Report on the Assessment of the Effectiveness of the Batho Pele Policy in Public Service Delivery

Public Service Commission

June 2012
Vision

A champion of public administration excellence in democratic governance in South Africa.

Mission

To promote the Constitutionally enshrined democratic principles and values of the Public Service by investigation, research, monitoring, evaluating, communicating and reporting on public administration.
Report on the Assessment of the Effectiveness of the Batho Pele Policy in Public Service Delivery
Foreword

The democratic government of South Africa has based its Public Service transformation programmes on a service user-centred service delivery approach. In line with this approach, government adopted the White Paper on Transforming Public Service Delivery (WPTPSD) in 1997. Commonly known as the Batho Pele policy, the White Paper requires departments to ensure that citizens’ needs become the main focus of public service delivery and that all citizens have equal access to public services of the same high quality1. Therefore, the effective implementation of the Batho Pele framework is an important indicator of progress made in building such a service user-centred Public Service.

Since 2000, the Public Service Commission (PSC) has, within its Constitutional mandate of monitoring and investigating adherence to applicable procedures in the Public Service, conducted studies to assess the level of compliance with the implementation of the Batho Pele policy by departments. This has culminated in a series of evaluations on the implementation of each of the Batho Pele principles in the Public Service. However, these studies have largely focused on the extent of compliance with the Batho Pele policy. As part of taking its oversight further in this area, the PSC has, therefore, decided to conduct a study focusing on the effectiveness of the Batho Pele policy in improving public service delivery. This study thus goes beyond compliance issues, and examines the difference made by departments in their implementation of the Batho Pele policy.

I trust that this report will once again draw the attention of the Public Service to the importance of the Batho Pele principles in service delivery. The recommendations contained in this report, if implemented, could contribute to the effectiveness of the Batho Pele in ensuring that citizens receive the services they were promised and are empowered to meaningfully take part in the decisions on public service delivery. It is hoped that the report will further contribute to the internalisation of the Batho Pele principles in all departments’ service delivery initiatives.

MR B MTHEMBU
CHAIRPERSON: PUBLIC SERVICE COMMISSION

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<td>AG</td>
<td>Auditor-General</td>
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<tr>
<td>ARC</td>
<td>Annual Report to Citizens</td>
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<td>BID</td>
<td>Base Identity Document</td>
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<td>CAS</td>
<td>Crime Administrative System</td>
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<td>CDW</td>
<td>Community Development Worker</td>
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<td>CPF</td>
<td>Community Policing Forum</td>
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<td>CHC</td>
<td>Community Health Centre</td>
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<td>CLO</td>
<td>Community Liaison Officer</td>
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<td>CPF</td>
<td>Community Policing Forum</td>
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<td>DAR</td>
<td>Departmental Annual Report</td>
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<td>DHA</td>
<td>Department of Home Affairs</td>
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<td>DoH</td>
<td>Department of Health (refers to specific Provincial Department of Health)</td>
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<td>DoP</td>
<td>Department of Police</td>
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<tr>
<td>DoSP</td>
<td>Department of Social Development (Refers to specific Provincial Department of Social Development)</td>
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<td>DHSD</td>
<td>Department of Health and Social Development (refers to specific Provincial Department of Health and Social Development)</td>
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<td>DPSA</td>
<td>Department of Public Service and Administration</td>
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<td>DRA</td>
<td>Development Research Africa</td>
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<td>EEP</td>
<td>Employment Equity Plan</td>
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<td>EPWP</td>
<td>Expanded Public Works Programme</td>
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<td>HBC</td>
<td>Home Based Care</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>HoD</td>
<td>Head of Department</td>
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<td>HR</td>
<td>Human Resources</td>
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<td>ICT</td>
<td>Information and Communication Technology</td>
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<td>MEC</td>
<td>Member of the Executive Council</td>
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<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
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<td>MTSF</td>
<td>Medium-Term Expenditure Framework</td>
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<td>NGO</td>
<td>Non-Governmental Organisation</td>
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<td>NICRO</td>
<td>National Institute for Crime Prevention and Re-Integration of Offenders</td>
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<td>Non-Profit Organisation</td>
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<td>NPR</td>
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<td>Performance Management Development System</td>
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<td>PSC</td>
<td>Public Service Commission</td>
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<td>RDS</td>
<td>Refugee and Deportation System</td>
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<td>SCM</td>
<td>Supply Chain Management</td>
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<td>SDIP</td>
<td>Service Delivery Improvement Plan</td>
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<td>SGB</td>
<td>School Governing Bodies</td>
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<td>TB</td>
<td>Tuberculosis</td>
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<td>VPN</td>
<td>Virtual Private Network</td>
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<td>WPTPS</td>
<td>White Paper on the Transformation of the Public Service</td>
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<td>WPTPSD</td>
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Executive Summary

Since 2000, the PSC has conducted a series of studies to assess the level of compliance with
the implementation of the Batho Pele policy by departments in the Public Service. These
studies, however, did not assess the effectiveness of the Batho Pele policy in improving
service delivery, but focused only on compliance by departments. This assessment seeks
to address this gap, by providing a report on its actual effectiveness across the country.

The broad aim of the study was to assess the effectiveness of Batho Pele in public service
delivery. The specific objectives of the study were to:

• Assess the level of implementation of the recommendations contained in the PSC
  reports on the implementation of the Batho Pele principles in the Public Service.
• Establish the effectiveness of the methodologies used by departments to effect the
  transformation priorities of the WPTPS.
• Establish the impact that the implementation of the Batho Pele has had on
  departmental service delivery.
• Determine challenges and constraints that are hampering effective public service
delivery.

In line with the above objectives, the study sought to establish the effectiveness of
departments’ efforts to implement the Batho Pele principles in transforming service
delivery. Service users’ views are an important indicator of departments’ effectiveness
in transforming and improving service delivery, therefore their views were sought. The
key findings in relation to the provincial and national departments are discussed below.

With regard to the Provincial Departments of Health (DoH) and Social Development
(DoSd) in the Eastern Cape, sampled service users were of the view that the
Departments were effective in improving accessibility to services and displaying courtesy
to service users. However, none of them were aware of the Departments’ mechanisms
to promote value for money and eighty five percent (85%) (on average) indicated that the
Departments’ mechanisms to improve openness and transparency and address service
users’ complaints, were ineffective.

In the Free State, ninety nine percent (99%) of the sampled service users indicated that
the Department of Health’s (DoH) mechanisms for improving access to services were
effective, while 70% indicated that they were treated with courtesy by both the DoH and
the Department of Social Development’s officials. However, none of the service users
were informed about the Departments’ efforts to improve service delivery in relation to
openness and transparency, redress and value for money.
In Gauteng, ninety percent (90%) of the sampled service users of the Department of Health and Social Development (DHSD), indicated that mechanisms to provide information and address complaints were effective, while 80% were of the view that the DHSD’s mechanisms to promote access to services were effective. However, 80% of them did not know about the DHSD’s mechanisms to promote value for money and a further 70% did not know about the mechanism to promote openness and transparency.

With regard to the Departments of Health (DoH) and Social Development (DoSD) in KwaZulu-Natal, more than 60% of the sampled service users (on average) were of the view that the Departments’ efforts to improve access to services and to consult with service users, were effective, while 80% of services users of the Health Department indicated that they were treated with courtesy. However, all the service users either did not know about the Departments’ service standards or regarded the standards to be poor; while more than 70% were not aware of mechanisms to promote value for money, or indicated that they were not benefitting from the Departments’ redress mechanisms and efforts to improve transparency.

In Limpopo, all sampled service users of the Department of Health and Social Development (DHSD) were of the view that the Department’s efforts to transform service delivery through the Batho Pele principles of consultation, access to services and the provision of information, were effective. Furthermore, 75% indicated that staff was courteous when interacting with them. However, none of them were aware of the DHSD’s mechanisms to promote value for money, and openness and transparency.

With regard to the Department of Health and Social Development (DHSD) in Mpumalanga, all sampled service users were of the view that the Department’s efforts to transform service delivery through the Batho Pele principle of access were effective. However, none of them knew about mechanisms to promote openness and transparency, and to address complaints.

In the Northern Cape, on average, more than 60% of the sampled service users of the Departments of Health (DoH) and Social Development (DoSD) indicated that the Department’s efforts to transform service delivery through the Batho Pele principle of courtesy were effective. The views of the service users on the Departments’ effectiveness with regard to information and accessibility varied. However, none of them had been exposed to the Departments’ mechanisms to promote openness and transparency. Furthermore, service users indicated that the Departments’ redress mechanisms had not improved service delivery, and that the Departments were not successful in the provision of value for money services.
In the North West, all sampled service users of the Departments of Health (DoH) and Social Development (DoSD) were of the view that the Departments’ efforts to transform service delivery through the Batho Pele principle of courtesy were effective. Service users of the DoSD were of the view that the Department’s mechanisms to improve access to services were effective, while 50% of service users of the DoH indicated that access to services was still a challenge. Service users of both Departments were not aware of mechanisms to promote openness and transparency.

With regard to the Departments of Health (DoH) and Social Development (DoSD) in the Western Cape, 80% and 85% of the sampled service users of the respective Departments indicated that the Departments’ efforts to transform service delivery through the Batho Pele principle of access to services, were effective. Service users were also satisfied with the mechanisms to promote consultation and display service standards. However, more than 90% of the service users of both departments were not aware of the mechanisms to promote openness and transparency.

With regard to the National Departments, the Departments of Police (DoP), Public Service and Administration (DPSA) and Home Affairs (DHA) were included in the study. The key findings on these Departments are as follows:

Seventy two percent (72%) of the sampled service users of the DoP were of the view that the Department’s efforts and mechanisms to consult them were effective, 60% indicated that services were accessible and 69% that they had been treated with courtesy. However, over 80% of them were not aware of the DoP’s mechanisms to address complaints and to promote value for money as well as openness and transparency.

All Departments that participated in this study indicated that the DPSA’s mechanisms to promote courtesy in the Public Service were effective. Eighty percent (80%) of them were of the view that the DPSA had succeeded in promoting openness and transparency, access to services, the publication of service standards, and the provision of information and value for money, in the rest of the Public Service. As the main co-ordinator of all the initiatives towards the implementation of the Batho Pele in the Public Service, it is important that the DPSA maintains its programmes and integrative forums which proved to be effective in ensuring continuous progress towards the implementation of the Batho Pele framework in the Public Service.

Seventy percent (70%) of the sampled service users of the Department of Home Affairs (DHA) indicated that the Department’s efforts to transform service delivery through the Batho Pele principle of courtesy were effective. Sixty one percent (61%) of them were of the view that the Department’s mechanisms for providing information were effective and 52% were satisfied with the publication of the Department’s service standards.
However, 99% of them were not aware of the DHA’s efforts to promote openness and transparency, 90% did not know about mechanisms to promote value for money, 86% were not aware of the DHA’s redress mechanisms, 61% of them viewed access to services as challenging and 50% indicated that they were not regularly consulted.

With regard to progress in terms of the effectiveness of the methodologies used by departments to effect the transformation priorities of the WPTPS, the study found that overall, the measures implemented by departments to promote the transformation priorities, had been successful. Supporting documentation submitted by departments included among others, reports regarding workforce statistics indicating progress with human resource development and representativeness, lists of service delivery points (indicating the roll-out of such points), annual reports (indicating major service delivery achievements), proof of budgetary and organisational reforms, proof of mechanisms and structures to promote accountability, transparency, consultation, public participation, and plans containing short, medium and long term goals to improve service delivery. The findings show that the Departments acknowledged the importance of ensuring that public services are transformed and that all the priority areas as per the WPTPS are addressed in transformation initiatives. As a result of the interrelatedness of the measures implemented by departments to ensure that they achieve their transformation priorities with their efforts to implement the Batho Pele principles, findings on the effectiveness of these methodologies are not discussed under separate headings.

Furthermore, this study sought to establish the extent to which the departments had implemented the recommendations contained in previous PSC reports on compliance with the Batho Pele principles, as contained in Annexure A. The findings show a high implementation rate amongst most of the departments included in the study, especially at national level. The high implementation rate clearly demonstrates commitment of these departments to transform their service delivery in accordance with the requirements of the Batho Pele principles. Of concern is however, the low implementation rate of the Departments of Health in North West (36%) and Mpumalanga (14%) and the Departments of Social Development in North West (43%), Eastern Cape (45%) and KwaZulu-Natal (43%). The low implementation rate of these departments suggests that the departments did not prioritise the improvement of service delivery in line with the Batho Pele framework to ensure that their services were responsive to service users’ needs.

In general, the above findings, both on the provincial and national departments, indicate that a 100% implementation of the PSC recommendations would not guarantee 100% effectiveness of departments’ service delivery improvement measures. It is therefore

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important that departments’ measures and mechanisms in the implementation of the recommendations are clearly articulated and explained to service users.

In addition, the study sought to determine the challenges experienced by departments which hampered effective public service delivery. The findings of the study show that at provincial level, the Departments of Health and Social Development experienced challenges such as financial constraints, unfunded mandates, a lack of commitment from management to implement the Batho Pele, staff shortages, an inappropriate organisation structure, inadequately trained staff, and the lack of plans to implement the Batho Pele, as the main challenges hampering effective public service delivery. In relation to the national departments, challenges raised ranged from budget constraints, a lack of buy-in and cooperation of management and negative perceptions among the public about the Public Service due to protests and strikes, to policy, planning and legislative gaps, large, out-dated systems which were not integrated and led to delays because they were slow and had security gaps, a rigid organisation culture and a lack of management capacity.

The following are key recommendations of the study:

It is recommended that departments intensify their efforts to implement the PSC’s recommendations contained in previous PSC reports on compliance with the Batho Pele principles, especially in the areas of the display of service standards, openness and transparency, redress and value for money. Furthermore, the profiling of these efforts should be strengthened to ensure maximum uptake and benefit of departments’ efforts by and to the service users.

Furthermore, it is recommended that departments implement the Batho Pele Revitalisation Programme to ensure that service users become involved in departments’ efforts to implement the Batho Pele principles and thus contribute to the success of these efforts in improving service delivery. The Programme would assist in reinforcing service users’ knowledge of the benefits emanating from departments’ efforts to implement the Batho Pele principles, an issue which all the departments had, according to the findings, neglected. The aims of this Programme and the benefit it holds to service users should be clearly communicated to citizens.

It is also recommended that the measurement of the effectiveness of the Batho Pele principles in departmental service delivery be strengthened in all the departments that participated in the study to ensure that critical data is available on the departments’ performance with regard to the implementation of the principles. Examples of performance indicators to be used by departments in compiling data on the effectiveness of their efforts to implement the Batho Pele principles are provided in Table 12 on page 144 of the main report. Such data would facilitate regular monitoring of the effectiveness of the Batho Pele principles in public service delivery.
In addition, it is recommended that the DPSA strengthens its efforts to support the implementation of the *Batho Pele* such as the Revitalisation Programme and the *Batho Pele* Forum to ensure that Departments’ efforts are integrated and coordinated and that all service users get equal access to the same high quality public services. In addition, it is recommended that the DPSA develops a guide to assist departments in assessing the effectiveness of their efforts to implement the *Batho Pele* policy. This would ensure that the most effective programmes and or methods are used by departments. Furthermore, this would contribute to sustainable and improved service delivery.
Chapter One

Introduction
1.1 BACKGROUND TO THE STUDY

Government has identified eight transformation priority areas aimed at realising the vision of a Public Service which is representative, transparent, efficient, accountable and responsive to the needs of all citizens. These areas are contained in the White Paper on the Transformation of the Public Service (WPTPS)\(^3\) and include:

- rationalisation and restructuring
- institution-building and management
- representativeness and affirmative action
- transforming service delivery
- democratisation of the state
- human resource development and training
- employment conditions and labour relations
- promoting a professional service ethos

In addition, in 1997, government released the WPTPSD\(^4\), commonly known as the Batho Pele\(^5\) policy. The intention of the policy is to direct all national and provincial Departments to transform and improve their public service delivery so that it is aligned to the Batho Pele principles which seek to put people first and optimize access to the services offered by government. “Transformed service delivery”, as per the Batho Pele policy, implies that public services should be provided:

- in line with clear service standards which were developed after consultation with service users and which are clearly communicated to service users;
- in innovative ways to improve access to services;
- in a courteous, open and transparent way to build confidence and trust with service users;
- together with a complaints handling system to ensure effective redress of complaints; and
- with a conscious focus on offering value for money.

