

https://dspace.org/

Understanding officials' perspectives on the effectiveness of frontline service selivery sonitoring in improving service delivery in the Gauteng Department of Home Affairs

Mmako, Dineo

2018

https://hdl.handle.net/10539/28650

Mmako, Dineo Anna, (2018) Understanding officials' perspectives on the effectiveness of frontline service delivery monitoring in improving service delivery in the Gauteng Department of Home affairs, University of the Witwatersrand, Johannesburg, https://hdl.handle.net/10539/28650

Downloaded from a DSpace repository. https://dspace.org/

University of the Witwatersrand

Johannesburg

Understanding officials' perspectives on the effectiveness of Frontline Service Delivery Monitoring in improving service delivery in the Gauteng Department of Home Affairs

Research report presented in partial fulfilment for the degree of Master of Management: Public Sector Monitoring and Evaluation in the Wits School of Governance at the University of the Witwatersrand Johannesburg

Dineo Mmako

Supervised by Mr. Marcel Korth

February 2018

ABSTRACT

This study sought to understand officials' perspectives on the effectiveness of frontline service delivery monitoring (FSDM) in improving service delivery at the Gauteng Department of Home Affairs (DHA). Acknowledging that the quality, effectiveness and efficiency of service delivery have a direct bearing on the quality of life of South Africa's women, men and children, the study is based on 22 interviews conducted among officials who have been involved with frontline service delivery at the Gauteng DHA. Interviews, conducted in late 2017 and early 2018 with staff of the Gauteng DHA, the Gauteng Office of the Premier, and the Department of Planning, Monitoring and Evaluation (DPME), assessed participants' experiences with, and perceptions of, current practices of frontline service delivery monitoring within their offices.

The findings reveal that those officials who were interviewed generally have a good understanding of the role of the Department of Home Affairs in improving the lives of South Africans as well as the importance of effective and efficient frontline services within the Department. They also identify the challenges in the current practice of frontline service delivery monitoring within the Department, while emphasising the views of officials on how FSDM has contributed to improvements in frontline services in recent years.

The findings also offer insights into how FSDM practice can be improved going forward and the study makes recommendations for the Department as well as for future research

Keywords: Development, Frontline, Monitoring, Service Delivery, Department of Home Affairs (DHA), Department of Planning Monitoring and Evaluation (DPME)

Title: Understanding officials' perspectives on the effectiveness of Frontline Service Delivery Monitoring in improving service delivery in the Gauteng Department of Home Affairs.

DECLARATION

I declare that this thesis titled ‘Understanding officials’ perspectives on the effectiveness of Frontline Service Delivery Monitoring in improving service delivery in the Gauteng Department of Home Affairs’ is my own, independent work. I have acknowledged and referenced all sources that I have used and quoted. I hereby submit it in partial fulfilment of the requirements of the degree of Master of Management: Public Sector Monitoring and Evaluation, in the University of the Witwatersrand, Johannesburg. I have not previously submitted this report for any other degree or examination to any other institution.

---------- **----------**

DINEO MMAKO **DATE**

TABLE OF CONTENTS

ABSTRACT ..... **i**

DECLARATION ..... **iii**

TABLE OF CONTENTS ..... **iv**

LIST of Abbreviations ..... **vii**

List of Figures ..... **ix**

List of Tables ..... **ix**

ACKNOWLEDGEMENTS ..... **x**

CHAPTER ONE **1**

INTRODUCTION TO THE RESEARCH **1**

1.1 INTRODUCTION 1
1.2 BACKGROUND 1
1.3 PROBLEM STATEMENT 5
1.4 PURPOSE 7
1.5 RESEARCH QUESTIONS 7
1.5.1 Research Sub-questions *7*
1.6 SIGNIFICANCE OF THE RESEARCH 8
1.7 PREFACE OF THE RESEARCH REPORT 8

CHAPTER TWO **10**

LITERATURE REVIEW **10**

2.1 INTRODUCTION 10
2.2 DEVELOPMENT 10
2.2.1 Development and Globalisation *11*
2.2.2 Development in countries of the Global South *13*
2.2.3 Development in Post-Apartheid South Africa *14*
2.3 SERVICE DELIVERY AS AN IMPORTANT ASPECT OF DEVELOPMENT 18
2.3.1 The role of the DHA in service delivery *27*
2.4 FRONTLINE SERVICE DELIVERY MONITORING 29
2.5 MONITORING 35
2.6 CONCLUSION 38

CHAPTER THREE **39**

METHODOLOGY AND METHODS **39**

3.1 PARADIGM 39
3.2 RESEARCH SAMPLE 39
3.3 DATA COLLECTION 40
3.3.1 Study Location *40*
3.3.2 Methods *41*
3.3.3 Data Analysis *41*
3.4 ETHICAL CONSIDERATIONS 42
3.4.1 Positionality *42*
3.4.2 Anonymity and consideration not to harm participants *43*
3.4.3 Informed consent *44*
3.4.4 Gatekeeping *44*
3.4.5 Study limitations *44*

CHAPTER FOUR **46**

PRESENTATION OF FINDINGS **46**

4.1 INTRODUCTION 46
4.2 A BRIEF PROFILE OF THE PARTICIPANTS 47
4.3 PRESENTATION OF FINDINGS 49
4.3.1 The Current Practice of FSDM in the Gauteng DHA facilities 50
4.3.1.1 Delivering quality services in Gauteng DHA facilities 51
4.3.1.2 DHA as the backbone of service delivery 54
4.3.1.3 Platforms for citizens/client concerns about DHA services and service delivery 55
4.3.1.4 Outreach: speaking with the citizens/clients 58
4.3.1.5 Implementation of monitoring framework (team engagements, tools and approach) 60
4.3.2 Changes underlying FSDM practices at Gauteng DHA facilities 64
4.3.2.1 FSDM value-adding to services and service delivery at DHA facilities 65
4.3.2.2 Citizen / clients benefit from the FSDM 68
4.3.2.3 FSDM as a day-to-day management practice 71
4.3.3 FSDM findings in improving service delivery in Gauteng DHA facilities 73
4.3.3.1 Actioning of FSDM findings 74
4.3.4 Participants' perceptions of FSDM improvements 77
4.3.4.1 Making FSDM a "flavour" programme 77
4.3.4.2 Redefine image for integrity and correct negative perceptions 78
4.4 CONCLUSION 79

CHAPTER FIVE **81**

DISCUSSION OF THE FINDINGS **81**

5.1 INTRODUCTION 81
5.2 CONCEPTUAL AND THEORETICAL FRAMEWORK 81
5.3 THE ROLE OF DHA IN SERVICE DELIVERY 82
5.3.1 Delivering quality services in Gauteng DHA facilities 83
5.3.2 DHA as the backbone of service delivery 85
5.4 FRONTLINE SERVICE DELIVERY MONITORING 87
5.4.1 Current practice of FSDM in Gauteng DHA facilities 88
5.4.1.1 Platforms for citizen/client concerns about DHA services and service delivery 88
5.4.1.2 Outreach: speaking to citizens/clients 91
5.4.1.3 Implementation of monitoring framework (team engagements, tools and approach) 93
5.4.2 Changes underlying FSDM practices at Gauteng DHA facilities 95
5.4.2.1 FSDM value-adding to services and service delivery in Gauteng DHA facilities 95
5.4.2.2 Citizens / clients benefit from FSDM 96
5.4.2.3 FSDM as a day-to-day management practice 98
5.4.3 FSDM findings in improving service delivery in Gauteng DHA facilities 101
5.4.3.1 Actioning of FSDM findings 101
5.4.4 Participant perspectives on FSDM improvements 103
5.4.4.1 Redefine image for integrity/correct negative perception 105
5.5 CONCLUSION 106

CHAPTER SIX **108**

SUMMARY AND CONCLUSION **108**

6.1 INTRODUCTION 108
6.2 SUMMARY OF KEY FINDINGS 108
6.3 POSSIBILITIES FOR IMPROVEMENTS: VIABLE OPTIONS 110
6.4 FUTURE RESEARCH TOPICS 112
6.5 CONCLUSION 112

REFERENCES **114**
APPENDIX 1: CONSENT FORM **120**
APPENDIX 2: INTERVIEW GUIDE **121**

LIST of Abbreviations

ANC	African National Congress
BVR	Department of Home Affairs Corporation Building
COGTA	Co-operative Government and Traditional Affairs
DG	Director-General
DHA	Department of Home Affairs
DLTC	Drivers' licence testing centres
DOJCD	Department of Justice and Constitutional Development
DPME	Department of Planning Monitoring and Evaluation
DPSA	Department of Public Service and Administration
DPW	Department of Public Works
EU	European Union
FS	Free State Province
FSDM	Frontline Service Delivery Monitoring
GEAR	Growth, Employment and Redistribution
HR	Human Resources
ICT	Information Communication Technology
IMF	International Monetary Fund
IT	Information Technology
KPA	Key Performance Areas
KZN	KwaZulu-Natal Province
M&E	Monitoring and Evaluation
MDG	Millennium Developmental Goals
MTSF	Medium-Term Strategic Framework
NDP	National Development Plan
NEPAD	New Partnership for Africa's Development
NPR	National Population Register
NW	North West Province
OHS	Occupational Health System
OTP	Offices of the Premiers

PM	Provincial Manager
PMU	Programme Management Unit
RDP	Reconstruction and Development Programme
S&P	Standard & Poor
SADC	Southern African Development Community
SASA	Security Agency of South Africa
SDGs	Sustainable Developmental Goals
SPE	Subjective Performance Evaluation
StatsSA	Statistics South Africa
TOC	Theory of Change
US	United States
USAID	United States Agency for International Development

List of Figures

FIGURE 1: FSDM KEY PERFORMANCE AREAS (DPME, 2016H). 3

FIGURE 2: GRIEVANCE CATEGORIES CITED BY PROTESTERS (POWELL ET AL, 2015) 23

FIGURE 3: FSDM REPORTING FLOW CHART 35

FIGURE 4: CORRELATION BETWEEN SEX AND HIGHEST LEVEL OF EDUCATION OF PARTICIPANTS 49

FIGURE 5: STUDY FINDINGS THEMES 50

FIGURE 6: CURRENT PRACTICE OF FSDM IN THE GAUTENG, DHA FACILITIES – THEMES 51

FIGURE 7: CHANGES UNDERLYING FSDM PRACTICES & THEMES 65

FIGURE 8: CONCEPTUAL AND THEORETICAL FRAMEWORK FOR THE STUDY 82

List of Tables

TABLE 1: THE LIST OF THE FACILITIES AND ASSOCIATED ATTRIBUTES 45

TABLE 2: NAME OF INSTITUTION AND NUMBER OF PARTICIPANTS INTERVIEWED 47

TABLE 3: BIOGRAPHICAL INFORMATION FOR PARTICIPANTS 48

TABLE 4: SUMMARIES ON AGE, SEX AND HIGHEST LEVEL OF EDUCATION OF PARTICIPANTS 48

ACKNOWLEDGEMENTS

I wish to confer a word of appreciation to the DPME in the partial awarding of a bursary to continue with my studies. My sincere gratitude goes to my supervisor and the team I work with at the Frontline Monitoring, for believing in me more that I could.

I wish to thank the participants who are my colleagues at the DPME, Department of Home Affairs and Office of the Premier: Gauteng for availing yourselves and fully participating in the study during the research.

This study could not have been completed if I was not mentored and supervised by Mr Marcel Korth of the University of the Witwatersrand, Johannesburg, who was supportive, motivating, and easy-going while task-oriented. Thank you for ensuring that I mastered my studies.

To my immediate kin, thanks for always understanding my non-availability, your encouragement and support is invaluable. Of utmost importance, gratitude is due to the God of Mount Zion, for my life, strength, wisdom and hope, as I complete this research in attainment of the Master's qualification at the University of the Witwatersrand, Johannesburg.

CHAPTER ONE
INTRODUCTION TO THE RESEARCH

1.1 INTRODUCTION

This study seeks to understand perceptions of the effectiveness of the Frontline Service Delivery Monitoring (FSDM) approach in improving service delivery in the Gauteng Department of Home Affairs (DHA) facilities. The background is provided below to contextualise this study. This chapter outlines the problem statement, the purpose of the research, the research questions, the justification/significance of the research and the preface of the research report.

1.2 BACKGROUND

The Department of Planning, Monitoring and Evaluation (DPME) in South Africa was established in 2009 with the mandate to oversee government priorities through planning, monitoring and evaluation. This oversight is implemented through the Executive Authority as prescribed in chapter 6 of the Constitution of South Africa. Since then, the mandate and the work of the DPME has evolved "to advance the developmental goals and objectives of government as embodied in the National Development Plan (NDP) through effective and dynamic planning, monitoring, evaluation and implementation support" (DPME, 2016g). Among other strategic objectives, the Department has to oversee other government implementation programmes and policies through planning, monitoring and evaluation.

In 2011, the DPME initiated the FSDM programme which assesses the quality of service delivery at frontline facilities with the aim of,

(i) Strengthening the monitoring practices in facilities and support decision-making for managers in head offices;

(ii) Demonstrating the value of physically verifying reported results;
(iii) Demonstrating the value of collecting and monitoring information from multiple sources, namely users, staff, monitors; and
(iv) Demonstrating how to use evidence collected at the facility level to facilitate and catalyse improvements (DPME, 2016h).

This is done in collaboration with Offices of the Premiers (OTPs) through unannounced monitoring visits in line with the department's mandate for monitoring frontline service delivery. Frontline facilities are facilities or sites that have close interaction with citizens. A facility refers to a service point where frontline services are delivered directly to residents (DPME, 2016h). Currently, the FSDM programme monitors the following types of facilities in all provinces: schools, clinics, hospitals, community health centres, police stations, the Social Security Agency of South Africa (SASSA) facilities, Home Affairs facilities, magistrates' courts, drivers' licence testing centres (DLTC) and municipal customer care centres (MCCC) (DPME, 2016h).

The FSDM programme uses a progressive monitoring approach to measure the frontline service delivery at frontline facilities in line with the conceptual framework of the FSDM programme. The FSDM framework encourages the implementation of the Batho Pele Principle Policy Framework and assesses selected specific service delivery indicators of monitored departments as defined in the Medium-Term Strategic Framework (MTSF) (DPME, 2016h). The progressive monitoring approach of the FSDM includes the administration of the questionnaires to users of the facility, to the staff in a facility and the observation by the monitor from DPME and OTP. These questionnaires are based on the following eight Key Performance Areas, namely (i) location and accessibility; (ii) visibility and signage; (iii) cleanliness and comfort; (iv) queue management and waiting times; (v) dignified treatment; (vi) safety; (vii) complaint management systems; and (viii) service availability as depicted below in Figure 1 (DPME, 2016h).

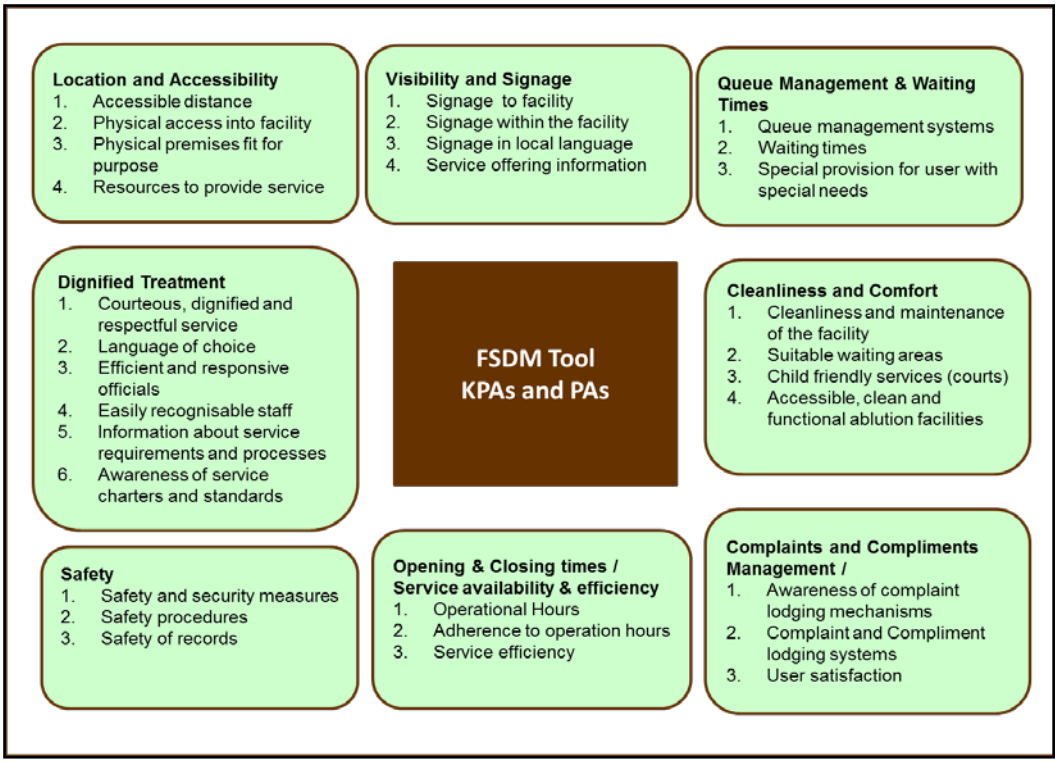

Figure 1: FSDM Key Performance Areas (DPME, 2016h).

The determination on the performance of the facilities is based on a four level rating scale based on the measures of the performance areas as depicted in figure 1, the FSDM rating scale is defined in the below table 1.

FSDM Rating Scale	Descriptor
Level 1	Not achieved
Level 2	Partially achieved
Level 3	Fully achieved
Level 4	Achieved beyond compliance

Table 1: FSDM Rating Scale.

The FSDM approach follows the four steps or process to monitoring the facilities as depicted in figure 2 below.

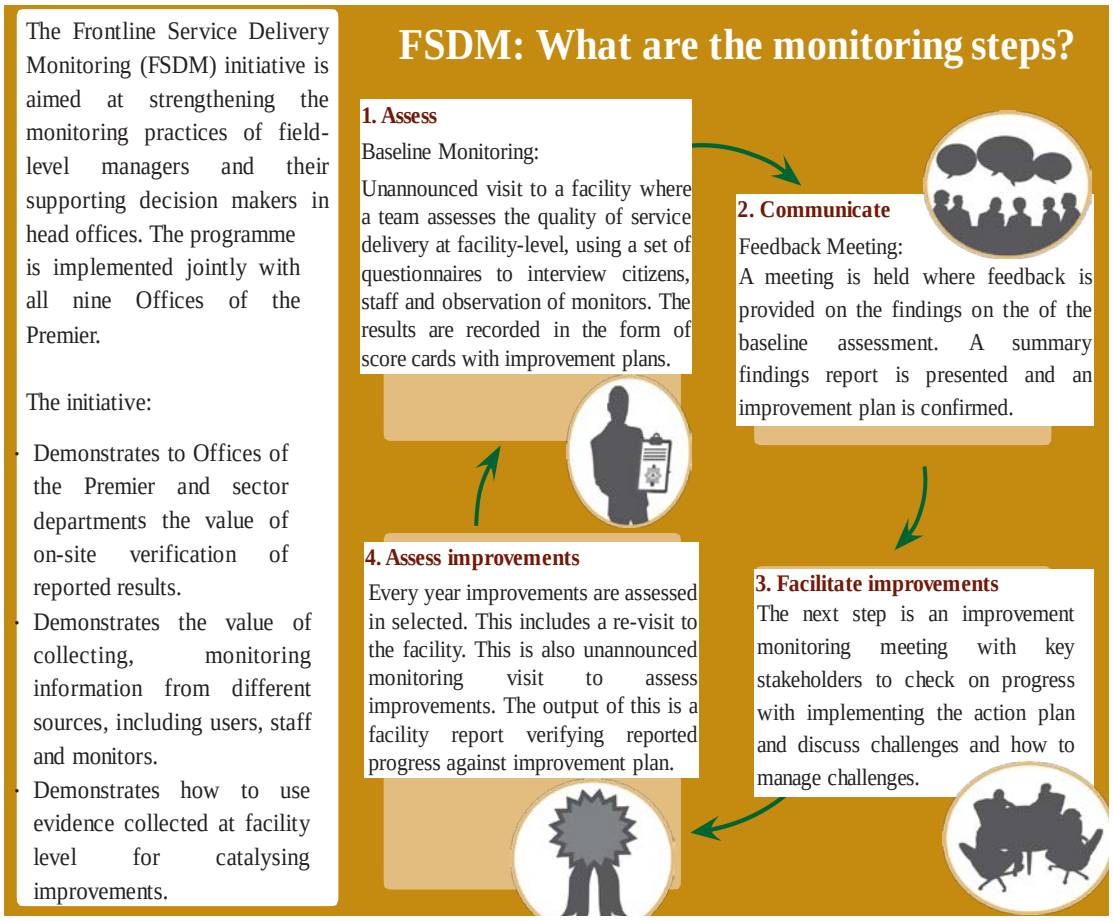

Figure 2: FSDM Steps (DPME, 2016h)

The research focuses on the Gauteng DHA facilities, which derive their core functions and mandate from the National DHA. The DHA was established to determine and record the identity and status of all people living in South Africa as well as issuing documents that affirm identity and status. The DHA does this through its legal mandate as stated and guided by the Constitution of the country.

The functions of the DHA include, among others (i) Civic Affairs, which is responsible for the custodian of the National Population Register (NPR), which is about the records of all citizens and permanent residents, including any changes in status, such as birth, marriage and death. The Civic Affair component of the DHA provides services to citizens such as identity documents, death certificates and travel documents once the status and

verification of citizenship has been confirmed and these services are provided at a cost to individuals or entities. This component delivers on the core business or services of frontline through its 412 frontline offices. (ii) The Immigration Affairs component of the department carried the functions of determining the status and identity of foreigners. This component is also responsible for the facilitation of people's movement through ports of entry, it regulates immigration and provides consular services abroad as per the Immigration Act and Regulations. Immigration Affairs operates refugee reception centres nationally for processing and determining the status of asylum seekers and refugees.

The DHA work with the department of Department of International Relations and Cooperation (DIRCO) and the Visa Facilitation Services (VFS) on abroad services such as missions, visa applications and permits. The joint work is done based on the agent/principal relationship. Where services are done at a cost of funds are required, the services of the National Revenue Fund (NRF) are utilised and the baseline transfers. (iii) DHA through the Minister oversee three statutory bodies which assist DHA in honouring its mandate on the Immigration Act and the Refugees Act, namely; (i) the Immigration Advisory Board, (ii) the Refugee Appeal Board and (iii) the Standing Committee on Refugee Affairs. The main responsibility of these bodies is to assist the department.

1.3 PROBLEM STATEMENT

Since the inception of the FSDM programme in 2011, there has been anecdotal evidence that the programme has had a positive impact on service delivery improvements in government facilities that it has monitored. In 2015, the Gauteng Office of the Premier conducted an evaluation study of the FSDM programme in the Gauteng Province, focusing on the design and implementation of the programme. The findings from the evaluation indicated that, (i) the FSDM programme in Gauteng has been implemented

according to its design to varying degrees; (ii) that the programme has been successful in identifying poor performing sites; (iii) that there have been gaps in the improvement monitoring approach in that it is limited to only selected sites and not all sites monitored and some inefficiencies were recorded due to insufficient number of staff to conduct monitoring in Gauteng OTP; (iv) the findings on the improvements in the frontline service delivery experience of citizens were inconclusive; and that (v) communication of the work of the programme has been weak (Gauteng Office of the Premier, 2015).

This study focuses specifically on the Gauteng DHA facilities that have been monitored through the FSDM programme since 2011 and have never been revisited as part of the improvement monitoring approach of FSDM, which facilitate improvements in facilities that were found to be performing poorly against the FSDM standards during the baseline monitoring. The study was based on the expectation that it will provide an understanding of DHA officials' perspectives on the extent to which the FSDM has contributed to improving service delivery in Gauteng DHA facilities.

