



**planning, monitoring  
& evaluation**

Department:  
Planning, Monitoring and Evaluation  
REPUBLIC OF SOUTH AFRICA

*"Thuma Mina!"*



**FRONTLINE MONITORING & SUPPORT PROGRAMME**

**INTEGRATED MID-YEAR REPORT**

**IMPLEMENTATION OF MTSF OVERSIGHT MONITORING  
ACTIVITIES**

**APRIL-SEPTEMBER 2022**

# CONTENTS

ABBREVIATIONS .....	iii
EXECUTIVE SUMMARY .....	iv
PART A.....	6
1. INTRODUCTION.....	6
2. BACKGROUND .....	7
3. PURPOSE OF REPORT.....	8
4. FOCUS OF OVERSIGHT MONITORING IN THE PAST SIX MONTHS .....	8
4.1 Methods of Data Collection .....	8
PART B.....	8
5. SUMMARY MONITORING OF MTSF PRIORITIES.....	8
5.1. Education .....	9
5.2 Engagement with school governing boards.....	10
5.3 Lessons learnt .....	11
5.4 Cross cutting challenges in monitored public schools.....	12
5.5 Recommendations.....	12
6. HEALTH .....	14
6.1 Ideal Clinic Realisation Model Verification Monitoring .....	14
6.1.1 Focus areas .....	14
6.1.2 Cross cutting challenges .....	15
6.1.3 Recommendations.....	16
7. GENDER-BASED VIOLENCE.....	20
8. DISASTER MANAGEMENT .....	24
8.1 KwaZulu-Natal.....	24
8.2 Eastern Cape.....	27
8.3 North West .....	28
9. PRESIDENTIAL HOTLINE INTERVENTIONS .....	29
Top 5 categories: Overview of issues as received by the Presidential Hotline (1 April - 30 June 2022).....	30
9.1 Presidential Hotline Challenges .....	31
10. EXECUTIVE OVERSIGHT MONITORING .....	32
11. LESSONS LEARNT ON THE OVERALL IMPLEMENTATION OF FM&S.....	33
12 . RECOMMENDATIONS .....	33
13. CONCLUSION .....	34

<b>14. PHOTOGRPAHIC EVIDENCE</b> .....	35
<b>Annexure A: Consolitated list of Challenges</b> .....	38
<b>Annexure B: Consolidated list of Recommendations</b> .....	41
<b>Annexure C: List of Sites Monitored for COVID-19 Vaccination</b> .....	45

## LIST OF FIGURES

<b>Figure 1: ICRM Verification Monitoring areas</b> .....	15
<b>Figure 2: Overview of top 5 issues</b> .....	30
<b>Figure 3: Damaged house in OR Tambo District, EC</b> .....	35
<b>Figure 4: Inadequate medical waste storage at Heidelberg Clinic, WC</b> .....	35
<b>Figure 5: Newly constructed ablutions as part of the SAFE Schools Programme, LP</b>	35
<b>Figure 6: EVDS computer</b> .....	36
<b>Figure 7: Refrigerator with vaccines</b> .....	36
<b>Figure 8: Focus Groups discussions in Volkrust and Middleburg</b> .....	36
<b>Figure 9: Hospital pharmacy and waiting area</b> .....	37
<b>Figure 10: Hospital signage and vaccination area</b> .....	37
<b>Figure 11: Mangaung Executive Monitoring visits</b> .....	37

## LIST OF TABLES

<b>Table 1: Monitoring coverage of SAFE Schools across six (6) Provinces</b> .....	9
<b>Table 2: Coverage of Districts and in KZN</b> .....	21
<b>Table 3: Progress reported during Feedback sessions as per monitoring findings and improvement reports</b> .....	23
<b>Table 4: Shelters and TRUs monitored in KZN</b> .....	25
<b>Table 5: List of verified roads in EC</b> .....	27
<b>Table 6: Summary of executive monitoring visits</b> .....	32

## 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
OTP	Office of the Premier
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 the first half of the 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), the availability of Gender-based Violence services, as well as the implementation of the SAFE Schools Programme.

The FM&S programme utilises mixed methods for its monitoring activities: standardised questionnaires are used to obtain information from staff and management at facilities, and facilitates the recording of monitor observations. Citizens and community stakeholders (such as School Governing Bodies, Clinic Committees, and traditional authorities) are engaged with in focus group formats 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 implemented oversight and/or community engagements.

Although each 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 shortages of water and electricity supply, or back-up installations, and (v) inadequate citizen consultation and participation.

This report details the activities, findings and recommendations per focus area. A consolidated list of the challenges experienced and recommendations made is annexed to this report as Annexures A and B.

Photographic evidence is included as part of this report.

## PART A

### 1. INTRODUCTION

The Department of Planning, Monitoring and Evaluation (DPME) Frontline Monitoring and Support (FM&S) Programme 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 Frontline Monitoring and Support 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 (NDP) emphasis on the State to facilitate active citizenry and participation. To do this, the MTSF commit 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. The sixth administration therefore, approved a District Development Model (DDM) which seeks to harness coordination on the development of One Service Delivery Plan and One Budget with implementation aligned to the district spatiality. In response to the above, the DPME had to adjust 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, for the first two quarters, the programme planned to deliver on the following:

<p><b>Q1</b></p> <ul style="list-style-type: none"> <li>• <b>COVID-19 Vaccination Programme:</b> <ul style="list-style-type: none"> <li>- Feedbacks and escalations</li> <li>- Close-out Report</li> </ul> </li> <li>• <b>SEZ / IP:</b> <ul style="list-style-type: none"> <li>- Feedbacks</li> <li>- Improvement planning (task team formation)</li> <li>- Status quo on outstanding sites / facilities</li> </ul> </li> <li>• <b>Rails and Ports:</b> Planning</li> <li>• <b>SAFE Schools Initiative: Feedback and Improvement</b> <ul style="list-style-type: none"> <li>- Onsite monitoring (MP (20), NW (20) and FS (20) = 159</li> </ul> </li> <li>• <b>Disaster Management:</b> KZN, EC, NW and NC</li> <li>• <b>Executive Monitoring (DDM) + Local Government</b> <ul style="list-style-type: none"> <li>- Improvements planning monitoring (2021/22 Executive visits)</li> <li>- <b>SONA Commitments</b></li> </ul> </li> </ul>	<p><b>Q2</b></p> <ul style="list-style-type: none"> <li>• <b>GBV&amp;F:</b> <ul style="list-style-type: none"> <li>- Feedback and improvements</li> </ul> </li> <li>• <b>SEZ / IP:</b> <ul style="list-style-type: none"> <li>- Improvements monitoring / verifications (task team)</li> <li>- <b>Food Security:</b> Planning / Conceptualisation</li> </ul> </li> <li>• <b>Ideal Clinic Verification (NHI):</b> <ul style="list-style-type: none"> <li>- Onsite monitoring (WC, FS, MP, KZN = 100)</li> </ul> </li> <li>• <b>SAFE Schools Initiative:</b> <ul style="list-style-type: none"> <li>- Feedback and improvements planning / verifications</li> </ul> </li> <li>• <b>Disaster Management:</b> KZN, EC, NW and NC</li> <li>• <b>Executive Monitoring (DDM) + Local Government</b> <ul style="list-style-type: none"> <li>- Improvements monitoring (2021/22 Executive visits)</li> <li>- <b>SONA Commitments</b></li> <li>- <b>Public Service Month (Monitoring Activities)</b></li> </ul> </li> </ul>
--	---

