The PSJ municipality should device a plan to respond to all its community and developmental needs through planning processes guided by DDM.

- iv. Reassessment and profiling of people accommodated by relatives and neighbours should be done to ensure that the correct beneficiaries get housing units. Progress on the construction of TRUs is noted though this is adversely affected by the unavailability funding as only few affected households have received TRUs.
- v. The stormwater channels and inlets are to be cleaned and all rubble to be removed regularly. Slope protection to be provided in the form of gabions on the mountain side and river bank.
- vi. DPME and OTPs to closely engage Human Settlements and monitor the provision of alternative shelter to affected households (delivery and connection of basic services to TRUs).
- vii. There is an urgent need for the construction of a new reinforced concrete bridge at Ndzaka.
- viii. Prioritization of road maintenance is key in areas where there are schools and clinics. Full participation by DPME into the Intergovernmental Committee on Disaster Management.
- ix. DPME, through collaboration with Office of the Premier to conduct periodic oversight on Disaster response by the Provinces.
- x. National Disaster proclamation is still valid for Eastern Cape, the recent incident has been incorporated.
- xi. Strengthening the strategies and Standard Operating Procedures on Disaster Management
- xii. Development of Project Monitoring Plans and facilitation of planned activities to address effects of disaster by organs of state
- xiii. Coordination of commitments and follow up on visits made by the President to actively engage affected communities and key stakeholders.

9.3 North West

Deelpan Village experienced prolonged heavy rainfall in December 2021, about 1083 houses and 4506 people were affected, of which 186 were people with disabilities. Sufficient humanitarian support was provided by government, private sector and civil society to the area – DSD extended household profiling to establish further support requirements during the 2022 floods. At the time there were no structural collapses in

the area – by June 2022 all people accommodated had evacuated the 3 activated shelters and returned to their houses or opted to live with relatives. With the rains that followed around August 2022, 12 families had to move in with their relatives. R54.9 million was received from the National DHS will be used to construct 800 TRUs, however, only 335 families registered for provision of temporary shelters - majority want proper housing structures.

On 24 May 2022, the Deputy Minister in the Presidency, Ms Pinky Kekana, together with the Deputy Ministers of Health (DoH), Cooperative Governance and Traditional Affairs (CoGTA) and Human Settlement (DHS) as well as the Provincial and Local Leadership of the North West province led by MEC for Social Development; visited the area to assess the extent of the damage caused by the floods in the village and to establish progress in relation to interventions implemented by government.

There were scheduled onsite verification visits and these could not be conducted as planned. However, the session with the Tribal Authority revealed that community members were disgruntled as the contents of the Disaster Management Centre's presentation were not a true reflection of what was happening at the coalface; and there were no attempts by government to implement interventions post the disaster.

A resolution was then made for government to limit its visits to the area as the information gathering process have been exhausted, except for follow-up visits to verify progress. However, subsequently on Friday 17 February 2023, DPME held a meeting with Office of the Premier, Disaster Management Centre and key strategic partners in Ngaka Modiri Molema Municipality and Tswaing Local Municipality.

The meeting was held in response to a letter received from CLLR Hon Norah Mahlangu: Mayor of Tswaing Local Municipality dated 17 January 2023 addressed to Hon Pinky Kekana: Deputy Minister in the Presidency. In the letter, the Mayor articulated dissatisfaction expressed by the Deelpan community about the slow pace of interventions following the disruptive floods that took place in the area from December 2021 to March 2022.

9.3.1 Key challenges

- i. The area is a wetland and not suitable for human settlement / habitation. This requires urgent social facilitation (relocation).
- ii. Non-provision of basic humanitarian services such as emergency water supply and sanitation services (only 17 water tanks reported to be inadequate and seemingly unreliable mobile water tankering services).
- iii. There seemed to be no clarity on the provision of the 50 VIP mobile toilets to assist the community.
- iv. Lack of clarity on funding and the delay of appointing engineers to rehabilitate the 7 internal roads. The funding of R111.1 million that was announced in the MTBPS for North West is for the rehabilitation and reconstruction of national roads across the province and cannot be redirected to the 7 internal roads in Deelpan.
- v. The community prefer RDP's as opposed to Temporary Residential Units (TRU's).
- vi. Delay in the replacement of equipment for local businesses due to the unavailability of an approved concept document. Some of the Deelpan businesses are owned by foreigners hence they do not meet the requirements for business support that has been made available.
- vii. Assessment of suitability of the identified land for relocation; and a need to identify a further piece of land for relocation beyond the current one which is reported to be about 5 hectares.

9.3.2 Recommendations

- i. As part of the recommendations from the DG's oversight monitoring visit, social facilitation was recommended to deal with trust deficit and distance between North West government and the Deelpan community.
- ii. NWU will assist by acting as a social facilitator between the government of North West and Deelpan community in resolving issues that are hampering progress in the implementation of flood disaster interventions.
- iii. The scoping workshop was held on 06 December 2022 between the NWU and government stakeholders (namely DPME, the National Disaster Management Centre (NDPC), the North West Provincial Government, and the North West

Provincial Disaster Management Centre (NW-PDMC), in preparation for engagement with the community.

- iv. Necessary reporting protocols by various provincial structures and task teams to the OTP/DPME are required - with the proposal that the NDMC present status updates every 2 weeks to the OTP and DPME.
- v. DPME, in collaboration with the OTP, will conduct on-site verification visits and attend some of the disaster management committee's meetings.
- vi. The 17th February 2023 meeting made the following recommendations: Weekly meetings will be held every Friday with all relevant stakeholders including implementors and a Task Team must be established to develop a Project Monitoring Plan for the flood disasters.