The study was conducted in light of the view that there is a wider range of monitoring approaches that are being developed in various regions worldwide, including within the Government of South Africa. The major aims of the monitoring approaches are to improve service delivery, quality and accountability. It is important to examine how these monitoring approaches contribute to service delivery improvements, quality and accountability, so as to furnish an evidence basis for decision-making about the continuation of these monitoring approaches. This study addresses the evidence gap in relation to the FSDM in the Gauteng DHA facilities. The study has therefore brought forth new knowledge on perspectives among DHA officials on the extent to which the FSDM approach has contributed to improving service delivery in Gauteng DHA facilities.

1.4 PURPOSE

The purpose of the study was to understand perspectives on the extent to which the FSDM approach has improved service delivery in Gauteng DHA facilities. The evaluation study that was conducted by the Gauteng Office of the Premier on FSDM provides insights in terms of the design and implementation of the FSDM and it was found that the FSDM programme has been implemented accordingly in varying degrees. Through in-depth data interpretation, the study has provided insight and identified areas where the FSDM has gaps.

1.5 RESEARCH QUESTIONS

The question addressed by the study is the following:

> What are the perspectives of DHA officials on the extent to which frontline service delivery monitoring contributed to improving service delivery in Gauteng DHA facilities?

1.5.1 Research Sub-questions

The main research question was answered through the following sub-questions:

(i) What is the current practice of the FSDM in the Gauteng DHA facilities?

(ii) What are the interventions underlying the FSDM practice in Gauteng DHA facilities?

(iii) How are the FSDM findings used for improving service delivery in the Gauteng DHA facilities?

(iv) What are participants' perceptions of the FSDM improvements?

1.6 SIGNIFICANCE OF THE RESEARCH

The importance of any service delivery monitoring initiative is determined by the positive impact it has for the intended beneficiaries or recipients. Therefore, it is important to know the extent to which the FSDM has added value in the broader spectrum of service delivery, thus improving the quality of life of South Africans. Without such evidence, FSDM might be misaligned with its objectives, thus adding a monitoring burden to facilities and the limited resources. This research provides empirical evidence of the contributions and value addition that the FSDM programme has made to improving service delivery in Gauteng DHA facilities. This evidence adds new knowledge in the public service, management, and monitoring and evaluation fraternity.

In seeking to understand the practice and resultant effectiveness of the FSDM approach in Gauteng DHA facilities, the research examines the practices of managing and implementing the service delivery monitoring programme; complaints handling and management; programme, data and information cycle management. The research notes the importance of cultivating key stakeholder relations and developing adaptable agile monitoring programmes as well as the crucial role that innovation, technology and evaluative thinking holds for sustained impactful service delivery improvement initiatives.

1.7 PREFACE OF THE RESEARCH REPORT

Together with chapter one on the introduction to the research, this research report consists of six chapters. Chapter two presents the literature review that underpins the research problem statement, the theoretical and conceptual framework for the research. Chapter three presents the research approach which includes the methodology, methods, research strategy,

designs, ethical considerations, data management methods and limitations of the study. Chapter four presents the research findings, including participants' profiles, presentation of findings and conclusion on the findings. Chapter five presents discussions and interpretations of the presented findings in line with the literature reviewed and conceptual framework of the research, including the conclusion on the interpretation of the findings. Chapter six presents the research conclusions, options for improvements and possible future studies.

CHAPTER TWO
LITERATURE REVIEW

2.1 INTRODUCTION

This section focuses on the role of frontline service delivery monitoring (FSDM) in the bigger picture of service delivery as a key component of facilitating development in post-apartheid South Africa. The section first examines the concept of development, particularly in the light of globalisation as experienced in the global South. It then reflects on service delivery in South Africa as a mechanism for supporting pro-poor development, before outlining the potential of FSDM in its process of facilitating the development of the South Africa through service delivery improvement oversight monitoring.

2.2 DEVELOPMENT

Development is a multi-dimensional concept that fits in any component or sector of life and various meanings are given to development. Development is an idea of progress that can refer to words such as “progress”, “modernisation”, “growth” and “improvements” or associated synonyms of these words (Shanin, 1997). Development has mainly focused on sustainable human development or bettering human lives. Sen (2017) states that other factors such as health, education, living standards together with income are what defines poverty better and emphasises that development needs to consider these factors.

Sen (2017) argued in 1999 that a democratic state constitutes more than the means in development, but includes the ends in development. Since then, a new argument by Sen has contributed to a revised definition of development which states that development is an improvement in people’s

well-being with a broader focus on socio-economic and political capacity and long-term sustainability (Sen, 2017). Development should include growth with equity and environmental sustainability, and in its various aspects of socio-economic, human and environmental dimensions, the goal is sustainable human development (Mhone & Edigheji, 2003). In any measurement of development, attribution must be on the positive contributions development makes in improving the quality of life regardless of country, status, race and gender. Development and how globalisation has influenced it is discussed below.

2.2.1 Development and Globalisation

Development as explained by Sen (2017) refers to the improvement in the conditions of people's lives, such as health, education and income, while globalisation means that the countries are more connected, interconnected and interdependent. Global development is crucial for every nation, since if it is only experienced by a few nations, this threatens peace and security globally as it perpetuates migration, lawfully and otherwise. In other aspects globalisation addresses the decentralisation of trades at international levels, while Al-Rodhan and Gerard (2006) states that "globalisation is a process that encompasses the causes, course, and consequences of trans-national and trans-cultural integration of human and non-human activities." Similarly, with development, in defining what these concepts are conceptually within a desired context, Edigheji (2003) states that in an era of globalisation, co-operative governance is important to facilitate globalisation that is intensified and integrated with economic, socio-cultural, political relations, regional and continental activities to build on good governance (Edigheji, 2003). For the purpose of this study, globalisation will be examined as regards its influence on human life and service delivery.

Globalisation favours developed countries and is central to neo-liberal thinking. In the 1940s and 1950s development focused on the ability of a

country to provide capital for major modernisation projects (Escobar, 1997). The interest in globalisation by developed countries like the United States of America (USA) is important because it is central to their foreign policies (Centre for global development, 2006). The stability of other states is critical for developed nations like the United States, Denmark and South Korea, as instability is mostly likely to jeopardise their development. Underdeveloped countries threaten world stability because they are prone to criminal activities such as terrorism and lawlessness (Centre for global development, 2006).

Globalisation has increased in recent decades due to improved trade, technology, increased capital mobility and labour among countries. This includes the flexibility of foreign policies, and the socio-economic and political status of countries in alignment with the neo-liberal global developmental theories. The policy on migration of the DHA notes that the increase of globalisation is also due to the collapse of a state and war-torn countries, which impact directly on global security and the cost of living in a highly globalised world (DHA, 2017b, p. 1).

Most developed countries like Denmark and South Korea, as well as countries in the European Union (EU) have contributed to the global development of their countries, of the developing countries and underdeveloped countries. Globalisation is a widely discussed phenomenon and it is easy to assume that most countries are globalised. Many globalised countries are found in the EU as explained by STATISTA, a market research and business intelligence portal.

Various high-level structures like the EU, the Southern African Development Community (SADC), the New Partnership for Africa's Development (NEPAD), an international forum for governments and central bank governors from 20 major economies (G20), the United States Agency for International Development (USAID) and the African Union has been

instituted to foster global and continental growth. These structures include financial structures such as the International Monetary Fund (IMF) and the World Bank; which are predominantly founded on the neo-liberal agenda, although less so for the African structures. Esteva and Prakash (1997) states that since the establishment of these structures, politicians and developmental experts have benefited the most compared with the people these structures were meant to benefit, thus undermining their well-being and development.

The policy on international migration in South Africa recognises globalisation and its impact. The policy reflects on how the South African nation of 55 million people will relate to the rest of the 7 billion humans globally and reflect on how South Africa can adequately embrace global opportunities while safeguarding its sovereignty, and ensuring public safety and national security (DHA, 2017b, p. 1).

2.2.2 Development in countries of the Global South

The global south countries are defined as developing countries; to date this body of countries (the G77) comprises 134 countries. As stated in the Ministerial Declaration of the 41st annual meeting of the G77, the common goals of the G77 countries plus China are central to economic and social development, peace and prosperity of the collective or individual countries. Esteva and Prakash (1997) observes how the global thinker and the local thinker view development and how this thinking has been indoctrinated within third world countries. What is highlighted about this indoctrination is how the third world countries are giving priority to global issues while compromising their local issues, on the basis of democratic states and sustainable human development as mandated globally in line with the neo-liberal thinking. This links to the implementation of various United Nations plans such as previously the Millennium Developmental Goals (MDGs) and currently the Sustainable Developmental Goals (SDGs), while some of

these countries are still developing their local national developmental plans. It is important not to understate what these developmental goals have achieved in the improvement of sustainable human lives when considering indicators such as mortality rate, and levels of poverty and inequality.

Globalisation has benefited first world politics and economies as argued by Mhone and Edigheji (2003) because the developed countries have already met their democratic state accolades when globalisation came to the fore. This has resulted in poor countries compromising on their local socio-economic challenges while trying to meet global requirements. This is evident when observing the disparities between the developed, developing and underdeveloped countries. The world is now governed by development and global ideologies and it is important that within these ideologies humanity benefits positively (Sen, 2017). Even with the implementation of the MDGs and SDGs, more is still needed to eradicate poverty, improve the socio-economic status of many citizens, and improve peace and stability while reducing corruption and inequality. Evidence suggests that humans continue to bear casualties to the negative impact of development and globalisation, and the most recent global recession is one example of how people's well-being can be impacted negatively. Post-apartheid South Africa is not immune from these challenges, including complications that are brought about by the tensions between Marxism and neo-liberal ideologies, as well as the apartheid legacy.

2.2.3 Development in Post-Apartheid South Africa

The context focus of development in South Africa is post-1994, in recognising the government of all South Africans. The development discussions started under the apartheid regime when the Freedom Charter was crafted and adopted in 1955 and like other ideologies around development, the Freedom Charter was central to the people and political rights for the development of an inclusive South Africa. In 1994 South Africa

witnessed the birth of a government of national unity and in 1996 a new Constitution of the country was developed to forge a way forward for the new South Africa. The Constitution gives fundamental governing and living legitimate rights for all who live in South Africa.

In the finalisation of the Constitution, the African National Congress (ANC) developed the Reconstruction and Development Programme (RDP) Socio-Economic Policy Framework, which was adopted by Parliament in 1994 for implementation. The RDP focused on alleviating poverty and shortfalls in social services across all races with the dependency on a stronger macroeconomic environment. The RDP was widely consulted and accepted within the tripartite alliance. Two years into the implementation of the RDP, a new policy framework, Growth, Employment and Redistribution (GEAR), was introduced to replace the RDP, which focused on the democratic agenda in line with globalisation and the ambition for South Africa to be a member state of bodies such as the G20 and the G77, among others. The introduction of the GEAR policy was not popular among the tripartite alliance, because it was premised on the economic reforms that aligned with a neo-liberal agenda (Mhone, 2003, p. 25).

In the case of South Africa, transformation and inclusive economy are necessary for basic service provision in strengthening democracy and robust development for the majority of South Africans. Mhone (2003) speaks of developmentalism, which is a comprehensive description of what South Africa needs to foster development given its post-apartheid status. Developmentalism refers to a “conscious, strategic stance taken by the government to promote accelerated economic growth, structural transformation, social development and the repositioning of the economy in the international division of labour by consciously influencing the performance of the market” (Mhone, 2003, p. 38). The current condition of South Africa requires some level of implementation of developmentalism, in consideration of the new managerialism approach which is predominant in

the public service. Managerialism refers to an approach that is decentralised in structure, relies on private sector techniques and separates policy making from implementation, among others (Hassen, 2003, p. 122).

In 2012, the ANC adopted the National Development Plan (NDP) to be implemented as the policy of government. Although a consensus was reached, concerns about the adoption of the NDP remained. Desai and Ngwane (2013) noted the NDP trying to merge the neo-liberal and Marxism theories. The first five years of the implementation of the NDP will corroborate whether merging these distinct ideologies has helped to reduce poverty, unemployment and inequality in the country. Issues of free basic services, land and spatial demarcation are not explicit in the NDP and as such, they contain contradictory political messages. The short-term implementation of the NDP is done through the Medium-Term Strategic Framework (MTSF), which is currently viewed as the implementation plan for the NDP. When addressing Parliament on 12 September 2017, in celebration of the 5th Year of the NDP, President Zuma highlighted the strides that the NDP has made, while noting the uneven progress that still exists in the country such as in access to higher education and basic services by rural communities. This report on the five-year implementation of the NDP fell short of eradicating the major socio-economic ills of most South Africans.

The MTSF tool follows the outcome approach that government adopted in 2009 and tracks priority targets of the NDP as delivered by the implementing departments on a quarterly basis through the Programme of Action that is managed by the DPME; these quarterly reports are then presented to Cabinet. Chapter 13 of the NDP is about building a capable and developmental state and it is measured through the MTSF Outcome 12: Efficient, effective and development-oriented public services (DPME, 2016h). The FSDM programme is contextualised through Outcome 12, in order to assess the capability of the state to deliver on its mandate.

After more than 20 years of a government of national unity, to some extent these different reforms have improved the well-being of the majority of South Africans who have been living below the poverty line, yet these reforms are not as significant as was projected over 20 years of democracy. The most recent decade saw a decline in South Africa's development progress, which resulted in financial rating institutions such as the Moody's Investors Service, Standard & Poor's (S&P) and Fitch Ratings, which control about 95% of the global market, downgrading South Africa's credit ratings. The unemployment rate, which StatsSA (2017) placed at 27.7%, and which is considered to be the worst rate in 13 years, averaging 25.5% between 2000 and 2017, is such an example of the regression in the development of South Africans, which means that access to improved socio-economic status is being compromised for many people. More deliberation will be needed regarding the best policies for South Africa while the process of "consolidating democracy and promoting good governance and sustainable human development" continues (Mhone, 2003, p. 13). More important reforms will seek to address the huge challenges of socio-economic inequality that continue to undermine the country's progress.

South Africa, similar to other countries of the global south, has been impacted by high levels of debt (National Treasury, 2017, p. xxi). These fiscal challenges have contributed to increased calls for greater efficiency in the work of the public sector (Andrews & Entwistle, 2014, p. 26). It is hoped that with the introduction of the mandate paper by DPME, the departmental strategies will be better aligned with the budgets and the NDP Vision 2030 (DPME, 2017i). Indicators such as life expectancy and mortality rate have improved over the years and serve to increase the number of individuals needing to access basic services in an environment that at the same time seeks to reduce expenditure. South Africa's realisation of developmental targets of the National Development Plan (NDP), Sustainable Development Goals (SDGs) and the African Union (AU) Agenda 2063 requires effective

and efficient service delivery for all South Africans, particularly those from communities that were disadvantaged during apartheid.

2.3 SERVICE DELIVERY AS AN IMPORTANT ASPECT OF DEVELOPMENT

The Constitution of South Africa makes provision for all citizens to receive welfare services. Section 27 of the Constitution makes reference to the rights of citizens to access health care, food, water and social security. These are the basic services that government must provide to all citizens, as they are “not a privilege in a civilised and democratic society, they are a legitimate expectation” (DPSA, 1997). In the latest report on the state of basic service delivery in South Africa, StatsSA emphasises that basic services are the essential building blocks for an improved quality of life, and adequate provision of the basic services are necessary for life, well-being and human dignity (StatsSA, 2016a, p. 1), and are fundamental to the ideology of development as defined by Sen (2017), which affirm that service delivery is a crucial aspect of development. Service delivery in a public service can be viewed as the provision of inputs and outputs resources to improve the quality of life for citizens to realise sustainable human development. This could include people, money, physical infrastructure, policies, and many basic services as defined in the Constitution of South Africa.

Varying definitions of service delivery can be found, but the common theme is the provision of public services to citizens, and public services are defined within the context of a particular government or state. Nengwekhulu (as cited in Sithole & Mathonsi, 2015) refers to “public service delivery as an administrative vehicle by means of which government delivers all kinds of services to their citizens” (Sithole & Mathonsi, 2015, p. 7). Poocharoen and Straussman (as cited by Govender, 2016) suggest that “service delivery is

made up of multiple networks and organisations that provide services and products to the masses" (Govender, 2016, p. 24).

The preoccupation with improved service delivery in South Africa talks to the democratic state that should have seen great strides in socio-economic transformation by 2017. The NDP Vision 2030 envisages an income poverty rate of zero by 2030; employment at 24 million and the country's inequality rate reduced to 0.6 from the current 0.69 Gini-coefficient (National Planning Commission, 2010, p. 34). However, past injustices continue to manifest, mainly in rural areas (DPME 20-year Review). When South Africa became a democratic state in 1994, the anticipation was that the injustices of the past would be reversed without delay. This has not been the case and had led to service delivery protests and a sense of despondency. Nengwekhulu (as cited in Sithole & Mathonsi, 2015, p. 7) observes that "public service delivery is an administrative vehicle through which government delivers all kinds of services to the citizens", and this administrative vehicle is to a large extent funded through taxation. Public services include education, water, sanitation, electricity, health services, welfare services, citizenship identification and housing as well as services related to safety, peace and security. An improved quality of life is dependent on the delivery of these services, which were promised by the government since 1994. These promises were made to the majority of citizens but largely remain unmet (Sithole & Mathonsi, 2015).

Poverty, unemployment and inequality remain persistently high in South Africa. Statistics South Africa indicates that the country is still far from improving these three socio-economic transformation indicators. The report by StatsSA (2017b) on poverty trends in South Africa between 2006 and 2015 provides the following data.

(i) Living in Poverty

The proportion of the population living in poverty was lower between 2006 and 2011, with people living in poverty amounting to 66,6% (31,6 million persons) and 53,2% (27,3 million) respectively. The numbers have increased to 55,5% (30,4 million) in 2015. The number of persons living in extreme poverty, below the poverty line of R441 per person per month in South Africa, increased by 2,8 million from 11 million in 2011 to 13,8 million in 2015. The report shows that those most vulnerable to poverty are children (aged 17 or younger), females, Black Africans, people living in rural areas and those with no or little education (StatsSA, 2017b).

(ii) Income Inequality

In 2006 the income per capita Gini-coefficient which measures income inequality was 0,72 and has since improved to 0.68 in 2015. The variations among population groups is that for Black Africans income inequality has increased by 0.01 as compared to the other population groups where the variations decreased (StatsSA, 2017b).

(iii) Unemployment rate

The official unemployment rate for 2017 is 27,7%, with the expanded (those who wanted to work, but did not look for work) unemployment rate at 36,8%. Lower education levels play a significant role in increasing the unemployment rate, since those with lower than a Grade 12 qualification comprise 57,4% of the unemployed at 32,6%. The Youth (15-34 years) unemployment rate is 38,6%; of the 10,3 million young persons aged 15-24 years, about 30% were not in employment, education or training (NEET) during Quarter 3 of 2017 (StatsSA, 2017c). According to the LG: SETA (2016), many of the participants involved in violent protests are the new generation of unemployed young people, mostly likely to have grade nine to national senior certificates, living in a context of rising levels of inequality, rampant urbanisation, limited chances of finding employment and exposed to poor living conditions (LG: SETA, 2016, p. 2).

Different reasons have been advanced for why there is poor service delivery in South Africa, and these include government reforms, outsourcing, decentralisation, centralisation, systemic issues, accountability, deregulation, politics, fiscal constraints, capacity, corruption, lack of skills and cooperative governance (Govender, 2016, p. 27). Although the challenges are interrelated and dynamic they impact the citizens in the same way (poor living standards). The other complexity is that these challenges are addressed in silos depending on how they impact on the organs entrusted with them, therefore compromising service delivery. There is some expectation that the M&E systems as introduced by the government will improve government performance on outcomes and impacts, specifically at the local government level (Govender, 2016, p. 28). The desired outcomes and impacts are yet to be achieved, and poor service delivery continues to be a burden for the impoverished, the unemployed, the less educated and the marginalised. Given these many challenges, Camillus (as cited in Govender, 2016, p. 26) refers to service delivery as a "wicked problem" because it is characterised by many stakeholders, different values and many priorities (Govender, 2016, p. 26). While trying to identify the root causes of poor service delivery, it is clear that effective and sustainable service delivery is crucial for the development of South Africa and its citizens, and a radical and bold service delivery model should therefore be put in place immediately to improve the status quo of service delivery and address the injustices of the past.

Standing (2004) supported by Govender (2016) advises caution when defining service delivery as a simple issue. The needs of citizens have increased over time and have made service delivery more challenging. In South Africa, complex intergovernmental relations may be a compounding factor in slowing down service delivery. McLean (2003, p. 147) found that there is confusion among government officials on the various roles of government spheres, hence it is important not to assume that all officials

understand which spheres of government are responsible for legislation and policy. This confusion adds to the challenges of service delivery. Basic services are delivered at the local government level (municipalities), whereas legislation is the responsibility of the national and provincial levels.

South Africans have repeatedly raised their dissatisfaction regarding service delivery levels in the form of service delivery protests; as a result, services that were never planned for are delivered ad hoc. Indeed, service delivery protests have become a regular occurrence in South African local government spaces. On 9th February 2014 the (City Press Newspaper, 2014) reported that there have been at least 32 protests a day across South Africa. This claim spread quickly, both locally and internationally. The organisation *Africa Check* sought to verify these numbers and found that there is no evidence to support the assertion of 32 protests a day in South Africa. What was found from research institutions like Municipal IQ and the Institute for Security Studies, which collect data in this regard, is that at most there are three protests a day in South Africa and this is inclusive of all types of protests and not only service delivery (Bhardwaj, 2016). Nonetheless, South Africa has become synonymous with service delivery protests of varying kinds. In some instances, these include intimidation, personal attacks, arson, damage to property and looting (Powell, et al., 2015).

In seeking to understand why service delivery protests take place, Allan and Karen (2016) states that the main reason for service delivery protest is the underperformance in municipal productivity, which measures the success of local government, based on urbanisation and unemployed individuals moving to a place where there is hope of employment (Allan & Karen, 2016, p. 1). Powell et al (2015), in their study Civic Protests Barometer 2007-2014, found that in 2014 50% of the service delivery protests took place in five metros, namely Cape Town, Johannesburg, eThekwini, Tshwane and Ekurhuleni. Other reasons for protests as recorded by Powell et al (2015) are listed below.

