



THE PRESIDENCY
REPUBLIC OF SOUTH AFRICA

DEPARTMENT: PLANNING, MONITORING AND EVALUATION

Update – January 2015

Strengthening Citizen-Government Monitoring Partnerships

OVERVIEW AND INSIGHTS - CITIZEN-BASED MONITORING

This report provides an update on work done in phase 2 of the Citizen Based Monitoring pilot (CBM) from October until December 2014. It also contains insights from the first pilot cycle conducted in Tugela Ferry, KwaZulu-Natal and Phuthaditjhaba, Free State. The pilot has to date involved 18 frontline facilities (police stations, health facilities, South African Social Security Agency (SASSA) and Department of Social Development (DSD) service points), over 12 000 citizen interviews and more than 750 staff surveys.

CBM pilot phase 2 took place in three new sites viz. Temba in Gauteng, Burgersfort/Praaktiseer in Limpopo and Jouberton in the North West Province. In Temba four sectors participated viz. SAPS (South African Police Service), SASSA, DSD and DoH (Department of Health). In Burgersfort/Praaktiseer three sectors participated viz. SAPS, SASSA and DSD. In Jouberton the CBM pilot focused on DoH, SAPS and DSD, after an agreement between Black Sash and DPME that the former would use its version of the citizen based monitoring process at SASSA.

In undertaking the second phase of the CBM pilot we followed closely the process developed during the first phase, as amended after careful reflection during the mid-term review. This process is broken down into three distinct 'site weeks', with a space of three to four weeks between each site week that allows time for processing of data gathered and preparation of the next site week. A process map of each 'site week' appears in the CBM Toolkit that was developed at the conclusion of phase 1. A third pilot will begin in sites in the Eastern Cape, Northern Cape, Western Cape and Mpumalanga in April 2015.



Overview of Phase 2

I. Inception Week at the Phase 2 sites

The inception week has three elements:

I. Introduction of CBM at each participating facility;

DPME staff led the sessions that introduced CBM to the staff and management of each facility, with Seriti¹ staff playing a support role. In several cases, notably in DoH facilities, there was wariness verging on scepticism about the exercise. Staff in Temba Clinic (and in Jouberton SAPS) shared frankly that there had been many quality improvement processes initiated from above in the last years. First responses to the idea of CBM by staff in these and other facilities was that this would entail extra work to no benefit, and some staff voiced the opinion that it was nothing more than a new way to judge individual performance. Notably at Jouberton and Temba SAPS, management welcomed the exercise, seeing it as an opportunity to change staff attitudes about service delivery.

The CBM team was able to refer to the experiences at the pilot 1 sites to show how the CBM approach was different from anything tried before. The anecdotes from these pilots played a great role in making the process understandable, non-threatening and even attractive.

II. Dialogues with frontline staff and community 'user groups';

These dialogues provided an occasion for participants to ask questions about CBM, and satisfy



themselves that they understood it properly. In every case the dialogue flowed easily into a discussion of the points of strength in service delivery as well as 'burning issues' that staff or the committee members felt should be tackled. There was no effort by facilitators to press for the cause of any problem that was mentioned or to push for possible solutions to them; key objectives of the sessions were to build confidence about

the dialogue process, and to gain insights about the key issues on people's minds (more on this later.) Where there were tensions between the 'user group' (i.e. a CPF, a Clinic Committee or NPO Forum) and the relevant facility these dialogues invariably commenced with a working through of

¹ The Seriti Institute has been contracted by DPME to support the CBM pilot
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grievances. It was more common for staff and 'user groups' to eagerly grasp the opportunity to list issues that they had tried to get management to address with little success.

III. Focus groups and individual interviews in the community.

Seriti team members conducted focus groups (at an NPO Forum, with a group of school teachers, or at a car wash) as well as individual interviews with community-based organisation (CBO) leaders, citizens waiting in the clinic queue, priests or community care-givers, people at the taxi rank and others. As with the staff and user group dialogues, the object was to get a general impression of attitudes to a particular facility, but also to hear about the issues that were important for ordinary citizens that might not be raised in discussing a specific facility.

The information coming from dialogues, focus groups and interviews combines to provide an intriguing sketch of the community and the dynamics around each facility. In Temba it became clear that the municipality and the DSD operated with totally different 'sets' of NPOs, and in ignorance that others existed. It is easy to pick up general approval or dissatisfaction with a facility. It is moreover notable that there is variation across communities rather than a generalised view of a particular service.

Once 'burning issues' or expressions of appreciation are drawn out of dialogues, focus groups and interviews, these are used as a lens to examine the generic survey instruments for each facility. Are the questions adequate to capture this kind of issue? Is there any new question that needs to be asked? Is the questionnaire sensitive to key concerns? The generic questionnaires for each facility may be adjusted, to be optimally relevant to the local context.