It should be noted that, during the DPME Executive visit to NW, a progress report was presented in relation to the floods disaster management by the provinces. Amongst other things, it was highlighted that the new the PDMC was considering bringing in Gift of the Givers as well as Old Mutual to assist. In November 2022, the community requested government to provide RDP's instead of TRU's and government welcomed this as a positive development towards the relocation of households in Deelpan at risk. In addition, the Deelpan Park Home Clinic is operating at full capacity and a Contingency Plan for the rainy season was developed.

The Friday weekly meetings on the Deelpan Flood Disasters have resulted in positive progress: Department of Public Works and Roads have commenced work on the 7 internal roads and will extend their work to include a stretch of road linking Deelpan with Mooipan village. In addition to the 5 hectares land an additional land: 24 hectares has been made available by the Tribal Authority, the 5 hectares land can accommodate 108 structures (350 square metres) meanwhile the 24 hectares land can accommodate approximately 400 stands pending all necessary studies.

The Housing Development Agency (HAD) appointed by the Department of Department of Economic Development, Environment, Conservation and Tourism (DEDECT) has submitted the Environmental Impact Assessment (EIA) Report to DEDECT and is currently awaiting comments following which construction will ensue. A social engagement with the Deelpan community will be facilitated in April 2023.

10. PRESIDENTIAL HOTLINE INTERVENTIONS

The Presidential Hotline is an apex complaints management system utilised to ensure that government responds efficiently and effectively to the complaints, enquiries and suggestions made by citizens. The PH facilitates the resolution of citizen's complaints by escalating the complaints and liaising with the responsible department with the sole purpose being to unlock service delivery bottlenecks and to ensure that relevant services are rendered to the public with the cooperation of all government entities. This section provides an overview for the overall performance of the Presidential Hotline between across nine provinces. The table below gives a summary of the calls received in the last 3 quarters.

Table 7: National call logging in the past 3 Quarters

Provinces / Departments	No. of calls logged (01 April 2022-31 March 2023)	No. of calls resolved (01 April 2022-31 March 2023)	Open calls (01 April 2022-31 March 2023)	Annual Performance %
Provinces	2626	989	1637	38
National Departments	7868	2420	5448	31
TOTAL	10494	3409	7085	32

The table above shows that a total of 10 494 national calls were received by the Presidential Hotline during the financial year 2022-2023. 32% of these calls have been resolved. 38% of the calls were resolved for the provinces while 31% of the calls for the national departments were resolved. The following tables breaks down the provinces and departments annual performance.

Table 8: Provinces Call resolution rate

Provinces	No. of calls logged	No. of calls Resolved (1 April 22-31 March 2023)	Opened calls (1 April 22-31 March 2023)	% Resolved	No. of calls Resolved (Backlog)
Eastern Cape	269	157	112	58	615
Free State	196	83	113	42	26
Gauteng	912	118	794	13	151
KwaZulu-Natal	461	320	141	69	887
Limpopo	229	99	130	43	239
Mpumalanga	164	46	118	28	89
North West	210	65	145	31	79
Northern Cape	50	0	50	0	0
Western Cape	135	101	34	75	18

Total	2 626	989	1 637	38	2 104
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The table above shows the performance by the provinces. During this financial year 2 626 number of calls were received by the provinces, of those, 989 calls were resolved with 38% resolution rate, this performance is lower than a set standard of 60% resolution rate.

Although 38% of calls logged were resolved, additional 2 104 number of calls that were logged in the previous financial years (backlog) were resolved by the provinces during this financial year. This puts the total number of calls resolved by the provinces this year at 3 093.

Performance shows the Western Cape province and KwaZulu-Natal have resolved a huge percentage of calls logged this financial year with Western Cape at 75% and KwaZulu-Natal at 69% and this performance is commendable.

Table 9: Departments Call resolution rate

Departments	No of calls logged	No of calls Resolved (1 April 2022-31 March 2023)	Opened calls (1Apr22-31Mar23)	% Resolved	No of calls Resolved (Backlog)
Total	7 868	2 420	5 448	31	1954

During this financial year national departments received 7 868 number of calls, of those, 2 420 calls were resolved with 31% resolution rate, departments also performed lower than a set standard of 60% resolution rate.

Although 31% of calls logged were resolved, additional 1 95 number of calls that were logged in the previous financial years (backlog) were resolved by the department during this financial year. This puts the total number of calls resolved by the departments this year at 4 374.

Performance shows that Government Pensions Administration Agency (GPAA), Department of Health (DoH), South African Revenue Services (SARS), Rural Development and Land Reform (RDLR), South African Police Services (SAPS) as well as the Department of Sports Arts and Culture have resolved more than 90% of calls logged this financial year. However, South African Social Security Agency (SASSA),

Department of Transport, Department of Social Development, Department of Labour, Department of Water and Sanitation as well as the Department of Small Business Development are amongst the departments that performed the least, below 10%.

Over the year the Presidential Hotline 2nd Line back office team at the DPME constantly engaged in various interventions to assist departments and provinces in improving their resolution rate. A communication was also sent to the senior management in the departments and provinces with low performance for support and intervention. The Presidential is committed to improve resolution, therefore meetings, technical support, provincial forums, and daily engagements with Public Liaison Officers (PLOs) to deal with the low resolutions are conducted. A strategy is in place to constantly improve resolution rate, this will continue in the new financial year for better performance. PLOS have committed to develop turn around strategies. National Presidential Hotline forums will continue to be held quarterly.