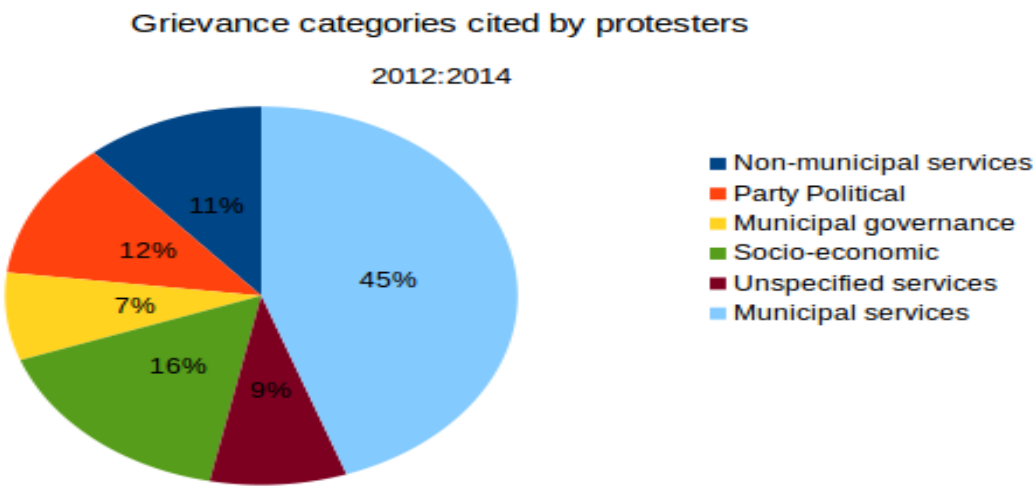

Figure 2: Grievance categories cited by protesters (Powell et al, 2015)

Another reason for increased service delivery protests is the different perspectives on the quality of service delivery between service recipients and service providers. Moletsane et al (2014, p. 287) speaks of service delivery quality as a five-dimensional concept, namely tangibility, reliability, responsiveness, assurance and empathy. In their study "Community Expectations and Perceptions of Municipal Service Delivery" Moletsane et al (2014, p. 287) found that when these dimensions are not met, citizens are most likely to be dissatisfied. The empathy and assurance dimension measures the way in which front office staff members engage with customers and these dimensions were rated dissatisfactory, including reliability (Moletsane, de Klerk, & Bevan-Dye, 2014). Moletsane et al (2014, p. 287) found that mostly poor management led to service delivery problems and suggests a strong evaluation of the management structure. Due to the dissatisfaction with service delivery quality, Moletsane et al (2014, p. 288) notes that municipalities redefine, strengthen customer focus, and build integrated service models to meet citizen needs in order to align with citizen expectations. This is in line with the implementation strategy of the Batho Pele Framework as explained in the White Paper on Public Service Transformation from the DPSA. It should be acknowledged that the gaps have been identified in the implementation of the Batho Pele Framework

and the poor status of municipalities at local government, resulting in service delivery protests which prompted the introduction of the Back to Basics (B2B) approach by the Department of Co-operative Government and Traditional Affairs (COGTA) and alignment with the Batho Pele Framework (COGTA, 2014). The Back-to-Basics concept as stated by COGTA (2014) is based on the five pillars that seek to improve the performance status of municipalities to functional municipalities, namely (i) Putting people first; (ii) Delivering basic services; (iii) Good governance; (iv) Sound financial management; and (v) Building capacity. Tools associated with the B2B programme are being implemented throughout the country to measure, facilitate and support municipalities based on the findings of the B2B. Functional municipalities have the potential to contribute significantly to improving service delivery, which in turn would translate into significant developmental progress for the citizens and the country.

Local government is facing serious challenges regarding its ability to deliver basic services; some of these challenges are linked to South Africa's apartheid structures of segregation. The post-apartheid South Africa of the 1990s quickly expanded on the notion of service delivery for all South Africans. The 20-year review report by DPME (2014b) recognises that while progress is commendable, challenges related to the uneven delivery of basic services continue, notably water, electricity and housing. Whereas the roots of uneven service delivery can be traced back to apartheid planning, the post-apartheid public service has not been without its flaws. In some provinces, the prevalence of corruption and other forms of maladministration has facilitated unevenness in service delivery and has severely compromised the quality of services provided (DPME, 2014b). All these challenges impact negatively on service delivery and as such hinder citizens' ambitions for improved quality of life and the developmental progress of South Africa.

While the improvement of municipalities' performance is necessary, active participation by citizens is equally important. Citizens or representative structures of communities should be active participants in planning, decision-making, strategy formulation and implementation in this level of government. As part of its improvement efforts, the DPME has introduced the Citizen Based Monitoring model which "focuses on the experiences of citizens in relation to government performance, in order to improve public accountability and service delivery. The approach emphases the building of capacity, of both citizens and officials at the point where services are delivered to (i) monitor how citizens experience service delivery; (ii) analyse this feedback; (iii) take actions for improvements; and (iv) communicate to all stakeholders" (DPME, 2013a).

Government departments conduct public participation events (*Izimbizo*) to consult with communities as a way of improving community engagements. These citizen engagements are an opportunity for citizens to engage directly with the political leadership of the departments and provide feedback on complaint resolutions and the work of government at large. Wah (2011) highlights the importance of public engagements, while drawing attention to the high costs associated with them. Hence, he suggests, administrations ought to think more innovatively about public engagement approaches. Wah (2011) speaks of online portals and government news agencies as enablers for feedback and an opportunity to reach more people for a longer duration of time about complaints lodged and the work of government. This does not have to be a one-way feed; it can be open for citizens to feed into. The role of civil society cannot be overstated in strengthening community participation and engagement in government service delivery; this is supported by the Citizen Based Monitoring of DPME (DPME, 2013a) and the Public Participation legislation of COGTA, which is the department tasked with providing leadership to local government on citizen engagement and participation for an effective and efficient public service. The legislation is being reviewed to ensure that local government

includes citizens in its diagnostic, planning, implementation, monitoring and evaluation processes.

The experiences and perceptions of citizens are important in attempts to improve service delivery and contribute to the development of an equitable South African society. Daniels (2013, p. 55) emphasises that with regard to the quality of service delivery among Canadian residents, obtaining citizens' views is essential. In South Africa the Batho Pele Principles Framework is central in putting people first with a focus on issues of efficiency and improved public service, knowledgeable and skilled staff, courtesy, fairness and dignified treatment for citizens or customers. These themes were also highlighted in the Canadian study. The quality of services to many citizens means satisfaction with services received and how it was received, as this is how citizens experience public service. This is possible when the standards are known by citizens and officials and the service delivery standards are measurable. The findings from the study conducted in Canada by Daniels (2013, p. 60) on "Citizens First" led to the development of common service standards that are common to users and service providers and this made service delivery measurable. Measurable standards mean managing service delivery better.

Osborne (2010, p. 4) states that separating the issues of service management from public management has not delivered service efficiencies. Although the service users expect effectiveness as a necessary condition for service delivery, the unusual point is that they judge their satisfaction based on the process of service delivery and not the effectiveness of the service. StatsSA (2016, p. 1) notes that given the challenges of local government around expanded service delivery, it should be evaluated on the quality of infrastructure, the effective functioning of the service and the access to services, as these factors influence the perceptions of municipal service recipients.

It is important to strengthen service delivery management and performance if government is to improve service delivery and build trust with citizens. Mechanisms that can assist the improvement of service delivery include effective complaints management systems, as these are important components in ensuring effective public service delivery and building customer satisfaction (Wah, 2011, p. 2). This is done to provide solutions that will improve current situations or people's lives. In any monitoring programme complaints management systems are an integral part of improving service delivery and should be viewed as a source of innovation (Wah, 2011). In catalysing service delivery improvement, Wah (2011) refers to proactive management of complaints in order to keep government departments alert. The challenges outlined above highlight a significant gap in the capacity of the state to deliver on its mandate of a developmental state as an expectation as set out in chapter 13 of the NDP.

2.3.1 The role of the DHA in service delivery

In accordance with the Constitution and the Bill of Rights, that all citizens ought to have access to basic services, accessing these basic services requires that citizens or recipients of services have received the services of the Department of Home Affairs. This is what makes the role of the DHA important in service delivery across government. According to the DHA civic policy mandate, the DHA has the sole legal mandate to determine and register the civil status of citizens (DHA, 2015a, p. 11). Once the status of individuals has been determined and registered in the National Population Register (NPR) it is then that the individuals or households can receive any of the basic services from local government and any institution that provides services internal and external to government. DHA services include issuing of identity documents, birth certificates, passports, marriage certificates, citizenship certificates including immigration status, divorce decrees and death certificates.

The importance of the DHA is affirmed in the departmental strategic plan which states that the DHA "impacts on the lives of citizens and on the functioning of the state and the economy. Every contractual transaction depends on knowing the identity of those who enter into the agreement, from casting a vote to receiving a loan or a driver's licence" (DHA, 2015a, p. 15). The role of the DHA in service delivery is not limited to civic responsibilities which cover birth, death, marriage, citizenship, identity and travel documentation, but includes immigration and other policy mandates as per the declaration of the DHA.

Some of the short-term targets for the DHA include, "replacing 38 million outdated green ID books with ID 'smart' cards by 2019; achieving universal early registration of birth; and ensuring consistently excellent customer service at every Home Affairs office through a front office improvement programme. With regard to Immigration Services, strategic initiatives include updating the international migration policy towards a holistic whole-government, whole-society approach to effectively manage immigration in a way that maximises the security, development, constitutional and international obligations, nation building and social cohesion" (DHA, 2015a, p. 2). With these responsibilities, DHA budget allocation for 2017/18 is approximately R7 billion, a small improvement compared with what DHA was allocated in 2013/14, which was R6.86 billion. The determination of whether the budget is sufficient is now the responsibility of the DPME, through the introduction of the mandate paper. The departmental strategies will be monitored for better alignment with the budgets and the NDP Vision 2030, prior to budget allocations (DPME, 2016i). For the financial year 2017/18, about R444 482.4 billion of the R767 037.9 billion appropriation budget allocation is on issues of education, health, social development, police and co-operative government. Based on the budget allocation it is apparent that the role of frontline monitoring is increasingly becoming more important, as the good performance of departments that deliver on these services can translate into improved living standards for many South

Africans and thus foster development. To access such services, DHA services as stated in their strategic plan are necessary, given that no access to DHA services means no access to socio-economic basic services. The effectiveness of service delivery in the DHA assists the developmental progress of South Africa in line with the NDP and SDGs, among others. With these developmental targets in place it is important that service delivery by the DHA is monitored, bearing in mind that monitoring is a management tool that must be put in place by all departments for improved service delivery (DPSA, 1997).

2.4 FRONTLINE SERVICE DELIVERY MONITORING

The FSDM programme is one of the many DPME programmes that were initiated to assist the President to monitor various aspects of government performance and the quality of service delivery at all three spheres of government (DPME, 2014c). Many reports have been written by government departments, including the DPME, on the challenges surrounding service delivery in the country which in turn impact negatively to the developmental agenda of the country. As per the twenty-year review most of the challenges are internal to government and relate to skills and human resources, or what is known as inputs resources in service delivery. The DPME (2014c) found that managers do not regard monitoring as part of management practice and consider monitoring as the work of monitoring and evaluation units.

FSDM derives its contextual framework from the following government prescripts: firstly, the Constitution of the Republic of South Africa (1996), chapter 10 section 195 (1), which envisages a public service that is efficient, professional, effective, accountable, transparent and development oriented, among other values and principles. Secondly, the NDP in its reference to an efficient, effective and development oriented public service and an empowered, fair and inclusive citizenship to an active engagement of

citizens in their own development as well as collaboration between all sectors of societies and effective leadership by government (National Planning Commission, 2010). Thirdly, the Public Service Regulations (2001) which emphasise putting people first through the Batho Pele Principles and directs that an executing authority shall establish and sustain a service delivery improvement programme for their department (DPSA, 1997). This contextual framework for FSDM has a centrality in fostering the country's developmental agenda through its oversight monitoring and ascertaining the status quo of service delivery in the lowest level of service delivery which take place in the government facilities.

Chapter two of the 20-year review (DPME, 2016h) strengthened the contextual framework of the FSDM, wherein it reflects on strengthening participatory democracy. It noted that attention needs to be given to improving accountability mechanisms for routine day-to-day interactions between citizens and the state, particularly at the point of delivery and ensuring that frontline public servants and their managers are given adequate authority to address issues as and when they arise (DPME, 2014b).

Frontline services involve all contact between citizens and government that happen during the course of service delivery, and is a process whereby the citizen receives a public service that improves their socio-economic well-being, such as sending their children to school, getting medical treatment, reporting crime, licencing a car, or funding youth development initiatives (DPME, 2016f). Frontline services are an important component, specifically for the efficient, effective and development oriented public service. When frontline services are functional, they contribute to an empowered, fair and inclusive citizenship (DPME, 2016f) and thus have the potential to make significant contributions to attaining sustainable human development.

Services are not only expected to be delivered, it is important that the government and its citizens ensure that the expectations of service delivery are met. It is detrimental to assume that services are delivered without one being able to establish with certainty that services are being delivered. Mahaney and Lederer (2009, p. 25) defines monitoring as tracking of activities, outputs, programmes and projects systematically in order to get information about them. Guinea et al (2015, p. 2) extends the definition of monitoring to include follow-ups, periodic and continuous assessments of impact. It is important to look at monitoring as a management practice. Whether the services were delivered with expected effectiveness, efficiency and quality might not even be important if minimum services are not being provided. Andrews and Entwistle (2014) observe that public efficacy is a measure of how public services are produced, distributed, planned and allocated, and needs to include values like citizen satisfaction. Monitoring concepts are an aid to qualify that services are delivered and this can be done through observations, verifications and through continuous monitoring.

Although monitoring and evaluation has been steadily accepted, this was not always the case, particularly in public sectors of developing countries. Bamberger (1989, p. 228) argues that the reason why monitoring was less accepted is because countries felt that monitoring was imposed by donor agencies and served the donor agencies rather than the project managers. The argument around the influence of donor countries in monitoring raised questions about the intentions of monitoring in understanding whether monitoring is punitive or incentive. In South Asian countries, planning and finance ministries, units or departments have used monitoring tools to control the finances and allocations of budgets. This led to other departments feeling that their financial independence is being eroded through monitoring findings, and trust in monitoring became a concern (Bamberger, Micheal, 1989). This is the case in South Africa, where monitoring findings are not easily accepted as the trust between the monitor

and the monitored still needs to be established, in part due to a bitter past of how inspectorates and spies were used in the country as well as the separation of punitive and incentive measures.

Monitoring alone is not sufficient; the use of monitoring data, continuous monitoring and findings of monitoring are important if services are to be improved. The outcomes of monitoring are supposed to be processed in a considerate and pragmatic manner, to allow for service delivery improvements. Monitoring systems such as the FSDM programme act as a lever in ensuring that government policies, plans, programmes and interventions are implemented (DPME, 2014c). Govender (2016) has highlighted that M&E systems have failed to improve the outcomes and impacts of government performance, hence it is important to understand the role of FSDM in this regard. The strength of the FSDM encompasses the accountability and responsibility that existing service delivery provision by government departments on commitments should be improved. It is therefore important that the use of data from this programme is understood for driving service delivery improvements.

The FSDM initiative is aimed at (i) strengthening the monitoring practices in facilities and supporting decision-making for managers in head offices and OTP; (ii) demonstrating the value of physically verifying reported results; (iii) demonstrating the value of collecting, monitoring information from multiple sources, namely users, staff, monitors; and (iv) demonstrating how to use evidence collected at facility level to facilitate and catalyse improvements (DPME, 2016h). It should be acknowledged that the FSDM programme plays an oversight monitoring role and as such it monitors a small sample of government facilities.

The FSDM framework made an assumption that monitoring findings will not be acted upon, hence findings are presented to top management and monitoring re-visits are conducted in the selected facilities to track progress

against the improvement plans. This is important as it highlights the use of monitoring results with stakeholders and this approach can have a positive impact, in turn realising the benefit of a project like FSDM (Guinea, et al., 2015, p. 5). The use of evidence for decision-making is dependent on the shared results by the monitoring teams.

After a few annual reviews of the programme, in 2016 a revised approach was introduced, known as a progressive monitoring framework, in that more precise measures were introduced to minimise the subjectivity of the monitor during monitoring visits. Any work that does not have a framework can be unmanageable, and while different approaches are used in monitoring, these approaches still need to be framed. In the space where there is scarcity of resources, any work must be scoped accordingly so as to avoid fruitless expenditure. Over and above frameworks, an effective M&E system requires a good understanding of the research cycle, in that it should consider (i) expected results such as outputs and outcomes; (ii) the use and application of results; and (iii) the expected impact. Methodologies and tools should be in place for planning purposes (Guinea, et al., 2015, p. 4). Consideration of additional framework such as the project result framework, which as Guinea, et al (2015, p. 7) explains, is a tool that helps to structure the expected project results and impacts, thus providing a specific assessment of the project impact in the short-term. In strengthening the monitoring framework, it is important that there are protocols, data, reporting and information management structures in place as this makes monitoring programmes more efficient, especially when they are supported by a consistent set of indicators and protocols that are always used at all sites (Fancy & Bennetts, 2012). There are many approaches used to catalyse service delivery, but what is important is that these approaches are standardised and adherence to them is facilitated throughout implementation. Adherence to standard operating procedures is key to effective service delivery (DPSA, 1997).

The behaviour of a monitoring team can affect the relations, outcomes and impacts of the monitoring, and professionalism is thus important. Guinea et al (2015, p. 6) speaks to the importance that the teams have regarding the nature and the degree of impact on the projects, in efforts they make to share results and findings and ensuring that relevant stakeholders and end users are actively engaged. The FSDM has adopted a facilitation model for monitoring because the DPME is not the implementing department, which means that for corrective actions of the FSDM findings, the monitored department will implement the corrective measures as in the improvement plans. The facilitation approach assists in ensuring that the team is not seen as imposing, but rather enabling the department to bring about service delivery improvements. Through the facilitation as stated in the published FSDM reports, the FSDM has contributed to capacitating officials to do this type of work themselves, which is a form of institutionalisation of the FSDM work for service delivery improvement.

To date, FSDM has monitored more than 1 000 facilities countrywide, with a focus on eight Key Performance Areas (KPAs) and nine sectors. Findings are presented to various structures as can be seen in Figure 4 below (DPME, 2016h). Reporting structures and their influence provide a lever for unblocking service delivery challenges as reported and escalating these into various reporting structures.

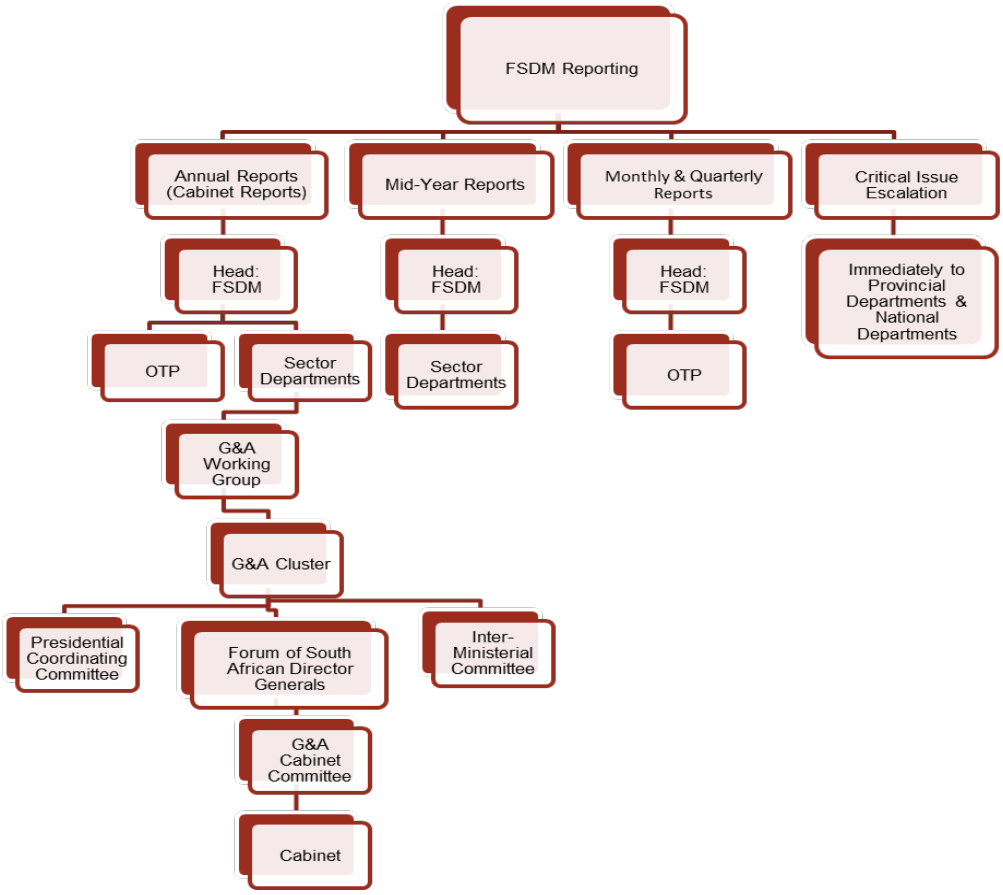

Figure 3: FSDM Reporting Flow Chart

The reporting of findings happens at least twice a year to respective departments and the DHA is one of these departments. After six years of implementing the FSDM programme, it is important to understand what value has been added to service delivery improvements in the Gauteng DHA facilities. FSDM is a monitoring tool, and like any tool, it is expected that it provides information about results and impacts in order to justify continued support (Guinea, et al., 2015, p. 3).

2.5 MONITORING

Monitoring is a management practice recently employed in the public sector to facilitate service delivery improvement based on the demand of ensuring that sustainable socio-economic development is realised in developing and underdeveloped countries with the purpose of fostering improved quality of

life of citizens within those countries (Kusek & Rist, 2004). Kusek and Rist (2004) defines monitoring as a “continuous function that uses systematic collection of data on specified indicators to provide management and main stakeholders on an ongoing development intervention with indicators of the extent of progress and achievement of the objective and progress in the use of allocated funds” (Kusek & Rist, 2004, p. 227). They further associate effective monitoring and evaluation systems with the consistent application of the ten steps, namely:

(i) Conducting a Readiness Assessment
(ii) Agreeing on outcomes to monitor and evaluate
(iii) Selecting key indicators to monitor Outcomes
(iv) Baseline Data on indicators − Where are we today?
(v) Planning for improvements – selecting results targets
(vi) Monitoring for results
(vii) The role of evaluation
(viii) Reporting findings
(ix) Using findings
(x) Sustaining the M&E system within the organisation.

Fancy and Bennetts (2012) speaks to the challenges that monitoring programmes encounter, in that they are “often hurriedly planned and implemented in response to a short-term funding opportunity or political directive, are often insufficiently funded, and historically have been one of the first programmes to be cut in times of budget reductions” (Fancy & Bennetts, 2012, p. 1). Possibly this is what leads to monitoring programmes being implemented without an explicit theory of change (TOC). Taplin et al (2003), on the theory of change series papers, recognises that theory of change can be defined while the programme is being implemented or during the evaluation. Once the TOC is in place it is important to accept any deficiencies of the TOC, and once the gaps are identified, to then review the TOC (Barnett & Gregorowski, 2013). The TOC should not be once-off event as there are complexities associated with the TOC or the implementation of

the programme, since the TOC is facilitating a systematic approach to interventions.

Because most monitoring programmes play a role of overseeing the successful implementation of project and programme, there is a need to sustain monitoring. Sustaining monitoring can mean institutionalisation within the management practice of an organ. Fancy and Bennetts (2012), in their study on Institutionalising an effective long-term monitoring programme, state that institutionalising a programme should mean broad acceptance and making a monitoring approach an integral part of the departmental operations. Fancy and Bennetts (2012) cautions that the longevity of a monitoring programme should not constitute institutionalisation, but that its effectiveness and value-add should warrant institutionalisation. It is important that a programme to be institutionalised must be sufficiently and formally integrated into the key operations, decision-making and planning for it to be regarded as institutionalised (Fancy & Bennetts, 2012).

Understanding the influence of management practices within the institution is crucial for effective service delivery improvement and monitoring. Rasul and Rogger (2016) notes the importance of understanding the management practices bureaucrats operate under, as it correlates with the quantity and quality of public services delivered (Rasul & Rogger, 2016). They provide evidence to indicate that management practices related to incentives/monitoring have detrimental impacts when bureaucrats operate in a multi-tasking environment, as these management practices align with subjective performance evaluation (SPE) which may lead to dysfunctional responses among bureaucrats (Rasul & Rogger, 2016, p. 414). Caution must be taken in the import of incentive/monitoring practices from the private sector into the public sector, and an understanding of how public sector functions will assist in avoiding the collapse of the good governance agenda ideas (Rasul & Rogger, 2016, p. 415).

2.6 CONCLUSION

The sustainability of systems such as FSDM is in ensuring that government delivers on its services. Service delivery plays a central role in ensuring that the quality of life of all citizens improves which results in the overall development of a state. Given the service delivery challenges that South Africa faces, mechanisms for resolving these challenges are essential. M&E systems have long been associated with the ability to catalyse service delivery through identifying bottlenecks in service delivery and proposing remedial actions and the FSDM programme is such a mechanism used by the South African government. More than 20 years into democracy and in the context of many challenges, South Africa cannot afford to have M&E systems that do not assist in improving service delivery; thus understating the extent to which FSDM contributes to service delivery improvement is crucial for the development of South Africa. FSDM has an opportunity to inform government about its capability to deliver on the developmental agenda and this study will share insights into this opportunity.