II. Survey Week: Community and Facility Surveys

The survey week similarly has three activity elements:

I. Recruit local surveyors to conduct the survey

In every phase 2 site there was argument and a tussle between different stakeholders about who would choose the surveyors, and where they would come from. Local councillors in Praaktiseer wanted to shape the selection process, in Jouberton it was the CPF that wanted to be central actors in the survey, the municipality and councillors engaged in hot debate about the issue in Temba. The CBM team made every effort to ensure that selection of members of the survey team did not fall foul of local politics.

II. Train the surveyors

Seriti Institute has developed an effective training process for community surveyors, which inducts them into a code of conduct but also enables them to gain all the skills necessary to conduct surveys. This training



process takes just one day. There is discussion about each question appearing on the survey, and there are practice exercises followed by reflection. The relationship built up between the surveyors and the trainers means that it is possible to establish a rhythm of preparation, survey and reflection, which continues through the week. Each day thus starts with a reflection on the experience of the previous day, an allocation of the questionnaires for the day and a look at each question. This relationship is also essential for efficient allocation of areas/streets/sections of the community to each surveyor and for on-going supervision

III. Conduct surveys



Questionnaires for staff at each facility are dropped off at the beginning of the week by a member of the CBM team, who then checks periodically to see if they have been filled in.

The community survey is conducted by the 40 trained surveyors, each of whom complete

between 15 and 20 questionnaires in a day, going door-to-door at assigned sections of the community. Each day is dedicated to one facility, so that by the end of a week between 600 and 800 questionnaires have been completed for each facility.

Data processing from the surveys commences immediately after Survey Week, and a report is created which presents findings of the survey in easy graphic form, the key insights from the focus groups and interviews, and summary of the 'open comments' made by the hundreds of people surveyed. In phase 2 this process took a great deal of time by some of the more skilled people on the CBM team, and reports were finished just in time for printing before the Ndivo Ndikuve week. The software development commissioned by DPME will make this entire process much quicker while enhancing quality of product.

III. Ndivo Ndikuve – Facility feedback, and improvement plans.

Ndivo Ndikuve week (Nkutilwe ke go Utlwe week) is the culmination of the CBM process, and involves three sets of activities, each one of them facilitated by the CBM field team:

I. 'Sense-making' facility dialogues:

This session brings together representatives of management, staff and formal 'user groups'. A first step is the presentation of the report for the facility, with the findings from community and staff surveys, as well as interviews and focus groups. The quantitative nature of the survey reports means that their evidence of community and staff perceptions is taken seriously. As a first step the facilitator ensures that there is a full understanding of the report, including the variations of perception on any issue between staff and citizens. Then there is discussion aimed at forging an agreement about the priority areas: what is being heard here as the key issues that need to be tackled; what are the changes being asked for that would significantly improve services at the facility?

In some cases there is an easy recognition of the priority issues, and indeed they may confirm points



that were shared in the very first dialogues in Inception Week. But there can also be great difficulty in coming to terms with citizen perceptions. The SAPS team in Temba found it very difficult to accept that the police are viewed by a significant number of stakeholders as driving the *nyaope* scourge, and in fact dealing in the drug. "Where's the proof?" asked the community liaison officer. It took time for the facilitator to explain that perception is vitally important, and that the SAPS needs to address this issue even if they feel it is unfair.

In every case the CBM team did not try to push further than this identification of key issues on the first day.

II. See what must change, and formulate improvement plans

In perhaps the most difficult session of the entire CBM process, the CBM team facilitated an enquiry into the underlying causes of the 'priority problems', with teams of staff and management from each

facility. The facilitators forced the discussion to go deeper than glib responses, to find the fundamental shifts that would dramatically improve performance. A detailed improvement plan was then developed, involving all participants through 'Visualization in Participatory Planning' techniques, posting cards on the wall to detail all of the plan.

On the day before the community meeting facilitators helped heads of facility to think through the presentation of their plans to the public.

III. Ndive Ndikuve (Nkntlwe ke go Utlwe) community meeting

The culmination of the CBM process in each community is a community meeting, at which facility managers present their understanding of the issues that have been raised by the exercise, and what they intend to do to improve service. In Temba this meeting happened at a local church, while in Jouberton the local community hall was available. The meetings have attracted between 150 and 250 community members.

It was a novel experience for stakeholders from across the community to hear managers acknowledging areas that needed improvement, and then stating clearly what would be done to address these issues. There were some singularly moving moments. There was a hush across the audience in the church in Temba when the acting station commander of SAPS shared her dismay that the police were seen to be pushing *nyaope*, and appealed for help in fighting the scourge, reading out toll-free numbers where reports could be made, and providing other failsafe ways of reporting anyone involved with the drug. The DSD manager at Jouberton shared the facility's response to a complaint that it was too far away, so that people had to pay high taxi bills. "We will open a satellite office here, at SAPS!" she announced, and there was excited applause from the full hall.