Since 2000, the PSC has conducted a series of studies to assess the level of compliance with the implementation of the Batho Pele policy by Departments in the Public Service. These studies, however, did not assess the effectiveness of the Batho Pele policy in improving service delivery, but focused only on compliance by departments. This assessment seeks to address this gap, by providing a report on its actual implementation across the country.

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\(^5\) Batho Pele means “people first”.

The studies the PSC completed in this series include:


According to the findings of these studies, the level of compliance of departments with the implementation of the Batho Pele principles varies, both at the national and provincial level. Based on this background, there was a need to look beyond compliance, and conduct a deeper assessment of the effectiveness of the Batho Pele policy on public service delivery. Such assessment would seek to look at how, guided by the Batho Pele policy, departments made progress in transforming public service delivery and ensuring that people’s needs are met.

1.2 MANDATE OF THE PUBLIC SERVICE COMMISSION

Section 196 of the Constitution⁶ states that the PSC should, among others, “promote the values and principles governing the Public Service as set out in section 195 through, among others, efficient, economic and effective use of resources” [section 195 (1)(b)]. Through this Assessment of the Effectiveness of the Batho Pele Policy in Public Service Delivery, the PSC will contribute towards achieving this mandate. The WPTPS further states that the PSC should play a number of pivotal roles in the process of transforming public service delivery, namely:

- “Ensuring that the policies and objectives of the transformation process are effectively implemented within national and provincial Departments, particularly through the efficient and timely introduction of appropriate directives, regulations and recommendations.
- Using its responsibilities and powers with respect to staff development and training to ensure the development of the necessary human resource capacity for the implementation of specific programmes of transformation, both nationally and provincially.

• Using these responsibilities and powers to accelerate the processes of representativeness and affirmative action.
• Monitoring and evaluating the impact of the transformation policies and programmes, both nationally and provincially.\(^7\)

It is hoped that this report will contribute to the implementation of the transformation process contained in the Batho Pele and the monitoring of the impact of the transformation policy at national and provincial level.

### 1.3 AIM AND OBJECTIVES OF STUDY

The broad aim of the study was to assess the effectiveness of Batho Pele in public service delivery. The specific objectives of the project were to:

• Assess the level of implementation of the recommendations contained in the PSC reports on the evaluation of the implementation of the Batho Pele principles in the Public Service.
• Establish the effectiveness of the methodologies used by departments to effect the transformation priorities of the WTPS.
• Establish the impact that the implementation of the Batho Pele has had on departmental service delivery.
• Determine the challenges and constraints that are hampering effective public service delivery.

### 1.4 STRUCTURE OF REPORT

This report is structured as follows:

• Chapter 2 presents an overview of the previous studies conducted on the Batho Pele framework.
• Chapter 3 presents the methodology that was applied in the study.
• Chapter 4 presents an overview of the key findings of the study.
• Chapter 5 presents the key findings in the Eastern Cape Province.
• Chapter 6 presents the key findings in the Free State Province.
• Chapter 7 presents the key findings in the Gauteng Province.
• Chapter 8 presents the key findings in the KwaZulu-Natal Province.
• Chapter 9 presents the key findings in the Limpopo Province.
• Chapter 10 presents the key findings in the Mpumalanga Province.
• Chapter 11 presents the key findings in the Northern Cape Province.
• Chapter 12 presents the key findings in the North West Cape Province.
• Chapter 13 presents the key findings in the Western Cape Province.
• Chapter 14 presents the key findings at National level.
• Chapter 15 presents the conclusion and recommendations of the study.

Chapter Two

An Overview of the Previous Studies Conducted on the *Batho Pele* Framework
2.1 INTRODUCTION

This Chapter presents an overview of previous studies conducted by the PSC on compliance with the Batho Pele framework. The compliance element is important for the effective implementation of the Batho Pele, but on its own it does not guarantee that there will be a visible impact at the level of the citizens. This review includes the key findings and recommendations from the Report on a Survey of Compliance with the Batho Pele policy conducted in 2000 and eight reports on the evaluation of the implementation of each of the eight Batho Pele principles (conducted during 2005 to 2009).

2.2 REPORT ON THE SURVEY OF COMPLIANCE WITH THE BATHO PELE POLICY, 2000

In 2000, the PSC undertook a Survey of Compliance with the Batho Pele Policy. The survey sought to determine the degree to which departments had implemented the Batho Pele principles. The study found that, overall, departments had implemented these principles, however, the following challenges remained which needed to be addressed under each principle.

2.2.1 Consultation

It was established that there was not enough done to consult service users about their needs. The study also showed that with regard to consultation, School Governing Bodies (SGBs) and Community Policing Forums (CPFs) were the most advanced mechanisms to consult service users, but they remained in need of support. The study recommended that all departments had to be encouraged to identify and use proper, consultative bodies, as proposed in the WPTPSD. This included allocating resources to build the capacity of these bodies where necessary.

2.2.2 Service Standards

The study found that service standards were generally not properly displayed and service users were not aware of what service standards they should be demanding. It was recommended that basic service standards had to be displayed in all public areas of public service buildings.

2.2.3 Access

It was established that access to public services was not equal to all, with a wide range of local and regional variations in terms of quality and coverage. The study recommended

that departments had to commit to improved access to services, particularly those services which were viewed as basic human rights and that they had to develop improvement targets and provide the necessary resources in this regard.

2.2.4 Courtesy

The study found that most departments included in the study had not developed courtesy standards. It was recommended that departments had to undertake regular service user surveys as part of an integrated monitoring and evaluation strategy. Such surveys had to place a strong emphasis on courtesy.

2.2.5 Information

It was established that basic efforts had been made to provide information to service users, although more needed to be done to move beyond the provision of mere contact lists. Departments had to complete the information-consultation-feedback loop and engage with service users on an ongoing basis about their needs and expectations. The study recommended that each consultative process had to include a communication and information component.

2.2.6 Openness and Transparency

The study found that departments still needed to publish their Departmental Annual Reports (DARs) which should provide citizens with information about the departments’ performance over the past financial year. It was recommended that DARs had to follow a standard, prescribed format to ensure consistent and comparable data. In addition to the DAR, service delivery points had to annually publish a two page Annual Report to Citizens (ARC), explaining how the relevant department was run and providing an overview of its performance.

2.2.7 Redress

It was established that limited efforts were made to provide complaints handling mechanisms. Where these mechanisms existed, they did not function effectively. It was recommended that departments, as part of a broader support program, had to be assisted to put complaints handling mechanisms in place.

2.2.8 Value for Money

It was found that very few departments undertook meaningful analysis of their performance in terms of value for money. In this regard, it was recommended that departments develop methodologies for efficiency analysis, complete with input and
output information. It was further recommended that departments had to ensure that their DARs address value for money issues and cover their progress in achieving the improvement targets.

Overall, the survey indicated a need to put more effort into the implementation of the Batho Pele principles, especially towards the realisation of an effective Public Service. In this regard, the report identified a need to undertake research on alternative service delivery options and that such research had to inform and advise the Public Service on how alternatives had to be presented and considered.

2.3 REPORT ON THE EVALUATION OF THE BATHO PELE PRINCIPLE OF SERVICE STANDARDS IN THE PUBLIC SERVICE, 2005

In 2005, the PSC undertook a study to evaluate the performance and compliance of departments in implementing the Batho Pele principle of Service Standards. This principle emphasises the need to inform citizens about the level and quality of public services they will receive so that they are aware of what to expect. The study found that fifty two percent (52%) of the departments had developed and used service standards as a means to assess service delivery. However, critical challenges such as the measurement of performance on a regular basis and using the information obtained from such consultations, to inform service delivery plans remained. The Report recommended that departments had to ensure that senior managers were committed to compliance with the service standards by including the standards in work plans and performance agreements.

2.4 REPORT ON THE EVALUATION OF PERFORMANCE AND COMPLIANCE WITH THE BATHO PELE PRINCIPLE OF REDRESS, 2006

In 2006, the PSC undertook a study to evaluate the performance and compliance of departments in implementing the Batho Pele principle of Redress. It is important that a swift and sympathetic response through apology and full explanation is offered to citizens where a promised standard of service is not delivered. The study found that 29% of the national and 18% of the provincial departments had a system in place to monitor performance with regard to the implementation of the redress principle. However, in many instances the redress systems were not formalised through the development of written guidelines, the recording of complaints, conducting regular monitoring and evaluation to improve service delivery and reviewing the standards and compliance procedures to determine if they were meeting the departments’ redress and client care objectives. Key recommendations of the study included the need for departments to implement the model of good practice for redress according to the Batho Pele Handbook, the development of appropriate indicators for the measurement of compliance with

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the redress principle, and the development of guidelines to ensure accountability for the departments’ complaints handling systems.

### 2.5 REPORT ON THE EVALUATION OF PERFORMANCE AND COMPLIANCE WITH THE BATHO PÉLE PRINCIPLE OF ACCESS, 2006

In 2006, the PSC undertook a study to evaluate the performance and compliance of departments in implementing the Batho Péle principle of Access. Access to the services of government had been a key impediment for service delivery, given the differences between the location of offices where public services were offered and the inhabitation trends of citizens. The study found that ninety percent (90%) of the national and eighty-six percent (86%) of the provincial departments had put in place measures to improve access to their services. The following recommendations were made in the study:

- Departments that were not performing well on improving access had to set targets to ensure progressive improvement; and
- Officials had to be identified in every department to serve as implementing agents, and clear responsibility allocated for championing improvements in access to services. The responsibility for ensuring access to services also needs to be incorporated in the performance management systems of departments.

### 2.6 REPORT ON THE EVALUATION OF PERFORMANCE AND COMPLIANCE WITH THE BATHO PÉLE PRINCIPLE OF VALUE FOR MONEY IN THE PUBLIC SERVICE, 2007

In 2007, the PSC undertook a study to evaluate the performance and compliance of departments in implementing the Batho Péle principle of Value for Money. It is important that public services are delivered economically and efficiently in order to give citizens the best value for money. The study found that the systems and processes in the Public Service to promote value for money were inadequate. The following recommendations were made in the study:

- The adoption and institutionalisation of an appropriate definition of Value for Money in departments had to be encouraged as it would help to develop a common understanding of its meaning throughout departments; and
- Departments needed to improve their reporting systems.
2.7 REPORT ON THE EVALUATION OF PERFORMANCE AND COMPLIANCE WITH THE BATHO PELE PRINCIPLE OF CONSULTATION, 2007

In 2007, the PSC undertook a study to evaluate the performance and compliance of Departments in implementing the Batho Pele principle of Consultation. It is important that citizens are consulted on the level and quality of services rendered. The study found that 83% of the Departments indicated that they had been implementing methodologies to ensure that citizens were consulted. However, there was confusion in differentiating between communication and consultation. The following recommendations were made in the study:

- Departments had to prioritise the concretisation of consultation standards and the purpose that such standards needed to fulfil.
- Given that there were different service users that departments often needed to serve, it would be crucial to assess different consultation mechanisms and then ensure that the most feasible, effective and efficient ones were implemented.

2.8 REPORT ON THE IMPLEMENTATION OF THE BATHO PELE PRINCIPLE OF OPENNESS AND TRANSPARENCY IN THE PUBLIC SERVICE, 2008

In 2008, the PSC undertook a study to evaluate the performance and compliance of Departments in implementing the Batho Pele principle of Openness and Transparency in the Public Service. It is critical that the Public Service remains open and transparent about its operations when interacting with citizens. The study found that only forty six percent (46%) of the Departments had published an Annual Report to Citizens, to promote Openness and Transparency. The following recommendations were made in the study:

- The training on the Batho Pele principle of Openness and Transparency had to be revisited to ensure that officials were equipped with the necessary knowledge to implement and comply with the principle.
- Departments had to ensure that they publish ARCs to provide service users with the information they needed about the management and performance of departments.

2.9 REPORT ON THE EVALUATION OF THE IMPLEMENTATION OF THE BATHO PELE PRINCIPLE OF INFORMATION, 2009

In 2009, the PSC undertook a study to evaluate the performance and compliance of departments in implementing the Batho Pele principle of Information. Information remains key to the empowerment of citizens, as it provides them with the basis for decision-making. It is also a mechanism to prevent corruption, as transparency prevents
the abuse of information for vested interests.

The study found that eighty three percent (83%) of the departments, consulted service users on their information needs. Some departments had effective systems in place to implement the principle while others seemed to have experienced challenges. Service users at different service delivery points of the respective departments had varied experiences with regard to the implementation of the Batho Pele principle of Information. The following recommendations were made in the study:

- The impact of the different departmental mechanisms to incprovide service users with comprehensive and accurate information had to be assessed.
- Electronic-Government (E-Government) and Mobile-Government (M-Government) mechanisms to promote information had to be explored.

2.10 REPORT ON THE EVALUATION OF THE IMPLEMENTATION OF THE BATHO PELE PRINCIPLE OF COURTESY, 2009

In 2009, the PSC undertook a study to evaluate the performance and compliance of departments in implementing the Batho Pele principle of Courtesy. Being treated with courtesy by government is an affirmation to citizens that they are important, and it builds relationships between government and citizens, supporting the notion of citizen-centredness. The study found that fifty four percent (54%) of the departments complied with the implementation of the Batho Pele principle of Courtesy. However, departments had standards in place which outlined only generic elements of courtesy such as how service users had to be greeted, how staff should identify themselves and the maximum response time to service users’ queries. No further standards or guiding documents in this regard could be identified during the in loco inspections at service delivery points. The following recommendations were made in the study.

- The inclusion of courtesy standards in departmental Codes of Conduct to ensure that officials were introduced to such standards and what was expected of them in their interaction with the public.
- The inclusion of courtesy standards and the responsibility for the implementation of the Batho Pele principle of courtesy in work plans and performance agreements to enable departments in holding officials accountable for the rendering of effective services.
Chapter Three

Methodology
3.1 INTRODUCTION

This chapter presents the research methodology followed during the assessment of the effectiveness of the Batho Pele policy in public service delivery. The chapter outlines the sample of the study, data collection process and data analysis. The chapter concludes with the limitation experienced during the study.

3.2 METHODOLOGY

3.2.1 Sampling

A purposive sampling procedure was applied to identify departments that were included in the study. Such sampling procedure identifies the elements in the research population that would render the most useful data in terms of the study's objectives. The sample covered selected departments both at the national and the provincial levels. Departments were selected based on their contribution to government’s priority areas as contained in the country’s 2009-2014 Medium Term Strategic Framework (MTSF)\textsuperscript{10}. These areas include health, the creation of decent work and sustainable livelihoods, education, rural development, food security and land reform and the fight against crime and corruption\textsuperscript{11}. Furthermore, service points of the departments were selected from the lists provided by the selected departments. In this regard, caution was taken to ensure that both rural and urban service points were represented. Table 1 below shows the list of the departments that were selected to participate in this study:

Table 1: List of the national and provincial departments that were selected to participate in the study

<table>
<thead>
<tr>
<th>National Departments</th>
<th>Provincial Departments (all nine provinces included)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Affairs</td>
<td>Health</td>
</tr>
<tr>
<td>Police</td>
<td>Social Development</td>
</tr>
<tr>
<td>Public Service and Administration</td>
<td></td>
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</tbody>
</table>

3.2.2 Data Collection Process

A combination of data collection methods was used during the study. These methods included the review of relevant documents, interviews with key respondents in departments and service users of the sampled departments at selected service delivery points.


3.2.2.1 Document review

Documents that are key to the implementation of the Batho Pele principles were reviewed. These included the Constitution of the Republic of South Africa Act 108 of 1996, the White Paper on the Transformation of the Public Service, the Batho Pele White Paper, the Batho Pele Handbook, the PSC’s Citizen Satisfaction Survey 2006/2007 including the Department of Home Affairs, Department of Trade and Industry, Transport Services by Provincial Departments and the Consolidated Report on Inspection of Service Delivery Sites, 2007. Supporting documents which serve as evidence of Departments’ methodologies implemented to effect the transformation priorities of the Batho Pele, were also reviewed. Where comparative data was available from previous studies on the Batho Pele policy, it was also used as a baseline to determine changes in public service delivery. The literature reviewed was instrumental in contextualising the study and assisted in the development of the data collection instruments.