10.1 Top 10 categories: Overview of issues as received by the Presidential Hotline

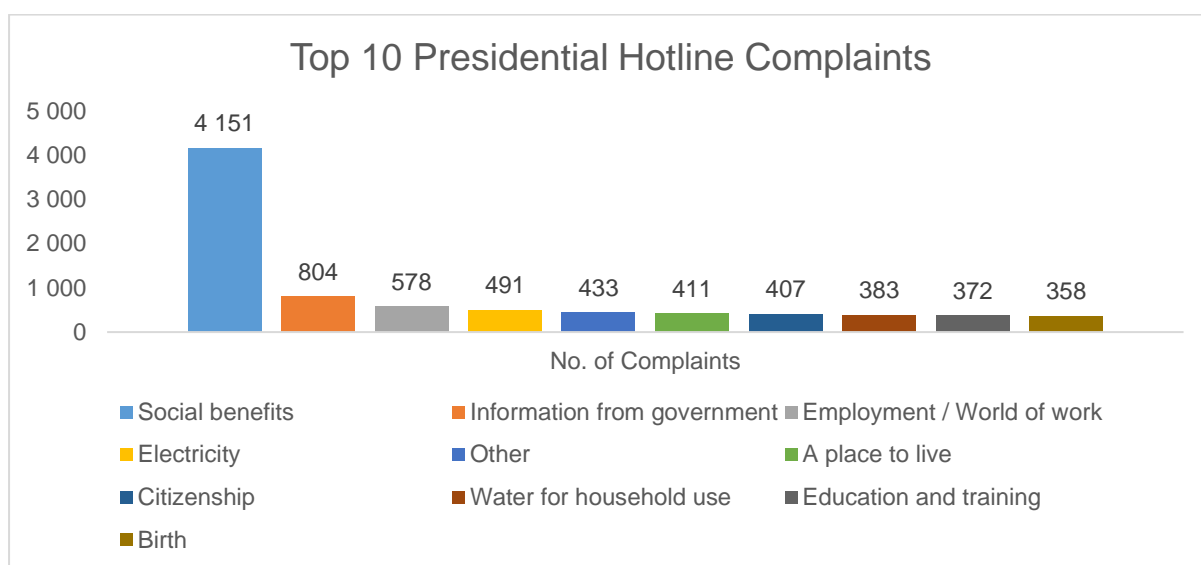


Figure 6: Overview of top 10 issues

Out of the 10 494 cases received by the Presidential Hotline this financial year, top of the categories list was on “Social Benefits” at 40% with 4 151 calls. These were related to issues of social grants, unemployment insurance and other benefits. Second highest is citizens seeking information from government at 8% with 804 calls. Third on the list are issues of employment at 6% with 578 cases,

these are mainly citizens who lost jobs between 2020 and 2022. Electricity related queries came fourth with 491 (5%) cases. Fifth on categories are “other enquiries” 433 (4%) that could not be categorised, this was followed by “place to live” with 411 (4%) cases which constitute of housing and human settlements cases. Citizenship constitute 407 (4%) of the case and these cases relate to pending application and appeals for citizenship, work permits, Identity cards, replacement of lost documents etc. with the Department of Home Affairs.

Water for household use constitute 383 (4%) of the cases and citizens’ complaints in this category are about water outages, poor water quality and lack of water in general. Second last category is cases on education and training 372 (4%). Cases in this category were about school admission, educational funding as well as lack of resources in schools. Last in the category with 358 (3%) are cases categorised as “birth”. Birth cases are directed to the Department of Home Affairs and these constitute birth certificates first time applications and replacements.

10.2 Cases of Best Practices

10.2.1 Delay in payment of pension funds by the GPAA

Ms. T was working for the Department of Health and she retired on the 28 February 2022. Prior to her retirement, she sent all the required documents to the relevant pension unit four months in advance with the hope that the process will be complete by the time she leaves the Department. Six months after making several follow-ups the payment was not actioned. There was no solid reason given for failure to finalize payment process. The last time Ms. T received monetary reimbursement was in February 2022 when she received her last salary. This hugely affected her financially since she ended up not honouring monthly payments with the institutions she pays monthly bills with. It is for this reason that she requested

Presidential Hotline to swiftly assist in engaging the relevant department to resolve this matter.

Upon receipt of complaint GPAA contacted Ms. T to acknowledge receipt of complaint and investigating the reason for the delay. Her pension benefits were finalized and paid within a week’s period. She was informed once the money was paid and she acknowledged receipt. Ms. T wrote an email thanking everyone involved in speeding up the process and constant communication.

10.2.2 Complaint about unpaid child maintenance

Ms. M complained about unpaid maintenance which she is supposed to receive on a monthly basis. She stated that for four months in 2020 and three months in 2021 she did not receive payment due to her. She complained to the Magistrate court and there was no assistance rendered. Ms. M therefore requested assistance of the Presidential Hotline. After investigation, the payment schedules reflect

that the payments were received by the court, the delay was with the distribution office. The office responsible for distribution was notified and the money was released. Ms. M informed The Department of Justice – legal service Department in the province after receiving the payment and appreciated the service received through the Presidential Hotline.