## 2. BACKGROUND

The FM&S Programme 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, 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 2022-23 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. FOCUS OF OVERSIGHT MONITORING IN THE PAST SIX MONTHS**

#### **4.1 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 MONITORING OF MTSF PRIORITIES**

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 current health pandemic, 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 the past six (6) months focused on five (5) 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

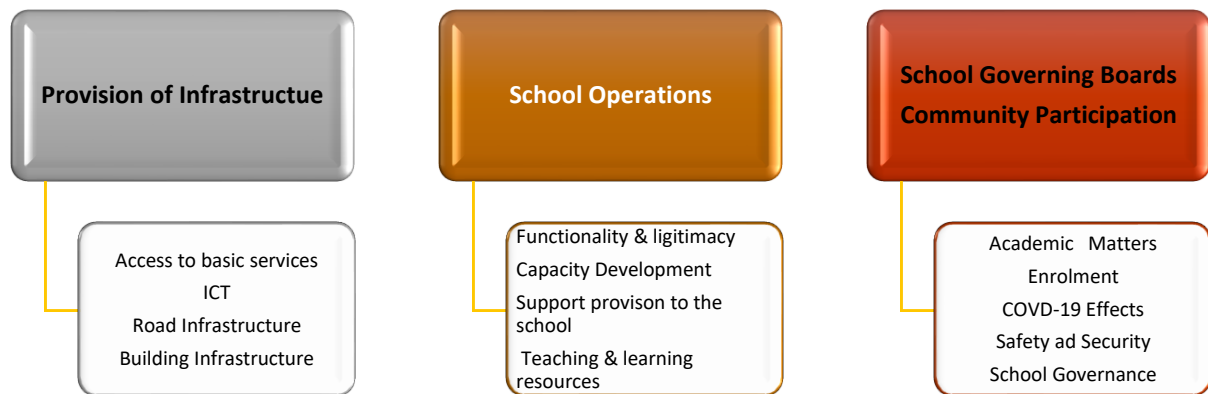
DPME in collaboration with the OTPs conducted a case study in hundred and fifty-nine (159) schools; firstly to verify progress made on the eradication of inappropriate school sanitation as part of the DBE's SAFE project, secondly to assess the status of teaching and learning in schools post COVID-19, thirdly to determine progress made by DBE in improving overall school infrastructure, and lastly to determine the functionality of SGBs and the extent to which community is involved.

Below is a table indicating the areas and number of schools visited in (i) Eastern Cape, (ii) KwaZulu-Natal, (iii) Free State, (iv) Limpopo, (v) North West, and (vi) Mpumalanga Provinces.

**Table 1: Monitoring coverage of SAFE Schools across six (6) Provinces**

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

Below are the key areas in which monitoring focused:



All 159 schools were found operational as per DBE norms and standards. Significant improvements on the sanitation facilities were noted despite challenges of contract management and the poor quality of work in provinces such as KZN. 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 shortage of text books, stationery, and educators for critical subjects appeared to remain a challenge. All 159 schools have elected School Governing Boards, however, training and orientation on roles and responsibilities remain an area for DBE to improve, to ensure effective functionality of SGBs. There is access to basic municipal services such as water and electricity. However, lack of access to basic services was noted in schools situated in rural areas of EC, LP, MP and KZN. In addition, safety and security remain an area of improvement across all six provinces increasing the vulnerability of schools to vandalism and theft.

## 5.2 Engagement with school governing boards

All monitored schools had appointed full member SGBs except for Clydesdale JSS, Hlanzeni PS and Nyenyezi PS (KZN) where there were vacancies. Training was provided mainly by the school management covering issues of roles and responsibilities. However, during engagements the SGBs generally showed lack of understanding their roles and responsibilities which directly affected their functionality. Nonetheless, in provinces such as FS, EC, MP, SGBs appeared to be very much

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 regarding parents not supporting schools except attending meetings.

With regards to school functionality, the SGBs highlighted the following common challenges (i) dilapidating building infrastructure, (ii) shortage of classrooms, (iii) late delivery of stationery and insufficient textbooks, (iv) lack of internet connection, (v) budget cuts by DBE, (vi) constant school vandalism, (vii) shortage of scholar transport for learners, (viii) poor road infrastructure leading to schools, and (ix) 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 plays a crucial role in areas where there are shortages of teachers and their presence improved teaching and learning;
- iv. The placement of excess teachers has a potential to threaten the performance as it may be impossible for some school to continue functioning with much lesser Educators;
- 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 minimal challenges and better performance;
- vi. Some schools in EC (Mathole West and East Districts) could not be visited due to strike and were replaced with those in Buffalo City; and
- vii. 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 lacked** 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, this is not supported by much needed overall school building infrastructure improvements.
- ii. Lack of investment on **safety and security** in schools result in theft and at times violence incidences.
- iii. **Shortage of Teaching and Learning material due to** late delivery affected most monitored schools. Delays in filling of vacant posts and non-renewal of contracts for Educator Assistants creates a gap in teaching. Lack of support for learners in need of placement to special schools and availability of such schools in EC and LP.
- i. **Non-provision of library and nutrition centres** resulted in schools converting classrooms to cater for such needs. High level of substance abuse and teenage pregnancy in Secondary Schools remain a concern.
- ii. **Dilapidating Building infrastructure** while schools have received new ablution facilities, classroom infrastructure appeared to be dilapidated with no proper maintenance. Absence of Infrastructure Development Plans in schools prevents proper day-day maintenance.
- iii. **Access to Basic Services is still a challenge** (schools operating without access to water and electricity) in KZN and LP such as Hlanzeni PS, Ntanyeni PS (KZN). Poor road infrastructure continues to limit accessibility of schools especially those situated in rural areas.

## 5.5 Recommendations

- i. It is recommended that the national and provincial DBE note the monitoring results and devise mechanisms to address the identified gaps. The intervention plan should include a meeting with relevant stakeholders in KZN to reconcile

- all project reports and address challenges hindering effective implementation of SAFE.
- ii. Enhance communication and transparency between the provincial DBE/Districts and targeted schools regarding the implementation of SAFE project.
  - iii. DBE is advised to engage the 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.
  - iv. DPME should engage DBE to seek clarity on the policy or process requirements for schools in ordering learning and teaching material, and existing systematic challenges thereafter.
  - v. DBE is advised to conduct an evaluation study and determine the impact of Assistant Educators in schools, as they seem to be a valuable and necessary role to address staff shortages.
  - vi. DBE is encouraged to continue working with parents and communities in seeking workable solutions towards improving safety and security in schools.
  - vii. DBE should engage the Department of Transport and other relevant stakeholders to devise an improvement plan for access roads leading to schools in rural areas.