CHAPTER THREE
METHODOLOGY AND METHODS

3.1 PARADIGM

This study utilises a qualitative research methodology since the aim was to gain an in-depth understanding of the perceptions of effectiveness of the FSDM programme among staff in the Gauteng DHA facilities. Taking a qualitative approach, as stated by Wagner, Kawulich and Garner (2012, p. 273), seeks to interpret or make sense of phenomena from the standpoint of the participants.

The study assumes the inductive approach which talks to a form of propositions or generalisation derived from data moving from observations to theory (Wagner, Kawulich, & Garner, 2012, p. 270). This is the reason why the inductive approach is preferred over the deductive approach for this study in that it is not concerned with introducing a new theory. The study observations and findings are as per the perceptions of officials participating in the study and as per the data collected. The emphasis on the basic interpretive approach is that the research is interested in the way the participants see the role of FSDM in service delivery within Gauteng DHA offices, and this is the focal point that the study assumes.

3.2 RESEARCH SAMPLE

Non-probability sampling was employed in this study, with a focus on a combination of convenience sampling and purposive sampling. Study participants were chosen based on their role in FSDM design and/or implementation within the DPME, the Gauteng Office of the Premier, and Gauteng DHA facilities. The selection was across different levels of authorities. Basic biographic and employment data was collected from the

participants, allowing for disaggregation of collected data to better profile the participants.

Study participants were interviewed in their professional capacity. Permission to interview the participants was sought from all three departments, namely (i) DPME; (ii) DHA; and (iii) Gauteng OTP. At the inception of the study, 11 facilities were monitored through FSDM. Out of the 11 facilities, seven of these facilities were not re-monitored through FSDM and these were the facilities that were considered for the study. This is because there is very little information about what has happened in these facilities since the monitoring visits and because these facilities provides an insight into the unfacilitated status quo of frontline since the FSDM visit.

A total of 12 participants were interviewed representing seven Gauteng DHA facilities, three participants' representing three DHA district offices which has management responsibilities over the DHA facilities, one participant representing DHA national office as the Head office, one participant representing OTP: Gauteng which conducts FSDM in partnership with DPME and five participants representing DPME as the custodian of the FSDM programme. A total of 22 interviews were conducted with participants from the above mentioned institutions.

3.3 DATA COLLECTION

3.3.1 Study Location

The FSDM programme has been in place since 2011 and what this study seeks to understand is the perceptions of its effectiveness in the Gauteng DHA facilities. The focus of this study was on DHA facilities in the Gauteng Province that were monitored through the FSDM programme at the time of the study's inception. The selected facilities were not part of the improvement monitoring approach of the FSDM, which is aimed at

facilitating improvements to selected poor-performing facilities. Among Gauteng DHA facilities, seven facilities met these criteria.

3.3.2 Methods

Face-to-face interviews were used as a data collection method for this study. Between September 2017 and January 2018, 22 interviews were conducted. All interviews took place in an office or boardroom at the place of work of the participants. The interviews were arranged through the office of the district managers, who facilitated interviews with facility managers and their officials. Contact details of district managers were provided by the DHA National Office through a formal request for interviews.

The interview questions, the interview guide and the signed consent form are provided in the Appendices. All participants signed based on the following three principles: (i) Participation is voluntary; (ii) Participants can withdraw at any time if they wish to; and (iii) Participants must understand that their responses will be used for analysis and reporting for the study.

The interview strategy as guided by Wagner et al (2012) was considered to strengthen the interviews. The issues for consideration were that (i) there will be no closed-ended questions; (ii) the interview questions will be simple and clear in their formulation; and (iii) interviews are estimated to last for no more than 45 minutes. The task of the researcher was to listen, search for opinion, seek clarity, probe and ask for more information when required.

3.3.3 Data Analysis

Narrative and thematic analysis were drawn on for analysing the interview data collected. Basic analysis was conducted for the description of data without making any judgement on what it means while high-level analysis and interpretive data analysis was done to assess the depth of what the

data collected means through data categorisation and classification to elevate the important messages as guided by the research questions.

The recorded interviews were transcribed and transferred into a database created using an excel spreadsheet. The spreadsheet template contained all the interview questions as aligned to the research question and the responses from the interviews were capture accordingly. During the interview some responses were given prior to the question being asked, therefore within the spreadsheet, this was rearranged accordingly. From the spreadsheet all themes were identified. Other themes were identified from issues that occurred during the interview, but were not part of the interview questions. This approach has assisted in marking patterns, identification of themes and clustering of responses in identifying some of the recurrences, similarities and differences of ideas and understandings regarding FSDM. This assisted and ensured that the findings are based on acceptable responses to avoid findings that are based on erroneous or outlier responses.

3.4 ETHICAL CONSIDERATIONS

3.4.1 Positionality

The professional position of the researcher within the FSDM programme and the role it plays in fieldwork and the data analysis was considered. The researcher is presently employed in the DPME within the FSDM programme with responsibilities that include standards-setting and approval for indicators to be monitored, guiding the programme's approaches, procedures, tools and systems. This includes communicating the work of the programme in different fora, through presentations, various reports, case studies and newsletters. The researcher had contributed to most of the documented information about the programme during the past six years, either by authoring, editing, or through content contribution.

For the purpose of this study as a Masters student in the Wits School of Governance, the writer assumed the role of a researcher, being associated with the FSDM programme professionally. Efforts were made to make participants feel at ease and create an environment of trust, while ensuring that no responses will be traceable to any specific individual.

The interviews were conducted in a way that they were a conversation between two officials sharing knowledge about the FSDM programme and the work of the DHA. At times the conversation included local languages, which made the participants feel comfortable. In most cases notes were not taken during the interviews, as this made it easy for participants to express themselves freely. The recording device looked like a book and this helped to put participants at ease.

The researcher maintained professional and ethical conduct at all times in the research process, including analysis and reporting. There was a need to manage participants' expectations, because sometimes there were issues raised that had nothing to do with the research and these had to be acknowledged so that the participants did not assume that the researcher was only interested in the research topic.

3.4.2 Anonymity and consideration not to harm participants

Caution was taken to ensure that participants are not affected in any way. For convenience, participants were given an opportunity to be interviewed at the location and time of their choice, within the timeframe of the study. It should be noted that participants were interviewed in their professional capacity and based on their professional experience and their perspective on FSDM. No names were disclosed in the report, and anonymity and confidentiality were ensured including an undertaking not to divulge participants' identities through reference to their position or rank.

3.4.3 Informed consent

Research is meant to be open and honest; this applies to the researcher's openness *vis-à-vis* study participants. The informed consent in this regard refers to information about the research that is provided to participants prior to them participating in the research and the information provided relates to the purpose of the study, what was expected of the participants and what was being done once data had been collected. This was done to ensure that participants participated in the research without undue pressure from the researcher but by their own choice.

3.4.4 Gatekeeping

Gatekeeping refers to individuals who will enable the research to be conducted in the least hostile environment; interviews were conducted with officials within DPME and DHA National and Gauteng facilities. Broadhead and Rist (1976) talk about the possibility of the gatekeeper influencing a study in a number of ways, such as entry to the organisation, the respondents and the area of study. Permission was obtained from Home Affairs, OTP Gauteng and DPME and participants signed consent forms.

For this study gatekeepers were responsible authorities in DHA National, so communication about the study to DHA officials was done through them, and follow-up was done by the researcher. It was important that the communication was not seen as an order, but that they could be willing participants to assist the study.

3.4.5 Study limitations

The limitation of this study related to the viewpoints of the participants, and the findings are central to their responses and their viewpoint of FSDM. In

qualitative research one is limited in verifying the data collected, in that as a researcher the ability to confirm the views of the participants is through probing the responses with the participants in order to understand their viewpoints. In addition, the study is context-specific, and the findings cannot be generalised to any other setting.

The value of this study lies in the depth of the data collected and the detail on the use of FSDM within the seven Gauteng DHA facilities covered in this study. The Gauteng DHA facilities included in this study covers six medium offices and one small office. DHA defines medium office as offices that are responsible for rendering the following civic services; births, marriages, deaths, passports, citizenship and identity documents as well as some immigration services, while small offices are responsible for rendering the births, marriages, deaths services only.

Table 1: The list of the facilities and associated attributes

Name of Institution	Number of Participants	Type of DHA office	Responsible DHA District Office
DHA Facility: Alberton	2	Medium	Ekurhuleni
DHA Facility: Cullinan	2	Medium	Tshwane
DHA Facility: Duduza	1	Small	Ekurhuleni
DHA Facility: Krugersdrop	1	Medium	West rand and Sedibeng
DHA Facility: Mamelodi	2	Medium	Tshwane
DHA Facility: Roodepoort	2	Medium	Johannesburg
DHA Facility: Wynburg	2	Medium	Johannesburg

CHAPTER FOUR

PRESENTATION OF FINDINGS

4.1 INTRODUCTION

This chapter presents the findings derived from the participants' responses based on the identified themes that were intended to understand perspectives of officials on the extent to which the FSDM programme has contributed to improving service delivery in Gauteng DHA facilities. The questions were posed to participants in order to realise the purpose of the research aligned to the presented problem statement. The summary of the findings will be presented as the chapter concludes.

The research was conducted through responses to the following questions:

The main research question was,
To what extent has frontline service delivery monitoring contributed to improving service delivery in Gauteng DHA facilities?

The following research sub-questions assisted in this process:

(i) What is the current practice of FSDM in the Gauteng DHA facilities?
(ii) What are the interventions underlying FSDM practice in Gauteng DHA facilities?
(iii) How are the FSDM findings used for improving service delivery in the Gauteng DHA facilities?
(iv) What are participants' perceptions of FSDM improvements?

4.2 A BRIEF PROFILE OF THE PARTICIPANTS

Data collections were performed with the support of participants from the DPME, DHA and OTP: Gauteng. These institutions play an important role in the overall programme cycle of the FSDM within the home affairs sector. Consent forms and study briefs were provided to participants indicating the purpose of the study and affirmation of ethical considerations such as anonymity and confidentiality. A total of 22 interviews were conducted with participants from different institution as per the below table 2.

Table 2: Name of institution and number of participants interviewed

Name of Institution	Number of Participants
DHA Facility: Alberton	2
DHA Facility: Cullinan	2
DHA Facility: Duduza	1
DHA Facility: Krugersdrop	1
DHA Facility: Mamelodi	2
DHA Facility: Roodepoort	2
DHA Facility: Wynburg	2
DHA District Office: Ekurhuleni	1
DHA District Office: Johannesburg	1
DHA District Office: Tshwane	1
DHA National Office:	1
DPME	5
OTP: Gauteng	1
Total	**22**

As per the table 2 above 12 participants represent seven Gauteng DHA facilities, three participants' represent three DHA district offices, one participants represent DHA national office, one participants represent OTP: Gauteng and five Participants represent DPME.

Table 3: Biographical information for participants

Number	Sex	Age	Number of years in the current position	Highest level of education
1	Female	36	5	Post graduate
2	Female	42	4	Under graduate
3	Male	35	3	Post graduate
4	Male	43	1	Post graduate
5	Female	44	6	Post graduate
6	Female	45	6	Post graduate
7	Female	61	16	Post matric certificate
8	Female	41	5	Under graduate
9	Female	41	5	Post graduate
10	Female	32	3	Under graduate
11	Female	45	6	Post graduate
12	Male	57	9	Post matric certificate
13	Male	46	6	Post matric certificate
14	Female	42	8	Post matric certificate
15	Female	57	12	Post graduate
16	Female	43	10	Post matric certificate
17	Male	52	1	Post matric certificate
18	Male	49	17	Post graduate
19	Male	32	3	Post matric certificate
20	Male	38	4	Post graduate
21	Male	41	3	Post graduate
22	Female	41	5	Post matric certificate

Summaries are presented in the table and graph below.

Table 4: Summaries on Age, Sex and Highest Level of Education of Participants

Age		Sex		Highest level of education	
Below or equal 35	3	Female	13	Post matric certificate	8
36 to 40	2	Male	9	Under graduate	3
41 to 45	11			Post graduate	11
46 and above	6				
Total	**22**		**22**		**22**

Table 4 above indicates that most of the participants have post-graduate qualifications, and most participants were female. Most (10) participants are over the age of 41 with three participants being under the age of 36 as displayed in Table 4 above.

The graph in Figure 4 below displays the comparative analysis between the sex of participants and their highest level of education

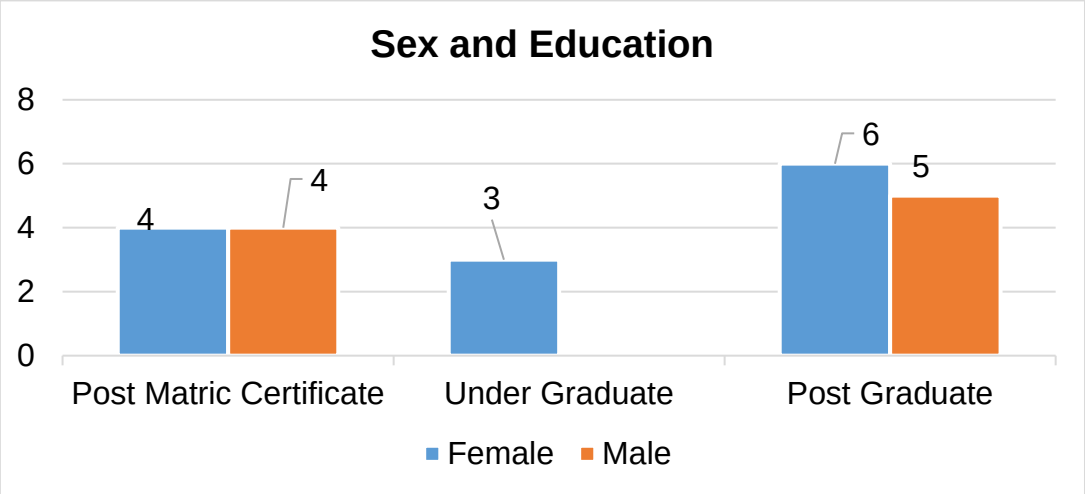

Figure 4: Correlation between sex and highest level of education of participants

Of the 22 participants, the distribution is 13 females and nine males. Given that most of the participants were female, they are the most qualified of the sex groupings.

4.3 PRESENTATION OF FINDINGS

The presentation of the findings below is based on the research sub-question and the underlying themes that emerged during the mapping of the data collected.

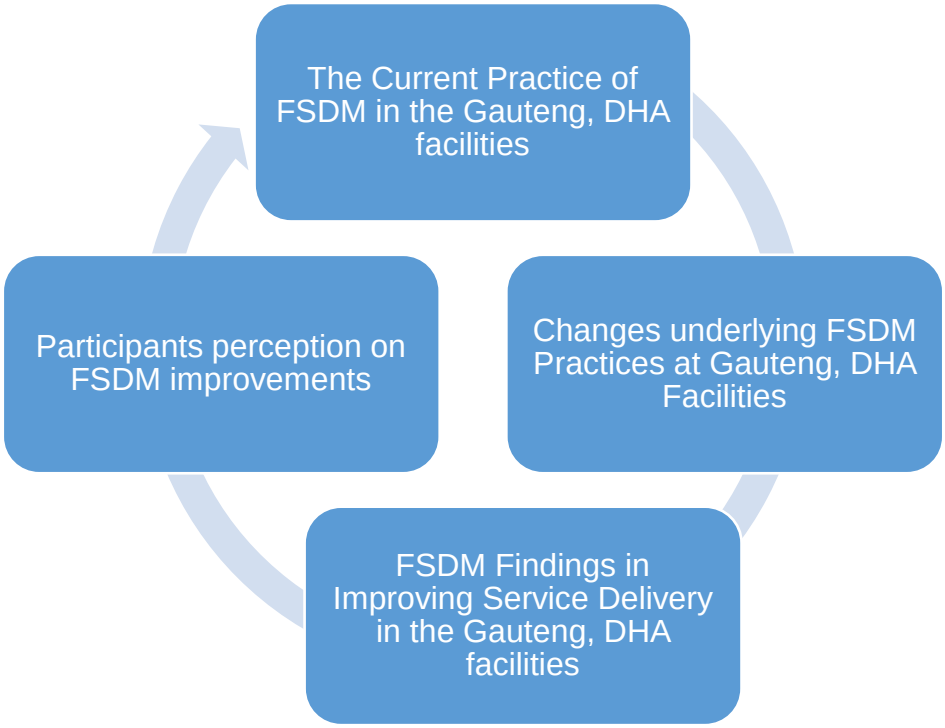

Figure 5: Study findings themes

4.3.1 The Current Practice of FSDM in the Gauteng DHA facilities

Any monitoring and evaluation programme that is well established seeks to conform to certain standards and practices as it ensures effectiveness and efficiencies (Kusek & Rist, 2004). The ad hoc nature with which government programmes are established threatens the idea of strategically conceptualised programme procedures, which can have a negative impact on the programme life cycle and information management cycles. Theoretically, every programme has a standard practice that must be adhered to and provide possible levers for reviews. Central to the thematic identification from the data collected, the following categories emerged:

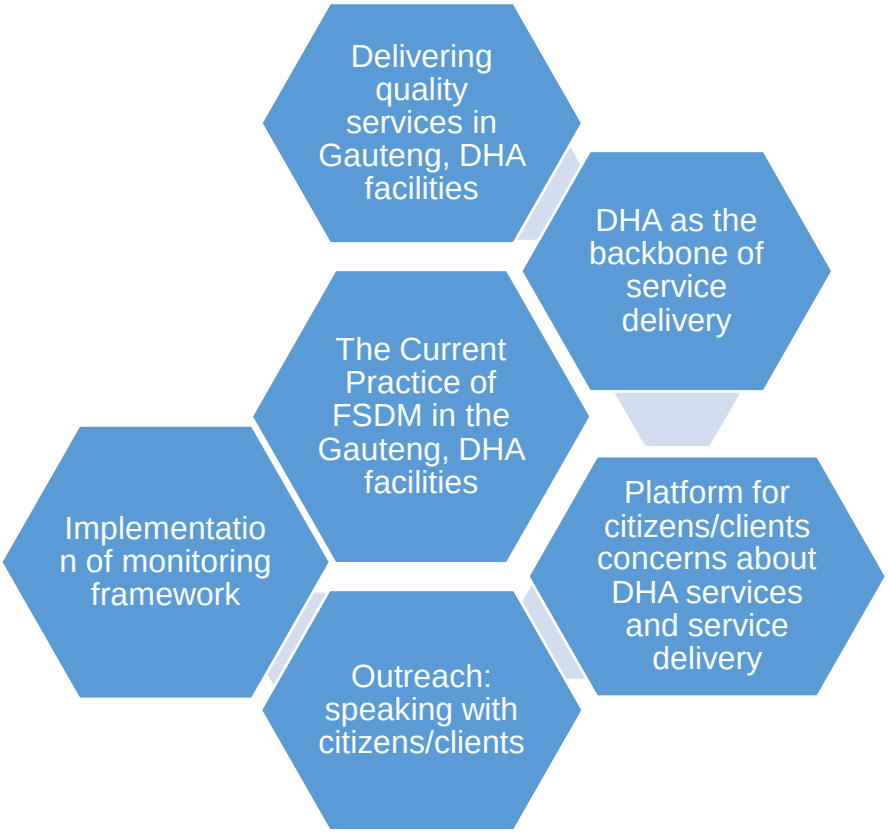

Figure 6: Current practice of FSDM in the Gauteng, DHA facilities − Themes

The themes that emerged were (i) Delivering quality services in Gauteng DHA facilities; (ii) DHA as the backbone of service delivery; (iii) Platform for citizens/clients' concerns about DHA services and service delivery; (iv) Outreach: speaking with citizens/clients; and (v) Implementation of the monitoring framework (team engagements, tools and approach).

4.3.1.1 Delivering quality services in Gauteng DHA facilities

Participants' perspectives on how the services at Gauteng DHA facilities are being delivered are somewhat varied. The participants' response shows an emphasis on the importance of the quality of services delivered and this relates to the effectiveness and efficiencies of service delivery. Participants remarked on their views of how services are being delivered in facilities.

This participant remarked that FSDM is not a good measure for the quality of service delivery.

> *Based on the number of facilities that we have been to, we can still improve on the quality of which DHA renders services to the clients, you know, sometimes it's just adherence to Batho Pele Principles, treating people with respect and respect will differ from person to person. As a client walking into DHA facility accordingly to what I see as operating hours I should be receiving a service, but you can see that there are jokes still cracked among colleagues, I am being given a service, but at the same time I am screaming at another colleague, I don't know what you will identify that as. Secondly, in some of the offices you will find that things like printers are not functional, so your certificates they must be of a particular quality and when you have documents that are faded you are told that we are out of ink or… it leaves a lot to be desired. At what point do we focus on resources and make sure that offices are well resourced in order to be able to carry the volume that it serves. Our focus is on frontline but service quality is not detected by frontline.* (01)[1]

This participant was upset about the level at which services are provided, and the consideration that is given to citizens/clients in Gauteng DHA facilities.

> *You get calls where people will tell you they have been in your department 6 times; you then tell them you the need this; you bring it; they say something else. I do tell them, what is your standard procedures saying, why are we ill-treating people. Sometimes officials feel too big, when you follow up, you find out it is true.* (15)

Some participants were concerned about the efficiency with which services are rendered, they recognised that the DHA has been synonymous with

[1] Throughout Chapter 4, the numbers in the brackets at the end of italic quote denotes the code number given to the participant in order to ensure confidentiality.

poor service delivery, while acknowledging the progress that has been made to date, and being fairly hopeful that the DHA will turn things around.

> *The quality of service delivered by our front office is not yet there where we want it to be, but looking at the past three years there is a considerable improvement and it is as a result of a number of things, partly because of our own internal processes that we tried and also by the two monitoring departments DPME and Department of Public Service and Administration (DPSA). So for some odd reasons the two departments have just decided to focus on DHA, besides our internal pressures, we also have pressure to make sure that we adhere to the framework by both DPME and DPSA, also looking at the number of complaints of service delivery in the front office, we have seen a huge decline…… we still have issues around the queuing time but from the time you are serviced to the time you leave the office we have improved, we even receive compliments around that. People will say I needed to wait, but I was serviced quicker during my turn.* (05)

A participant concurred with the sentiments that improvements have been realised in the DHA, with the acknowledgement that more still needs to improve.

> *It has improved, it is not where it supposed to be, that I can assure you and I think it's going to take a while. And the reason why I say it has improved; I have been in the department from 2011 and when I look back at how the department used to conduct itself, the officials in terms of service delivery and to where we are now, there has definitely been a great shift, it has been a positive shift and I think that it is more on how the officials are treated. There has been sort of elevated to not being mushrooms, being left in the dark and expected to grow. So the more communication, the better and there is still more to do. I think that when you communicate to people, what is the expectation and why those things need to be done and then*

people take ownership, they do something about it rather than waiting for people to do it for them. (06)

Two participants remarked on how poor the service used to be at DHA, but they agreed that improvements have been realised.

One had known of the horrible service that DHA use to provide, you needed to take the day off to go to DHA not knowing if you will be assisted still, there will be no signage that shows you where to go, or an official directing you to the right queue, DHA has actually been horrible. (21)

In support of the poor service delivery that is improving in DHA, the participant below stated,

DHA was one of the worst actually, people will tell you I won't go there, if I go there, I need to take a day off, to just go and make an ID document. (04)

4.3.1.2 DHA as the backbone of service delivery

One of the most encouraging points made by participants was the importance of the DHA and the services they provide, and their satisfaction about their involvement. The responses below indicate the importance of the role of the DHA.

Services are important, DHA has peoples' lives, giving birth its DHA, weddings are DHA, and death is DHA. We serve the country as a whole. (07)

This participant similarly stated how important DHA services are, and believes that the DHA should be treated as the backbone of the country.