10.3 Presidential Hotline Challenges

- i. *High and unpredictable telephone costs*, the toll-free number used for the President's Hotline is toll-free to the caller, but is very costly to government, especially the bills from cellular operators.
- ii. *Weaknesses in Information Technology System (SITA)*, used to collect PH data. This affects the quality of information captured by agents, resulting in an inability to extract good management information, insights, intelligence or knowledge from the data.
- iii. *Reporting period*, needs to be adjusted so that calls logged in the past 25 working days are not reported on. Departments and Provinces needs a minimum of 25 working days (as per set DPSA standard) to investigate and resolve calls.
- iv. *Citizens knowledge*, poor public understanding as well as negative perceptions of the Presidential Hotline.
- v. *Administrative arrangements*, The Presidential Hotline point of contact in all provinces is the Offices of the Premier (OTP). This poses limitations as the districts and local level officials deal with cases. The second line must be able to view performance trends on a daily basis on the ITSM platform for ease of analysing information and reports generation.

11. EXECUTIVE OVERSIGHT MONITORING

The FM&S Programme supports executives (the President, three Deputy President, various Ministers and Deputy Ministers, as well as departmental executives) during their field visits as they fulfil their oversight functions. This includes planning for the visits, provision of technical support during community engagements/ site verification visits, consolidation of reports and follow-up on commitments.

11.1 Fetakgomo Tubatse Special Economic Zone

The project is envisaged to create approximately 8000 job opportunities in the short term (24 to 36 months) and 20 000 jobs in the long term (10) years. A quadripartite agreement has been signed by Limpopo Economic Development, Environment and Tourism (LEDET), Sekhukhune District Municipality, and Fetakgomo Tubatse Local Municipality in May 2022. Progress to date was that engineers have been appointed for the design and implementation of integrated security infrastructure (perimeter fence, and CCTV system). The land earmarked for the construction of FTSEZ was invaded by community members who have already built structures including houses with mortar and bricks.

11.2 Moutse Bulk Water Project

The project is for the construction of Water Treatment Works, reservoirs, pump stations, and bulk pipelines to convey water to different villages including towns within Elias Motswaledi and Ephraim Mogale Local Municipalities. The project was initiated in 2011 and completion was anticipated to be finalised by June 2019. The project has been implemented in phases, thus, rendering it to run longer as different stakeholders participate in different implementation phases.

11.3 Malekana Steelpoort Bridge

The project is for the rehabilitation of the preservation of the old existing single-lane bridge that has been a landmark and is perceived to be a heritage site for the community. The refurbished bridge will be for pedestrian use and the newly built bridge will be to ease the traffic flow that is currently being experienced. The estimated cost of the construction of the new bridge is R81 million and expenditure to date is R 1,6 million. Most milestones have been completed except for the

environmental assessments as well as the finalization of stakeholder engagements. The project duration is 15 months and was anticipated to start on 1 October 2022. However, during the visit, the site was not yet marked as a construction site with no visible signs of the projected commencement date.

11.4 The Nkowankowa Industrial Park

The site visit took place on the 6th of October 2022 led by the Deputy Minister in the Presidency Ms Pinky Kekana. The main focus was on conducting assessments on the beneficiaries of the IPRP if they are South Africans, in terms of jobs and SMME participation, and whether all SA's labour laws are observed in the parks.

11.5 Key Challenges

- i. Community Forum disputes delaying the progression of the water reticulation to communities in the Moutse Bulk Water treatment site.
- ii. There is vandalism of existing infrastructure at the Moutse water treatment station.
- iii. There is a Land invasion where the FTSEZ is earmarked to be built on.
- iv. The delays in obtaining a signature for approval of the quadripartite agreement from DTIC.
- v. There is an Inadequate supply of water within the park which resulted in some of the tenants having to drill their boreholes or even erect reservoirs.
- vi. Apart from the high electricity bills experienced by most of the tenants interviewed, there have been frequent power outages to an extent that some of the factory occupants opted for generator back-ups
- vii. There are companies employing foreigners when they have many labourers to choose from, living right around them.
- viii. Public roads and infrastructure such as powerlines in the residential areas have been destroyed and damaged due to heavy haulers who have resorted not to use roads designated for such.

Below is a summary list of the visits that were undertaken in the reporting period. Comprehensive reports are available for each visit.