3.2.2.2 Data collection instruments

Two questionnaires were developed and used to collect data during the study, namely, the departmental questionnaire and the service user questionnaire. The departmental questionnaire was used to collect data from the key respondents from sampled departments and the service user questionnaire was used to collect data during the interviews with the service users of the sampled departments at the service delivery points. Furthermore, in loco inspections were conducted at service delivery points to verify the information obtained from departmental respondents and service users. The development of the questionnaires was informed by both the requirements of the Batho Pele White Paper and the objectives of the study.

3.2.2.3 Interviews with key departmental officials

Face-to-face interviews were conducted to complete the departmental questionnaires with a total of 22 relevant officials in the departments included in the study. These officials served as key respondents on the effectiveness of respective departments’ efforts to implement the Batho Pele policy in transforming service delivery and the departments’ implementation of recommendations contained in the PSC’s Batho Pele reports.

Concerted efforts were made to ensure that officials who could provide information on the nature of service delivery both pre- and post-1994 were interviewed to ensure comparison of these periods and the provision of a balanced perspective on public service delivery.

3.2.2.4 Interviews with service users at selected service delivery points

Interviews were conducted with 177 randomly identified service users both at the urban and rural service points of the departments included in the study, except in the case of the DPSA where there are no service points. The main aim of the interviews with the service users, was to verify the information provided by the departmental respondents about the departments’ implementation of the Batho Pele principles as well as to collect data on the service needs of service users in terms of the different departmental services included in the study.

3.3 DATA ANALYSIS

Both qualitative and quantitative data analysis techniques were applied in the study. To achieve this, qualitative analysis of the data was conducted according to the themes which were developed in line with the aims and objectives of the study. An Excel data analysis tool was used to complete the quantitative data analysis.

3.4 LIMITATIONS OF THE STUDY

Credible data on the state of public service delivery pre- and post-1994 was not available. As a result, there was no baseline to enable proper comparison of service delivery before and after the implementation of the Batho Pele policy or to enable proper assessment of the progress made by departments in this regard. Furthermore, the respondents did not necessarily have institutional memory of both periods to assist in such comparison or assessment.

The number of service users interviewed per department was limited. Whilst the PSC recognises that due to the limited number, their views may have not been sufficient to draw general conclusions, data was drawn from previous PSC reports such as relevant Service Delivery Inspections and Citizen Satisfaction Surveys to support the views of the service users who participated in this study.

The general limited knowledge of service users of the possible benefits that the departments’ mechanisms to improve service delivery could hold, was a challenge. As a result, the majority of service users could not pronounce on how such mechanisms have contributed to improved service delivery.
Chapter Four

Overview of Key Findings of the Study
4.1  INTRODUCTION

This chapter presents an overview of the findings on the assessment of the effectiveness of departments’ efforts to implement the Batho Pele in transforming public service delivery. The findings are presented according to the key thematic areas derived from the objectives of the study, namely, the effectiveness of departments’ efforts to implement the Batho Pele in transforming public service delivery, and the review of the extent to which Public Service departments had implemented the recommendations contained in the previous PSC reports on the Batho Pele principles. Furthermore, the study focused on the challenges that hampered effective public service delivery.

4.2  KEY FINDINGS

4.2.1  The Effectiveness of Departments’ Efforts to Implement the Batho Pele Policy in Transforming Public Service Delivery

The study sought to establish the effectiveness of departments’ efforts to implement the Batho Pele policy in transforming service delivery. In this regard, the study assessed service users’ views as one of the important indicators of departments’ effectiveness in transforming and improving service delivery. The following section provides the findings of the study.

4.2.1.1  Provincial departments

EASTERN CAPE PROVINCE

Department of Health: All the sampled service users of the DoH indicated that the Department had been effective in developing and communicating its service standards, whilst 90% and 80% of them respectively rated the Department’s effort to improve accessibility and courtesy as effective. Such effectiveness was demonstrated by, for instance, the display of service standards, availability of mobile units to render services and the respect afforded by officials to service users. Improved service delivery in the above-mentioned areas may be as a result of the implementation of the PSC recommendations. For instance, the DoH had implemented 73% of the PSC’s recommendations on service standards and 50% on courtesy respectively.

On the other hand, the sampled service users were of the view that the DoH needed to improve its efforts with regard to consultation, information, openness and transparency, redress and value for money. For instance, 100% of them did not know about the Department’s mechanisms to promote value for money, 90% of them did not know about the Department’s mechanisms to promote openness and transparency, 70% of them were not aware of the DoH consultation mechanisms and 50% of them were not aware of the complaint procedures, respectively. These findings were despite the efforts and mechanisms
the DoH had put in place to improve service delivery through the above-mentioned principles. This may suggest that these mechanisms were not adequately communicated to service users.

**Department of Social Development:** Seventy percent (70%) of the sampled service users of the DoSD were of the view that the Department had succeeded in its efforts to transform service delivery through improving accessibility to services, while 100% of them indicated that the Department had done well in the area of courtesy. This was demonstrated by, for instance, rendering services at the Thusong Service Centres and the establishment of a service user unit to ensure best care of service users.

On the other hand, the findings show that service users were of the view that the DoSD needed to improve its efforts with regard to consultation, service standards, information, openness and transparency, redress and value for money. For instance, 100% of the service users indicated that they were not aware of the consultation mechanisms, that service standards were not communicated, that they did not know about the mechanisms to improve openness and transparency, and value for money. Furthermore, 90% of them were not aware of the DoSD’s complaints handling mechanisms and 80% were not aware of the DoSD’s mechanisms to provide information. Whilst the Department had put in place mechanisms to improve service delivery in some of the above-mentioned areas, the weak implementation of the PSC’s recommendations on some of these principles may elucidate service users’ lack of knowledge of the DoSD’s initiatives in this regard. For instance, only 40% of the recommendations were implemented on redress, 33% on information, 14% on value for money and 0% on consultation.

**FREE STATE PROVINCE**

**Department of Health:** Ninety eight percent (98%) of sampled service users of the DoH were of the view that the Department had been effective in improving accessibility to services, while 80% and 60% of them respectively rated the Department’s efforts to provide information and the courtesy displayed by officials, as effective. Such effectiveness was demonstrated by, for instance, the establishment of a one-stop centre, the use of the media to provide information, and the respect afforded by officials to service users. In this regard, improved service delivery could be attributed to the implementation of 100% of the PSC’s recommendations on accessibility, 83% on information and 100% on courtesy.

On the other hand, the findings show that service users were of the view that the DoH needed to improve its efforts with regard to consultation, service standards, openness and transparency, redress and value for money. For instance, 100% of them were of the view that they were not consulted, and that they were not aware of mechanisms to promote openness and transparency, redress and value for money. Furthermore, 50% of the service users had
no knowledge of the Department’s service standards. However, the DoH had implemented 91% of the PSC’s recommendations on service standards, 100% on consultation, openness and transparency, and value for money, and 60% on redress. This may suggest that mechanisms to improve service delivery in the above-mentioned areas were not adequately communicated to service users.

**Department of Social Development:** Seventy percent (70%) of the sampled service users of the DoSD were of the view that the Department’s consultative mechanisms were effective. Furthermore, 100%, 80% and 60% of them respectively were of the view that the Department’s efforts to improve accessibility to services, courtesy displayed by officials and provide information on the Department’s services, were effective. Such effectiveness was demonstrated by, for instance, personal interaction to consult service users, the establishment of child welfare centres to promote accessibility, sympathy displayed to service users and the provision of accurate information. In this regard, the DoSD had implemented 100% of the PSC’s recommendations on accessibility, 75% on courtesy, and 67% on information which could have had an effect on the improvement of service delivery.

On the other hand, the findings show that service users were of the view that the DoSD needed to improve its efforts with regard to openness and transparency, service standards, redress and value for money. For instance, 100% of the service users were not informed about the Department’s efforts to improve service delivery in all the above-mentioned areas. This was despite the DoSD having implemented 100% of the PSC’s recommendations on redress, 67% on value for money and 50% on openness and transparency. This may suggest that mechanisms put in place as a result of the implementation of the recommendations were not adequately communicated to service users.

**GAUTENG PROVINCE**

**Department of Health and Social Development:** Sixty percent (60%) of the sampled service users of the DHSD were of the view that the Department’s efforts to consult them were effective. Furthermore, 80% and 70% of them respectively were of the view that accessibility to services and courtesy displayed by officials had improved, whilst 90% indicated that mechanisms to provide information and address complaints were effective. Such effectiveness was demonstrated by, for instance, road shows to consult service users, the roll-out of service points such as old age homes to promote accessibility, respect afforded to service users, use of the media to inform service users and the use of a departmental hotline to enable service users to lodge complaints about the Department’s services. Improvement in this regard could be as a result of the fact that the DHSD had implemented 100% of the PSC’s recommendations on the above-mentioned principles.

On the other hand, the findings show that service users were of the view that the DHSD needed to improve its efforts with regard to openness and transparency, value for money
and service standards. For instance, 70% of the service users did not know about the DHSD’s mechanisms to promote openness and transparency, 80% did not know about mechanisms to promote value for money and 70% of them were of the view that the Department had not been effective in communicating its service standards. This was despite the DHSD having implemented 100% of the PSC’s recommendations on value for money and service standards, and 75% on openness and transparency. This may suggest that mechanisms to improve service delivery in these areas were not adequately profiled or communicated to service users.

KWAZULU-NATAL PROVINCE

**Department of Health:** Hundred percent (100%) of the sampled service users of the DoH were of the view that the Departments’ efforts to improve accessibility to services were effective. Furthermore, 80% and 60% of them respectively indicated that courtesy displayed by officials and the consultative mechanisms of the DoH improved service delivery. Such effectiveness was demonstrated by, for instance, extending the operating hours of clinics, affording respect to service users and forming partnerships with communities to enhance consultation. Improved service delivery could be attributed to the DoH’s 100% implementation of the PSC’s recommendations on all the above-mentioned principles.

On the other hand, the findings show that service users were of the view that the DoH needed to improve its efforts with regard to service standards, information, openness and transparency, redress and value for money. For instance, 100% of the service users did not know about the DoH’s service standards, 90% were not aware of the Department’s mechanisms to promote value for money, 80% indicated that they were not benefitting from the Department’s redress mechanisms, 70% were of the view that the Department was not transparent, and 60% were not provided with sufficient information. The finding is despite the DoH having implemented 100% of the PSC’s recommendations on all of the above-mentioned principles. This may suggest that the DoH’s mechanisms to improve service delivery in the above-mentioned areas were not adequately communicated to service users.

**Department of Social Development:** Sixty percent (60%) of the sampled service users of the DoSD were of the view that the Department’s efforts to transform service delivery with regard to the Batho Pele principles of consultation and accessibility of services were effective. Such effectiveness was demonstrated by, for instance, home visits and the roll-out of service points. The DoSD’s improved service delivery could be attributed to the Department’s efforts to implement 50% of the PSC’s previous recommendations on the above-mentioned principles. On the other hand, the findings show that service users were of the view that the DoSD needed to improve its efforts with regard to service standards, information, openness and transparency, redress and value for money. For instance, 100% of the service users had no knowledge of the Department’s redress mechanisms, 90% were not exposed to the Department’s information distribution methods, 70% were of the view that
the publication of service standards were poor, that the Department was not transparent and that they did not receive value for money. Furthermore, 60% of them indicated that officials were unsympathetic towards them. These may be as a result of the poor implementation of some of the PSC’s recommendations in the above-mentioned areas. For instance, the DoSD had implemented only 40% of the recommendations on redress, 33% on information and 24% on courtesy.

LIMPOPO PROVINCE

Department of Health and Social Development: Hundred percent (100%) of the sampled service users of the DHSD were of the view that the Department’s efforts to transform service delivery in the Batho Pele principles of consultation, accessibility to services and the provision of information was effective. Furthermore, 75% of them indicated that staff was courteous when interacting with them. The effectiveness in the above mentioned areas was demonstrated by, for instance, the use of izimbizo to consult service users, the courtesy afforded to service users, the roll-out of health facilities and the use of local languages to provide information to service users. The effectiveness could further be as a result of the DHSD having implemented 100% of the PSC’s recommendations on consultation, accessibility, and information. Furthermore, 75% of the recommendations on courtesy were implemented.

On the other hand, the findings show that service users were of the view that the DHSD needed to improve its efforts with regard to service standards, redress, value for money, and openness and transparency. For instance, 100% of the service users were not informed about mechanisms to promote openness and transparency, and could not indicate the value for money mechanisms applied by the department. Furthermore, 50% of the service users were of the view that service standards were not displayed and that they were not informed about the Department’s redress mechanisms. This was despite the DHSD having implemented 100% of the PSC’s recommendations on redress, value for money and openness and transparency whilst 95% of the recommendations had been implemented on service standards. This may suggest that the Department’s mechanisms put in place as a result of the implementation of the recommendations were not adequately communicated to service users.

MPUMALANGA PROVINCE

Health component of the Department of Health and Social Development: Hundred percent (100%) of the sampled service users of the Health component of the DHSD were of the view that the component’s efforts to transform service delivery through the implementation of the Batho Pele principle of accessibility were effective and 56% of them also indicated that the Department’s consultation mechanisms were effective. Such effectiveness was demonstrated by, for instance, the use of mobile units
and outreach programmes. Improvement in these areas could be as a result of the DHSD having implemented the PSC’s recommendations. For instance, 75% of the recommendations on consultation were implemented.

On the other hand, the findings show that service users were of the view that the Health component needed to improve its efforts with regard to courtesy, information, redress, openness and transparency, service standards and value for money. For instance, 100% of the service users did not know about the need to publish ARCs, 73% were of the view that officials were disrespectful, indicated that they were not informed about the component’s mechanisms to improve value for money and also lacked trust in the mechanism for redress. The lack of knowledge of service users could be attributed to the weak implementation of the PSC’s recommendations in the above-mentioned areas. For instance, only 45% of the recommendations were implemented on service standards, 33% on information, 25% on courtesy and 0% on value for money.

**Social Development component of the Department of Health and Social Development:** Sixty three percent (63%) of the sampled service users of the Social Development component of the DHSD were of the view that the component’s efforts to implement the *Batho Pele* principle of accessibility were effective and 50% of them indicated that officials were courteous when interacting with them. The effectiveness of the component in the above-mentioned areas was demonstrated by, for instance the use of Thusong Service Centres and the dignity and compassion afforded to service users. The improvement could be as a result of the Social Development component having implemented 100% of the PSC’s recommendations on accessibility and 75% on courtesy.

On the other hand, the findings show that service users were of the view that the component needed to improve its efforts with regard to information, redress, openness and transparency, consultation, service standards and value for money. For instance, 100% of the service users had no knowledge of the component’s mechanisms to improve openness and transparency, and indicated that the complaint handling mechanisms were not explained to them and that they did not know about the component’s service standards. Sixty two percent (62%) of them had not been consulted, 50% had not received any information about services and were also not informed about the component’s value for money mechanisms. This was despite the implementation of the PSC’s recommendations in some of the above-mentioned areas. For instance, 100% of the PSC’s recommendations on openness and transparency, consultation, and service standards, were implemented. Furthermore, 83% of the recommendations were implemented on information and 60% on redress. This may suggest that mechanisms put in place as a result of the implementation of the recommendations were not adequately profiled and communicated to service users.
NORTHERN CAPE PROVINCE

Department of Health: Sixty three percent (63%) of the sampled service users of the DoH were of the view that the Department’s efforts to implement the Batho Pele principles of courtesy were effective and 75% of them indicated that the Department’s mechanisms to provide information were also effective. Such effectiveness was demonstrated by, for instance, the respect afforded to service users and the use of personal interaction to provide information. The improvement could be as a result of the DoH having implemented 100% of the PSC’s recommendations on both principles.

On the other hand, the findings show that service users were of the view that the DoH needed to improve its efforts with regard to accessibility, redress, consultation, openness and transparency, service standards and value for money. For instance, 100% of the service users had not been exposed to service standards and the Department’s mechanisms to improve openness and transparency. Furthermore, 75% of them were of the view that the Department’s redress mechanisms had not improved service delivery and 50% of them were of the view that the distance they had to travel to health facilities was long and that they were not informed about the mechanisms to promote value for money. This was despite the DoH having implemented 100% of the PSC’s recommendations on accessibility, redress, consultation, service standards and value for money. In addition, 75% of the recommendations were implemented on openness and transparency. This may suggest that mechanisms put in place as a result of the implementation of the PSC’s recommendations were not adequately communicated to service users.

