



PRELIMINARY WORK ON BENEFICARY SATISFACTION SURVEY

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Acronyms

ACVV	Afrikaanse Christelike Vrouevereniging
CANSA	Cancer Association of South Africa
CBOs	Community-Based Organisations
CPS	Cash Paymaster Services
CNDCs	Community Nutrition and Development Centres
ECD	Early Childhood Development
EDP	Expectancy-Disconfirmation Paradigm
DSD	Department of Social Development
FAMSA	Families of South Africa
FBOs	Faith-Based Organisations
HSQM	Hierarchical service quality model
JCPS	Justice Crime Prevention & Security
MUSA	Multicriteria Satisfaction Analysis
NDP	National Development Plan
NGOs	Non-governmental Organisations
NDA	National Development Agency
PFDCs	Provincial Food Distribution Centres
SASSA	South African social security agency
SERQUAL	Service quality
SERVPERF	Service Performance
SANCA	South African National Council on Alcoholism and Drug Dependence
SPCHD	Social Protection, Community and Human Development
NPO	Non-profit organisation
OVC	Orphans and Vulnerable Children
PHC	Primary Health Centre
VEP	Victim Empowerment Programme
WOM	Word of Mouth

1

INTRODUCTION AND METHODOLOGY

1.1 Context of the study

South Africa is faced with ‘triple challenges’ of poverty, unemployment and inequality. It is estimated that 14 million South Africans are living in poverty, surviving in less than R18.34 (USD \$1.25) a day. What exacerbates this situation is that the unemployment levels are at a decade year high at 29.1% (Statistics South Africa, 2020), with also high inequality shown by a Gini coefficient of 0.625 (World Population Review, 2019) which indicates that South Africa is one of the most unequal countries in the world. This state of affairs means that there are multiple interventions that are required from the different stakeholders in government, private and society at large in the country, to improve and minimise these challenges.

As such, there is a need for the country to turn the economy around, alleviate poverty and reduce vulnerability of its affected citizens and the Department of Social Development through its mandate plays a central role in these realities. The Department of Social Development programmes are geared towards pro-vulnerable persons in the society especially those living with disabilities, children and older persons particularly those in the rural areas. It provides these services through multiple programmes that help to improve the standards of living. These are comprehensive social security, welfare services and community development.

It is imperative to understand the current beneficiary or consumer satisfaction and put measures in place ensure high levels of consumer satisfaction, and where there are challenges to identify them and put action in place to improve them (Department of

Social Development, 2019). This is critical as consumer satisfaction can be contemplated as a notion that is going to measure the degree to which a service is given, as well as how it meets the expectations of the consumer. The primary motivation being to satisfy the consumers and to govern the intensity of consumer service value assessments. Hence there is a need to continuously put finger on the pulse, with customer satisfaction survey being central to achieve these objectives.

1.2 Problem analysis

In the past several years there are various changes that have taken place within the Department of Social Development which require an urgent need to understand the state of beneficiary and consumer satisfaction, so as to ensure that improvements are put in place where applicable in line with the strategic focus and strategic plan of the Department.

At a macro-level, the Bill of Rights recognises the socio-economic rights of citizens, including the right to social security. Thus, the state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of the right (Constitution, 1996). Central to ensuring this, is the Department of Social Development as a government Department responsible for providing social development, protection and welfare services to the public. Furthermore, the Department of Social Development contribute towards the vision statement of the National Development Plan (NDP) vision 2030, which highlights the role of social welfare services as the life enabler, and quoted as follows; “we all see to it and assist so that all life’s enablers are available in a humane way.” (Presidency, 2012, p.7). This highlights the role of the Department in the social welfare of the country.

The 25-year review of the service delivery performance of the democratic government of South Africa shows that despite vicissitudes in the economy, the democratic government of South Africa has provided a safety net for the poor and vulnerable individuals and households, from which 17 million South Africans currently benefit also there is an improved access to Early Childhood Development (DPME, 2018). Despite these positives amongst others there were also challenges which highlight that the public opinion of basic service delivery has deteriorated. The proportion of people who

believe that government is performing well in-service delivery has decreased from 72% in 2000 to 43% in 2017. Other challenges include the levels of poverty and inequality which remain obstinately high and have recently increased from 36% in 2011 to 40% in 2015 when measured in terms of Lower Bound Poverty (LBL). Furthermore, violence against women and children shows disturbing trends despite many efforts by government to curb this scourge (DPME,2018). These all highlight the challenges that currently exist in so far as the service delivery and understanding their state is critical in improving them which is the main goal of satisfaction survey.

At the micro-level, the Department of Social Development is faced with huge mandate that is delivered through multiple programmes which are sometimes found to be disjointed and working in silos. Amongst others the country saw a critical transition and changes within the different programmes of the Department. There were recent changes that resulted in the termination of the contract with Cash Paymaster Services (CPS) to disburse social grant payments to the beneficiaries.

The impact these changes had on the beneficiaries have not been assessed through qualitative and/quantitative means. Additionally, the Department has commissioned various initiatives to fulfil its mandate including a feasibility study in 2014, for the establishment of a Skills Enhancement Centre (SEC) for the Department of Social Development (NICDAM, 2014). The study concluded that there is recognition of the need for a much more coordinated system of training within the DSD, the social development and services sector at large, including the provinces. There is also a clear awareness of skills shortages affecting the programmes, sector and Department detrimentally. The impact of the SEC to the beneficiaries when it starts will need to be assessed. Other initiatives, such as the Second Victim Satisfaction Survey found that more still need to be done around the areas of domestic violence and assault in order to ensure reduction in these types of crime (Moolman et al., 2017). Compared to the similar study done in 2011 there was an increase in the numbers which could also be due to an increase in reporting (Department of Social Development, 2011). In addition to this, there are other services where the implementation is done by agencies working with the Department such as the NGO's, and this performance and the perception by the beneficiaries has not been assessed qualitatively and or quantitatively.

Since all these initiatives were aimed at improving the services to the people there is a need to gauge the satisfaction of those who are beneficiaries of these services, thus the need for the beneficiary satisfaction survey. The study will assist in diagnosing and understanding the bottlenecks in-service delivery and craft an intervention and continuous improvement plan. This is critical, irrespective of the fact that the government is providing free services to the beneficiaries. This is evident from related studies. For example, a customer satisfaction study on the provision of water in Emalahleni Municipality by Mashile (2019) noted that the citizens who were classified as indigents were more vocal than the working citizens about the poor level of service they received. This proves that irrespective of how poverty-stricken people might be, they still expect good service delivery from government, and they know what constitutes a good service.

Though this is imperative, experience by DSD has shown that the need to execute the beneficiary satisfaction survey is complex and necessary pre-interventions are important to ensure validity, accuracy and trustworthiness of the results. Lessons learned and unearthed when DSD commissioned a study through the University of Pretoria Business Enterprise in 2009 showed the complexities of beneficiary satisfaction surveys (Department of Social Development, 2019). Amongst the issues were the unavailability or incomplete database from which to do the sampling, availability of the participants due to privacy of the databases and other parameters.

Thus, conducting the preliminary study on the beneficiary satisfaction survey is important to assist in identifying the gaps and establish the blueprint for gaps such that when the time comes for the bigger study, strategies would have been put in place to minimise these gaps and eliminate issues that will compromise the validity and reliability of the study.

With this approach, the preliminary work study will design the operationalisation of the beneficiary satisfaction survey in order to measure it. More importantly, it will ensure that it applies relevant theory and practices to ensure that the measurements have validity, as such, assumption of model of the subject matter will be made and used as guidelines. This is necessary to ensure the conceptualisation's relevance for organisational decisions. This will not only help with the generalisability of the results; it will ensure also the relevance and adequacy of the sample, while accounting for sampling bias and error as well as other related errors.

1.3 Objectives and Scope of the Study

In the study, the objectives as well as the scope of work is identified in the terms of references (RFQ10/2019) and listed as follows:

- To review international and local studies on beneficiary satisfaction surveys
 - Review of scope, nature and success of beneficiary / customer satisfaction surveys specifically targeted towards service delivery in the Social Development Sector, as well as information concerning the best way to go about measuring beneficiary satisfaction.
- To identify all administrative data that exists pertaining to beneficiaries of the Department of Social Development.
 - To review the existing documents (grey literature) and literature review.
 - To list the nature of all available administrative data on the Department Social Development beneficiaries and analyse the dataset on these beneficiaries to provide a demographic profile.
- To conduct preliminary work, which is envisaged to determine the scope, the design and implementation of the beneficiary satisfaction survey for the Department of Social Development.

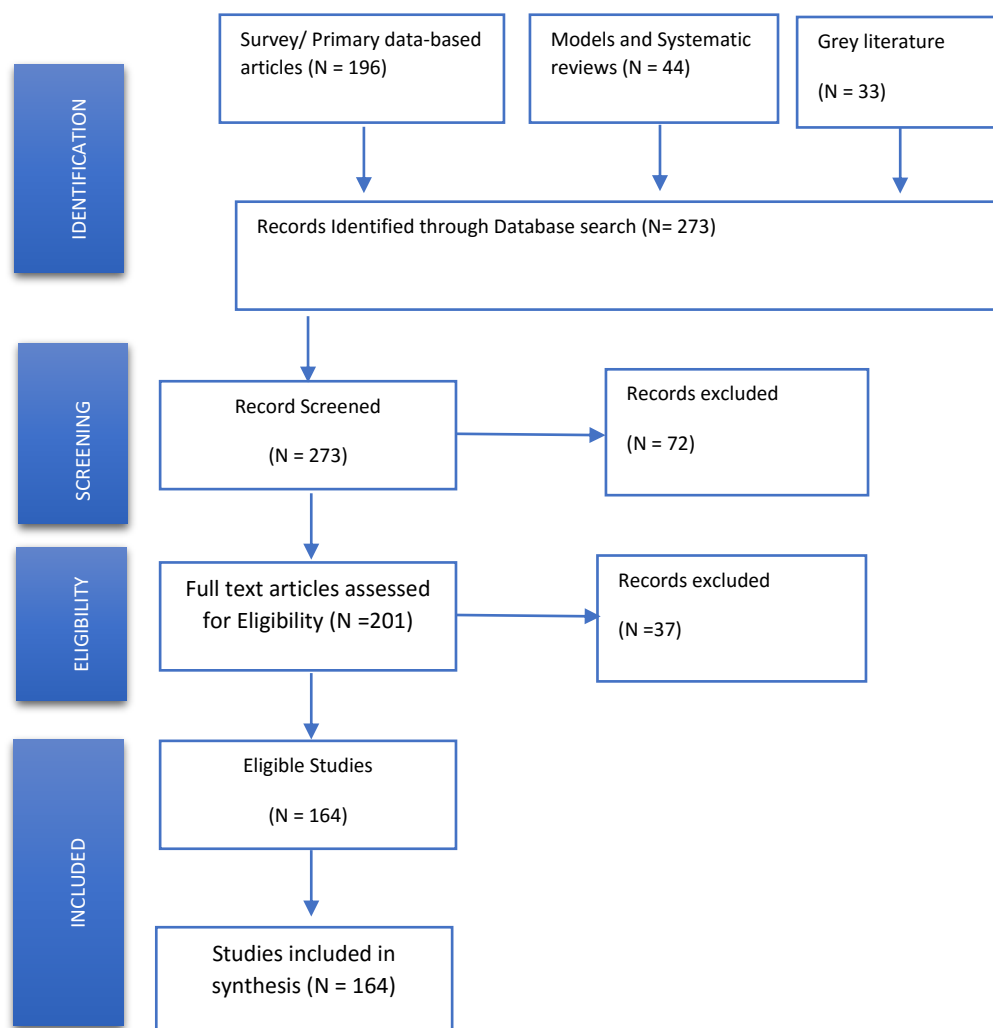
1.4 Methodology of the study

This is an exploratory desk study where the main purpose is to conduct the preliminary work for the design of the beneficiary satisfaction survey. The focus is on the secondary data which is collected without fieldwork. The study is mainly based on a previous literature review and grey¹ literature research, with a limited number of supplementary validating face-to-face and telephonic interviews with the personnel of Department of Social Development to identify and validate the relevant measures. The study has also used empirical data from the available databases from the Department of Social Development and its partners such as SASSA.

¹ Grey literature includes a range of documents not controlled by commercial publishing organisations. This means that grey literature can be difficult to search and retrieve for evidence synthesis (Adams et al., 2016)

The systematic reviews and meta-analyses are essential tools for summarising evidence accurately and reliably (Liberati et al, 2009). Oliever, Dickson and Bangpan (2015) re-echoed that as they explained a systematic review, is a review of research literature using methods that are systematic, explicit and accountable. In this study we employed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) criteria for the literature review (Liberati et al, 2009; Moher, et al, 2010), which comprised of published theory and practices as well as the grey literature from the Department of Social Development and other government institution that are related to the work of Department of Social Development. The published literature provided the trends and best practices within consumer or beneficiary satisfaction areas of study with the PRISMA criteria flowchart for the literature review in the study is presented in Figure 1.

Figure 1 PRISMA criteria flowchart for the literature review in the study



In order to identify empirical studies, searches for four topics were conducted, “Customer satisfaction” “Consumer satisfaction” “Beneficiary satisfaction” “Service delivery satisfaction” using both “Public sector” and “Social development” as qualifiers to draw in a broader scale of articles. A total of 273 articles and documents including grey literature were identified and after excluding non-scientific, non-public sector, commercial studies, personal and pre-disposing factors and no consumer based a total of 164 articles and documents were eligible and used for this study.

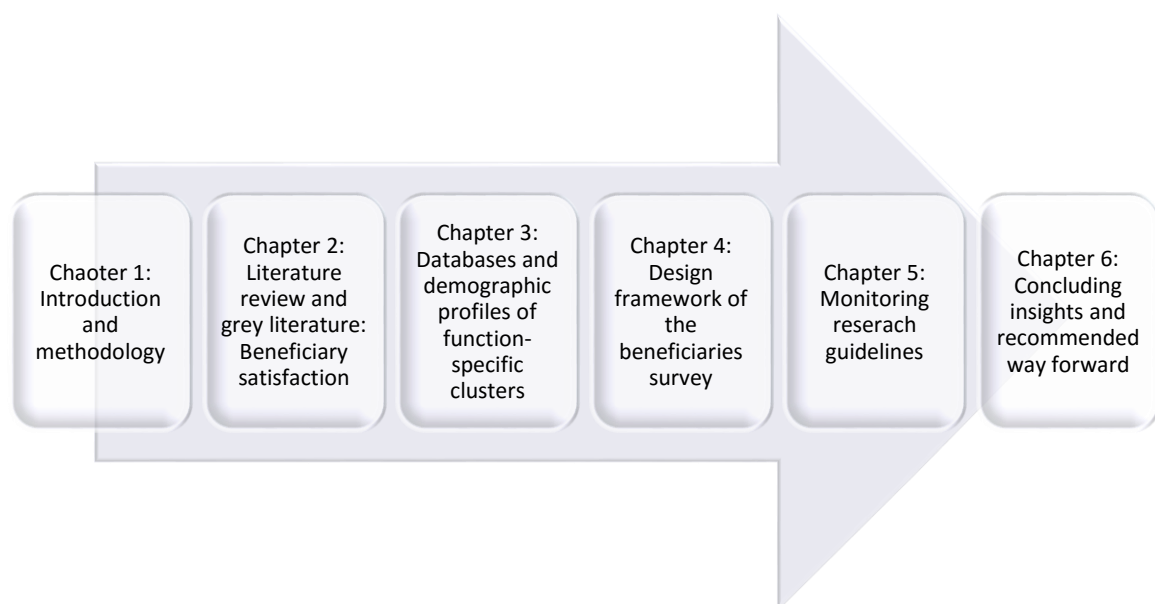
The eligible articles were those that had relevant information to the study which were on consumer, beneficiary and service delivery satisfaction as well as the grey literature and database from the Department of Social Development.

For the analysis of the available databases IBM Statistical Package for Social Sciences (SPSS) was used to analyse the descriptive statistics for the demographic profiles.

1.5 Preface of the report

The report comprises of six Chapters, starting with the current chapter where the problem analysis and as well as the objectives and scope of study are clarified. This Chapter also provides the methodology that is followed in the study (Figure 2).

Figure 2 Layout of the report



Flowing from this is Chapters 2 details the literature review, on the theory and practices of beneficiary surveys as well as the grey literature which details reports (annual and studies), legislation and other internally generated documents from the Department of Social Development and other government institution that are related to the work of Department of Social Development. In Chapter 3, reports the analyses of the databases as provided by the Department of Social Development for the demographic profile of the beneficiaries. Chapter 4 presents the Beneficiary Satisfaction survey design framework, Chapter 5 details the monitoring of the research to ensure rigour and trustworthiness based on quality assurance and ethical standards. The last chapter presents the concluding insights on the preliminary work for the beneficiary survey design as well as the recommended way forward for the Department of Social Development.

2

LITERATURE REVIEW AND GREY LITERATURE: BENEFICIARY SATISFACTION

2.1. Introduction

The focus on the report is objective 1 and part of objective 2 of the study which is to review international and local studies on beneficiary satisfaction surveys, information concerning the best way to go about measuring beneficiary satisfaction as well as to review the existing documents (grey literature) and literature review.