## 6. HEALTH

### 6.1 Ideal Clinic Realisation Model Verification Monitoring

Governments accelerated efforts towards realising the full implementation and rollout of the NHI prompted the Department of Planning, Monitoring and Evaluation's (DPME) Frontline Monitoring and Support (FM&S) unit to conduct visits to various facilities across provinces to verify the status of clinics earmarked 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 and user tools designed and categorised into different themes aligned to the Ideal Clinic Realisation Model (ICRM) programme sub-components and elements.

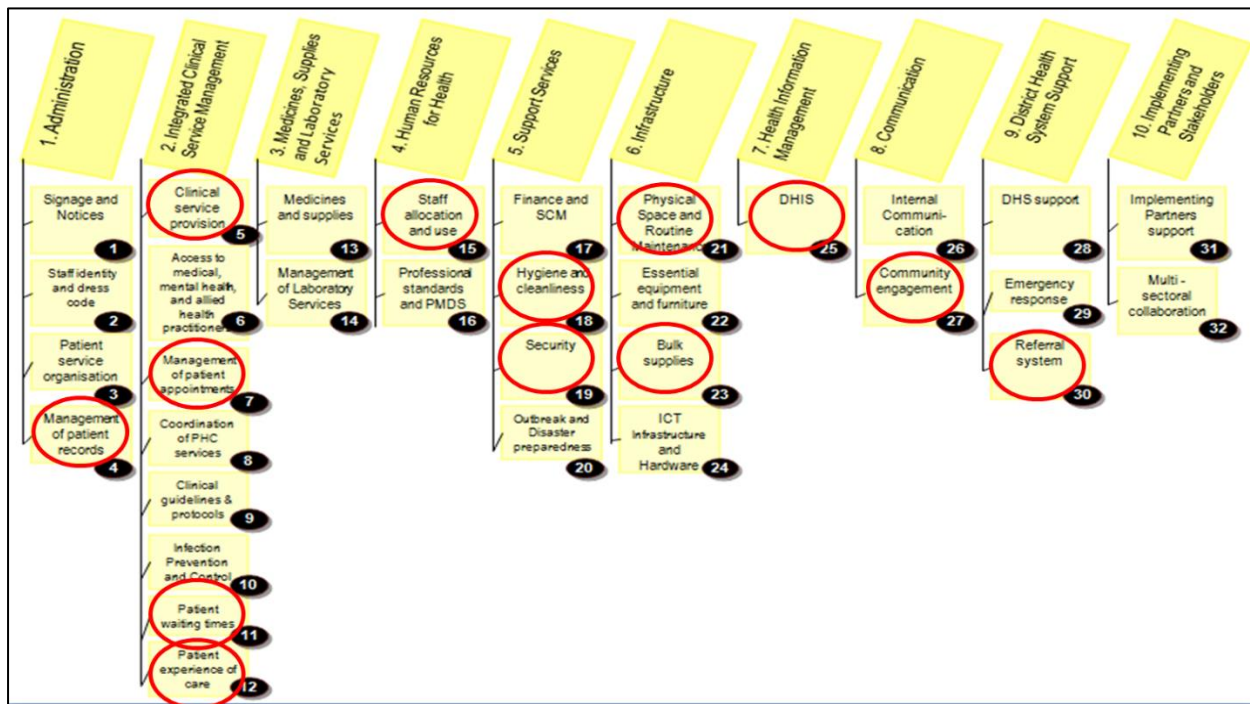
The administration of the tools incorporated the Frontline Service Delivery Monitoring (FSDM) approach of (i) Management Engagements (formal interviews with the clinic management where questions were asked and evidence requested), (ii) Monitor Observations (monitor taking a walk about around the facility to collect necessary photographic evidence); and (iii) Citizen Engagements (informal citizens interviews to determine the level of satisfaction with services provided by the clinic).

Four provinces (Free State, KwaZulu-Natal, Mpumalanga, and the Western Cape) were monitored during the first phase of this project, with Eastern Cape, and Northern Cape taking place in Q3 of the 2022/2023 financial year. A total of 111 clinics were monitored during this first round of verifications.

#### 6.1.1 Focus areas

The verification of the ICRM focused on verifying the areas of the model that centers around patient interaction and the associated services. below is a detail of areas in which the verifications focused on.

**Figure 1: ICRM Verification Monitoring areas**



### 6.1.2 Cross cutting challenges

- i. In most clinics staff establishment is not in line with the determined workload resulting in staff shortages.
- ii. Some of the clinic's spaces are too small and does no accommodate all services and staff.
- 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, 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.
- v. Some facilities do not adhere to the waiting times as prescribed in the Department of Health 's national guidelines.
- vi. Poor Ambulance services in some areas, particularly in more rural communities.
- 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.

### 6.1.3 Recommendations

Some of the recommendations include:

- i. Facility managers are supported with additional clinical staff to alleviate service delivery delays signified by the long queues and 80% operational focus of the facility manager who are forced to do their administrative duties after at their homes after hours;
- ii. Revisit and augment strategies to attract and retain clinical staff especially Certified Nursing Practitioners (CNP's) in rural areas. Part of this could involve negotiations with relevant parties to implement Recognition of Prior Learning (RPL);
- iii. Mitigate limited space at clinics some of the older clinics (e.g. Khayaletu, Lawaai kamp, Rosemoor, etc.) as this impact accessibility and service delivery turn-around times;
- iv. A need to ensure consistent optimal safety and security arrangements for all the health facilities to ensure safety of patients, staff, equipment, and general health premises;
- v. The Department of Health should ensure that all facilities have proper lockable waste storage areas to ensure the safety of patients and children;
- vi. Department of Health should ensure that all facilities adhere to the prescribed waiting times;
- vii. Support all the clinics work with and maintain positive community relations through governance structures such as the Clinics Committees; and
- viii. Finally, it is recommended that key transversal improvements be integrated into the district and where necessary the departmental Service Delivery Improvement Plan (SDIP).

## 6.2 COVID-19 Vaccination

DPME and Offices of the Premiers continued similarly as done in preceding phases, to monitor the rollout across the nine provinces, with the plan targeting  $\pm 90$  secondary vaccination sites (government and non-government medical facilities as well as non-medical sites). The monitoring of this phase took place between the 16<sup>th</sup> of August and the 03<sup>rd</sup> of September 2021.

In November 2021, the DPME and Offices of the Premier expanded the COVID-19 monitoring of the vaccination with more focus on assisting government in determining the perceptions associated with vaccine hesitancy. The COVID-19 Vaccination Focused Rapid Assessment study was then undertaken from 08 November 2021 to 31<sup>st</sup> March 2022 prioritizing five Provinces, namely, Gauteng province (GP), Kwa-Zulu Natal (KZN), Mpumalanga province (MP), Northern Cape (NC) and North West (NW); covering Metros and Districts, across Local Municipalities. Below is a summary of monitoring results from the above-mentioned provinces.

### 6.2.1 Vaccine hesitancy

The evident declining number / vaccine hesitancy might ultimately result in wastages (doses / expired vaccines) and revolt by citizens who could be turned back due to sites not wanting to open new vials. Massive 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. Lastly, due to vaccine hesitancy and misinformation members of the community are resorting to buying the vaccine certificate without been inoculated, it was noted in the WC and GP mostly in private sites.