Table 10: Summary of executive monitoring visits

Date of Visit	Type of Visit Imbizo/ Executive Monitoring Visit (Presidential / Ministerial)	Briefing Note / Report	Description
2022-04-08	Deputy Minister in the Presidency Executive Monitoring visit	Available	Engagement with community members on COVID-19 vaccination uptake and hesitancy in Free State
2022-04-02 to 2022-04-03	Deputy Minister in the Presidency Executive Monitoring	Available	DDM Champion Inaugural visit to Harry Gwala DM, KwaZulu Natal.
2022-04-21 to 2022-04-22	Executive Monitoring visit (DG: DPME)	Available	Preparatory engagement on the development of Monitoring Mechanism, KwaZulu Natal.
2022-05-05	Minister in the Presidency Executive Monitoring	Available	Disaster Management Ministerial Visit in eThekweni District Municipality, KwaZulu Natal.
2022-05-19 to 2022-05-20	Presidential Imbizo	Available	Presidential Imbizo in Chief Albert Luthuli Local Municipality – Gert Sibande DM, Mpumalanga.
2022-05-22 to 2022-05-23	Executive Monitoring visit (DG: DPME)	Available	DG site monitoring of disaster management interventions in KwaZulu-Natal.
2022-09-07 to 2022-09-09	Executive Monitoring visit (DG: DPME)	Available	Site visits to Bulk water supply project, steel bridge project, and special economic zone in Limpopo
	Minister in the Presidency Executive Monitoring visit	Available	Site visit to three (3) facilities in Emufleni LM, Gauteng
2022-08-12	Presidential Imbizo	Available	Presidential Imbizo in Sedibeng DM, Gauteng
2022-08-11	Deputy Minister in the Presidency Executive Monitoring visit	Available	Site visit to two (2) industrial parks, and women in business dialogue in Emfuleni LM, Gauteng
2022-05-24	Deputy Minister in the Presidency oversight monitoring visit	Available	Oversight of disaster relief measures in Deelpan Village, Tswaing LM, NW
2022-07-06	Deputy Minister in the Presidency DDM oversight monitoring visit	Available	Community engagement to understand challenges faced by community members, and to make commitments to address concerns in Fezile Dabi DM, Free State
2022-08-18 – 2022-08-19	Executive Monitoring visit (DG: DPME)	Available	Establish the Province's post Section 100 Intervention monitoring mechanism. Oversight of disaster relief measures in Deelpan Village, Tswaing LM, NW
2022-09-07 to 2022-09-09	Executive Monitoring visit (DG: DPME)	Available	Site visits to Bulk water supply project, Malekana steelpoort bridge project, and Fetakgomo Tubatse special economic zone in Limpopo
2022-11-16	Deputy Minister in the Presidency oversight monitoring visit	Available	Free State DDM Executive monitoring in Fezile Dabi prior to the DDM Councillors

			workshop, Private Sector and Civil Society round table engagement.
2022-10-13	Deputy Minister in the Presidency oversight monitoring visit	Available	WC visit by the Deputy Minister included formal engagements with municipalities in attempt to assist municipalities with DDM and ways of strengthening its implementation. and onsite monitoring to selected projects
2022-09-29	Executive Monitoring visit (DG: DPME)	Available	EC visit by the DGs from DPME and Office of the Premiers main objective included monitoring the implementation of the DDM and track progress on the disaster management interventions.
2022-09-23	Deputy Minister in the Presidency oversight monitoring visit	Available	The Deputy Minister in the Presidency and COGTA visited Gauteng Ekurhuleni LM mainly to assess the quality of services provided by the municipality to citizens
2022-11-18	Deputy Minister in the Presidency oversight monitoring visit	Available	The Deputy Minister in the Presidency visited ward 10 in Benoni to conduct frontline monitoring in selected facilities, community imbizo and a service fair.
2022-11-25	Deputy Minister in the Presidency oversight monitoring visit	Available	Deputy Minister in the Presidency visited Karl Bremer Thuthuzela Care Centre (TCC) as they assist victims of Gender Based Violence; and the Western Cape SAPS Forensic Science Laboratory (FSL) in dealing with DNA tests in the City of Cape Town in preparation for the oversight monitoring visit and the of launching the National Campaign on 16 Days of Activism for No Violence Against Women and Children
2023-03-24	Executive Monitoring visit: Deputy President	Available	World TB Commemoration, Tlhabane, Rustenburg LM, NW.
2023-03-27	Fezile Dabi DDM Political Champion Career Youth Expo	Available	The Deputy Minister in the Presidency held a 2-day Youth Expo in Fezile Dabi District Municipality hosted by Moqhaka Local Municipality in Kroostaad for the Grade 11 learners of Ngwathe and Moqhaka Local Municipalities
2023/03/28	President oversight monitoring visit	Available	The President visited Port St Johns to assess effects of the flood's disaster.

PART C

12. LESSONS LEARNT ON THE OVERALL IMPLEMENTATION OF FM&S

- i. Working collaboratively with sector experts is essential in order to understand the complexity of projects.
- ii. An area-based monitoring approach has delivered tangible evidence on strategic priorities.
- iii. Strengthening stakeholder management and engagement skills as a critical frontline monitoring skill.
- iv. Frontline Monitoring findings should be located within a comprehensive planning, monitoring and evaluation system.
- v. When Lead departments are at the centre of the Project initiatives within their sectors, facilitation of Improvements becomes effective.
- vi. The project approach to a certain extent, facilitated internal linkages and synchronization of monitoring initiatives within DPME (Sector Monitoring and Frontline Service Delivery Monitoring programme).
- vii. The Career Youth Expo attracted stakeholders from the Public and Private Sectors under the theme “Dare to Reshape Fezile Dabi) and the DDM concept of “Live No One Behind”. Effective planning contributed to the success of the event.

13. RECOMMENDATIONS

More efforts should be put on improvements verifications of projects monitored prior post COVID, Disaster Relief Management and in the previous years. There is a need revive efforts towards institutionalisation of the FM&S approach with OTPs and Sectors, to encourage facilitation of improvements interventions at a provincial level. Facilitation and coordination of integrated planning and reporting at a branch level remains critical. Further, integrated oversight and reporting efforts within DPME remain imperative towards facilitating lasting improvements and rapid response on persistent challenges

14. CONCLUSION

Through collaboration with OTPs, continuous oversight monitoring and improvement verifications in responsible implementing sectors remain a critical element of FM&S. However, strengthening localised efforts between OTPs and provincial sectors will enable OTPs to effectively guide planning, integrated implementation and fast-tracking service delivery transformation on the localisation of the MTSF priorities at a district level. Where there is a gap in skills and capacity mechanisms to close such gaps should be devised collectively at a strategic level. Continuous strengthening of platforms aimed at enhancing citizen's voice and increase public participation cannot be over emphasised.