Department of Social Development: Sixty three percent (63%) of the sampled service users of the DoSD were of the view that the Department’s efforts to transform service delivery through the implementation of the Batho Pele principles of consultation was effective and 75% of them indicated that services were accessible, whilst 100% of them indicated that officials were courteous when interacting with them and the mechanisms to provide information were effective. Such effectiveness was demonstrated by, for instance, the use of izimbizo, the roll-out of service delivery points, sympathy afforded to service users and the arrangement of community meetings to provide service users with information. The improvement could be as a result of the DoSD having implemented the PSC’s recommendations in these areas. For instance, 100% of the recommendations on consultation, accessibility, and the provision of information were implemented. On the other hand, the findings show that service users were of the view that the DoSD needed to improve its efforts with regard to service standards, openness and transparency, redress and value for money. For instance, 100% of the service users had not been exposed to mechanisms to improve openness and transparency and the availability of redress mechanisms. Sixty three percent (63%) had not been exposed to service standards and were not informed about the Department’s mechanisms to ensure value for money. This was despite the DoSD having
implemented 100% of the PSC’s recommendations on most of the above-mentioned principles. This may suggest that mechanisms put in place as a result of the implementation of the recommendations are not adequately communicated to service users.

NORTH WEST PROVINCE

Department of Health: Hundred percent (100%) of the sampled service users of the DoH were of the view that the Department’s efforts to implement the Batho Pele principle of courtesy were effective. Such effectiveness was demonstrated by, for instance, the sympathy afforded to service users. The improvement could be as a result of the DoH having implemented 100% of the PSC’s recommendations on courtesy. On the other hand, the findings show that service users were of the view that the DoH needed to improve its efforts with regard to consultation, service standards, accessibility, information, openness and transparency, redress, and value for money. For instance, 100% of the service users were not aware of the DoH’s service standards, 88% were not aware of the procedures to lodge complaints, 75% were unaware of the Department’s consultation mechanisms as well as mechanisms to improve openness and transparency. Fifty percent (50%) of them were of the view that accessibility was a challenge and were not informed about the Department’s services. This was despite the DoH having implemented 100% of the PSC’s recommendations on service standards, accessibility and value for money. Furthermore, 75% of the PSC recommendations on openness and transparency, and consultation were implemented. In addition, 66% of the recommendations were implemented on information and 60% on redress. This may suggest that mechanisms put in place as a result of the implementation of the recommendations were not adequately communicated to service users.

Department of Social Development: sixty three percent (63%) of the sampled service users of the DoSD were of the view that the Department’s efforts to implement the Batho Pele principles of consultation were effective and 75% of them indicated that services were accessible, whilst 100% of the service users indicated that they were treated with courtesy. Furthermore, 76% of the service users indicated that they were provided with information and 75% viewed the Department’s redress mechanisms as effective. The effectiveness of the DoSD in the above-mentioned areas was demonstrated, for instance, through house visits, the use of Community Development Officers (CDOs) to enhance accessibility, sympathy shown to service users, the use of brochures to provide information and the establishment of a customer care unit to deal with service users’ complaints. The improvement could be as a result of the DoSD having implemented the PSC recommendations in some of the above-mentioned areas. For instance, 75% of the PSC’s recommendations on consultation and accessibility were implemented and 66% on information.
On the other hand, the findings show that service users were of the view that the DoSD needed to improve its efforts with regard to service standards, openness and transparency, and value for money. For instance, 100% of the service users were not aware of the service standards and mechanisms to improve value for money. Sixty two percent (62%) were not aware of the efforts to promote openness and transparency. This could be as a result of the weak implementation of the PSC’s recommendations in some of the areas. For instance, only half of the recommendations on openness and transparency and value for money were implemented, whilst 27% on service standards were implemented.

**WESTERN CAPE PROVINCE**

**Department of Health:** Ninety percent (90%) of the sampled service users of the DoH were of the view that the Department had been effective in its consultation mechanisms and the publication of its service standards. Furthermore, 80% of them indicated that services were accessible, 98% that they were treated with courtesy by officials and 99% that mechanisms to provide information were effective. The Department’s effectiveness in the above-mentioned areas was demonstrated by, for instance, the use of community meetings to consult service users, the display of service standards at service delivery points, the roll-out of service points, sympathy afforded to service users and the use of the media to provide information. The improvement could be as a result of the DoH having implemented 100% of the PSC’s recommendations on all of the above mentioned principles.

On the other hand, the findings show that service users were of the view that the DoH needed to improve its efforts with regard to openness and transparency, redress, and value for money. For instance, 93% of the service users had not used the formal complaint system, 90% did not know about the Department’s mechanisms to promote openness and transparency and 50% were not sure about the Department’s mechanisms to promote value for money. This was despite the DoH having implemented 100% of the PSC’s recommendations on value for money, and 75% on redress, and openness and transparency. The finding may suggest that mechanisms put in place as a result of the implementation of the recommendations were not adequately communicated to service users.

**Department of Social Development:** Seventy (70%) of the sampled service users of the DoSD were of the view that the Department’s efforts to transform service delivery through the implementation of the Batho Pele principle of consultation were effective, 66% indicated that service standards were in place, 85% found the Department’s mechanisms to promote accessibility to services to be effective and 100% indicated that they were treated with courtesy and provided with information about the Department’s services. The DoSD’s effectiveness in the above-mentioned areas was demonstrated by, for instance, community
meetings to consult service users, the use of posters to display service standards, the roll-out of service points, respect afforded to service users and personal interaction to provide information. The improvement could be attributed to the DoSD having implemented 100% of the PSC’s recommendations on all the above-mentioned principles.

On the other hand, the findings show that service users were of the view that the DoSD needed to improve its efforts with regard to openness and transparency, redress, and value for money. For instance, 100% were not aware of the Department’s mechanisms to promote value for money, 98% had not been exposed to information about the management and performance of the Department and 50% had never used the complaint mechanisms. This was despite the DoSD having implemented 100% of the PSC’s recommendations on the above mentioned principles. The finding may suggest that the mechanisms put in place as a result of the implementation of the recommendations were not adequately communicated to service users.

4.2.1. National Departments

**Department of Police:** Seventy two percent (72%) of the sampled service users of the DoP were of the view that the Department’s efforts and mechanisms to consult them were effective, 60% indicated that services were accessible and 69% were treated with courtesy. The DoP’s effectiveness in the above-mentioned areas was demonstrated by, for instance, the establishment of consultation mechanisms such as Community Policing Forums (CPFs), accessibility measures such as satellite police stations, and the dignity and respect afforded to service users by police officials. The improvement could be as a result of the DoP’s 100% implementation of the PSC’s recommendations on consultation and courtesy, and 75% on access.

On the other hand, the findings show that service users were of the view that the DoP needed to improve its efforts with regard to providing information, service standards, openness and transparency, redress and value for money. For instance, 52% of the service users indicated that they were not provided with information about services rendered 66% of them were of the view that service standards were not displayed at police stations, 88% were not aware of mechanisms to promote openness and transparency, 81% of them were not aware of the DoP’s redress mechanisms and 90% could not pronounce on the DoP’s mechanisms to ensure value for money in service delivery. These findings were despite the DOP’s implementation of the PSC’s recommendations on the above-mentioned principles. For instance, 100% of the recommendations on information, service standards, and openness and transparency were implemented. Furthermore, 83% of the recommendations on value for money were implemented.

**Department of Public Service and Administration:** Eighty percent (80%) of the Departments that participated in this study were of the view that the DPSA had succeeded
in promoting openness and transparency, access to services, the development of service standards, the provision of information and value for money in the Public Service. Furthermore, 100% of the Departments viewed the DPSA’s mechanisms to promote courtesy as effective while 60% indicated that the DPSA had done well on promoting redress mechanisms in the Public Service. The DPSA’s effectiveness in the above mentioned areas was demonstrated by initiatives such as the Batho Pele Forums, Public Service Week, Batho Pele Learning Networks, Access Strategy, Thusong Services Centres, the development of departmental Service Delivery Improvement Plans (SDIPs), and the provision of information through flyers, booklets and posters. All these initiatives play an important role in the transformation of Public Service delivery. The improvement could be as a result of the DPSA’s implementation of the PSC’s recommendations. For instance, 100% of the recommendations on accessibility to services, the provision of information, service standards and value for money were implemented.

As the main co-ordinator of all the initiatives to implement the Batho Pele framework in the Public Service, it is important that the DPSA maintains its programmes and integrative forums which proved to be effective in ensuring continuous progress towards the implementation of this framework. Without regular monitoring by the DPSA of departments’ efforts in this regard, the Batho Pele framework would not be prioritised and the impact of this important framework would be compromised. At the time of the study, departments complained about the discontinuation of the co-ordination and support programmes such as the Batho Pele Forum meetings and the Service Delivery Networks. The DPSA also needs to strengthen the provision of leadership and expertise on an on-going basis to guide and support national and provincial departments’ implementation programmes, and to assist in capacity building.

Department of Home Affairs: Sixty one percent (61%) of the sampled service users of the DHA were of the view that the Department’s efforts to transform service delivery through the Batho Pele principle of information were effective, 52% were satisfied with the service standards and 70% indicated that they were treated with courtesy. The DHA’s effectiveness in the above mentioned areas was demonstrated by, for instance, the dissemination of information through pamphlets and posters, the display of service standards in booklets and the regular monitoring of the way in which front line staff treated service users. The improvement could be attributed to the DHA having implemented the PSC’s recommendations. For instance, 100% of the PSC’s recommendations on information and service standards, were implemented and 50% on courtesy.

On the other hand, the findings show that service users were of the view that the DHA needed to improve its efforts with regard consultation, accessibility to services, openness and transparency, redress and value for money. For instance, 50% of the service users indicated that they were not regularly consulted, 61% of them viewed accessibility to services as difficult, 99% of them indicated that they were not aware of the Department’s mechanisms to promote openness and transparency, 86% were not aware of the DHA’s
redress mechanisms and 90% of them could not pronounce on the Department’s mechanisms to ensure value for money in service delivery. These findings were despite the DHA’s 100% implementation of the PSC’s recommendations on consultation and accessibility, 83% on value for money, 80% on redress and 75% on openness and transparency. This may suggest that mechanisms put in place by the DHA were not adequately profiled and/or communicated to service users.

4.2.3 The Challenges that Hampered Effective Public Service Delivery

The study sought to determine the challenges experienced by the departments which hampered effective public service delivery. The following section provides the findings in relation to the national and provincial Departments.

4.2.3.1 Provincial departments

The findings of the study show that the Provincial Departments of Health and Social Development were experiencing various challenges which hampered effective public service delivery. Amongst these were financial constraints which affected appointments to critical posts. Without the necessary competencies and skills, departments would not be able to deliver on their mandates. This was exacerbated by inappropriate organisation structures, inadequately trained staff, and the lack of plans to implement the Departments’ Batho Pele initiatives. Furthermore, it was mentioned that the implementation of Batho Pele was viewed as the sole responsibility of the Batho Pele units and front line staff who interacted with service users as opposed to being an organisation-wide initiative. As a result, there was a lack of commitment from management to implement the Batho Pele.

4.2.3.2 National departments

The findings of the study show that the DoP experienced challenges in linking its Departmental SDIP and service charter to corporate plans such as annual performance plans, risk management plans and operational plans. The finding suggests that the Department still viewed service delivery as an add-on to its normal departmental functions. The DPSA identified budget constraints, lack of buy-in and cooperation of its management and other government departments, the silo approach followed in the execution of duties in the DPSA and across the Public Service, and negative perceptions among the public about the Public Service due to protests and strikes, as main challenges hampering its service delivery. The DHA identified policy and legislative gaps, large, out-dated systems which were not integrated and led to delays because they were slow and had security gaps, a rigid organisation culture, and a lack of management capacity as main constraints in ensuring effective service delivery.
Chapter Five

Key Findings: Eastern Cape Province
5.1 INTRODUCTION

This chapter presents the findings on the DoH and DoSD in the Eastern Cape Provincial Government. The findings are presented according to the themes derived from the objectives of the study, namely, the effectiveness of departments’ efforts to implement the Batho Pele in transforming public service delivery, and the review of the extent to which Public Service departments had implemented the recommendations contained in the previous PSC’s reports on the Batho Pele principles. Furthermore, the chapter discusses the challenges that hampered effective public service delivery.

5.2 INTERVIEWS CONDUCTED AND SERVICE DELIVERY POINTS VISITED DURING DATA COLLECTION

A senior manager from the DoH was interviewed on 14 July 2010, followed by an interview with a senior manager from the DoSD on 23 July 2010. In addition, a total of 20 service users of both Departments were interviewed at the selected service delivery points indicated in Table 2 below.

Table 2: Eastern Cape service delivery points of the DoH and DoSD visited

<table>
<thead>
<tr>
<th>Department</th>
<th>Service Delivery Point</th>
<th>Date visited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>NU1 Clinic-Mdantsane</td>
<td>06 July 2010</td>
</tr>
<tr>
<td></td>
<td>Tyutyu Clinic</td>
<td>05 August 2010</td>
</tr>
<tr>
<td></td>
<td>Nbakakazi Clinic-Butterworth</td>
<td>18 August 2010</td>
</tr>
<tr>
<td>Social Development</td>
<td>Cathcart-Toise (Ngqanda)</td>
<td>05 August 2010</td>
</tr>
<tr>
<td></td>
<td>Prigg Street, Stutterheim</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Stutterheim, Murray Street</td>
<td>05 August 2010</td>
</tr>
<tr>
<td></td>
<td>Ngqamakwe Hospital</td>
<td>18 August 2010</td>
</tr>
<tr>
<td></td>
<td>Ngqamakwe Health Centre (Prefabs Structure)</td>
<td>18 August 2010</td>
</tr>
</tbody>
</table>

5.3 KEY FINDINGS

5.3.1 The Effectiveness of Departments’ Efforts to Implement the Batho Pele Policy in Transforming Public Service Delivery

The study sought to establish the effectiveness of departments’ efforts to implement the Batho Pele principles in transforming service delivery. In this regard, the findings varied between the two Departments as shown on the following page:
5.3.1.1 Department of Health

The Department was found to be effective in transforming service delivery with regard to the Batho Pele principles of service standards, accessibility to services, and courtesy displayed by officials. Service users’ views confirmed that they had benefitted from the Department’s efforts in this regard. However, challenges were still experienced in relation to the principles of information, consultation, openness and transparency, redress and value for money.

**Service standards:** The study found that service standards had been developed, published and displayed. These were published in the service standard booklets, provincial standards manuals, newsletters and service delivery charters, which were available at helpdesks, and generally at the service delivery points to inform service users. Such publication and display of the Department’s service standards made service users aware of the level of service to be expected and the DoH’s intention to continuously improve service delivery. All of the sampled service users indicated that they were aware of the DoH’s service standards. However, only fifty percent (50%) of them indicated that they were satisfied with the services standards. Seventy percent (70%) of the sampled service users indicated that the Department needed to ensure that the local language of IsiXhosa was used in the publication of the service standards. The PSC’s Consolidated Report on Inspections of Primary Health Care Delivery sites found that service charters were displayed in most of the clinics visited, however, the inspection team observed that these were only published in English which made it difficult for the majority of the patients who used the services of these clinics to understand the much needed information.

**Accessibility to services:** The DoH had improved accessibility to health services through the implementation of various mechanisms such as mobile units, the use of the media and call centres. Such mechanisms play a key role in ensuring that services of the Department are easily accessible to service users, especially since the majority of citizens in the Province rely on the services of the Department for their health needs. Ninety percent (90%) of the sampled service users indicated that services were accessible at health facilities. The PSC’s Consolidated Report on Inspections of Primary Health Care Delivery Sites corroborates this finding by indicating that, in general, service users were satisfied with issues such as finding their way to specific service points at clinics and the distance travelled. The Department’s service delivery achievements in its 2009/2010 DAR support this finding. The Department indicated that 27 community hospitals provided a 24 hour service to improve accessibility, that it had reached 94 218 service users through its Comprehensive Home Based Care (HBC) Programme, and that the number of service users treated at primary health care facilities had increased from 16 268 199 to 18 623 987 in...
2009/2010. The DAR further details what the Department had done to ensure accessibility for people with disabilities such as establishing 25 outreach clinic service points especially for people with disabilities and issuing wheel chairs to 1671 services users²¹.

