



# LIMPOPO

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## PROVINCIAL GOVERNMENT

REPUBLIC OF SOUTH AFRICA

**OFFICE OF THE PREMIER**

**IMPACT EVALUATION OF FRONTLINE SERVICE  
DELIVERY MONITORING REPORT IN THE PUBLIC  
HEALTH FACILITIES**

**Impact Evaluation of FSD Monitoring Programme  
in Provincial Health Facilities**

**November 2015**

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## LIST OF ABBREVIATIONS

<b>APP</b>	Annual Performance Plan
<b>CEO</b>	Chief Executive Officer
<b>CBM</b>	Citizen Based Monitoring
<b>CBSDM</b>	Citizen Based Service Delivery Monitoring
<b>CBMS</b>	Community Based Monitoring Systems
<b>CHC</b>	Community Health Centres
<b>CHCC</b>	Community Health Centres Committees
<b>CRDP</b>	Comprehensive Rural development Programme
<b>CWP</b>	Community Work Programme
<b>DBE</b>	Department of Basic education
<b>DEP</b>	Departmental Evaluation Plan
<b>DoH</b>	Department of Health
<b>DPME</b>	Department of Planning, Monitoring and Evaluation
<b>DRDLR</b>	Department of Rural Development and Land Reform
<b>EPWP</b>	Expanded Public Works programme
<b>FSD</b>	Frontline Service Delivery
<b>FSDMP</b>	Frontline Service Delivery Monitoring Programme
<b>GWM&amp;E</b>	Government Wide Monitoring and Evaluation
<b>KPA</b>	Key Performance Areas.
<b>LDP</b>	Limpopo Development Plan
<b>PME</b>	Performance Monitoring and Evaluation
<b>PHF</b>	Public Health Facilities
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MPAT</b>	Management Performance Assessment Tool
<b>NDP</b>	National Development Plan
<b>NEP</b>	National Evaluation Plan
<b>NEPF</b>	National Evaluation Policy Framework
<b>NES</b>	National Evaluation Systems
<b>NRYSC</b>	National Rural Youth Service Corps
<b>OPP</b>	Operational Performance Plan
<b>OtP</b>	Office of the Premier
<b>PEP</b>	Provincial Evaluation Plan
<b>PM&amp;EF</b>	Provincial Monitoring and Evaluation Framework
<b>SP</b>	Strategic Plan



## PREFACE

The National Evaluation Policy Framework (NEPF 2011) and Limpopo Provincial Evaluation Plan provide the basis for evaluation focusing on government's priority outcomes. Management Performance Assessment Tool (MPAT) standard on evaluation requires government departments to conduct evaluation on their major programmes. The primary purpose is to establish the culture of accountability and continuous improvement in service delivery.

The core elements of the framework are the foundation of National Evaluation System (NES), part of which is both the Provincial Evaluation Plan and the National Evaluation Plan which is rolled out each year. The approach followed in the system is to use evaluation results for learning, accountability, improving the programme performance and decisions making rather as a retributive matter.

The National Development Plan, 2030 emphasises the need for professionalization of civil service, as well as improvement in quality of service if the main outcomes of elimination of poverty and inequality are to be achieved.

Provincially, the evaluations are implemented by the Office of the Premier in Partnership with relevant provincial departments which are managed through Provincial Evaluation Working Group and relevant departmental evaluation steering committees. Members of the steering committees may not necessarily agree with the results of the evaluation, but their role is to ensure that independent credible evaluation process was followed. The evaluation report will make provision for management response in indicating their position on the findings of the evaluation.

Impact evaluation of Anti-poverty programme is an internal evaluation commissioned by the Office of the Premier in 2017/18 financial year.



## FORMAT OF THE REPORT

The report consists of the following sections:

- One page of the policy summary, summarising the key policy findings and recommendations
- Five(5) page executive summary, which covers all sections of the main report
- Twenty five (25) pages full evaluation report including:
  - ✓ Background
  - ✓ Methodology
  - ✓ FSDM operational framework
  - ✓ National case studies
  - ✓ Theory of change for FSDM programme
  - ✓ Findings of the evaluation
  - ✓ Conclusion and recommendations

The report was independently prepared by strategic planning and policy coordination unit, reporting to evaluation steering committee. The evaluation steering committee comprised of the director in Strategic planning and policy coordination, director in Performance monitoring and evaluation within social sector, two deputy directors responsible for Frontline service delivery monitoring programme and the evaluator.

Steering committees oversees the operation of the evaluation comment and approve the reports.

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## POLICY SUMMARY

The evaluation was commissioned by the Director General of Limpopo to assess the impact of Frontline Service Delivery Monitoring Programme, to determine the effectiveness of FSD monitoring programme, to establish whether the objectives of the programme have been achieved. The evaluation further sought to see how best to strengthen the effectiveness of the FSD programme.

Both primary and secondary sources were used in the evaluation. Interview was conducted with 7 CEOs of selected public hospitals, 7 Clinical managers, 7 quality assurance managers as well as 14 clients visiting hospital at the time of data collection. Furthermore interviews were conducted with 12 Operational Managers and 24 professional nurses at selected public clinics and also the clients of the clinic, and programme owners.

Frontline Service delivery monitoring programme undertook a hands-on monitoring of targeted service delivery sites with the objective to verify if government is meeting the expectations of citizens, where government was doing well assist the departments to direct scarce resources where they are needed most, develop and implement improvement plans where necessary. The programme focuses on assessing performance and affirming good performance and assisting both departments and municipalities to improve service delivery points that are performing poorly.

In the public health facilities like hospitals and clinics, the programme focuses on the following eight key performance areas: signage, queue management, cleanliness, dignified treatment, accessibility, comfort and safety, complains and compliments management system and opening and closing times.

According to National Development Plan, the South African Health system is fractured, with pervasive disorder and multiple consequences, poor authority, feeble accountability, marginalisation of clinical processes and low staff morale, the plan further indicate that good policies are not implemented in remote health facilities and district facilities due to weaknesses in relationships between medical staff and their patients.

The National Development Plan proposes critical actions around the following seven areas that are central to attainment of health target for vision 2030: addressing the social determinants that affect health and diseases, strengthening the health system, financing the health system, improving quality by using evidence, addressing human resources issues, implementing effective partnerships in the health sectors and preventing and reducing diseases burdens and promoting good health.

There are indications that Frontline Service Delivery monitoring and other government programmes had an impact on service delivery in the public hospitals and clinics. It can be emphasised that the programme has reached the intended target group and has had long and short term benefits.

The results show that 98% of the sample have effective queue management systems in place whereas 40% has availability of standards for waiting time. Thus, most of the facilities were found to be clean and comfortable as well as having a sense of safety within the facility due to availability of security guards. 65% of the visited facilities are providing 24 hours service.

Citizen satisfaction surveys were conducted in most of the sampled facilities and the results confirmed that there was a high level of satisfaction about the services provided by the facilities. This finding is supported by StatsSA report on GHS which showed that almost 87.8% of



households in Limpopo province that attended public health care facilities were either very satisfied or satisfied with services they have received

Key recommendations of the evaluation include the following:

- FSD monitoring programme should provide support to sector departments to ensure that their commitment to frontline performance is reflected in their plans, their budgets and their public communications and that the operations of frontline services points are monitored on regular basis by the relevant parent department.
- The DPME has developed Frontline Service Delivery Monitoring Operational Framework outlining how FSD monitoring should be conducted at national level. The FSD monitoring programme should develop a provincial operational framework based on the national model
- Citizen Based Monitoring tool kit has been developed as an approach which puts citizens at the centre of service delivery, the FSD programme should ensure that provincial departments are capacitated to implement CBM approach.
- The FSD monitoring programme should collaborate with the relevant provincial sector Departments in conducting service delivery monitoring, develop improvement plans and ensure implementation thereof.
- It should be clarified that the line department is responsible for the implementation of improvements while the DPME and the Office of the Premier will provide leadership to drive the planning process and oversight over the implementation process. And that departments should ensure that budget is available to implement the improvement plan.
- Frontline service delivery monitoring should not be regarded as the job of the M&E practitioners in the OTP only and but also the responsibility of all managers responsible for monitoring and evaluation in provincial departments.
- FSDM programme to mainstream frontline activities into departmental operations to improve service delivery.
- FSDM reporting to be elevated to a strategic level and be able to isolate issues that will form part of the speeches and engagements of the executives with citizens and other stakeholders on issues of service delivery.
- It is proposed that further evaluation be conducted on the impact of FSD monitoring programme in the education sector



## EXECUTIVE SUMMARY

### 1. Introduction

#### 1.1. Background to the evaluation

According to the literature and documentation from the DPME and more specifically the FSD operational Framework, FSD monitoring programme was established and commenced its work in June 2011. The establishment of the programme led to OTPs to establishing provincial structures for the purpose of collaborating with the DPME.