### 6.2.2 Facilities Infrastructure

The majority of clinics including pharmacies that are vaccinating on site are under severe pressure due the small buildings they find themselves in. As a result, there is lack of adequate seating space at the clinics, except for where the vaccine sites are operating from community halls. Lack of an appropriate COVID ward / isolation room is a major challenge in private facilities. There is also a lack of an appropriate resuscitation rooms. Infrastructure challenges affect the running of vaccination sites

e.g. lack of stable water supply as well as toilet facilities that sites cannot use for patient.

### **6.2.3 Human Resource for Health**

Human resources remain a challenge in monitored facilities, for example, sites that have to conduct Outreach are either closed on that day or left with few staff members onsite 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. Private facilities such as Clicks & Dischem resourcing, impacts other key services (such as immunisations and prescription distribution) offered by sites;

### **6.2.4 Recording and Information Systems**

EVDS appointment system challenges persist with slots being opened by facilities on the system but allocations / appointments not being scheduled. This compromise planning by facilities.

### **6.2.5 Planning and coordination**

The poor planning and lack of coordination on delivery of vaccines results in long waiting times for citizens and frustration of vaccinators, particularly where private transportation has 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 will compromise the targeted numbers and implementation of the program while discouraging those that have to travel long distances to access a site.

### **6.2.6 Safety and Security**

The withdrawal of security services (armed / unarmed) in escorting pharmacists during collection of vials from one facility to the other poses a security risk. Inconsistency in opening times and days by vaccination sites, as well as incorrect information in relation to launched vaccination sites will compromise the safety and security and revolt by citizens who could be turned back due to sites not wanting to open new vials.

### 6.2.7 Awareness and Communication

Unclear understanding by citizens on private sector / medical aid contributions for their clients results in insured citizens complaining of being charged at private vaccination facilities. Inconsistency in informing clients about the side effects of vaccines. Some facilities not servicing clients but redirecting them to go to sites that provided the first jab compromises the convenience for citizens.

### 6.2.8 Lessons learned

- i. Planning and coordination remains a challenge: While the rollout at outreach sites is commendable, however there is a risk of delay in terms of vaccines reaching sites which consequently results in citizens spending more time than necessary at the vaccination sites.
- ii. The vaccine hesitancy is negatively impacting the country's goal of reaching herd immunity as evident in the dwindling numbers of citizens at vaccination sites. The low turnout or hesitancy of citizens to take the vaccine is mostly resulting from the lack of communication and false information about the vaccine.
- iii. The ongoing resource constraints is persisting more so that outreach sites (tribal halls) are being utilized as secondary sites leaving already stretched primary sites (hospitals and CHC) with depleted staff.
- iv. The active involvement of ward councillors has resultant to a high turnout of people to take vaccine at Kanonkop Cricket Club Hall (MP).
- v. Private sector seems more advance on using technology in their pharmacies compare to government /public facilities and there are able to use limited human resources efficiently.
- vi. Good working relationships between health facilities, private sector and other key stakeholders would improve the resourcing of the vaccination project, for example SANDF have supplied Barberton Hospital (MP) with a tent and Impungwe Hospital has agreed with Thungela Mine to supply the facility with two tents that will assist on temporary waiting area for citizens.

## 6.2.9 Recommendations

- i. The location and size of private / pharmacy sites to be considered before launching them as vaccination sites; and ensure that sites have the required equipment to support the vaccination programme.
- ii. The sub-district must allocate both human resources and tools of trade in line with the population each site is expected to serve.
- iii. Reinstate the standard operating procedures implemented with the previous security company, which includes armed security personnel escorting pharmacists during collection of vials from other sites.
- iv. DoH at a provincial level needs ensure that correct and updated stats are kept at the facility level.
- v. Transportation of vaccines should consider the safety of staff and the vaccines being transported, well management of schedules is key to ensure that vaccines are delivered on time.
- vi. Emphasize the importance of possible side effects being communicated at a facility level by healthcare professionals as part of government's effort to deal with perceptions created by anti-vaxxers.
- vii. With the national vaccination programme having intensified it is vital that government in all spheres to counter vaccine hesitancy by intensifying communication and awareness on the need for all eligible citizens to register and undergo the vaccination process. Socio-behaviour communication will enhance the country's momentum towards the attainment of herd immunity. Strategy on encouraging people to vaccinate, in response to the on-going negative messages / perceptions by anti-vaxxers.

## 7. GENDER-BASED VIOLENCE

Following the 2018 Presidential Summit on GBV&F in South Africa number of government interventions have been put in place to respond to the scourge of GBV&F. An Emergency Response Plan (ERP) to combat GBV&F was developed and an amount of R1,6 billion was sourced through budget reprioritisation aiming to implement key interventions that would eradicate the scourge of GBV&F. SAPS allocated over 1,2

billion rands on baseline activities related to fighting GBVF, both proactive and reactive responses to these crimes, and resourcing of the Family Violence, Child Protection, and Sexual Offences (FCS) Units. This is to ensure that GBVF victims can get the necessary services and support from SAPS Victim Friendly Rooms (VFR). In the 2021/22 Financial Year, R 1,142 billion on FCS units' human and other resources, which includes operating expenses and KZN was allocated.

From the week of the 29<sup>th</sup> November to the 3<sup>rd</sup> December 2021, DPME conducted oversight monitoring visits in KZN province at (i) Amajuba, (ii) King Cetshwayo, (iii) uMgungundlovu, and (iv) eThekwini District Municipalities. On 13 September 2022 DPME conducted feedback sessions aimed at presenting findings and recommendations based on site visits undertaken between November-December 2021.

**Table 2: Coverage of Districts and in KZN**

District	Local Municipality	TCC Sites Visited	VFR Sites Visited
Amajuba	Newcastle	Madadeni TCC	Osizweni VFR
King Cetshwayo	City of uMhlatuze	Empangeni TCC	Empangeni VFR
uMgungundlovu	Msunduzi	Edendale TCC	Plessislaer VFR
eThekwini	eThekwini	Umlazi TCC	Umlazi VFR
eThekwini	eThekwini	Phoenix TCC	Inanda VFR Ntuzuma VFR KwaMashu VFR

The key challenges observed during the initial visits:

- i. 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.
- ii. Though the NPA agreed with National Laboratories to Fastrack cases brought to them, the provinces are in desperate need of a Laboratory.

However, at a site level, provinces provided feedback regarding infrastructure since monitoring visits were conducted in 2021. Below is a summary of improvements per monitored sites.

**Table 3: Progress reported during Feedback sessions as per monitoring findings and improvement reports**

<b>TCC</b>	<b>Infrastructural issues</b>
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. The TCC services will be temporarily provided from a new location within Madadeni Hospital's Crisis Centre with all TCC service areas fully functional.
Empangeni TCC	The CCTV system was working at the TCC at the time of the monitoring visit in December 2021. The Park home has not been renovated. Furniture and couches are in the process of being received. Ramps and rails are yet to be fixed.
Edendale TCC	There is a shortage of space and there are discussions underway to see where and how can services be provided where there is bigger space. At the moment, existing structures within DOH are used to accommodate some of the services.
Phoenix TCC	There are discussions within the NPA and various stakeholders to address the issue of shortage of space within the facility. 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 awaiting delivery and NPA is in the process of procuring a second fridge for the facility. However, CCTV system is still not functional.
Umlazi TCC	The facility will be redesigned for optimal use and the facility have now JoJo tanks for additional water from the reservoir within the hospital. The process of procuring additional furniture is underway.
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	The issue of an open door at the VFR is being addressed.
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.