However, sampled service users of this study indicated that mechanisms such as off ramps needed to be installed to enable the disabled and the elderly access to health services. This corroborates the PSC inspections report which found that three of the five Eastern Cape clinics visited during the study did not have ramps for people with disabilities²².

**Courtesy displayed by officials:** Eighty eight percent (88%) of the service users interviewed indicated that they were treated with courtesy and respect by staff members of the Department. This is further corroborated by the PSC’s Consolidated Report on Inspections of Primary Health Care Delivery Sites which indicated that citizens were treated with courtesy and respect²³. This study (*Batho Pele* Report) further showed that the level of sympathy and respect with which service users were treated had improved as a result of the development and implementation of courtesy standards by the DoH, and the appointment of service user care staff. Sixty percent (60%) of the sampled service users indicated that these initiatives, implemented to improve staff behavior, had a positive effect on how health care officials treated them compared to before these initiatives had been implemented. Service users, especially those whose state of health is already compromised, require to be treated with care and compassion, therefore the courteousness of health officials has a huge impact on the perception of the service users about the Department’s service delivery.

**Consultation:** The findings show that the DoH’s consultation mechanisms focused more on providing information rather than on stimulating dialogue between the Department and service users about their needs and constraints. Furthermore, the mechanisms did not provide feedback to service users about how their needs had been taken into account in service delivery decisions. Seventy percent (70%) of the service users interviewed indicated that they believed their needs were not taken into account in service delivery decisions or plans of the Department. The lack of proper consultation mechanisms denies service users the opportunity of making the kind of inputs that would improve the delivery of services.

**Information:** Although the Department indicated that it used various mechanisms to ensure that service users were appropriately informed through, for instance, directories of services, newsletters, and pamphlets distributed at service delivery points and hospitals, only fifty percent (50%) of the sampled service users indicated that they were informed about the Department’s services through such mechanisms. This suggests that, whilst some of these mechanisms were used to publish service standards as earlier indicated,

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information on the various services offered by the Department was not captured in these mechanisms. The provision of accurate information is important in enabling service users to make choices about which government services they would like to receive and where they would want to go to receive such services.

**Openness and transparency:** With regard to openness and transparency, the Department used mechanisms to inform service users about its operations and performance such as meetings, annual reports, workshops, and open days. Ninety percent (90%) of the service users interviewed indicated that they were unaware of any information provided by the DoH which reflected the performance of the Department. The findings further show that the Department had not published an ARC as required by the *Batho Pele* White Paper24 which would provide service users with information about the Department’s management and performance in a format that was aimed at the general public. It is important that service users are made aware of the Departments’ performance and provided with details of those in charge of services at the Department. Such information would enable them to know who to hold accountable at the DoH and what they can realistically expect from the Department.

**Redress:** The DoH indicated that it had implemented a formalised complaints handling system to ensure that service users could lodge complaints at different service delivery points. Only fifty percent (50%) of service users indicated that they were aware of the procedure to be used to lodge a complaint, which was mainly through suggestion boxes displayed in the majority of the health care centres. The lack of knowledge and understanding about the DoH’s complaints handling mechanisms disadvantaged the service users as they might not have been aware of the recourse they had when treated unfairly. In the PSC’s Consolidated Report on Inspections of Primary Health Care Delivery Sites, the inspection team observed that all clinics visited had suggestion boxes, however, it was noted that in some clinics, these boxes were not placed at visible places to encourage easy usage by patients and citizens25. The non-visibility of the suggestion boxes compromised the optimum usage of the facility by members of the public.

**Value for money:** According to the officials interviewed, the DoH undertook initiatives such as the monitoring of fraud prevention and ensuring user-friendly procedures to provide value for money services to its service users. However, all the sampled service users indicated that they were unable to provide specific responses on what constituted value for money in relation to the services or operations of the DoH because of a lack of understanding of the principle of value for money. The PSC’s Report on the Implementation of the *Batho Pele*
principle of Value for Money corroborated this finding. The Report indicated that if service users were better informed about this principle, particularly on how much funds were allocated and utilised to ensure services are enhanced, it would have enabled them to assess whether they received value for money services from the Department. In this regard, the Auditor General’s (AG’s) report as contained in the 2009/10 DAR mentioned, for instance, that whilst the Department had developed fraud prevention plans, the plans had not been fully implemented and used as per the requirements of the applicable legislation. Furthermore, whilst funds had been spent on important initiatives to improve service delivery, the AG pronounced on matters such as irregular, fruitless and wasteful expenditure which were not in the interest of better value for money. Although this information is available in the DAR, it is not necessarily public knowledge to people in rural areas who do not have access to such documents.

5.3.1.2 Department of Social Development

The Department was found to be effective in transforming service delivery in the areas of the Batho Pele principles of accessibility to services and courtesy displayed by officials. Service users’ views confirmed that they had benefitted from the Department’s efforts to improve service delivery in these areas. However, challenges were still experienced in relation to the principles of consultation, service standards, information, openness and transparency, redress and value for money. In particular, the findings show that:

Accessibility to services: Accessibility to services was improved through rolling-out service delivery points, the establishment of partnerships with external service providers, rendering services at Thusong Service Centres, call centres, and toll-free lines, all of which were non-existent prior 1994. The DAR 2009/2010 also shows that one of the interventions to improve access to services was the identification of, for instance, 20,361 orphans and vulnerable children who would receive material support, nutritious meals and of whom, some would participate in after care programmes. In this regard, seventy percent (70%) of the service users were of the view that through such initiatives, access to the services of the Department improved. However, thirty percent (30%) of the service users suggested that some of the buildings needed to be upgraded to make them more accessible to service users.

Courtesy: The findings show that the DoSD had introduced mechanisms to ensure that service users were treated with the necessary dignity and respect such as the establishment of a service user care unit and the appointment of service user care staff to achieve better service delivery, all of which were non-existent prior 1994. This was

confirmed by a hundred percent (100%) of service users who indicated that the level of courtesy displayed by officials, especially through mechanisms as those mentioned above, improved service delivery.

**Consultation:** The findings show that the DoSD mechanisms to consult its service users included public meetings, roadshows and summits. The 2009/2010 DAR also shows that 7 district izimbizo were held in the Province during the said financial year\(^{30}\). Whilst there were no structured mechanisms for consultation prior to 1994, the above mechanisms focused more on sourcing and providing information than involving service users in service delivery decisions. The Department had further developed its consultation standards only recently and could, therefore, not pronounce on the effectiveness of its consultation mechanisms. Whilst some of the sampled service users were not aware of the DoSD consultative mechanisms, all of them indicated that they had not participated in the above mentioned mechanisms.

**Service standards:** The findings show that, similarly to before 1994, the DoSD had not displayed its service standards at the service delivery points. The publication of the service standards would enable service users to judge whether they were receiving the services promised by the Department and also empower them to hold officials accountable where a service standard had not been met. A hundred percent (100%) of service users confirmed the findings by indicating that they were unaware of the DoSD’s service standards and that these standards had not been communicated to them.

**Information:** The findings show that the DoSD had implemented various mechanisms to ensure that it provided service users with information about the Department’s services. Key to these mechanisms was the DARs, newsletters, the media and the departmental website. Furthermore, the 2009/2010 DAR shows that information was also provided through radio interviews\(^ {31}\). However, eighty percent (80%) of service users interviewed indicated that they were unaware of mechanisms used by the Department to provide information. The finding suggests that the mechanisms used by the DoSD were not yielding positive results with regards to providing service users with information and improving service delivery.

**Openness and transparency:** Furthermore, the study found that no initiatives had been undertaken to inform service users about the DoSD’s management and operational performance. Such initiatives would include, for instance, the publication of ARCs as required by the WPTPSD. All service users interviewed indicated that they were unaware of any information provided by the Department which reflected the performance of the Department. It is important that service users are made aware of the Departments’ performance and provided with details of those in charge at the Department. Such information would enable

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them to know who to hold accountable at the DoSD.

**Redress:** The DoSD was, at the time of the study, using a manual complaints register to record complaints. The register was reviewed weekly and statistical reports were submitted to top management on a monthly basis using a standard departmental reporting template. The study further found that the Department had established a service user care unit to enable service users to voice any dissatisfaction they experienced with the Department’s service delivery. This shows an improvement when compared to pre-1994, where complaints were dealt with in a haphazard manner, with no procedures and systems in place to effectively address such complaints and ensure that appropriate corrective action was taken. However, despite the Departments’ initiatives, ninety percent (90%) of the service users indicated that they were unaware of the Department’s complaints handling mechanisms. It is important to ensure that service users are aware of the mechanisms the Department has put in place to address their complaints. Otherwise the Department loses the opportunity to use such mechanisms to advance service delivery.

**Value for money:** The findings of the study show that the DoSD had made concerted efforts to implement the Batho Pele principle of value for money. Key to these efforts, was the monitoring of fraud and corruption prevention initiatives, and the establishment of a risk management unit for such purposes. Despite such initiatives, all service users indicated that they were unaware of what value for money meant in relation to the Department’s service delivery. The PSC’s report on the implementation of the Batho Pele principle of Value for Money corroborates this finding. The report indicated that if service users were better informed about this principle, particularly on how funds were allocated and utilised to ensure services were enhanced, it would have enabled them to assess whether they received value for money services from the Department. Although the AG pronounces on the Department’s financial performance in the DAR, and this information should therefore be available to the public, it is not necessarily public knowledge to people in rural areas who do not have access to such documents.

**5.3.2 Implementation of the Recommendations Contained in Previous PSC Reports on Compliance with the Batho Pele Principles**

This study sought to establish the extent to which the DoH and the DoSD had implemented the 44 recommendations made in the PSC studies conducted between 2005 and 2009, as contained in Annexure A. The findings of the study show that of the 44 recommendations, the DoH had implemented 27 (61%) whilst the DoSD had implemented 19 (43%). Figure 1 on the following page shows the percentage of the recommendations implemented by the DoH and DoSD, in terms of the 8 Batho Pele principles.

Figure 1: Implementation of the PSC’s recommendations by the Eastern Cape DoH and DoSD under each Batho Pele principle

Figure 1 above shows that, comparatively, the DoH had made more progress with the implementation of the PSC’s recommendations than the DoSD. However, despite the DoH having implemented the PSC’s recommendations on redress (100%), information (83%), consultation (75%) and courtesy (50%), the majority of the service users (as indicated in par 5.3.1.1 above) were not aware of the DoH’s efforts in these areas. Similarly, despite having implemented 82% of the recommendations on service standards and 50% on openness and transparency, the majority of the service users (as indicated in par 5.3.1.2 above) were not aware of the DoSD’s efforts in these areas. Where recommendations were implemented, it is important that the Departments profile their efforts to improve service delivery. Similarly, it is important that recommendations that were not implemented, are implemented. For further details on the specific recommendations not implemented by both departments on each principle, see Annexure B.

5.3.3 Challenges and Constraints that are Hampering Effective Public Service Delivery

sought to establish the challenges and constraints hampering effective public service delivery in the DoH and the DoSD. The findings of the study show that challenges and constraints hampering the DoH to improve its service delivery were attributed to limited financial resources which affected appointments to critical posts and the lack of funding of new mandates. On the other hand, challenges and constraints hampering the DoSD to improve its service delivery were limited to staff being inadequately trained on transformation, or resistant to change, and a lack of implementation of the Departments’ SDIPs.
Chapter Six

Key Findings: Free State Province
6.1 INTRODUCTION

This chapter presents the findings on the DoH and DoSD in the Free State Provincial Government. The findings are presented according to the themes derived from the objectives of the study, namely, the effectiveness of departments’ efforts to implement the Batho Pele in transforming public service delivery, and the review of the extent to which Public Service departments had implemented the recommendations contained in the previous PSC’s reports on the Batho Pele principles. Furthermore, the chapter discusses the challenges that hampered effective public service delivery.

6.2 INTERVIEWS CONDUCTED AND SERVICE DELIVERY POINTS VISITED DURING DATA COLLECTION

A manager from the DoSD was interviewed on 21 July 2010, followed by an interview with a manager from the DoH on 29 July 2010. In addition, a total of 18 service users were interviewed at the selected service delivery points indicated in Table 3 below.

Table 3: Free State service delivery points of the DoH and DoSD visited

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<thead>
<tr>
<th>Department</th>
<th>Service Delivery Point</th>
<th>Date visited</th>
</tr>
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<tbody>
<tr>
<td>Health</td>
<td>MUCPP Health Centre, Mangaung</td>
<td>16 July 2010</td>
</tr>
<tr>
<td></td>
<td>Freedom Clinic, Mangaung</td>
<td>16 July 2010</td>
</tr>
<tr>
<td></td>
<td>Batho Clinic, Mangaung</td>
<td>16 July 2010</td>
</tr>
<tr>
<td>Social Development</td>
<td>Thusanong Centre, Mangaung</td>
<td>16 July 2010</td>
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<tr>
<td></td>
<td>Thusong Service Centre, Botshabelo</td>
<td>16 July 2010</td>
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6.3 KEY FINDINGS

6.3.1 The Effectiveness of Departments’ Efforts to Implement the Batho Pele Policy in Transforming Public Service Delivery

The study sought to establish the effectiveness of departments’ efforts to implement the Batho Pele principles in transforming its service delivery. The findings in relation to the two Departments are discussed below.

6.3.1.1 Department of Health

The Department was found to be effective in transforming service delivery with regard to the Batho Pele principles of accessibility to services, information and courtesy. Service users’ views confirmed that they had benefitted from the Department’s efforts in this regard. However, challenges were still experienced in relation to the principles of service
standards, consultation, openness and transparency, redress and value for money.

**Accessibility of services:** The study found that the DoH had rolled-out its service delivery points and health facilities to ensure that previously disadvantaged communities can also access its services. These service delivery points include hospitals, clinics, One-Stop-Centres and Thusong Service Centres. All these service delivery points could be accessed through the use of public transport. Prior to 1994, service users had to travel long distances to access services especially communities in rural areas. As a result of the Department’s transformation initiatives, the Primary Health Care services were provided free of charge and closer to the previously disadvantaged communities. Ninety-eight percent (98%) of the sampled service users were of the view that the Department’s initiatives improved service delivery. Services had also been made more accessible to the disabled. The PSC’s Consolidated Report on Inspections of Primary Health Care Delivery Sites corroborates this finding by indicating that ramps for people with disabilities were provided for people with disabilities 33.

**Information:** Another area of improvement was the provision of accurate and up-to-date information to service users about the Department’s services and how these could be accessed. The Department had implemented various mechanisms to ensure that service users were provided with appropriate information. Eighty percent (80%) of the sampled service users indicated that they were appropriately informed about the Department’s services through individual engagements when they visited service delivery points. Whilst some service users indicated that they received information through the radio or the TV, not a single service user identified the conventional measures used by the Department such as DARs as a successful measure to provide service users with departmental information.

**Courtesy:** The findings show that the DoH had improved its efforts to ensure that service users were treated with the necessary dignity and respect, especially through the development of courtesy standards. In this regard, officials’ performance was regularly monitored against such standards by supervisors. However, the DoH had not included the courtesy standards in the Performance Agreements (PA) of managers. Practitioners were required to work according to the Professional Code of Ethics and Practices applicable to their professions which included standards related to courtesy. The application of such courtesy norms and standards ensured that officials adhere to good customer service practices. Sixty percent (60%) of the service users interviewed indicated that they were treated with respect. However, concerns were raised about instances where officials had long morning staff meetings and only started attending to service users after these meetings. This culminated in queues becoming very long and service users being sent away in the afternoon without having been attended to. Furthermore, service users indicated that they did not know the names of the staff who attended to them because of the non-wearing of nametags. The

above findings are corroborated by the PSC’s Consolidated Report on Inspections of Primary Health Care Delivery Sites, where citizens complained about standing in long queues and where it was observed during inspections that staff did not wear nametags\textsuperscript{34}. It is important that service users know who the frontline officials are to ensure that they can keep officials accountable for services rendered. In addition, monitoring of the staff’s conduct and regular reporting of such, would assist in eliminating these incidences.

