**QUESTION FOR WRITTEN REPLY**

**QUESTION NO. 1191**

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**INTERNAL QUESTION PAPER 20 – 2020**

**1191. Mr A C Roos (DA) to ask the Minister of Home Affairs:**

Whether, with reference to his reply to question 187 on 1 June 2020, his department engaged in any public participation process regarding the new Home Affairs Access Model for the optimal location of front offices to ensure that accessibility modelling done on a computer makes sense on the ground?    NW1496E

**REPLY:**

1. The development of DHA Access Model adopts scientific methodologies rather than a subjective approach in the determination of optimal locations for its service points to ensure provision of equitable access to its services. However, the department conducted the Customer Satisfaction survey in 2018 which confirmed that the department’s service points are not located optimally and not fairly distributed.
2. The Accessibility Modelling that is done on the computer utilises the accessibility modelling software which applies and run three accessibility models, that is, Expansion, Reduction and Relocation Model. These accessibility models takes into account realities on the ground, including demographics of the population (distribution, composition and concentration of the population), geographical areas within the country and spatial information related to geographic coordinates of the existing offices, road network and distance norms and mode of transport available to citizens.

To be more specific, the following information pertaining to realities on the ground is incorporated into the accessibility modelling software during the process to determine optimal locations:

* 1. *Demographic information on the distribution of the population, using Population Census 2011, Community Survey 2016 and Population estimates.*
	2. *Existing geographic areas, that is, urban and rural areas, including villages, towns and suburbs from where the target population is located; The target population for the department’s services is the total population and every individual interact with the department more than five times in their lifetime.*
	3. *The road network including information on the speed limits for different types of roads within the country and different modes of transport;* *Road network information, including national, secondary and tertiary roads and footpaths which are used create distance tables that provide information on the distance from each geographic place to every other geographic place. This information provides better link between communities, DHA service points and the road network*
	4. *The geographic coordinates of existing service points which are used to determine the service delivery gap and the actual distance citizens currently travels to the department’s service points*
	5. *Geographic access norms and standards and population parameters for different types of service points are also incorporated into Accessibility Model. The imported geographic access norms and standards include:*
* Distance norm, the emphasis is on the distance that citizens travel to reach DHA service points. The revised distance norm for the department’s services is 25km in Urban areas and 20km in rural areas.
* Population threshold of DHA service points, which provides the minimum number of beneficiaries which can be served at different types of DHA service point per year.
	1. *Furthermore, the department has further integrated the geographic access norms in other standards which take into consideration the quality and affordability of DHA services and the needs of people with physical and other vulnerabilities. These include:*
* Service standards, these covers the turnaround times, operating times, processing times, the cost and quality dimensions of DHA services
* Internal capacity standards, provides adequate staffing, productivity and infrastructure required for different types of services points
* Facility standards, includes physical accessibility standards and space specifications which are used to develop DHA Model office required for the construction of new service points and refurbishment and reconfiguration of existing service points.
	1. *Accessibility statistics are generated and maps showing optimum locations of service points produced using ArcMap.*
1. The model begins locating the optimal sites for facilities based on where the largest concentrations of beneficiaries are located. Facilities are continually added until all optimally located sites have been identified. As each of the facilities is added, the accessibility model takes into consideration competition between services points for beneficiaries situated nearby and the location of facilities is continually adjusted to ensure that beneficiaries’ area allocated to their closest service point.

It must be noted that optimal sites might not be identified in some areas, particularly where geographic access standards and population parameters of the different types of service points could not be met. In such instances, the department considers other ways in which access to DHA services can be improved. The department, uses mobile services, participate in Thusong Centre and further uses eHomeAffairs as complementary channels to its facilities.

1. The DHA Access Model will provide the total number of facilities as well as the total number of mobile visiting points required for the department in order to meet the service delivery needs of the people and attain its Constitutional mandate.
2. In conclusion, accessibility modelling conducted on a computer takes into consideration realities on the ground and services provided to clients on an equal basis, for example, every client is to travel a maximum of 25 km to DHA service points in urban areas and every client residing in rural areas travels a maximum of 20 km to DHA service point. Therefore, the primary goal of the DHA Access Model is to:
* Assess the distances that citizens currently travel to the department’s service points in order to identify the gaps in provision of services
* Address the needs of citizens to access facilities within urban and rural areas in an equitable manner and
* Develop strategies on affordable solutions to improve geographic access to the department’s services

The DHA Access Model is based on a 25km distance norms in urban areas and 20km distance norm in rural areas. Once the Model is finalised, the department will conduct consultative workshops and meetings with stakeholders and beneficiaries to get an understanding of a reasonable distance from their perspective given the socio-environmental and economic factors. The department will continue improving geographic access to its services through the reduction of distance norms given the changes in the distribution of the population, composition and concentration of the population, changes to socioeconomic and other characteristics, including migration, changes to human settlement patterns and new developments.

**END**