15. PHOTOGRAPHIC EVIDENCE



Figure 7: Focus Groups discussions in Volkrust and Middleburg



Figure 8: Hospital pharmacy and waiting area

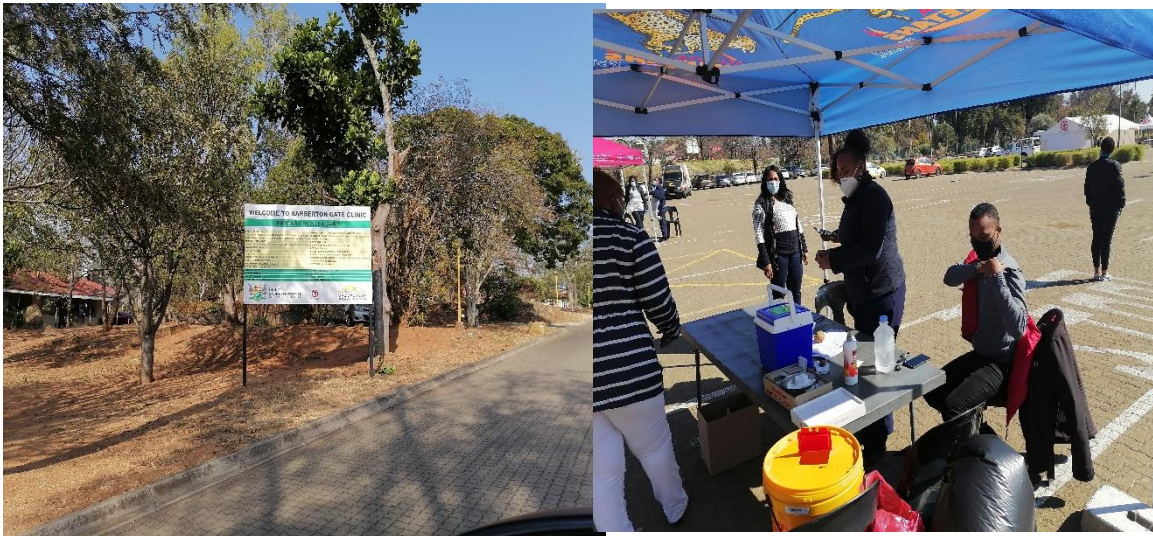


Figure 9: Hospital signage and vaccination area



Figure 10: Mangaung Executive Monitoring visits



Figure 11: Lusikisiki TCC Reception and Victim Friendly Room



Figure 12: Ikaneng Court waiting area and signage



Figure 13: Port St Johns Clinic Entrance



Figure 14: Victoria TCC with Proper Consultation Rooms

Annexure A: Consolidated list of Challenges

- 1) Provision of new ablution facilities: There was no proper communication between the Circuits/Districts and the schools regarding implementation of the SAFE project including specifications and delivery timelines. Continuous on-site monitoring lacked at project sites resulting in poor workmanship and incomplete construction in some provinces. Though the provision of the newly built ablution facilities brought dignity to educators and learners.
- 2) Lack of Safety and Security: Break-ins and vandalism are a concern because government property is destroyed and at times stolen. Lack of investment on safety and security in schools results in theft and at times violence incidences.
- 3) Shortage of Teaching and Learning Material: Late delivery and shortage (textbooks and stationery) of learning resources affected most monitored schools. Delays in filling of vacant posts creates a gap in teaching and increases teacher: learner ratios. Lack of support for learners in need of placement in special schools and limited availability of such schools in EC and LP. Non-provision of library and nutrition centres result in school's conversion of classrooms to cater for such needs. High level of substance abuse and teenage pregnancy in Secondary Schools remain a concern.
- 4) Dilapidating Building infrastructure: While schools have received new ablution facilities, classroom infrastructure appeared to be dilapidated with no proper maintenance.
- 5) Lack of Access to Basic Services: There are schools still operating without access to water and electricity in KZN and LP such as Hlanzeni PS, Ntanyeni PS (KZN). Poor road infrastructure continues to limit access to schools, especially those situated in rural areas.
- 6) In most clinics staff establishment is not in line with the determined workload resulting in staff shortages.
- 7) Some of the clinic's spaces are too small and does not accommodate all services and staff. This include issues of poor infrastructure maintenance.

- 8) Most of the facilities do not have backup system for emergency during water and electric interruptions.
- 9) Most of the facilities do not have proper lockable waste storage areas and weaknesses in contract management, for example Tjakastad clinic was found to be not having a proper waste storage facility thus posing a serious health risk to the clients and children.
- 10) Some facilities do not adhere to the waiting times as prescribed in the Department of Health 's national guidelines.
- 11) Shortage of Ambulance services and proper life support equipment in some areas, particularly in more rural communities.
- 12) A number of facilities are non-compliant to safety regulations (No fire and/or electrical certificates), especially in Vhembe District (LP).
- 13) Doctors do not visit clinics as per the schedule compromising patients access to primary health services.
- 14) There are delays of the issuing of clinic committee's appointment letters from the provincial offices of the MEC.
- 15) A number of clinics visited in Pixley Ka Seme District (NC) have security challenges as there are no 24hr security guards.
- 16) In most clinics staff establishment is not in line with the determined workload resulting in staff shortages.
- 17) Some of the clinic's spaces are too small and does not accommodate all services and staff. This include issues of poor infrastructure maintenance.
- 18) Most of the facilities do not have backup system for emergency during water and electric interruptions.
- 19) Most of the facilities do not have proper lockable waste storage areas and weaknesses in contract management, for example Tjakastad clinic was found to be not having a proper waste storage facility thus posing a serious health risk to the clients and children.
- 20) Some facilities do not adhere to the waiting times as prescribed in the Department of Health 's national guidelines.