**Service standards:** The findings show that the DoH had introduced various mechanisms to ensure that service users were informed about service standards such as the SDIP, strategic plans, a service delivery charter, and posters or charts at all service delivery points. On the contrary, only fifty percent (50\%) of the sampled service users indicated that the DoH displayed its service standards in the form of posters, charts or pamphlets at service delivery points. A further thirty eight percent (38\%) of the sampled service users could not read and were, therefore, unable to pronounce on the availability of standards, and twelve percent (12\%) had no knowledge of such standards. The PSC’s Consolidated Report on Inspections of Primary Health Care Delivery Sites found that service charters were displayed, however these were written only in English\textsuperscript{35}. It is imperative that these service standards are visible, clear and understandable to service users to ensure that they benefit from such standards. It would further be important to raise awareness amongst service users about their responsibility to keep the Department to these promised standards.

**Consultation:** The findings of the study show that the Department experienced challenges with regard to consulting service users about their service needs and expectations. Key to these challenges was ensuring proper dialogue between the Department and its service users. The Department mainly used its consultation mechanisms to focus on the provision of information to service users and not so much on obtaining feedback which would have enabled the Department to align its programmes and policies with the needs of service users. The findings further show that all sampled service users indicated that they were not consulted through the consultation mechanisms indicated by the Department such as public meetings, community and customer satisfaction surveys, izimbizo, individual interviews and roadshows. Furthermore, they indicated the helpdesks were not affording them an opportunity to be consulted on the services of the Department. It is important that the DoH monitors the outcomes of its consultation initiatives. This would assist the Department in identifying gaps in the consultation process and in planning future initiatives.

**Openness and transparency:** Another area where the Department still needed to strengthen its efforts was the provision of information to service users about the


Department's management and performance. Contrary to the finding that the Department published an ARC which provided citizens with information about the management of the Department and how its finances were managed, interviews with the sampled service users indicated that all of them were not informed through such mechanism about the management of the DoH, how it performed and who was in charge. This may suggest that the service users had not received the ARCs and were therefore unable to hold the DoH accountable for its performance to deliver services to them and to make suggestions regarding service delivery improvements.

**Redress:** The findings of the study show that the DoH had implemented a structured complaints handling system to ensure that, where the promised level of service was not delivered, service users were offered an explanation or an apology and remedial action was instituted or where a complaint was filed, that it was addressed with a positive response. It is important that the Department acknowledges the role of negative feedback in the form of complaints in shaping the Department’s service delivery performance. The findings further show that service users were informed of the Department’s complaints handling system and the public was encouraged to use the Departmental complaints procedures, should they have had complaints. Hundred percent (100%) of the sampled service users indicated that they were informed about the Department’s complaints handling system. This is corroborated by the PSC’s Consolidated Report on Inspections of Primary Health Care Delivery Sites which indicated that complaint/suggestion boxes were displayed at all clinics visited. However, it should be noted that service users who participated during this study (Batho Pele Report), were of the view that the Department’s complaints handling system was not effective because their complaints were in many instances thrown away without being addressed. Complaints of service users will persist unless appropriately addressed and feedback is provided to them.

**Value for money:** The findings of the study show that the reformed budgetary system used by the DoH was aligned to the National Department of Health’s priorities and focused on service delivery. The Department had introduced mechanisms such as integration of services, the use of Supply Chain Management (SCM) procedures, compliance with the PFMA procedures, and partnerships with NGOs, to ensure that it provides economic, efficient and effective services to service users. However, 100% of the sampled service users interviewed indicated that they were unable to respond to what constituted value for money in relation to the services or operations of the DoH. The PSC’s Report on the Implementation of the Batho Pele principle of Value for Money corroborated this finding. The report indicated that if service users were better informed about this principle, particularly on how much funds were allocated and utilised to ensure that services are enhanced, it would have enabled them...
to assess whether they received value for money services from the Department\textsuperscript{38}. Prior to 1994, there were no clear accountability measures in place which could have resulted in situations permitting wasteful expenditure.

In addition to the Departments’ effort to improve service delivery through the above-mentioned Batho Pele principles, the findings of the study show that the Department had developed its SDIP in line with the guidelines provided by the DPSA\textsuperscript{39}. However, all service users had no knowledge of the existence of such a plan or the content thereof. Unless the Department raises awareness among service users about the Plan, and the purpose of the Plan, the effectiveness of the Plan in improving service delivery, will be hampered.

In relation to the Department’s efforts to revive the Batho Pele, the study found that the DoH could not pronounce on the effect of its involvement in the Batho Pele Revitalisation Programme on the effectiveness of its service delivery. The findings of the study further indicate that none of the interviewed service users was able to respond to the effect of the Department’s involvement in such a programme since they lacked knowledge of what the Batho Pele Revitalisation Programme entailed. Senior officials of the Department indicated that although the Programme had been implemented, it was not effectively managed. Reviving the Programme and encouraging service users to participate in all the activities, would ensure that service users’ views are considered in service delivery decisions and that the Department’s service delivery efforts focus on meeting service users’ expectations about the services they required from the Department.

6.3.1.2 Department of Social Development

The findings of the study show that the Department had made progress with regard to the implementation of the Batho Pele principles of consultation, improving accessibility to its services, courtesy and providing information about services of the Department to service users and that service delivery had improved as a result thereof. Service users’ views confirmed these improvements and that they had benefitted in these areas. However, challenges were still experienced in relation to openness and transparency, redress mechanisms and ensuring value for money to service users.

Consultation: With regard to consultation, it was found that the Department had improved the level of consultation of service users about their service needs. The finding suggests that the Department acknowledged the importance of getting first-hand information about its service users’ needs and expectations for planning purposes and using the opportunity to communicate important information directly with service users.


Seventy percent (70%) of the sampled service users were of the view that the DoSD’s consultation initiatives improved service delivery. However, thirty percent (30%) of the sampled service users described the Department’s consultation mechanisms as either ineffective or non-existent. The findings further show that the majority of the service users had a preference for the use of individual interviews as consultation mechanism since it allowed them the opportunity to air their views about the Department’s services and request feedback where it was not provided. It is critical for Departments to include service user’s views in their service delivery plans and to provide the users with feedback on how their views were incorporated. The feedback would ensure buy-in for the plans of the Department.

Accessibility to services: The study found that the DoSD had established an additional 29 frontline offices in the five districts as well as 2 offices at provincial level. The Department further co-opted Not-for-Profit Organisations (NPOs) such as Child Welfare Centres, the National Institute for Crime Prevention and Re-Integration of Offenders (NICRO), old age homes, institutions for HIV infected and centres for rehabilitation, to ensure improved accessibility to the Department’s services to communities where the Department had not had offices before. The finding suggests that the Department had made concerted efforts to ensure equal access to its services, especially in the more remote areas where citizens had previously been denied quality social services. The findings further shows that 100% of the sampled service users were in agreement that the Department had been successful in its efforts to improve accessibility to services. According to observations made during the in loco visits to service delivery points, it was, however, found that sixty percent (60%) of service delivery points were not accessible to the physically challenged and formal signage was lacking at these points. Ten percent (10%) of the sampled service users raised concerns about a lack of home visits to accommodate service users who were old, frail and or sick. Such visits would ensure that service users, who are not able to access services, receive an equal opportunity to access such.

Courtesy: The DoSD had developed a customer care plan as a mechanism to ensure that officials treat service users with sympathy and respect. The plan sets out courtesy standards and guidelines to achieve improved service delivery. The Department could, however, not confirm whether officials’ performance against such standards was regularly monitored by supervisors. The findings show that eighty percent (80%) of the sampled service users were treated with dignity and respect by Departmental officials while others were of the view that officials were not helpful and turned them back without clear indications of what was needed to complete a transaction. Such attitudes of officials will uphold negative views of service users about the Department’s efforts to ensure that quality services are delivered.

Information: To ensure that service users can make meaningful choices with regard to services provided to them and the means to access such services, it is important that they are provided with appropriate information. Accurate information about the services offered
by the Department will ensure that the service users know what to expect in terms of
the range of services and the level and quality of such services. The findings show that
sixty percent (60%) of the sampled service users could identify with the mechanisms
used by the Department to ensure that service users are appropriately informed, such
as the radio and television. The majority of the service users found the radio to be an
effective mechanism to provide information, since it was available in local languages
through the different local radio stations.

**Openness and transparency:** The findings show that the Department disseminated
information about the management and operation of the Department to frontline
offices. The findings further show that the Department invited the public to attend
budget speeches and information sessions where they would be able to access such
critical information. The study show that a 100% of the sampled service users had
not been informed about the Department’s mechanisms to communicate about the
management of the Department, how well it performed, the resources it consumed, and
who was in charge. Without knowledge of such mechanisms and the critical information
the mechanisms convey, service users would not be able to hold the DoSD accountable
for its service delivery performance.

**Service standards:** The findings of the study show that the Department had
developed service standards and made progress towards the achievements of its targets
with regard to these standards, but needed more rigour in their efforts. However, 100%
of the sampled service users were not aware of the Department’s service standards and
could not pronounce on the effectiveness thereof in improving service delivery.

**Redress:** The findings of the study show that the DoSD had identified two mechanisms,
namely, a formalised complaints handling system and toll free numbers to address
service users’ complaints about its services. The findings show that the Department
had, however, failed to establish mechanisms which are critical in astutely and accurately
identifying when services are falling below the promised standard such as a proper
monitoring and evaluation system, complaints helpdesks, and effective intervention of
management in addressing complaints and managing suggestion boxes. The absence of
an M&E system, would negatively impact on the Department’s capacity to identify gaps
and take appropriate action to address such gaps. One hundred percent (100%) of the
sampled service users contradicted the existence of a Departmental complaints handling
system and indicated that they had no knowledge of such a system or the procedures to
follow to complain about poor service delivery.

**Value for money:** According to the findings of the study, the Department had implemented
various mechanisms to ensure value for money to service users such as the monitoring and
evaluation of the use of resources. However, the Department could not indicate what impact
the mechanisms had had on value for money. Hundred percent (100%) of service users
indicated that they did not understand what the Batho Pele principle of value for money was about and were ill-informed by the Department about its mechanisms and performance in this regard. The PSC’s Report on the Implementation of the Batho Pele principle of Value for Money corroborated this finding. The report indicated that if service users were better informed about this principle, particularly on how much funds were allocated and utilised to ensure that services are enhanced, they would have been enabled to assess whether they received value for money services from Departments.

In addition to the Department’s efforts to improve service delivery through the above-mentioned Batho Pele principles, the findings of the study show that the Department’s SDIP was only approved on 08 July 2010. The SDIP contained indicators which served as important measures of progress towards achieving the Departmental service delivery objectives. The SDIP is an important instrument to service users in monitoring a Department’s performance and keeping the Department accountable for service delivery.

6.3.2 Implementation of the Recommendations Contained in Previous PSC Reports on Compliance with the Batho Pele Principles

The study sought to establish the extent to which the DoH and DoSD had implemented the 44 recommendations made in the PSC’s studies conducted between 2005 and 2009 as contained in Annexure A. The findings of the study show that of the 44 recommendations contained in these reports, the DoH had implemented 40 (91%) and the DoSD had implemented 29 (66%). Figure 2 below shows the percentage of the recommendations implemented by the DoH and the DoSD respectively with regard to each of the 8 Batho Pele principles.

Figure 2: Implementation of the PSC’s recommendations by the Free State DoH and DoSD with regard to each Batho Pele principle

![Figure 2](image_url)

Figure 2 on the previous page shows that overall the DoH had made commendable progress in terms of the implementation of the PSC’s recommendations with 100% implementation of the recommendations on consultation, access, courtesy, openness and transparency, and value for money. The findings further show that 91% of the recommendations on service standards were implemented, 83% on information and 60% on redress. This does, however, not correlate with the findings in relation to the effectiveness of the Department’s implementation efforts in service delivery as discussed in par 6.3.1.1 above. For instance, although the Department had implemented all 100% of the recommendations on openness and transparency, service users were still of the view that they had not received critical information on the management and operations of the Department. The finding suggests that the Department should improve the articulation and communication of its efforts in this regard to service users to ensure the desired impact of such communication.

On the other hand, the DoSD had implemented 100% of the recommendations on access and redress, respectively. Comparing these figures again with the findings on the effectiveness of the Department’s efforts to ensure the proper handling of complaints, shows a disparity. Clearly communicating the mechanisms to service users and emphasizing their responsibilities in this regard, would assist in ensuring the Department’s achievement of its objectives and the satisfaction of service users with the process. Furthermore, the Department had implemented 75% of the recommendations on courtesy, 67% on both information and value for money, 50% on openness and transparency, whilst the implementation of the recommendations on the remaining principles was below 50%.

The findings suggest a need for the Departments to further commit to the implementation of the PSC’s recommendations. This would contribute to the much-desired service delivery and would ensure that the Departments’ services meet the needs and expectations of their service users. For further details on the specific recommendations not implemented by both departments on each principle, see Annexure B.

6.3.3 Challenges and Constraints that were Hampering Effective Public Service Delivery

The study sought to establish the challenges and constraints hampering effective service delivery in the DoH and the DoSD. The findings of the study show that the DoH had experienced various challenges in ensuring effective service delivery. Such challenges included a lack of commitment from management to the Batho Pele activities, and that managers regarded transformation and especially service delivery improvement, as an add-on responsibility. The implementation of the Batho Pele was viewed as the sole responsibility of the DoH’s Transformation Unit and frontline officials who interacted with service users. Furthermore, it emerged that the Transformation Unit had not developed an appropriate plan of action to ensure implementation of the principles. The above-mentioned challenges point to a lack of leadership to implement the Batho Pele framework and activities.

In relation to the DoSD, the study found that the Department had experienced the same challenges as the DoH in ensuring effective service delivery.
Chapter Seven

Key Findings: Gauteng Province
7.1 INTRODUCTION

Chapter seven presents the findings on the DHSD in the Gauteng Provincial Government. The findings are presented according to the themes derived from the objectives of the study, namely, the effectiveness of departments’ efforts to implement the Batho Pele in transforming public service delivery, and the review of the extent to which Public Service departments had implemented the recommendations contained in the previous PSC’s reports on the Batho Pele principles. Furthermore, the chapter discusses the challenges that hampered effective public service delivery.

7.2 INTERVIEWS CONDUCTED AND SERVICE DELIVERY POINTS VISITED DURING DATA COLLECTION

Three managers from the DHSD were interviewed on 19 July 2010. In addition, a total of 20 service users were interviewed at the selected service delivery points of the Department. Table 4 below shows the service delivery points visited and the dates of the visits.

<table>
<thead>
<tr>
<th>Service Delivery Point</th>
<th>Date visited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hillbrow Community Health Centre</td>
<td>28 July 2010</td>
</tr>
<tr>
<td>Charlotte Maxeke Johannesburg Academic Hospital</td>
<td>28 July 2010</td>
</tr>
<tr>
<td>Social Development Office: Rissik Street</td>
<td>29 July 2010</td>
</tr>
<tr>
<td>Social Development Office: Roodepoort</td>
<td>29 July 2010</td>
</tr>
</tbody>
</table>

7.3 KEY FINDINGS

7.3.1 The Effectiveness of Departments’ Efforts to Implement the Batho Pele Policy in Transforming Public Service Delivery

The study sought to establish the effectiveness of departments’ efforts to implement the Batho Pele principles in transforming their service delivery. The findings of the study show that the majority of service users were of the view that service delivery had improved in the areas of consultation, improving accessibility, courteous behaviour displayed by staff, the provision of information about services and redress. Service users attested to this improvement in service delivery and how they benefitted from these improvements. Challenges were, however, experienced in relation to the implementation of the Batho Pele principles of openness and transparency, service standards and value for money. As a result, service users were not satisfied with service delivery in these areas.

Consultation: The findings of the study show that the DHSD had implemented initiatives such as open public days in hospitals to stimulate frank and open dialogue and discussion
between the local service users and the hospital managers about service user expectations, aspirations and needs in terms of the type and quality of the services rendered. Furthermore, hospital managers also utilised quality improvement plans to gauge the level and quality of the services rendered by such facilities. Sixty percent (60%) of the sampled service users indicated that they were consulted. The majority of the service users interviewed regarded helpdesks, citizen satisfaction surveys, road shows, newsletters and individual interviews as the most user-friendly and accessible methods of consultation. Some of the service users were of the view that consultation should take place at community level and not at service delivery points.