The department needs to be treated as the backbone of the country, because the service we are rendering no one else can, from cradle to grave, we deal with each and every person. Being a citizen is

important the only problem is that is not all the citizens and government that has the understanding of the importance of the department. (11)

This participant, in stating the importance of the DHA, spoke of the DHA services as a “lucrative thing”.

Service of DHA deals with human life from birth until death. Citizenship is a lucrative thing, if you are born in the hospital you are not yet born in South Africa until we issue you with a birth certificate. (13)

This participant spoke of how the DHA is the most important department that citizens require in order to obtain services elsewhere, be it in the public or private sector.

It is the basic, for me, I look at DHA as the number one department to be approached, because for people to access services of any other departments they have to go through DHA. (11)

The participant below speaks to how not accessing the services of DHA might negatively affect one’s life.

They do add more value, since you know the department is dealing with security and identity measures of people, I think they are adding value, without the certificate you can't obtain SASSA, you go to school they need certificates, you can’t marry, you can’t bury, you get your ID you get your personal identity. (07)

4.3.1.3 Platforms for citizens/client concerns about DHA services and service delivery

From the FSDM perspective, every facility should have a complaints management system, which explicitly states the approach, procedures and processes that are used by the facility for effective complaints handling.

From participants it was clear that there is a process in place to manage complaints, although not everyone agrees on the degree of implementation of these procedures.

> *Formally, we do have suggestion boxes and our website information is available, and all contacts are displayed in all offices. We are getting lots of calls or email regarding this. The challenges that we are faced with is that we are depended on the back office to resolve most of the queries*. (11)

This participant supported the existence of the complaints management procedures, and stated that,

> *We have complaints management guidelines; all complaints have to be logged. Every office has a suggestion box, depending on the size of the office, it might be days or on a daily basis that the manager will open the suggestion box. If the customer is not comfortable, or the complaint is about the facility manager, they can call the call centre, email, fax or website the complaint will come to the contact centre*. (05)

Although there is corroboration of the existence of the procedures to lodge a complaint, there are questions as to whether they are effective. One participant questioned whether these procedures are being implemented at facilities.

> *That as well, I will say that there is no standardised process, it depends on the efficiency of a particular manager, the complaints system is not standardised and this disadvantages people.* (04)

Another participant, while acknowledging the existing complaints infrastructure, questioned the procedures for complaints management in facilities.

> *It differs from one DHA to another, some have a complaints box that are not efficient some have an open door policy, you can go directly*

to the official or managers. Generally, they will claim to actually have a complaints system, but how they utilise it is a different story altogether. We all know we need a complaints system and the charter, but how we carry that through is a challenge. (21)

Even though in that respect there are conflicting sentiments, one participant mentioned that this area needs to improve if the DHA is serious about service delivery and the quality thereof.

That is another area that I feel that it needs improvement. (06)

Some participants observed that there were frustrations at the complaints that are raised by clients in the facility, particularly when they see the monitoring teams in the facility.

People just like to complain, even if you tell them that the computers are slow, they are just going to complain and just shout, even when the queue is long, you tell them we are going to do 1, 2, 3, 1, 2, 3 and we won't leave anyone out before knock-off. Even if is after knock-off time we will remain here, they will still complain. (07)

One participant referred to some complaints as unnecessary, indicating that educating the citizen is very important in reducing the number of unnecessary complaints.

It depends on the complaint, just now I just received the media inquiry complaint so it depends on the level, the sensitivity and the nature of the complaint. There are quick-win complaints, there are unnecessary complaints. And I think that if we don't deal with the unnecessary complaints, we are not educating our community and our clients and we are not doing justice to them and we are perpetuating this thing that they can just complain like these media complain. (08)

4.3.1.4 Outreach: speaking with the citizens/clients

The purpose of service delivery is to ensure that the citizens/clients receive services. It is important that when these services are provided, or in cases not provided, the intended recipients are informed. Participants referred to the importance of outreach and citizen feedback or engagements as an integral part of service delivery. In addition to this there was the acknowledgement of the impact on service delivery due to the need to communicate with citizens.

The Department's focus is on the citizens, as it is a pure frontline department and the frequent engagement with the client is thus important in everything that they do. To this end, there may be unintended consequences on the staff morale (HR) and the availability of resources at the specific facility or service point. Outreach projects are thus a necessity for the Department to engage with their clients in order to educate the communities and provide the community with feedback.

One participant indicated the negative impact that outreach has on the capacity to provide services in the facility.

> *In this office we don't have enough staff, we are having 29 staff, this includes staff that goes into hospitals and outreach, we end up with less than 20 people in a day and this number includes the cleaning staff".* (11)

This participant spoke of the importance to educate citizens to manage and reduce what the participant refers to as "unnecessary complaints".

> *There are unnecessary complaints, and I think that if we do not deal with the unnecessary complaints we are not educating our community and our clients and we are not doing justice to them and we are perpetuating this thing that they can just complain like these media complain.* (08)

This view of the importance of outreach was shared by other participants who spoke of the challenges of the country because citizens do not understand patriotism and the importance of one's identity, noting that people selling their citizenship is unpatriotic.

> *For me it is not enough to have a client that says thank you very much, getting that certificate and they walk away, because again, it goes back to when I receive these birth certificates what difference does it make in my life. And for me it will not just be about that client, but it should build patriotism with the country, because I found that some people that we are servicing, hence the corruption is this much they do not value the product that they get from Home Affairs and the meaning of those products. If they knew they would be not selling citizenship, but they will know how to treasure the citizenship and be jealous of the citizenship…... to me it says that there is a lack of understanding of the power (DHA services/products), of that power be it negative and positive. It (products) will bring positives into your life because you got this ID, but what would be a negative that this ID would carry and that would be destructive.* (06)

This participant referred to the departmental bureaucracy or operational challenges that impact negatively on the outreach work.

> *Because they (senior managers) are operational, while they are not supposed to be operational. There are people in informal settlements that need our assistance and I can't just take a car and go there, I have to first seek approval from my manager to authorise the trip, and my manager can be anywhere in the province.* (12)

One participant gave an account of other means they are embarking on to educate citizens (expectant mothers) on the importance of early registration of birth. The DHA has a policy statement that encourages birth registration to occur within 31 days after a child is born.

Sometimes, I go to pre-natal (classes), to say when you feel like pain enje, there are those bags that you pack, while you are packing those, pack your ID, just put your ID because you don't know when will this happen. Because no one goes to deliver without a bag, but not everyone listens. (15)

The participant stated that they go to schools to educate learners, but there is a complication because the mobile trucks they use are not equipped with a smart card solution.

We go to schools, and now the measures are stringent, number one, we don't have a smart card solution in the trucks, we don't take applications there anymore, they have to come here (office), and the parent must be here, we are going to get more children that are not registered because parents prioritise their work. (15)

4.3.1.5 Implementation of monitoring framework (team engagements, tools and approach)

Most participants appreciated the monitoring activities that take place within their place of work and shared their views about the tools used to conduct monitoring as well as the approaches used by the monitoring teams.

On monitoring visits

This participant indicated that they appreciate the monitoring visits by the FSDM team:

My experience with FSDM has been quite good, with the responsibility to ensure accessibility of services; it has actually helped us to better streamline our processes to better understand which areas to focus on and which areas impact mostly on the public and how do team up with FSDM. Our engagement and collaboration for me has come out very handy and is something that I appreciate.

It has helped me to see my weakness as channel management and to service the public better. (05)

This participant stated that it will be important to learn from monitoring activity.

The programme is very good, if we can use that programme to benchmark or to judge ourselves on an ongoing basis, I see that we will be far, hey, one of the things that we are bad at and it is human nature anything that is not policed you do not respect, anything that is not inspected we don't respect. (06)

These participants indicated that they saw an opportunity to improve and raise challenges they experienced in their environment and they saw the monitoring teams playing that role.

I could use you to get attention to other issues I want to raise. (08)

This participant spoke of the meaningful contribution that the monitoring visits have made in their facility.

The view is that visit has made a meaningful contribution. There are challenges in the office because if you look at all the tools that is given to us they are relevant; the problem comes with an implementation of decisions. (13)

On monitoring tools

When participants were asked to give their views on the monitoring tools, some of them responded that for relevance and sustainability of the programme it is important that the tools remain relevant and there is thus a need to improve on the current tools. The responses below are categories based on improvement of the tools and functionality of the tools.

The following participants spoke of how the monitoring tools can be improved to strengthen service delivery monitoring.

This frustrated participant stated that there are other factors that need to be considered for the quality of service delivery.

> *Let's start at the basics, the programme itself assesses the state of frontline with the view to improving areas of weakness, but I think above everything else we want to improve the quality at which the citizens are served; our focus is on frontline but service quality is not detected by frontline; a whole list of things affect service delivery most of which have nothing to do with the state of frontline. Currently with the tools that we have we have improved with them and their updates and we are getting to a point where we are including other things like the challenges that are affecting the delivery of services. I think going forward, although it will require proper management, we will have to expand our area of focus and probably get off other areas that we are still assessing and we know that we can only have one solution in this area of assessment. My observation is that we are doing fine in terms of our tool and how we capture our reports. But I think we must improve areas of escalation and broaden the area of focus.* (01)

This participant gave an account of what the FSDM tools have achieved, yet despite the success of the FSDM monitoring the participant noted that the demand is shifting and that some reviews are important.

> *In the past five years the tools assisted in unearthing frontline issues that were taken for granted. People thought that it is not enough to just monitor the signage and toilets, but the impact of that has been seen by the members of the public. Cleanliness, queue management and name tags, for officials to be identified. We have awakened government to say it is very important to say we did it for the citizens. Things evolve with time; service delivery challenges are more, and there is pressure on the ground. We are now faced with adapting to the real issues on the ground and make our tools to penetrate to*

those so that we are not only focusing on those areas, we need to move to where these issues are added to the operational plan of departments, we need to make handover to facility, we can come with one approach to see if they are assessing frontline standard. (04)

This participant was very frank in their view of the tools, and some frustration was expressed.

I think the tools are getting outdated, the way we apply FSDM is on a one-size-fits-all approach, and that is what FSDM does for the first few years when the programme started that is what we needed and that is what built the momentum. But we are at a phase where we need to relook, either draw what we deem to be critical and drop others, so like the things that are monitored by the Department themselves. The time has come where we actually need to revise the way we monitor facilities in some areas, you don't even need the tool, you know a situation is critical when there is no electricity, let's drop everything else and focus on electricity. We need to apply some level of flexibility in the tool and the way we monitor. (21)

This participant spoke about what they would like to see in the tools; the participant was questioning the limited use of technology in the FSDM tools and how laborious the tools are.

To be honest, coming from a technical space, they are good tools, but they are labour-intensive and time-consuming, they must be automatic to save time, quick reporting, in this time and age. They give a wealth of information; how do we take the advantage of technology? (05)

This participant appreciated the fact that the reporting tool is simple and they highlight issues of concern.

> *It was simple and short to the point, they have highlighted issues of cleanliness, I like the animation in the report, it is very user-friendly. What is important, is that there is closing meetings.* (11)

This participant shared some frustration about the tools, although much of the frustration related to tools that are outdated in the facility.

> *There are many templates there, they were struggling, you have to give me the report electronically, but the challenge is that our computers are not working and they are old.* (13)

A proposition for a better working tool was given by this participant.

> *The report could be simpler, maybe have a list of to do things, supplemented by the comprehensive report which will make it easy to use.* (18)

4.3.2 Changes underlying FSDM practices at Gauteng DHA facilities

Programmes are designed to bring change in the monitoring and evaluation (M&E) space; programme design should consider or follow a theory of change prior to establishment, as this will assist in measuring change, impact and the need to sustain the programme. In many monitoring programmes the theory of change has only been identified later, while the programme is being implemented, sometimes during the evaluation stages and this may indicate the positive and negative impact of the programme (Taplin et al, 2003; Barnett & Gregorowski, 2013). The FSDM programme had four main objectives: (i) strengthening the monitoring practices in facilities and support decision-making for managers in head offices; (ii) demonstrating the value of physically verifying reported results; (iii) demonstrating the value of collecting monitoring information from multiple sources, namely users, staff, monitors; and (iv) demonstrating how to use evidence collected at facility level to facilitate and catalyse improvements.

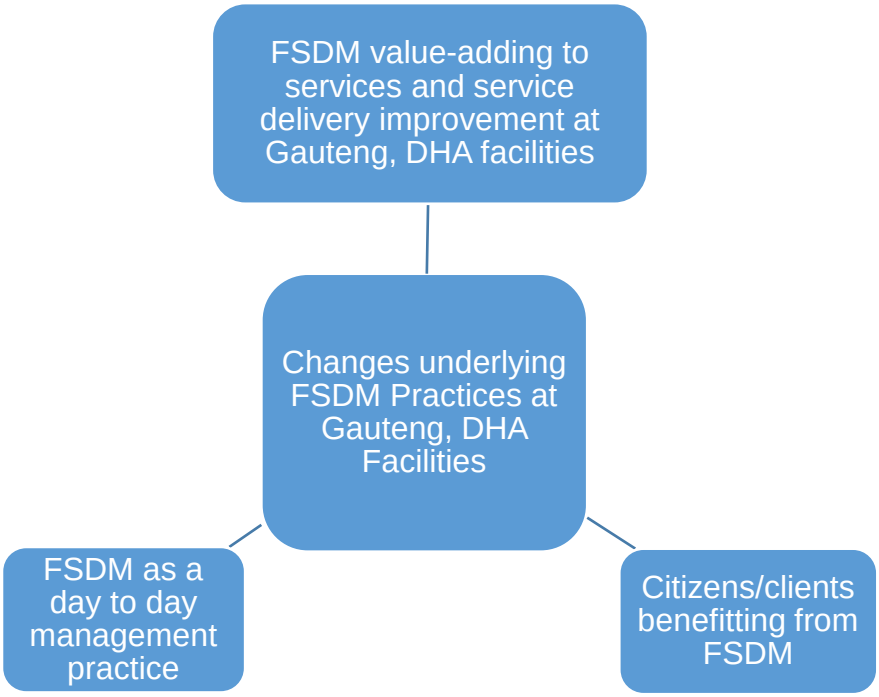

Figure 7: Changes underlying FSDM practices & themes

In many instances, the interventions by FSDM are an indication of decision-making that has been influenced or catalysed by the FSDM presence. As engagements continued with the participants, they provided highlights of interventions brought about through the FSDM approach. These highlights are categorised under the following themes: (i) FSDM value-adding to services and service delivery improvement at Gauteng DHA facilities; (ii) Citizens/clients benefitting from FSDM; and (iii) FSDM as a day-to-day management practice.

4.3.2.1 FSDM value-adding to services and service delivery at DHA facilities

This participant highlighted what was done as a result of the FSDM visits to their facility.

> *After that visit, the Department has taken measures to resolve issues that were raised, like security issues, this has been improved. System and electricity back-ups are in place because of the*

programme interventions, we have generators now. Actually, we have now changed things like issues of security, searching for weapons at the gate. (07)

This participant appreciated what the FSDM has done in their space of work, where interventions were brought about due to the FSDM.

Yes, one of the improvement is the front office toolkit project to deal with signage in all offices, suggestion boxes, but we still have challenges in some offices (about suggestion boxes). (05)

This participant appreciated the approach that the FSDM applies to its monitoring activities and indicated that the same approach is now being implemented.

I also do unannounced now, we know of the window dressing for you to understand the performance you need to come unannounced, because if they know that you are coming they will give you what they think you want, kanthe you want the real. (15)

This participant spoke of the internal signage that is now in the facility as indicated in the findings presented during the monitoring visit.

Yes, signages we did not have these signages. (18)

Another participant spoke of the facilitation intervention that brought about the relocation of their facility to the new facility, although the participants raised challenges within the current building that fell short of conforming to the frontline facility standards.

Yes, they do, the first visit was in an old office, and we had written submission about the state of the office, then they came up with the plan, then we were moved into this new building. The challenge is that this building is not as we planned, it doesn't have an emergency exit, and the emergency exit could be used to manage the clients that comes after we have closed the door at 3:30. And we get insulted,

the building is not security conscious in terms of security of officials. We get assaulted and we are told every word that the public can say. The reason being that once we close at 3:30, people that come late they force their way in when we open the doors to let others out. People decide to come later and claim that they had an emergency. (13)

This participant gave account of what interventions were brought about through FSDM in facilities of the DHA.

At a facility level one can say there has been recognition of some of the recommendations and there were improvements that happened afterwards. I remember there was an implementation of the queue management system that was electronic, that was one of those that were decided at national and cascaded down to the facility. Even at the facility there will be cases where the system did not work, but upon us engaging them there was a turnaround, whether how sustainable that was, it is something that can be checked. (20)

Another value-add that was done as part of the FSDM programme, although not necessarily at the facility level, was done to improve services at the facilities. This participant gave an account as to the value-add in that regard.

FSDM helped with the restructuring of our unit to report directly to the highest level; previously there was conflict of interest with offices we reported, as performance reports would not reach the Minister. One of the reasons why we needed to review the toolkit was when we started engaging with the team, then we realised we were not moving with the times. The last study that we did that led to the first study was in 2006 which give birth to the 2007 toolkit. FSDM coming in, it said you are relaxed and too comfortable in your space, because we did not have someone looking at us independently. The collaboration and the reports actually helped us to go back and say how do we improve as DHA without waiting for FSDM to tell us the gaps. With

the look and feel project, we then started to say how do we include their results to improve our offices, how do we make sure our facilities are in line with the FSDM reports and what the public wants. For us the collaboration has worked well. (05)

Accounts of specific interventions by FSDM were given. This participant recalls what had happened in their facility as a result of FSDM.

They were raising signage, we have done internal signage and ramps, the only issues are overcrowding and that is out of our control, but now we also get assistance from Pretoria but is not permanent. Once the team arrive, we will deal with the queues by 13h00, the queue will build up after school. Pretoria support is four days a week, for five people from 10h00 to 14h00. (13)

This participant recalled what was in the report and what was done based on the information received from the FSDM report.

So you found that people are queuing outside and it (FSDM report) was reading that the space, the accommodation is in a little house, so I knew that it is the problem but I could only do so much. The space was not even enough to put in a chair for the people to queue inside, they will queue outside but again we have listened to the call hence we are opening a new office. (06)

4.3.2.2 Citizen / clients benefit from the FSDM

In response to the question of whether the FSDM benefits citizens, participants gave the following responses.

This participant stated that the client does benefit from the FSDM, although the participant cautioned that clients are not right all the time.

They do but clients are never honest, they will take issues to the media, even though they have received services and we have

serious issues of foreign marriages, because we cannot print on the certificate that you were married in another country, they only thing we have is the client marriage certificate. (10)

This participant agreed that citizens benefit, yet raised a concern that these benefits might be short-lived.

Yes, it does benefit the citizens, but I think the benefit is short-lived, because when you are in a facility you get comments from citizens to say, at least today we are being served and I wonder what happens tomorrow when we are not there. In certain areas things really do improve for the better, that will be when we have left things like your waiting areas that are not sheltered, maybe when you come back after six months or so there is that improvement which we cannot completely attribute to our visit but we know we played a role in that as well. (01)

This participant stated that as long as the offices are open, it means citizens do benefit from services that are being delivered and monitored.

Absolutely, there is a link. There is a link purely because the reason why there's offices are here for the people. My view is that as long as the office doors open there is a difference we are making in people's lives. As long as we are looking at how we are receiving these people, there is definitely the value in that regard. (06)

The participant added that what is missing is the focus on people receiving the services and how their lives are impacted by the services they receive.

We are just not talking about the person visiting our facilities but we are saying how is these people received in the office. How is the person treated in the office? (06)

This participant gave an account of the turnaround time that has improved due to the monitoring, which in turn benefits citizens.

Everything is adding value, if you look at the turnaround time a few years back and look at turnaround time now it has improved and 100 percent value added. (13)

This participant indicated that as an official, there is awareness that FSDM benefits citizens, yet what the participant noted is that citizens are not aware that some of the improvements they are seeing is because of FSDM.

Citizens are not aware, they are not aware of the efforts of the DPME, they now know where to go (signage) but they become more demanding on what is displayed to them. (18)

This participant provided specific information about how citizens benefit in terms of the improved turnaround of the ID processes.

They do, if you look at the ID processes they benefit citizens directly so the process of getting the ID has improved, clean and smooth. It then provides you with an opportunity to work, participate in the economy and that is key, and nowadays they even went to a point of ensuring that when a child is born, they register them in hospitals and I think that is very innovative and also the fact that they have improved their management systems by retrofitting how things are done. (20)

The participant further noted that although citizens benefit from DHA services, there is still not enough office space in major towns to improve access to the DHA services.

I think the only thing is that there is not enough office if you go into town, Nana Sita Street, I still feel we can do better. Even though we can't put the same infrastructure everywhere, but in major towns and cities we should do better. (20)

This participant explained how some of the complaints from citizens were validated through monitoring.

You get calls where people will tell you they have been in your department 6 times, they tell you they need this, you bring it they say something else. I do tell them, what does your standard procedures are saying, why are you ill-treating people. Sometimes officials feel too big, when you follow up, you find out it is true. (15)

4.3.2.3 FSDM as a day-to-day management practice

A programme such as FSDM cannot be impactful when it is not institutionalised within the relevant department, in this case the DHA. The FSDM programme is an oversight tool which assumes that this type of monitoring is happening in DHA facilities. Views from participants were sourced about institutionalisation of the FSDM programme in the DHA, as presented below.

This participant explained the importance of institutionalisation of FSDM centres in ensuring that it is part of the employees' contracts (performance agreements).

It is just that we are not privy to things like job descriptions and contracts that employees sign in terms of facilities, I think bringing FSDM principles into every employee's way of doing things will gradually get us to a point where it becomes the culture in the organisation. The DHA is among those sectors where we are not far off the mark, it is just issues of being identified, signages are in place. (01)

The participant emphasised the importance of the attitude of officials in relation to service provision.

But I think it's a battle with more what we inculcate into staff members, you know just the understanding and making sure that if there is a queue there I can't be all over I need to attend to this queue, things like attitudes of staff members is one of those things we still

need to be working on at DHA. I am trying to make sure that the whole running of the centre involves FSDM. (01)

This was supported by another participant on the matter of ensuring that performance agreements are aligned with FSDM principles,

It (institutionalisation) is needed, to some extent we are winning that battle; the channel management at DHA has done this. What DHA does is the real frontline, they see more than thousands of people a day. It is important to include this in the performance agreements and they align with the standards". (04)

This participant spoke about institutionalisation as part of taking ownership of the frontline work.

It (institutionalisation) talks to the ownership, yes, that is why we should institutionalise. (11)

There is a realisation that the human element is what should be guarded against or improved, and there appears to be an indication that the officials' attitudes plays a significant role in ensuring that effective services are delivered.

I don't know how we change the mindset of frontline officials; they were trained for frontline. We ask that they come early, but they use that time for breakfast. (15)

This participant gave an account of what institutionalisation has done for the DHA, providing references and expressing a hope that this will influence the mindset of officials in the DHA with regard to corruption.

It (institutionalisation) is already there, if you look at the uniform these days and for me, when I saw that I thought it is a good thing of unifying the DHA. That will go a long way, also hoping it will change the mindset of people because I cannot be doing corruption while I

am wearing this uniform. And also identifying themselves as with the uniform they always have their name tags. (20)

With the general agreement that institutionalisation is important, ideas of how it should be done were provided. According to this participant,

That structure should be created and work directly with your team (FSDM team). It should be a task team. The current monitoring (DHA) is on the statistical data, but it should be on why a client receives services, how many clients were turned away, non-availability of cleaners, what causes the delays. It should be a broader scope, focusing on clients. (18)

This participant indicated other ways that the DHA can institutionalise FSDM.