## 8. DISASTER MANAGEMENT

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

### 8.1 KwaZulu-Natal

KZN experienced extensive rains that affected all 10 districts and the Metro, leading to flooding in some areas. The rains had devastating effects leading to damage to the houses, roads, and other infrastructure. Settlements located close to rivers and waterways were severely impacted, and some dwellings were swept away. Informal settlements were also among the most affected, especially those located in poor terrain.

Monitoring in KZN focused on the provision of shelters, the construction of temporary residential units (TRUs), and services provided by DSD and DHA. Below is a list of sites visited.

**Table 4: Shelters and TRUs monitored in KZN**

DISTRICT	SHELTER NAME	DISTRICT	TRU SITE
uMgungundlovu	Truro Community Hall, Msunduzi, Ward 28	uMgungundlovu	Msunduzi TRUs
iLembe	Malende Hall, Ward 09	iLembe	Ndwedwe TRUs
	Lindelani Community Hall, Ward 05	iLembe	Mandeni TRUs
	KwaMhlongo Community Hall, Ward 10	Ugu	Ray Nkonyeni
	Imfundoyethu Creche, Ward 18	Ugu	Umdoni
Ugu	Jesus Community Hall, Ward 23	Ugu	Umzambe
	KwaNguza Community Hall, Ward 03	eThekwini	Molweni
eThekwini	KwaDabeka Hall Ward 19	eThekwini	Umbumbulu
	Kwandengezi Hall, Ward 12		
	Kwandengezi Safaro Hall, Ward 12		
	Ntuzuma A Hall, Ward 38		
	Inanda Newtown, Ward 55		
	Queensburgh Community Hal, Ward 63		
	Umlazi Community Hall, Ward 79		

### 8.1.1 Key challenges found in KZN during visits

- i. There is no exit plan from shelters to TRUs and displaced people do not have an idea in terms of how long they are going to stay within the shelter.
- ii. In some shelters, some people were renting rooms before the disaster took place and do not qualify to get TRUs.
- iii. Lack of privacy leading to safety risk as in a majority of shelters, people are not segregated per gender group. The environment is not conducive for women, children, and people living with disabilities; as well as for learners and expectant mothers.
- iv. In KwaDukuza Municipality, DSD indicated that they may not be able to provide intense social services to the shelters from 30 June 2022 due to budgetary constraints. This will largely affect the provision of food vouchers as well as social services over the weekends.
- v. Depleting resources from the donors who have played a major role in the running of shelters.
- vi. 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.

- vii. There are areas with poor access roads to places where TRUs should be constructed.
- viii. Some TRUs in Mandeni have problems with the roof insulation that was not properly fixed and looks like they will collapse; Some walls had boot prints that were left by contractors and the doors did not have rubber door seals.

### 8.1.2 Recommendations

- i. An assessment and profiling of victims should be done to ensure that the correct people are at the shelters and benefit from TRUs or building material vouchers.
- ii. Disaster Management officials should communicate with victims of floods who were staying in rental houses that were flooded to start making alternative arrangements of accommodation where they will continue renting.
- iii. 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.
- iv. 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.
- v. Mobile park homes at KwaDukuza Ward 18 should be connected with municipal services so that they can be occupied by the intended beneficiaries including those at the crèche, or an alternative plan be put in place to make sure that the park homes are being used before they are vandalized.
- vi. The contractor responsible for the construction of TRUs at Mandeni should urgently fix all the identified shortcomings at the already completed TRUs.

## 8.2 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 infrastructure in coastal areas. Engagements were held with Ingquza Hill Local Municipality and Ward Councillors of Flagstaff and Lusikisiki. The monitoring team also collected first hand data through observations within the roads infrastructure and areas that were affected by the floods in four municipal wards indicated below.

**Table 5: List of verified roads in EC**

OR Tambo District	Ward 11	Ward 31	Ward 20	Ward 03
<b>Ingquza Hill Local Municipality</b>	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			

### 8.2.1 Key challenges found in EC

- i. There are roads that require maintenance in all municipal wards that were visited.
- ii. Ndzaka bridge collapsed and community members have challenges in accessing the roads leading to other villages.
- iii. 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.

## 8.2.2 Recommendations

- i. 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.
- ii. There is an urgent need for the construction of a new reinforced concrete bridge at Ndzaka.
- iii. Prioritization of road maintenance is key in areas where there are schools and clinics.

## 8.3 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.

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. Below are additional recommendations that were made.

### 8.3.1 Recommendations

- i. 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.

- ii. DPME, in collaboration with the OTP, will conduct on-site verification visits and attend some of the disaster management committee's meetings.

## 9. 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 case resolution rate in the past six months.

**Table 7: PH Call resolution rate**

Provinces	No. of calls logged Q1	No. of calls resolved Q1	Opened calls Q1	YTD Performance %
Eastern Cape	60	0	60	0
Free State	55	46	9	84
Gauteng	222	52	170	23
KwaZulu Natal	97	1	96	1
Limpopo	49	0	49	0
Mpumalanga	47	3	44	6
North West	35	10	25	29
Northern Cape	14	0	14	0
Western Cape	22	12	10	55
<b>TOTAL</b>	<b>601</b>	<b>124</b>	<b>477</b>	<b>21</b>

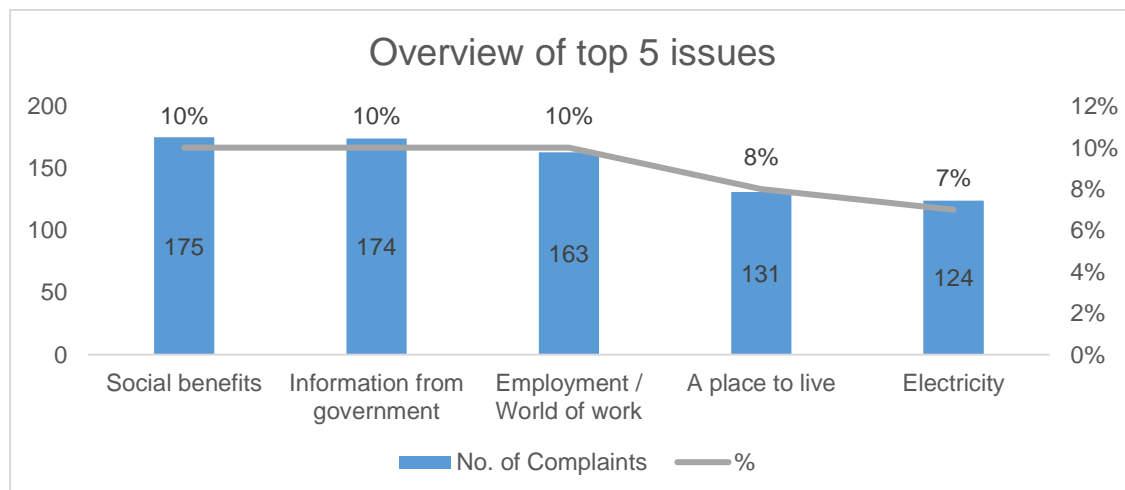
Out of 601 calls received across provinces, 124 calls were resolved at 21% average. The provincial total (601) comprises 36% of the total calls (1690) received in the first quarter. The average resolution rate of 21%, is considered a very low rate with a variance of 19% below the set target of 40%. Over the quarter the Presidential Hotline 2<sup>nd</sup> Line back office team at the DPME constantly engaged in various interventions to assist provinces in improving their resolution rate. Performance shows the Free State

province is leading with 84% resolution and this is commendable. Second is the Western Cape with a resolution of 55%.