In terms of section 125 and 127 of the Constitution, Office of the Premier has a mandate to Coordinate, provide support, monitor and evaluate the performance of provincial departments. The objectives of Frontline Service Delivery Monitoring Programme are follows:

- To Strengthen the role of the Department of Planning, Monitoring and Evaluation and the Offices of the Premiers in the verification of monitoring results in order to improve the quality of service delivery at frontline facilities;
- Identify developmental areas in service delivery and facilitate improvement;
- Highlight best practices and encourage the sharing of information among government departments
- Expose the Offices of the Premiers and line departments to the importance of doing on-site verification of monitoring results, especially for priority projects, and responsible stakeholders to a problem-solving and action-oriented approach to monitoring.
- Demonstrate the value of user views in a monitoring system;
- Demonstrate how to use monitoring information for quick improvement

The constitution of the Republic of South Africa, Act 108 of 1998 section 27 (1) (a) Stipulates that everyone has the right to health care services, including reproductive Health care. According to the National Development Plan, chapter 10 the overall performance of the national health system has not been well despite the development of good policies and relatively high spending as a proportion of the GDP and that services are fragmented between public and private sectors which serves 83 percent and 17 percent of the population respectively.

The Health system is fractured with pervasive disorder and multiple consequences, poor authority, weak accountability and marginalisation of clinical processes and low staff morale. Centralised control has not worked due to general lack of discipline, lack of adherence to policies, inadequate oversight and feeble institutional link between different levels of services especially in hospitals and defensive health service levels increasingly protective of turf and budget. The NDP further indicate the three broad perspectives within which the health challenges fall viz demographics and health, Health systems and social determinants and ecology.

One of the most important aspects of living in South Africa or anywhere in the world is maintaining a good health. The Department of Health (DoH) has an overall responsibility for public-sector healthcare in the country. However, poor provision of health care services at public hospitals/clinics appears to be a persistent challenge facing South Africa and have been linked to a variety of undesirable outcomes. Although the Department of Health has broadened government support to regional clinics and hospitals, these facilities are still hard to reach for most people living in rural areas. The department's priority is to improve the health status of the entire population and to realize its vision of a long and healthy life for all South Africans. Given this, the Department of

Planning Monitoring and Evaluation has developed Frontline Service Delivery Monitoring Programme as an initiative to undertake hands-on monitoring of targeted service delivery facilities.

The FSDM programme involves collecting data from users of government services at service delivery facilities and focuses on assessing performance and assisting departments as well as municipalities to improve service delivery. The objectives of the programme is fourfold viz to monitor frontline services effectively, to enable the leadership inclusive of the DPME and Offices of the Premiers to keep in touch with local issues; and to identify and give recognition to good FSDM practices. And finally to facilitate improvements and interventions to address weaknesses identified during monitoring.

The OTP established the FSD monitoring programme in 2011/12 financial year to support the initiative developed by the Department of Planning Monitoring and Evaluation. The provincial FSD monitoring programme has been monitoring service delivery in public hospitals and clinics in the province since its inception.

This is done based on standards and norms developed by the Department of Public Service and Administration. Thus, the Strategic Planning and Policy Coordination unit in Limpopo Office of the Premier undertook an Impact Evaluation of FSDM programme on Public Health facilities. The evaluation sought to investigate the impact made by FSD Monitoring programme towards improved service delivery in public healthcare facilities in Limpopo Province. The proposed evaluation was influenced by the lack of understanding in the relationship between FSD Monitoring and other programmes like the Batho Pele and its effect on service delivery.

## **1.2 Evaluation Purpose and Scope**

The purpose of the evaluation was to determine the impact of Frontline Serviced Delivery Monitoring programme on public health sector, both the short and long term effects, whether the programme has reached the target groups, intended and unintended consequences and the attainment of the programme objectives. The findings will assist the Office of the Premier to determine the appropriateness of the FSD monitoring programme and its effect on service delivery and how it can be improved .To provide information that can help the Office of the Premier to make decisions about how resources should be applied in future to better serve its mission or goals

The evaluation of the impact of FSD monitoring programme has provided evidence on the effectiveness and recommendations on strengthening future development, implementation and monitoring of FSD. The evaluation entailed a qualitative and quantitative study of the FSD programme.

### **1.2.1. Evaluation Questions**

The general question of the evaluation is: How has Frontline Service Delivery Monitoring impacted on service delivery sites?

To operationalize this question, the following specific questions are developed:

- What is the impact of FSD Monitoring programme on accessibility of public hospitals and clinics?
- Are there other tools in the public service assessing the same standards as FSDM programme?
- What are the similarities, differences and the correlation (if any) of the FSDM results?



- What are the benefits of utilising FSDM programme results in public service institutions?
- What are the challenges encountered in the implementation of FSDM programme?

### 1.2.2 Evaluation Aim and Objectives

The aim of the evaluation is to investigate the impact of Frontline Service Delivery Monitoring Programme on Provincial Health service delivery sites.

Specific evaluation objectives:

- To investigate the impact of FSD Monitoring programme on accessibility of public hospitals and clinics.
- To discover other tools in the public service assessing the same standards as FSDM programme.
- To establish the similarities, differences and the correlation (if any) of the FSDM results.
- To investigate the benefits of utilising FSDM programme results in public service institutions.
- To study the challenges faced in the implementation of FSDM programme.
- To recommend possible strategies that can be used to enhance effective impact of Frontline Service Delivery Monitoring Programme on service delivery sites.

### 1.3 Report Structure

This report consist of the following four main sections:

- a) **Section 1:** Introduction, Evaluation Background, Purpose and Methodology
- b) **Section 2:** Frontline Service Delivery monitoring background inclusive of the structure and sectors, key frontline service delivery monitoring concepts, Frontline Service Delivery monitoring framework
- c) **Section 3:** Findings of the evaluation
- d) **Section 4:** Conclusions and recommendations to improve the effectiveness of the Frontline Service Delivery programme

### 1.4 Methodology

The evaluation methodology included national case studies, analysis of reports and minutes on FSD monitoring and a range of interviews with Chief Executive Officers, Clinical managers, Managers responsible for quality assurance, Operational managers, professional nurses, clients as well as programme owners, the monitors.

Data was collected from a various data sources to inform the findings, conclusions and recommendations, including the following:

- a) **Key informant interview** conducted between February 2016-August 2016:
  - Seven Chief Executive Officers of selected Hospitals
  - Twelve Operational managers of selected Clinics
  - Seven clinical managers
  - Seven Quality Assurers
  - Twelve professional Nurses
  - Thirty eight clients
  - Two programme owners (monitors)
- b) Analysis of selected reports and minutes of FSD programme meetings (from April 2012-March 2016)



- c) A review of other key documents and legislation on the functioning of the Frontline Service Delivery monitoring programme including the DPME reports.
- d) Six national evaluation case studies conducted on FSD since the inception of the programme (from April 2011-March 2016)

Evaluation steering committee composed of two directors, and three deputy directors was established and the first meeting was held on the 18 May 2015.

The evaluators got primary data by distributing questionnaires, conducting interviews as well as focused group discussions. Interviews were conducted with Chief Executive Officers, Clinical Managers, Quality assurance managers, and clients of the Hospitals. Furthermore interviews were held with Operational Managers, Professional nurses and clients of the sampled clinics in order to understand the impact of FSD monitoring programme on service delivery. Seven (7) Chief Executive Officers and twelve (12) Operational Managers from eight hospitals and 12 clinics were sampled and interviewed based on predesigned questionnaires. The questionnaires contained closed ended questions with a few opened ended questions in order to assess the knowledge of respondents regarding the impact of FSDMP on service delivery. Focused group discussions were held with staff members, programme managers and clients from sampled public health care centres in order to get their opinions, perceptions and views regarding FSDMP and service delivery. Therefore, the evaluation used both qualitative and quantitative approaches as focus were on interview schedules, questionnaires (both closed ended and opened ended questions) and focused group's discussions as methods of collecting, analysing and interpreting data.

To understand the effect of FSD monitoring programme on service delivery we conducted interviews and with the Chief Executive Officers, the operational Managers, the Staff, and clients of selected hospitals and clinics in which Frontline Service Delivery Monitoring.

Focused group discussions were held with certain staff members , who were viewed by the supervisors as exerting strong positive influence on service delivery and patients of the above selected public health centres and programme managers

The Interviewees were seasoned employees with more than 10 years in the Public health sector. In addition they were from different geographical parts of the province with varying number of public health facilities and population.

The clients were from different age groups and gender inclusive of women, youth and people with disabilities.

All the CEOs, Operational Managers, staff members and patients accepted our invitation to participate in the evaluation inclusive of the programme owners and were requested to confirm their participation by signing the consent form developed for the purpose of evaluation.

A questionnaire with closed ended questions was used to collect data from the respondents from February 2016 through June 2016.

The findings presented in the next sections are based on the both face to face interviews and telephonic interviews

## 2. Background and Context

### 2.1 Evaluation Background, Purpose and Methodology

According to section 125 and 127 of the Constitution, Office of the Premier has a mandate to develop and implement provincial policies, coordinate the functions of the provincial administration and its departments. Furthermore the OoP assist province to develop the administrative capacity required for the effective exercise of their powers and performance of their functions.

The Frontline Service Delivery Monitoring programme was established by the Department of Planning, Monitoring and Evaluation to enhance the accomplishment of the above constitutional mandate. This programme was developed and commenced its work in June 2011. Subsequent to the establishment of this programme in the DPME, OoP also established M&E structures within their organogram to make provision for FSD monitoring.

The FSD monitoring operational Framework highlight the following key objectives of the programme:

- To Strengthening the role of the Department of Planning, Monitoring and Evaluation and the Offices of the Premiers in the verification of monitoring results in order to improve the quality of service delivery at frontline facilities;
- To Identify developmental areas in delivery and facilitate improvement;
- To Highlight best practices and encourage the sharing of information;
- Expose the Offices of the Premiers and line departments to the importance of doing on-site verification of monitoring results, especially for priority projects, and responsible stakeholders to a problem-solving and action-oriented approach to monitoring.
- Demonstrate the value of user views in a monitoring system;
- Demonstrate how to use monitoring information for quick improvement; and
- Provide the responsible top management of these facilities with facts about the conditions in the frontline

From the above objectives it can be emphasized that the programme should not be viewed as a comprehensive and representative sample intended to replace the responsibilities of line departments for FSD monitoring and improvement and that of Batho Pele Principles. Instead it should be considered as an initiative aimed at exposing the Offices of the Premiers and line departments to the importance of doing on-site verification of monitoring results, especially for priority projects, and responsible stakeholders to a problem-solving and action-oriented approach to monitoring.

The OtP has been implementing the FSD programme provincially in line with the DPME since its inception and several service delivery points were monitored in terms of the relevant sectors. Provincially, 36 hospitals and clinics were monitored through the programme, baseline monitoring were conducted, improvements plans were drawn and reports have been compiled and were submitted to the clusters through the Deputy -Director General and Director- General.

Since the intention of the programme is not a comprehensive and representative sample, one could not conclude that less work was done during the period under review. The evaluation is limited to the thirty six public health facilities monitored by the OtP since the inception of the programme.

The purpose of the evaluation is to determine the impact of Frontline Service Delivery Monitoring programme on public Health facilities i.e hospitals and clinics. It further seeks to identify bottlenecks,



impediments, weakness, and best and worst practices in programme implementation with a view to enhance programme improvement, accountability and decision making.

The evaluation methodology included national case studies, analysis of reports and minutes on FSD monitoring and a range of interviews with Chief Executive Officers, Clinical managers, Managers responsible for quality assurance, Operational managers, professional nurses, clients as well as programme owners, the monitors.

Data was collected from a various sources to inform the findings, conclusions and recommendations

## 2.2 Key Frontline Service Delivery monitoring Concepts, reasons to monitor approaches and Tools

This section provides an overview of government Frontline Service Delivery monitoring programme drawn from national literature and provides a background to the FSD case studies in terms of the following:

### a) Definitions of FSD monitoring concepts

There are several definitions of monitoring:

- **Monitoring** is the systematic and routine collection of information from projects and programmes for four main purposes viz to learn from experiences to improve practices and activities, to have internal and external accountability of the resources used and the results obtained, to take informed decision on the future of the initiative and to promote empowerment of beneficiaries of the initiative (John & Khilesh, 2008)
- **Monitoring** is defined as a management tool in which information is gathered routinely for tracking progress according to previously agreed plans and schedules Jody & Ray, 2004)
- **Monitoring** refers to a continuing function that uses systematic collection of data on specified indicators to provide management and the main stakeholders of an ongoing development intervention with indications of the extent of progress and achievement of objectives and progress in the use of allocated funds (PSC, 2008)
- **Frontline Service Delivery Monitoring programme** involves collecting data from users of government services at service delivery facilities and focuses on assessing performance and assisting departments as well as municipalities to improve service delivery (DPME,2012)
- **Baseline visit** is the initial unannounced monitoring stage to the targeted service delivery sites aimed at collecting baseline data to monitor the quality of frontline service. Baseline data collected and compiled describes the situation with proposed recommendations prior to the development of the improvement plan
- **Feedback visit or Feedback meeting** refers to the communication of findings generated through the baseline monitoring visit to the relevant stakeholders and departments. The feedback process is aimed at verifying and presenting the findings of the baseline, agreeing on the recommendations with activities, budget allocation and timelines
- **Improvement meeting** is aimed at providing a set of standard operating procedures for improvements monitoring. It sets out the rationale for improvements monitoring, as well as the intended outcome for improvements monitoring. It also details the approach and methodology for both conducting improvements monitoring and reporting and accounting for the outcome
- **Unannounced improvements monitoring visits** will be undertaken to improvements facilities after the announced improvements monitoring meeting. The purpose of this visit is to monitor the facility by re-scoring the eight key performance areas in the questionnaire.



The Frontline Service Delivery Monitoring (FSDM) programme is a collaborative initiative between Department of Performance Monitoring and Evaluation (DPME) and Offices of the Premier (OtP) that commenced its activities in June 2011. The project uses unannounced monitoring visits to assess the quality of service delivery in frontline services facilities, using structured questionnaires to guide interviews with citizens and staff, as well as observations by monitors. The questionnaires assess the quality of service against eight performance areas. The objectives of these monitoring visits are to verify the impact of service delivery improvement programmes; to demonstrate the value of obtaining the views of citizens during monitoring; to highlight successes and failures at service facility level and to support departments to use the findings for performance improvements.

**b) Why is Frontline Service Delivery Monitoring important?**

The question arises as to why Frontline Service Delivery monitoring is important. The reasons include the following:

- The Frontline Service Delivery Monitoring Programme was established in 2011 to enable the Department of Planning, Monitoring and Evaluation to visibly monitor and evaluate service delivery on the ground in order to verify service delivery outputs and outcomes in the delivery agreements. Through this programme, government is able to monitor performance of individual national and provincial departments and municipalities. It monitors the quality of frontline service delivery and promote good monitoring and evaluation practices in the public sector.
- According to FSD operational framework (DPME, 2015) The National Development Plan (NDP) points out that the creation of a developmental and capable state is a prerequisite for addressing South Africa's development challenges. The capability of government institutions remains weak in terms of management practices, quality of frontline service delivery, effective complaints management and community/citizen involvement in monitoring. This results in service delivery failures and drives citizen dissatisfaction and poor staff morale. Outcome 12 of the MTSF stresses the importance of improving management practices and the quality of services provided to citizens.
- In addition a number of other outcomes (such as outcomes 1, 2 and 3, focusing on basic education, health and crime) contain targets for the improvement of the quality of services provided to citizens. The work of FSDM Programme contributes towards the achievement of these targets. The programme is also used in collaboration with Batho Pele Principles which are aligned to the constitutional values to guide service delivery in the public service.

From the discussions above it can be deduced that FSD monitoring programme was necessitated by service delivery failures, citizen dissatisfaction and poor staff morale emanating from weak management practices and other factors, which can be addressed through this intervention. The findings and recommendations from monitoring are used by the decision and policy makers for programme improvement, planning and accountability.

**2.3 Approaches and FSD monitoring mechanisms or tools.**

The approach followed by the provincial monitors is based on the DPME Frontline Service Delivery monitoring operational framework as amended in 2015. Several tools and guidelines that delineate the processes and procedures of the programme have been developed and were categorized per

function. Over and above the tools, different templates were designed and have been utilized by monitors provincially and nationally.

The following paragraphs are based on discussion of approaches that circumscribe all activities of the programme:

### **2.3.1 Planning and review**

The initial step in the process is for the Offices of the Premiers and DPME to review the processes and progress of the year under review to take decisions on the overall management of the programme.

Provinces are required to review the implementation of the programme to assess progress and challenges in the implementation of the programme. This is usually done in a minimum of two (2) review sessions, which is attended by DPME, per province. These reviews are followed by the Annual Review Workshop where all provinces and DPME come together to discuss and plan for the next financial year.

The Joint Annual Plan, which flows out of the review sessions, is the detailed technical planning for the new financial year. It assists monitoring teams to pull different perspectives into a common understanding and allocates resources accordingly for each province, and the FSDM programme as a whole.

The planning starts in January of every year to ensure that resources are in place and implementation can start in April. The Offices of the Premiers will produce a draft schedule for their province and this will form the basis for provincial and national-level discussions and approval.

### **2.3.2 Implementation Visits**

The sites to be visited are identified during the planning and review of the Programme. A certain number of new facilities to be visited are selected jointly by the Offices of the Premiers and DPME (in line with certain guidelines and targets), and several facilities will be re-monitored (considering several guidelines and processes)

In preparation for the monitoring visits, a motivation indicating the planned visit logistics and monitoring teams is to be sent to the programme manager for approval, a month before the visits. A visit briefing session is to be held a week before the visit and all new monitors are to be trained and the visit briefing notes to be circulated to the monitoring team two days before the visit. The visit travel motivation, visit guidelines and daily itinerary are attached as annexures to the plan.

**Baseline visits** (also known as first visits) are the first unannounced visit to a chosen site, based on an approved annual schedule of visits. The output is a scorecard against eight key performance areas monitored and a draft improvement plan.

The DPME, in consultation with provinces, has developed targeting strategies to guide the selection of sites. The JAP for each province is finalized before the beginning of the financial year. The content of the JAP should remain confidential - to protect the unannounced nature of some of the visits.

The monitoring visits are conducted jointly by DPME and Offices of the Premiers, led by an official from one of these offices. A sector department cannot be a lead member of the monitoring team, but can only participate in the baseline monitoring team as observers of the monitoring process.



**Feedback visit or Feedback meeting** refers to the communication of findings generated through the baseline monitoring visit to the relevant stakeholders and departments. The feedback process is aimed at verifying and presenting the findings of the baseline, agreeing on the recommendations with activities, budget allocation and timelines i.e. improvement plan aligned to other sector/departmental initiatives

**Improvement Meeting** this stage is aimed at providing a set of standard operating procedures for improvements monitoring. It sets out the rationale for improvements monitoring, as well as the intended outcome for improvements monitoring. It also details the approach and methodology for both conducting improvements monitoring and reporting and accounting for the outcome.

**Unannounced improvements monitoring visits** will be undertaken to improvements facilities after the announced improvements monitoring meeting. The purpose of this visit is to monitor the facility by re-scoring the eight key performance areas in the questionnaire. In re-administering the questionnaire the focus is on getting a second score or rating for the facility, after the implementation of improvements

### **2.3.3 Data Analysis and Reporting**

Data Analysis is done at various levels, ranging from facility level to national level. The scores of each visit are captured, and the averages for citizen, staff and monitors are automatically calculated by the summary report template.

These scores are consolidated into a database where a facility's performance is tracked over several reporting periods. This enables the comparison of scores to indicate whether a facility has regress, improved or stayed the same across the reporting cycles.

The data is utilized to develop a comprehensive picture of a particular facility. The combined data of facilities are also utilized to analyse and describe the performance within a specific province, across a specific sector, as well as in a national overview that is presented to Cabinet

DPME and Offices of the Premiers are jointly responsible for drafting the summary reports, feedback reports and improvements monitoring reports, which must be submitted to the facility management.

The facility management is responsible for submitting the report to its stakeholders, especially the principals. It should be standard practice for such reports to reach the provincial management, as key decision makers within a Department/sector.

Programme reports will be completed by DPME: this will include findings of joint visits as well as visits that were not done jointly (only when they meet the quality assurance standard). The reports will be submitted to office of the Premier/ Department of the premier for comments and inputs by DPME prior to submission and presentations to respective National Sector departments, G & A Cluster, Cabinet, Presidential Coordinating Committee and M&E forums.

### **2.3.4 Knowledge Management**

Best practice notes and case studies: Good practices are observed by the monitoring teams throughout the monitoring visits and documented as improvements case studies. These include the use of innovative systems and tools, good working partnerships, collaboration between service sites and the private sector and users and inspiring managers and staff. These can be documented, using the short stories template and case studies.



The FSD project within the context of improvement monitoring consists of following three main activities:

- Firstly, the DPME informs the national department (head office) senior management that a particular facility has been selected for improvements monitoring because of poor scores. The intention is for senior management to create an enabling and supportive environment in which facility-level managers can address the identified challenges.
- Secondly: a meeting is held at facility-level (led by DPME and OtP) to obtain progress with agreed improvements. The intention with this meeting is to facilitate acting on findings and to facilitate problem solving between the different role players.
- Thirdly: The unannounced monitoring of improvements are conducted, applying the same scoring questionnaire tool used for the first visit. A new score card is produced for the facility which reflects a longitudinal view of the scores, for each KPA, over time.

## 2.4 FSD monitoring operational Framework

The Frontline Service Delivery monitoring operational framework is a comprehensive guide that outline the processes and procedures to be followed in implementing the programme. It clarifies the various roles and responsibilities of different stakeholders as well as the tools and mechanisms utilized in the implementation of the Programme.

To date, tools and guidelines have been developed to guide planning, implementation and reporting for the programme. Given the profile of the programme, it is critical that it is exemplary in the manner it conducts its business, so that its approaches and findings are credible and ensures the sustainability and relevance of the programme.

In terms of the framework, FSDM program is centered on four (4) main components that circumscribe all of its activities: Component 1: Planning and review; - Component 2: Implementation Visits (Baseline monitoring visit); - Component 3: Data Analysis and Reporting; - Component 4: Knowledge Management.

The table below serves as a typical guide for annual planning and review taken from the FSD monitoring operational Framework 2015

Table 2 Annual Plan for FSD programme

FSD Activity	Timeliness	Output
<b>Programme Planning and Review</b>		
Finalize the Operational Guide Framework	Fourth Quarter of preceding year	Operational Guide framework
Development of Joint annual plans – DPME & Provinces	Fourth Quarter of preceding year	Draft joint annual report
Approval of Joint Annual Plans	Fourth Quarter of preceding year	Approved 2015/16 DPME-OTP (National) Joint Annual Plan
DPME & Offices of the Premier 1st Quarterly Review Meetings	Second Quarter of the Financial Year	Programme Review Report
DPME & OoP 2nd Quarterly Review Meeting	Third Quarter of the Financial year	Programme Review Report
Annual Planning Workshop	Third Quarter of the Financial year	Workshop report
Training of Monitors	Fourth quarter of the preceding year	List of trained monitors
<b>Implementation</b>		

FSD Activity	Timeliness	Output
Monitoring visits (baseline & feedback)	April –Dec Q1, X new visits and feedback Q2, X new visits and feedback Q3 No of new visits and feedback	Summary reports and sector improvement plans
Improvement Monitoring (meetings & re-scoring)	April –February the following year Q1 X improvement visits and rescoring Q2 X improvement visits and rescoring Q3 x new visits and feedback Q4 Improvement visits and rescoring	Progress update on improvement plans
<b>Analysis and Reporting</b>		
Monthly reports: Statistics of the number of visits conducted, gender disaggregation and brief summaries of findings from facilities visited.	April-February the following year	Quality assured reports
Facility reports: Summary reports, Improvement plans and Improvement reports	April-February the following year	Quality assured reports
Programme reports: Quarterly, Mid-year and annual reports for sectors and provinces	July – May	Quality assured reports signed off by programme manager (quarterly and Mid-year) Quality assured reports signed off by DG (annual Reports)
Analysis per request: Facility based analysis, sector analysis, provincial analysis, gender analysis, urban vs rural analysis, KPA analysis, info source	July –May	Story telling data
<b>Knowledge Management</b>		
Mini stories	Monthly	Mini stories from interesting findings during monitoring
Updates/newsletter	Quarterly	Published Updates/newsletter
Case studies at least 4 per year	Quarterly	Case studies

## 2.5 Lessons drawn from the National Case Studies

The literature presents the findings from previous FSDM monitoring in South African context. The findings explain Frontline Service Delivery in public service facilities against the 8 key performance Areas.

### a) Location and Accessibility

According to FSDM Framework, a facility is considered to be accessible and locatable if citizens travel shorter distances and the facility is user friendly for persons with disability as well. Moreover, the facility should be connected to roads where citizens can access it using public transport.

Therefore, the previous reports show that many facilities complied with this Key performance Area. This is supported by Citizens, staff and monitors who have scored this positively, with scores of between 68% and 72%. The finding shows that many Public Facilities can be accessible and can cater for the disabled people; however, 28% - 32% of facilities showed that improvements are needed. It was noted that access for people with disabilities can be improved by introducing more



cost effective solutions such as cement ramps and on-site wheelchairs for use by citizens. The previous reports provide evidence that in some less developed (informal settlements in urban) areas and rural areas, transport to facilities remains a challenge. People could not get public transport to easily access the public facility. Therefore, in one facility in UMzikhulu, local councillors and site management worked together in engaging local taxi associations to address this challenge.

#### **b) Visibility and Signage**

This key performance area dictate that public facility should have road signage leading to the facility. Directional signage should appear alongside the road and inside the facility. The signage should have facility name, services and costs (where applicable), and it should accommodate the illiterate. Moreover, the staff should wear name tags and contact details for management should appear.

This performance area is rated very poor, with between 60% to 70% poor to average ratings. In many cases, facility managers explain the lack of signage but saying they are waiting for head offices to procure and deliver standardised signage. It was noted that delay for signage emanates from the associated costs. In this regard, basic and locally made signage for external use and self-produced paper signage for internal use may be more efficient, cheaper and effective.

#### **c) Queue management and waiting times**

This key performance area states that a facility should have a good Queue Management Systems. Good queue management considers the disability, old aged and the critically ill, to make sure that they are considered first while ensuring that other clients are not waiting for long time. Therefore, the previous finding shows that an average rating of 50% was rated by citizens. This indicates that a lot still needs to be improved in this area. In Police and Health facilities, this was rated by citizens as an area of high priority for improvement. The absence of supervisors or queue manager is viewed to cause frustrations and long waiting. In some SASSA facilities where supervisors have now been instructed to be visible on the floor to monitor the queue management systems, this makes an immediately impact not only on waiting times, but also builds good relationships between users and the facility management.

#### **d) Dignified treatment**

This key performance areas seek to maintain good relationship between staff and clients. It dictates that staff should consider Batho Pele principles to ensure dignified treatment of clients. Moreover, citizens should be addressed in their home Language. The findings are remarkably good; with more than 70% satisfied rating. It appears that the government interventions to ensure people are spoken to in their local languages, as well as Batho-Pele training are contributors to this good result.

#### **e) Cleanliness and comfort**

Maintaining a clean working environment that is comfortable for both staff and clients is one of the key performance areas dictated in the framework of FSDM programme. A facility is expected to be always clean while maintaining the facility building structure. Moreover, waiting areas should be comfortable to the clients.

The precious findings show the rating of 50% regarding this KPA. This shows poor to average ratings highlight the continuing challenges with facility-management and maintenance. Citizens rated this as a priority area for intervention in Home Affairs offices, DLTCs and Courts.



Almost all facility managers reported that they have no delegation and budget to manage day-to-day maintenance and cleaning (as these are often contracts issued by regional or national offices). A lack of clarity on who to hold accountable to improve conditions intensifies the problems. In previous reports, the apparent confusion regarding roles and responsibilities with respect to facility management and maintenance was reported.

Therefore, a review of current policies and approaches was needed. The Department of Health has commenced a process of adjusting delegations and budgets to provide hospital Chief Executive Officers (CEOs) with clear accountability for some maintenance.

#### **e) Safety**

Safe working environment is one of the most important and sensitive aspect within the KPAs. As dictated, facilities beside SAPS are expected to have security guards and security measures. Sense of safety and security for staff and citizens is expected with adherence to health and safety procedures.

The previous reports shows that between 60% and 70% rating are positive with most facilities having security guards on site. In a number of facilities, it was observed that the provision of registers for signing at incoming and outgoing activities is the focus of the safety procedures. However, insignificant attention is paid on implementing security checks to search bags and cars when going in and out of premises. This shows a minimal monitoring of security contract staff by departments, and compliance by private companies to contractual obligations.

#### **f) Opening and closing times**

Display of operational hours should always appear on facility signboard. Public facility is expected to operated and adhere to operational hours and alert the clients during service disruptions. This KPA is for all public facilities beside SAPS.

The previous reports shows that 60% satisfaction score was noted. The performance in this area is generally good. There are instances where facilities do ad-hoc and unannounced closures due to internal meetings, staff training and staff shortages. This causes enormous inconvenience to users. Departments should monitor these occurrences and use community radio and other community media to inform citizens of changes to the opening and closing times.

#### **g) Complaint and complement management**

Comments from clients with regard to service delivery is one of the most important aspect that help to pinpoint areas of excellence and area needing attention. Therefore, a facility should have complaints and complements box, including necessary stationary for writing and keeping the records. Moreover, monthly records and complainant statistics should be recorded to assist future improvement plans and shows areas that require immediate intervention.

This KPA was rated 40% by citizens and 24% poor rating by staff showing a significant under performance in this area. All 8 types of facilities that are monitored, citizens and staff rated this KPA as a priority area for intervention. It was stated that, there is no management of systems in most facilities that have suggestion boxes or complaint and compliment books/logs. Citizen in the same sentiments with staff argued that the complaints are not considered at all. Even when the system exists, there is no feedback received after complaints are lodged therefore, citizens lost trust and give no attention to the system.



Complaint boxes are available but users no longer use them as there is no public accountability for responding to complaints and compliments. In attempt to address that, head offices have insisted that proper complaints systems are developed and notices placed on the walls, with the details of the office management. Nonetheless, still there is no monitoring of to ensure that service facility staff and sector departments respond well to the complaints. It was therefore, suggested that Workflow processes for receiving and resolving complaints and compliments should be displayed in all facilities, so that accountability and transparency are improved with regard to issues raised by citizens.

One of the key lessons learnt during evaluation process is that solving problems at the frontline produces strategies for tackling systemic challenges. This frontline monitoring by officials as well as the citizen monitoring work is showing the value of detailed engagement with the specific challenges faced by individual frontline facilities as a way to develop knowledge, strategies and capacity for solving systemic challenges. This is a major point of emphasis in the NDP.

Yet another lesson learnt from this work is that, in spite of the sometimes negative reports, there are many hard working dedicated civil servants working in these facilities and they need to be supported and enabled –one of the defining characteristics of these role models at facility-level is that they have a passion to serve and they are problem solvers – they don't expect head office to solve all problems but they find creative ways to make the best with what is available, often building partnerships with communities and the private sector to bring extra resources into the facility. They are civil servants who are passionate about serving in spite of less than perfect work conditions.

It was also revealed that too often officials respond to challenges in facilities in a panicked, quick-fix approach – whilst quick fixing of problems are encouraged, it is important that officials be empowered to identify the root causes of both challenges and successes and together work to achieve lasting service delivery improvements.

National Department of Health has always led the way in terms of managing facility level performance as a strategic project. Joining them is Home Affairs, SASSA and Justice now, which have a much strengthened focus on facility-level planning, monitoring and change management. The National Transport NDoT is in the process of developing norms and standards for DLTCs and appointed inspectors at National Level who will ensure that the standards for quality of service developed are adhered to by the provinces and Municipalities.

The key message from the FSDM initiative is that the responsible departments need to strengthen their planning and monitoring for facility-level service delivery by ensuring that norms and standards are in place, realistic and are monitored daily; that operations management methodologies are applied for quick diagnostics of problems leading to quick corrective actions and that proper delegations and resources are in place for facility-level service delivery efficiencies

## **2.6 Theory of Change for Frontline Service Delivery Monitoring Programme**

Theory of Change is essentially a comprehensive description and illustration of how and why a desired change is expected to happen in a particular context. It is focused in particular on mapping out or "filling in" what has been described as the "missing middle" between what a program or change initiative does (its activities or interventions) and how these lead to desired goals being achieved. It does this by first identifying the desired long-term goals and then works back from these to identify all the conditions (outcomes) that must be in place (and how these related to one another



causally) for the goals to occur. These are all mapped out in an Outcomes Framework. The following are benefits of theory of Change: Prioritize outcomes and actions, Improve and ensure accountability, develop a common understanding and finally promote resource allocation.

The theory of Change for FSDM programme should contain the following components:

- Identification of monitoring and evaluation problems and possible causal factors applicable to the programme
- Intended outcomes linked to the FSDM programme mandate/ identified documented roles
- Change mechanisms/processes according to which the programme operates and which are intended to deliver on their mandates and impact on the outcomes
- Key assumptions which need to hold true if these change mechanisms/processes are to work effectively and impact on the outcomes.

Monitoring and evaluation problems include but not limited to the following:

- Lack of policy on monitoring and evaluation and standard operating procedures. Failure to meet the needs of citizens and customers, failure to achieve developmental as well as service delivery objectives, and to make meaningful progress in achieving outcomes as well as impacts including growth, job creation, poverty reduction and reduction of inequalities and so on
- Use of scarce resources

The following are possible causes of monitoring and evaluation problems

- Lack of collaboration and coordinated planning and implementation between provincial departments and local government.
- Departments frequently operate in isolation from each other in planning, budgeting, and implementation phases in situations where alignment, monitoring and evaluation , or collaboration is required in order to achieve efficient and effective planning and implementation
- Insufficient transparency between relevant departments on what they are doing to address government priorities to support monitoring and evaluation
- Relative lack of accountability (in terms of consequences for poor performance and failure to achieve commitments and implement decisions) at all levels
- Weak or absent leadership commitment to monitoring and evaluation, prioritization and promotion of a collaborative culture of negotiation between departments and spheres to align planning, budgeting, and implementation

## **2.7 Findings of the DPME reports on National Evaluations**

According to the DPME annual report (2014/2015) , 678 facilities have been monitored since the inception of the FSDM programme in 2011: 52 DLTCs, 128 Schools, 158 Health Facilities, 61 Home Affairs offices, 57 Courts, 60 MCCCs, 85 Police Stations, 77 SASSA facilities. Although this sample size of 678 represents a small percentage of the total number of facilities in the country, departments are encouraged to increase their on-site monitoring presence so as to deepen their understanding of frontline facilities conditions. In 2014/15 123 facilities were assessed in all nine provinces.



The report further emphasized that after 3 years of the FSDM implementation, there was a definite positive shift in the understanding of collaboration between national and provincial departments and the role of each regarding monitoring and evaluation.

Evidence collected through the FSDM visits have highlighted to departments that many challenges at facility level can be fixed simply through more proactive management and a commitment to problem-solving.

The DPME in collaboration with respective national departments has conducted several evaluations in the past few years. The following are some of the evaluations conducted nationally in terms of the NEP:

- ✓ Impact Evaluation of the Grade R
- ✓ Design Evaluation of Expended Public Works Programme
- ✓ Implementation evaluation of the Comprehensive Rural Development Programme
- ✓ Implementation evaluation of the Business Process Service Programme
- ✓ Implementation evaluation of the Urban Settlements Development Grant

For the purpose of this evaluation, the findings from the following three evaluations will be presented for discussion:

**a) Implementation evaluation of the Comprehensive Rural Development Programme**

Comprehensive Rural Development Programme was launched by the presidency in July 2009 as the leading programme of the Department of Rural Develop and Land Reform (DRDLR) to show the country's renewed focus on rural development. The CRDP's goal is to deal with the needs of the persons, household, community and land. The programme has five objectives: Mobilize and provide rural communities with opportunities to improve their skills and living conditions ,Encourage rural job creation and promote economic livelihoods so that people are able to provide for themselves, improve access to basic needs such as housing, electricity and water in the CRDP sites, implement sustainable and agricultural reform , concentrate on vulnerable groups, including women, youth, people with disabilities, child headed households, people living with HIV and AIDS and the elderly.

**Findings from implementation evaluation of CRDP**

The evaluators established that jobs have been created through government's public work programmes inclusive of the community work programme (CWP) and the National Rural Youth Service Corps(NRYSEC), both of which offer short term work and low wages. The CRDP has had limited successes in supporting sustainable cooperatives through providing money for start-up costs, technical training, guidance or setting up good market connections. The programme has also made limited progress in uplifting communities through opportunities to improve their livelihoods, partly due to low education and skills levels within the community. The CRDP has not added value to land reform, communities identified lack of access to land as directly affecting their food security and the ability to make a living for themselves. Contribution to establishing smallholder farmers and providing them with additional support has also been limited.

The programme was most successful in meeting the basic needs and this was done by financing projects in often forgotten wards, in many cases, large investments have significantly changed communities and their living standards, for example 383 RDP houses were built in Muyexe village. Several projects started successfully but financing could not be continued because the CRDP did not have clear infrastructure maintenance strategy in place.



#### **b) Impact evaluation of the Grade R programme**

The Department of Basic education (DBE), in partnership with the DPME commissioned an impact evaluation of Grade R programme. Globally an impact evaluation that measures the change in outcomes attributed to a programme is regarded as the best practice in implementing public policy. The evaluation provide valuable insight into how to improve service delivery and reveal if the desired outcomes of an intended programme are being achieved.

#### **Findings from an impact evaluation of the Grade R programme**

The evaluation highlighted the critically important role early childhood development plays in the cognitive, behavioral and social growth and this confirms that government has made the right decision to expand the grade R programme and to focus on its energies on the poorer communities.

Early educational interventions are more cost-effective than later remedial interventions and opportunities for emergent literacy development through exposure to reading, pictures and mediated explanations of text are especially important.

An earlier South African studies found that 65% of the Grade R learners enter Grade 1 without the necessary skills to master reading. Positive impact for pre-school are more consistent and stronger than later remedial strategies, especially for children from poorer home environment and the benefit of ECD need to be maintained through the subsequent school experiences.

The evaluation also reveals that although Grade R cannot overcome deeply rooted economic problems and social pathologies, a quality programme can be a powerful equalizer to reduce disadvantages. Evidence also confirms that good quality ECD produces good outcomes, and that weak provision may not improve cognitive outcomes and may even foster negative outcomes like aggressive behavior. Quality is very important and there is a need for quality curriculum, quality teachers and quality responses to developmental needs.

#### **c) Design evaluation of Expanded Public Works Programme**

Government introduced the Expanded Public Works Programme (EPWP) in 2004, following the 2003 Growth and Development Summit's recommendations to introduce the programme that provide poverty and income relief through temporary work for the unemployed to carry out socially useful activities.

#### **Evaluation findings from Expanded Public Works Programme.**

The EPWP-SS plays a key social protection role by providing work opportunities for unemployed. Over the years the number of work opportunities has increased from 176 000 to 866 000, not all work opportunities were new and in most cases, existing volunteers were employed and paid stipend.

The programme continued to focus on participant's skills and improving their employability. The rationale being that if participants receive work related experience, mentoring and training, they are more likely to find employment outside the EPWP programme.

The evaluation also established that the stipend helps to reduce poverty among the participants, with the current stipend paid reduce the number of people living below the food poverty line from 55% to 40%. The programme assist in eliminating individual barriers to permanent employment,



such as no experience or limited access to information and networks, weak technical competencies and interpersonal skills.

The discussion of the above evaluations and their findings highlighted the fact that evaluations are conducted for the purpose of improving policy or programme, improving accountability for where public spending is going and the difference it is making and increasing knowledge about what works and what does not with regard to public policy, plan, programme or project.

It is through evaluation that programme managers and other stakeholders can identify the gaps in the implementation of a policy or programme, identify national and internal best practices and also determine whether provincial and national outcomes have been achieved. The findings and recommendations of this evaluation will be used for decision making and planning purpose.

### **3. Findings of the evaluation on the 19 facilities**

#### **3.1 District Specific findings**

##### **a) Findings from Capricorn district**

The evaluators received good cooperation from most of the facilities evaluated in the district. One facility, Thabamopo Hospital is located in urban area while four, Ambergate, Mphahlele, Malemati Clinics and Botlokwa Hospitals are in rural areas.

Mphahlele and Ambergate clinics have improved remarkably since the first visit was conducted and showed improvement in almost all of the eight (8) key performance areas and this is supported by the views of the citizens, staff and the monitors.

**Ambergate clinic** the respondents agreed that the FSD programme has had a positive impact on the service delivery point. The facility conducted citizen satisfaction survey regularly and the results of the last survey showed 88% satisfaction level. Before the intervention there was a serious shortage of medicines especially the ARVs and the situation improved after the intervention and the clinic was able to provide 24 hour service. Challenges include lack of backup generator and the post of operational manager has been vacant for the past eight years.

**Mphahlele clinic**, the respondents agreed that FSD visits have made a positive impact to the service point and more visits need to be done to accelerate change in service delivery to the community. The facility has been able to provide 24 hour services despite challenges with regard to shortage of medical equipment and lack of maintenance of infrastructure

**Malemati Clinic** The respondents agreed that the clinic was able to reduce waiting time from four to two hours as a result of the intervention and citizens were generally happy about the level of services provided by the clinic. The clinic was not able to provide 24 hour service due to shortage of staff. The clinic is too small to accommodate all programmes and there is a need to build a new structure. Service delivery has improved despite the challenges

**Botlokwa Hospital**, the respondents agreed that there was a positive impact as a result of FSD monitoring programme and the greatest impact is on OPD services and outreach services have also improved despite challenges with regard to shortage of water, equipment and aging infrastructure. The safety of both staff and citizen is not guaranteed due to lack of standardized fencing and currently there is no effective system of maintenance.



**Thabamoopo Hospital** has improved significantly due the FSD monitoring programme, and agreed to almost all statement on the key performance areas. The hospital suggested that the programme should continue to provide support to address challenges which include but not limited to lack of telephones, shortage of medical equipment and staff, currently there is no resident psychiatrist, the recreational center is not fully developed. The FSD monitoring programme has enhanced the collaboration between the municipality and the hospital.

**b) Mopani District**

In Mopani district four facilities were evaluated viz Maphutha Malatji and Kgapane Hospitals, Humulani and Lephepane Clinics.

**Maphutha Malatji Hospitals**, the respondents agreed that there has been an improvement and a positive impact on services delivery and this is attributed to the FSD and other national and provincial programmes. Areas of impact include external signage to the hospital, compliments and complaints management, and availability of medicines, citizen satisfaction and security and comfort. The facility has been able to sustain service delivery despite infrastructural challenges that include shortage of ambulances and lack of progress on the OPD block that has been under construction for the past seven years.

**Kgapane Hospital**, The respondents strongly agree that there has been a positive impact on the service point as a result of the FSD programme. Patients waiting time has been reduced to 1hour and there were few complaints which show that citizens are happy (satisfaction level is at 74%) with the service provided by the facility. External signage to the hospital remains a challenge but the technical service are working on the problem. A new backup generator has been installed, cleaning machines and kitchen equipment are available.

The facility is able to provide sustainable service although there is a shortage of resources like medical equipment, emergency trolleys, old infrastructure, professional staff and most posts are still vacant including that of CEO. Ablutions facilities and toilets need to be improved. Conditions at the reception should be improved as cleanliness has been compromised .A shelter should be erected for the security guards and the hospital board is functional but its term of office has expired and the facility is awaiting the establishment of the new board.

**Lephepane Clinic**, The respondents agreed that FSD and other provincial programmes have contributed positively and has had a positive impact on service delivery point. Areas of improvement include effective complains and compliments management systems, queue management , waiting time, safety and comfort and that citizens are satisfied about the quality of service provided by the facility. There are service delivery challenges encountered by the facility and these include old infrastructure, no proper fencing around the facility, shortage of staff and cleaning material.

**Humulani clinic**, the respondents strongly agree that there has been an improvement in the provision of services at the facility and the positive impact is attributed to both the FSD monitoring and other provincial programmes. Performance areas that show remarkable improvement include reduction of waiting time from two hours to 45 minutes, effective queue management systems, effective complaints and compliments systems and that citizens are generally satisfied about the service delivered. The clinic has also improved the distribution of chronic medication.

Service delivery challenges include lack of external signage indicating the direction to the clinic, old infrastructure, the process of renovating the clinic was in progress.



### c) Sekhukhune District

In Sekhukhune district, three institutions were evaluated viz Dilokong Hospital, Moutse West and Marble hall clinics.

**Dilokong Hospital,** The respondents strongly agreed that the facility has had a remarkable improvement in several key performance areas since the inception of the programme. The staff pointed out that FSD programme has had a positive impact in service delivery. Areas that show improvement include complaints management system, cleanliness, signage, queue management, signage and citizen satisfaction.

Citizen satisfaction survey was conducted and showed 90% of satisfaction level. Currently the average waiting time is 4hours and the hospital is striving to address the challenges.

The institution indicated that there are other programmes beside the FSD monitoring programme that have contributed to improved service delivery at the hospital , this include the National Core Standards, District Health specialist team and the Department of labour.

The key service delivery challenges encountered by the hospital include shortage of professional nurses due to high turnover as a result of GEPR reforms, shortage of cleaners and vacant post of quality assurance manager. There institution does not have a CCTV to enhance internal communication. Staff at hospital does not feel safe to work with community members.

**Marble Hall clinic,** the respondents agree that the intervention has had a positive impact on service delivery and highlighted that fact that the impact can be attributed to other programmes that use the same standards as FSD programme.

Currently, citizen satisfaction level was at 85% despite a lack of working space and privacy when dealing with patients, there is no formal structure of a clinic, an old rented house is used as a clinic. Most of the patients are farm workers from neighboring countries such as Lesotho and Zimbabwe. There is a general influx of citizens from surrounding villages due to quality of services provided by the clinic. Office of the Premier in collaboration with the district office of DoH should continue to provide support to the facility.

**Moutse West,** the respondents are of the view that the initiative has had a positive impact on service delivery. Key performance areas of impact include external signage indicating the direction to the clinic, effective complaints and compliments management system, queue management. The 24 hour service and chronic medication programme was also introduced as a result of the intervention.

Currently, the clinic experiences sporadic shortage of medication, water, staff and medical equipment. There is no backup for electricity. It was also established that the clinic committee is available and effective

### d) Waterberg District

In Waterberg district, four facilities were identified for evaluation viz Witpoort hospital, Ellisras, Mookgopong, Phagameng clinics.

**Witpoort hospital**, the respondents strongly agreed that the FSD programme has had a positive impact on the service point. Before the introduction of the FSD programme, the hospital could not deal properly with issues relating the queue management and provision of water. The key performance areas that reflect the greatest impact include queue management , the facility has appointed a queue management marshals ,there is an effective complaints and compliments management system, citizen are generally satisfied about the service delivered at the facility , there are few service delivery complaints.

The facility was able to put water tank for patients at reception area as a result of FSDM programme. Furthermore the hospital indicated that that they are able to provide their services to citizens in a sustainable manner as they do not return patients home due to lack of medicines.

The positive impact was despite the fact that the hospital encounter challenges relating to infrastructure, lack of allied block, recreational facilities, accommodation for staff, no isolation ward , lack of pediatric ward and dietician and physiotherapist are sharing the same office, shortage of medical equipment and that there is no privacy.

**Ellisras Clinic**, the respondents agree that there has been an improvement with regard to service delivery at the facility and FSD programme has had a positive impact on service point. Citizens are generally happy about the service delivered, they travelled some hundreds of kilometres from rural areas to get services from the clinic, there is effective complaints and compliments management system, effective queue management system a nurse has been dedicated to do administrative work, the average waiting time is 3 hours.

The facility is able to provide services in a sustainable way despite infrastructural challenges which include old building that was used for dwelling, shortage of resources, no external signage indicating the direction to the facility, nurses home is in poor conditions, professional staff attending official meetings at their own expenses

Currently the facility does not provide 24 hour service due to shortage of professional staff and conditions at nurses home needs to be improved.

**Mookgophong Clinic**, The respondents strongly agreed that the FSD monitoring programme has had a positive impact on the clinic. That there are other provincial programmes beside that FSD that have contributed to improved serviced delivery. Although there is no external signage showing direction toe the clinic, citizens are quite happy with the quality of service provided. Currently the facility has effective complaints and compliments management systems, queue management systems which accelerate the provision of service at the service point.

Furthermore respondents indicated that the old municipal office is used as a clinic and the electricity also pose a serious challenges .Other services delivery challenges include shortage of dressing rooms, no consulting rooms , no office for OPM, sporadic shortage of water which affect preparation of medicines.

**Phagameng Clinic**, the respondents agree that there has been an improvement with regard to service delivery at the facility and FSD programme has contributed to the positive impact at the clinic. Citizens are generally happy about the service delivered although there is no external suggestion box to enhance complaints and compliments management. Waiting period has been reduced to 1hour as compared to the period before the intervention.



The clinic is able to provide service in a sustainable manner despite infrastructural challenges, an old building designed for dwelling is used as a clinic and there is no proper fencing around the facility. Other service delivery challenges include periodic shortage of electricity, telephone not working and serious shortage of water

#### **e) Vhembe District**

Three facilities were identified for evaluation in the Vhembe district and these are Folofodwe and Xikundi Clinics as well as Donald Frazer Hospital. that

In Folofodwe, the respondents strongly agree that citizens no longer wait for longer time before accessing services from the facility, The clinic was able to establish an effective complains and compliments and that there has been an improvement in the provision of service, as a result of the support from the FSD monitoring programme. It was also established that citizens are satisfied about the level of service provided at the facility. The respondents agreed that there are other government programmes that have also contributed to improved service delivery.

Although the clinic is able to operate in a sustainable manner despite service delivery challenges that include inadequate infrastructure no gate and fence around the facility, shortage of medical equipment like BP machine and lack of additional support staff like pharmacist. There is no backup generator and network is also posing a serious challenge.

#### **Xikundi Clinic**

In Xikundi the respondents disagreed that citizens no longer stand for a long time in a queue before they can be assisted .Queues are very long due to high population that is aggravated by citizens from neighboring countries like Zimbabwe and Mozambique. The clinic has been able to establish effective complains and compliments management systems as a result of the intervention. The respondents further agreed that the FSD monitoring programme has had a positive impact on service delivery in the facility which is supported by a high level of citizens satisfaction and that there are signs and clear direction to the clinic.

The clinic has not been able to provide 24 hours service due to shortage of staff. Other challenges include high prevalence of infections of HIV/AIDS due to high influx of foreigners, lack of backup generator and infrastructure.

#### **Donald Frazer Hospital**

In Donald Frazer Hospital the respondents agreed that patients no longer wait in long queues to access the services from the hospital. There are clear external signage to locate the directions to the hospital and internal signage is also available and clear. It was established that there is an improvement in the provision of services at the hospital and this was as a result of FSD monitoring programme. The respondents strongly agreed that that there is an effective complaints and compliments management system and that citizens are satisfied about the level of services provided by the hospital.to certain extent citizens disagree that they are treated with respect and dignity, the hospital staff is sometimes harsh and hostile towards patients. Service delivery challenges include lack of equipment filing space, shortage of staff, and shortage of medicines. The Outpatient Department, Allied Department and General Ward have shown a significant improvement as a result of the FSD monitoring programme.The respondent agreed that the FSD monitoring programme has had a positive impact on service delivery and areas of improvement



include but not limited to reduction in patients waiting time, complaints have been minimized increased in patients satisfaction and the hospital has addressed the issue of missing files.

The Hospital has introduced citizens based monitoring programme where community members have volunteered in conducting service delivery monitoring Donald Frazer can be highlighted as one of the best practices in addition to Thabamoopo and Dilokong Hospitals

### 3.2 Summary of Findings

The evaluators received good cooperation from almost all of the selected provincial public health facilities. It was established that some of staff members at hospitals and clinics viewed the evaluation process as a complaints management system and was also considered as duplication of audit functions. In some instances, public institutions consider the FSDM programme as some sort of policing. There is also a natural tendency of officials to view an evaluation process as a potential threat to their career and a form of witch hunting.

It was found that both announced and unannounced visits to service delivery sites have had a major positive impact on public health care facilities in Limpopo province. Most facilities reported that there has been an improvement in the provision of services since the inception of the FSD monitoring programme.

Citizen satisfaction surveys were conducted in most of the sampled facilities and the results confirmed that there was a high level of satisfaction about the services provided by the facilities. This finding is supported by StatsSA report on GHS which showed that almost 87.8%% of households in Limpopo province that attended public health care facilities were either very satisfied or satisfied with services they have received.

In most of facilities evaluated, it was established that the suggestion boxes were available for public feedback but citizen are no longer using the boxes due to lack of accountability to address their concerns, there were effective queue management systems, facilities were able to provide 24 hour service although some facilities are understaffed and there is no senior management. At some institutions, Cleanliness has been compromised due shortage of cleaners and grounds men.

Areas such as waiting times in hospitals and clinics, availability of medicines and other basic supplies, cleanliness and the safety of health facilities has shown a great improvement since 2011 to date. Witpoort hospital reported that they were able to put water tank for patients at reception area as a result of FSDM programme. It was found that 98% of the visited health care facilities indicated that they are able to provide their services to citizens in a sustainable manner as they do not return patients home due to lack of medicines.

It was also established that there are other programmes such as FPD, National, District and provincial programmes that apply similar standards, Batho Pele Principles programme which assist the health care facilities in terms providing support for improving service delivery. However, despite the great improvement shown by public health care facilities as a result of FSDM, there are areas which still require special attention. This is mainly because 97% of the visited facilities pointed out that availability of road signage leading to the facility are not enough and argued that signboards with facility name, services and costs are not applicable and that directional signage inside the facility may not accommodate the illiterates in most instances.



Most of the interviewed Patients highlighted that they are satisfied about the level of services provided by health care facilities as they are treated with care, dignity and respect.

Moreover, there is provision of access to persons with disabilities in some of the evaluated facilities and most staff members were found to be wearing name tags and contact details of management are clearly shown in 60% of the visited health care facilities. Furthermore, 98% of these public facilities have effective queue management systems in place whereas 40% has availability of standards for waiting time. Thus, most of the e facilities were found to be clean and comfortable as well as having a sense of safety within the facility due to availability of security guards. 65% of the visited facilities are providing 24 hours service whereas 35% are operating daily, mainly from 7H30 to 5H00. All visited facilities were also found to have effective complaints and compliments procedures but only 20% have records of monthly complaints statistics. Despite this great improvement, all visited hospitals and clinics highlights that there are service delivery challenges which have bearing on their performance.

All facilities are strengthening their management and monitoring of improvements, whilst the follow up on the monitoring findings by the department of Health can be strengthened. The positive results from the improvements monitoring, demonstrates the impact of this improved use of monitoring evidence for decision making and for more proactive problem solving.

However, the evaluators discovered that most of these services delivery challenges encountered by the hospitals and clinics are beyond the key assessment areas of FSDM programme. These hospitals and clinics are faced with challenges such as shortage of personnel, financial constraints resulting from inadequate provision of budget from the provincial department of Health, poor infrastructure such as limited space where there is shortage of children's wards and other important wards, this result in the privacy of the citizens been compromised as they consult in the same room with different diseases.

Marble hall clinic operate within a house with no formal clinic structure and a large volume of citizens are coming to consult at this clinic on a daily basis. Shortage of staff accommodation is one of the most critical challenges faced in Witpoort and Botlokwa Hospital. This has led to a high rate of staff turnover and inability to retain professionals. Ineffectiveness of hospitals and clinics board member was also found to be a critical challenge faced by all visited public health care facilities. Malemati clinic in Mphahlele area is too small to accommodate a large number of patients consulting at the clinic on a daily basis. Shortage of water is also found to be one of the critical challenges faced in most of visited clinics.

Overall, there was no clear and specific criteria for selecting facilities for FSD monitoring in line with programme's goals to ensure that the process is an inclusive one.

#### **4. Conclusion and Recommendations**

- 1) From the discussions and findings above, it can be asserted that the frontline service delivery monitoring programme and other provincial and national programmes have had a positive impact on service delivery points. Service delivery at most of the evaluated facilities has improved to an extent that citizens are quite happy and satisfied about the quality of service provided. The key performance areas of greatest impact highlighted by most of the facilities included, queue management, effective complaints management, citizen satisfaction, comfort and safety, dignified treatment and availability of medicines.



- 2) There is a need to develop clear and specific criteria for selecting health facilities to be monitored in line with the programme's goal to ensure that facilities in historically disadvantaged geographical areas are selected and supported.
- 3) FSD monitoring programme should provide support to sector departments to ensure that their commitment to frontline performance is reflected in their plans, their budgets and their public communications and that the operations of frontline services points are monitored on regular basis by the relevant parent department.
- 4) Agreement on how the programme should be carried out provincially needs to be drawn up between the DPME, OTP and provincial department of Health. These should also include agreements regarding operational and improvement plans
- 5) The programme owners should monitor the performance of monitors in the relevant sector departments. The directorate should be provided with additional staff and resources such as 3G cards to improve their performance.
- 6) The DPME has developed Frontline Service Delivery Monitoring Operational Framework outlining how FSD monitoring is conducted at national level. The FSD monitoring programme should develop a provincial operational framework, standard operating procedures as well as monitoring and evaluation policy.
- 7) Citizen Based Monitoring tool kit has been developed as an approach which puts citizens at the centre of service delivery, the FSD programme should ensure that provincial departments are capacitated to implement CBM approach.
- 8) It should be clarified that the line department is responsible for the implementation of improvements while the DPME and the Office of the Premier will provide leadership to drive the planning process and oversight over the implementation process. And that departments should ensure that budget is available to implement the improvement plan.
- 9) Frontline service delivery monitoring should not be regarded as the job of the M&E practitioners in the OTP and but also the responsibility of all managers responsible for monitoring and evaluation within the line departments
- 10) It is proposed that further evaluation be conducted on the impact of FSD monitoring programme in other sector departments.
- 11) The FSD monitoring programme is viewed as a complaints management systems by some of the facilities which means enough work need to be done in terms of providing support to these facilities. Some of the challenges highlighted by the facilities are far beyond the sphere and scope of the FSD monitoring programme
- 12) The evaluators concluded that the objectives of the FSD monitoring programme are clear and that there is a common understanding of the programme purpose but more work still needs to be done especially in Vhembe district where very few facilities were monitored.
- 13) Most of the clinics are in disgusting conditions with lack of infrastructure and that security is compromised to the extent that both staff and patients no longer feel safe and comfortable.
- 14) Facilities in Lephalale, Marble Hall, and Phagameng needs to be provided with a standard building for a clinic rather than to operate in a building meant for dwelling. Malemati and Lephepane clinics should also be renovated and provided with adequate infrastructure.



- 15) In conclusion, the evaluators emphasised that the objectives of the FSD monitoring programme are clear and that there is a common understanding of the programme purpose but more work still needs to be done especially in Vhembe district where very few facilities were monitored. Furthermore, the value of this evaluation is threefold in that it enabled the evaluators to identify gaps within the programme, best practices and achievement of national and provincial outcomes.

## Annexures

### Annexure 1: References

- StatsSA , 2014 General HouseHolds Survey ;Statistics South Africa , Pretoria
- DPME, 2015, Annual Findings Report on Frontline service delivery Monitoring
- DPME , 2014 Implementation Evaluation of Government Coordination Systems , Pretoria
- DPME , 2015 Assessment framework for Frontline Service Delivery Monitoring Pretoria
- DPME,2015 FSD monitoring Operational Framework
- Jacob Svensson and , Ritva Reinikka ,2002, World Bank Development Research Group, Washington Assessing Frontline Service delivery
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## Annexure 2 Glossary

TERM	DEFINITION
<b>IMPACT</b>	<i>Impact means to have a strong positive or negative effect on something or someone</i>
<b>EVALUATION</b>	<i>Evaluation refers to a process of systematic collection and analysis of data in order to assess the impact</i>
<b>PROGRAMME</b>	<i>Programme refers to a plan of action which is aimed at achieving a clear objective with details on work to be done, by whom, when and resources to be used.</i>
<b>PUBLIC HEALTH FACILITY</b>	<i>Public Health Facility refers to any location where public healthcare services are provided to citizens.</i>
<b>POLICY</b>	<i>A written statement that communicates government's intent, objectives, requirement, responsibility and/or standards. It is also a deliberate plan of action to guide decisions and achieve outcome(s)</i>
<b>PROJECT</b>	<i>Specific and conceptualized-lined set of activities intended to achieve particular results that will lead to achievement of programme goals</i>
<b>SERVICES</b>	<i>Are work performed by government officials in order to assist the general public, e.g. processing of identity document applications at Home Affairs.</i>
<b>SERVICE DELIVERY SITE</b>	<i>Are community based organizations that serve population with limited access to government services such as health care services?</i>
<b>SERVICE DELIVERY</b>	<i>Refers to the distribution of basic resources citizens depend on like Health care services ,water, electricity, sanitation infrastructure, land, and housing</i>
<b>FRONTLINE SERVICE DELIVERY PROGRAMME MONITORING</b>	<i>Is an initiative developed by the Department of Performance Monitoring and Evaluation to undertake hands-on monitoring of targeted service delivery facilities</i>
<b>MONITORING</b>	<i>Is the regular observation and recording of activities taking place in the project or programme to help improving performance and achieving results?</i>
<b>CLINIC</b>	<i>a place in which outpatients are given medical treatment or advice, often connected to a hospital</i>
<b>HOSPITAL</b>	<i>Can be defined as an institution where sick or injured people are given medical or surgical treatment.</i>
<b>ACCESS</b>	<i>Point at which entry to a facility is obtained.</i>
<b>SIGNAGE</b>	<i>Refers to the use of signs and symbols to communicate information to citizens about the location of a particular public institution.</i>
<b>MONITORING</b>	<i>Is the regular observation and recording of activities taking place in the project or programme to help improving performance and achieving results</i>
<b>MONITOR</b>	<i>Refers to a person/s who observe and check the progress or quality of (something) over a period of time; keep under systematic review</i>
<b>STAFF QUESTIONNAIRE</b>	<i>Questionnaire designed to collect data from selected staff members in a particular organization</i>
<b>USER</b>	<i>Users are people, citizens or clients who are primary beneficiaries of the public health facility</i>
<b>FSDM TOOL</b>	<i>Refers to the Tool that is used by the monitors to collect data from service delivery sites</i>
<b>STANDARDS</b>	<i>a level of quality, achievement, etc., that is considered acceptable or desirable. It also refers to the limit, or rule, approved and monitored for compliance by an authoritative agency or professional</i>

**Table 2: Targeted Facilities for quality of service delivery monitoring**

Sector Department	Service Points
Health	Hospitals and Clinics or CHCs
Basic Education	Schools(Primary and Secondary)
SAPS	Police Stations
Social Development	SASSA Local Offices and Pay Points
Home affairs	Home Affairs( Local Offices)
Justice	Magistrates Courts
Local Government(COGTA)	Municipal Customer Care Centres (MCCC)
Transport	Driver License Testing Centres (DLTC)

**List of Tables 1.1**

NAME OF THE DISTRICT	NAME OF CLINIC	NAME OF HOSPITAL
CAPRICORN	Ambergate Clinic	Botlokwa Hospital
	Malemati Clinic	Thabamoopo Hospital
	Mphahlele Clinic	
MOPANI	Lephepane Clinic	Kgapane Hospital
	Humulani Clinic	Maphutha Malatji Hospital
SEKHUKHUNE	Marble Hall Clinic	Dilokong Hospital
	Moutse West Clinic	
WATERBERG	Ellisras Clinic	Witpoort Hospital
	Mookgopong Clinic	
	Phagameng Clinic	
VHEMBE	Xikundi Clinic	Donald Frazer Hospital
	Volovodwe Clinic	