I believe that some of the indicators we are monitoring are key to DHA and they should have them monitored by DHA and have their own independent bodies to do that. (21)

This participant indicated that institutionalisation is already happing in DHA,

From an institutionalisation point of view, they have done it. If you look at the KPAs we were looking at they managed to cover most of them and even went ahead and further because they even fixed the back office aspect of it. I don't have any doubts with the institutionalisation part of it. (20)

4.3.3 FSDM findings in improving service delivery in Gauteng DHA facilities

The world today is an information and knowledge world. What has been a serious challenge in monitoring is the failure to use the monitoring findings to improve service delivery and for decision-making. However, this is gradually changing and most governments are now actioning their

monitoring findings (Kusek & Rist, 2004). The challenges with monitoring that are as specific as the FSDM is that in the larger spectrum of things, the need to be strategic overtakes the need to be specific, while this might mean that specific issues are not being addressed.

4.3.3.1 Actioning of FSDM findings

Participants gave accounts of how the FSDM findings are used within the DHA. The following participant explained the process followed in the DHA once they have received findings from FSDM.

> *After every feedback, where things need to be escalated to the provincial office that was done, an intervention of the sort we could see, for issues that were not the competency of the facility such as staffing they were able to escalate that. Where there was not a clear direct line of the report, one could not see, but we know things that were raised they were getting attention.* (20)

This participant indicated that for them there is no structured approach in dealing with the FSDM reports and findings

> *It becomes one of those reports, I heard about it, there were issues about ablution, signage which I have noted, and I think we become very casual in dealing with them.* (11)

This participant indicated that perhaps when they understand the objectives of FSDM, they might know what to do and why they need to prioritise the FSDM reports and its findings.

> *Unlike if we had a session like this (face-to-face interview), that you share the vision of your work so that I understand why this unit was created and understand the impact and why we should collaborate with your units.* (11)

This participant indicated the procedure that is accompanied by the FSDM team in ensuring that findings are represented at the national office of the

DHA, and rendered an explanation of some of the modifications that have been implemented.

> *The impression is that the programme management unit (PMU) (within FSDM, DPME) side will do the findings presentation, we know we have presented issues at national and they have never disappointed, outsources of cleaners, name tags, it might not bring maximum impact we want to see. FSDM issues are discussed in the provincial forum. At the facility level, I think reports must be sent to provincial managers.* (04)

One participant outlined what they do once they receive the findings and reports from FSDM.

> *One of the things that we have decided to do within the office was to spread the report out, so this one will be responsible for the issues of infrastructure, air conditioners, the computers, so there is that culture of saying that let us create experts within ourselves that are responsible for components of the issues in the report. So you take these two pages and you give it to someone, who deals with the HR issues because she deals with HR she will be able to deal with that questionnaire… The only problem is that we did not institutionalise, we did not do it 100% in terms of saying that this will be… I don't know of the better word, all the things that we must do must be in these offices and you get the result.* (06)

This participant explained a process followed once the report is received from FSDM.

> *After that we will sit with the teams, we look at the report as per the colours and look at sustainability, we look at the colours number and red where there are gaps and how do we do this. During the quarterly review and every semester, we would report on the FSDM report, the findings are then made to be part of the relevant manager's performance agreement.* (05)

This participant gave an account of what happens to the reports once received at the facility.

> *We do forward the report to the relevant people, if it is issues of infrastructure, we send to the infrastructure people, like the Occupational Health System (OHS), the fire and emergency. HR we report to the provincial manager. The only feedback is budget constraints and freezing posts.* (18)

This participant indicated what they do once they receive the report from FSDM.

> *What I do, as the monitoring team gives me the report, I call a staff meeting and I give the feedback and show them this is where we are standing I do bottom-up approach, so that tomorrow when they are asked questions they can respond. I try to engage the staff and once I am done, I send it to the district manager, then I expect the report will reach the PM.* (10)

Additional information about what happens to the report once the monitoring is concluded was given by this participant.

> *You would share the information at the facility level with the regional manager, whatever information you share with them is shared with the provincial manager. I haven't met the provincial manager.* (01)

This participant indicated what needs to be done once they receive the reports from the FSDM team.

> *In frontline level and district level, we will deal will all the issues and if we can't, we will escalate to other levels, following protocol. It doesn't work all the time - what we are missing is a commitment. Commitment is a major issue, you won't see your work through*. (09)

Some participants did not know how this is done within the DHA at different levels

> *I am not aware of how the report gets to the highest level after it reach the district manager.* (21)
>
> *I don't know; management will know.* (17)
>
> *That the manager will know, I don't know.* (09)

4.3.4 Participants' perceptions of FSDM improvements

Participants explained what they would like to see FSDM do as opposed to what it is currently doing, taking into account existing performance. What is clear is that there is an opportunity for the programme to become a "flavour programme" as one participant stated. In any review or evaluation, such views are important in sustaining a relevant and progressive programme that benefits its intended recipients. Below are the themes categorised for improvements.

4.3.4.1 Making FSDM a "flavour" programme

The recommendations were central to the relevance and sustainability of the FSDM. Participants provided the following views.

This participant explained that they wanted to see FSDM as a programme that resolves their challenges.

> *You can assist us in resolving the problems, escalation of what clients are not getting and escalate to the Minister and hold them responsible. Even if the structure is perfect and they are not getting the services they are still not going to be happy.* (18)

This participant indicated that FSDM is not seen as important, and the decision needed to be taken to ensure that FSDM remains relevant,

providing an example of what can be done to ensure relevance of the FSDM.

> *In OTP FSDM has lost its momentum, the only way is to adjust and integrate with programmes that are deemed to be a priority in the provinces. We must be radical and ask if we still need FSDM. Sustainability and alignment with a "flavour project" you cannot say what is the sustainability, our level of flexibility becomes important. What and where is this level of flexibility? We must understand what the programme we are wanting to align with is about.* (21)

Another important point this participant mentioned was that the value-add of the programme should be accessed by the citizens themselves.

> *But I think that you should take a further step in terms of understanding or accessing or soliciting feedback from citizens, that what value has it brought to your life. And we need to educate the public the value of that piece of paper that they see the little piece of paper.* (06)

4.3.4.2 Redefine image for integrity and correct negative perceptions

There are negative perceptions about the DHA. This participant indicated that it is worrisome that the DHA continues to be associated with corruption, and thought it would be beneficial for the DHA to redefine its image.

> *For the past 5 years there has been great improvement, maybe we should deal with issues of trust, it will be great to say we have turned it (DHA) around from a corrupt, untrusted office to an integrity and trusted office.* (21)

Acknowledging that there is a focus on corruption in the Department, the participant felt that other issues are being compromised due to the prioritisation of corruption.

> *The Minister and DG must come to our office, we had a crisis (one poorly maintained photo machine) and it was only resolved when the Minister comes here like we never raised this thing. They like to concentrate on corruption issues.* (16)

This participant stated that the negative perceptions about the DHA is sometimes because there are challenges that are negatively impacting on the community like identity theft, and as officials they are unable to assist the community.

> *There are challenges that affect the community and I am not sure how you deal with the issues of the duplications (identity theft) because when somebody dies, we can't issue the death certificate because the issues were not resolved when the person was still alive. Insurance companies request copies of a computerised 1663 certificate, and they do not take claims unless a computerised certificate is issued and these cause problems for families.* (09)

4.4 CONCLUSION

The findings presented above are the empirically and thematically derived viewpoints of participants on the current practices in the provision of service delivery and the role played by service delivery improvement initiatives including FSDM within the Gauteng DHA facilities. Further views on the use of FSDM data or findings for intervention and decision-making within Gauteng DHA facilities and the national office were shared. The findings provide innovative measures to consider in improving the programme both at DPME and DHA and the DHA can take these into consideration in seeking to address some of the identified challenges.

The findings outlined the current practice of FSDM as they are implemented within the Gauteng DHA facilities. Participants shared their views in terms of what they deem to be the quality and the importance of DHA and provide

an understanding of the contribution and intervention that has been made by the FSDM programme in Gauteng DHA facilities since its inception; the participants gave accounts of the areas that require improvement that will assist in make the programme more relevant, sustained and impactful. These contributions were also explained in terms of how they benefited clients/citizens and service delivery.

Some participants strongly approved of the monitoring framework that is employed by the FSDM and they gave inputs in terms of what can work best for them, looking at the tools, management practices and the role of monitoring findings for decision-making processes, in order to improve service delivery in their operating surroundings.

CHAPTER FIVE
DISCUSSION OF THE FINDINGS

5.1 INTRODUCTION

The aim of this chapter is to discuss the findings as they relate to the main research question that seeks to understand the participants' perspectives on the extent to which frontline service delivery monitoring is perceived to have contributed to improving service delivery in Gauteng DHA facilities.

The discussion follows the presentation of findings as provided in chapter 4, with the focus on the three themes identified through the sub-questions about the study. Discussions link the findings presented in the preceding section back to the literature presented earlier.

5.2 CONCEPTUAL AND THEORETICAL FRAMEWORK

The conceptual and theoretical framework of the study was based on development theory and its influence on globalisation and development, development in the countries of the Global South, development in South Africa, service delivery as an aspect of development, and FSDM. This approach was used to gain a deep understanding of officials' perspectives on the extent to which FSDM approach is seen to have improved service delivery in Gauteng DHA facilities. The intention of service delivery monitoring approaches is to measure and facilitate service delivery, and thereby drive progress across society in line with the ideology of development as propounded by Sen (2017), in that development is about improvement in the conditions of people's lives, health, education and income.

The conceptual and theoretical framework for this study is depicted below.

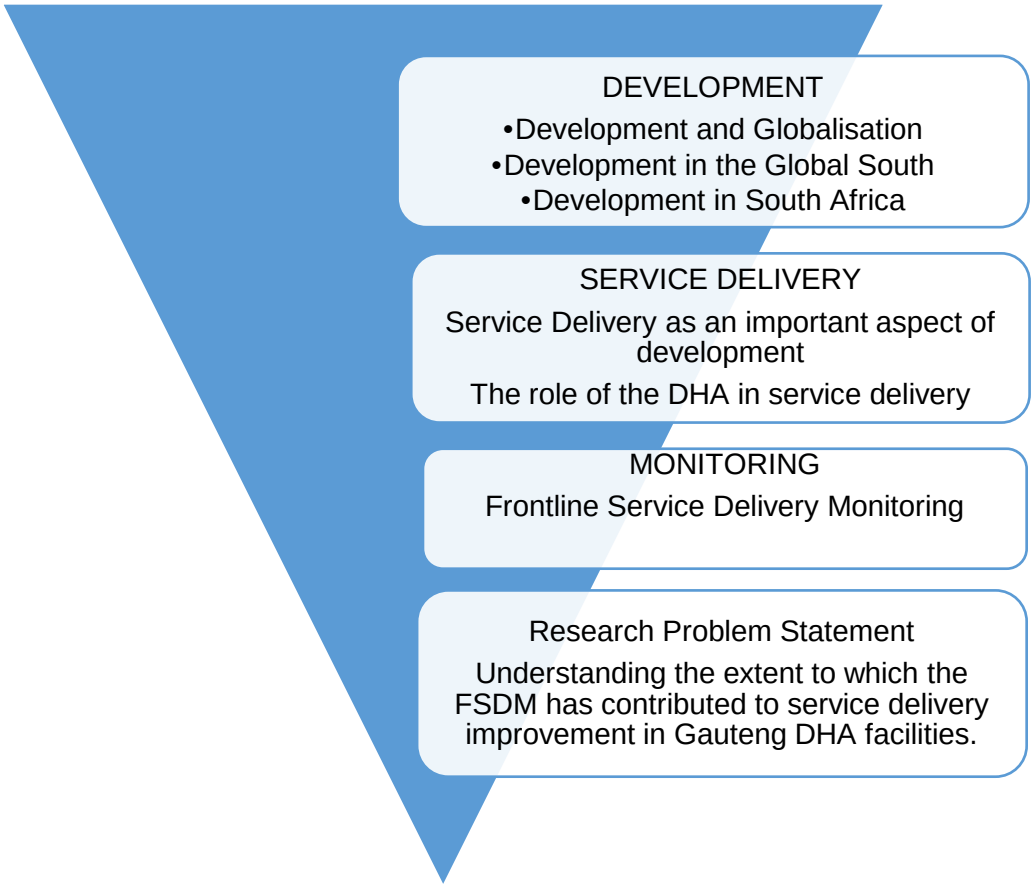

Figure 8: Conceptual and theoretical framework for the study

5.3 THE ROLE OF DHA IN SERVICE DELIVERY

The fiscal outlook of South Africa in 2018 remains challenged. The largest budget allocation is within the departments that are entrusted with delivering basic services, amounting to R444 482 billion of the R767 037 billion appropriation budget allocation for 2017/18 (National Treasury, 2017). To access basic services such as DHA services (ID documents, citizenship, migration status, birth certificates, death certificates, work permits) is a prerequisite, which makes the role of DHA in service delivery crucial since it has the sole mandate to provide these services (DHA, 2015a).

The study highlights the importance that participants assign to the role that the DHA plays in service delivery. Participants speak of (i) the importance of delivering quality services across Gauteng DHA facilities; and (ii) the role of the DHA as a backbone to service delivery. These are discussed below.

5.3.1 Delivering quality services in Gauteng DHA facilities

As discussed in chapter two, Moletsane et al (2014) and Andrews and Entwistle (2014) explain what defines delivering quality services. Moletsane et al (2014) considers five dimensions which drive dissatisfaction among citizens when these are not met, namely tangibility, reliability, responsiveness, assurance and empathy. In their study it was found that dissatisfaction was associated with the dimensions of empathy, assurance (which measures how front office staff members engage with customers) and reliability (Moletsane et al, 2014, p. 286). Quality service delivery also relates to efficiency, and Andrews and Entwistle (2014) examines public efficiency in terms of how public services are produced, distributed, planned and allocated and the inclusion of citizen satisfaction.

Participants' views varied with regarding the extent to which the services in Gauteng DHA facilities are provided in terms of quality, efficiency and effectiveness. They agreed that improvements are needed in Gauteng DHA facilities to improve the way services are currently being provided. As stated by the DPSA (1997), basic services are a legitimate right of South Africans, and it is important that corrective measures are sought out to improve the quality, efficiency and effectiveness of the services provided in Gauteng DHA facilities. This will ensure that citizens have the necessary prerequisites to access basic services as is their constitutional right. Given that the findings indicate that there is an agreement that services need to be improved in Gauteng DHA facilities, the White Paper on public service transformation proposes the development of an improvement plan to correct identified service delivery challenges (DPSA, 1997). Various improvement

plan templates are made available and it is important to ensure that they consider what Andrews and Entwistle (2014) refers to as public efficiency, which is about how public services are produced, distributed, planned and allocated as well as the inclusion of citizen satisfaction.

The effectiveness and efficiency of the services rendered by Gauteng DHA facilities has been questioned by the participants. Examples include long queues, and poor quality of products and services in some facilities. Findings further note non-adherence to the Batho Pele Principles at some facilities. Participants reported that citizens are sometimes being ill-treated.

The FSDM contribution, as per the findings, was done through the facilitation and implementation of frontline service delivery standards which are aligned with the Batho Pele Framework, such as ensuring that facilities have internal signage that guides clients to required services, and complaint management infrastructure and procedures, although these are limited to literate clients. These are some of the examples as identified in the findings. Notwithstanding the diverse views about the quality, effectiveness and efficiency of services at Gauteng DHA facilities, it remains important to put people first in service delivery. Parasuraman et al (as cited in Moletsane et al, 2014, p. 283) refers to service quality as an attitude-related satisfaction that results from the relationship between the expectations that citizens have of their officials on one hand and the actual performance they eventually experience (Moletsane et al, 2014, p. 283). Referencing an example given for poor quality, where a participant raised an issue about the poor quality of the printout of a birth certificate, it should be deemed unacceptable that such quality is compromised, given the sensitivity of the product and the security risks associated with one's identity. Poor quality of services can perpetuate identity theft, as has been the case in a number of instances.

A recent report in the media *The Witness* (Ntuli, 2018) explained how a woman's status was jeopardised and her life negatively impacted because another person with a similar identity stole her identity. Ms Khumalo, the woman in question, was made aware of the identity theft when she was informed by clothing shops that she owed them large sums of money on accounts. Ms Khumalo had visited DHA offices many times, but her problem remained unresolved. This is a clear example of customer dissatisfaction about service quality dimensions of empathy and assurance as defined by Moletsane et al (2014).

The findings provide proposals for improvements to the services, in particular easily implementable actions, and a quick turnaround time for corrections. Gauteng DHA facilities continue to experience challenges, yet it is important to recognise that over a period of more than five years the quality, efficiency and effectiveness have significantly improved. Gauteng Province is the economic hub of South Africa and the Gauteng DHA facilities therefore experience high numbers of clients seeking the services of the DHA. It is important that standards for quality, effectiveness and efficiency are set, measured and met by those facilities. Moletsane et al (2014) suggests the training of officials at the frontline that is focused on customer relations. Furthermore, improving the job competency of officials will assist in ensuring improved quality, effectiveness and efficiency of service delivery in the Gauteng DHA facilities.

5.3.2 DHA as the backbone of service delivery

The DHA (2015a, p. 11) holds the sole legal mandate to determine and register the civil status of citizens. Interviews revealed that participants had high levels of understanding of the importance of the DHA and the role it plays in the country's development. This understanding went beyond knowledge of the sole civic policy mandate (DHA, 2015a, p. 11). Participants expressed the Department's mandate as being "*from birth to*

death" you need DHA; "*citizenship is lucrative*" and for that you need DHA; "*you cannot access any services*" if you do not have DHA products; and "*DHA gives you an identity*". Participants expressed regret that the DHA is not regarded as "*the number one department*", since before accessing any services elsewhere, such as grants the DHA first of all needs to have all identity requirements in place. This view was supported by a participant who explained: "*The Department needs to be treated as the backbone of the country, because the service we are rendering no one else can, from cradle to grave, we deal with each and every person".* (11)

As evidence for the non-prioritisation of the DHA within government, participants saw the constrained budget allocations for the Department as a clear indication that the DHA is not considered sufficiently relevant. The DHA budget is approximately 7 billion, compared to the 2013/14 allocation of R6.86 billion (National Treasury, 2017). The DHA budget allocation is meant to provide for the services needed by a population of 55 million, as well as special projects such as border control management, phasing out the 38 million green ID books to replace them with smart ID cards, universal early birth registrations and updating the NPR (DHA, 2015a).

The sole mandate on registration and civil status of citizens for the Department may contribute to the potential ill-treatment of clients when officials are not sufficiently professional about their work. The findings revealed examples of such incidents where officials will be engaging in jokes instead of assisting clients, or where poor record-keeping continues, where clients have no alternative but to come back to the DHA for assistance. Furthermore, clients are required to make numerous trips to Gauteng DHA facilities finalise a matter where there are high levels of unemployment and poverty and where many citizens have limited resources available. Some clients who have been treated unprofessionally do not return to finalise their requirements. This contributes to their inability to

realise their constitutional rights and have access to basic services and government support that is their right.

Ill-treatment of clients has the potential to negatively impact on the attainment of the annual targets set in some of the Gauteng DHA facilities. Participant (15) established a direct link between the low attainment of targets and officials being unhelpful and sending clients back and forth. Missing such targets can result in misaligned budget allocation for basic services because there is a dependency on the updated NPR to assist with developmental plans of the departments and the country. In accordance with the departmental mandate of civic policy as stated by the DHA (2015a, p. 11), the Department is an enabler for citizens to access basic services, thus make it the only department to be approached by all citizens and non-citizens in South Africa. The departmental mandate should be sufficient to elevate the importance of the DHA to the country and citizens. The importance of the DHA should be driven by the communication programmes within the Department, and the sustained highest level of quality, efficiency and effectiveness in how they deliver services in order to afford the DHA greater recognition of its importance.

5.4 FRONTLINE SERVICE DELIVERY MONITORING

Moletsane et al (2014) notes the importance of frontline officials and municipalities in delivering quality services as defined in their study on “Community Expectations and Perceptions of Municipal Service Delivery”. Fakir and Moloi (2011) concur with this view, as supported by the Constitution’s chapters 7 and 10, the NDP chapter 13 and the Batho Pele Principles as stated by the DPSA (1997). The DPME (2014c) FSDM programme is one of the many DPME programmes that were initiated to assist the President of South Africa to monitor various aspects of government service delivery performance at all three spheres of government (DPME, 2014c). The study confirms that FSDM monitors the

frontline performance standards in DHA facilities, and the findings are derived from the experiences of FSDM within the Gauteng DHA facilities. The findings indicate that through FSDM, the performance status of frontline facilities can be and have been established. The published reports and associated toolkit on the DPME website about FSDM support the role of FSDM in assisting in the monitoring of government performance in government frontline facilities. With more than 1 000 facilities monitored through FSDM, the government was made aware that policies set at national level do not always translate into service delivery at facility level. The example given in the FSDM 2014/15 annual report relates to the lack of measurable service standards of facilities, which makes it impossible to assess and manage service delivery performance of a facility as well as that of the relevant national department (DPME, 2015j).

5.4.1 Current practice of FSDM in Gauteng DHA facilities

Derived from the DHA role in service delivery, there is a current approach by FSDM of focusing on item 4.3.1.3 the platforms made available for clients to raise their concerns, 4.3.1.4 on outreach, and 4.3.1.5 on the monitoring framework.

5.4.1.1 Platforms for citizen/client concerns about DHA services and service delivery

With reference to Canada and Malaysia respectively, Daniels (2013, p. 55) and Wah (2011) emphasise the importance of ensuring that citizens' views about service delivery complaints are recognised and utilised in order to facilitate service delivery improvement. The FSDM standards for complaints management are derived from the DPSA framework on complaint handling (DPME, 2016h) where the framework notes the importance of making provision for clients to raise their concerns about service delivery and their experiences. The framework examines the management of these

complaints which include redress. Redress as one of the Batho Pele Principles is about the corrective measure of the challenges experienced by service receivers at public service institutions (DPSA, 1997). The findings presented in this regard in chapter 4 above indicate that Gauteng DHA facilities, to some extent, have existing standards that they aim to comply with when addressing and managing complaints. The same findings indicate that provision is made in terms of the complaints infrastructure through mechanisms such as suggestion boxes, complaint registers and hotline call centres. What the findings highlight is that in some facilities, complaints management is viewed as a compliance issue, and that there are no standardised procedures for how these complaints are managed. This suggests that in terms of the implementation and management of the complaints, citizens are disadvantaged.

Wah (2011, p. 2), with reference to experiences in Malaysia, states that in order to improve service delivery, complaints management systems and customer satisfaction are key and that they represent vital components in ensuring effective public service delivery. It is thus of concern when the findings suggest that citizens' complaints are not taken seriously by some of the Gauteng DHA facilities. Participants raised these matters in relation to the crucial role the DHA plays in service delivery and indicated that improved customer services should be a focal point for all Gauteng DHA facilities.

It is important for both officials and citizens to appreciate the importance of lodging complaints and having adequate complaints management systems. As explained by Sithole and Mathonsi (2015), the democratic post-apartheid state acknowledges the disadvantages that most South African citizens have experienced during the decades of racial segregation. The majority of those who were marginalised were unaccustomed to complaining or demanding their constitutional rights. This has contributed to an ongoing reluctance within the current democratic state to complain about poor

service delivery. Officials are unaccustomed to being performance managed, and Moletsane et al (2014) identified challenges with competencies of frontline officials. The reluctance to complain has given rise to what Fakir and Moloi (2011), in their study on service delivery in a local community of Balfour in Mpumalanga Province, refer to as non-responsive government and this non-responsiveness by government has perpetuated continuous service delivery protests.

The challenges experienced in the Gauteng DHA facilities are not new, and indeed are part of the reason why the complaints management framework was put in place. The framework is aimed at addressing the complaint management challenges through clear measurable standards in line with the redress mechanisms as defined by the DPSA (1997). The DPME in facilitating complaints redress for the Presidential Hotline has developed measurable standards (DPME, 2015j). Wah (2011) notes the importance of encouraging improved complaints management as a source of innovation to improve service delivery. Complaints data should be effectively used as a source for service delivery improvement. Government hotline systems data is seldom analysed with a view to improving service delivery. Rather, hotline data is analysed with a specific and instrumental view to improve complaint resolution speeds (DPME, 2016g). Drawing on lessons learnt from this data, however, could assist in addressing defects in structures and mechanisms before citizens lodge complaints.