2.2 Research setting and structure of the clusters

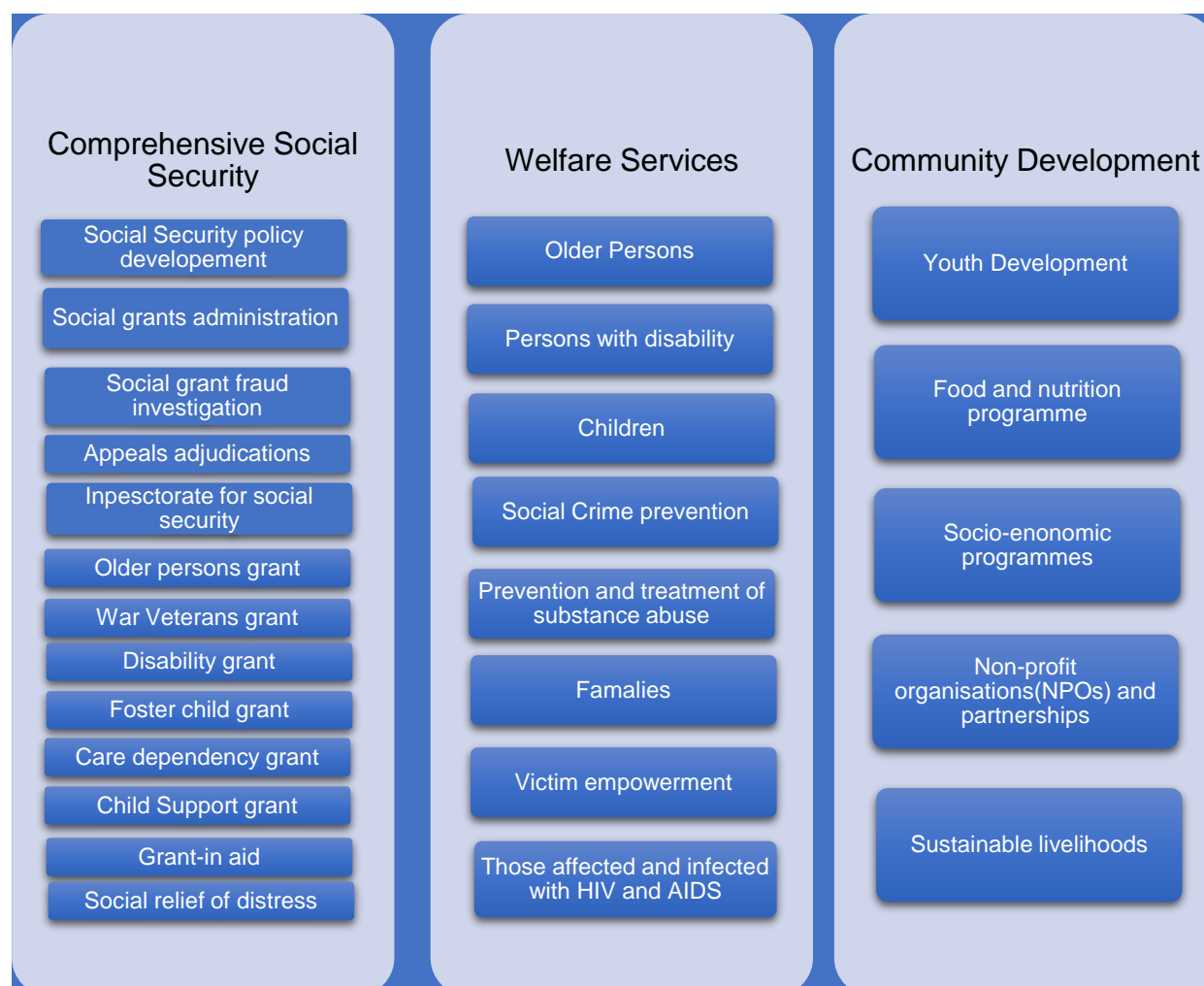
The research setting of the study provides the overview of the structure of the programmes at the Department of Social Development. Flowing from this is the structure of both the function-specific as well as consolidated clusters.

2.2.1 Research setting – overview of Department of Social Development

In 1995 the White Paper on Transformation of the Public Service culminated in the Department of Social Development developing and implementing the Integrated Service Delivery Model and later drafted the Framework for the Social Welfare Service Delivery. The purpose of these initiatives was to outline the department's commitment to the development and the implementation of the service standards in its respective programmes (Department of Social Development, 2013). The Department of Social Development (DSD) has three interconnected programmes that they implement to

execute their mandate, which are comprehensive social security, social welfare services and community development (Figure 3).

Figure 3 Programmes of the Department of Social Development

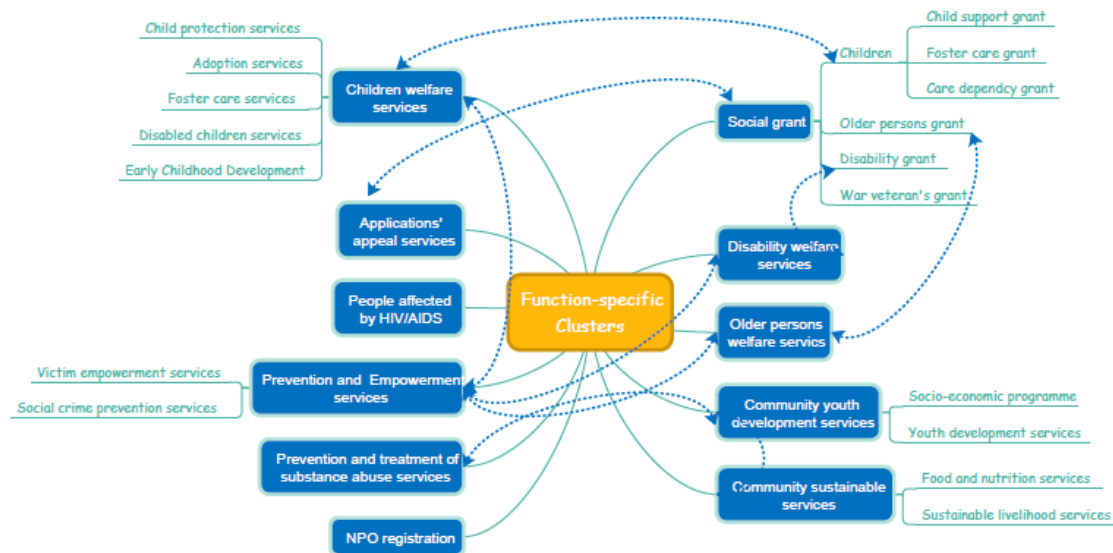


These programmes that the Department of Social Development is delivering to the beneficiaries are aligned to the services provided and are used to develop the structure of the beneficiary clusters.

The consumer or beneficiary clusters are developed so as to ensure that there is comprehensive analysis of the beneficiary satisfaction. What is evident is that the Department of Social Development provides function-specific services with the programmes' interconnectivity, culminating in services being provided to a group or cohorts. As such, it is prudent to develop a function-specific and cohort consolidated

clusters from the interconnections between the programmes for the beneficiary satisfaction survey design (Figure 4).

Figure 4 Function-specific beneficiary / consumer clusters with interconnections



2.2.2 Function-specific services clusters

Department of Social Development is currently working in units with specific focus, and as such, it is ideal to conduct a customer survey that will provide an insight into that specialised level which will talk to the eleven specific clusters. The clusters are social grant, children welfare services, older persons welfare services, disability welfare services, victim empowerment and social crime prevention services, prevention and treatment of substance abuse services, people affected by HIV / AIDS services, food and nutrition and sustainable livelihood services, socio economic programme and youth development services, NPO registration services and application's appeal services.

2.2.2.1 Social grant function-specific cluster

Social grants are in place to improve standards of living and reduce poverty in the South African society. These grants are targeted at categories of people who are vulnerable to poverty and need government support and assistance. These are older people, people with disabilities and children. The management and oversight being the responsibility of the DSD. These interventions are in line with the mission of DSD

which is to transform the society by building conscious and capable citizens through the provisions of integrated social development services. This is achieved through, strategic priorities such as increasing household food and nutrition security.

The Social Assistance Act, 2004(Act 13 of 2004) provides for the rendering of social assistance to persons; to provide for the mechanism for the rendering of such assistance; to provide for the establishment of an inspectorate for social assistance; and to provide for matters connected with them. More than 18 million beneficiaries are receiving assistance of which more than two-thirds are children (Department of Social Development, 2019). Access to social services has been expanded for the previously marginalised to great extent from areas of pensions and social grants across all racial groups. These grants incorporate older person's grant, children grant (foster care, child support and care dependency), disability grant and war veterans' grant. The care dependency and disability grant can also be preceded by grant-in aid, while the care dependency grant matures to disability grant for beneficiaries that are 18 years and older. Social relief of disasters are ad hoc and thus excluded as the focus of the beneficiary survey design.

It becomes important from the Department perspective to gauge the level of satisfaction beneficiaries endure. The beneficiary satisfaction survey of 2018 found that the majority of respondents were satisfied with the safe and secure manner in which payments were provided (DSD, Rapid Beneficiary/Recipient Satisfaction Survey on SASSA Payment options, 2018). The issue of the 10% respondents who had reported unauthorised deductions had not been resolved or recipients had not received feedback on from SASSA, according to the report.

A number of recommendations were made including a mechanism for SASSA to develop a mechanism for a continuous testing of the satisfaction levels of beneficiaries/recipients during the payment transaction.

2.2.2.2 Children welfare services function-specific cluster

Within the welfare services there are those that are children specific and it will be of high importance to understand the state of those services through beneficiary satisfaction survey. The main services are child protection services which focus on abused children, issues of maintenance as well as children protection register. In

addition, there are other services which includes adoption services for both domestic and international, foster care services which are linked to the foster care grant, disabled children services which are linked to care dependency grant. The Social Assistance Amendment Bill makes provision for the payment of benefits to orphaned and vulnerable children. Through this Bill the Inspectorate for Social Assistance will be established to enable applicants for social assistance to make appeals to a tribunal. In its bid to develop a reform the Social Security, the Department has engagements and discussions with National Economic Development and Labour Council (NEDLAC) Task Team (DSD, Annual Report, 2018).

There is also a focus on the early childhood development (ECD). The Department provides Early Childhood Development (ECD) services through the National Integrated Plan on Early Childhood Development in collaboration with other government departments and civil society. The Department has developed legislation articulation its policy position for the care and protection of children. The White Paper of Families with a focus on early intervention and family support services is being implemented, Capacity building programmes for teenage parents was implemented across all provinces (DSD Annual Report, 2018).

2.2.2.3 Older persons welfare services

The older persons welfare services are another critical service that is offered by the Department of Social Development to their beneficiaries. The services that are offered include grant monitoring which are linked to the social security grant for the older persons, the active ageing programmes which are crucial for the wellbeing of the older persons as well as the inpatient - outpatient services which incorporates old age homes as well as hospices. Protection of the older persons against abuse is also an important consideration for the Department of Social Development. As such the Department is implementing an electronic abuse register and is monitoring convictions for the reported cases.

2.2.2.4 Disability welfare services

The DSD also provides services to the people living with disabilities. The focus being on inpatient-outpatient programme as well as skills development workshop for their development and improved readiness for being economically active through

employment or self-employment. Among the initiatives to improve the lives of the people living with disabilities, the Psychosocial Support Programme was established, Self-Help Groups were established in Limpopo and the Free State.

2.2.2.5 Victim empowerment and social crime prevention

The South African government's 1998 White Paper on Safety and Security states that social crime prevention [aims to] reduce the social, economic and environmental factors conducive to particular types of crime (Department of Safety and Security, 1998). The department established multidisciplinary social crime prevention committees with different stakeholders in KZN, WC, NW and FS. The purpose of a Victim of Crime Survey is for the public and citizenry of a country or internationally to provide an overview of crime from the perspectives of victims and to develop monitoring and review tools that will assist in the response to crime and victimization. Survey were conducted to assess the level of satisfaction of the beneficiaries of the Victim Empowerment Programme (VEP, 2011, 2017).

2.2.2.6 Prevention and treatment of substance abuse services

The DSD is responsible for implementing the programmes and protecting victims. Mechanisms were in place to address the issue of violence and substance abuse in schools included a draft anti-substance abuse policy in consultation with the Justice Crime Prevention & Security (*JCPS*) and the Social Protection, Community and Human Development (*SPCHD*) clusters. Violence at schools had peaked in recent times and was linked to substance abuse. The Prevention of and Treatment for Substance Abuse Act (Act 70 of 2008) prescribes that the prevention, early intervention treatment and re-integration and aftercare services be made available. The purpose of the programme is to develop, review, and facilitate the implementation of policy, programmes and services to address the scourge of substance abuse in communities. (DSD Annual Report, 2018).

2.2.2.7 People affected by HIV / AIDS services

The Department is mandated to deal with the National Strategic Plan on HIV, AIDS and TB. A number of initiatives were embarked upon including participation in the 8th South African AIDS Conference. The Department has implemented the Social and

Behaviour Change programme countrywide in partnership with the South African National AIDS Council. These programme trained implementers and reached people through the YOLO programme and community dialogues. The Families Matter Programme is aimed at parents to enhance conversations with their children on matters concerning HIV AIDS and reproductive health.

2.2.2.8 Food and nutrition and sustainable livelihood services

The Department of Social Development (DSD) is working to end poverty and hunger in South Africa. The establishment of Provincial Food Distribution Centres (PFDCs) and Community Nutrition and Development Centres (CNDCs) were thus a strategic intervention to fulfil government's objective to ensure access to food by the poor and vulnerable. (Report, PMG, 2018). A lot of money went to alleviating poverty and capacity building in various provinces to fulfil the mandate of feeding the poor.

2.2.2.9 Socio economic programme and youth development services

Access to education through public school system and greater access to institutions of higher learning improved but 27,2% of people of working age are unemployed, the majority of whom is the youth. Youth from care centres and poor communities were taken for a ten-day leadership training programme in 2018. 12% of participants in the programme found employment, while others go to other institutions for further training (Report: PMG, 2018)

The levels of poverty and inequality remain obstinately high and have recently increased from 36% in 2011 to 40% in 2015, when measured in terms of Lower Bound Poverty (LBL). The majority of black people continues to live in the townships and commute to work in the cities every morning. It is estimated that lower income groups spend close to 30% of their salaries on transport costs (DMPE, 2018)

2.2.2.10 NPO registration services

Department of Social Development based on the NPO Act No 71 of 1997 registers the NPOs which can be a Non-Governmental Organisations (NGOs), Community-Based Organisations (CBOs) and Faith-Based Organisations (FBOs). With the registration, there are also compliance requirement such as submissions of financial and other reports to ensure that the purpose and governance is maintained. These include

ensuring that there NPO has a Constitution, conduct financial auditing and submission of activity and performance report in compliance with the Act.

2.2.2.11 Applications' appeal services

The applications' appeal services are provided to the potential beneficiaries, which are appealing against the decision by the Department of Social Development which was not favourable to the applicant. These services have time frames and require high levels of service delivery as it exposes the Department of Social Development to risk of being taken into task by the applicants.

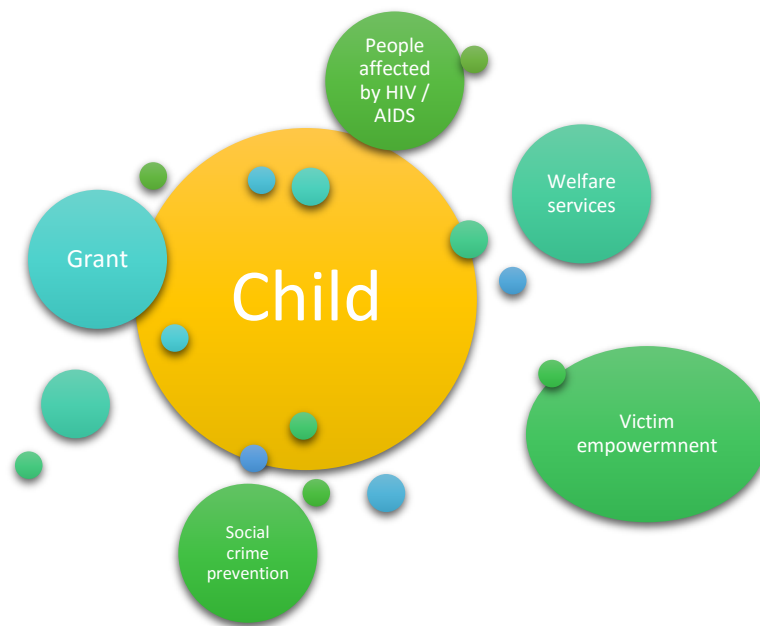
2.2.3 Consolidated clusters

The development of the beneficiary satisfaction survey must be such that there is a consolidated outcome for all the consolidated clusters. There are five consolidated clusters that have been identified, and these are children, youth, older persons and war veterans.

2.2.3.1 Child cluster

The child cluster incorporates all the services that are provided to the child, which includes the grants, be it child support grant, foster grant or care dependency grant. In addition, the children might be provided with welfare services which include child protection, adoption, foster care services and ECD, and might be victims of crime and affected by HIV / Aids, food and nutrition and related aspects for children headed households (Figure 5).

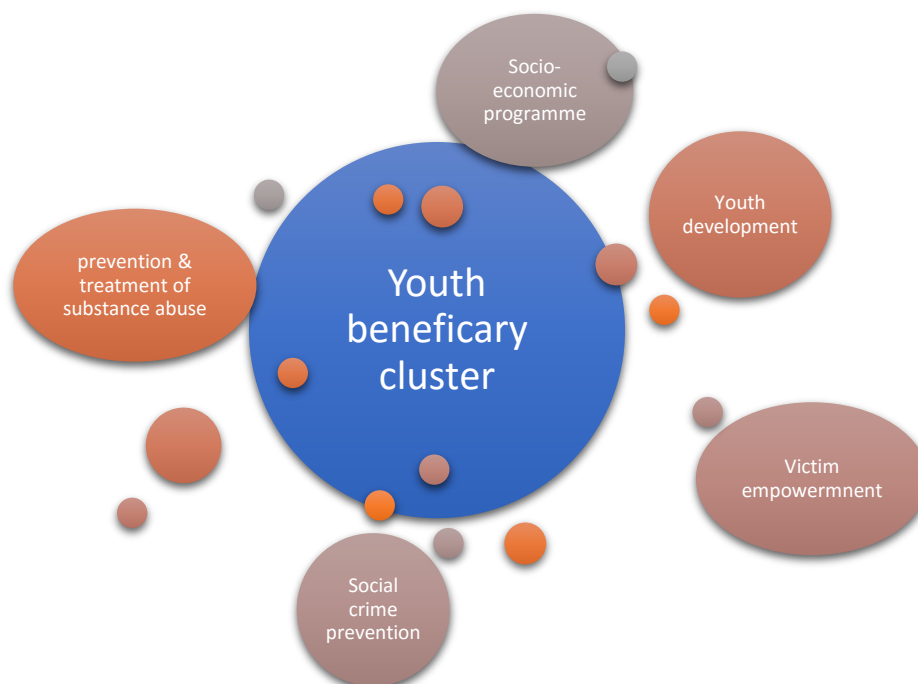
Figure 5 Child beneficiary consolidated cluster



2.2.3.2 Youth Cluster

The youth cluster focus on the services provided to the youth, this includes the socio economic programme and youth development, prevention of social crime, prevention & treatment of substance abuse, as well as the grant from those younger than 18 years and youth being affected by HIV/ AIDS (Figure 6).

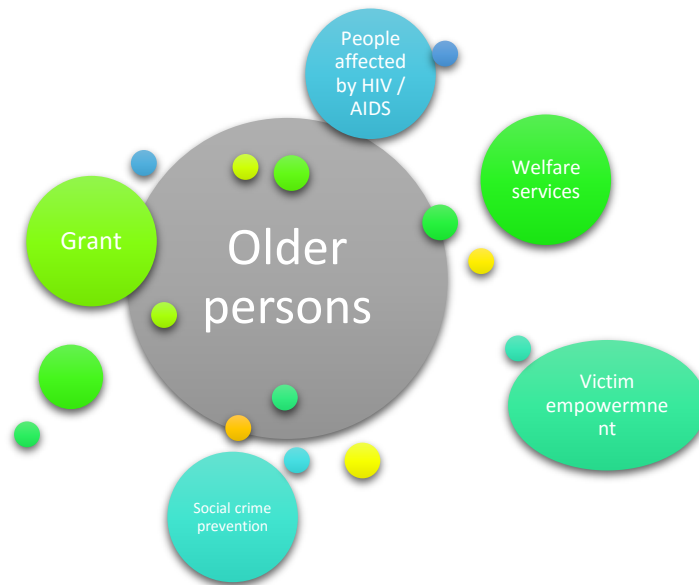
Figure 6 Youth and people living with disabilities consolidated cluster



2.2.3.3 Older persons Cluster

This cluster focus on the services that are provided to the older persons, which includes the grants, welfare services, victim empowerment and sustainable livelihood as well as food and nutrition (Figure 7).

Figure 7 Older persons consolidated cluster



2.2.3.4 People with disabilities

There are multitude of services that are being provided for people with disabilities by the Department of Social Development. This includes grant, welfare services, youth development, socio economic programmes, victim empowerment and social crime prevention (Figure 8).

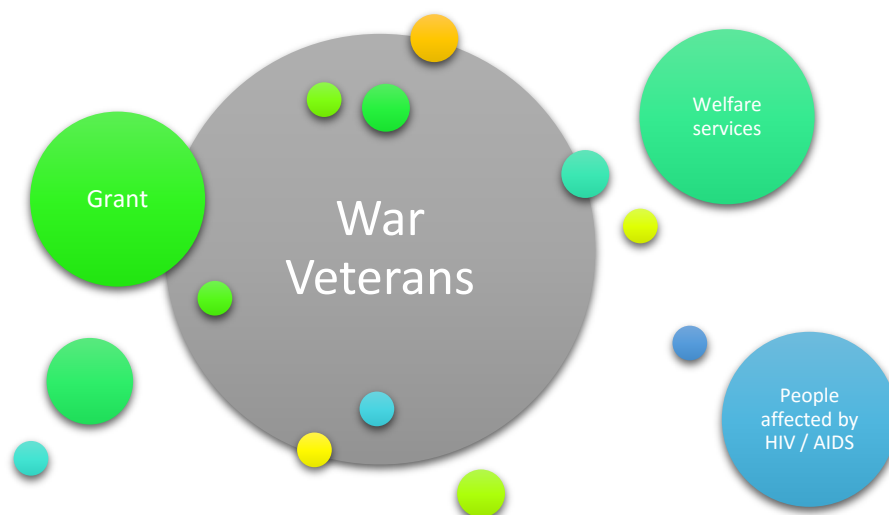
Figure 8 People living with disabilities consolidated cluster



2.2.3.5 War Veterans

War veterans also benefits from multiple services from the Department of Social Development, which includes the grant and welfare services and people affected by HIV/ AIDS (Figure 9).

Figure 9 War Veterans consolidated cluster



2.3 Literature review –Theory and Practices of Consumer satisfaction

The literature review on the contextualisation of customer satisfaction synthesises the theory and practices of customer and consumer satisfaction by providing the overview of consumer satisfaction, the theories that ground the customer satisfaction as well service quality as a proxy for evaluation of consumer satisfaction.

2.3.1 Overview of consumer satisfaction

Providing the services alone is not adequate, as such there is a need to understand the 'consumer satisfaction', as the study seeks to understand the consumer's fulfilment response. This is regarded as the judgement of service features that seek to understand the under- or over-fulfilment related to the service (Oliver, 1999). Giese and Cote (2000) argued that there are generally three components that constitutes the consumer satisfaction, it is identified as:

- consumer satisfaction is a response (emotional or cognitive).
- the response pertains to a particular focus (expectations, product, consumption experience, etc.)
- the response occurs at a particular time (after consumption, after choice, based on accumulated experience, etc).

The consumer responses followed a general pattern similar to the literature. Satisfaction comprised of three basic components, a response pertaining to a particular focus determined at a particular time.

Customer satisfaction is an important evaluation means to determine the quality of services. One of the most important goal of national government is to provide high-quality services to their beneficiaries (Ottenbacher & Gnoth, 2005). Wadi and Qumsan (2017) explain that civil society organizations seek to strengthen their relationship with society in general, and among the beneficiaries of its services in particular, in order to ensure access to the largest number of beneficiaries. However, it is not easy to recognize and satisfy the consumers' needs, expectations and habits, and knowing them does not guarantee success on the market, because consumer behaviour is not rational (Biesok & Wyród-Wróbel, 2011).

Customer satisfaction is one basic opportunity that helps run and improve service delivery (Gobena, 2019). Parasuraman et al. (1988) argued that customer satisfaction is an antecedent of service quality while others, maintained that it is service quality that leads to customer satisfaction and behavioural intentions (Chia et al., 2008; Ott 2008; Molinari et al., 2008). According to the expectancy-disconfirmation model by Oliever (1980), consumers' satisfaction with a product or service is the result of a subjective comparison between their expectation and perception. Zeithaml et al. (1990: 51) said: "knowing what customers expect is the first, and possibly the most critical step in delivering service quality".

Teas (1994), explained that expectations have been variously defined as desires, wants, normative expectations, ideal standards, what the service provider should offer, a pair of normative standards comprising what the consumer hopes to receive, and adequate service. However, expectations, perceptions of performance, and the difference between the two are typically measured simultaneously despite evolving at different points in time (Clow, Kurtz, and Ozment 1998; Clow and Vorhies 1993; Oliver 1977; Patterson, Johnson, and Spreng 1997). Such an approach may be appropriate because some researchers believe that consumer satisfaction is limited to individual transactions (e.g., Parasuraman, Zeithaml, and Berry 1988). On the other hand, satisfaction is affected by prior experiences that condition expectations.

There is literature that suggest that customer satisfaction is a complex construct (Besterfield (1994), Barsky (1995) and Kanji and Moura (2002)). Levesque and McDougall (1996) suggest that satisfaction is conceptualized as an overall, customer attitude towards a service provider. Customer satisfaction has also been described as an effective response, focused on product performance compared to some pre-purchase standard during or after consumption (Halstead et al., 1994).

Mano and Oliver (1993) established that satisfaction is an attitude or evaluative judgement varying along the hedonic continuum focused on the product, which is evaluated after consumption. This was re-echoed by Fornell (1992), when he identified satisfaction as an overall evaluation based on the total purchase and consumption experience focused on the perceived service performance compared with pre-purchase expectations over time. Satisfaction is defined as the consequence of comparing expectations with perceptions of performance (Oliver 1981), and therefore

appears to result from a dynamic process. In this study we use the term “beneficiary satisfaction” to conform to the view that the “beneficiary” is the end user of the product or service while knowing that in many cases the end user is also the purchaser (Giese & Cote, 2000).

2.3.2 Grounding theories of customer satisfaction

According to Olander (1997) customer satisfaction is expressed by relating to a specific standard and it is explained into detail by the listed theories such as Expectancy-Disconfirmation Paradigm (EDP) and Performance Importance Model, Value-Precept Theory, Equity Theory, Comparison Level Theory and the Contrast Theory.

Yüksel (2008) study revealed that customer satisfaction is a concept and in explaining this concept a number of theories emerged and they were classified in three categories such as EDP and the Performance Importance Model and The Equity Theory.

2.3.2.1 Expectancy-Disconfirmation Paradigm (EDP)

According to the study conducted by Mormer (2012), EDP followed a consolidation of theoretical and empirical research work from different fields of study. These included marketing theory, psychological, social science research and business management in which the EDP became dominant in use to explain satisfaction. The study further revealed that disconfirmation can be regarded positive or negative and used when the mismatch exists between the expected/perceived and actual performance. Mormer (2012) then clarifies that the positive disconfirmation occurs when the perceived performance exceeds the expectation, while the negative disconfirmation arises when the perceived performance is below expectations.

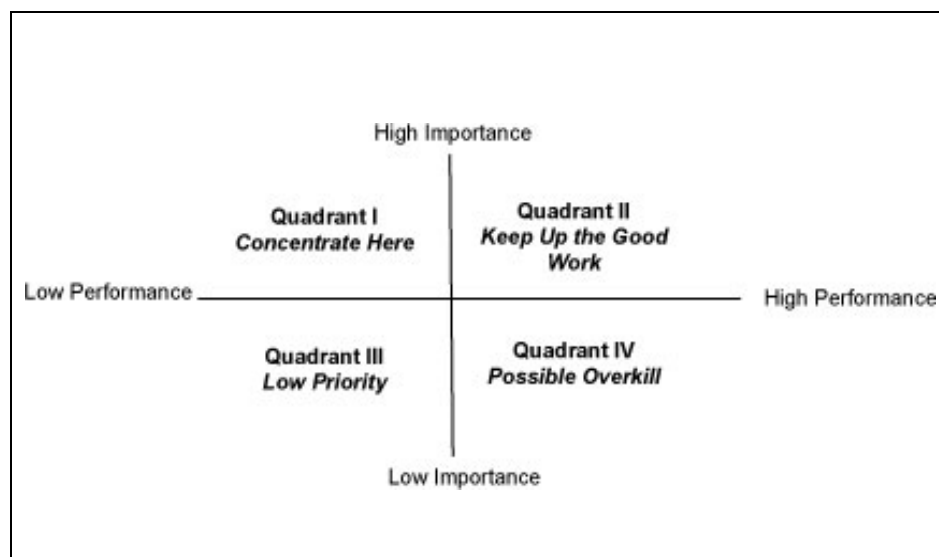
According to Yuksel (2006) the EDP theory does not have the ability to capture the different states of satisfaction/dissatisfaction which results from combining expectations and performance. From the study it is evident that there are limitations and number of unresolved issues with regards to customer satisfaction assessment with the EDP model however, it is still commonly used by tourism and hospitality services.

2.3.2.2 The Performance Importance Model

Wong et al (2011) discovered that many researchers and practitioners within the service industry used one-sided survey to measure satisfaction at different levels. Suggestions were that the indicator be assigned to items surveyed to rank the importance of the attributes. Furthermore, it was argued that many tools to measure customer satisfaction like SERQUAL and SERVPERF failed to be inclusive of importance ranking in their survey method. Wong et al (2011) showed understanding of customer satisfaction and priority areas for improvement through the Performance Importance Analysis Model.

Figure 10 depicts the two-dimensional IPA model which is divided into four quadrants with the performance on the X-axis and importance on the Y-axis. The figure illustrates four quadrants namely: Concentrate Here; Keep up the Good Work; Low Priority and Possible Overkill. The created quadrants can be used by management to come up with suggestions by differentiating between them.

Figure 10 Performance model of quadrants



Source: Wong et al (2011)

The Performance Importance Model Quadrant

- The attributes that fall into Quadrant I represents key areas that needs to be improved with top priority.

- The attributes that fall into Quadrant II which is also labelled “Keep Up the Good Work”, represents the strength and pillar of the organisations, and they must be the superiority of the organisations.
- The attributes that fall into Quadrant III which is between Low Importance and Low Performance is also labelled “Low Priority are regarded as not important and does not threaten the organization.
- The attributes that fall into Quadrant IV which is labelled as “Possible Overkill” are overly emphasised by the organisation. Organisations should reflect on these attributes and not put focus in this quadrant, more resources should be allocated to deal with attributes that belongs in quadrant I.

After comparison with other tools Wong et al (2011) draws conclusion that Performance Importance Analysis (PIA) is more superior to both SERVPERF and SERVQUAL, stating it has the importance attribution to the items and moreover it can be plotted graphically using the importance and performance for each attribute.

2.3.2.3 The Equity Theory

According Oliver et al. (1989) the equity theory came from a study research by Stouffer and his colleagues in military administration where they argued that a “man’s rewards in exchange with others should be proportional to his investments”. They referred ‘equity’ as relative deprivation where one’s situation is specifically concern as the reaction to an imbalance between what a people tends to perceive to be the actual and what the person believes should be the case.

Based on Oliver et al (1989) the theory supports that the ratio between input and outcome should be constant across participants in an exchange. Their study further reveals that equity seems to have moderate effect on satisfaction and post-purchase communication behaviour and that satisfaction exists when the beneficiary of the service believes that hie/her outcome from the input ratio is equal to that of exchange person.

2.3.3 Service quality as a proxy for evaluation of consumer satisfaction

Despite the fact that service quality and customer or consumer satisfaction are regarded as distinct constructs, the service quality in the based on the “disconfirmation approach” where customer satisfaction is said to be a comparison between customer expectations and perceptions regarding the actual service encounter (Bateson &

Hoffman, 2010). Service quality is generally descriptive and based on facts and has been used as a proxy for evaluating the consumer satisfaction which is more based on emotional judgement of how the service affects the customer emotionally (Schneider & White, 2004).

Empirical evidence in the literature confirms that perceived service quality leads to satisfaction (Al-Hawari & Ward, 2006; Fisk et al., 2008, Pollack, 2009; Zhang et al., 2009, Gounaris et al., 2010). As such, service quality creates a chain reaction with regard to customer satisfaction. Cant et al. (2006) also confirms that there are benefits of having excellent service quality as it improves satisfaction.

With service quality as the proxy for measuring customer satisfaction, Gronroos (1984) explains that customers judge the quality of the services that they are being provided with, based on technical quality which is the service outcome quality as well as functional quality which is the service process quality (Figure 11). The interest on technical quality is on how well the core service meet their expectations while the functional quality is interested on the effect of the interaction process, meaning how there is perceived service delivery process. Richard and Allaway (1993) confirm that both these facets influence the consumer's service quality evaluation.

Figure 11 Elements of service quality for consumer satisfaction



2.3.4 Process Service quality performance measures for beneficiary satisfaction

According to studies by Rahman et al. (2012: 201) they depict that customer satisfaction can be divided into specific transaction satisfaction and cumulative satisfaction. The transaction specific satisfaction is the assessment of the experience and the consumer's reaction to a specific organisational encounter and cumulative satisfaction is customers' overall assessment of support experience from inception to date (Tahir and Abu Bakar, 2007:327).

The level of satisfaction that clients experienced having used a service and the quality of the service delivery is a key to maintaining good relationships and growing successful business (Dabale, Jagero and Nyatoti, 2015). Clients satisfaction and service quality is becoming a critical objective in the strategic planning process as it is attributed to the development of high technology clientele who are more informed (Ramsaran-Fowdar, 2008). Research highlighted the benefits of addressing client perspectives on quality of care, since it leads to improved client satisfaction, continued and sustained use of services, and improved health outcomes (Kols & Sherman, 1998).

A customer service satisfaction survey done in the City of Johannesburg by the Department of Health (2004), recommended that patients should not be left unattended due to facility problems and health care services should be accessible and available when needed. Similarly, van Charante, et. al., (2006), carried out the evaluation of patient satisfaction with Primary Health Care (PHC) and quality of health care and they found that accessibility and continuation of health services, waiting time, consultation of patients by health care providers, availability of medicines, performance of doctors and nurses, laboratory investigations and level of privacy in the consultation rooms are dynamics in health care services and should be maintained at all times to enhance patients' dignity.

2.3.4.1 Waiting Time

Waiting time is the actual time that the consumer of a service must wait for before they receive the help that they are looking for. In most government institutions the waiting time should not be more than what is stipulated in the policy that the department is following. Longer waiting times usually result in lower customer satisfaction (Anderson

et al., 2007). In relation to the above literature, the beneficiaries of the Department of Social Development also need to be treated with dignity while receiving the services that the Department is delivering. According to Van Charante, et. Al., (2006) in a survey that they carried out on the evaluation of patient satisfaction with PHC they outlined that the waiting time that the patients must wait before they receive the services should be within the stipulated time frame, people must not wait too long unattended. People must get the services within the time frames that is written on the department's policies, for example with the Department of Social Development. The kind of people that are being dealt with are elderly people, children and people with disabilities in most of the cases.

2.3.4.2 Attitudes and Behaviours

Service delivery takes place during the interactions between providers and customers of the service being delivered, attitudes and behaviours of the service provider employees will influence how customers perceive the service quality (Schneider and Bowen, 1985). Surprenant and Solomon (1987) stated that "service encounters are human interactions". They were suggesting that customers and service providers are equally responsible during and after service encounters and that their responsibilities are "interpersonal interactions" between organizations and customers. This statement suggests that, the attitudes and behaviours between both the customer and the service provider should always be in polite a manner, none of them must feel disrespected by the other.

According to Khosravi and Anvari (2013) this concept involves the good manner and polite relationship of the employees with the customers. In the public sector organizations, the manner in which the employees interact with consumers should always be better than private sector organizations. That is because the customers are citizens and the real owners of the government and public sector, they are the ones who pay taxes so that the government can be able to render the services (Peters, 1998, p. 1782). In relation to the above literature, the attitudes and behaviours of the Department of Social Development employees can play a huge role towards how their beneficiaries perceive the department's services. There must be an interpersonal interaction between the employee and the service consumer. The employees must always adhere to the legislative requirements relating to attitudes and behaviours.

According to Explanatory Manual On The Code Of Conduct For The Public Service (2002) an employee is polite, helpful and reasonably accessible in his or her dealings with the public, at all times treating members of the public as customers who are entitled to receive high standards of service.

2.3.4.3 Accessibility and Availability

Surveys should be conducted to measure and evaluate the effectiveness of the information and services that are provided by the service provider, it is important that these surveys check the relevance, accuracy, timeliness, comprehensive, and ease of access of the information and services being provided (Kirkendall, 2008). For the purpose of this study, the accessibility and availability are mentioned as the performance measures for the Department of Social Development beneficiaries. It is important that everyone who is legible to get the services that are rendered by DSD are able to access the offices, they are able to get all the information that they need, the employees of the Department should always be available to be able to render the services to the consumers.

2.3.4.4 Assurance

The employees should always strive to keep best interests of the customers at heart (Buttle, 1996). Dawar (2013) conducted a study which found that, factors affecting satisfaction are staff knowledge and behaviour. According to Zamil and Shammot (2011) since government is a big organization has a duty of providing services to its customers; those customers are the citizens, businesses, public and private employees. Government through its agencies, departments, and ministries provides information and services for each group of its customers, and as a result this performance can be judged only by the customers which are being provided with the information and services.

According to Dogbe (2011) assurance of service deals with the confidence that the employees have when performing their jobs, consistency of courteousness of employees, being knowledgeable and being able to answer customers queries. It is important that when a consumer goes to a certain government Institution, to get help relating to the services that they are looking for. They need to have that assurance

that, the person who is helping them is well informed and they know what is it that they are doing. In that manner the customer will leave with a satisfaction.

For an example, when a client needs the accurate information in a certain time that fits his/her need, and if they obtained the needed information, later or before this certain time, that information will be useless. The customers need the services that will satisfy them, and which will meet their expectations. If that cannot be achieved by the public sector organizations, the customers might feel that their satisfaction is ignored and that can result in more complaints.

2.3.4.5 Ambient Conditions

The satisfaction of the consumer's needs starts when their problems are being solved and creating a pleasant and attractive atmosphere (Dabija, Babut and Marcel, 2013). The atmosphere in which the service is being rendered can affect the perceived service quality by making it better or by making it worse, which will also affect the how the customers perceive the quality of the service. According to Akdag & Zineldin (2010) service quality in healthcare does not only depend on the quality of physicians but it also includes the staff, nurses, building, waiting room, technical apparatus, machines used in care. It can be said that healthcare quality and patient satisfaction is more detailed than just dividing the quality of service into technical and functional quality.

Taking from the above literature about the atmosphere of the service provider, in this regard which is the Department of Social Development. It is important to note that, not only the actual service can measure the satisfaction of the consumers. But even the area where the services are being rendered should be in a good condition, they should provide some sense of comfortability towards the consumers. For example, the rape victims, when they are being assisted. The area in which they are being assisted should not trigger the experiences, but it must be a nice quiet spate that they can feel safe and comfortable. The buildings must be in good condition as to avoid any hazards toward the lives of those that are coming to get the services, even to the staff as well.

2.3.4.6 Responsiveness

Responsiveness refers to the ability to help customers and to provide prompt services (Buttle, 1996). This component is all about thoughtfulness and speed when dealing with customer queries (De Jager & Du Plooy, 2007). Being responsive is the ability to respond to the needs of the consumers. Response should be quick, accurate and be full of impact so that the person being responded to can be satisfied with the response. According to Douglas and Connor (2003), service quality is not only about measuring the final result, but it is also about how the services are delivered during the service process and its impacts on customer satisfaction.

The level to which the Department of Social Development is meeting the needs of the consumers, can not only be measured by the level of satisfaction that the consumers have. But all the processes that are involved towards meeting the needs of the consumers. In this regard, responsiveness is one of the processes that are desired. The consumers need to be able to receive the response regarding all the services that they need from the Department. When a person applies for grant, for an example, there must be a response that the customer will receive, he/she needs to be informed about the progress of the application.

Parasuraman et al, as cited by Pakurár et al. (2019), emphasised that the responsiveness of willing employees involves telling the customers exactly when things will be done or service will be given to them, with no favouritism or divided attention, promoting services and responding accordingly to their service request. Responsiveness was ranked as the third dimension in SERVQUAL and in their study used these dimensions to measure responsiveness feedback, priority, take care and urgent action (Ismail & Yunan, 2016).

2.3.4.7 Empathy

Empathy is defined as “a person’s ability to sense another’s thoughts, feelings, and experiences, to share other’s emotional experience, and to react to the observed experiences of another person” (Bahadur et al.,2018). Empathy is one of the five dimensions or elements of service quality. It is described as caring, individualised attention the firm provides to its valued customers. It is related to the employee’s aptitude which leads to understanding the customer perspective and feelings during

rendering a service and results in positive customer emotions towards the service (Bahadur et al.,2018). Ribeiro, 1993, mentioned that empathy is one of the dimensions that is linked to the seven original dimensions – communication, credibility, security, competence, courtesy, understanding or knowing the customers, and access. Thus, for better service quality (SQ), it is crucial for employees to recognize and deal with customer needs (Bahadur et al.,2018).

Previous researchers have confirmed that empathy involves cognitive as well as emotional dimensions (Bahadur et al.,2018). Empathy as a performance measure, entails good communication, customer understanding and access to service. There are different types of empathy namely, attentive, affective and cognitive empathy. Attentive empathy means being a tactful and appreciative listener and affective empathy means to identify with what another person is feeling or responding with the same emotion as that of the other person. Cognitive empathy involves intellectual assumption of the other person's perspective while retaining sufficient judgment to helpfully intervene (Clark et al., 2012). Dimensions like co-operation, understanding and delivery can be used to measure empathy (Ismail & Yunan, 2016).

2.3.4.8 Reliability

Reliability is defined as the ability to perform the promised service dependably and accurately. It is a very crucial dimension in customer service quality. This then require the organisation to evaluate itself as to “how reliable are their services to the customers”. This also requires the personnel to keep their promises, for example if they promised to render a certain service on a specific day, they should deliver accordingly (Mohammed & Mohammad, 2004). Prentkovskis et al., 2018 in their study, they found reliability to be related to the timely delivery of services which affects the quality of post-delivery. The dimensions that were previously used to measure reliability are solving, good service, schedule and performance (Ismail & Yunan, 2016).

2.3.4.9 Confidentiality

Confidentiality is the protection of personal information. Confidentiality means keeping a client's information between you and the client, and not telling others including co-workers, friends and family amongst others. Kiyoya (2016) conducted a study titled *Assessing Beneficiaries' Healthcare Satisfaction under National Health Insurance in Dar es Salaam Region, Tanzania*. One of the points that were picked up in the study

findings is that, the patients who were the participants of the study showed a high level of satisfaction with how their confidential records were handled by the concerning party. The study revealed that, the patients felt that their confidential information which was in their files should remain between the staff and themselves only.

It is important that whenever the services are being provided, for example in the case of the Department of Social Development. The confidential information like identity documents and other delicate information are treated confidentially, this kind of information must not be shared with other people without the customers consent. When less attention is being paid to confidential stuff, so much damage can happen to both the beneficiary and the service provider. The service beneficiaries can measure the performance of their service providers by checking whether their personal information is being protected or not.

2.3.4.10 Consistency

A good customer satisfaction depends on the consistency of service. An organisation or brand that manages to provide services consistently to its customers is likely to have a good relationship with the customers. Consistency refers to steadfast adherence on the same principle or uniformity between things. This means that the quality, the way of doing things and standards is the same (Iberahim et al., 2016).

2.3.4.11 Credibility

Credibility by definition is the quality of being trusted and believed in. Credibility involves truthfulness, believability, honesty and generally having the customers best interest at heart (Ribeiro, 1993). With regards to this description, organisations have to ensure that there's credibility in the services they offer to the customers.

2.3.5 Outcomes Service quality performance measure for beneficiary satisfaction

2.3.5.1 Social grant related outcomes

Social grant refers to grants paid by government to South African citizens who are in need of assistance. The most common social grants are Child Support Grants, Old Age Grant, Disability Grant and Foster Child Grant. There is a legibility-criteria that is followed before any person can qualify to benefit from the Social Grant Services, those who will benefit from the Social Grant Services must apply for it and be in possession of all the relevant documents such as an Identity Documents or Birth Certificates (for children). The main content of interest when evaluating the social grant is the monitoring mechanism and complaints procedure

With Monitoring Mechanisms, work was done in several regions, for example in the Office of the United Nations High Commissioner for Human Rights, in a survey that was conducted in Cyprus in 2009. It was mentioned that certain internal procedures are applied such the mailing of a certificate to verify that the pensioner still has the same address, the same dependants etc. Procedures such as internal and external audit are also followed. The Social Grant Services should be monitored by the Department of Social Development. The DSD has to verify that the beneficiaries of the Social Grant Services are still receiving their grants. The DSD must be able to keep track of the beneficiaries by having their records being monitored from time to time. Approaches such as surveys can be used to monitor that.

Furthermore, complaints procedures are also regarded as critical in the functioning of the social grant services. The DSD service beneficiaries must be able to complain when there are problems with regards to their Social Grants. The DSD must be able to handle the beneficiaries, complaints and provide the relevant help that will help the beneficiaries. The DSD needs to have the channels that are known to beneficiaries in the case of any complaints that may rise. Office of the United Nations High Commissioner for Human Rights, in a survey that was conducted in Cyprus in 2009. One of the responses to the complaint's procedures question was "Amongst the duties that the customer service section of the Social Insurance Services has, is the handling of our customers' complaints".

2.3.5.2 Children and welfare services

According to the Children's Act (Act No, 38 of 2005) the National Development Plan (NDP) has called for a universal access to ECD services by all children in the country.

A number of NGOs such as Child Welfare South Africa support the children through various programmes such as advocacy and lobbying, child protection and capacity building.

Childline South Africa a non-profit organization that works to protect children from all forms of violence and to create a culture of children's rights in South Africa.

The Afrikaanse Christelike Vrouevereniging (ACVV) has social work and child protection services and early childhood services. They also capacity building.

Specialized Counselling for Children. This is offered by various NGOs such as Families South Africa (FAMSA) for children with parents undergoing relationship challenges such as divorce, CANSA for children diagnosed with cancer. The Johannesburg Parent and Child Counselling Centre (JPCCC) is a counselling, training and development agency which provides short- or long-term therapy for adolescents, families, adults and couples and play therapy for children.

2.3.5.3 Disability Welfare Services

Training is important to assist the person living with disability were applicable that they are economically active. According to van Niekerk and van der Merwe (2013) persons with disabilities (PWD) face daily barriers which often hinder them in fully participating in society or reaching their full potential. They often have little or no exposure to formal education and only are employed at entry-level positions. When employed they are often not trained or developed. The persons with disabilities have different conditions of disability. There are those who were born with the disabilities, there are also those who became disabled due to an event of an accident. The disabilities of people differ from person to person. It is important that, those who have disabilities are exposed to trainings and skills development programmes.

Exposure to healthy and safe environment. Healthy and safe environment should be accessible to all the citizens. Whether it is in a workplace, home, or in the public spaces. The disabled persons also must be exposed to healthy and safe

environments. van Niekerk and van der Merwe (2013) puts an emphasis on the provision for people with disabilities with safe and healthy environment.

State of access to services. People living with disabilities must have access to services such as health care. Education is the basic right for every South African. The people with disabilities are also entitled to education access. According to van Niekerk and van der Merwe (2013) education directly influences the chances of employment. When a person has been exposed to education and training their chances of getting a job are increasing. People living with disabilities should have access to education, their conditions must not be the barriers from achieving education. There are specialised schools that provide convenient environment for people living with disabilities.

2.3.5.4 Older persons Welfare Services

Feedback and Continuous Communication. According to Leutz (1999) particular structures and mechanisms are in place to coordinate service provision across the different systems. This helps to deal with poor communication between service providers, share information, and avoid friction or discontinuity for persons receiving services. The older persons that are the beneficiaries of the DSD must be communicated with in relation to the services that they are receiving. The staff from the social welfare should be able to listen to the elderly and address their needs accordingly. When a person has been informed of any change or progress regarding the services that they are receiving, they will be satisfied with the services.

Complaints procedures. According to the Western Cape Social Development, in an evaluation for An Evaluation of Service Centres for Older Persons in the Western Cape (2015) members are welcome to make suggestions to management regarding particular requests or complaints. The older persons that are beneficiaries of any welfare services should be given a chance to complain poor services or have requests regarding the services. This also serves as a communication technique, because when older persons request or complaint about something, than the service providing agency can take measures to address that and customer satisfaction will be promoted.

Availability of social welfare, health care, and recreational resources. The African Union (AU) Policy Framework and Plan of Action on Ageing, drafted in 2002 with Help Age International, provides guidance to the agencies that deals with elderly persons. The policy makes an emphasis on the challenges that are faced by the elderly citizens.

They mention the social welfare, health care and recreational resources. The policy recommends that there should be practical, realistic and appropriate strategies that are implemented with regards to meeting the elderly social welfare needs. When people are ageing, they become weak and therefore they need to be taken good care of in relation to their health. There must be available health facilities to provide them with health care. It is also recommended that there must be recreational resources to help them relax.

2.3.5.5 People affected with HIV/AIDS

HIV/ AIDS Orphanage Services. According to Adejimi, et, al (2013) Orphans and Vulnerable Children (OVC) and their families face many challenges but there are opportunities to provide care and support programmes for them in their communities. There are a variety of programmes and services that are designed for the children that are HIV/ ADS orphans. Free Education is one of those programmes. The Constitution of the Republic of South Africa states that, every child has the right to basic education.

Free medication for Treatment. In a survey conducted by Adejimi et al (2013) it was found that, the children who are HIV/AIDS orphans were referred to health care facilities for basic medical care and treatment as required. They were immunized and the health records were kept safe. In South Africa the government is providing free ARV's to people that are infected by HIV/AIDS. There are health care workers who are trained to provide counselling and give treatment to the children and those who are in the ARV programme.

Access to specialized counselling. The psychological support is very important to be given to people and children affected by HIV/AIDS. According to Department of Health, Republic of South Africa (2010). HIV Counselling and Testing Policy Guidelines outlines that, HIV testing may only be done, after proper counselling by an appropriately trained person, has been done. The parent, guardian, or caregiver must also be counselled, if they have knowledge of the test, or have consented on the child's behalf.

Programmes or activities aimed at preventing the spread of HIV/AIDS. There are different programmes and activities that are aimed at the prevention of HIV/AIDS. There are those programmes that are specifically designed for the youth such as the concept of the LOVELIFE Ground-breakers who are peer educators working with

adolescents regarding HIV/AIDS prevention, care and treatment. These youth groups meet at community centres, or at the healthcare facilities, they have been seen to make an impact on the youth. (Department of Health 2015).

2.3.5.6 Victim empowerment

Government and their partners are committed to supporting, protecting and empowering victims of crime. This commitment is demonstrated through various initiatives such as the adoption of the Service Charter for Victims of Crime in 2004. This Services Charter prescribes the rights of victims of crime and identifies complaint mechanism to assist victims.

Supporting victims of crime. The Sexual Assault Crisis Team (SACT) offers a more comprehensive where they provide shelter in the aftermath of rape, arrange education, training and support programmes that encourages residents to identify, work toward and achieve goals.

Empowering victims of crime. The VEP which makes the Criminal Justice System (CJS) more victim-friendly and reduces the experience of secondary victimisation that accompanies being a complainant in an adversarial, criminal justice system.

Protection of the victims of crime is achieved through legislation which is aimed at protecting the rights of women and children through the following legislation:

- Domestic Violence Act (DVA) 116 of 1998
- Sexual Offences Act 32 of 2007
- The Women Empowerment and Gender Equality Bill (WEGE)
- Criminal Law (Sexual Offences and Related Matters) Amendment Act Amendment 32 of 2007
- Prevention and Combating Trafficking in Persons Act 7 of 2013
- Children's Act (2005)
- Child Justice Act (2008)
- National Intervention Strategy for Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Sector
- Promotion of Equality and Prevention of Unfair Discrimination Act 4 (2002)

2.3.5.7 Prevention and Treatment of Substance Abuse

Drug abuse is very rife especially among the youth in our society. At a legislature level the government has enacted the legislation. Prevention of and Treatment for Substance Abuse Act No 70 of 2008. The object of the Act is to provide for a comprehensive national response for the combating of substance abuse; to provide for mechanisms aimed at demand and harm reduction in relation to substance abuse through prevention, early intervention, treatment and reintegration programmes; to provide for the registration and establishment of treatment centres and halfway houses; to provide for the committal of persons to and from treatment centres and for their treatment, rehabilitation and skills development in such treatment centres; to provide for the establishment of the Central Drug Authority; and to provide for matters connected therewith.

2.3.5.8 Community Development and Prevention Services for drug abuse

SA National Council on Alcoholism and Drug Dependence (SANCA) offers standardized prevention programmes to reduce and prevent the harmful effects of substances on children, adolescents, youth and adults in all communities. SANCA services are available and accessible in most communities.

- 'Boogie Woogie' puppet shows for 4 to 9-year-olds.
- 'Shatterproof' puppet shows for 10 to 14-year-olds.
- 'Life is A Choice' for adolescents (Peer Education Programme).
- 'Kemoja' for all school learners and out-of-school youth.
- 'Can You Hear Me Now' for the prevention of Fetal Alcohol Syndrome (FASD) targeted at pregnant women.

Treatment for Drug Abuse. SANCA offers treatment on a continuum of care from screening, assessment, medical treatment and therapeutic treatment for services users and families as well as aftercare services.

Support for Drug Abuse. The support for people recovering from drug addiction problem is facilitated by a number of NGOs such as Narcotics Anonymous SA. They facilitate meeting where individuals meet regularly to help each other stay clean.

Alcoholics Anonymous South Africa is the fellowship group for alcoholics supporting those choosing to be sober. The only requirement for membership is a desire to stop

drinking. Al-Anon Family Groups is for the families and friends of problem drinkers, with a special section – Alateen – for children of alcoholics, and a group for adult children of alcoholics.

2.3.5.9 Food and Nutrition and Sustainable livelihood

Malnutrition Alleviation. Malnutrition refers to getting too little or too much of certain nutrients. It can lead to serious health issues, including stunted growth, eye problems, diabetes and heart disease. The government therefore has a role to play in the alleviation of malnutrition. This can be done through the support such as social grants which can help the families buy the basic food. (Wiggers, 2013) talks about how malnutrition can be alleviated in order to realize the Millennium Development Goals, of achieving the access of all people to sufficient, nutritionally adequate and safe food. According to the Social Development Annual Report (2019), over 1.1 million vulnerable individuals have accessed food through the CNDC programme.

Provision of accredited skills and training in agriculture. There are programmes that are designed to provide the communities with skills and training in agriculture as to minimize the poverty in South Africa. One of the initiatives that the Department of Social Development is involved with is the CNDC. This initiative provides the women in communities with the skills to participate in the economy through agriculture. They plant crops and sell them as to make an income.

Adequate food and nutrition. Every household must have access to adequate food and nutrition. In South Africa most families are benefiting from the Social Development services such as social grant, the main purpose of this service to enable the South Africans to have access to adequate food and nutrition as to minimize poverty.

2.3.5.10 Socio-economic Programme and Youth Development

Socio economic development is the process of social and economic development in a society and development. Socio-economic and youth development programmes are important to ensure that the society is well taken care of. Youth development programmes offer young people work readiness programmes, opportunities to advance their education. This helps reduce the levels of crimes and corruption in the community as these programmes equips the community including the youth with skills and keeps them busy.

Skills Development. Skills development is known as the process of identifying skills gap and developing these skills. These skills are meant to ready them for employment and be able to assist in their communities. The Department of Social Development (Annual Report, 2019) reported that the skills development was done through youth camps. (Wiggers, 2013) As to equip the youth, the programmes should be youth friendly so that they can easily learn and engage. These must be able to attract their attention and their mindset.

2.3.6 Comparison standards – Gap Theory

Considering that the format of the beneficiary satisfaction survey is perception based, it is critical to compare the perception of the beneficiary as well as the frontline staff to understand if there is a gap between them in so far as that level. This is important because the perception drives the response. There are several gap analysis models as already explained in chapter 2 which can be used to evaluate the gaps in the perception if any exists (Parasuraman et al., 1985; Curry, 1999; Frost & Kumar, 2000; Luk & Layton, 2002; Shahin, 2010). Within these gaps the interest is on two main gaps; these are the management and employee perception of customer expectations – beneficiary expected service as well as external communications to the customers and the expected services.

2.3.7 Multicriteria Satisfaction Analysis (MUSA) analysis

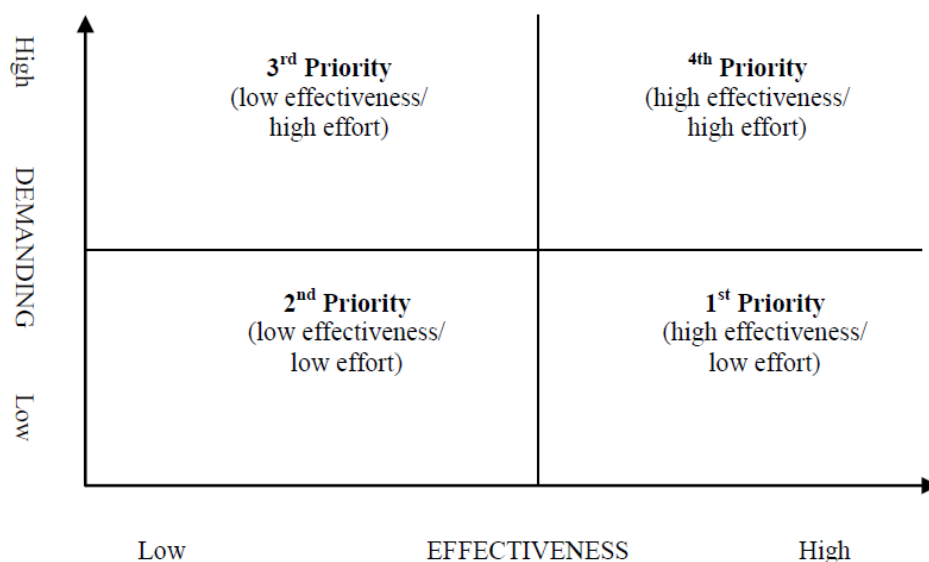
The “MUSA method tries to determine a collective function Y^* and a total of some functions X_i^* satisfaction based on customer opinions having designed the best possible agreement between the function and customer views. The basic equation of qualitative analysis regression finally takes the form:

$$\tilde{Y}^* = \sum_{i=1}^n b_i X_i^* - \sigma^+ + \sigma^-$$

where \tilde{Y}^* is the estimate of the collective function values Y^* , σ^+ and σ^- is the overestimation and underestimation error respectively. It should be noted that Y^* and X_i^* are monotonic functions normalised between 0 and 100” (Grigoroudis and Siskos, 2002; Metaxas, Makaratzis & Terzidis, 2017, p.80).

“Combining demanding and improvement indices the improvement diagram can be developed, which indicate the expected output of the improvement efforts given that high prices of improvement indices mean higher effectiveness for actions concerning these criteria. The improvement diagram is divided into quadrants according to demanding (high/low), and effectiveness (high/low), that may be used to rank improvement priorities (Figure 12): *1st priority*: this area indicates direct improvement actions, since these dimensions are highly effective and customers are not demanding, *2nd priority*: it includes satisfaction dimensions that have either a low demanding index or a high improvement index, *3rd priority*: it refers to satisfaction dimensions that have small improvement margin and need substantial effort”; Metaxas, Makaratzis & Terzidis, 2017, p.81.

Figure 12 Improvement analysis from MUSA model



Source: Grigoroudis and Siskos (2000)

2.3.8 Importance of word-of-mouth on Department of Social Development service delivery

“Word of mouth (WOM) is a form of communication among customers concerning their personal experiences with a company or a product, it is regarded as a critical factor in-service quality” (Sundaram et al., 1998:527). Positive and negative WOM communication can have a huge impact on a customer’s satisfaction.

Consumers like to hear what other consumers have to say about a product or a service rather than watching or listening to an advertisement and that is called word of mouth (WOM) (Park et al., 1998). According to Kim and (Prabhakar 2000), WOM is when the consumers are exchanging experiences and information between themselves to help each other in making decisions. Therefore, if the customer is satisfied with the service, he/she is likely to have a positive WOM for the service provider. Research show that social WOM, that is available in platforms such social media, adds the level of trust that the consumers have about the product or service. (Hajli et al., 2013).

Today, social media platforms have gained popularity in being the means or mediums of getting a complaint heard (or getting dissatisfaction broadcasted), and it is expected to grow even more in the future (Wallis, 2014; Hoffman & Bateson, 2011). Hence, it only takes a little number of dissatisfied customers to spoil the image of the organization: "In today's digitally-driven, social media-obsessed age, the customer's voice is louder and its reach stretches farther than ever before" (Alexov, 2016). WOM refers to what the people say about the service that they have been getting or receiving. People talk about their experiences with the service provider, it can be through social media, newspapers or personal conversations. These conversations can either be positive or negative, therefore the service provider must always make sure that, the consumers are always satisfied and that their needs have been taken care of, if not, there must be alternative measures that are taken to redress the situation. As for the Department of Social Development, the department needs to ensure that all their beneficiaries are being served with good quality services in order to have the satisfied consumers of their services.

2.4 Conclusion

The literature review which incorporates the theory, practices and grey literature provides an overview of the approach as well as the measures used to design the beneficiary satisfaction survey. The literature was also useful for the design of methodology, sampling and the method and procedures. This literature is a critical grounding for the design in the study.

3

DATABASES AND DEMOGRAPHIC PROFILES OF THE FUNCTION-SPECIFIC CLUSTERS

3.1 Introduction

This chapter focuses on explaining the databases as well as presenting their demographic profiles in line with objective two of the study which to list the nature of all available administrative data on the Department Social Development beneficiaries and analyse the dataset on these beneficiaries to provide a demographic profile.

3.2 Nature of the databases

Table 1 presents the databases from the Department of Social Development. There are about eight identified databases with some of the personnel from Department of Social Development. These are SAASA database, Welfare database, VEP database, Prevention and treatment of substance abuse, Community development, NPO registrations and Grant application appeals. These databases are linked to the beneficiaries of the eleven function-specific clusters. These function-specific clusters being the Social grant specialised cluster, Children welfare services specialised cluster, Older persons welfare services specialised cluster, Disability welfare services cluster, Victim empowerment and social crime prevention cluster, Prevention and treatment of substance abuse cluster, People affected by HIV/ AIDS, Food and nutrition and sustainable livelihood cluster, Socio economic programme and youth development cluster, NPO registration cluster and Appeals: Social grant application cluster.

From these clusters only two databases were confirmed to be available. These are NPO registration cluster and Appeals: Social grant application cluster. The NPO registration database as confirmed by the Department of Social Development personnel was available on a Microsoft Excel spreadsheet with all the registered NPOs from January 2006 to March 2020. The Appeals: Social grant application database was also confirmed and will be available on a Microsoft Excel spreadsheet with the data timeframe from April 2019 as the previous years' data could no longer be accessed. With other clusters their existence remains unknown as they have not been confirmed or received for the analysis in the study.

Table 1 List and nature of the Department of Social Development databases

Databases	Cluster linkage	Existence	Format	Data timeframes
SASSA grant database	Social grant specialised cluster	Unconfirmed	Unknown	Unknown
Welfare database	Children welfare services specialised cluster	Unconfirmed	Unknown	Unknown
	Older persons welfare services specialised cluster	Unconfirmed	Unknown	Unknown
	Disability welfare services cluster	Unconfirmed	Unknown	Unknown
VEP database	Victim empowerment and social crime prevention cluster	Unconfirmed	Unknown	Unknown
Prevention and treatment of substance abuse database	Prevention and treatment of substance abuse cluster	Unconfirmed	Unknown	Unknown
People affected by HIV/AIDS data base	People affected by HIV/AIDS	Unconfirmed	Unknown	Unknown
Community development database	Food and nutrition and sustainable livelihood cluster	Unconfirmed	Unknown	Unknown
	Socio economic programme and youth development cluster	Unconfirmed	Unknown	Unknown
NPO registrations	NPO registration cluster	Confirmed	Microsoft Excel Spreadsheet	Jan 2006 –
Grant application Appeals	Appeals: Social grant application cluster	Confirmed *	Microsoft Excel Spreadsheet	April 2019 - **

* - expected availability on the week of 9 – 13 March 2020

3.3 Demographic profiles of the databases

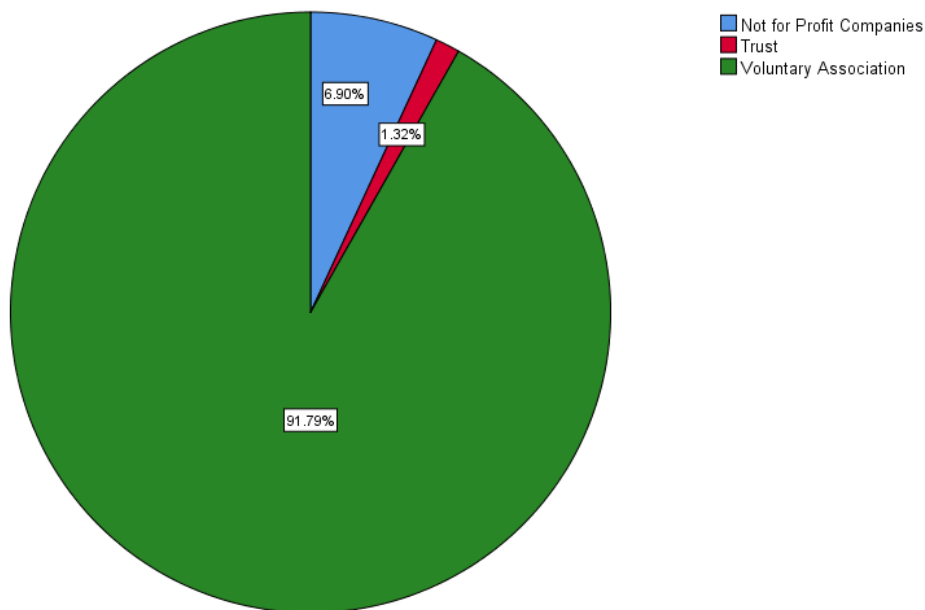
3.3.1 NPO registration database

Within the NPO registration, the main data was about the type of NPO, primary area of registered NPO (province and district), the sector that the NPO is working in, as well as the function of the NPO.

3.3.1.1 Types of NPOs

As shown in Figure 13, there were three types of NPOs that were identified from the database. The type of NPO with the highest percentage is the voluntary association with 91.79% followed by not for profit companies with 6.90% and trust with 1.32%.

Figure 13 Type of NPO profile of the registered NPOs with Department of Social Development

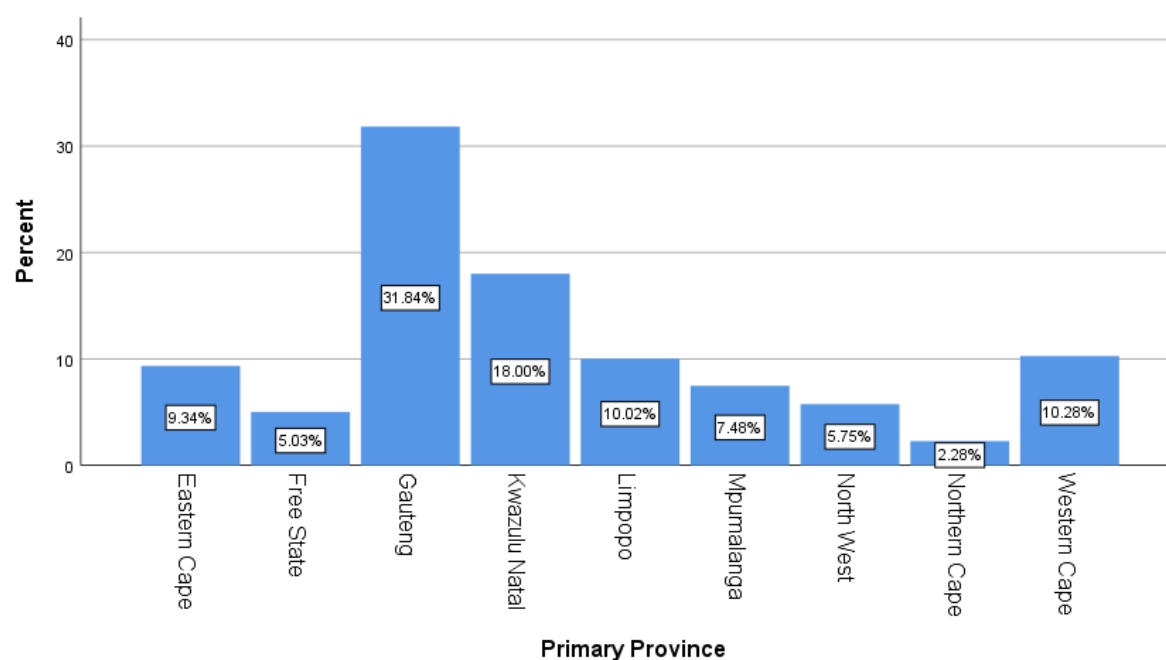


3.3.1.2 Primary registration area

The NPO registration database consists of primary province where the NPO is operating, district, sector, type of NPO and theme which explains the focus of the services being rendered. There were 227118 NPOs registered on the database as of 3 March 2020. Provincially, Gauteng showed a highest percentage of 31.8% followed by KwaZulu Natal with 18.0% which is followed by Western Cape and Limpopo with 10.3% and 10.0% respectively. Eastern Cape comprised of 9.34% of the national NPO

registered while Mpumalanga has 7.48%, North West constitutes 5.75% and Free State being 5.03%. Northern Cape showed the least percentage with 2.28% (Figure 14).

Figure 14 Primary Provinces profile of the registered NPOs with Department of Social Development



From these provinces, the data identified 52 districts, with four districts or metropolitan with highest percent of registered NPOs being City of Johannesburg (8.2%), City of Tshwane (6.7%) Ekurhuleni (6.1%) and City of Cape Town (5.5%). Within the database, 21.2% of the NPOs did not have identified districts. The lowest NPO registrations were from Central karoo with 0.1%, Namakwa with 0.2% as well as ZF Mgcawu, Pixley ka Seme and Overberg all with 0.3% (Table 2).

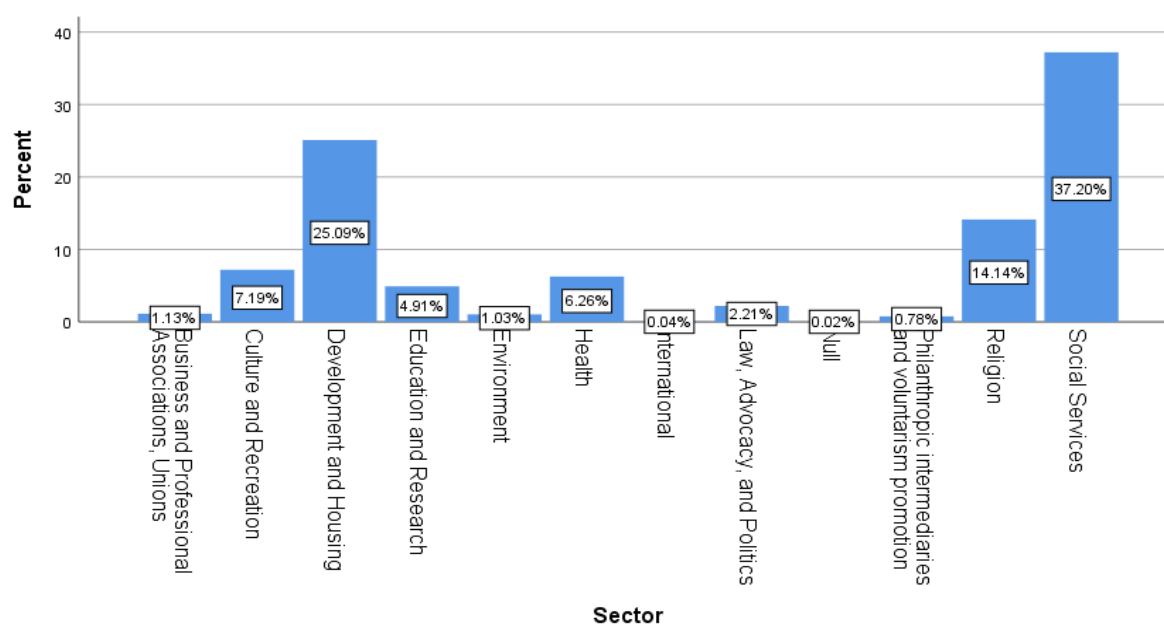
Table 2 Districts profile of the registered NPOs with Department of Social Development

Districts	Frequency (%)	Districts	Frequency (%)
	48058 (21,2)	Lejweleputswa	1596 (0,7)
Alfred Nzo	1003 (0,4)	Mangaung	2165 (1,0)
Amajuba	1472 (0,6)	Mopani	4999 (2,2)
Amathole	2606 (1,1)	Namakwa	391 (0,2)
Bojanala Platinum	3510 (1,5)	Nelson Mandela Bay	3337 (1,5)
Buffalo City	2267 (1,0)	Ngaka Modiri Molema	2921 (1,3)
Cape Winelands	1838 (0,8)	Nkangala	4865 (2,1)
Capricorn	6421 (2,8)	OR Tambo	3376 (1,5)
Central Karoo	201 (0,1)	Overberg	648 (0,3)
Chris Hani	2042 (0,9)	Pixley ka Seme	582 (0,3)
City of Cape Town	12584 (5,5)	Sarah Baartman	1071 (0,5)
City of Johannesburg	18671 (8,2)	Sedibeng	4578 (2,0)
City of Tshwane	15276 (6,7)	Sekhukhune	3365 (1,5)
Dr Kenneth Kaunda	2061 (0,9)	Thabo Mofutsanyana	2454 (1,1)
Dr Ruth Segomotsi Mompati	2042 (0,9)	Ugu	2019 (0,9)
Eden	1792 (0,8)	Umgungundlovu	3099 (1,4)
Ehlanzeni	5968 (2,6)	Umkhanyakude	1812 (0,8)
Ekurhuleni	13823 (6,1)	Umzinyathi	1184 (0,5)
eThekweni	10691 (4,7)	Uthukela	1513 (0,7)
Fezile Dabi	1420 (0,6)	uThungulu	2754 (1,2)
Frances Baard	2597 (1,1)	Vhembe	4668 (2,1)
Gert Sibande	2994 (1,3)	Waterberg	2250 (1,0)
Harry Gwala	1198 (0,5)	West Coast	720 (0,3)
iLembe	1585 (0,7)	West Rand	2834 (1,2)
Joe Gqabi	882 (0,4)	Xhariep	1105 (0,5)
John Taolo Gaetsewe	1024 (0,5)	ZF Mgcawu	589 (0,3)
		Zululand	2197 (1,0)

3.3.1.3 Operating sector

There are twelve sectors which the registered NPOs were operating in, that were identified from the database. The social services have the highest percentage of 37.2% followed by development and housing with 25.1% and religion with 14.1% and culture and recreation with 7.19%. Education and research is 4.91% and the Law and advocacy with 2.21%. With the lowest being business and professional association, unions and environment sectors with 1.013% and 1.03% respectively. Philanthropic intermediaries and voluntarism promotion, null and international have the least percentages of about 0.78%, 0.02% and 0.04% respectively (Figure 15).

Figure 15 profile of the registered NPOs with Department of Social Development



3.3.1.3 Functional areas of the NPOs

There were about 95 functional areas provided by the registered NPOs. Of these 95 functional areas, 85% of the NPOs are only focusing in ten areas, which are culture and arts, Economic, Social and Community Development Economic, Employment and training, HIV/AIDS, Primary and Secondary Education, Religious Congregations and Associations, Services to Children, Services to the elderly, Sports and Youth Services. The highest number of NPOs offered Child welfare, child services (23.7%), followed by economic, social and community development (21,5%) then religious, congregation and association (14,1%) (Table 3).

Table 3 Top 10 Dominant functional areas and focus of the NPOs

Functional areas	Frequency	Percent
Culture and Arts	9535	4,2
Economic, Social and Community Development	48849	21,5
Employment and training	7924	3,5
HIV/AIDS	7150	3,1
Primary and Secondary Education	8404	3,7
Religious Congregations and Associations	32106	14,1
Services to Children	53760	23,7
Services to the elderly	7360	3,2
Sports	6179	2,7
Youth Services	13115	5,8
Total	194382	85,6%

3.4 Conclusion

The database allowed for the profiling of the beneficiaries, which is critical to understand as well as for the sampling strategy. At this stage, only one database which is the NPOs registrations could be profiles, with the existence of database from Applications' appeal confirmed and will have profiled one available to the research..

4

DESIGN FRAMEWORK OF THE BENEFICIARIES SURVEY

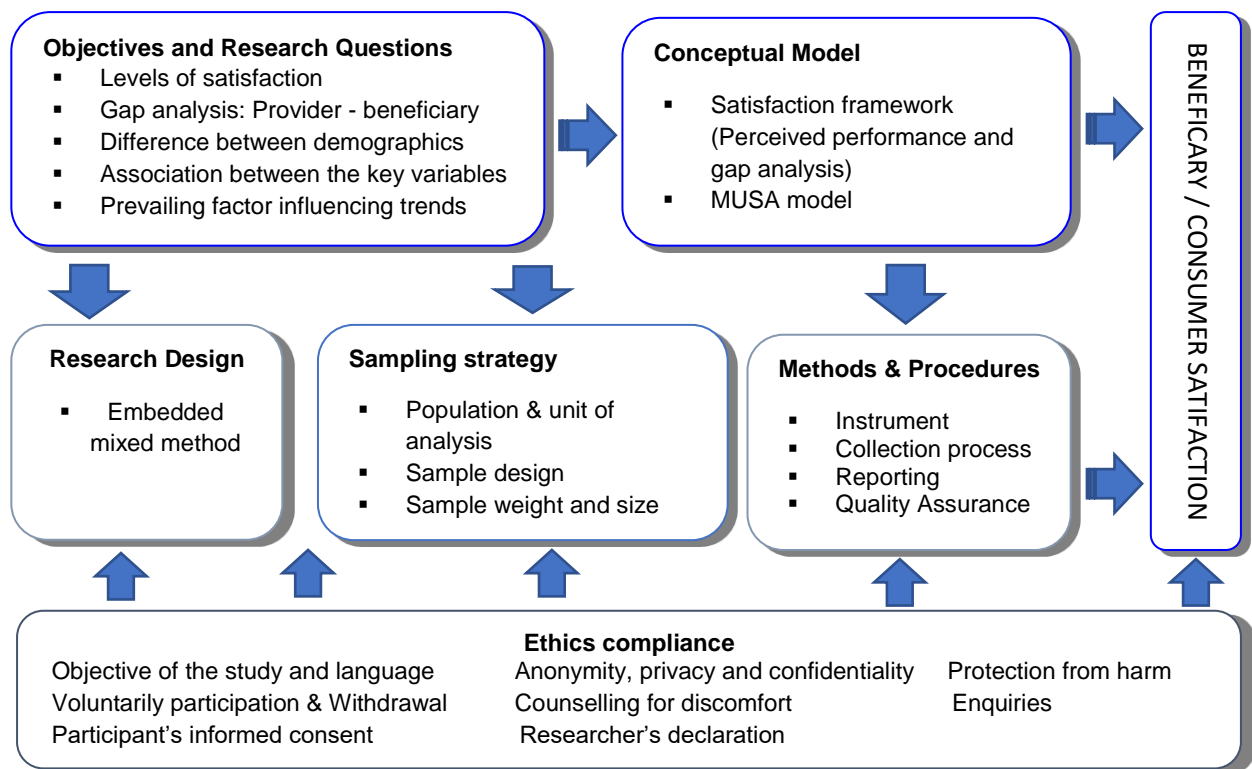
4.1 Introduction

The design of the beneficiary survey proposed a blueprint that the Department of Social Development can use as the guiding principles during the beneficiary satisfaction survey project. The design intertwines the different aspects of the norms and standards of research and aligning to the different aspects of the study as discussed in the previous chapters especially chapter two and chapter three of this report. This provided the literature review based on theory, practices, grey literature as well as databases of the different function-specific clusters. As such, the proposed design was developed within this context.

4.2 Design Framework for the beneficiary survey

Figure 5 present a comprehensive conceptual design framework for the scope, the design and implementation of the beneficiary satisfaction survey for the Department of Social Development. The design encapsulates the objectives, research questions and conceptual model of the study; the research design; sampling strategy as well as the methods and procedures. These will result in robust and credible beneficiary satisfaction survey with rigour. It is critical that all of this is performed in line with acceptable ethical standards for research.

Figure 16 Conceptual design of the customer satisfaction survey



4.2.1 Objectives and Research Questions

As explained chapter 2, when conducting beneficiary satisfaction survey, the focus must be on the judgement of service features that seek to understand the under- or over-fulfilment related to the service (Oliver, 1999). Critically, as Giese and Cote (2000) explains that the consumer satisfaction is an emotional or cognitive response to a particular service at a certain point in time. It is therefore prudent to conduct a perception survey and understand the levels of beneficiary satisfaction, and as such the proposed first objective of the study is:

- To determine the function-specific and consolidated beneficiary satisfaction levels from the services provided by the Department of Social Development.

This objective should be investigated using the following research question:

- RQ1: What are the levels of function-specific and consolidated beneficiary satisfaction from the services provided by the Department of Social Development?

Considering that the format of the beneficiary satisfaction survey is perception based, it is critical to compare the perception of the beneficiary as well as the frontline staff to understand if there is a gap between them in so far as that level. This is important because the perception drives the response. There are several gap analysis models as already explained in chapter 2 which can be used to evaluate the gaps in the perception if any exists (Parasuraman et al.,1985; Curry, 1999; Frost & Kumar, 2000; Luk & Layton, 2002; Shahin, 2010). Within these gaps the interest is on two main gaps; these are the management and employee perception of customer expectations – beneficiary expected service as well as external communications to the customers and the expected services.

As such the proposed second objective of the study is as follows:

- To determine gap between the management and employees of Department of Social Development and the beneficiaries on the services provided by the Department of Social Development

This second objective should be investigated using the following research question:

- RQ2: What is the gap between the management and employees of Department of Social Development and the beneficiaries on the services provided by the Department of Social Development?

The third objective of the study focused on understanding whether there is a difference in the levels of beneficiary satisfaction between the different demographics, with particular interest on the area of stay (province and district), age and gender. Therefore, the third objective is as follows:

- To determine the differences in the levels of beneficiary satisfaction on the services provided by the Department of Social Development between the different demographic groups.

This objective will be investigated using the following research question:

- RQ3: What are the differences in the levels of beneficiary satisfaction on the services provided by the Department of Social Development between the different demographic groups?

The analysis of the functional specific beneficiary cluster shows that there are interrelationships between the services that are provided to either a child, youth, older persons, persons with disability as well as the war veterans. It is therefore prudent to analyse the trends and the correlations and find related variables which might affect the upward or downward trends of the levels of the beneficiary satisfaction. The related association can then be investigated with objective four and five which is:

- To determine the prevailing perceived performance variables for improvement that negatively influence the overall trends of beneficiary satisfaction on the services provided by the Department of Social Development.
- To determine the association between the key variables within the different function-specific cluster linked to consolidated clusters.

These objectives will be investigated with research question four which is:

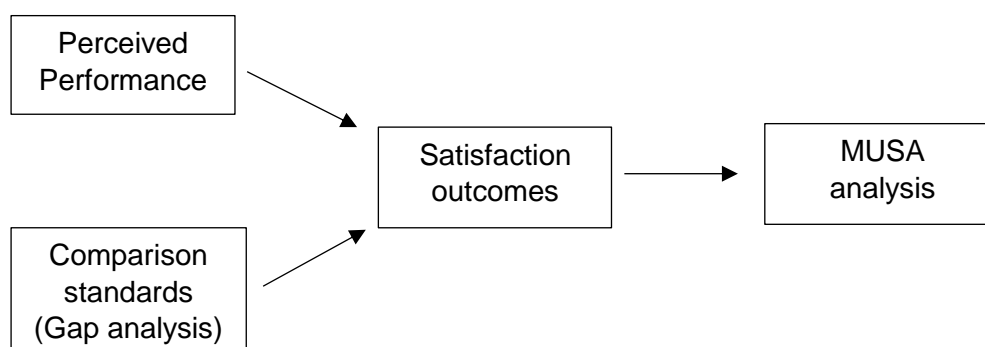
- RQ4: What are the prevailing perceived performance variables for improvement that negatively influence the overall trends of beneficiary satisfaction on the services provided by the Department of Social Development?
- RQ5: What are the association between the key variables within the different function-specific cluster linked to consolidated clusters?

These five objectives and questions will allow the Department of Social Development to effectively investigate and develop and plan on the levels of beneficiary satisfaction as well as their drivers.

4.2.2 Conceptual model application to the Department of Social Development beneficiary survey design

The theoretical literature review focuses on the theory driven literature that has been accumulated related to customer satisfaction. This is an instrumental role in establishing what theories already exist and the interrelationships of the variables. Based on the assessment the preliminary conceptual model is provided in Figure 7.

Figure 17 Conceptual model for the design of the consumer / beneficiary satisfaction studies



The model comprised on perceived performance which are both process and outcomes determinants. Table 4 present the perceived performance which includes the assurance, reliability, responsiveness, credibility, empathy, attitude, behaviour, expertise, ambient conditions, design, social factors and waiting time and confidentiality. There is also a need to access the valence², as it will encapsulate the pleasantness of the service provided by the Department of Social Development. The outcomes are dependent of the function-specific and range from Monitoring Mechanisms, Complaints Procedures for social grant to support group system and Awareness Programmes and Services for Prevention and treatment of substance abuse cluster to Knowledge of appeals process, Cost implications of the appeal and Availability of appeals material for Appeals: Social grant application cluster amongst others (Table 4).

The comparison standards will be based, grounded on Gap Theory. The intention being to understand if there is a difference between the perceived levels of service quality by the officials as well as the beneficiary. This is critical, as there can be difference and a widening gap between these stakeholders, which is not ideal. The outcomes of satisfaction can then be analysed using MUSA model, for the improvement required in the services that are being renders by the Department of Social Development to the beneficiaries. This will allow the DSD to develop action plan to improve that is based on levels of effectiveness and the levels of demand to implement for improvement.

² Pleasantness of service provides (good or bad) irrespective of how the other elements are rated

Table 4 Process and Outcomes measures for function-specific clusters.

Function-specific clusters	Process					Outcomes				
	Waiting time	Attitude & behaviour	Reliability	Ambient conditions	Accessibility & Availability	Monitoring Mechanisms	Complaints Procedures			
1. Social grant specialised cluster	Waiting time	Attitude & behaviour	Reliability	Ambient conditions	Accessibility & Availability	Monitoring Mechanisms	Complaints Procedures			
2. Children welfare services specialised cluster	Waiting time	Attitude & behaviour	Reliability	Ambient conditions	Accessibility & Availability	Effectiveness of protection	Empowerment training			
3. Older persons welfare services specialised cluster	Waiting time	Attitude & behaviour	Reliability	Ambient conditions	Accessibility & Availability	Feedback and Continuous Communication	Complaints Procedures	Availability of health care services	Recreational resources & services	
4. Disability welfare services cluster	Waiting time	Attitude & behaviour	Reliability	Ambient conditions	Accessibility & Availability	Training & Development	Health and safe environment	Access to services	Access to education	
5. Victim empowerment and social crime prevention cluster	Waiting time	Attitude & behaviour	Confidentiality	Empathy	Accessibility & Availability	Specialized Counselling	Identification of Support Group Systems	Protection from harm	Effectiveness of empowerment services	
6. Prevention and treatment of substance abuse cluster	Waiting time	Attitude & behaviour	Confidentiality	Empathy	Accessibility & Availability	Awareness Programmes and Services	Support Group systems	Involvement with social activities	Family support	
7. People affected by HIV/ AIDS	Waiting time	Attitude & behaviour	Confidentiality	Empathy	Accessibility & Availability		Availability of Shelter for the Orphans	Free available medication for Treatment	Programmes on prevention on spread of HIV/AIDS	
8. Food and nutrition and sustainable livelihood cluster	Waiting time	Attitude & behaviour	Assurance			Malnutrition alleviation	Provision of accredited skills and training	Adequate food and nutrition		
9. Socio economic programme and youth development cluster	Waiting time	Attitude & behaviour	Assurance	Consistency		Skills Development	Youth-friendly Programmes		Youth involvement in the programmes	
10. NPO registration cluster	Waiting time	Attitude & behaviour	Responsiveness		Accessibility & Availability	Easy and fast registration process		Awareness of the NPO Act requirements		
11. Appeals: Social grant application cluster	Waiting time	Attitude & behaviour	Responsiveness	Empathy	Credibility	Knowledge of appeals process	Availability of appeals material	Cost implications of the appeal	Simplicity of the process	

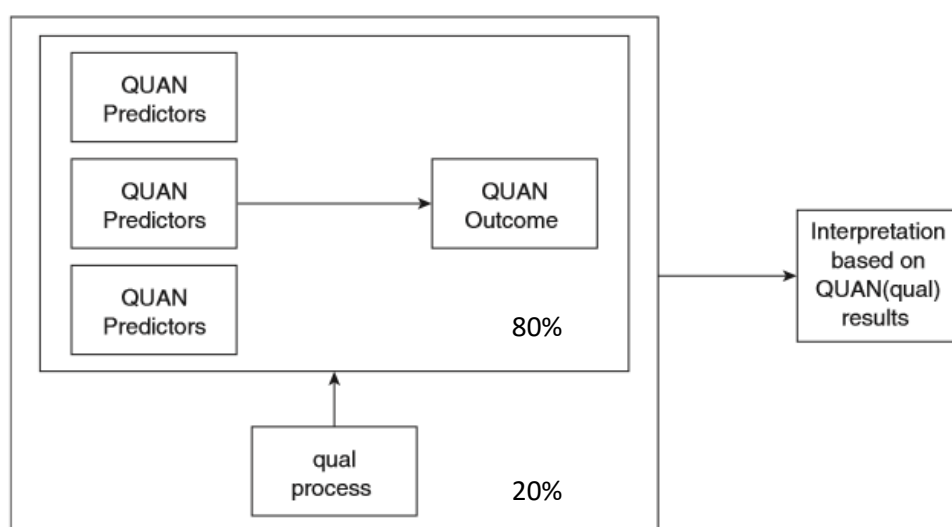
All these eleven function-specific beneficiary clusters are critical for the understand the impact of all these progressive initiatives is yet to be gauged directly with the beneficiaries. These are the areas which deals with policy development and administration activities that are being carried out within the Department of Social Development. These areas include social security policy development, social grant administration, social grant fraud administration, and inspectorate for social security. Their main focus is internally which includes administrative processes on ad hoc basis thus they are excluded on customer or beneficiary satisfaction survey. This all need to be consolidated to the five consolidated beneficiary clusters which are children, youth, older persons, people living with disability and war veterans.

To this end, the focus will be to design the beneficiary survey and collect the empirical data based on function-specific clusters, but design inform for consolidate clusters, so the outcome is both function-specific and consolidated beneficiary survey.

4.2.3 Research design

The study will use a quantitative and qualitative empirical data for the beneficiary or consumer satisfaction survey. Traditionally, beneficiary satisfaction survey uses the quantitative data, with the literature review confirming this view (Ike, 2016, Arumugarajan, 2016; Hasan & Ahmad A, 2018, Sarker et al., 2018; Mahlaba, 2018). As such, the quantitative phase of the research will be the key data and this empirical data will be enhanced with qualitative data focusing on the variables under study, forming a 'embedded' mixed method design (Mtotywa, 2019). Figure 1 presents the schematic view of the embedded mixed method with quantitative phases the primary approach, which is the 'What' part supported by qualitative research approach focusing on 'Why' part of the investigation. This will ensure the rigour of the study, ensuing the credibility and trustworthiness. It is proposed that the embedded mixed design have an 80:20 split of quantitative: qualitative phase of the study.

Figure 18 Schematic view of embedded mixed research design



4.2.4 Sampling strategy

4.2.4.1 Master sample

The Master Sample will be designed in the study to be representative of the comprehensive social security, welfare security and community development programmes. The Master Sample will incorporate the demographic characteristics, such as the type of programme, age, gender, area of residence and others, which are necessary for the feedback on the performance of DSD.

4.2.4.2 Sampling procedure

The study will use multistage sampling, which entails three stages of random sampling based on the hierarchical structure of function-specific clusters within the population of the beneficiaries of the Department of Social Development.

The Department of Social Development is recommended to use the Master Sample (MS) developed with characteristics provided in Table 4. The Master Sample is based on the multiple databases of the Department of Social Development available in March 2020. The Department of Social Development services provided to the beneficiaries was divided into 11 clusters - Social grant, children welfare services, older persons welfare services, disability welfare services, victim empowerment and social crime

prevention, prevention and treatment of substance abuse services, people affected by HIV / AIDS services, food and nutrition and sustainable livelihood services, socio economic programme and youth development services, NPO registration services and application's appeal services.

These function-specific cluster where the primary sampling units (PSUs) since the cover all areas of Department of Social Development. The Master Sample is designed to be representative at provincial level and within district levels. The first level is function-specific clusters. The sample for the Department of Social Development is based on a stratified two-stage design with probability proportional to size (PPS) sampling. The second level are the provincial levels and third level is the key demographic characteristics. As these databases are big, it is ideal to use external programmes, SQL query or within a statistical programme such as STATA (*gsample 10, percent strata (strataident) wor*) or PROC SQL in SAS for stratified random sampling.

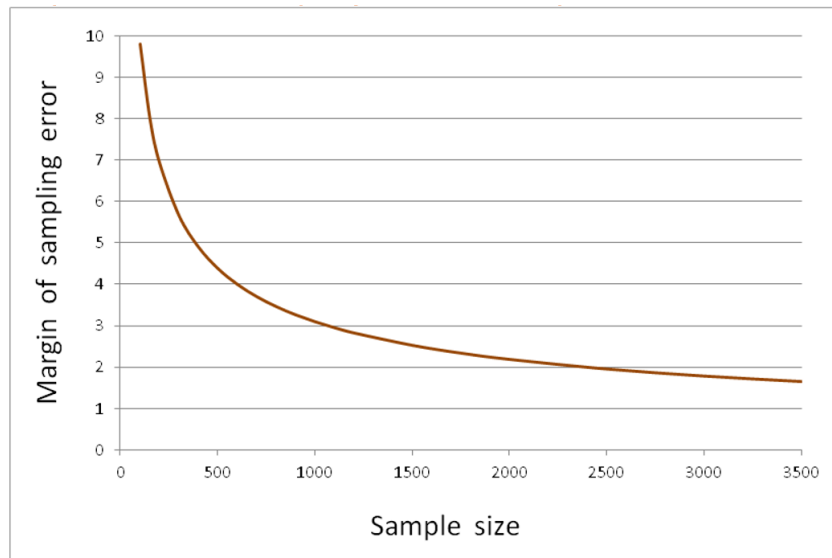
4.2.4.3 Sample weights

Sampling weights are needed to correct for imperfections in the sample that might lead to bias and other departures between the sample and the reference population (Yansaneh, 2003, p5-3). The sampling weights for the data collected from the sampled will be constructed so that the responses could be properly expanded to ensure generalizability of the findings to the selected function-specific and consolidated clusters. The focus will be adjusted to compensate for unequal probabilities of selection, non-response as well as weighted sample distribution for key variables of interest to make it conform to a known population distribution.

4.2.4.4 Sample size and allocations to strata

The sample will be done with probability proportional to size (PPS) These sub-strata will be randomly sampled, based on the proportions, as guided by the Master Sample. The sampling errors occur when the sample selected is not perfectly representative of the population. Care with which the sample will be designed will largely rule out sampling error. The sample size has a relationship with the margin of sampling error, with this error decreasing with increase sample size (Figure 19).

Figure 19 Margin of error and sample size graph



There are several ways which are regarded as the best practice on determining the sample size. These are using the census survey, transfer of sample size from similar studies, using published tables on sample size or applying formulae to calculate the sample size. In this study, the sample of similar studies, and published tables will be used as the guide (Appendix II), with the simplified formula for proportions to calculate the sample size to be used to validate the sample size (Yamane,1967; Tejada & Punzalan, 2012):

$$n = \frac{N}{1 + Ne^2}$$

where n = sample size, N = population and e = margin of error which, in this study, will be 5%, 3%, 2% and 1% for 95, 97%, 98% and 99% confidence levels, respectively (Table 5). The sample size for the Gap analysis should be equivalent to 10 - 20% of the beneficiary sample size for the officials.

Table 5 Sample size for the strata

Databases	Margin of error			
	5%	3%	2%	1%
SASSA grant database	TBD	TBD	TBD	TBD
Welfare database	TBD	TBD	TBD	TBD
VEP database	TBD	TBD	TBD	TBD
Prevention and treatment of substance abuse database	TBD	TBD	TBD	TBD
People affected by HIV/AIDS data base	TBD	TBD	TBD	TBD
Community development database	TBD	TBD	TBD	TBD
NPO registrations	384	1301	3333	15459
Grant application Appeals	340	907	1576	2505

TBD – To be determined

4.2.5 Methods and procedures

The methods and procedures comprise of the instrument that is used to collect the data, the collection process, analysis and reporting as well as quality assurance approach to ensure the credibility of the study.

4.2.5.1 Research instrument guidelines

The research instrument must be concise and effective to collect the required data. Considering the target sample, it is ideal that the instrument must be in multiple languages, in all 11 official language as well as the sign language (Table 6). The instrument length should not be more than 30 minutes, as longer instrument might make beneficiary not interest to complete or have increase chance of it being partially completed. The instrument should have the following areas and format. A combination of quantitative and qualitative questions, and should comprise of demographic information, process performance measures and outcomes performance measures as per Table 4. The performance measures should be Yes/ No/ I don't know answer, 5-point Likert scale (Strongly disagree, Disagree, Neutral, Agree, Strongly Agree) and rating or ranking from 1 to 10 (1 being poor or low and 10 being Excellent).

Table 6 Languages in South Africa

Language name	
English	Endonym
<u>Zulu</u>	isiZulu
<u>Xhosa</u>	isiXhosa
<u>Afrikaans</u>	Afrikaans
<u>English</u>	English
<u>Northern Sotho</u>	Sesotho sa Leboa
<u>Tswana</u>	Setswana
<u>Sesotho</u>	Sesotho
<u>Tsonga</u>	Xitsonga
<u>Swati</u>	siSwati
<u>Venda</u>	Tshivenda
<u>Ndebele</u>	isiNdebele
<u>SA Sign Language</u>	

Source: Wikipedia

4.2.5.2 Data collection method

The data collection should be face-to-face across the country in sampled areas, with data collected within the functions, such as in pay points for social grants and others. Two approaches are ideal for the collection, and these are individual surveys as well as focus group (Leedy & Ormrod, 2015, Mtotywa, 2019) This will allow for the interaction with beneficiary, which can allow for an informed survey interview with the fieldworker being able to explain everything to the beneficiary.

For the individual survey, WordPress which is an open-source content management system written in PHP and paired with a MySQL or MariaDB database should be employed, for the collection using paperless exercise with paper-based collection as backup. This will ensure that there is an immediate online submission, and continuous review of the state and quality of collected empirical data. This will also ensure the security of the data. During this collection the fieldworkers can use an electronic platform link to log in and complete the data, with the administers survey, or provide to the beneficiary for the self-administered survey (beneficiary). The focus group should also be conducted face-to-face and captured online.

4.2.5.3 Data analysis and reporting

The empirical data that should be collected in the beneficiary survey study will be both quantitative (numeric based) and qualitative (text based). The statistical data analysis should be conducted with a common statistical Package such as SPSS or STATA or SAS, with recommended test provided in Table 5. The data to profile the respondents will be analysed using frequency and percentage frequency as well as visually using pie charts and histograms. In considering the design of the customer survey, other statistical methods will be advanced, which included mean, median and standard deviation for central tendency and spread, cross tabulation and Chi-square for association, as well as the t-test and analysis of variance (ANOVA) for the differences and Chi-square for association. The qualitative data should be analysed using content analysis with the help of computer aided program such as ATLAS.ti or NVivo.

Table 7 Statistical test for the research questions

Research Question	Quantitative data	Qualitative data
Research question one	Descriptive statistics, Frequency (%), Mean (standard deviation), Median and Percentile / Quantile, One sample t-test	Content analysis
Research question two	Descriptive statistics	Content analysis
Research question three	Independent t-test, ANOVA	Content analysis
Research question four	Rank order and Friedman test, one sample t-test	Content analysis
Research question five	Cross-tabulation and Chi-square	Content analysis

4.2.5.4 Quality assurance approach

The design must be such that there is validity, reliability, as well as authenticity of the study. This can be achieved if there is generalisability of the results, relevance and adequacy of the sample, while also accounting for sampling error and interviewer errors.