The CBM team has realised that the format of the community meeting needs to change. It simply takes too long for citizens to engage with each facility, and all the habits of local political meetings come into play. (It took 100 minutes for 11 people to ask questions and hear response from facility

managers in Jouberton, while eyes in the audience glazed over and movement in and out of the hall grew more frequent!) In the final phase 2 site for the Ndive Ndikuve week, Burgersfort/Praaktiseer, the team will try out some of the facilitation methods used in Future Search conferences.

An improvement from phase 1 sites is the consideration of community media to spread the news of the promises and concrete plans made by each facility, and notably the involvement of community radio. In all pilot 2 sites the CBM team was able to secure time slots on community radio to provide an overview of CBM and its process to the wider community. This made people aware that they would be visited by surveyors to gather data. Of far greater impact was the live broadcast from the Nkntlwe ke go Utlwe meeting, that ensured that feedback and improvement plans were shared with the wider community. Bar a slight technical problem (which lasted a few minutes) this session went well. Facility managers and CBM team members were interviewed at the same time.

Insights from Phase 1 pilot

Solving problems at the frontline produces strategies for tackling systemic challenges. The pilot is showing the value of detailed engagement with the specific challenges faced by individual frontline facilities as a way to develop knowledge, strategies and capacity for solving systemic challenges. This is a major point of emphasis in the NDP. The pilot is providing a laboratory for understanding how this might be done. Examples from the pilot so far include how to get more efficient use of shared infrastructure (e.g. Thusong Service Centres); how to improve the service from national outsourced contracts (e.g. vehicle maintenance contracts) through linking national and frontline officials in a monitoring partnership; how community policing forums can be strengthened in rural communities etc.

The Community Work Programme (COGTA), Community Development Workers (COGTA) and Community Development Practitioners (DSD) offer good opportunities for scaling up citizen-based monitoring. The first phase of the pilot relied on Community Work Programmes (CWP) participants for the community surveying component. With special training provided, this was successful and enabled the rapid surveying of over 5 000 citizens. This - and other programmes such as the CDW and CDP programmes - offer excellent opportunities for scaling up citizen-based monitoring, without requiring the creation of additional programme infrastructure.

Citizens welcomed the opportunity to give feedback on service delivery. Survey results from both pilot communities show that citizens had confidence that their local police stations, health facilities etc. would “learn and improve” from citizen-based monitoring. This contradicts views that citizens have largely lost confidence in government. Repeated cycles of monitoring at the pilot sites will show whether this confidence continues.

Frontline demotivation and lack of initiative undermine service delivery. High levels of demotivation among frontline staff were evident at all of the facilities where the pilot was implemented. They reported feeling disregarded and neglected, with good work not praised or rewarded, while blame is a frequent occurrence. This demotivation may lead to a reduced sense of initiative. For example a social worker at DSD will not open a grant application because the facility has run out of file covers; a SASSA officer does not help someone because the facility has run out of pens; police officers say that although they have 18 vehicles, 16 do not work. In an unanticipated finding of the surveys, staff at every facility rated the services they provide more negatively than did citizens. In some cases, additional

resources would assist to improve motivation; however more effective use of existing resources could have the same impact on staff morale. Simply re-organising work spaces and processes have resulted in dramatic improvements in staff morale and working conditions.

Community surveys can be used to strengthen active citizenry. The participatory approach used for training and supervising the cadre of community surveyors generated a high level of commitment, as evidenced by the Phuthaditjhaba survey team volunteering to work two extra days, to enable the completion of the survey. The second phase of the pilot will strengthen these training and supervising approaches as an opportunity for strengthening active citizenship in the context of citizen-based monitoring. This cadre of surveyors will also be enrolled into monitoring the agreed improvements at facility level.

CBM's focus on local issues and experiences unlocked interest and positive attitudes from disillusioned staff. At the outset most frontline staff were cynical about whether the CBM process would deliver any improvements. Managers at the frontline at times expressed openly their disbelief that anything could change for the better. But by the time that there was sharing of information from surveys with facility staff, this attitude had changed. There was keen interest in the messages coming from citizens, and determination to improve performance. The idea of meeting with citizens to commit to changes excited staff, and community actors showed keen interest in monitoring progress.

Electricity interruptions, poor cell-phone coverage, bad road networks are significant obstacles to service delivery in rural areas. In both pilot sites, across all facilities, staff and citizens battled with unreliable electricity supply, poor cell phone coverage and badly maintained roads. This adds a significant burden – both financial and on the morale of staff and citizens – to service delivery.

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