The rest of the provinces performed poorly with resolutions below 40%. The North West is at 29%, Gauteng (23%) and Mpumalanga resolved 6%. Lastly, North West, Eastern Cape and Limpopo have not performed with 0% resolution for all.

The low resolutions are despite the intensive intercessions by the DPME officials in the form of meetings, technical support, Forums, and daily engagements with Public Liaison Officers (PLOs) to deal with the low resolutions. Most of the provinces reported inability to resolve cases while working from home, coupled with restricted number of public officials that are unable to work on a full-time basis due to lock down regulations. Little time was therefore spent investigating the complaints that come through the Presidential Hotline by PLOs. A strategy is in place to deal with non- resolution, this will continue throughout the financial year for better performance. PLOS have committed to develop turn around strategies at a recently held national forum.

**Top 5 categories: Overview of issues as received by the Presidential Hotline (1 April - 30 June 2022)**



**Figure 2: Overview of top 5 issues**

Figure 2 above depicts the national overview of the top five categories as received in this quarter, both for National Departments and Provinces. Of the 1690 cases received

by the Presidential Hotline, top of the categories list was on “Social Benefits” at 10% with 175 calls. These are issues of social grants and benefits Second is enquiries is “Information from government” at 10% with 174 cases. Third on the list are cases of employment/world of work with 163 cases comprising 10%. A place to live is the fourth category with 131 cases comprising 8%. These are enquiries on issues of RDP housing on applications, quality of houses and access to housing. Fifth and last on categories top 5 categories are enquiries on “electricity” at 7% with 124 cases. These range from issues of billing, access to electricity, power cuts and having no electricity.

### 9.1 Presidential Hotline Challenges

The Presidential Hotline experience some challenges in its operations and these are stated below:

- i. **Investigation and resolution of calls during lockdown period:** Complaints that require in-depth investigation and resolution remain open because the system does not allow Provinces and Departments to carry investigation from home.
- ii. **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. (This is one of the reasons for the introduction of call throttling).
- iii. **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.
- 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.



## 10. EXECUTIVE OVERSIGHT MONITORING

The FM&S Programme supports executives (the President, the Deputy President, various Ministers and Deputy Ministers, as well as departmental executives) during their field visits as they fulfil their oversight functions. This ranges from community to engagements to site verification visits.

Below is a summary of the visits that have taken place. Comprehensive reports are available for each visit.

**Table 6: 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 Feszile Dabi DM, Free State

2022-08-18 – 2022-08-19	Executive Monitoring visit (DG: DPME)	Available	Oversight of disaster relief measures in Deelpan Village, Tswaing LM, NW
----------------------------	---------------------------------------	-----------	--

## 11. LESSONS LEARNT ON THE OVERALL IMPLEMENTATION OF FM&S

- i. Working collaboratively with sector experts is essential in order to understand the complex project environment.
- 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 center 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 v/s Frontline Service Delivery Monitoring programme).

## 12 . RECOMMENDATIONS

Post COVID-19, the FM&S project implementation approach should be reviewed to allow for other monitoring work to be carried out e.g. improvements verifications of projects monitored prior to COVID and Disaster Relief Management. There is a need to revisit and revive working relationships with OTPs, to encourage further institutionalisation of the programme elements and localised improvements interventions.

### 13. 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. Further, integrated oversight and reporting efforts within DPME remain imperative towards facilitating lasting improvements and rapid response on persistent challenges. 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.

Report prepared by: Rohan Stadler

Deputy Director: FMS Coordination Systems

Signed: **Mr Thabo Makhosane**

---

Acting Chief Director: Frontline Monitoring & Support

Date: 06 / 10 / 2022

## 14. PHOTOGRAPHC EVIDENCE



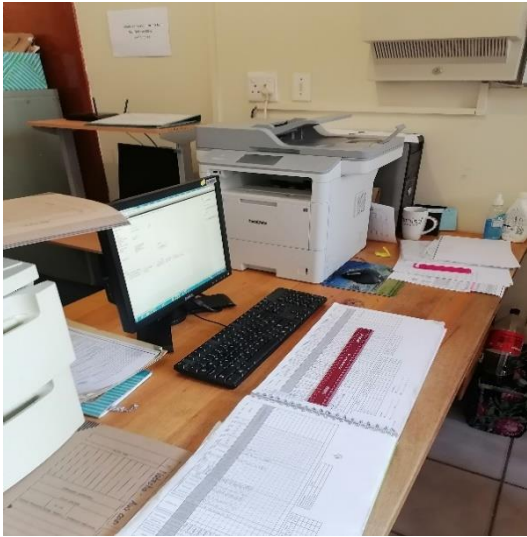
Figure 3: Damaged house in OR Tambo District, EC



Figure 4: Inadequate medical waste storage at Heidelberg Clinic, WC



Figure 5: Newly constructed ablutions as part of the SAFE Schools Programme, LP



**Figure 6: EVDS computer**



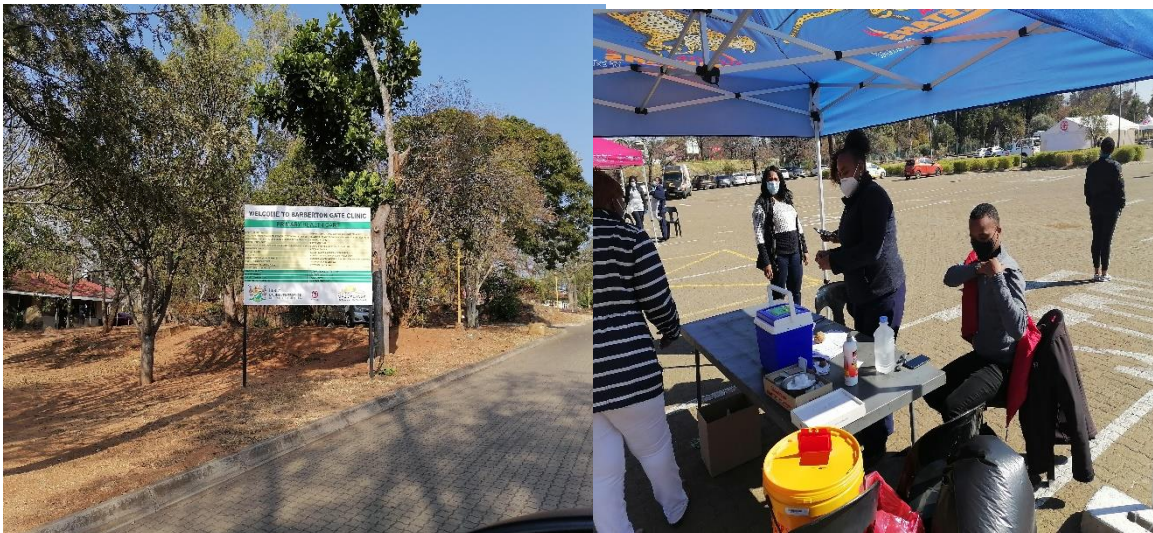
**Figure 7: Refrigerator with vaccines**