Service users further indicated that the Department’s consultation mechanisms empowered them in that they were aware of the Department’s health care services, the preventative measures in respect of communicable diseases, and how, where and to whom to complain about poor service delivery. The initiative of the Department in this regard is commendable, allowing for continuous engagement with service users on the provision of services.

**Accessibility of services:** The findings of the study show that the DHSD had improved accessibility to its services by further rolling-out service delivery points and health and social development facilities to ensure that all communities, and especially the previously disadvantaged, could access services. These service delivery points included hospitals, clinics, one-stop-centres, mental health facilities, shelters for abused women and children, and children’s and old age homes. This may suggest some improvement as the PSC’s Consolidated Report on inspections of Primary Health Care Delivery Sites had earlier found clinic buildings to be too small to render effective service delivery and that citizens still travelled long distances to reach the clinics.

At the time of conducting this study (Batho Pele Report), social services were being rendered at 162 service centres as compared to 10 service points in 1997. The decentralisation strategy upon which the Department had embarked, had not only resulted in an increase in service points across the Province, but ensured shorter distances to medical and social facilities, increased specialised care at these facilities and led to manageable ratios of service users to medical and social work practitioners. The introduction of mobile clinics had further enhanced the availability and accessibility of such services. It was found that the Department had also introduced special measures to ensure that accessibility was improved to the previously disadvantaged. These measures included the implementation of special programmes aimed at assisting HIV/AIDS-patients, the employment of community development workers (CDWs) to assist in outreach programmes, and the introduction of special programmes for the disabled, pensioners and children under seven years of age, thus ensuring free medical services as well as accelerated service delivery to the weak and vulnerable. Furthermore, the Department had appointed queue marshals to fast-track queues, reduced waiting times and

also ensured that critically ill patients were immediately attended to. Eighty percent (80%) of the service users interviewed indicated that all facilities were in close proximity and accommodating the disabled as well as other frail groups. The other 20%, mainly from the rural and remote areas, were of the opinion that the distance to service delivery points remained too far.

**Courtesy of officials:** The study further showed that the Department had developed and implemented courtesy standards and mechanisms to ensure that service users were treated humanely, with respect, and without favour or prejudice. The level of sympathy, respect and dignity with which frontline staff treated service users had increased due to the development of courtesy standards by the DHSD. Seventy percent (70%) of the sampled service users interviewed indicated that they were aware of the DHSD’s courtesy standards. However, the remaining 30% of the service users reported that they were concerned about the attitude of some professional health workers which was regarded to be rude, unprofessional and humiliating. It is imperative that the Department applies the Professional Code of Ethics and Practices as well as other professional codes with more rigour to minimize incidents of unbecoming conduct and the concomitant negative impact on service delivery.

**Information:** The findings of the study show that the provision and dissemination of information and service delivery data had substantively improved compared to a decade ago. The Department had by means of its DARs, posters and leaflets on health care programmes such as TB and HIV/AIDS, websites and media releases demonstrated its commitment to keep its service users informed of its health care programmes and related issues. Ninety percent (90%) of service users interviewed were satisfied with the Department’s efforts, adding that help desks, izimbizo, and the electronic media were mechanisms which kept them fully informed with accurate and up-to-date information about service delivery matters. This is corroborated by the PSC’s Consolidated Report on Inspections of Primary Health Care Delivery Sites which indicated that clinics visited in the Province had a staff member dedicated to provide information, to direct and guide citizens on arrival to appropriate service points, and to provide assistance when necessary. Prior to 1994, the dissemination of information was limited. Previously disadvantaged communities received the bare minimum information about the Department’s services.

**Redress:** The findings of the study revealed that the Department had developed a structured complaints handling system which was used by service users. Management structures at hospitals, clinics and social development service delivery points were used as additional complaints handling avenues. Furthermore, Client Satisfaction Surveys and izimbizo were utilised to address service user complaints and dissatisfactions. In this regard, it was found that 1008 (91%) out of 1105 complaints were resolved through the system during the 2009/10 financial year. Ninety percent (90%) of the sampled service users indicated that the

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Departmental hotline and complaint boxes were effectively utilised to report dissatisfactions. However, despite the utilisation of the complaints handling systems and mechanisms, service users were not in all instances being provided with feedback or an indication that their complaints were being acted upon. The PSC’s Report on Inspections of Primary Health Care Delivery Sites indicates that whilst complaint/suggestion boxes were in place, complaint handling mechanisms were not displayed. Unless the inputs of service users are dealt with and feedback is provided to citizens, their concerns and complaints would perpetuate at the cost of effective and efficient service delivery.

**Openness and transparency:** Contrary to the finding that the Department had published an ARC in 2008, providing citizens with information about the management of the Department, interviews with service users indicated that 70% were not aware of any Departmental achievements, activities or general performance in this regard. It is clear that despite the Departments’ initiatives, service users were not being kept abreast of the Department’s performance as required by the WPTPS. Service users were therefore unable to hold the Department accountable for its performance in delivering services to them.

**Service standards:** The findings show that the Department used the Framework for Quality Assurance for Health Care Institutions as a tool to design, develop, monitor, review and improve service standards. The Department further used the draft document on Core Standards for Health Establishments in South Africa for the same purpose. Standards were constantly refined to meet the expectations of service users. The Department had also implemented a quality assurance framework which, amongst others, aimed to ensure that health facilities were maintained, and quality treatment was provided to all patients. In addition, audit reports were utilised to inform management of the Department’s compliance to the set standards of public service delivery. Seventy percent (70%) of the service users interviewed were of the view that the Department had not been effective in this regard. Despite indications by service users that the Department did not display its service standards in the form of posters, charts or pamphlets at service delivery points, such standards were found to be clearly visible, and in different languages, during in loco visits to service delivery points. This could, however, be an indication that the Department needed to raise the awareness of service users about the importance of such standards and their role in holding the Department accountable for the service standards it had committed itself to.

The Department further indicated that the service standards had been incorporated in the SDIP in an attempt to further improve the communication of such standards. The DHSD also indicated that there were no standards set for the level of the services rendered prior to 1994 and the implementation of the Batho Pele principles.

**Value for money:** The findings of the study further show that despite the availability of a
well-established budgetary system which was aligned to government's national priorities including efficient, effective and economic use of public funds. 80% of the service users interviewed indicated that they were unable to specifically respond to whether the services rendered were cost-effective and indeed constituted value for money. Some respondents (20%) were unable to respond to the questions posed on the subject matter. The finding is corroborated by the PSC's Report on the Implementation of the Batho Pele principle of Value for Money, which indicated that if service users were better informed about this principle, particularly on how much funds were allocated and utilised to enhance service delivery, it would have enabled them to assess whether they received value for money services from Departments.

In addition to the Departments’ efforts to improve service delivery through the above-mentioned Batho Pele principles, the findings of the study show that despite a statutory obligation that the Department develop and implement a SDIP for purposes of the overall improvement of its service delivery and the identification of best practices to address service delivery challenges, the Department had not developed such a plan. This finding suggests that the Department had no norm against which it could effectively measure its service delivery performance. Without such measurement the Department was unable to prioritise areas for improvement, to take appropriate actions and meaningfully report on its service delivery performance.

In relation to the Department’s efforts to implement the Batho Pele Revitalisation Programme, the Department could not pronounce on its involvement in this Programme and the effectiveness thereof in improving its service delivery. The findings of the study further indicate that the service users were not able to respond to the effect of such a programme since they lacked knowledge of what the Batho Pele Revitalisation Programme entailed. The finding suggests that there were weaknesses in the implementation of the Programme by the Department. Unless the DHSD intensifies its involvement and mobilizes the communities to actively participate in its Programme, it would not be able to solicit reliable feedback from service users. Such feedback would ensure that the services rendered are responsive to the needs of service users.

7.3.2 Implementation of the Recommendations Contained in Previous PSC Reports on Compliance with the Batho Pele Principles

The Batho Pele White Paper requires that all departments in the Public Service comply with the implementation of the Batho Pele principles. The PSC conducted studies between 2005 and 2009 to assess Public Service compliance with such requirement. This study sought to establish the extent to which the DHSD had implemented the 44 recommendations made by the PSC’s reports, as contained in Annexure A. The findings of the study show that

of the 44 recommendations contained in the PSCs reports, the DHSD had implemented 43 (98%). Figure 3 below shows the percentage of the recommendations implemented by the DHSD, under each of the 8 Batho Pele principles.

**Figure 3: Implementation of PSC’s recommendations by the Gauteng DHSD under each Batho Pele principle**

![Bar chart showing implementation of recommendations](chart)

**Figure 3** above shows that the DHSD had implemented the PSC’s recommendations with 100% implementation on all principles except openness and transparency. The finding with regard to the 100% implementation of the Batho Pele recommendations on value for money does not correlate with the finding in par 7.3.1 above that service users were unable to specifically respond to whether the services rendered were cost-effective and constituted value for money. Concerted efforts should be made to ensure that service users understand the concept of value for money and are fully aware of the Department’s efforts in this regard and the significance of these efforts in service delivery. Overall, the finding implies that the Department was committed to the transformation initiatives contained in the WPTPSD². For further details on the openness and transparency recommendations not implemented by the Departments, see Annexure B.

### 7.3.3 The Challenges Hampering Effective Public Service Delivery in the DHSD

The study sought to establish the challenges and constraints experienced by the Department in ensuring effective service delivery. The findings of the study show that the Department had experienced various challenges and constraints including the high turnover of staff responsible for implementing transformation initiatives. This inevitably affected the continuity of the Batho Pele projects and programmes. Another constraint related to the non-implementation of the recommendations made in numerous studies aimed at improving and strengthening departmental service delivery. The findings suggest a possible lack of commitment from from management to transform existing programmes and practices resulting in the stagnation of transformation initiatives.
Chapter Eight

Key Findings: KwaZulu-Natal Province
8.1 INTRODUCTION

This chapter presents the findings on the KwaZulu-Natal DoH and DoSD. The findings are presented according to the themes derived from the objectives of the study, namely, the effectiveness of departments’ efforts to implement the Batho Pele in transforming public service delivery, and the review of the extent to which Public Service departments had implemented the recommendations contained in the previous PSC’s reports on the Batho Pele principles. Furthermore, the chapter discusses the challenges that hampered effective public service delivery.

8.2 INTERVIEWS CONDUCTED AND SERVICE DELIVERY POINTS VISITED DURING DATA COLLECTION

A Deputy Manager from the KZN Department of Health was interviewed on the 20th September 2010, followed by an interview with a Manager from the KZN Department of Social Development on the 26th October 2010. In addition, a total of twenty (20) service users were interviewed at the selected service points indicated in Table 5 below.

Table 5: KwaZulu-Natal service delivery points of the DoH and DoSD visited

<table>
<thead>
<tr>
<th>Department</th>
<th>Service Delivery Point</th>
<th>Date visited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>KwaPata Clinic</td>
<td>27 September 2010</td>
</tr>
<tr>
<td></td>
<td>Imbalenhle Clinic</td>
<td>05 October 2010</td>
</tr>
<tr>
<td>Social Development</td>
<td>390 Pieter Maritz Street</td>
<td>05 October 2010</td>
</tr>
<tr>
<td></td>
<td>Pietermaritzburg Child Welfare</td>
<td>07 October 2010</td>
</tr>
</tbody>
</table>

8.3 FINDINGS

8.3.1 The Effectiveness of Departments’ Efforts to Implement the Batho Pele Policy in Transforming Public Service Delivery

The study sought to establish the effectiveness of departments’ efforts to implement the Batho Pele principles in transforming their service delivery. The findings in relation to the two Departments are discussed below.

8.3.3.1 Department of Health

The findings of the study show that the Department had been effective in improving service delivery in the areas of accessibility to its services, courtesy and consultation. Service users’
views confirmed the improvements and the benefits that they had drawn from the improvements. Challenges were still identified in relation to information, service standards, openness and transparency, redress and value for money. As a result service delivery was hampered in these areas.

**Accessibility to services:** The findings of the study indicated that the Department introduced various mechanisms in efforts to improve accessibility to services. Key to these mechanisms was the use of relevant indigenous languages in interaction with service users and in published documents. Furthermore, the operating hours of certain clinics were extended to 24 hours in order to ensure that service users are not turned away. The Department had also ensured a roll-out of clinics and service points to accommodate service users, especially from previous disadvantaged communities.

Confirming the above finding, all sampled service users expressed that such effort improved accessibility to clinics. Of these service users, seventy percent (70%) identified way finding and signage as measures the Department had put in place to improve access to the services rendered by the Department. The PSC’s Consolidated Report on Inspections of Primary Health Care Delivery Sites corroborates this finding by indicating that outside signage was clearly and visibly displayed in all the clinics visited. Twenty percent (20%) identified the use of indigenous languages as the most important access mechanism while ten percent (10%) recognised the mechanisms aimed at ensuring access to facilities for the disabled as most important. The finding further suggests that the Department does not only understand the significance of service delivery reform but also the need to ensure that service delivery mechanisms are improved to meet the challenges in the KZN health sector.

**Courtesy:** Another area in which the Department had improved its performance, was courtesy. The Department indicated that all the Department’s frontline officials were bound by the Department’s patient rights charter which required of them to treat service users with the necessary courtesy and respect. Courtesy standards had also been included in the PAs of managers overseeing the interaction with service users and performance against these standards was monitored on a regular basis. In support of the findings, eighty percent (80%) of the sampled service users were of the view that they were accorded the necessary respect and empathy by health care officials. However, twenty percent (20%) of the service users felt that officials did not demonstrate the required kindness and respect that they expected to receive. Corroborating this finding, the PSC’s Consolidated Report on Inspections of Primary Health Care Delivery Sites indicated that whilst the majority of patients were of the view that patients’ information was treated with confidentiality, there were pockets of dissatisfaction.

**Consultation:** The findings further show that the Department utilised various mechanisms

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to ensure that it consulted its service users about their needs, expectations and constraints experienced in receiving services from the Department. According to the Department, the biggest impact, of the implementation of the Department’s consultation mechanisms, was the creation of partnerships with communities and the awareness created among service users about health issues. Interaction with the sampled service users showed that sixty percent (60%) of them had been exposed to the departmental consultation through izimbizo, community meetings and one-on-one interviews with officials while 40% did not know anything about the consultation mechanisms of the Department.

**Service standards:** The study found that the Department had developed a set of generic service standards against which service points’ performance was regularly measured. It was reported that service standards were published and displayed in all health centres and clinics. The Department further regarded its DAR and the Annual Performance Plan as published documents which service users could use to judge whether they were receiving the services as promised. It also used citizens and or client satisfaction surveys to measure its progress against the set standards and to identify areas where corrective action was needed.

On the contrary, all (100%) of the sampled service users interviewed were unaware of the mechanisms the Department had implemented to ensure that service standards were published and displayed. The PSC’s Consolidated Report on Inspections of Primary Health Care Delivery Sites found that service charters were displayed only in English, whereas the majority of service users in those clinics visited were non-English speaking. The findings raise concerns about the effectiveness of the Department’s mechanisms to raise awareness about its standards. Furthermore, it would be important to regularly review the Department’s performance monitoring and reporting systems, especially the performance indicators, to ensure the appropriateness and effectiveness of the Department’s standards. The Department could not provide any information relating to the state of service standards pre 1994.

**Information:** Another area where the Department still needs to strengthen its efforts, is the provision of accurate information to service users. Although the study found that the Department disseminated information using various mechanisms, the Department was of the view that these mechanisms were not enough to ensure that service users were appropriately informed. Key to these mechanisms were newsletters in English and isiZulu, pamphlets or fliers, and radio talk shows. To this end, the Department also utilised helpdesks to provide information on a one-on-one level. The findings also show that the Department was in the process of developing a “speaking book” for the blind. In some urban clinics, the Department utilised queue marshals who assisted in ensuring that service users were queuing at the correct counter in terms of their specific service needs.