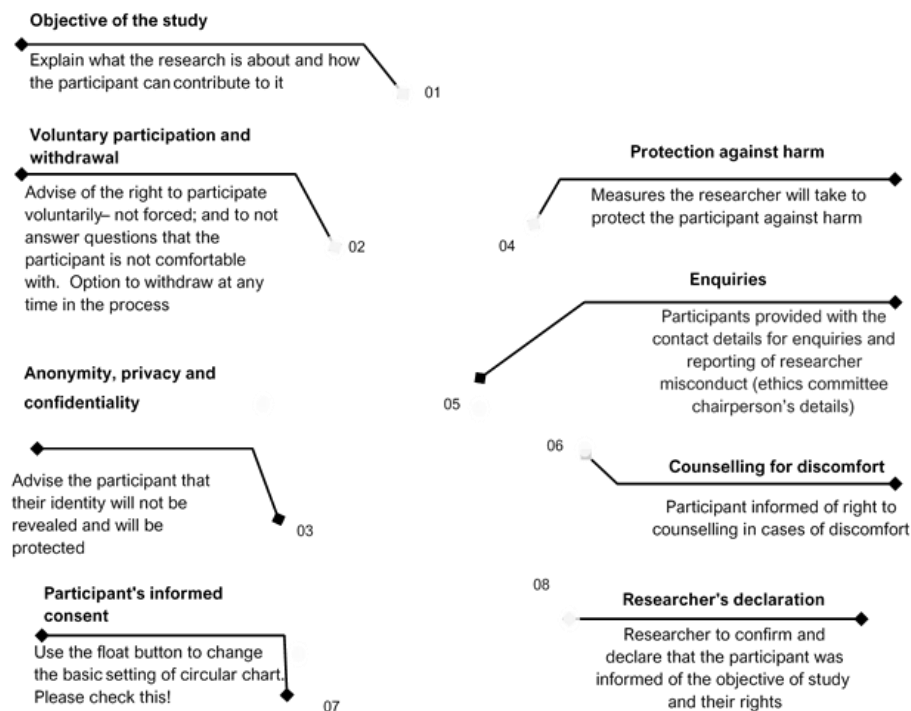
- Adequacy and relevance of the sample. The credibility and the rigour of the qualitative data will be ensured with relevance of the sample, adequacy of the sample (Guetterman, 2015), and evidence-based reporting, including contradictions (Shenton, 2004).

- Conduct Pilot study. The designed instrument will undergo a pilot study that will ensure that there is content validity, focusing on whether the objectives of the study and the instrument are congruent to each other, the ease of understanding and this will also be enhanced by developing the questionnaire in multiple vernaculars (3 -5) which are part of the South African official languages.
- Eliminate Interview error. The quality plan must ensure that it is developed in a way that will eliminate the interview errors, which occur mainly due to the results of the field workers, related to errors in asking questions and recording. The level of experience of fieldworkers will largely eliminate these errors, with continuous quality assessment, checkbacks internally, and audit by the clients assisting to eliminate these errors.
- Qualitative data coder error. The errors during analysis, especially in qualitative data, will be eliminated by having multiple coders and conducting an inter-coder agreement analysis in Atlas.ti (Frieze, 2019).
- Internal consistency reliability. Quantitative data will be analysed for internal consistency reliability using Cronbach Alpha, to ensure all the dimension (themes) are reliable and ask the related questions or statements.

4.2.5.5 Ethical compliance

There are several guidelines that need to be followed that there is ethical consideration in a work (Mtotywa, 2019). Ethical considerations are of utmost importance since the DSD beneficiaries are most vulnerable. It because mandatory that Department of Social Development must have the checklist which the researcher must adhere to in this study (Figure 20).

Figure 20 Ethical consideration in research



Source: Mtotywa (2019)

The following ethical guidelines are recommended to ensure the compliance with the ethical standards.

- Objectives of the study and language. The objective of the study must be explained to the participant and his co-operation obtained. The researcher must use the language that the participant prefers and understands.
- Voluntary participation and withdrawal at any time during the interview. The researcher must explain to the participant as implied by the principle of informed consent, participation is voluntary and not subject to any coercion or threat of harm for non- participation (Vanclay, et al., 2013). Participants must be made aware that they can withdraw at any stage during the interview.
- Anonymity, privacy and confidentiality. The participant must be assured that their identity will be kept anonymous, their responses confidential. When information is entrusted to a researcher in confidence, such confidentiality must be protected.
- Participants informed consent/parent or guardian assent. The researcher must obtain informed consent from the participant or in the case of minors' parent or

guardians must assent to the collection of information. Informed consent of assent must be obtained in writing after the researcher has explained to the participant what the information is about and how it will be utilised.

- Protection against harm. It is fundamental that no harm must come to participants as a result of their participation in the research (Vanclay, et al., 2013). It is the responsibility of the researcher to ensure that the participants will not suffer any pain or harm.
- Counselling for discomfort. The researcher must organize and inform the participant of their right to access counselling in case of discomfort during the interview.
- Researchers declaration. The researcher must ensure that they make a declaration that the participant was given information about the objectives of the study and their rights were explained.
- Enquiries contact details. The researcher must make sure there is contact details for enquiries and reporting of researcher's misconduct (Mtotywa, 2019). Good ethical governance requires that participants have access to a procedure and recourse to corrective action. The grievance procedure must be procedurally fair, and properly disclosed to participants (Vanclay, et al., 2013)

4.3 Conclusion

The chapter present the overall design of the study, which should guide the beneficiary satisfaction survey. To ensure that it is comprehensive the design incorporated the objectives and research questions which guide the investigation as per the problem analysis, the conceptual model application, the research design stipulating the research approach, sample strategy, guidelines to the development of research instrument, data analysis and reporting as well as the ethical consideration that should be adhered to in the study.

5

MONITORING RESEARCH GUIDELINES

5.1 Introduction

Monitoring the research is critical for the Department of Social Development as it will ensure that it keeps up to date with the research project. This encompasses ensuring that the researchers are executing the research in accordance with the research proposal and / or signed inception report or protocol and that the researchers are conducting quality research and also in an ethically acceptable manner. Having monitoring in place ensures that there is overall involvement in both the process and the outcomes of the research study.

5.2 Critical elements of research monitoring

Figure 21 highlights the six critical elements that are important for monitoring the research. These are Institutionalised reviews, Training of field workers / data collectors, Fieldwork observation and audit, Inclusion of Sample Weighting, Compliance to ethical standards and Contextualisation of limitations. Following these guidelines assist to ensure the external validity of the study (Diamantopoulos & Schlegelmilch, 2003; Saunders, Lewis & Thornhill, 2016)

Figure 21 Critical elements in research monitoring



5.2.1 Institutionalised Reviews

Monitoring of research starts with institutionalized review or progress meetings of a team leader with the research staff of his programme. Such meetings should be scheduled on a fixed time schedule basis, monthly. Very often research institutes schedule this type of meetings upon completion of pre-agreed milestones and understand the plan of action of the following phase and required assistance from the different stakeholders. In order to ensure a smooth and continuous process it is recommended that the same people attend these meetings, and this is generally done following a steering committee format.

5.2.2 Training of field workers/data collectors

Training of the field workers/data collectors is very important and must be carried out. The purpose of the training is to make sure the data collectors understand the study, they understand the questionnaire and its alignment so that they will be consistency during its administration. This training must be conducted by the researcher and should cover the theoretical aspect and the practical aspect. The theoretical aspects should involve the introductions, project overview and methodology, which included, amongst others, the inclusion and exclusion criteria and ethical considerations. The practical aspects the

emphasise on assessing the ability of the data collector to use the instrument effectively in order to obtain the requisite data from participants. The training manual must be available. This training must be done in the classroom type of a set-up with simulated interviews and role plays, and then with the participant as part of the pilot study.

5.2.3 Fieldwork observation and audit

The project manager and senior field researcher should monitor the field work and constantly communicate with the field researchers and do on the spot training where necessary. Any material issues of concern should be addressed immediately and records. The Department should also conduct their own observation of the field work and raise issues with the researcher.

5.2.4 Inclusion of Sample Weighting

Sample weighting consists of making the sample of survey respondents more representative of the statistical population. As such, incorporating sample weight is critical to account for unequal probabilities of selection, non-response as well as weighted sample distribution for key variables of interest

5.2.5 Compliance to Ethical Standards

The ethics approval in writing must be obtained prior to conducting the study from a recognized institution. This is particularly important because the study is on vulnerable human subjects. During the data collection phase, the written informed consent must be obtained from all participants. This should include the certificate of consent and the statement of declaration by the data collectors that they obtained the information without coercing the participant. In this informed consent, the participant must be told about the nature of the study and provided with the option to participate or not. All participation in this study should be strictly voluntary. The informed consents were also translated to the local dialect (participants' letter and certificate of consent), ensuring that all participants understand the nature and content of the consent.

Confidentiality of the interview must be ensured throughout the data collection process, including data management, data access, and use of the information. No

names should be recorded on the data collection forms. Hard copies or any other data capturing format of the data collection material should not include personal identifiers or ID codes linking the data to any information about the participants or their organization. The study must respect the participants' right to privacy. Under no circumstances should the report, either written or oral, be presented in such a way that others become aware of how a particular participant responded or behaved.

5.2.6 Contextualisation of Limitations

The study should clearly identify limitations so that the report can be read in the context in which the study was undertaken. This is done so as to be able discern the extent to which findings can be generalised. The researcher must detail the limitations as wide as is practically possible so that the findings are properly contextualised. These limitations generally involve the research shortcomings which have resulted amongst others the conditions that placed restriction on the methodology as well as the conclusion about the findings of the study. It is imperative that efforts are made to eliminate all controllable limitations.

6

CONCLUDING INSIGHTS AND RECOMMENDED WAY FORWARD

6.1 Insights of the study

The study objectives as well as the scope of work is identified in the terms of references (RFQ10/2019) and highlights three objectives of the study which are the review of the literature and beneficiary survey, analysis of available database for demographic profile as well as scope and design the beneficiary satisfaction survey.

6.1.1 Review of literature on beneficiary survey

The first objective of the study is to review international and local studies on beneficiary satisfaction surveys. The focus was on the review of scope, nature and success of beneficiary / customer satisfaction surveys specifically targeted towards service delivery in the Social Development Sector, as well as information concerning the best way to go about measuring beneficiary satisfaction. The major insights from this review are as following:

- Perceptions are the realities. It is best practices that when conducting a customer or consumer or beneficiary satisfaction survey. This survey is conducted by understanding the perceptions of the beneficiaries. This is because those perceptions are their realities and that is what they then use to make a judgement about whether a service is good or bad.

- Beneficiary status has little influence on satisfaction. The beneficiaries are not paying customers like in the case of the Department of Social Development who provides social assistance. Despite this being the case, it does not necessarily propel them to settle and accept whatever type of services they get and would not complain about them. As such the beneficiaries would use the same standard if not stringent ones to judge the level of services and pronounce on the level of satisfaction.
- Comprehensive assessment of service. Although the majority of the studies within service quality which is generally a proxy for customer or consumer, or beneficiary satisfaction uses process performance measures. Literature highlights that people tend to judge the service quality based on both the technical quality which is the service outcome quality as well as functional quality which is the service process quality. Having both of them is important as the interest on technical quality is on how well the core service meet their expectations while the functional quality is interested on the effect of the interaction process, meaning how there is perceived service delivery process.
- Gap between the stakeholders. It is also evident from the review that the service provider and the beneficiary or customer can view the level of the services in different ways. This culminate in one stakeholder not understanding what the big fuss is about as they might believe the service is good while the others do not. As such it is regarded as a good practice to also evaluate the services both from the perspective of the supplier, i.e. the officials and also the beneficiary and quantify the gap between these two using the gap theory.
- Analysis is required beyond knowing the satisfaction levels. Knowing the levels of beneficiary satisfaction and even the difference between the different groups or cohort is one element of the work. Beyond this it is important to understand and identify the problematic areas that require improvement and prioritise them in terms of implementation based on their effectiveness or importance and the effort that is required to implement. This is important as there is no organisation or entity that has got bottomless resources and can do everything all at once.

These insights provide pre-requisite perspectives on designing a beneficiary survey for the Department of Social Development.

6.1.2 Database and demographic profile of beneficiaries

The second objectives of the study were to identify all administrative data that exists pertaining to beneficiaries of the Department of Social Development. The focus was to review the existing documents (grey literature) and literature review and to list the nature of all available administrative data on the Department Social Development beneficiaries and analyse the dataset on these beneficiaries to provide a demographic profile.

It is evident from the grey literature that there have been efforts to understand some of the elements of satisfaction or state of services within the Department of Social Development. Top of mind are some of the studies that were conducted by Victim Empowerment in 2011 and again in 2017, and Rapid Beneficiary Recipient Satisfaction Survey on SASSA Payment Options in 2018. Although these were some of the work done, there were no comprehensive studies that covered all diverse areas of the three programmes of Department of Social Development. Furthermore, there was no study that showed a consolidate view of the levels of satisfaction from the multiple services that are being provided to the child, youth, people living with disabilities, elderly people as well as war veterans. This confirms the need for the beneficiary satisfaction survey.

What exacerbate the situation is that the grey literature has highlighted a lot of fluidity and changes within the Department of Social Development and the expectations from a country-wide level on service delivery and critical role of Department of Social Development. This means identifying the levels of satisfaction and the problematic areas and intervening to improve can further enhance the value that the Department of Social Development makes to especially pro-vulnerable persons in the society especially those living with disabilities, children and older persons particularly those in the rural areas.

The grey literature has shown that the Department of Social Development provides about eleven key services to beneficiaries which are clustered as social grant, children welfare services, older persons welfare services, disability welfare services, victim empowerment and social crime prevention services, prevention and treatment of substance abuse services, people affected by HIV / AIDS services, food and nutrition

and sustainable livelihood services, socio-economic programme and youth development services, NPO registration services and application's appeal services.

There are several identified databases for the beneficiaries and these databases can be very useful for profiling the demographics as well as for sampling.

6.1.3 Design of beneficiary satisfaction survey

The third objective of the study was to conduct preliminary work, which is envisaged to determine the scope, the design and implementation of the beneficiary satisfaction survey for the Department of Social Development.

A comprehensive scope and design of the study involves developing objectives and research questions that is clearly focused and comprehensive, which can then be contextualised by a conceptual model that is developed from the literature review. These questions can then be investigated with an effective research design, with the mixed method being the optimal as it brings the best of both the quantitative and qualitative design so as to ask help answer both the 'What' and 'Why' questions. In addition, to the design, it is important to have a sampling strategy that is credible as this ensures credibility of the research based on how the sample design, sample weights and size are handled. To execute the research best practice methods and procedures need to be followed from the development of the instrument, data collection method or approach, data analysis as well as approach to quality assurance. All of this must be done ensuring that the research adheres to ethical standards. All these elements are important to have a research with validity and reliability.

6.2 Limitations of the study

This study like any other studies is not without limitations. There were several limitations that we identified in this study. These were challenges associated with availability and accessing of the databases for the beneficiaries. Although this is the case efforts are still ongoing to be able to access the databases. The other limitation of the study is that although the grey literature was available it is not as controlled like published literature. Despite this, as it is mainly the internal information it provides invaluable information in shaping the study.

6.3 Recommended way forward

Based on the literature reviewed including the grey literature the administrative databases of the beneficiaries and the design of the study, the following recommended way forward is made:

Firstly, rigour and margin of error tolerance is critical in the study. In sampling of the strata margin of error which are 5%, 3%, 2% and 1% were made. It is recommended that the department of Social Development should conduct a study targeting between 2% and 3% margin of error which equates to 98% to 97% confidence levels. This is regarded as the acceptable tolerance level with 5% regarded as acceptable in general however, in studies with large data and country wide reach it is not generally ideal.

Secondly, comprehensive analysis which incorporates both function-specific and consolidated clusters is the way to go. Considering the diversity and the structure of the Department of Social Development it is recommended that the study should provide insight at both function specific as well as consolidated levels. Function-specific allows for the officials to have a clear sight of the feedback on their individualised services however, the reality is most of the beneficiaries obtain multiple services from Department of Social Development. So, having a consolidated view of satisfaction is the ultimate the most valuable information for the Department of Social Development.

Thirdly, value maximisation to incorporate improve analysis. It is recommended that the customer satisfaction survey is structure in a way that will maximise value by incorporating all the elements especially in outcomes that will have to shape the improvement and all strategic requirements of the Department of Social Development.

Fourthly, an online based study. It is recommended that the study is conducted face-to-face using online electronic means to a secured database (WordPress). This will eliminate the tediousness of paper base and minimise the errors of capturing as well as storage of the data. This can also make the quality assurance easier and improve the accuracy and credibility of the study.

Fifthly, it is recommended that the sampling must not be manual but use options such as SQL query or other forms to ensure that sampling for generalisability is optimised to improve the overall representation of the result to the population.

Lastly, a multi-year study. There are eleven function-specific clusters which are as social grant, children welfare services, older persons welfare services, disability welfare services, victim empowerment and social crime prevention services, prevention and treatment of substance abuse services, people affected by HIV / AIDS services, food and nutrition and sustainable livelihood services, socio-economic programme and youth development services, NPO registration services and application's appeal services. It is recommended that this study should be a multiple year studies, ideally three years, where 3 – 4 clusters can be covered in each financial year. This can ensure that there is rigour in the study, and their budgetary requirement are not as high as it would be if everything is consolidated into one financial year.

6.4 Concluding remarks

This preliminary work on the beneficiary satisfaction survey has managed to outline the necessary guidelines that the Department of Social Development ought to consider in embarking on a full-scale beneficiary satisfaction survey. It is evident from the problem analysis that there is a need for the Department of Social Development to embark on a research study to understand the level of beneficiary satisfaction and identify the areas that require improvement in their quest to improve the level of service delivery. The design provided as well as the research monitoring guidelines will assist the Department of Social Development in their decision making including their budgetary requirements for the beneficiary satisfaction survey.

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