Similar one-sidedness in how data is used is apparent in the DHA toolkit system. Participants reported on the system's use, which is solely structured around the management of day-to-day frontline operations and has become a compliance measure for facility managers, although they have noted that it had its usefulness initially. Analysing complaints data can assist in line with what Wah (2011) refers to as proactive management of complaints in order to keep government departments alert. With the weaknesses in turnaround time in addressing complaints, as reported by participants,

FSDM in Gauteng DHA facilities has contributed to escalating urgent complaints and all findings to the national office to facilitate resolution.

5.4.1.2 Outreach: speaking to citizens/clients

Fakir and Moloi (2011) and Wah (2011) speak to the importance of engaging with citizens to drive service delivery improvements and participatory fora. Wah (2011) cautions that citizens' engagement can be costly and other measures to engage with the communities should be considered. The DPME 20-year review reflects on strengthening participatory democracy, noting the need to improve accountability mechanisms for routine day-to-day interactions between citizens and the state, particularly at the point of delivery (DPME, 2016h). Fakir and Moloi (2011) concur in that as service delivery has clients as the intended recipients, it is important that they are made to be part of every aspect of services that are delivered to them. This is indicated in chapter 13 of the NDP and the 20-year review in that services should be citizen-focused and engage with citizens in their space, as supported by the Citizen Based Monitoring by the DPME (2013a).

Reports presented in this study speak to the importance of outreach and citizen feedback or engagements. These findings indicate that some of the complaints received can be managed through engagements with citizens. The findings suggest that where citizens are not sufficiently engaged, this may be linked to lack of resources to effectively conduct outreach. Wah (2011) notes that citizens' engagement can be costly and other measures to engage with the communities should be considered. Proposals to engage citizens in the most cost-effective ways include online portals and government news agencies as an enabler for feedback and an opportunity to reach more people for a longer duration of time about the work of government (Wah, 2011).

Nemeroff (cited in Fakir and Moloi, 2011, p. 116) suggests that greater efforts by government and society are required to assist citizens to develop other approaches to improve local development beyond protests. Further support for councillors and officials on how to engage with citizens is necessary. Suggestions derived from the findings include the use of greater outreach to educate citizens about their responsibility and the work of the Department, building patriotism that will instil a sense of ownership about the power their identity holds and thereby reduce issues of people selling their identity. The findings indicate that concerted efforts have been made by Gauteng DHA facility officials to ensure that citizens are educated about the work of the DHA.

According to Nemeroff (cited in Fakir and Moloi, 2011, p. 116), community engagement support needs to be a two-way approach that is both internal and external to government. Citizens are an integral part of DHA services, hence it is important that citizens' perspectives are continuously taken into account in the work of the Department, and that citizens are able to engage freely with the DHA to give their views about their service needs. There are challenges in getting citizens to participate fully in outreach programmes, and the DHA should be commended for what they are doing to reach citizens within the fiscal constraints of the country. Innovative thinking is required to implement cost-effective ways to engage with citizens, since compromise in this regard could ultimately be costly for the Department. Issues of patriotism are real and require robust facilitation by those departments tasked with building social cohesion. This may encourage citizens to hold government and leadership accountable for poor service delivery.

Proactive communication with citizens to provide them with information prior to them visiting or reaching the facility is necessary for service of the DHA, and a key frustration that was expressed by participants is that many of its clients visit their offices only to be told that they needed to have brought in

additional requirements before the services they require can be provided. This can be disheartening, considering the negative impact this has on people, and in particular poor people who depend on public transport to access DHA facilities. It is of critical importance, therefore, that citizen engagement by the DHA should not be compromised.

5.4.1.3 Implementation of monitoring framework (team engagements, tools and approach)

Guinea et al (2016) notes that an effective M&E system includes a good understanding of the research cycle, in that it should consider (i) expected results: outputs and outcomes; (ii) the use and application of results; and (iii) the expected impact. Methodologies and tools should be in place for planning purposes (Guinea, et al., 2015, p. 4). The findings draw on the existing FSDM framework when making reference to the tools and approaches that are used and indicate that for relevance and sustainability of the programme, it is important that the tools remain relevant and that the current tools should be improved. One participant gave an example of the use of technology, indicating that the tools are laborious and manual. Furthermore, the findings suggest that core service delivery issues should be monitored in order to facilitate better service delivery. The operational framework of the FSDM which outlines the approaches, tools and framework for the implementation of the FSDM encourages the planning and review of the framework on an annual basis (DPME, 2016h).

The conduct of the monitoring team can affect the relationship, the outcome and the impact of the monitoring, and requires a high level of professionalism. According to Guinea, et al (2015, p. 6), the teams need to share results and findings and ensure that relevant stakeholders and end users are actively engaged. The findings give an account of the appreciation of the monitoring activities and the monitoring teams in Gauteng DHA facilities, and participants spoke of the importance of learning from these

monitoring activities. One participant noted their appreciation of findings being shared, which aligns with Guinea et al (2015, p. 2) that the monitoring definition should extend to include follow-ups, and periodic and continuous assessment of impact.

The findings speak to the need to review the tools and make them more relevant. This is a process in any programme cycle, and it is important that reviews are undertaken for the FSDM, as this will clarify the demand and relevance of the FSDM. There is a need for flexibility, especially when there are other monitoring programmes in place that can do similar work. If FSDM is not effective, it should be discontinued so that resources can be used more effectively to support the development of the NDP and drive service delivery improvement. An additional framework that FSDM might consider, which was not specifically addressed in the findings, is the project result framework, which helps to structure the expected project results and impacts, thus providing a specific assessment of the project impact in the short-term (Guinea, et al., 2015, p. 7). The FSDM has adopted a facilitation model because the DPME is not the implementing department (DPME, 2016h). It relies on the monitored departments to implement corrective actions of the FSDM findings. This approach is to ensure that the FSDM team is not seen as imposing, but rather enabling the defaulting department to bring about service delivery improvements.

There are many approaches used in government to catalyse service delivery, including FSDM. Other examples include Setsokotsane in North West Province, Ntirhisano in Gauteng Province, Sukuma-Sakhe in KwaZulu-Natal, Khaedu by the DPSA, Operation Phakisa by the DPME, and Operation Hlasela in the Free State Province. Of importance is their effectiveness in catalysing service delivery. The FSDM approach has contributed to capacitating officials to do this work themselves and has been customised as per the departmental requirements. The Department of Justice and Constitutional Development (DOJCD) provided a case study of

how they are using FSDM findings to improve service delivery (Stadler & Mlangeni, 2017). This makes it easier to institutionalise the FSDM work and create professional networks to drive service delivery improvements. Operations and planning to achieve an intended outcome require systems and processes and adherence to standard operating procedures for effective service delivery and sustainability (Fancy & Bennetts, 2012).

5.4.2 Changes underlying FSDM practices at Gauteng DHA facilities

The DPME (2016h) subscribes to four FSDM objectives:(i) strengthening the monitoring practices in facilities and support decision-making for managers in head offices; (ii) demonstrating the value of physically verifying reported results; (iii) demonstrating the value of collecting monitoring information from multiple sources, namely users, staff, monitors; and (iv) demonstrating how to use evidence collected at facility level to facilitate and catalyse improvements (DPME, 2016h).

The findings as presented in chapter 4 above provide for instances where FSDM has contributed to changes or interventions within Gauteng DHA facilities and the National DHA Office. The findings are interpreted according to the themes as in 4.3.2.1 FSDM value-adding to services and service delivery improvement at Gauteng DHA facilities; 4.3.2.2 Citizens/clients benefitting from FSDM; and 4.3.2.3 FSDM as a day-to-day management practice.

5.4.2.1 FSDM value-adding to services and service delivery in Gauteng DHA facilities

Fancy and Bennetts (2012) notes that other than longevity of a monitoring programme, what is also important is value-add. The findings indicate a series of interventions and the contributions that the FSDM has made in Gauteng DHA facilities, including internal signage, security measure that

were taken as the result of FSDM, and electricity back-up system. Systemic projects initiated in the DHA National Office include improving the front office toolkit, rollout of internal signage in DHA facilities, and indirectly strengthening the role and responsibilities of the Channel management unit within the department to reorganise its complaints management responsibilities as well as internal reporting of the monitoring findings from FSDM and channel management. The findings relate to managers that saw the value in unannounced monitoring visits and started implementing the approach. These include relocation from poor frontline facilities to new facilities, facilitation through FSDM in assisting a facility to receive temporary capacity from the DHA National office based on the findings of insufficient staff, while operational resources are available. They also identify the improvement of the queue management system and provision of shelters for waiting areas.

Given these examples of intervention as a contribution by FSDM, the objective of FSDM as stated before is demonstrating how to use evidence collected at the facility level to facilitate and catalyse improvements; this seems to have assisted in this regard as the findings are aligned to what these objectives sought to achieve. There have been many accounts of what has been changed as a result of FSDM being in these facilities. One aspect of successful intervention is increased expectations. It is encouraging that an oversight monitoring such as FSDM has managed to facilitate these changes. What would further assist would be to have this work done by the direct monitoring function of the department, and not through an external oversight programme.

5.4.2.2 Citizens / clients benefit from FSDM

Desai and Ngwane (2013) and Sithole and Mathonsi (2015) refer to development and service delivery as ideas that are centred around ensuring that citizens benefit, thus improving their quality of life. The findings indicate

that citizens benefit from FSDM although issues of sustainability for this benefit were raised. Turnaround time has improved due to the monitoring and this in turn benefits citizens, in that their waiting time has reduced. This participant explained that when going into the facilities,

> *If you look at the ID processes they benefit citizens directly so the process of getting the ID has improved, clean and smooth. It then provides you with an opportunity to work, participate in the economy and that is key, and nowadays they even went to a point of ensuring that when a child is born, they register them in hospitals and I think that is very innovative and also the fact that they have improved their management systems by retrofitting how things are done.* (20).

The Office of the Premier in Gauteng (2015) found that knowledge about FSDM is limited within officials and citizens who have been exposed to it. Similarly, the findings indicate that FSDM outcomes are limited to officials, with citizens not being aware that the changes that they are seeing is because monitoring has identified them for resolution.

> *Citizens are not aware, they are not aware of the effort of the DPME, they now know where to go (signage) to but they become more demanding on what is displayed to them. (18).*

The understanding is that because now they know where to go within the facility, once they reach the service desk they demand faster services. The findings also address the physical space of the DHA, which remains a frustration for citizens. Furthermore, the findings indicate that citizen complaints are being validated through the unannounced monitoring, in line with the objective of FSDM on verifying reported information (DPME, 2016h).

Participants in this study expressed strong views on how FSDM has benefited in improving services across the researched facilities. However, they shared concerns around matters of sustainability – a point which, they

maintain, requires robust FSDM institutionalisation to ensure that the realised benefits are sustained. Their view is that much more needs to be done to elevate the work of FSDM as the influence of FSDM relies on the promotion of FSDM across government.

5.4.2.3 FSDM as a day-to-day management practice

Fancy and Bennetts (2012, p. 11) in their study on institutionalising an effective long-term monitoring programme in the United States National Park Services, refer to institutionalisation as being about ensuring that a monitoring programme becomes an integral component in the planning and operations of the department (Fancy & Bennetts, 2012). Participants in this study indicate that they indeed have experienced support for the institutionalisation of FSDM in Gauteng DHA facilities. This goes beyond DHA and extends to the broader government. Findings indicate ways of institutionalising FSDM through ensuring that FSDM work forms part of the employees' contracts or performance agreements. The findings indicate that training on customer relations and behavioural studies, work ethics, emotional intelligence and instilling the principles of putting people first are a crucial part of institutionalisation as this can encourage ownership of the FSDM work. The findings further indicate that institutionalisation is already present in Gauteng DHA facilities, through the front office toolkit. The findings provide for a way of institutionalising FSDM in Gauteng DHA facilities. An example was given,

> *That structure should be created and work directly with your team (FSDM team). It should be a task team. The current monitoring (DHA) is on the statistical data, but it should be on why client receives services, how many clients were turned away, none availability of cleaners, what causes the delays. It should be a broader scope, focusing on clients.* (18)

The findings note a proposal for an independent unit of the DHA to monitor what the DHA deems important, and once such a structure is created the FSDM should let go of those indicators. *"I believe that some of the indicators we are monitoring are key to DHA and they should have them monitored by DHA, and have their own independent bodies to do that".* (21). Participants expressed the hope that such consideration will reduce the burden of monitoring departmental indicators and offer an opportunity to focus more on developmental indicators.

Fancy and Bennetts (2012) states that institutionalising a programme should mean broad acceptance of making a monitoring approach an integral part of the departmental operations. They caution that it is crucial that a programme to be institutionalised must be adequate and formally integrated into the key operations, decision-making and planning for it to be regarded as institutionalised. Based on the effectiveness and the value-add that the findings are alluding to, FSDM has an opportunity to be institutionalised.

Fancy and Bennetts (2012) notes the haphazard nature of some monitoring programmes and the complexity that results in the programme life cycle. Monitoring programmes are about tracking progress, identifying challenges and ensuring changes, and the theory of change needs to be developed early in the process of the programme planning.

The FSDM in 2011 encountered similar challenges in that the programme was established very quickly and without due regard to the structure. As stated by Barnett and Gregorowski (2013), the theory of change can be developed retrospectively, noting the complexities of how some programmes are developed.

It is clear that changes brought about by the FSDM in Gauteng DHA facilities are in line with the objectives of the FSDM and it is encouraging to see that the FSDM has brought about positive changes that advance service delivery

within Gauteng DHA facilities, such as ensuring that day-to-day monitoring takes place, that managers are empowered through the monitoring findings to make better decisions, and that prioritisation of improvements are based on evidence. Although the FSDM does not have an explicit theory of change, it is clear that through its objectives it has achieved recognisable changes in the way Gauteng DHA facilities deliver their services. These results should facilitate a much clearer theory of change for FSDM, so that it is easy to measure its overall impact over time. In many monitoring programmes the theory of change has only been developed later while the programme is being implemented, and sometimes during the evaluation stages and this may indicate the positive and negative impact of the programme.

The findings indicate that to sustain FSDM, institutionalisation of contract and performance agreements should be used for officials to institutionalise FSDM. The concern is that the performance management system can be subjective and is outputs-driven and not outcome-based like most of the auditing and annual plans of government. Limitations may thus be encountered as the overall changes to service delivery might not be directly realised if the focus is on the outputs as defined within the performance agreement of an official.

The findings highlight the need to have independent bodies to monitor the core indicators of the DHA, although this proposal in itself does not recognise the fiscal constraints that the country is under and does not consider the impact similar bodies have had so far in the monitoring space. South Africa has several oversight bodies, yet poor service delivery continues to be a challenge. The findings recognise the role that attitudes play in this space of institutionalising FSDM. Skills, capacity building and passion are integral to ensuring that institutionalisation is a day-to-day management practice and not necessarily a new project and this requires sophisticated thinking, or what is known as evaluative thinking. Because

FSDM is an oversight monitoring system, it assumes that this type of monitoring is happening in DHA facilities, but its impact cannot be maximised if there is no institutionalisation within the relevant department, in this case the DHA.

5.4.3 FSDM findings in improving service delivery in Gauteng DHA facilities

An ongoing challenge in monitoring is the failure to use the monitoring findings to improve service delivery and for decision-making. Many governments have begun to move towards implementing monitoring findings (Kusek & Rist, 2004). The challenges with monitoring findings that are as specific as the FSDM is that strategic considerations may be afforded greater importance than specific issues, which may then become marginalised or overlooked.

5.4.3.1 Actioning of FSDM findings

Kusek and Rist (2004, p. 138) emphasises that establishing monitoring systems is of little value if the monitoring findings are not properly utilised. This includes deliberations on what decisions monitoring data should feed into, as well as what the mechanisms should be through which they are communicated. Participant responses suggest that there is no standardised approach in actioning the FSDM findings once they have been received from the FSDM team. There is an indication from the findings that most of the FSDM findings are dealt with at the level of the facilities, and only findings that are beyond the scope of facilities are then communicated to the next level managers; that loop continues until the findings reach the district managers, provincial manager and then the DHA national office. Rasul and Rogger (2016) notes the importance of understanding the management practices under which bureaucrats operate as these have a direct link to the level of service delivery. This study showed that some

managers are not aware of the role of FSDM and as a result, they leave this work to facility managers and do not give priority to the findings from FSDM. The findings indicate a strategic role that is being played by the DPME in ensuring that the FSDM findings are presented at the DHA national office and at the provincial meetings that are arranged through the national offices. This has assisted the implementation of corrective measures regarding challenges that the facility managers encounter through escalating the findings to the highest level of decision-making within the Province.

Participants noted a process followed in the DHA national office once they have received the findings from the FSDM team. This includes ensuring the DPME is afforded a platform to discuss the findings with all affected provincial managers during their branch meeting, and decisions are then taken to ensure that findings that are within the responsibility of the provincial management are addressed. Findings indicate that there are managers who are very proactive once they receive the report and share information with staff on the results of the monitoring findings and what needs to happen to correct such findings. It was found that although protocol is followed, commitments are not always made to resolve the monitoring findings quickly. It was found that officials at lower levels have no knowledge of what happens to the monitoring findings as this knowledge appears to lie with the facility managers.

It is important that better process flow of information is developed as this will assist in information dissemination. At the facility level there are clear commitments to the actioning of the monitoring findings. Gauteng DHA facilities attempt to resolve monitoring findings but experience challenges in relation to issues that are outside of their control.

Because there is no standardised approach, there is a risk of monitoring findings not being actioned and findings are at risk of being known by only a few officials. As mentioned, many lower level officials are not aware of

what is happening. The service delivery changes depend on the actioning of monitoring findings once the findings have been agreed upon, otherwise monitoring may become an irrelevant exercise. Kusek and Rist (2004) emphasise the use of monitoring findings, which can help to bring about the desired service delivery interventions. Actioning of monitoring findings is dependent on the agreement about the issues raised as findings through monitoring. Given the economies of scale, a lack of prioritisation may compromise the actioning of monitoring findings if the findings are not acknowledged by facility management. When management does not acknowledge the findings presented and deems them unimportant, there is a high possibility that those findings will not be actioned. FSDM has found itself in that space, when there is an argument about the indicators measured through FSDM that are not taken seriously, while there are core service delivery issues to be addressed. When the softer issues are challenged, this is a clear indication that the core issues are not being managed properly because in most cases the frontline performance is the reflection of the back office performance, including in relation to governance and management (DPME, 2015e).

5.4.4 Participant perspectives on FSDM improvements

Towards the end of the interviews, participants were invited to share their ideas on how FSDM services in Gauteng DHA facilities could be improved. Participants' accounts recognise the significant work the FSDM has done, yet participants have suggested that to ensure that FSDM is sustained and stays relevant; it is important that some of their experiences and voices are heard and their proposals are considered. One proposal talks about making FSDM a "flavour programme".

The findings provide for options to consider in making FSDM relevant and sustainable. This includes an FSDM that resolves their challenges, that is flexible and can be integrated with the other Executive programme. *"You*

can assist us in resolving the problems, escalation of what clients are not getting and escalate to the Minister and hold them responsible. Even if the structure is perfect and they are not getting the services they are still not going to be happy". (18*).* The findings suggest that it is important to guard against rigidity in the FSDM, as, participants maintain this can render FSDM irrelevant. This is in reference to what participants propose the FSDM to consider, such as including core service delivery indicators of the Department and other new indicators that at a point will be part of the priority of the state. As stated by Fancy and Bennetts (2012), a monitoring programme lifespan should be based on value-add, feedback and lessons learnt about the implementation of the programme. This will provide for areas of improvement for the FSDM, if necessary. The findings suggest the importance of getting views from citizens about what the value-add of FSDM to their lives, as this will assist in understanding the actual contribution the FSDM has made to citizens.

The FSDM is a tool that has been used by the political leadership in the department to conduct their facilities monitoring. This is a significant opportunity to ensure that FSDM findings are catalysed, as political leadership have the level of authority to drive service delivery blockages. Any programme or policy cycle includes stages for review, and as with FSDM, their relevance and sustainability are dependent on regular and thorough reviews – in other words, monitor the implementation of FSDM as other initiatives are monitored. The FSDM programme reviews are currently done on an annual basis.

Improvement within the programme is required to address service delivery challenges that are outside the scope of FSDM. Of importance here are the mechanisms to be put in place to address immediate service delivery interventions. This should be linked to the role of Executives in resolving high-level service delivery challenges as experienced by citizens and within

facilities. It should be allowed to foster operational efficiencies not to bypass systems and processes.

5.4.4.1 Redefine image for integrity/correct negative perception

Moletsane et al (2014) speaks of institutions reforming in order to meet citizen expectations. The 20-year review (DPME, 2014b) speaks to maladministration that has crippled the current government. The accounts collated through this study's interviews indicate that there is a need for DHA to deal with the negative perceptions. One participant indicated that it is worrisome that the DHA is still associated with corruption, and stated it will be crucial for the DHA to redefine its image. The interviews revealed that, to some extent, both officials and citizens are critical of the DHA in relation to ongoing perceptions of corruption and many unresolved issues. These have a significant negative impact on the affected individuals. The 20-year review speaks to maladministration (DPME, 2014b) and Gauteng DHA facilities are not immune to the findings which indicate that some of the bureaucracy created in the Department was to address corruption. Some delegations of authority that used to be actioned at facility level have been removed, such as car authorisation and appointment of low level staff, and some of the reasons given are that state resources were misused and that some appointments promoted nepotism and appointment of incompetent individuals.

Perceptions are important and the perceptions of DHA services in specific offices among citizens must be taken into account. The DHA needs to work on its reputation, whereby they are associated with corruption and "horrible" service delivery, as one participant stated. When queues continue to be as long as they are at DHA offices, the perception about poor service delivery will remain. Although the Department has done a lot to improve service delivery, they should find ways to shift their clients' perceptions towards a more positive outlook.

5.5 CONCLUSION

The interpretation of the findings of the study shows that FSDM contributes to service delivery improvements in Gauteng DHA facilities. This level of contribution can be understood through the current practices of FSDM within these facilities, the changes underlying FSDM practices in Gauteng DHA facilities, and the use of FSDM data and operations efficiencies in Gauteng DHA facilities. FSDM is a monitoring tool, and like any tool, it is expected that it provides information about results and impacts in order to justify continued support (Guinea, et al., 2015, p. 3). One participant was recorded as saying the first report to the DHA has brought about a dramatic change in how the DHA does its work. The participants mentioned that the DHA realised that they are being monitored, and turned things around to improved service delivery. The focus now should be on improvement and sustainability of these gains.

Although the study was about understanding the extent to which the FSDM was useful in improving service delivery in Gauteng DHA facilities, the findings suggest that more intervention is required regarding challenges experienced in the back office of the DHA. Other indicators for service delivery should be included in the FSDM, to assess the greater impact and the quality of service delivery. There is also the need to institutionalise the FSDM approach in a sustainable manner.

There was no significant difference in participants' views on the role that FSDM plays in improving service delivery in Gauteng DHA facilities, and although it is understood within their scope of work, it was noted that participants at DPME and the DHA nationally as well as facility managers could easily provide actual evidence of the intervention by FSDM. Another interesting point is that it seems as if managers compared to officials within

the facility are more knowledgeable than officials. This might indicate some challenges with the cascading of information from the top to the bottom.

Frontline services are an important component as identified in the NDP, specifically for efficient, effective and development oriented public service; and when frontline services are functional they contribute to an empowered, fair and inclusive citizenship (DPME, 2016f). The study provides evidence to suggest that FSDM contributes to service delivery improvements in Gauteng DHA facilities.