- 21) Shortage of Ambulance services and proper life support equipment in some areas, particularly in more rural communities.
- 22) A number of facilities are non-compliant to safety regulations (No fire and/or electrical certificates), especially in Vhembe District (LP).
- 23) Doctors do not visit clinics as per the schedule compromising patients access to primary health services.
- 24) There are delays of the issuing of clinic committee's appointment letters from the provincial offices of the MEC.
- 25) A number of clinics visited in Pixley Ka Seme District (NC) have security challenges as there are no 24hr security guards.
- 26) Access to services by victims remains a challenge in rural areas of the Eastern Cape and KwaZulu Natal especially in far flung areas. This poses challenges for services to be provided timely and sufficiently to the victims.
- 27) Shortage of resources in police stations e.g. vehicles worsens the problem
- 28) Challenge remains with unfunded intervention activities and shortage of specialised staff including other support resources in TCCs and VFRs.
- 29) Weak coordination of interdepartmental interventions and collaboration to address inadequate resources and collective service delivery monitoring processes.
- 30) The shortage of forensic laboratories and huge backlogs on DNA samples and Forensic investigations hinders speedy delivery of services to victims.
- 31) Delapidated and ageing infrastructure utilised to deliver services remains an area of concern.
- 32) The Memorandum of Understanding on the functionality of TCCs has not been signed at a provincial level between key stakeholders and this affects working relations and provision of services in some TCCs. The signed MOUs need to be cascaded down and signed at the facility level with site-specific protocols.
- 33) In eThekweni Metro: during the visit in December 2022, there was no provision of water and electricity at Namibia Stop 8 and beneficiaries are

currently struggling with these services. There were few ablution facilities for beneficiaries (1 cubicle allocated per gender). Some housing units are leaking at the bottom of the structures in Namibia Stop 8. In Crystal Valley, despite provision of decent shelter, residents have limited access to water and electricity.

- 34) In KwaDukuza Local Municipality: some areas had no basic services such as water, electricity and sanitation (Ward 09, no water, electricity and sanitation; Ward 11, no water and sanitation).
- 35) Depleting resources from the donors who have played a major role in the running of shelters.
- 36) There is a challenge with the availability of land that can be used to build TRUs. In areas where land is available, some people in the shelters are not willing to relocate to areas outside their municipal wards.
- 37) There are areas with poor access roads to places where TRUs should be constructed.
- 38) Some TRUs in Mandeni have problems with the roof insulation that was not properly fixed and looks like they will collapse. Unattended service delivery and development deliverables on housing and infrastructure (roads and bridges) and lack of maintenance of the existing infrastructure such as stormwater management.
- 39) Ndzaka bridge collapsed and community members have challenges in accessing the roads leading to other villages.
- 40) During the visit in December 2022, there were still families which are homeless and were never catered for when the TRUs were allocated to province. This includes 126 households in Ward 2 that are without electricity.
- 41) On rainy days all access roads leading to clinics and schools become muddy and not accessible by car and this led to people having to leave their cars far and walk to their destination points.
- 42) Uncoordinated efforts by government institutions on the ground in addressing emerging issues on flood disaster response management remains a challenge.

- 43) Slow response of government in providing for the emergency crisis, there is no model to manage and resource shelters especially in the context of anticipated delays in relocating displaced families.
- 44) Unattended service delivery and development deliverables on housing and infrastructure (roads and bridges) and lack of maintenance of the existing infrastructure such as stormwater management.
- 45) Uncoordinated planned interventions to support and provide enablers for farming communities.
- 46) Non-provision of basic humanitarian services such as emergency water supply and sanitation services (only 17 water tanks reported to be inadequate and seemingly unreliable mobile water tankering services).
- 47) There seemed to be no clarity on the provision of the 50 VIP mobile toilets to assist the community.
- 48) Lack of clarity on funding and the delay of appointing engineers to rehabilitate the 7 internal roads. The funding of R111.1 million that was announced in the MTBPS for North West is for the rehabilitation and reconstruction of national roads across the province and cannot be redirected to the 7 internal roads in Deelpan.
- 49) The community prefer RDP's as opposed to Temporary Residential Units (TRU's).
- 50) Delay in the replacement of equipment for local businesses due to the unavailability of an approved concept document. Some of the Deelpan businesses are owned by foreigners hence they do not meet the requirements for business support that has been made available.
- 51) Assessment of suitability of the identified land for relocation; and a need to identify a further piece of land for relocation beyond the current one which is reported to be about 5 hectares.