Confirming the view of the Department that it could have done more to ensure that service users are sufficiently informed, only thirty percent (30%) of the sampled service users indicated that they were able to access the service as a result of the information they received either through posters, the media or pamphlets, while sixty percent (60%) of service users were of the view that the Department had not provided them with sufficient information about its services and how to access them. The findings suggest that the Department had not succeeded in identifying the most effective and efficient mechanism to promote information about its services. The PSC’s Consolidated Report on Inspections of Primary Health Care Delivery Sites indicated that during in loco observations, the clinics visited did not have a person dedicated to guide and direct patients on arrival to appropriate points and to ensure that emergency cases were given priority.

**Openness and transparency:** The study further found that the Department used the ARC which was published in IsiZulu and distributed to stakeholders, to provide information about its resource utilisation and the management of the Department. The finding suggests that the Department appreciates the need to provide service users with information about the Department’s finances and how its resources are utilized. However, only thirty percent (30%) of the sampled service users were of the view that the Department was open and transparent, that officials always introduce themselves, and provide service users with all the necessary information. However, seventy percent (70%) of them were of the view that the Department was not transparent at all since officials never informed them about their duties and who was responsible for the institution. They could therefore not indicate what the effect of the implementation for the Batho Pele principle was on the Department’s service delivery. The Department could also not pronounce on the impact of its openness and transparency mechanisms on its service delivery, since it had not introduced any mechanism to measure its progress towards such outcome. The findings further show that no information regarding the Department’s openness and transparency prior to 1994, could be established.

**Redress:** The findings show that the Department had formalised the handling of complaints through establishing complaints committees in all health institutions, the provision of suggestion boxes, the development of a Complaints Action Plan, establishing toll-free numbers and introducing a training programme on the handling of complaints. Whilst the majority of the service users were aware of the Departments’ complaint handling systems, the findings show that eighty percent (80%) of the sampled service users were not benefitting from the mechanisms. Only twenty percent (20%) of service users were of the view that the Department’s complaints handling system made it easy for service users to complain or notify the Department where services were not according to their expectations. Corroborating this finding, the PSC’s Consolidated Report on Inspections of Primary Health Care Delivery Sites indicated that whilst complaint/suggestion boxes were in place, complaint handling procedures and system were not in place and in general, there was poor usage of these.
boxes by members of the public. Service users provided a variety of suggestions which the Department could implement to improve its redress mechanisms, including, inter alia, the need to provide information about the person in charge, the need to task a specific official with the responsibility of dealing with the complaints procedure, and to be available should service users wish to lodge complaints in person about poor service delivery.

**Value for money:** The Department also experienced challenges with regard to improving value for money. The Department provided proof of the mechanisms it has introduced to ensure better value for money for its service users. Key to these mechanisms was the regular submission of its DAR to Parliament, the Provincial Legislature and the different Hospital Boards. The Department had also adopted the principle of “do more with less” in all its service delivery efforts because it was experiencing severe resource constraints. Furthermore, the establishment of budget and vetting committees played a major role in ensuring good financial management. It was further indicated that the Department operated with extreme care to avoid possible litigations should patients die as a result of the Department’s inability to effectively attend to emergency patients.

Contrary to the above finding, ninety percent (90%) of the sampled service users were not aware of any mechanism introduced by the Department to ensure that it provided value for money services and therefore could not pronounce on the effect of the Department’s efforts to ensure value for money in its service delivery. The PSC’s report on the implementation of the Batho Pele principle of Value for Money corroborates this finding. The report indicated that if service users were better informed about this principle, particularly on how funds were allocated and utilized to ensure services are enhanced, it would have enabled them to assess whether they received value for money services from the Department.

In addition to the Departments’ effort to improve service delivery through the above-mentioned Batho Pele principles, the findings of the study show that the Department had complied with the requirement of developing an SDIP to direct its service delivery improvements. The findings also show that the Department included officials at all levels in the development of the SDIP. The SDIP contained the specific service standards of the Department and was used to measure the Department’s performance on a regular basis. Reports generated from such assessments were used to identify the gaps in service delivery and to identify appropriate plans to address such challenges or gaps. Although the Department should be commended for the use of its SDIP in efforts to improve its service delivery, the Department’s inability to pronounce on the impact of the SDIP on service delivery, is cause for concern. It was noted that the Department had introduced a monitoring tool to measure the quality of services at all health institutions. It would however, be more efficient to have only one system assessing whether the Department is making progress towards achieving its service delivery objectives.


8.3.1.2 Department of Social Development

The findings of the study show that the Department had transformed service delivery in the areas of the Batho Pele principles of consultation and accessibility to its services, and that service delivery had improved as a result thereof. Service users’ views confirmed these improvements. However, service users still experienced challenges in the areas of service standards, courtesy of officials, information, openness and transparency, redress and value for money. The findings relating to all the principles are discussed below.

**Consultation:** The findings of the study indicated that the Department used a number of mechanisms to consult with its stakeholders. The effect the Department’s consultation methods had on the level and quality of services provided by the Department, was that meetings resulted in quicker decision making and the implementation of decisions. This finding suggests that delays were minimised with regard to implementation of resolutions adopted as a result of bigger buy-in of service users who had been consulted. Interaction with the sampled service users revealed that 60% of them had been exposed to the Department’s consultation by means of radio announcements, home visitations and when clients visited the offices of the Department.

**Accessibility to services:** The study found that the Department had improved accessibility of its services through the roll-out of 104 service points throughout the province, radio talk shows and home visits, formalised way finding and signage system, media, partnerships with external service providers, call centres, toll free lines, websites, email and help desk. The mechanisms introduced by the Department indicates that the Department understands the importance of ensuring that all service users are equally able to access its services and the same quality of services. Corroborating the findings, sixty percent (60%) of service users indicated that the Department is accessible mainly as a result of home visitation and appropriate physical access to service points. The findings suggest that accessibility has improved as a result of the factors mentioned above and impacted positively on service delivery.

The Department’s major service delivery achievements included its involvement in five Thusong Service Centres in deep rural KZN. Through the Department’s involvement in these Centres, services were brought closer to communities, which resulted in the reduction of the social and economic pressure on service users having to travel long distances to access services. The PSC’s Report on the Assessment of the Effectiveness of Thusong Service Centres in Integrated Service Delivery confirmed that Thusong Service Centres contributed in this regard.

**Service standards:** The findings show that the Department has developed service standards which are displayed in visible places within the Department. Furthermore, it was...
established that the Department use radio talk shows held fortnightly, public announcement, helpdesks, service standards in strategic plans and SDIP, and service delivery charter to inform service users of the Departmental service standards. In contrast with the findings at the Departmental level, seventy percent (70%) of sampled service users indicated that service standards are poor and can therefore not hold the Department liable where service standards are not met.

**Courtesy:** The findings show that with regard to courtesy, the Department has developed specific courtesy standards. It was however, not clear how the Department monitor the implementation of these standards and what corrective action, if any, is taken where the standards are not met by the Department’s frontline officials. Sixty percent (60%) of the sampled service users indicated that officials were unsympathetic in that they made them wait for long periods before they were being served.

**Information:** The findings also show that the Department is committed to providing its service users with accurate information about the Department’s services and how these can be accessed. Information was distributed through Annual Reports, a service commitment charter and radio talk shows. Contrary, 90% of the sampled service users were not exposed to the Department’s information distribution methods while only 10% stated that information is provided when requested from Departmental officials. It is important that the Department provide service users with adequate information about the Department’s services to ensure that they can take informed decisions about improving their own lives based on the services they can obtain from the Department.

**Openness and transparency:** Findings show that the Department published an annual report to account to citizens how allocated resources were used. Seventy percent (70%) of the sampled service users were of the view that the Department is not transparent and therefore they do not have any knowledge about its operations. Thirty percent (30%) of service users reported that the Department was open and transparent even though it does not provide them with sufficient information. It would be important to provide service users with information about the Department’s performance and who is in charge, to ensure that they can hold the Department accountable where service delivery is not in line with what the Department promised and that they have the name of the responsible managers to ensure that they can get direct feedback in this regard.

**Redress:** The findings indicated that the Department has a complaints procedure in place to deal with service users’ complaints. The findings further show that the Department has introduced suggestion boxes and toll free numbers to ensure that service users have access to the redress system. All (100%) of the sampled service users indicated that they have no knowledge of the Department’s redress mechanism. As a result, none of the interviewed service users could identify the effect of the Department’s efforts in this regard. The
implementation of an effective redress system would ensure that service users are encouraged to keep the Department accountable for the services it renders and become more involved in the Department’s policy decisions. The Department would not succeed in providing service users with an effective system in this regard without a monitoring system that assists the Department in identifying its most successful mechanism and or challenges in the current system.

**Value for money:** The study found that the Department has implemented various mechanisms to ensure that it provides good value for money. Key to these mechanisms were minimizing wastage and streamlining procedures, the training of staff to improve their skills in delivering quality services, and meetings with service users to discuss the sustainability of customer service delivery expectations in terms of the Department’s resource constraints. Seventy percent (70%) of the sampled service users were not satisfied with value for money provided by the Department, whilst thirty percent (30%) of them indicated that they had no knowledge of how the Department ensures good value for money. The PSC’s report on the implementation of the Batho Pele principle of Value for Money corroborates this finding. The report indicated that if service users were better informed about this principle, particularly on how funds were allocated and utilized to ensure services are enhanced, it would have enabled them to assess whether they received value for money services from the Department.

In addition to the Departments’ efforts to improve service delivery through the above-mentioned Batho Pele principles, the findings of the study show that the Department followed a structured process to develop and review its Service Delivery Improvement Plan (SDIP). This process included a review of the current, medium and long term standards. Training is provided to ensure an improved contribution in the development of the broader SDIP and promotion within the Department. Findings also revealed that through the SDIP development process, the Batho Pele programme is promoted and a greater understanding within the Department improved.

### 8.3.2 Implementation of the Recommendations Contained in Previous PSC Reports on Compliance with the Batho Pele Principles

The Batho Pele White Paper requires that all departments in the Public Service comply with the implementation of the Batho Pele principles. The PSC conducted studies between 2005 and 2009 to assess Public Service compliance with such requirement. This study sought to establish the extent to which the DoH and the DoSD had implemented the 44 recommendations made by the PSC reports, as contained in Annexure A. The findings of the study show that of the 44 recommendations made, the DoH had implemented all 44 (100%) of the PSC recommendations while the DoSD had implemented only 20 (45%).

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Figure 4 below shows the percentage of the recommendations implemented under each of the 8 Batho Pele principles by the DoH and DoSD.

Figure 4: Implementation of the PSC’s recommendations by the KwaZulu-Natal DoH and DoSD each Batho Pele principle

Figure 4 above shows that overall the DoH had made commendable progress on the implementation of the PSC’s recommendations with 100% implementation of all the recommendations in all the 8 Batho Pele principles. Overall, the finding implies that the Department was committed to the transformation initiatives contained in the WPTPSD. However, this finding is contradicted by the findings in par 8.3.1.1 above where it was indicated that the Department was still experiencing challenges the Batho Pele principles of service standards, information, openness and transparency, redress and value for money services. This finding suggests that the Department should strengthen its efforts to profile the service delivery initiatives it has put in place to ensure that service users can benefit from these initiatives.

On the other hand, the DoSD still needed to put more effort in the implementation of the recommendations with 67% implementation of the recommendations on value for money, 54% on service standards, 50% on consultation, access and openness and transparency, respectively, whilst the implementation of the recommendations on the remaining principles was below 50%. The findings suggest a need for the Department to further commit to the implementation of the PSC’s recommendations. This will contribute to the much-desired service delivery and ensure that the Department’s services meet the needs and expectations of its service users. This finding is largely corroborated by the findings in par 8.3.1.2 where it
was found that service users were only (to a lesser extent) satisfied with the Department’s efforts to ensure that they were consulted about the Department’s services and that accessibility to the Department’s services was improved. Challenges were identified with regard to the implementation of the other six Batho Pele principles, namely service standards, information, openness and transparency, courtesy, redress and value for money. The success of the Department’s efforts to implement the Batho Pele principles depends on communicating these to the service users and to make them aware of how they can benefit from such initiatives. For further details on the specific recommendations not implemented by both Departments on each principle, see Annexure B.

8.3.3 Challenges and Constraints that were Hampering Effective Public Service Delivery

The study wanted to establish the challenges and constraints experienced by the DoH and DoSD in ensuring effective public service delivery. The findings show that the lack of sufficient financial and human resources were mentioned as the main constraints the Department of Health had encountered in its interventions to transform public service delivery.

With regard to the Department of Social Development, it was found that the biggest challenge it experienced in transforming its service delivery was the lack of sufficient resources. New ways of ensuring efficiency would be needed to ensure that the Department overcomes these obstacles which it will keep on encountering since the demand for its services will keep on growing while the available resources will continue to shrink.
Chapter Nine

Key Findings: Limpopo Province
9.1 INTRODUCTION

This chapter presents the findings on the DHSD in the Limpopo Provincial Government. The findings are presented according to the themes derived from the objectives of the study, namely, the effectiveness of departments’ efforts to implement the Batho Pele in transforming public service delivery, and the review of the extent to which Public Service departments had implemented the recommendations contained in the previous PSC’s reports on the Batho Pele principles. Furthermore, the chapter discusses the challenges that hampered effective public service delivery.

9.2 INTERVIEWS CONDUCTED AND SERVICE DELIVERY POINTS VISITED DURING DATA COLLECTION

A manager from the DHSD, responsible for the Batho Pele Unit of the Department was interviewed on 18 October 2010 and four (4) service users were interviewed at the service delivery points indicated in the Table 6 below.

Table 6: Limpopo service delivery points of the DHSD visited

<table>
<thead>
<tr>
<th>Service Delivery Point</th>
<th>Date visited</th>
</tr>
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<tbody>
<tr>
<td>Seshego Hospital</td>
<td>09 July 2010</td>
</tr>
<tr>
<td>Mankweng Hospital</td>
<td>18 August 2010</td>
</tr>
</tbody>
</table>

9.3 KEY FINDINGS

9.3.1 The Effectiveness of Departments’ Efforts to Implement the Batho Pele Policy in Transforming Public Service Delivery

The study sought to establish the effectiveness of department’s efforts to implement the Batho Pele principles in transforming service delivery. The findings show that service users were of the view that the manner in which services were rendered by the Department, had improved. Key to such improvement was the high level of consultation by officials of the Department, the state of courtesy displayed by officials in interaction with service users, the provision of accurate and up-to-date information, and the efforts of the Department to improve accessibility to its services. However, challenges still remained with the principles of service standards, openness and transparency, redress and value for money. The specific findings are discussed below.

Consultation: Through its consultation initiatives, the Department had not only provided citizens with information about its services and how they could be accessed, but also encouraged citizens to actively participate in policy making through ensuring that they input on their service needs and reflect on the performance of the Department. In support of the
consultation efforts of the DHSD, hundred percent (100%) of the service users interviewed were satisfied with the various consultation methods used by the Department to determine their needs and allow for feedback on the Department’s services. They cited izimbizo and helpdesks as methods used by the DHSD to consult them on the level and quality of services provided. The majority of the service users indicated that the helpdesks were the most effective and user-friendly method of consultation, especially since the officials can speak the indigenous languages of service users.

The findings of the study further show that the DHSD had conducted an evaluation of the izimbizo as a consultation and public participation strategy. To this end, challenges had been identified and plans had been developed to unlock such challenges. The initiative by the Department to monitor its progress with regard to the use of the izimbizo as a consultation mechanism, is commendable. Such assessment allows the Department to draw lessons that could be used to improve service delivery strategies.

However, the DHSD indicated that prior to 1994 there were poor practices of consultation with service users. The inference is, therefore, drawn that pre-1994, there were no structures or fora in place to engage service users on the provision of services. This is indicative of the authoritative and patriarchal nature of the Public Service of pre-1994 whereby the citizenry had virtually no input in the quality or nature of services provided. It is, furthermore, an affirmation to give more impetus to the implementation of the transformational focus of the Batho Pele if the plight of the previously disadvantaged communities is to be speedily and effectively addressed.

**Courtesy:** The findings further show that the DHSD had developed courtesy standards as a mechanism to ensure that officials treated service users with sympathy and respect. Officials’ performance against such standards was regularly monitored by supervisors, although these courtesy standards were not included in the PAs of managers. Service users asserted that the Department had implemented courtesy standards and that they were adhering to such standards. