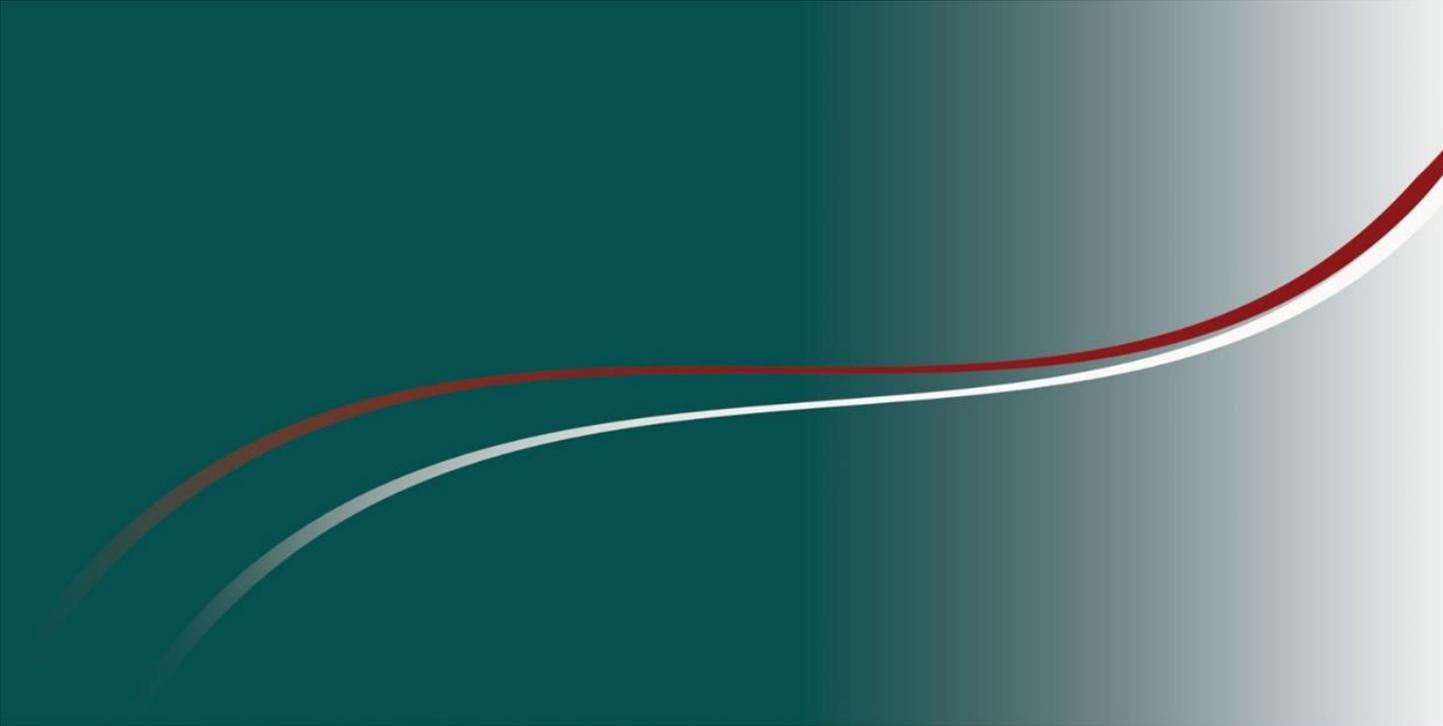




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**CONSOLIDATED REPORT ON SERVICE DELIVERY  
INSPECTION CONDUCTED AT SELECTED SITES OF  
THE DEPARTMENT OF HOME AFFAIRS  
JUNE 2022**

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## **Vision**

An impartial and innovative champion  
of public administration excellence  
in South Africa.

## **Mission**

To actively promote the constitutional  
values and principles as well as service  
excellence in public administration  
practises which result in a capable  
ethical, innovative and  
developmental state.

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## LIST OF ACRONYMS

CS	Civic Services
CSIR	Council for Scientific and Industrial Research
DBE	Department of Basic Education
DHA	Department of Home Affairs
DMR	Disaster Management Regulations
DPSA	Department of Public Service and Administration
DPWI	Department of Public Works and Infrastructure
FDC	Free State Development Corporation
GIAMA	Government Immovable Asset Management Act
ICT	Information Communication and Technology
ID	Identity Document
IS	Information Services
IT	Information technology
MTEF	Medium Term Expenditure Framework
NPR	National Population Register
PoA	Programme of Action
PSC	Public Service Commission
SITA	State Information Technology Agency
SLA	Service level agreement
U-AMP	User Immovable Asset Management Plan

## EXECUTIVE SUMMARY

### Introduction

Many citizens still find it difficult to access government services such as those rendered by the Department of Home Affairs (DHA), despite South Africa being in the 28<sup>th</sup> year of post-apartheid democracy. It is within this context that the Portfolio Committee on Home Affairs called the DHA to a briefing on 26 November 2019, to outline its strategies to resolve long queues and backlogs of services<sup>1</sup> and therefore it is against this background that the Public Service Commission (PSC) conducted inspections at selected Home Affairs sites (**see Annexure A**).

The broad objective of the inspections was to determine the extent to which the DHA's services are accessible and modernised to ensure that backlogs and long queues would be eradicated. The inspections also sought to determine whether DHA facilities are optimally located to enhance access to services. This includes establishing the extent of modernising services and the impact thereof in delivering DHA services.

### Findings

#### *Accessibility of facilities*

The inspections found that many citizens at the visited offices in the Eastern Cape, Gauteng, KwaZulu-Natal, North West and Northern Cape travelled long distances to access services. Reasons provided included facilities not being available within their neighbourhoods, the facilities within their areas not being adequately capacitated, the unavailability of certain services such as smart IDs and passports and the perception that offices in cities often provided efficient services. These experiences suggest the insufficiency and non-optimal location of the DHA's facilities and which were further exacerbated by the fact that 63 front offices out of 412 were closed whilst 28 operated temporarily. As was found by the Council for Scientific and Industrial Research (CSIR) study<sup>2</sup>, this resulted in long queues which were further compounded by the lack of a proper queue management system. This study recommended the surrendering of the under utilised facilities to the Department of Public Works and Infrastructure (DPWI). This is required by section 5, read with section 13, of the Government Immovable Asset Management Act (GIAMA)<sup>3</sup>, which deals with the efficient management of government accommodation.

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1. DHA on strategies to resolve long queues at Home Affairs offices; with Deputy Minister, accessed on <https://pmg.org.za/committee-meeting/29427/>.

2. DHA's Hybrid Access Model, 2020, as revised and approved on 29 March 2021.

3. Government Immovable Asset Management Act, 2007, (Act No. 2007), accessed from [https://www.gov.za/sites/default/files/gcis\\_document/201409/a19-07.pdf](https://www.gov.za/sites/default/files/gcis_document/201409/a19-07.pdf)

Furthermore, the lack of undercover shelters made it difficult for service delivery beneficiaries to endure harsh weather as they await delivery of services. Generally, the DHA has serious infrastructure challenges as only 46% of the inspected facilities were found to be in good condition.

#### *Modernisation of services*

The inspections found that the only automated services in the DHA were the issuance of smart IDs and passports and these were provided at modernised offices only, which constituted 81% of the inspected offices across the provinces. Notwithstanding the DHA's infrastructural challenges, constrained spatial layout and floorplan space, the modernised facilities were optimised for seamless workflow processes, which enhanced service delivery.

#### *Availability and adequacy of IT infrastructure*

While the use of technology has been a welcome innovation to ensure improvement in the delivery of services, the experiences at the facility level as found during the PSC inspections, as well as media reports, have highlighted the challenges of constant system downtime which resulted in dissatisfaction from service delivery beneficiaries. The connectivity challenges were largely attributed to the DHA's unstable IT infrastructure and frequent incidents of cable theft and unpredictable power cuts, which were beyond the DHA's control. Unavailability of a satisfactory number of computers also delayed the delivery of services. Noteworthy is that both the DHA and the State Information Technology Agency (SITA) committed to a close working relationship to find lasting solutions to frequent connectivity outages, which includes upgrading the DHA's network infrastructure and equipment.

#### *Availability of staff*

There is a dire shortage of staff in the Civic Services and Information Services Branches of the DHA due to posts that become vacant that are not funded as an approach to remain within the budget baseline set by the National Treasury. This contributes to the shortage of staff at facilities, which was exacerbated by the COVID-19 pandemic. During lockdowns, the DHA, just like other departments, used a rotation strategy to comply with social distancing requirements as mandated by the Disaster Management Regulations (DMR). As a result, it operated at 37% capacity, which manifested in a general shortage of staff at all the inspected facilities and contributed to long queues.

## Conclusion

The findings have shown that achievements have been made in the modernisation programme, in particular the automation of services for smart IDs and passports, modifying certain office spaces for seamless workflow processes and partnering with key role player departments and financial institutions that expand the DHA's footprint and provides citizens with convenient access to its services. However, the inspections found that the automated services are limited to the issuance of smart IDs and passports, which are provided at modernised offices only.

Although the findings have shown that improvements have been made through various interventions, access to the DHA's services remains a challenge. These challenges emanate from the inherited historical infrastructure, which necessitates the finalisation of the DHA's Service Delivery Model, Footprint Development Strategy and user asset management plans (U-AMP). These governing documents are the pillars to ensure that sufficient facilities and resources are provided to improve the accessibility of the services to all service delivery beneficiaries. The PSC is of the view that the findings of the provincial-specific inspections can be used as further evidence to finalise these departmental documents.

The challenge that severely impacts accessibility is the persistent downtime of the DHA's information and communication technology (ICT) platform due to the unstable infrastructure, which is also a critical feature of modernisation.

As stated in the findings, it is important to acknowledge the inseparable link between modernisation and the availability of space. This requires the DHA to have suitable accommodation given that some of its existing offices experienced space constraints whilst others were not optimally functional or located.

The areas that need urgent intervention are the issues that negatively impact the progress made by the DHA relating to the physical infrastructure (accommodation and allocation of facilities) and ICT infrastructure.