Annexure B: Consolidated list of Recommendations

- 1) It is recommended that the DBE and Provincial Education Departments note the monitoring results and devise mechanisms to address the identified gaps.
- 2) DPME will share the list of where shoddy work was observed in building sanitation infrastructure, and provinces working with DBE need to develop plans on how to rectify this situation with dates.
- 3) Enhance communication and transparency between the provincial DBE/Districts and targeted schools regarding the implementation of SAFE project.
- 4) DBE is advised to engage PEDs and District Offices on maintenance and aftercare of ablution facilities prior to the hand over. There should be clear maintenance guidelines for the schools and framework to monitor the implementation thereafter.
- 5) DBE is advised to conduct an evaluation study and determine the impact of Assistant Educators in schools, as they seem to be valuable and play a crucial role in creating a conducive environment for teaching and learning.
- 6) PED's are encouraged to continue working with parents and communities in seeking workable solutions towards improving safety and security in schools.
- 7) Based on 2018 National Learner Transport Programme evaluation recommendations, the DBE and Department of Transport to consider policy review to address challenges raised in the evaluation report including budgeting. A plan with timeframes on policy review and implementation of the recommendations should be developed.
- 8) Facilities should be supported with additional clinical staff to alleviate service delivery delays signified by the long queues.
- 9) There is a need for DoH to review and amend employment strategies to attract and retain clinical staff especially Certified Nursing Practitioners (CNP's) in rural areas.
- 10) Mitigate infrastructure challenges in clinics and revamp older clinics (e.g. Khayaletu, Lawaaikamp, Rosemoor, etc.) as this impact accessibility and service delivery turn-around times.
- 11) There is a need for DoH to ensure optimal safety and security arrangements in clinic facilities to ensure safety of patients, staff, and State resources.

- 12) The DoH is encouraged to ensure that all facilities have proper waste management and removal services as per the sector standards.
- 13) Improvement of patients waiting times and ambulance services remains as areas for DoH to prioritise to ensure provision of better services to citizens.
- 14) Support and maintain positive community relations by finalising the appointment of Clinics Committees.
- 15) Finally, it is recommended that key transversal improvements be integrated into the district and where necessary the departmental Service Delivery Improvement Plan (SDIP).
- 16) Acknowledging the work already done by DoH in trying to address the above-mentioned challenges; despite the fact that the vaccination programme has subsided, the following is recommended.
- 17) In future, the location and size of private sites to assist government should be considered before launching any public health related programme, and ensure availability of required equipment to support the delivery of services.
- 18) The sub-district where they have a role to play should be supported with sufficient human resources and tools of trade in line with the population expected to serve.
- 19) DoH at a provincial level needs strengthen records management to ensure that correct and updated patient statistical information is kept at the facility level.
- 20) Emphasize the importance of communicating possible side effects for any vaccination/ immunisation at a facility level by healthcare professionals as part of government's effort to deal with perceptions that can lead to hesitancy.
- 21) With the national vaccination programme subsided it remains important for DoH to continue intensifying communication and awareness on the need for all eligible citizens to register and undergo the vaccination process.
- 22) Installation of basic services (water, electricity and sanitation) be prioritised in all TRAs, TEAs and TRAs. – DPME, National DHS and KZN OTP should continue to conduct monitoring and verification of reported progress, to ensure that people are moved from shelters to TRUs, TRAs and TEAs.
- 23) There should be engagements with KZN OTP, DSD, and DHS at the provincial level for possible and workable intervention mechanisms regarding

- the budgetary constraint impacting the provision of food vouchers and weekend social services at the shelters.
- 24) The Provincial Department of Human Settlement needs to fast-track the construction of TRUs, especially for those victims that can still settle in their original stands / residential areas.
 - 25) The contractor responsible for the construction of TRUs at Mandeni should urgently fix all the identified shortcomings at the already completed TRUs.
 - 26) Integrated sector efforts in monitoring progress of the implementation plan with R2,7 Million allocated for 1 project of roads maintenance.
 - 27) DPME and OTPs to closely engage Human Settlements and monitor the provision of alternative shelter to affected households (delivery and connection of basic services to TRUs).
 - 28) Ingquza Hill Local Municipality should make use of the list of access roads that was provided by Ward Councillors and prioritize repairs and maintenance based on conditions of roads and those that need urgent intervention.
 - 29) There is an urgent need for the construction of a new reinforced concrete bridge at Ndzaka.
 - 30) Prioritization of road maintenance is key in areas where there are schools and clinics.
 - 31) As part of the recommendations from the DG's oversight monitoring visit, social facilitation was recommended to deal with trust deficit and distance between North West government and the Deelpan community.
 - 32) NWU will assist by acting as a social facilitator between the government of North West and Deelpan community in resolving issues that are hampering progress in the implementation of flood disaster interventions.
 - 33) The scoping workshop was held on 06 December 2022 between the NWU and government stakeholders (namely DPME, the National Disaster Management Centre (NDPC), the North West Provincial Government, and the North West Provincial Disaster Management Centre (NW-PDMC), in preparation for engagement with the community.

- 34) Necessary reporting protocols by various provincial structures and task teams to the OTP/DPME are required - with the proposal that the NDMC present status updates every 2 weeks to the OTP and DPME.
- 35) DPME, in collaboration with the OTP, will conduct on-site verification visits and attend some of the disaster management committee's meetings.
- 36) High and unpredictable telephone costs, the toll-free number used for the President's Hotline is toll-free to the caller, but is very costly to government, especially the bills from cellular operators.
- 37) Weaknesses in Information Technology System (SITA), used to collect PH data. This affects the quality of information captured by agents, resulting in an inability to extract good management information, insights, intelligence or knowledge from the data.
- 38) Reporting period, needs to be adjusted so that calls logged in the past 25 working days are not reported on. Departments and Provinces needs a minimum of 25 working days (as per set DPSA standard) to investigate and resolve calls.
- 39) Citizens knowledge, poor public understanding as well as negative perceptions of the Presidential Hotline.
- 40) Administrative arrangements, The Presidential Hotline point of contact in all provinces is the Offices of the Premier (OTP). This poses limitations as the districts and local level officials deal with cases. The second line must be able to view performance trends on a daily basis on the ITSM platform for ease of analysing information and reports generation.