**Figure 8: Focus Groups discussions in Volkrust and Middleburg**



**Figure 9: Hospital pharmacy and waiting area**



**Figure 10: Hospital signage and vaccination area**



**Figure 11: Mangaung Executive Monitoring visits**

## Annexure A: Consolitated list of Challenges

- iv. Provision of new ablution facilities lacked 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, this is not supported by much needed overall school building infrastructure improvements.
- v. Lack of investment on safety and security in schools result in theft and at times violence incidences.
- vi. Shortage of Teaching and Learning material due to late delivery affected most monitored schools. Delays in filling of vacant posts and non-renewal of contracts for Educator Assistants creates a gap in teaching. Lack of support for learners in need of placement to special schools and availability of such schools in EC and LP.
- iv. Non-provision of library and nutrition centres resulted in schools converting classrooms to cater for such needs. High level of substance abuse and teenage pregnancy in Secondary Schools remain a concern.
- v. Dilapidating Building infrastructure while schools have received new ablution facilities, classroom infrastructure appeared to be dilapidated with no proper maintenance. Absence of Infrastructure Development Plans in schools prevents proper day-day maintenance.
- vi. Access to Basic Services is still a challenge (schools operating without access to water and electricity) in KZN and LP such as Hlanzeni PS, Ntanyeni PS (KZN). Poor road infrastructure continues to limit accessibility of schools especially those situated in rural areas;
- vii. In most clinics staff establishment is not in line with the determined workload resulting in staff shortages.
- viii. Some of the clinic's spaces are too small and does no accommodate all services and staff.
- ix. Most of the facilities do not have backup system for emergency during water and electric interruptions.

- x. Most of the facilities do not have proper lockable waste storage areas, 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.
- xi. Some facilities do not adhere to the waiting times as prescribed in the Department of Health 's national guidelines.
- xii. Poor Ambulance services in some areas, particularly in more rural communities.
- xiii. Doctors do not visit clinics as per the schedule compromising patients access to primary health services.
- xiv. There is no exit plan from shelters to TRUs and displaced people do not have an idea in terms of how long they are going to stay within the shelter.
- xv. In some shelters, some people were renting rooms before the disaster took place and do not qualify to get TRUs.
- xvi. Lack of privacy leading to safety risk as in a majority of shelters, people are not segregated per gender group. The environment is not conducive for women, children, and people living with disabilities; as well as for learners and expectant mothers.
- xvii. In KwaDukuza Municipality, DSD indicated that they may not be able to provide intense social services to the shelters from 30 June 2022 due to budgetary constraints. This will largely affect the provision of food vouchers as well as social services over the weekends.
- xviii. Depleting resources from the donors who have played a major role in the running of shelters.
- xix. 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.
- xx. There are areas with poor access roads to places where TRUs should be constructed.
- xxi. Some TRUs in Mandeni have problems with the roof insulation that was not properly fixed and looks like they will collapse; Some walls had boot prints that were left by contractors and the doors did not have rubber door seals.
- xxii. There are roads that require maintenance in all municipal wards that were visited.



- xxiii. Ndzaka bridge collapsed and community members have challenges in accessing the roads leading to other villages.
- xxiv. 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.
- xxv. Investigation and resolution of calls during lockdown period: Complaints that require in-depth investigation and resolution remain open because the system does not allow Provinces and Departments to carry investigation from home.
- xxvi. 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. (This is one of the reasons for the introduction of call throttling).
- xxvii. 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.
- xxviii. Citizens knowledge: poor public understanding as well as negative perceptions of the Presidential Hotline.
- xxix. 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.

## **Annexure B: Consolidated list of Recommendations**

- i. It is recommended that the national and provincial DBE note the monitoring results and devise mechanisms to address the identified gaps. The intervention plan should include a meeting with relevant stakeholders in KZN to reconcile all project reports and address challenges hindering effective implementation of SAFE.
- ii. Enhance communication and transparency between the provincial DBE/Districts and targeted schools regarding the implementation of SAFE project.
- iii. DBE is advised to engage the 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.
- iv. DPME should engage DBE to seek clarity on the policy or process requirements for schools in ordering learning and teaching material, and existing systematic challenges thereafter.
- v. DBE is advised to conduct an evaluation study and determine the impact of Assistant Educators in schools, as they seem to be a valuable and necessary role to address staff shortages.
- vi. DBE is encouraged to continue working with parents and communities in seeking workable solutions towards improving safety and security in schools.
- vii. DBE should engage the Department of Transport and other relevant stakeholders to devise an improvement plan for access roads leading to schools in rural areas.
- viii. Facility managers are supported with additional clinical staff to alleviate service delivery delays signified by the long queues and 80% operational focus of the facility manager who are forced to do their administrative duties after at their homes after hours;
- ix. Revisit and augment strategies to attract and retain clinical staff especially Certified Nursing Practitioners (CNP's) in rural areas. Part of this could involve negotiations with relevant parties to implement Recognition of Prior Learning (RPL);

- x. Mitigate limited space at clinics some of the older clinics (e.g. Khayaletu, Lawaakamp, Rosemoor, etc.) as this impact accessibility and service delivery turn-around times;
- xi. A need to ensure consistent optimal safety and security arrangements for all the health facilities to ensure safety of patients, staff, equipment, and general health premises;
- xii. The Department of Health should ensure that all facilities have proper lockable waste storage areas to ensure the safety of patients and children;
- xiii. Department of Health should ensure that all facilities adhere to the prescribed waiting times;
- xiv. Support all the clinics work with and maintain positive community relations through governance structures such as the Clinics Committees; and
- xv. Finally, it is recommended that key transversal improvements be integrated into the district and where necessary the departmental Service Delivery Improvement Plan (SDIP).
- xvi. The location and size of private / pharmacy sites to be considered before launching them as vaccination sites; and ensure that sites have the required equipment to support the vaccination programme.
- xvii. The sub-district must allocate both human resources and tools of trade in line with the population each site is expected to serve.
- xviii. Reinstate the standard operating procedures implemented with the previous security company, which includes armed security personnel escorting pharmacists during collection of vials from other sites.
- xix. DoH at a provincial level needs ensure that correct and updated stats are kept at the facility level.
- xx. Transportation of vaccines should consider the safety of staff and the vaccines being transported, well management of schedules is key to ensure that vaccines are delivered on time.
- xxi. Emphasize the importance of possible side effects being communicated at a facility level by healthcare professionals as part of government's effort to deal with perceptions created by anti-vaxxers.
- xxii. With the national vaccination programme having intensified it is vital that government in all spheres to counter vaccine hesitancy by intensifying

communication and awareness on the need for all eligible citizens to register and undergo the vaccination process. Socio-behaviour communication will enhance the country's momentum towards the attainment of herd immunity. Strategy on encouraging people to vaccinate, in response to the on-going negative messages / perceptions by anti-vaxxers.