In terms of how the study is conceptualised, this means that the contributions made by FSDM to improving service delivery translate into improvements in the development opportunities and outcomes of South Africans. This suggests that in service delivery improvements in Gauteng DHA facilities, FSDM has played a role in ensuring citizens access the services that are offered by the DHA and thus affords them an opportunity to access basic services as per Section 25 of the Constitution.

The findings from the study suggest that FSDM augments the attainment of the DHA targets which translate into the NDP 2030 and thus improve the quality of life of citizens as defined by Sen (2017) and Desai and Ngwane (2013) on development, which is the core of the NDP in ensuring the well-being and improved quality of life that results from improved access to socioeconomic services.

CHAPTER SIX
SUMMARY AND CONCLUSION

6.1 INTRODUCTION

This chapter concludes the report by firstly presenting a summary of the key findings and secondly, presenting improvement options as identified through the interviews conducted in this study. Finally, it provides a brief indication of possible further research.

6.2 SUMMARY OF KEY FINDINGS

The study's focus was on understanding perceptions of the extent to which the FSDM has contributed to improving service delivery in Gauteng DHA facilities. The basis of the study was on the understanding that there is limited knowledge available that can directly attest to the service delivery improvement in facilities through the FSDM programme in Gauteng DHA facilities. The study recognised the evaluation study that was conducted by the Gauteng OTP on the implementation design of FSDM in Gauteng Province.

The findings in chapter 4 and the discussion of the findings in chapter 5 provide evidence that among the participants, the FSDM is considered to have contributed to service delivery improvements in Gauteng DHA facilities. The current practice of FSDM in Gauteng DHA facilities, indicates an alignment to institutionalising the DHA tool kit as part of the day to day practices for frontline monitoring in facilities, platform for complaint management systems have been strengthened through the DHA contact centre, this centre respond to challenges raised from FSDM findings about the problems faced by users of facilities thus strengthens the FSDM practices within Gauteng DHA facilities. Although issues of fatigue about

monitoring activities at facility level were recorded, the framework for frontline monitoring in Gauteng DHA facilities does exist and has clear alignment with the FSDM framework. It has been recorded that there were value-add that were realised as the results of FSDM practices in Gauteng DHA facilities, these include issues that are affecting the facilities negatively being elevated to the highest level officials within the department for catalysed response and focused quick wins to facilitate service delivery. Suggestive proposals were made for the FSDM programme to be integrated with the other monitoring system of DHA in order to maximise service delivery impact and response.

The FSDM initiative is aimed at (i) strengthening the monitoring practices in facilities and supporting decision-making for managers in head offices; (ii) demonstrating the value of physically verifying reported results; (iii) demonstrating the value of collecting monitoring information from multiple sources namely users, staff, monitors; (iv) demonstrating how to use evidence collected at facility level to facilitate and catalyse improvements; and (v) monitoring a sample of facilities but not covering all facilities (DPME, 2016h). The findings suggest that, as far as the accounts of study participants are concerned, the objectives of the FSDM are achieved in Gauteng DHA facilities. The findings suggest that monitoring practices have been strengthened in Gauteng DHA facilities and that FSDM has contributed to this process. Further examples of areas of improvement have been provided to strengthen the monitoring as per the views of the participants and these areas are outlined under 6.3.

The role played by the DHA National Office leadership in the implementation of FSDM has been an important one. The national leadership of DHA has ensured that FSDM is elevated to the highest strategic level of operations of DHA. Use of evidence for decision-making is dependent on the shared results by the monitoring teams. Officials interviewed for this study have

expressed their view that decisions within Gauteng DHA offices are increasingly drawing on findings emanating from FSDM data.

The study explicitly presents participants' views on the areas where service delivery has improved as a result of the FSDM programme. This knowledge can be used by other frontline monitoring programmes, particularly where there is a need for organisational or departmental accountability and performance monitoring.

The uptake of service delivery improvement initiatives is about quality, effectiveness and efficiency of service delivery institutions and government departments. The findings from such initiatives should enhance accountability and ownership of the weaknesses, gaps and challenges of better service delivery, as these findings should be used for decision-making, improving management practices and interventions for effective and efficient service delivery.

The developmental status of South Africans is dependent on access to socioeconomic basic services. The study notes that as FSDM contributes to improved service delivery in Gauteng DHA facilities, this facilitates access to the prerequisites of accessing basic and other services that are provided by the government; hence it provides a strong basis for improving the rights of citizens to service delivery, which, once materialised, in turn leads to improving the quality of life of those that have received these services and their well-being positively changed.

6.3 POSSIBILITIES FOR IMPROVEMENTS: VIABLE OPTIONS

The suggestions made in this section can be used to improve the extent to which the FSDM improves service delivery in the future. These improvements were drawn from the findings, interviews and the analysis of the data collected.

(i) Marketing strategies work well for most programmes and in the case FSDM, this can be a useful inclusion. The FSDM programme can be promoted through marketing strategies so that their intended clients (citizens) know about its objectives and how they can use the programme to benefit service delivery improvements.

(ii) Given its location in the Presidency (DPME), the programme can assist facilities with improved turnaround time on issues raised of interdependencies and were important at the time of monitoring the facilities.

(iii) Inclusion of core service delivery measures/indicators in their tools, refers to the services/outputs and outcome indicators that measure the expected service delivery of the facility they are monitoring. This will show when the experiences of citizens at service facilities have improved, but also that they have received the services that they went to the facility to receive and that the service was of the expected quality.

(iv) The programme can align or integrate with other existing service delivery programmes and by doing this, resources and impacts can be maximised as well as reduction of monitoring activities by different entities on one facility or department.

(v) The FSDM programme can monitor issues of corruption within the DHA, and it is anticipated that this will assist both officials and citizens in ensuring that officials are not targeted for corruption, and clients do not intend to bribe officials for services. This will in turn improve the image and integrity of the DHA.

(vi) The FSDM programme can monitor the back office challenges at the DHA that have negatively impacted on frontline service delivery, in line with new indicators to be measured.

(vii) The FSDM programme can ensure that institutionalisation of the FSDM programme is embedded within the departmental

monitoring activities to reduce the burden of monitoring every entity, given the mandate of the DPME.

6.4 Future Research Topics

(i) A research study can be considered that will focus on a different method, like the quantitative method, to assess the effectiveness of FSDM in improving service delivery, where possible new data can be produced to show what the frontline status used to be before the FSDM programme and the current status quo.

(ii) A research study can be done in other provinces or departments that deliver frontline services in government, following the same approach that was applied in this study.

(iii) Inclusion of citizens in a similar research study, to get their views on the extent to which FSDM has contributed to improving service delivery. Comparative analysis can be done to measure and test if the views of citizens corroborate those of officials.

(iv) Impact evaluation of the FSDM programme, in ensuring that the continuation of the programme is justified.

(v) A research study on the efficiency in which the back office of DHA delivers public services can help to identify the cause of problems within a broken value chain between the back office and the front office. The focus can be on the efficiency as defined by (Andrews & Entwistle, 2014, p. 3), which explores the theories and evidence of the efficiency at which vital public services are produced, distributed, planned and allocated.

6.5 CONCLUSION

The study revealed that participants perceive the FSDM to have contributed to improving service delivery across Gauteng DHA facilities. This was understood through the (i) improved adherence to the frontline monitoring

practices within facilities as confirmed by participants, (ii) actioning monitoring findings once they have been reported and acknowledged by the responsible management and (iii) interventions aimed at catalysing service delivery improvements based on monitoring findings from FSDM. At the same time, the study revealed that there are opportunities for improvement in term of monitoring practices, types of interventions in facilities and the facilitation of quick response to service delivery challenges in Gauteng DHA facilities.

The study highlights that more demand is put on FSDM, for instance in areas that affect the quality and performance of services at the frontline of service delivery. There is a popular suggestion that FSDM needs to be integrated with other service delivery initiatives for greater positive impact on service delivery in facilities, given the similar scope of work between the other service delivery initiatives and FSDM.

REFERENCES

Allan, K., & Karen, H. (2016). Understanding why service delivery protests take place and who is to blame. *product profile*.

Al-Rodhan, N. R., & Gerard, S. (2006, June 19). Definitions of Globalisation: A comprehensive Overview and a Proposed Defination. Geneva, Switzerland.

Andrews, R., & Entwistle, T. (2014). *Public Service Efficiency: Reframing the debate.* Milton Park, Abingdon, Oxon: Routlege: Taylor & Francis Books.

Anney, V. N. (2014). Ensuring the Quality of the Findings of Qualitative Research: Looking at Trustworthiness Criteria. *Emerging Trends in Educational Research and Policy Studies*, 272-281.

Bamberger, Micheal. (1989). THE MONITORING AND EVALUATION OF PUBLIC SECTOR PROGRAMS IN ASIA Why are Development Programs Monitored but not Evaluated? *13*(3), 223-242.

Barnett, C., & Gregorowski, R. (2013, September). *Institute for Development Studies.* Retrieved from www.ids.ac.uk: www.ids.ac.uk/publications/ids-series-titles/practice-paper-in-brief

Bhardwaj, V. (2016, June 8). *Africa Check .* Retrieved from https://africacheck.org: https://africacheck.org/reports/are-there-30-service-delivery-protests-a-day-in-south-africa-2/

Bond, P. (2014). Theory and Practice in Challenging Extractive-Oriented Infrastructure in South Africa. *Review of Political Economy*, 97-132.

Broadhead, R. S., & Rist, R. C. (1976). Society for the study of Socila Problems. *Gatekeepers and the Social Control of Social Research*, 325-336.

Bryman, A. (2012). *Social Research Methods 4th Edition.* Oxford University Press.

Burger, J. (2001). CLOSING THE GAP - SERVICE DELIVERY BY REGIONAL GOVERNMENT SOUTH AFRICA. *20*(3), 61-90.

Centre for global development. (2006). Why global development matters for the U.S. *Rich world, poor world: A guide to global development*, 1-4.

Cheltenham, E. E. (2014). Banking, Monetary Policy and the Political Economy of Financial Regulation. 225-258.

City Press Newspaper. (2014, February 09). *Zuma Sidesteps Flames.* Retrieved from https://www.news24.com: https://www.news24.com/Archives/City-Press/Zuma-sidesteps-flames-20150429

COGTA. (2014). The-Back-to-Basics-Approach-Concept-Document. *The-Back-to-Basics-Approach-Concept-Document*. Pretoria, Gautenfg, South Africa: COGTA.

Daniels, A. (2013). Quality in Public Service Delivery. *International Journal of Civil service Reform and Practice*, 55-64.

Desai, A., & Ngwane, T. (2013). Uneven and combined Marxism within South Africa's urban social movements. In C. Barker, L. Cox, J. Krinsky, & A. Nilsen, *Marxism and Social Movements* (pp. 233-255). London: Routledge.

DHA. (2015a). *Strategic Plan 2015-2020.* Pretoria: Department of Home Affairs.

DHA. (2017b). *DRAFT WHITE PAPER ON INTERNATIONAL MIGRATION IN SOUTH AFRICA.* Pretoria: Department of Home Affairs.

DPME. (2013a). *A FRAMEWORK FOR STRENGTHENING CITIZEN-GOVERNMENT PARTNERSHIPS FOR MONITORING FRONTLINE SERVICE DELIVERY.* Pretoria: The Presidency: Department of Performance Monitoring and Evaluation.

DPME. (2014b). Background Paper: Changing Public Service. In H. Dayal, *Twenty year review: South Africa* (pp. 1-36). Pretoria.

DPME. (2014c). *Discussion document; Peformance Monitoring and Evaluation:Principles and Approach.* Pretoria: DPME.

DPME. (2014d). *Strategic Plan.* Pretoria: DPME.

DPME. (2015e). *Frontline Service Delivery Monitoring Assessment Framework.* Pretoria: DPME.

DPME. (2015j). *Frontline Service Delivery Monitoring: Annual Findings Report 2014/15.* Pretoria: DPME.

DPME. (2016f). *How to Develop Measurable Standards.* Pretoria: DPME.

DPME. (2016g). *Annual Performance Plan 2016/17.* Pretoria: DPME.

DPME. (2016h). *Frontline Service Delivery Monitoring Operational Guide Framework.* Pretoria: DPME.

DPME. (2017i). *The Mandate Paper.* Pretoria: DPME.

DPSA. (1997). *White paper on transforming public service delivery.* Pretoria: DPSA.

Edigheji, O. (2003). State-society relations in Post-Apartheid South Africa: The challenges of globalisation on Co-operative Governence. In G. Mhone, & O. Edigheji, *Governance in the new South Africa: Challenges of Globalisation* (pp. 69-113). Cape Town: University of Cape Town Press.

Escobar, A. (1997). The making and unmaking of the third world through development. In M. Rahnema, & V. Bawtree, *The post-development reader* (pp. 85-93). Cape Town: David Philip.

Esteva, G., & Prakash, M. S. (1997). From global thinking to local thinking. In M. Rahnema, & V. Bawtree, *The post-development reader* (pp. 277-289). Cape Town: David Philip.

Fancy, S., & Bennetts, R. (2012). Institutionalizing an effective long-term monitoring program in the US National Park Services. *Design and Analysis of Long-term Ecological Monitoring Studies*, 481-497.

Forbes, D. (2017, April 21). *Businesslive.* Retrieved from www.businesslive.co.za: https://www.businesslive.co.za/rdm/politics/2017-04-21-david-forbes-the-neoliberal-anc-and-its-radical-economic-transformation-hot-air/

Gauteng Office of the Premier. (2015). *Evaluation of the Frontline Service Delivery Monitoring (FSDM) Programme in Gauteng.* Johannesburg: Gauteng Office of the Premier.

Govender, I. (2016). Monitoring and Evaluating Service Delivery as a Wicked Problem in South Africa. *Journal of human ecology* , 21-34.

Guinea, J., Sela, E., Gomez-Nunez, A., Mangwende, T., Ambali, A., Ngum, N., . . . Thepthien, B. (2015). Impact oriented monitoring: A new methodology for monitoring and evaluation of international public health research projects. *Research Evaluation Advance Access*, 1-15.

Hassen, E.-K. (2003). The power behind the desk: Democracy, collective bargaining and the public service in South Africa. In G. Mhone, & O. Edigheji, *Governance in the new South Africa: The challenges of*

globalisation (pp. 114-141). Cape Town: University of Cape Town Press.

Kasrils, R. (2013, December 12). From Marxism to Neoliberalism: Ronnie Kasrils on How Mandela & ANC shifted Economic Views. (J. Gonzalez, & A. Goodman, Interviewers)

Kusek, J., & Rist, R. (2004). *Ten Steps to a Results-Based Monitoring and Evaluation System.* Washington DC: The World Bank.

LG: SETA. (2016). *Mitigating service delivery protest through skills development and deployment.* Johannesburg: LG: SETA.

Mahaney, R. C., & Lederer, A. L. (2009). The role of monitoring and shrinking in information systems project management. 14-25. doi:10.1016/j.ijproman.2009.03.001

Manyathela, C. (2018, 02 03). *EYEWITNESS NEWS*. Retrieved from http://ewn.co.za: http://ewn.co.za/2017/12/07/zuma-radical-economic-transformation-an-anc-policy

McLean, K. (2003). Housing Provision through Co-operative Government in Post-Apartheid South Africa. In G. Mhone, & O. Edigheji, *Governance in the new South Africa: The challenges of globalisation* (pp. 146-181). University of Cape Town Press and University of the Witwatersrand.

Merriam, S. B. (1995). Theory to Practice. *What can you tell from An Nof 1?: Issues of validity and realiability in Qualitattive research*, 51-60.

Merriam, S. B. (2002). Introduction to qualitative research. *Introduction to qualitative research*, 1-17.

Mhone, G. (2003). Democratisation, Economic Liberation and the Quest for Sustainable Development in South Africa. In G. Mhone, & O. Edigheji, *Governance in the New South Africa: The Challenges of Globalisation* (pp. 18-68). University of Cape Town and University of the Witwatersrand.

Mhone, G., & Edigheji, O. (2003). Globalisation and the Challenges of Governance in the New South Africa: Introduction. In G. Mhone, & O. Edigheji, *GOVERNANCE IN THE NEW SOUTH AFRICA: THE CHALLENGES OF GLOBALISATION* (pp. 1-15). University of Cape Town and University of the Witwatersrand.

Mhone, G., & Edigheji, O. (2003). Towards Developmentalism and Democratic Governance in South Africa. In G. Mhone, & O. Edigheji, *Governance in the New South Africa: The Challenges in*

Globalisation (pp. 348-360). University of Cape Town na University of the Witwatersrand.

Molapo, K. (2017). *SECURITY VETTING IN THE DEPARTMENT OF HOME AFFAIRS.* Johannesburg.

Moletsane, A., de Klerk, N., & Bevan-Dye, A. (2014). Community Expections and Perceptions of Municipal Serve Delivery: A case study in a South African Municipal. *Mediterranean Journal of Social Sciences, Vol 5*(No 21), 281-290.

National Planning Commission. (2010). *National Developmental Plan.* Pretoria: Presidency.

National Treasury. (2017). *Estimates of the National Expenditure.* Pretoria: Department of National Treasury, SA.

NT. (2017). *Estimates of the National Expenditure .* Pretoria: Department of National Treasury, SA.

Ntuli, N. (2018, 01 17). *No help for the victim of identifty theft.* Retrieved from https://www.news24.com: https://www.news24.com/SouthAfrica/News/no-help-for-victim-of-identity-theft-20180117

Petersen, T. (2017, August 02). Teen commits suicide over failure to obtain ID, birth certificates. Johannesburg, South Africa, Gauteng.

Powell, D., O'Donovan, M., & De Visser, J. (2015). *Civic Protests Barometer 2007-2014.* Cape Town: Ford Foundation and the Charles Stewart.

Rasul, I., & Rogger, D. (2016). Management of Bureaucrats and Public Service Delivery: Evidence from the Nigerian Civil Service. *The Economic Journal*, 413-446.

Schiavo-Campo, S., & McFerson, H. M. (2008). *Public Management in Global Perspective.* London, England: M.E. Sharpe.

Sen, A. (2017, June 03). *Centre for global development*. Retrieved from Centre for global development website : https://www.cgdev.org

Shanin, T. (1997). The idea of progress. In M. Rahnema, & V. Bawtree, *The Post-Development Reader* (pp. 65-71). Cape Town: David Philip.

Sithole, S., & Mathonsi, N. (2015). Local governance service delivery issues during apartheid and post-apartheid South Africa. *Africs's public service delivery & performance review*, 5-30.

Stadler, R., & Mlangeni, E. (2017). *Deployment of Senior Management in the Department of Justice and Constitutional Development to service delivery facilities.* Pretoria: DPME.

Standing, H. (2004). *Understanding the 'demand-side' in service delivery.* HRSC.

StatsSA. (2016a). *The state of basic service delivery in South Africa.* Pretoria: StatsSA.

StatsSA. (2017b, August 22). *Poverty Trends in South Africa: An examination of absolute poverty between 2006 & 2015.* Pretoria: StatsSA. Retrieved from http://www.statssa.gov.za: http://www.statssa.gov.za/?p=10341

StatsSA. (2017c, October 31). *Quarterly Labour Force Survey: Q3 2017.* Pretoria: StatsSA. Retrieved from http://www.statssa.gov.za: http://www.statssa.gov.za/?p=10658

Taplin, D. H., Clark, H., Collins, E., & Colby, D. C. (2003, April). *Theory of Change: Technical Papers-A Series of Papers to Support Development of Theories of Change Based on Practice in the Field.* New York: ActKnowledge.

Truth Commision. (2010). *Regional Profile Trasvaal.* Pretoria: South African History Archive.

Wagner, C., Kawulich, B., & Garner, M. (2012). *Doing Social Research A global context.* McGraw-Hill Higher Education.

Wah, T. W. (2011). *Systemic improvement in public service delivery: Complaints as a source of innovation.* Malaysia: Prime Minister's Department; Malaysia.

APPENDIX 1: CONSENT FORM

Student Number: 769093 **Reference Identity Number for this research:** 00

Title of Research: Understanding officials' perspectives on the effectiveness of Frontline Service Delivery Monitoring in improving service delivery in the Gauteng Department of Home Affairs.

Name of Researcher: Ms Dineo Mmako

I understand that the purpose of this research is to Understanding officials' perspectives on the effectiveness of Frontline Service Delivery Monitoring in improving service delivery in the Gauteng Department of Home Affairs and that my contribution will assist the study through in-depth data analysis with insights to identify areas where the programme is considered to have been effective as well as identify weaknesses and challenges where they exist.

I have been given information about research title and discussed the research with Ms Dineo Mmako who is conducting this research as part of a Master's degree in Management: Public Sector Monitoring and Evaluation in the Wits School of Governance at the University of the Witwatersrand. I have been advised of how the research will unfold, as well as consideration of issues of confidentiality and anonymity and I was given the opportunity to ask Ms Mmako any questions I may have about the research and my participation.

I understand that my participation in this research is voluntary and I am free to withdraw from the research at any time.

If I have any enquiries, concerns or complaints about the research or its process, I can contact Ms Mmako on dineo.mmako@gmail.com or the study supervisor, Mr Marcel Korth on marcel.korth@wits.ac.za.

I understand that the data collected from my participation will be used for academic purpose (e.g. masters, journal publication, and presentation).

I agree and give my consent to take part in the above study.

Name of Participant	Date	Signature

APPENDIX 2: INTERVIEW GUIDE

Research Title: Understanding officials' perspectives on the effectiveness of Frontline Service Delivery Monitoring in improving service delivery in the Gauteng Department of Home Affairs. **Research question:** To what extent has the FSDM contributed to improving service delivery in Gauteng DHA offices?		
Sub-questions	**Interview question**	**Who to interview**
What is the current practice of FSDM in the Gauteng region DHA?	**What your view about the quality of services and service delivery is as delivered to citizens on daily basis in the DHA facilities?**	**DHA National, regional and facility managers. DPME Officials**
	How are complaints raised by citizens managed in at DHA facilities?	**DHA National, Regional and Facility managers, FSDM team.**
	What are your experiences of the FSDM when you interacted with the FSDM team?	**DHA National, Regional and Facility managers. Staff at facility.**
	How does FSDM interlink with your management practice in the facility?	**DHA National, Regional and Facility managers.**
	In your view, how can the programme be institutionalised in your day-to-day management of the facility to improve service delivery?	**DPME FSDM team, Office of The Premier (OTP) FSDM team, DHA National, Regional and facility managers including staff.**
What are the interventions underlying FSDM	**Have you introduced any service delivery interventions in your facilities? and has information from FSDM played any role?**	**Managers at DHA head office, region and facility.** **FSDM provincial coordinator in DPME and OTP: Gauteng.**

practice in your facility/office?	**How has the FSDM benefited the DHA in monitoring services at facilities OR What is the value-add brought about by the FSDM programme since your uncounted the programme.**	**Programme manager and provincial coordinator in OTP: Gauteng and Managers at DHA National, regional and facilities. DPME management and FSDM team.**
	In your view, does the FSDM programme benefit citizens?	**Facility manager. FSDM managers and provincial coordinator in DPME and OTP: Gauteng.**
	What are your views about the FSDM monitoring tools (questionnaires and reports templates)?	**DPME FSDM team, OTP FSDM team, DHA National, Regional and facility managers including staff.**
How is the FSDM data used for improving service delivery in the Gauteng region?	**What are the reporting lines or flow of reported information once the FSDM results are made available to you?**	**DHA National, Regional and Facility managers.**
	How have the findings/reports that were presented to you by the FSDM team contributed into your decision making processes? Example to be provided.	**DPME FSDM team, OTP FSDM team, DHA National, Regional and facility managers including staff.**
	What would mostly happen once the findings are presented to your office and you have agreed with the findings?	**DHA National, Regional and facility managers including staff.**
Recommendation/s about the FSDM programme	**Is there anything else that you feel you would like to share in relation to the FSDM programme and how it can improve service delivery.**	**DPME FSDM team, OTP FSDM team, DHA National, Regional and facility managers including staff.**

Biographical	• **Sex,** • **Number of year in the current position,** • **Level of education,** • **Age**	