## Recommendations

- a) The DHA should attend and put measures to improve service delivery as per the PSC's findings in the inspected DHA offices across all provinces.
- b) The PSC supports the DHA hybrid access model and should submit to the PSC, the status of the finalisation of the Service Delivery Model, Footprint Development Strategy and U-AMP within six months from the date of receiving this report.
- c) The Department of Public Works and Infrastructure should urgently consider assisting the DHA generally on matters of accommodation for service delivery. In the meantime,

urgent attention should be given to the leases, especially those that are on a month-to-month basis which impacts on maintenance of facilities.

- d) To mitigate interruptions, the DHA should invest in generators and Jojo tanks, for power and water failures.
- e) The DHA should reduce pressure on high-volume offices and redirect service delivery beneficiaries to nearby less utilised offices.
- f) The DHA should, in consultation with SITA, prioritise the finalisation of the proposal for upgrading its IT infrastructure for seamless connectivity in the mitigation of the ICT challenges. This process should take into consideration the recommendations of the Report of the Presidential Commission on the 4th Industrial Revolution (PC4IR)<sup>4</sup>.
- g) As part of the roll-out of the revised Hybrid Access Model, the DHA should consider the review of its Human Resource Strategy with emphasis on the approach to human resource allocation to the service delivery points to inform adequate resourcing, starting with the redeployment of staff to areas with dire staff shortages.

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<sup>4</sup> Report on the Presidential Commission on the 4th Industrial Revolution, accessed from [Report of the Presidential Commission on the 4th Industrial Revolution \(altadvisory.africa\)](#), published in Gazette No. 591 on 23 October 2020.

# 1. INTRODUCTION

## 1.1 Background

As South Africa marks 28 years in post-apartheid democracy, it is important to reflect on how responsive government has been to the needs of the citizens. Many service delivery beneficiaries still find it difficult to access the most basic services such as those rendered by the Department of Home Affairs (DHA). The right to citizenship is guaranteed in section 3 of the Constitution<sup>5</sup>, which is the foundation of the mandate of the DHA in ensuring the civil registration of the country's population from "the cradle to the grave". Without the knowledge of identity and civil status, it is difficult for service delivery beneficiaries to, for instance, access public and private services, find employment and have access to personal and collective security.

It is in this context that the Portfolio Committee on Home Affairs called the DHA to a briefing session on 26 November 2019, to outline its strategies to resolve long queues and backlogs of services<sup>6</sup>. The following challenges were highlighted by the DHA:

- a) Long enduring queues emanating from high client volumes, caused by unpredictable walk-ins,
- b) Discontinuation of Saturday working hours,
- c) Inadequate front office space,
- d) Inefficient workflow processes,
- e) Unstable systems (networks and applications), and
- f) Uncoordinated communication strategies that led to dissatisfied service delivery beneficiaries.

It is against this background that the Public Service Commission (PSC) conducted inspections at selected Home Affairs service sites across the nine provinces.

## 1.2 Aims and Objectives of the Inspection

The broad aim of the inspections is to assess the quality of services rendered to the public, the state of the facilities and the conditions at the service sites, to ensure adherence to stipulated regulations and other government frameworks<sup>7</sup>, and to meet the needs of the people of South Africa.

The objectives of these inspections are to determine:

- a) The extent to which the DHA's services are accessible to citizens;
- b) The extent of modernisation at DHA facilities and the impact on service delivery; and

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5. Republic of South Africa. The Constitution of the Republic of South Africa, 1996.

6 DHA on strategies to resolve long queues at Home Affairs offices; with Deputy Minister, accessed on <https://pmg.org.za/committee-meeting/29427/>

7 Republic of South Africa. Public Service Commission. Protocol on Announced and Unannounced Inspections, 2016.

- c) Best practices at DHA facilities to inform the service delivery model to be applied across all its offices.

### 1.3 Scope and Methodology

#### *Scope*

The inspections were conducted at 57 Home Affairs facilities across the nine provinces. The selection of these facilities was based on knowledge of their characteristics such as the type and size of the facilities, the specific location based on rural, semi-rural and urban as well as the prevalence of similar challenges. This form of deliberate selection of sites to be inspected is referred to as purposive sampling<sup>8</sup> (see **Annexure A** for details on selected sites and dates of the inspections).

#### *Methodology*

An unannounced<sup>9</sup> inspection approach was used to conduct the inspections at the DHA service sites. This approach was useful as it provided the most representative picture of the daily operations and practices at the service delivery site on that day. The inspections entailed making observations of the operations at the selected facilities and obtaining evidence. This method enabled the PSC to have a first-hand account of the nature of service delivery and customer experience at each site. Furthermore, since the inspections took place amidst the COVID-19 pandemic it was an opportune moment to also observe whether the measures put in place at the DHA sites, enabled social distancing.

In preparation for the inspections, letters were sent to the Minister and Director-General of the DHA regarding the intention of the PSC to conduct inspections across the nine provinces. The inspection teams presented copies of the abovementioned letters to the respective Site Managers at the selected facilities on the day of the inspections as proof that their Principals' were aware of the PSC visits in line with the unannounced inspection approach.

As a pre-inspection phase, a literature review on access models and the extent to which the DHA services have been modernised was conducted. This process assisted the PSC in its preparation for planned engagements with the departmental representatives on the identified focus areas and the development of the data collection tools used during the inspections. These tools included the development of semi-structured questionnaires for engagement with the departmental representatives and representatives from the State Information Technology

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<sup>8</sup> Purposive sampling is useful in selecting a section of the research population, which in the researcher's judgement will provide the most useful information for the study.

<sup>9</sup> An unannounced inspection is an onsite visit to a service delivery site where the Commission provides no prior notification of the actual date of the inspection to the service delivery sites or notice is given shortly before the scheduled time of the inspection. This Commission may, as a courtesy, inform the concerned department about the intended unannounced inspection without divulging the exact date and sites to be visited. *PSC Protocol on Announced and Unannounced Inspections*, 2016: 04

Agency (SITA). Due to the inability to synchronise schedules as a result of pre-planned official commitments between the Office of the Public Service Commission (OPSC), the DHA and SITA, the planned virtual engagements could not be held. The alternative approach used was the self-administration of the semi-structured questionnaire, which was sent to the designated contact person for completion by the key departmental representatives at the National Office of the DHA. This was to solicit their broad views on the extent of accessibility and modernisation of the DHA's services. Subsequently, a similar questionnaire was forwarded to SITA to obtain its input on the effectiveness of the support provided to the DHA on its modernisation programme.

The adopted approach allowed the institutions to individually reflect on focus areas of the inspections and to provide supporting evidence, where necessary. In doing so, it enabled the PSC to have a more comprehensive understanding of the subject matters at hand, ahead of the visits to the selected sites.

To further enrich the findings of the inspection, a brief survey was conducted with a limited number of citizens who were willing to share their views on the offices/facilities regarding their experiences on the day.

The collected data were analysed manually and following the thematic areas, as derived from the objectives of the study.

## **1.4 Structure of the report**

- Chapter 2** provides an overview of the literature review and document study.
- Chapter 3** presents the overall findings of the inspections conducted in the nine provinces.
- Chapter 4** presents the conclusion and the overall recommendations.

## 2. LITERATURE REVIEW AND DOCUMENT STUDY

### 2.1 Introduction

This chapter presents the findings of the literature review and document study based on the information provided by the DHA. The PSC aims to map the interventions, successes and challenges experienced on the DHA's transformation trajectory to supplement the findings and recommendations emanating from the inspections. This includes information as received from the self-administrated questionnaires from the DHA and SITA, respectively.

### 2.2 Transformation background of the DHA model

Pre-1994, the DHA comprised 11 racially and ethnically-fragmented departments that performed civic registration functions. Its model was designed to serve a relatively small racial group and *“presupposed a relatively small number of service delivery beneficiaries being served by low-level clerks who had access to all required documents”*. Furthermore, people who were ethnically classified with each of the “Bantustans”, a system embedded in the apartheid policy, were denied South African citizenship and excluded from the national identification system. To rid itself of its archaic model, the DHA embarked on a number of transformation initiatives as explained below.

This transformation process commenced with the creation of a single National Population Register (NPR)<sup>10</sup>, intending to enable the democratic government to have an accessible identity and civil status system in every town for all citizens. Mobile units were later added to address the challenge of the lack of access to services by service delivery beneficiaries living in underserved areas due to the pre-1994 era. Given the length of time after the dismantling of the apartheid era, more could have been done to redress the challenge of underserved areas.

Needless to say that the DHA grappled with a multiplicity of challenges throughout its transformation trajectory. For instance, by 2006, the DHA experienced poor quality of services and high levels of corruption, which impacted negatively on the lives of service delivery beneficiaries. This prompted the then Minister of Home Affairs, as a first response, to approach Cabinet for support in requesting the intervention of a multi-disciplinary team led by the PSC, together with National Treasury (NT) and the Department of Public Service and Administration (DPSA)<sup>11</sup>. The PSC's Support Intervention Team Report<sup>12</sup> recommended that drastic action be taken to address the deep-seated problems of leadership, management, systems, technology, organisation and corruption.

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10 Republic of South Africa. Department of Home Affairs. 2019-20 Annual Performance Plan, accessed on DHA APP 2019\_V5.indd (pmg.org.za)

11 Meeting report dated 29 May 2007. Home Affairs Portfolio Committee accessed from Department of Home Affairs Annual Report 2005/06 | PMG

12 Support Intervention in the Department of Home Affairs. Final Report to the Committee of Ministers, 2007

In response, the DHA embarked on a large-scale Turnaround Strategy in 2007<sup>13</sup> focusing on four major goals, namely –

- a) improving management,
- b) changing staff culture to a client-centred approach,
- c) improving key business processes, and
- d) gaining public trust and confidence by delivering key services consistently.

Further to this, a Call Centre and Short Message System (SMS) were established. Through these initiatives, the DHA realised significant improvement in service delivery with most IDs delivered consistently within 45 days and passports within 6 weeks. Similarly, there were improvements in terms of security, efficiency and client experience.

The hosting of the 2010 World Cup<sup>14</sup> is another key milestone in the transformation initiatives of the DHA as it had a huge impact on how the DHA was repositioned in the security cluster, that is, *“from primarily being the provider of services to primarily being the guardian of a secure National Population Register and the identities and status of citizens”*. For instance, in March 2010, the DHA launched the NPR campaign focused on three key milestones, namely –

- a) secure the NPR through early birth registration,
- b) end late registration of birth and register all South Africans not yet on the NPR and
- c) ensure that all 16 year-old citizens obtain an ID after capturing their biometrics.

In securing the NPR, the DHA enabled all those with the right to South African citizenship to be registered on the system and mitigated the risk of fraudulent issuance of South African citizenship. A key achievement emanating from the NPR campaign was that *“over a million citizens without access to rights and services were registered”* in a space of months from the time of the launch<sup>15</sup>.

### 2.3 Modernisation programme

One of the critical features of transformation is to leverage technology to ensure enhanced access to services. It is in this context that the DHA introduced the Live Capture System in 2009/10 for the digital printing of passports, which was later extended to the issuance of Smart IDs in 2013. By this time, the DHA’s efforts to modernise its systems had received impetus and served as precursors to the implementation of its modernisation programme during the 2013/14 financial year.

The overall goal of the programme was to enable the DHA to replace all its legacy systems with one that is integrated, agile and scalable for the efficient and effective delivery of its key

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13 Discussion Paper on the Repositioning of the Department of Home Affairs, dated 19 May 2017 accessed from [dharepositioningprogramme.pdf](#).

14 The Mail & Guardian. Was World Cup 2010 worth it? As accessed from [Was World Cup 2010 worth it? - The Mail & Guardian \(mg.co.za\)](#).

15 Department of Home Affairs. Statement by Home Affairs Minister Malusi Gigaba at the media briefing on progress made in the implementation of the War on Queues campaign and announcement on the resignation of the Director-General, dated 23 July 2018.

services (2018/19: 74)<sup>16</sup>. To this end, the DHA operates on a dual model. One consists of manual processes and document management systems and the other, is a modernised and fully digital system for printing smart ID cards and passports.

Modernisation is inextricably linked to the availability of space, which requires the DHA to have suitable accommodation given that some of its existing offices experienced space constraints whilst others were not optimally functional or located. To this end, the DHA developed innovative ways in seeking to expand its footprint given the infrastructure challenges and to close the gap in accessibility to its services. One innovative way of increasing the accessibility of services was to forge partnerships with other government departments and private sector entities such as banks to share their physical and information communication and technology (ICT) infrastructure to provide DHA services. During the DHA's Budget Vote in July 2019, the Minister announced that 1 445 public health facilities with maternity wards were targeted as part of its rollout of the online birth registration system and the 13 branches of banks that were providing Smart IDs<sup>17</sup>. The DHA has subsequently indicated that the partnerships with banks have increased to 26 branches of banks for the issuance of Smart IDs and passports, including collection thereof, which ensured that the service delivery beneficiaries of the identified banks no longer needed to visit the offices of the DHA for certain services, which contributed to the reduction of long queues. Another initiative is the development of the **eHome Affairs platform** through which service delivery beneficiaries can lodge applications for IDs and passports online which has significantly contributed to the DHA's strategy to reduce complaints and long queues in front offices.

According to the relevant provisions of the Birth and Death Registration Act, 1992 (as amended) all births must be registered within 30 days of birth. Such registrations are referred to as Early Birth Registrations (EBR) and if not, they are considered Late Birth Registration. By 2013/14, the DHA had established a presence in 391 health facilities with maternity wards to assist with the issuance of birth certificates, aligned with its modernisation programme. The aim was to ensure that no children would leave these health facilities without printed birth certificates. Of concern to the DHA was the persistent gap between the actual live births and registered birth over the years amidst the decline in the rate of unregistered births and late births registration.

**Table 1** shows an increasing trend in the rate of registering births within 30 days over the period 2013 to 2017, while late birth registrations have shown a steady decline, due to the partnerships established with the Department of Health.

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<sup>16</sup> Department of Home Affairs. Annual Report, 2018/19.

<sup>17</sup> Speech delivered by the Minister of Home Affairs Hon. Dr Aaron Motsoaledi on the occasion of the Home Affairs Budget Vote, accessed from Department of Home Affairs - SPEECH DELIVERED BY THE MINISTER OF HOME AFFAIRS HON. DR AARON MOTSOALEDI ON THE OCCASION OF THE HOME AFFAIRS BUDGET VOTE (dha.gov.za), dated 10 July 2019.

**Table 1: The rate of birth registrations during 2013 and 2017**

Age category	2013	2014	2015	2016	2017	2013	2014	2015	2016	2017
	Number of birth registrations					Birth registration percentages				
0 - 30 days	643 480	686 803	706 191	732 672	768 418	55'54%	60.13%	65.12%	75.58%	77.67%
31 - 364 days	339 952	305 235	245 323	169 495	151 145	29'34%	26.72%	22.62%	17.48%	15.28%
1 - 14 years	105 769	88 248	76 280	40 234	45 271	9'13%	7.73%	7.03%	4.15%	4.58%
15 years and older	69 421	61 999	56 717	27 014	24 484	5'99%	5.43%	5.23%	2.79%	2.47%
<b>Total</b>	<b>1 158 622</b>	<b>1 142 275</b>	<b>1 084 511</b>	<b>969 415</b>	<b>989 318</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Source: DHA presentation on the rollout of online birth registration in health facilities

**Table 2** illustrates the number of health facilities in which the DHA established service points to issue birth certificates.

**Table 2: Health facilities with DHA presence during the 2019/20 financial year**

Province	Connected Public Health Facilities	Connected Private Health Facilities	Total connected health facilities
EC	47	8	55
FS	27	5	32
GP	39	31	70
KZN	45	7	52
LP	45	2	47
MP	28	3	31
NC	28	0	28
NW	32	3	35
WC	31	10	41
<b>Total</b>	<b>322</b>	<b>69</b>	<b>391</b>

Source: DHA presentation on the rollout of online birth registration in health facilities

Out of the 391 facilities, 322 (82,3%) are public health facilities and 69 (17,6%) are private health facilities. However, as confirmed by the DHA, not all of these facilities provide full services as only 165 (42,1%) could issue birth certificates on the spot. Some of the challenges experienced at facilities range from connectivity, availability of adequate space, inadequate IT equipment and human capacity. This meant, for example, only 31 (18,7%) of the 165 health facilities could issue birth certificates on the spot because they had online verification scanners. Of concern is that of the 165 'fully functional facilities' a total of 134 facilities were without the requisite scanners which means they could inadvertently issue incorrect birth certificates to service delivery beneficiaries, which posed a risk to the integrity of data on the national population register being compromised. To address this anomaly, the DHA decided to prioritise the optimisation of these 391 facilities during the 2019/20-2023/24 Medium Term Strategic Framework (MTSF). In line with its rollout strategy of enhancing their IT infrastructure capability, the following public health facilities were identified:

**Table 3: DHA rollout strategy for Health facility online registration project**

<b>Milestones</b>	<b>Estimated completion timeframe</b>	<b>%contribution*</b>
<b>a) Optimisation of 41 Priority 1 health facilities</b>	31 March 2020	<b>32.21%</b>
<b>b) Optimisation of 210 Priority 2&amp;3 health facilities</b>	31 March 2022	<b>52.17%</b>
<b>c) Optimisation of 127 Priority 4&amp;5 health facilities</b>	31 March 2023	<b>7.04%</b>
<b>d) Roll-out of online birth registration in 1067 new priority 4&amp;5 health facilities</b>	31 March 2024	<b>8.58%</b>

\* Percentage contribution denotes the expected contribution to performance for online birth registration after optimisation of their IT capability

While the use of technology has been a welcome innovation to ensure improvement in the delivery of services, the experiences at the facility level as found during the PSC inspections, as well as media reports, have highlighted the challenges of constant system downtime. The State Information Technology Agency (SITA), which is entrusted with the procurement of all Government’s ICT infrastructure needs, has been in the spotlight for not providing the required levels of services. For instance, in reply to a query at the National Council of Provinces, the Minister of Home Affairs indicated that the DHA has approached National Treasury to be exempted from the overall dependence on SITA for its IT needs<sup>18</sup>. However, SITA refuted claims and attributed the DHA’s network downtime to its choice of service level package and indicated that the DHA had been advised several times to upgrade from the current Bronze package to either of the more expensive Platinum or Gold packages<sup>19</sup>. SITA further submitted that the current service level agreement (SLA) with the DHA for service offering allows SITA to respond to logged calls within 4 hours and 16 hours of downtime to do repairs. These hours are contracted between 07h30 and 16h30 whilst the service level for availability and reachability of DHA’s servers is 95%. As a result, the contracted service level metrics (Bronze) do not meet the operational requirements of an uninterruptable service at all times. This is also due to the DHA’s network not being designed for high availability, reliability and redundancy at customer premises, which is vulnerable to power, network and equipment failures.

SITA recommended that the DHA should follow the proof of concept of the DHA’s OR Tambo and Soshanguve Offices, which are currently on the Gold package. Amidst the dispute between the DHA and SITA, the recent events where a number of DHA’s websites experienced outages raise questions about the capability of the ICT environment in providing effective support to government in ensuring efficient IT solutions<sup>20</sup>.

<sup>18</sup> Our original sin at Home Affairs is the IT system, says Minister Aaron Motsoaledi, accessed from Our original sin at Home Affairs is the IT system, says Minister Aaron Motsoaledi (iol.co.za), dated 15 June 2021.

<sup>19</sup> Home Affairs’ choice of the cheapest option to blame for IT issues – SITA boss, accessed from Home Affairs’ choice of the cheapest option to blame for IT issues - Sita boss (iol.co.za), dated 21 June 2021.

<sup>20</sup> Government websites suffer outages, accessed from Government websites suffer outages | ITWeb, dated 14 February 2022.

Despite SITA's assurance that the matter was under control, the negative impact these outages have on service delivery and customer experience cannot be underestimated. Even more concerning is the security threat that these lapses pose to the country's security and the integrity of information considering that DHA was among the casualties. To address this the DHA indicated that it requested assistance from the Department of Defence and State Security Agency to conduct IT security assessments on its system.

## 2.4 Geographic accessibility study and revision of the Hybrid Access Model

The Public Service Regulations, 2016<sup>21</sup> require the Executive Authority to, amongst others, institute mechanisms or strategies to remove barriers to improved access to services. The DPSA has developed a Guideline on Improving Geographic Access to Government service points, which provides *"a practical, step-by-step guide that is easy to read and will assist them in analysing the geographic location of their service points with a view to improving access to their services"*<sup>22</sup>. In line with its modernisation programme, the DHA commissioned the Council of Scientific and Industrial Research (CSIR) to conduct a geographic accessibility study during 2019/20. The objective of the geographic accessibility study was to revise the DHA legacy Access Model in taking cognisance of the geographic population demands for its services and set travelling distance norms. To this end, the study sought to determine the DHA's existing footprint and to make recommendations on the required norms and standards, including the dispersion of service points for the DHA to meet its service delivery objectives. This review was precipitated by several challenges such as communities in some instances travelling long distances to access DHA offices leading to long queues.

**Table 4** provides the DHA's approved geographic access standards applied during the accessibility modelling by the CSIR.

**Table 4: Geographic access standards applied during the accessibility modelling**

Area	Local Office Large	Local Office Medium	Local Office Small	Mobile Units
Max distance	25 km: Urban 20 km: Rural 50 km: Sparse Rural (less than 10 persons/km <sup>2</sup> )			
Target population	<b>Total population</b>			
Population threshold	400 000	260 000	168 000	40 000

21 Regulation 38. **Service delivery improvement plan.** An executive authority shall establish and maintain a service delivery improvement plan aligned to the strategic plan contemplated in regulation 25 for his or her department-

- Specifying the main services to be improved to the different types of actual and potential service recipients as identified by the department;
- Containing consultation arrangements with the department's actual and potential service recipients;
- With due regard to the service recipient's means of access to the services and the barriers to increased access thereof, specifying the mechanisms or strategies to be utilised progressively to remove the barriers so that access to services is increased;
- indicating standards for the main services identified for improvement;
- Containing arrangements as to how information about the department's services are to be provided; and
- Stipulating a system or mechanisms for complaints.

22 Department of Public Service and Administration (DPSA). Guideline: Improving Geographic Access to Government service points.

Area	Local Office Large	Local Office Medium	Local Office Small	Mobile Units
Internal capacity	75 officials 35 counters	55 officials 26 counters	38 officials 17 counters	6 officials 5 counters
Facility standards: Office space	2 856m <sup>2</sup>	2 259m <sup>2</sup>	1 746m <sup>2</sup>	20m <sup>2</sup>
Types of services	Full bouquet of Civic Services and Inspectorate	Full bouquet of Civic Services and Inspectorate	Full bouquet of Civic Services and Inspectorate	Full bouquet of Civic Services, excluding and Inspectorate

Source: DHA Hybrid Access Model

**Note:**

- (i) Population threshold means the maximum number of service delivery beneficiaries that can be served at the facilities (263 available working days in a year and 207 working days in a year taking into account vacation and sick leave, holidays, break/lunch, etc).
- (ii) Processing times by type of service and queueing/waiting times per type of service were also determined and used to determine the space norm for the waiting area, total number of counter and ratio of counters.
- (iii) Inspectorate deals immigration functions.

The accessibility analysis adopted a Greenfield approach<sup>23</sup>, which recommended the retention of offices that are optimally located, identification of new offices, relocation of those not optimally located and permanent closure of those that were not contributing to the required 100% population coverage. **Table 5** is an illustration of the footprint of the DHA following the 2019/20 CSIR study:

**Table 5: DHA Footprint**

Province	Closed	Open	Temporarily Open	Grand Total
EC	6	53	0	59
FS	8	21	1	30
GP	12	46	2	62
KZN	9	59	9	77
LP	10	43	5	58
MP	15	37	7	58
NC	2	16	0	22
NW	1	18	4	18
WC	0	28	0	28
<b>Total</b>	<b>63</b>	<b>321</b>	<b>28</b>	<b>412</b>

Source: DHA Hybrid Access Model

In response to the CSIR study, out of the DHA's legacy 412 front offices, 321 offices were found to be fully functional, whilst 63 were closed and 28 operating temporarily in which case the DHA's staff visited these offices once or twice a week. Furthermore, it was found that the available footprint only manages 74% coverage of the population within the distance norms whilst 26% of the population is required to travel long distances to access services. The PSC

<sup>23</sup> Greenfield analysis is run for the entire population under the assumption that there are no existing offices in use and that the entire population is unserved. In terms of this approach offices which were not optimally located were relocated through the relocation model and the offices which were not contributing to population coverage were reduced through the reduction model.

established that only 197 of the 321 functional offices were modernised to provide the full basket of services, including being capacitated with the Live Capture System for the processing and issuance of Smart ID Cards and passports. The remaining 124 functional offices have not been modernised, which was mainly due to space constraints and are therefore unable to accommodate the requisite equipment to provide Smart ID cards and passports.

During 2020/21, the DHA revised its Hybrid Access Model, which took into account the expansion, relocation and reduction approach of the CSIR study, and was approved on 30 March 2021. In terms of the revised Access Model, the DHA requires 285 offices to enable it to cover 78% of the population and 778 mobile units to cover the remaining 22% to meet the service delivery needs of the service delivery beneficiaries. Some of the under utilised facilities will be surrendered to the Department of Public Works and Infrastructure (DPWI). This is in line with section 5, read with 13, of GIAMA<sup>24</sup> which regulates the efficient management of government accommodation. While the revised model resulted in fewer facilities than before, the objective of this model was to optimise the DHA's footprint to enhance accessibility.

## **2.5 Implementation plan for the revised Hybrid Access Model**

The DHA outlined its proposed phased programme of action (PoA) in implementing the CSIR recommendations as articulated in the approved Hybrid Access Model, which will entail the appointment of a service provider to review its Service Delivery Model, Footprint Strategy and User Asset Management Plan (U-AMP). Below are the specific activities of PoA:

- (a) Develop a Footprint Development Strategy outlining its accommodation needs based on the following outcomes:

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<sup>24</sup> Government Immovable Asset Management Act, 2007, (Act No. 2007), accessed from [https://www.gov.za/sites/default/files/gcis\\_document/201409/a19-07.pdf](https://www.gov.za/sites/default/files/gcis_document/201409/a19-07.pdf)



Source: National Department of Home Affairs

The DHA envisaged finalising the Footprint Development Strategy by end of the 2<sup>nd</sup> quarter of the 2021/22 financial year once all stakeholders have been consulted.

- (b) The revised U-AMP will inform the DHA's accommodation requirements such as the proposed new offices and upgrading of existing ones in line with GIAMA<sup>25</sup>. GIAMA obligates departments to acquire office accommodation that support their service delivery needs and to ensure the efficient utilisation thereof as well as the disposal of non-usable assets. The draft U-AMP will be submitted to the DPWI as the custodian of GIAMA and sole provider of accommodation in the Public Service and National Treasury. Subsequently, the DPWI will conduct a feasibility assessment to determine the cost of the required accommodation needs and to provide options for the most viable procurement methodology. The preferred option will be costed and the National Treasury approached for the requisite funding for the implementation of the Hybrid Access Model in the next three Medium Term Expenditure Framework (MTEF) cycles (2022/23 to 2024/25, 2025/26 to 2027/28 and 2028/29 to 2030/31).

<sup>25</sup> Government Immovable Asset Management Act, 2007 (Act No. 19 of 2007), accessed from [https://www.gov.za/sites/default/files/qcis\\_document/201409/a19-07.pdf](https://www.gov.za/sites/default/files/qcis_document/201409/a19-07.pdf)

## 2.6 Conclusion

The PSC notes the various interventions the DHA has undertaken over the years to reposition itself to ensure effective and efficient service delivery.

Notable reforms, amongst others, are –

- (a) the streamlining of the National Population Register to safeguard its data integrity through the championing of early birth registrations in mitigation of the risk of fraudulent issuance of South African citizenship associated with late birth registrations; and
- (b) embarking on its modernisation programme, in particular by remodelling its facilities to ensure it is fit for purpose as well as leveraging technology to enhance the accessibility of services in the mitigation of the challenges of long queues.

It is within this context that the finalisation of the Service Delivery Model, Footprint Strategy and User Asset Management Plan (U-AMP) by the Department cannot be underestimated.

## 3. FINDINGS

### 3.1 Introduction

This chapter presents the findings of the inspections according to the following thematic areas:

- a) Accessibility of services - the availability and optimal location of facilities; physical access to facilities and condition of facilities.
- b) Modernisation of facilities – the extent to which services are electronic-based; adequacy of infrastructure to support modernisation; availability of staff, and the impact of modernisation on service delivery.
- c) Provincial-specific issues – to be addressed by the DHA.

### 3.2 Accessibility of services

The *Batho Pele*<sup>26</sup> framework as government policy on improving service delivery requires public institutions to ensure that all citizens have equal access to the services to which they are entitled. Accessibility to services should be seen within the broader context of the availability and optimal location of the facilities in relation to the mode of transportation used, availability of signage and whether the facilities were fit-for-purpose.

- Availability and optimal location of facilities

The inspections found that all the visited offices were within the travel distance norms of 25 kilometres (km) for urban areas and 20 km for rural communities as outlined in the DHA's geographic access standards<sup>27</sup>. However, the closure or temporary operation of some of the DHA's offices as established by the CSIR's Geographic Accessibility Study, which was not the focus of the inspections, implies that citizens in these areas experienced difficulties in accessing the services of the DHA. For instance, the PSC's inspections found citizens at some of the visited offices in the Eastern Cape, Gauteng, KwaZulu-Natal, North West and Northern Cape had travelled long distances to access services. Varied reasons were provided such as the DHA facilities not being available within their neighbourhoods, the facilities within their areas not being adequately capacitated, the unavailability of certain services such as smart IDs and passports and the perception that offices in cities often provided efficient services. The experiences of the citizens suggest the insufficiency of the DHA's facilities and that some offices were not optimally located as found by the Council for Scientific and Industrial Research (CSIR) study, which emerged as some of the main reasons for the long queues at the DHA's facilities. In this regard, the DHA needs to fast-track the implementation of the U-AMP to ensure that sufficient facilities are provided to improve the accessibility of its services to all citizens, including those in rural areas. This should be supported by a communication strategy to ensure that citizens are aware of the services available at all the facilities (including

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26. Department of Public Service and Administration. White Paper on Transforming Public Service Delivery, 1997.

27 The DHA's Hybrid Access Model, 2020, as revised and approved on 29 March 2021.

Thusong Service Centres), in particular in rural communities, to promote the utilisation of such centres and extended operating hours (where applicable).

Information provided by the DHA showed that where it did not have physical offices, mobile units were provided especially in areas where the population was less than 40 000 and does not have access to available facilities within the set distance norms. Furthermore, the allocation of mobile units per province is based on the identified number of mobile visiting points in a province and considering that one mobile unit needs to visit 28 service points per month. Thus, the formula used is X divided by 28 multiplied by 12. These units however only provide selected services given the size of the vehicles, capacity and infrastructure they can accommodate. **Table 6** shows the distribution of mobile units per province.

**Table 6: Number and distribution of Mobile units per province**

Province	Visiting points	Units required	Functional	Not functional	Total functional
Eastern Cape	193	83	14	0	14
Free State	52	22	9	0	9
Gauteng	8	3	8	1	7
KwaZulu-Natal	183	78	13	0	13
Limpopo	102	44	12	0	12
Mpumalanga	51	22	10	0	10
Northern Cape	71	30	10	0	10
North West	58	25	9	0	9
Western Cape	60	26	11	1	11
Head Office (special projects)	-	-	4	0	3
<b>Total</b>	<b>778</b>	<b>333</b>	<b>100</b>	<b>2</b>	<b>98</b>

Source: Department of Home Affairs

**Note:** X denotes the number of identified visiting points, 28 denotes the number of visits per month and 12 denotes of months in the year.

Special projects as informed by the DHA refer to critical needs identified by the Minister following citizens' engagements as well as special requests made by departments, i.e. schools, SASSA, etc.

Overall, the DHA has 100 mobile units of which 98 are functional. However, based on its accessibility study the DHA identified a total of 778 mobile visiting points in rural areas, which means that 333 mobile units are required to service these areas, based on the formula. Despite the shortcoming, the PSC found that the availability of mobile units at the inspected facilities was useful in enhancing access to communities residing outside those facilities' catchment areas. **Table 6** shows that there is a significant shortage of mobile units in most of the provinces. Furthermore, in the North West, the PSC found that two mobile units for servicing villages such as those closest to the border of Botswana were not operating either due to the driver not being appointed or the unit experiencing the challenge of connectivity to the office network. This means that citizens did not have access to services or were forced to travel long distances at great cost.

- Physical access to facilities

Another way of improving access to public facilities is by providing a user-friendly wayfinding system or **signage** to guide citizens to where public facilities or service points are located as articulated in the *Batho Pele* standard on the information. Generally, outside signage was not a major challenge as 77% of the facilities visited ensured that citizens were sufficiently guided to the locations of the sites. The 13 offices with challenges of outside signage were in Eastern Cape, Free State, Gauteng and North West. These ranged from the non-availability of signage posts, to where it was available but illegible, whilst some were not optimally located, thus not visible. No major concerns were found with regard to inside signage.

One of the fundamental rights enshrined in section 9 of the Constitution is that everyone should be treated equally with the legislative and other measures designed to protect or advance persons, categories of persons, disadvantaged by unfair past discriminatory practices being taken. A critical element of ensuring universal access to services is through the adaptation or design of public spaces or facilities to accommodate people with disabilities<sup>28</sup>. While observing the inspected facilities, it was found that 84% of the facilities had ramps to enable easy access for people with disabilities. The nine offices that lacked these physical features were in the Free State, Gauteng, KwaZulu-Natal, Northern Cape and North West. In the Free State, the PSC was informed that to mitigate the challenge of not having ramps for people with disabilities, a mobile truck was used to render the services to these affected citizens.

Since citizens can only access services during the facilities' official operating times these should be clearly visible and displayed where all can see the information. During inspections, this area did not emerge as a major challenge as most (88%) of the inspected facilities had displayed their business hours on the outside to inform citizens about the times when services are available.



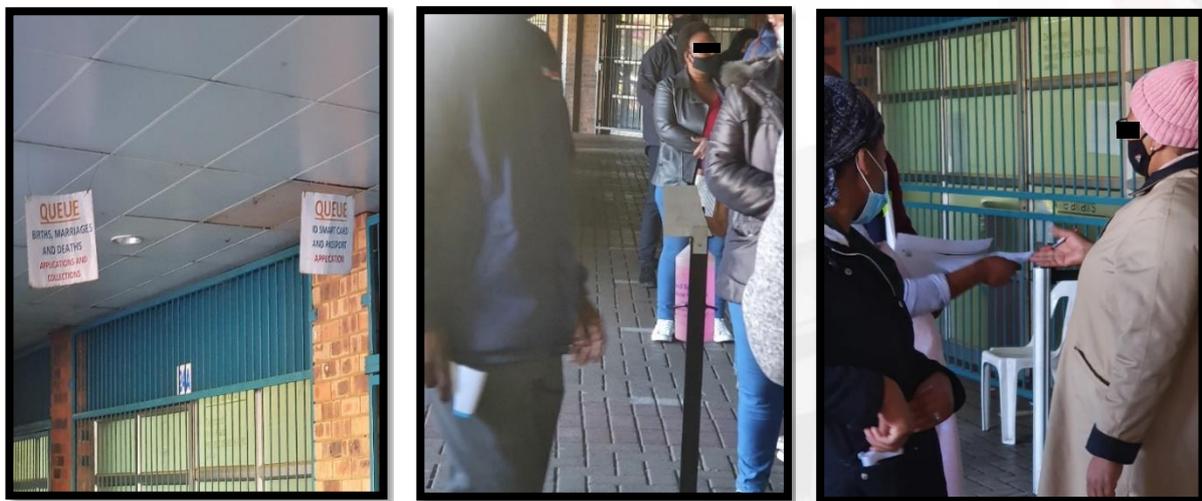
**Picture 1: DHA operating hours**

The business hours were listed as from 08:00 to 15:30 on weekdays although, on the last Wednesday of the month, the hours were stated as 09:00 to 15:30. According to the DHA, the hour on the last Wednesday of the month is generally used for monthly staff meetings and to address critical administration matters. The offices are officially closed on Saturdays, Sundays and Public Holidays. Picture 1 shows the DHA's official operating hours.

<sup>28</sup> Department of Social Development. The White on the Rights of Persons with Disabilities, 2016.

Although the offices were previously opened for business on Saturdays to enhance access to its services, this decision was subsequently withdrawn following concerns and an impasse with labour unions<sup>29</sup>. However, during October and December 2021, the Minister made special arrangements for the DHA's offices to open on the weekend ahead of the 2021 local government elections from 08:00 to 16:00 to allow citizens to collect their IDs<sup>30</sup>. A similar decision was also announced for certain offices to open on specified dates and times during December 2021 ahead of the festive holidays<sup>31</sup>. Even though these arrangements were implemented to address pressing needs at the time, the PSC strongly supports the permanent extension of its operating hours given the critical nature of the DHA's services and concerns of long queues.

**Queue management** is another mechanism of improving access to services by guiding citizens to which service points and ensuring that they don't stand in the incorrect queues. The system also has the potential to reduce waiting times and thus improve operational efficiency at government service points. The inspections found that all the inspected facilities were not equipped with a queue management system to manage the arrival of citizens. However, basic measures such as assigning queue marshals using officials or private security officers, to guide citizens were put in place, although these were not applied at all the inspected offices. Some of the offices also had improvised markings to guide citizens as to which queue to stand in upon their arrival as indicated in the picture below.



**Picture 2: Queue marshals at DHA facilities**

29 Department of Home Affairs. Home Affairs on closure of offices on Saturday, 8 July 2017, accessed from <https://www.gov.za/speeches/home-affairs-closure-offices-saturday-8-jul-2017-7-jul-2017-0000>, dated 7 July 2017.

30 Home Affairs to extend trading hours this weekend, accessed from Home Affairs offices to extend trading hours this weekend | eNCA, dated 30 October 2021.

31 Department of Home Affairs - The Department of Home Affairs temporarily extends operating times at front offices and Ports of Entry to ease congestion associated with the Festive Season (dha.gov.za), dated 13 December 2021.

While these practices were a measure of ensuring orderliness at service points, the lack of a proper queue management system remains the key contributor to long queues and does not only impact access to services but also negatively impacts the lives of citizens in terms of access to basic services. Recently, there have been reports of desperate service delivery beneficiaries arriving at some of the offices as early as 02:00 to book a spot in the queues<sup>32</sup>. This is a violation of their right to human dignity and also puts their lives at risk. Generally, the visited offices had long queues and in some instances, it was difficult for service delivery beneficiaries to adhere to COVID-19 protocols. At some of the facilities, the service delivery beneficiaries appeared unsure as to where to go to receive services as there were no designated queue marshals. This meant that some service delivery beneficiaries spent a long time in the incorrect queue and were delayed access to services which led to dissatisfaction.

Furthermore, the current situation provides an opportunity for dishonest elements to take advantage of unsuspecting service delivery beneficiaries to advance their corrupt interests such as the incident exposed by the Daily Maverick involving the DHA's Harrison Office<sup>33</sup> - paying your way to the front of the queue. A similar incident was shared with the inspection team in the North West where vagrants reportedly slept outside the DHA's building at night to sell spaces in the queue to citizens in the morning. The PSC notes the intervention of the DHA to address matters like these through the piloting of its new appointment system at some of its offices<sup>34</sup>. According to the DHA, the system is integrated into the NPR to allow a service delivery beneficiary to use their ID number to book a slot. It is through the implementation of such a system that the DHA will be able to mitigate the unpredictable walk-ins by service delivery beneficiaries from areas outside its offices' target population such as experiences found in the Eastern Cape, Free State, Gauteng, KwaZulu-Natal, North West and Northern Cape.

Therefore, the DHA should explore the feasibility and practicality of the establishment of an online system for appointments to ensure that the lessons learnt inform the DHA decision-making processes, taking into consideration best practices in other areas of government and the private sector.

**Undercover shelters** to protect service delivery beneficiaries from harsh weather elements were found at only 63% of the sites inspected. Of concern was the lack of chairs outside the facilities at most of the sites where undercover shelters were not provided. This posed a health risk to service delivery beneficiaries as they had to endure standing for an extended time while waiting to enter the service points, especially where queues were long. The lack of undercover shelters was largely attributed to space constraints as a result of the type and size of the

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32 Shocking bad service at Home Affairs as queues begin at 2am, Shockingly bad service at Home Affairs as queues begin at 2am | GroundUp, dated 21 October 2021.

33 Corruption at Joburg's Harrison Street Home Affairs office: Paying your way to the front of the queue, accessed from Corruption at Joburg's Harrison Street Home Affairs o... (dailymaverick.co.za), dated 15 February 2022.

34 New system for Home Affairs – promising "the end of long queues", accessed from New system for Home Affairs in South Africa – promising 'the end of long queues' (businesstech.co.za), dated 18 February 2022.

premises the facilities were occupying. Nonetheless, inspections found that suitable waiting areas and chairs were provided inside all the inspected facilities to ensure that service delivery beneficiaries were comfortable while waiting to be served as indicated in the pictures below.



Picture 3: Inside waiting areas

- Condition of facilities

Generally, the inspected facilities experienced infrastructure challenges as only 46% were found to be in good condition. The identified challenges ranged from general maintenance issues (e.g. peeling of floor tiles, cracks in walls, ablution facilities needing repairs, poor upkeep of grounds, broken windows) to concerns of structural integrity. The DPWI is the procurer of government buildings including ensuring that these facilities are regularly maintained yet the state of public infrastructure remains a widespread challenge in the Public Service. This has led to an increasing number of the DPWI's client departments being impatient with the speed of its delivery such that they resolved to take over its infrastructure and property construction and maintenance functions and related budgetary allocations<sup>35</sup>. For instance, during 2020/21 the DPWI reported that the condition of 51 365 public service buildings was either fair, poor or very poor<sup>36</sup>. Below is an illustration of the state of public service buildings as reported by the DPW during the 2020/21 financial year.

Table 7: Condition of public service buildings

Dept	Very good		Good		Fair		Poor		Very poor		Total
	No	%	No	%	No	%	No	%	No	%	
DCS	38	6.5	2,833	9	9,658	22	554	9.8	100	5.5	13,183
Defence	4	0.7	20,354	67	4,931	11.2	857	15.2	400	21.9	26,546
Justice	47	8.1	544	2	1,897	4.3	238	4.2	57	3.1	2,783
Other user Depts	189	32.4	2,791	9	12,740	29.0	2,091	37.1	582	31.9	18,393
SAPS	305	52.3	3,644	12	13,465	30.7	1,597	28.3	323	17.7	19,334

35 Parliament of Republic of South Africa. Announcements, Tablings and Committee Reports. The erosion of the DPWI mandate as client departments were increasingly taking over the infrastructure and property construction and maintenance functions and budgetary allocations of the DPWI, accessed from b58b283f-726e-472c-b9f6-09f2c07583f6.pdf (parliament.gov.za), dated 13 May 2021.

36 DPWI. Annual Report 2020/21.

Dept	Very good		Good		Fair		Poor		Very poor		Total
	No	%	No	%	No	%	No	%	No	%	
Unutilised	0	0	0	0	1,210	2.8	303	5.4	362	19.8	1,875
<b>Grand total</b>	<b>583</b>	<b>100</b>	<b>30,166</b>	<b>100</b>	<b>43,901</b>	<b>100</b>	<b>5,640</b>	<b>100</b>	<b>1,824</b>	<b>100</b>	<b>82,114</b>

Source: DPW Annual Report 2020/21

**Table 7** shows that 63% of the 82 114 government buildings portfolio is not in good condition, which raised questions about compliance with Health and Safety regulations. The category of “Other user Depts”, which includes DHA, has 15 413 (84%) buildings out of 18 393 that have structural issues. Of more concern was that the DPWI indicated that despite maintenance projects being scheduled for these and other assets, none of these projects were funded, which contributes to the continued dilapidation of its public infrastructure portfolio. Although some of the infrastructure issues identified during the inspections required the DPWI’s intervention, others such as minor repairs to ablution facilities could be speedily resolved if the facilities took the initiative of liaising directly with the landlords since most government buildings are leased. However, at Thaba Nchu in the Free State concerns were raised about the Free State Development Corporation (FDC), as the landlord of its building, not responding to requests to fix damaged toilets. The Office approached the DPWI to intervene and was just advised to escalate the matter to the Landlord, which raised questions about the capacity of the DPWI to efficiently support public institutions.

A major issue found in the North West was in relation to the general shortage of water supply in the Mmabatho area after the Sedibeng Water Board cut supply due to the failure of the Ngaka Modiri-Molema District Municipality to pay its outstanding water debt. In Gauteng, the inspections at the Maponya Mall Thusong Service Centre, which houses the Home Affairs office, experienced challenges with a) non-renewal of the contract for cleaning services, b) lack of emergency exit at the Centre, which makes the facility vulnerable to the risk of fire and non-compliance with the Occupational Health and Safety Act requirements; c) the security contract is questionable as the DHA officials at the Centre are not aware of how the security services are allocated per resident departments at the Centre and the cost implication thereof, and d) waiting area for citizens to protect them from the harsh weather elements have not been erected despite commitments made. These issues were subsequently escalated by the PSC to the DPSA, as the overseer of the Centre and feedback was received on the plans to resolve the issues.

### 3.3 Modernisation of facilities to enhance access services

- Extent to which DHA services are electronic-based

The *Batho Pele* White Paper encouraged national and provincial departments to ensure that a conducive environment for the delivery of services is created to enhance their staff’s capacity

to deliver good services<sup>37</sup>. This entailed finding innovative ways such as the usage of technology through which services could be delivered and for staff provided with the requisite tools to execute their functions effectively and efficiently. Introducing automation in the provision of services is one innovative way of enhancing service delivery.

The inspections found that the only automated services in the DHA were the issuance of smart IDs and passports and these were provided at modernised offices only. Furthermore, the majority (81%) of these modernised offices were located in urban and semi-urban areas. Of the 11 facilities that were not modernised, 8 were in predominantly rural provinces such as the Eastern Cape, KwaZulu-Natal, Mpumalanga and North West. These are some of the provinces where the PSC found citizens who travelled long distances to other offices in the cities, to apply for smart IDs and passports since they were unavailable in their areas. The foregoing also points to the impact of the persistent technological disparities between rural communities and urban areas despite the promise of the Fourth Industrial Revolution (4IR).

- Adequacy of infrastructure to support modernisation

Even though the DHA's buildings experienced structural challenges, including constrained spatial layout and floorplan space, 81% of the inspected offices across the provinces were optimised for seamless workflow processes. These sites had clearly designated counters based on the service requirements, i.e. smart IDs and passport applications, and collection points. Furthermore, there were clearly marked counters for services such as the registration of birth, marriages and deaths and collection of certificates in keeping with the modernisation approach. A desk/area was the first point of contact inside the facilities where tickets were issued to service delivery beneficiaries to channel them to the various counters in line with their specific service needs. The pictures below illustrate the specific service arrangements within the modernised offices.



**Picture 4: Segregation of counters**

The segregation of service counters, coupled with officials continuously engaging with service delivery beneficiaries in the queues to confirm their service needs, was found to be highly

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<sup>37</sup> White Paper on Transforming Public Service Delivery, 1997.

effective in ensuring the seamless movement of the queues inside the facilities and alleviated frustration amongst service delivery beneficiaries. Furthermore, the measures ensured that the necessary social distancing requirements to mitigate the COVID-19 pandemic were always adhered to.

Automation of services is beneficial if supported by adequate IT infrastructure and equipment such as computers to ensure seamless connectivity. Generally, the inspected facilities that provided Smart IDs and passports services were concerned about the frequent downtime of the DHA's network, which not only delayed the delivery of services but also resulted in dissatisfaction from service delivery beneficiaries. The connectivity challenges were mainly attributed to the DHA's unstable IT infrastructure and frequent incidents of cable theft and unpredictable power cuts, which were beyond the DHA's control. In the North West, one inspected office was offline for 12 days due to cable theft in the area. While this could potentially have led to citizens not being able to access services, the DHA should be commended for availing of a mobile unit to resume services and prevent backlogs in the system.

Although the DHA was dissatisfied with the quality of SITA's support, it is committed to working closely with Agency to reduce network downtime, which includes addressing the following:

Area	Responsibility
a) Upgrading and conducting maintenance of its dilapidated network equipment such as routers and switches;	DHA
b) Spelling out the incidents categorised as <i>force majeure</i> (i.e. unforeseeable circumstances preventing the fulfilment of a contract) in the SLA;	SITA
c) Upgrading its Switching Centres;	
d) Expansion of its Core Network to reduce regional network outages; and	
e) Implementing a strategy that allows the DHA access to a localised pool of pre-approved alternative services and service providers such as the usage of Mobile connectivity and fibre optics, where appropriate.	

Furthermore, the availability of computers was found to be uneven across the inspected offices with some having sufficient equipment whilst others experienced serious shortages, with the small and medium offices being most affected. Insufficient computers mean that it takes longer for officials to complete transactions and this impacts negatively on the overall delivery of services. Even where computers were sufficient the frequent downtimes of the IT network impacted the smooth provision of services.

- Availability of staff

The White Paper on Human Resource Management in the Public Service requires departments to develop human resource strategies that have been interlinked with their

strategic and operational plans, to ensure that their future staffing needs are met, including ensuring a representative workforce<sup>38</sup>.

Based on the information provided by the DHA, there is a dire shortage of staff in the Civic Services (CS) and Information Services (IS) Branches. Out of a staff establishment of 14 289, a total of 9 025 posts remain unfunded. Therefore, out of the 5264 funded posts 5227 are filled and 37 are vacant. This means that the DHA is expected to operate at 37% capacity if the 37 funded posts are filled and if no resignations, retirement, dismissals or deaths occur. Furthermore, posts that become vacant for any of the aforementioned reasons, become unfunded. The DHA indicated that there were a series of moratoriums in place for the filling of posts, including the current one issued on 1 December 2020, as measures to ensure that the compensation of employees expenditure remains within the budget baseline set by National Treasury. The impact of this decision manifested in shortages at the level of facilities, resulting in the delivery of services not being at the desired level and staff morale being affected. This resulted in the DHA using overtime to augment capacity, in particular during peak times although this has not always been sustainable. The arrival of COVID-19 further complicated the situation as the DHA was required to rotate staff to comply with the social distancing requirements of the Disaster Management Regulations (DMR). In this regard, the provision of services and resource allocations for rendering services to the public were either decreased or increased based on the applicable DMR adjusted alert level, including the guidelines periodically issued by the DPSA per each alert level. The deployment of human resources was informed by the COVID-19 protocols and related legislative frameworks aimed to mitigate the risks of spreading the virus brought about by close physical contact.

During the inspections, the PSC observed a general shortage of staff at all the inspected facilities in relation to the long queues found since not all the counters were operational in keeping with the social distancing regulations. The staff constraints were further exacerbated by incidents of positive cases, which resulted in the affected offices being temporarily decommissioned for purposes of disinfection and decontamination. As a consequence, citizens who urgently needed services ended up travelling to nearby offices that were operational, which resulted in long queues. Although COVID-19 resulted in reduced staff allocations, some of the interviewed officials at the inspected facilities held the view that the shortage of staff existed even before the onset of COVID-19 which corroborated the above statistical data provided by the DHA.

The PSC observed at some of the inspected facilities that Office Managers were assisting in the day-to-day operations due to the shortage of staff, which suggested that strategic issues to ensure improvement in service delivery are not allocated adequate time. In some instances, these officials were appointed in acting capacity in positions of Office Managers for extended periods without being remunerated as observed at 5 (83%) of the 6 inspected offices in the

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<sup>38</sup> Department of Public Service and Administration. White Paper on Human Resource Management in the Public Service, 1997.

Northern Cape and North West. This practice not only negatively affects the staff morale who see little prospects of advancement/promotion into these managerial posts but also violated the Public Service Regulations, 2016. Regulation 63 provides for the appointment of officials in other positions and be remunerated accordingly in line with the applicable collective agreement, for periods not exceeding 12 calendar months<sup>39</sup>. Regulation 65(7) directs departments to advertise any funded vacant post within six months of such posts falling vacant and to be filled within 12 months from the date it became vacant. There were concerns that the impact of the understaffing resulted in some of the officials forfeiting their lunch breaks to process the long queues, which not only violated the relevant provisions of the Basic Conditions of Employment Act<sup>40</sup> but also led to fatigue. The shortage of staff was also evident in the DHA's Information Services (IS) Branch, which meant that critical core skills required for the roll-out of the DHA's modernisation programme were in short supply as illustrated in **Table 8**.

**Table 8: Staff capacity of the IS Branch during 2016 and 2021**

Year	Filled	Vacant funded	Unfunded	Total post establishment
2021	139	7	65	208
2020	122	29	57	208
2019	120	1	81	202
2018	121	16	65	202
2017	121	4	77	202
2016	123	1	78	202

Out of the staff establishment of 208, only 139 (66,8%) are filled whilst 7 posts that are funded are vacant. A total of 65 posts remain unfunded. This means that the Branch operates at 66% capacity, which includes IT technicians who provide technical support to facilities. While this may be a widespread arrangement, a case in point is Limpopo where one technician was required to service a number of offices when the system is down. The result of this arrangement is that some offices are forced to wait longer before they could receive support, which results in long queues and dissatisfied service delivery beneficiaries.

- Impact of modernisation of service delivery

According to the DHA, the modernisation programme brought significant improvement in service delivery and customer experience despite its infrastructure challenges. Partnering with various key stakeholders such as other government departments and financial institutions increased the DHA's footprint, thus reducing the long queues and closing the service delivery gap. For instance, citizens who are ordinarily discouraged from visiting DHA facilities to apply for Smart IDs and passports due to the long queues were able to do so at their banks and within the times suitable to them. Similarly, collaborating with the Department of Basic Education (DBE) enhanced the intake of first-time applications for Smart IDs as the DHA was

<sup>39</sup> Department of Public Service and Administration. Public Service Regulations, 2016.

<sup>40</sup> Basic Conditions of Employment Act, No. 75 of 1997.

provided with a database of qualifying learners, who were then targeted through the use of Mobile units after suitable arrangements were made with their schools.

Furthermore, the DHA's eHome Affairs platform offered service delivery beneficiaries a whole new experience as it enabled them to submit their applications in the comfort of their secure environment and has been part of the DHA's strategy to reduce complaints and long queues in front offices. The innovation not only demonstrates the DHA's recognition of the advantages of the 4IR revolution in enhancing access to service delivery but also reduces physical contact between persons with the objective of keeping with the social distancing requirements of the COVID-19 pandemic.

### 3.4 Provincial specific issues

**Table 9** provides a snapshot of the provincial-specific findings, detailed information is captured in the individual provincial inspection reports:

Province	Key area(s)	Issue(s) highlighted
Eastern Cape	a) Infrastructure challenges	<ul style="list-style-type: none"> <li>Out of the three inspected facilities, only Zwelitsha had an undercover shelter provided to shield citizens from harsh weather conditions whilst chairs were not provided for the disadvantaged groups such as the disabled, elderly and sickly persons.</li> <li>In terms of the ablution facilities for staff, those found at Keiskammahoek for the female staff were out of order and the male staff toilets' door handle was broken. Similarly, the staff's toilet facilities at Zwelitsha were broken. However, ablution facilities for citizens at all the inspected offices were found to be in good condition.</li> </ul>
	b) Safety and Security	<ul style="list-style-type: none"> <li>At Zwelitsha and Kieskamahoek, responsibility to manage the queue was left to security staff, thus neglecting their duties for safety and security.</li> </ul>
	c) Obsolete items	<ul style="list-style-type: none"> <li>A cause for concern is obsolete computer items were left inside the building on one of the counters in King William's Town, and this may be hazardous to staff members and service delivery beneficiaries.</li> </ul>

Province	Key area(s)	Issue(s) highlighted
Free State	a) Safety and Security	<ul style="list-style-type: none"> <li>The Brandfort facility's physical infrastructure is in a disorganized state with non-maintained ablution facilities, dirty floors as well as broken chairs used by citizens.</li> <li>The facility's cash register is not lockable, which posed a financial risk. These issues require urgent attention.</li> <li>The poor conditions at the facility need to be included in the DHA's U-AMP. Concerning the financial management lapses, the DHA should urgently investigate if the locking mechanism cash register can't be replaced and if not, procure a new register. The relevant official(s) should also be trained on good financial management practices to institutionalise effective internal control measures.</li> </ul>
	b) Poor physical infrastructure	<ul style="list-style-type: none"> <li>The Thaba Nchu office's building is in a poor state due to the landlord, i.e. Free State Development Corporation (FDC), failing to meet its maintenance obligations and citing a lack of funds.</li> <li>The DPWI has also not been helpful despite being approached to intervene.</li> <li>Similarly, the Mangaung Metropolitan Municipality failed to address the faulty fire hydrant outside the office and electricity supply, despite these reports. The DHA should urgently bring this matter to the DPWI's attention to put pressure on the FDC and hold it accountable for its contractual obligations.</li> </ul>
Gauteng	a) Poor physical infrastructure	<ul style="list-style-type: none"> <li>The size of the Orange Farm Office is not sufficient to service the growing community in the area.</li> <li>This concern should be addressed in the DHA's infrastructure plan in collaboration with the DPWI.</li> </ul>
KwaZulu-Natal	a) Non-installation of IT equipment	<ul style="list-style-type: none"> <li>The computers at the Sundumbili office are still stored in boxes and not yet installed.</li> <li>The DHA IT services and provincial management should facilitate the installation of these computers to enhance the speedy delivery of services.</li> </ul>
	b) Poor physical infrastructure	<ul style="list-style-type: none"> <li>There is a lack of toilet facilities at Sundumbili, Harding, KwaDukuza and Greytown. Even</li> </ul>

Province	Key area(s)	Issue(s) highlighted
		<p>more worrying is that the KwaDukuza office is accessed through a long flight of stairs, which raises questions about access to people with disabilities.</p> <ul style="list-style-type: none"> <li>• There was a notice displayed at the Pietermaritzburg office denying citizens access to facilities used by staff.</li> <li>• The DHA should incorporate these issues in the U-AMP. Meanwhile, water dispensers and flushing mobile ablution facilities should be provided.</li> </ul>
<b>Limpopo</b>	a) Infrastructure challenges	<ul style="list-style-type: none"> <li>• The offices such as Polokwane, Dzanani, Mogwadi, Musina and Thabazimbi Home Affairs do not have outside undercover shelters which exposed citizens to harsh weather elements.</li> <li>• The Mogwadi facility is a house, which has constrained space with no sufficient waiting and parking areas. Furthermore, the facility does not have sufficient ablution facilities and some of the chairs used by citizens at the waiting area were broken, which posed a health and safety risk.</li> <li>• It was also observed that the fencing in most visited offices is not of good quality and posed the risk of theft and vandalism within the premises.</li> <li>• The PSC established that the Tshitale Office has been closed and services discontinued, resulting in the citizens having to travel long distances to access services and contributing to long queues.</li> </ul>
	b) Staff shortage	<ul style="list-style-type: none"> <li>• Although there is a general shortage of staff, the Dzanani Office is acutely understaffed as a result of a total of six staff members having retired, including the Office Manager and requires urgent attention.</li> </ul>
<b>Mpumalanga</b>	a) Staff shortage	<ul style="list-style-type: none"> <li>• The general shortage of staff manifested in the unavailability of dedicated DHA queue marshals to guide citizens as to which queues to stand in at most of the inspected offices. At some offices, queues were managed by security personnel who had very little knowledge of DHA services whilst at other offices service delivery beneficiaries had to</li> </ul>

Province	Key area(s)	Issue(s) highlighted
		<p>rely on each other to explain and clarify crucial information. This in itself posed a risk of citizens being provided incorrect information and leading to frustration. At KwaMhlanga service delivery beneficiaries were found to be in charge of their own queue management by means of a list they draw up upon arrival in the morning, which presented the risk of favouritism and corruption.</p>
	b) Infrastructure concerns	<ul style="list-style-type: none"> <li>• Generally, infrastructure is a problem affecting most inspected offices with having to contend with the harsh weather elements since there were no outside undercover shelters. However, the KwaMhlanga Office was found to be the worst affected although the PSC noted there were plans to relocate the Office to new facilities once refurbishments, which had been delayed by the COVID-19 pandemic, have been completed.</li> </ul>
	c) Inadequate water and ablution facilities	<ul style="list-style-type: none"> <li>• There is also a concern about adequate water and sanitation facilities for service delivery beneficiaries, particularly in offices that shared space with other departments.</li> </ul>
	d) Insufficient computers	<ul style="list-style-type: none"> <li>• While the availability of resources is not optimal at inspected facilities, the Bethal Office had fewer functional computers due to the constrained space resulting in officials having to share. The sharing of computers not only hindered productivity but also presented the health and safety risk of spreading the COVID-19 pandemic within the offices.</li> </ul>
<b>North West</b>	a) Water shortage	<ul style="list-style-type: none"> <li>• There is a general shortage of water supply in the Mmabatho area after the Sedibeng Water Board cut supply due to the failure of the Ngaka Modiri-Molema District Municipality to pay its outstanding water debt.</li> <li>• This requires the provincial Department of Cooperative Governance, Human Settlement and Traditional Affairs (CoGHSTA) to intervene, including the Sedibeng Water Board be engaged to find a lasting solution.</li> <li>• In the interim, the DHA should provide water dispensers and flushing mobile ablution facilities at the affected offices.</li> </ul>

Province	Key area(s)	Issue(s) highlighted
	b) Safety and security concerns	<ul style="list-style-type: none"> <li>Beggars roam around the Klerksdorp office to pickpocket citizens as well as commit similar and other crimes inside the DHA premises. Although there has been visible patrolling by the South African Police Service (SAPS) in collaboration with private security personnel, the incidents have not been entirely stemmed.</li> <li>This issue requires the DHA's urgent attention to improve security at the facility, including the installation of surveillance cameras.</li> </ul>
	c) Corruption incidents	<ul style="list-style-type: none"> <li>Vagrants sleeping outside the Mafikeng office use this as a springboard to sell spaces to service delivery beneficiaries in the morning. This implies that these vagrants work in 'cahoots' with dishonest officials of the DHA to take advantage of innocent citizens and swindle them out of their life savings.</li> <li>The DHA should launch an investigation into allegations and unearth the relevant dishonest officials to hold them accountable.</li> </ul>
<b>Northern Cape</b>	a) Appointment of Office Managers in acting capacity for extended periods without being remunerated	<ul style="list-style-type: none"> <li>The appointment of officials in positions of Office Managers in acting capacity for extended periods without being remunerated was a widespread challenge in the province. This not only negatively affects staff morale who see little prospect of advancement/promotion into managerial posts but also violated the Public Service Regulations.</li> <li>The DHA should through its Human Resource Management Component conduct an audit of the several acting appointments in the affected offices, including whether the relevant provisions of the PSR have been adhered to. Furthermore, it should expedite the filling of all vacant and funded posts to ensure stability.</li> </ul>
<b>Western Cape</b>	a) Infrastructure issues	<ul style="list-style-type: none"> <li>Only three of the six offices had an undercover waiting area for citizens whilst adequate parking for staff and the public was available at four of the inspected facilities. At some offices, there is slight covering from the roof overhang but there isn't an area specifically set up as a waiting area for people outside of the building.</li> </ul>

Province	Key area(s)	Issue(s) highlighted
		<ul style="list-style-type: none"> <li>Of most concern was that there was no door on the male toilets at Mitchell's Plain office, which infringed the dignity of users of the facilities.</li> </ul>
	b) Inadequate suggestion and/or complaints mechanism	<ul style="list-style-type: none"> <li>Only three of the six inspected offices had a complaints register or suggestion box, and only two of those three had the complaints procedure clearly indicated to citizens.</li> </ul>

### 3.5 Conclusion

The findings in this chapter provide an overall snapshot of the extent to which the Department's services are accessible and modernised as well as the challenges that impact service delivery.

## 4. CONCLUSION AND RECOMMENDATIONS

### 4.1 Introduction

This chapter presents the overall conclusion and the recommendations emanating from the findings of the inspections at the selected sites across the nine provinces. While the findings cannot be generalised to all DHA's facilities, these recommendations have a strategic value to ensure improvement in service delivery.

### 4.2 Conclusion

The findings have shown that achievements have been made in the modernisation programme, in particular the automating services for Smart IDs and passports, modifying certain office spaces for seamless workflow processes and partnering with key role player departments and financial institutions that expand the DHA's footprint and provides citizens with convenient access to its services. However, the inspections found that the automated services are limited to the issuance of Smart IDs and passports, which are provided at modernised offices only.

Although the findings have shown that improvements have been made through various interventions, access to the DHA's services remains a challenge. These challenges emanate from the inherited historical infrastructure, which necessitates the finalisation of the DHA's Service Delivery Model, Footprint Development Strategy and U-AMP. These governing documents are the pillars to ensure that sufficient facilities and resources are provided to improve the accessibility of the services to all service delivery beneficiaries. The PSC is of the view that the findings of the provincial-specific inspections can be used as further evidence to finalise these departmental documents.

The challenge that severely impacts accessibility is the persistent downtime of the DHA's ICT platform due to the unstable infrastructure, which is also a critical feature of modernisation.

As stated in the findings, it is important to acknowledge the inseparable link between modernisation and the availability of space. This requires the DHA to have suitable accommodation given that some of its existing offices experienced space constraints whilst others were not optimally functional or located.

The areas that need urgent intervention are the issues that negatively impact the progress made by the DHA relating to the physical infrastructure (accommodation and allocation of facilities) and ICT infrastructure.

### 4.3 Recommendations

- a) The DHA should attend and put measures to improve service delivery as per the PSC's findings in the inspected DHA offices across all provinces.
- b) The PSC supports the DHA hybrid access model and should submit to the PSC, the status of the finalisation of the Service Delivery Model, Footprint Development Strategy and U-AMP within six months from the date of receiving this report.
- c) The Department of Public Works and Infrastructure should urgently consider assisting the DHA generally on matters of accommodation for service delivery. In the meantime, urgent attention should be given to the leases, especially those that are on a month-to-month basis which impacts on maintenance of facilities.
- d) To mitigate interruptions, the DHA should invest in generators and Jojo tanks, for power and water failures.
- e) The DHA should reduce pressure on high-volume offices and redirect service delivery beneficiaries to nearby less utilised offices.
- f) The DHA should, in consultation with SITA, prioritise the finalisation of the proposal for upgrading its IT infrastructure for seamless connectivity in the mitigation of the ICT challenges. This process should take into consideration the recommendations of the Report of the Presidential Commission on the 4th Industrial Revolution (PC4IR)<sup>41</sup>.
- g) As part of the roll-out of the revised Hybrid Access Model, the DHA should consider the review of its Human Resource Strategy with emphasis on the approach to human resource allocation to the service delivery points to inform adequate resourcing, starting with the redeployment of staff to areas with dire staff shortages.

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<sup>41</sup> Report on the Presidential Commission on the 4th Industrial Revolution, accessed from [Report of the Presidential Commission on the 4th Industrial Revolution \(altadvisory.africa\)](#), published in Gazette No. 591 on 23 October 2020.

## ANNEXURE A: DHA FACILITIES INSPECTIONS PER PROVINCE

PROVINCE	NUMBER	OFFICE	DATE INSPECTED
Eastern Cape	3	1. King Williams Town Large Office	27 September 2021
		2. Zwelitsha Small Office	27 September 2021
		3. Keiskammahoek Small Office	28 September 2021
Free State	6	1. Brandfort Small Office	11 August 2021
		2. Bultfontein Medium Office	11 August 2021
		3. Kroonstad Medium Office	13 August 2021
		4. Bethlehem Medium Office	23 August 2021
		5. Botshabelo Medium Office	25 August 2021
		6. Thaba Nchu Medium Office	25 August 2021
Gauteng	6	1. Akasia Large Office	24 June 2021
		2. Mamelodi Medium Office	30 June 2021
		3. Orange Farm Medium Office	09 September 2021
		4. Randburg Medium Office	09 September 2021
		5. Maponya Medium Office	10 September 2021
		6. Randfontein Large Office	10 September 2021
KwaZulu-Natal	7	1. uMngeni Large Office	15 September 2021
		2. Pinetown Medium Office	15 September 2021
		3. Pietermaritzburg Large Office	16 September 2021
		4. Sundumbili Small Office	21 October 2021
		5. KwaDukuza Medium Office	21 October 2021
		6. Greytown Small Office	28 October 2021
		7. Harding Small Office	02 November 2021
Limpopo	9	1. Dzanani Medium Office	26 August 2021
		2. Giyani Large Office	27 August 2021
		3. Polokwane Large Office	31 August 2021
		4. Jane Furse Large Office	01 September 2021
		5. Modimolle Medium Office	02 September 2021
		6. Mogwadi Medium Office	03 September 2021
		7. Musina Medium Office	06 September 2021
		8. Phalaborwa Medium Office	07 September 2021
		9. Thabazimbi Medium Office	08 September 2021
Mpumalanga	6	1. Nkomazi Medium Office	03 November 2021
		2. Mbombela Large Office	03 November 2021
		3. Bethal Medium Office	05 November 2021
		4. Carolina Small Office	04 November 2021
		5. KwaMhlanga Medium Office	05 November 2021

PROVINCE	NUMBER	OFFICE	DATE INSPECTED
		6. Emalahleni Large Office	05 November 2021
Northern Cape	<b>6</b>	1. Kuruman Large Office	6 September 2021
		2. Upington Large Office	7 September 2021
		3. Springbok Medium Office	8 September 2021
		4. Calvinia Medium Office	9 September 2021
		5. De Aar Medium Office	10 September 2021
		6. Kimberley Large Office	14 September 2021
North West	<b>8</b>	1. Atamelang Medium Office	02 November 2021
		2. Mmabatho Large Office	04 November 2021
		3. Taung Medium Office	09 November 2021
		4. Vryburg Medium Office	09 November 2021
		5. Klerksdorp Large Office	16 November 2021
		6. Ventersdorp Small Office	16 November 2021
		7. Brits Medium Office	30 November 2021
		8. Rustenburg Large Office	30 November 2021
Western Cape	<b>6</b>	1. Malmesbury Medium Office	27 October 2021
		2. George Medium Office	10-11 November 2021
		3. Vredendal Medium Office	17 November 2021
		4. Wynberg Large Office	04 November 2021
		5. Mitchell's Plain Medium Office	03 November 2021
		6. Bellville Large Office	18 November 2021
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