- xxiii. An assessment and profiling of victims should be done to ensure that the correct people are at the shelters and benefit from TRUs or building material vouchers.
- xxiv. Disaster Management officials should communicate with victims of floods who were staying in rental houses that were flooded to start making alternative arrangements of accommodation where they will continue renting.
- xxv. 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.
- xxvi. 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.
- xxvii. Mobile park homes at KwaDukuza Ward 18 should be connected with municipal services so that they can be occupied by the intended beneficiaries including those at the crèche, or an alternative plan be put in place to make sure that the park homes are being used before they are vandalized.
- xxviii. The contractor responsible for the construction of TRUs at Mandeni should urgently fix all the identified shortcomings at the already completed TRUs.
- xxix. 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.
- xxx. There is an urgent need for the construction of a new reinforced concrete bridge at Ndzaka.
- xxxi. Prioritization of road maintenance is key in areas where there are schools and clinics.

- xxxii. 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.
- xxxiii. DPME, in collaboration with the OTP, will conduct on-site verification visits and attend some of the disaster management committee's meetings.

## Annexure C: List of Sites Monitored for COVID-19 Vaccination

Province	Clinics Visited		
FS	<ul style="list-style-type: none"> <li>• Tweespruit Clinic</li> <li>• Boroa Clinic</li> <li>• Thaba Phatswa Clinic</li> <li>• Hobhouse Clinic</li> <li>• Excelsior Clinic</li> <li>• Ikaheng Clinic</li> <li>• Ladybrand Clinic</li> <li>• Mauersnek Clinic</li> <li>• Mamello CHC</li> <li>• Marakong Clinic</li> </ul>	<ul style="list-style-type: none"> <li>• Riverside Clinic</li> <li>• Blue Gum Bush Clinic</li> <li>• Boiketlo Clinic</li> <li>• Khosatsana Masetjhaba Clinic</li> <li>• Ma-haig Clinic</li> <li>• Makhalaneng Clinic</li> <li>• Makoane Clinic</li> <li>• Reitz Clinic</li> <li>• Bethlehem Clinic</li> </ul>	<ul style="list-style-type: none"> <li>• Bohlokong Clinic</li> <li>• OR Tambo Clinic</li> <li>• Meqheleng Clinic</li> <li>• Fatenf tse Ntsho Clinic</li> <li>• Paul Roux Clinic</li> <li>• Phomolong Clinic</li> <li>• Reitumetse Clinic</li> <li>• Itumeleng Clinic</li> <li>• Senekal Clinic</li> </ul>
KZN	<ul style="list-style-type: none"> <li>• Rorke's Drift Clinic</li> <li>• Masotsheni Clinic</li> <li>• Dundee Gateway</li> <li>• Empathe Clinic</li> <li>• Sakhimpilo Clinic</li> <li>• Glenridge Clinic</li> <li>• Siphimpilo Clinic</li> <li>• Douglas Clinic</li> <li>• Wasbank Clinic</li> </ul>	<ul style="list-style-type: none"> <li>• Collessie Clinic</li> <li>• Cwaka Clinic</li> <li>• Mandleni Clinic</li> <li>• Charles Johnson Mem Gateway</li> <li>• Hlathi Dam Clinic</li> <li>• KwaNyezi Clinic</li> <li>• Mkhonjane Clinic</li> <li>• Pine St (Greytown) Clinic</li> <li>• Greytown Gateway</li> </ul>	<ul style="list-style-type: none"> <li>• Muden Clinic</li> <li>• Kranskop Clinic</li> <li>• Sibuyane Clinic</li> <li>• Ntembisweni Clinic</li> <li>• Amatimatolo Clinic</li> <li>• Mooi River Clinic</li> <li>• Howick Clinic</li> <li>• Mafakathini Clinic</li> <li>• Khan Road Clinic</li> </ul>

Province	Clinics Visited		
	<ul style="list-style-type: none"> <li>• Church of Scotland Gateway</li> <li>• Nxamalala Clinic (Impendle)</li> <li>• Northdale Clinic</li> <li>• Northdale Gateway</li> <li>• Eastwood Clinic</li> <li>• Woodlands Clinic</li> <li>• Embo Clinic</li> </ul>	<ul style="list-style-type: none"> <li>• Ukuthula Clinic</li> <li>• Appelsbosch Gateway</li> <li>• Gcumisa Clinic</li> <li>• Mbuthisweni Clinic</li> <li>• Maguzu Clinic</li> <li>• Ngubeni Clinic</li> <li>• Imbalenhle CHC</li> </ul>	<ul style="list-style-type: none"> <li>• Gomane Clinic</li> <li>• Ndaleni Clinic</li> <li>• Phatheni Clinic</li> <li>• Richmond Clinic</li> <li>• Sinathing Clinic</li> <li>• Edendale Gateway</li> <li>• Caluza Clinic</li> <li>• Impilwenhle Clinic</li> </ul>
MP	<ul style="list-style-type: none"> <li>• Phola Park Clinic</li> <li>• Sheepmoor CHC</li> <li>• Lilian Mambakazi CHC</li> <li>• Embalenhle CHC</li> <li>• Balfour Clinic</li> <li>• Nhlazantshe 4 Clinic</li> <li>• Chrissiesmeer (Kwachibikhulu) Clinic</li> </ul>	<ul style="list-style-type: none"> <li>• KwaNgema / Thandukukhanya CHC</li> <li>• Warburton CHC</li> <li>• Winifred Maboja CHC</li> <li>• Secunda Clinic</li> <li>• Lebohang CHC</li> <li>• Nhlazantshe 6 Clinic</li> <li>• Piet Retief /Kempville Clinic</li> </ul>	<ul style="list-style-type: none"> <li>• Trichardt Clinic</li> <li>• Siyathemba CHC</li> <li>• Tjakastad Clinic</li> <li>• Derby Clinic</li> <li>• Badplaas / Prince Mkolishi CHC</li> <li>• Iswepe CHC</li> <li>• Silobela Clinic</li> <li>• Carolina Clinic</li> </ul>
WC	<ul style="list-style-type: none"> <li>• Albertinia Clinic</li> <li>• Heidelberg Clinic</li> <li>• Riversdale Clinic</li> <li>• Groot Brak River Clinic</li> </ul>	<ul style="list-style-type: none"> <li>• Blanco Clinic</li> <li>• Conville CDC</li> <li>• Khayeletu Clinic</li> <li>• Knysna CDC</li> </ul>	<ul style="list-style-type: none"> <li>• Calitzdorp (Berg) Clinic</li> <li>• Ladismith Clinic</li> <li>• Lawaai kamp Clinic</li> <li>• Rosemoor Clinic</li> </ul>

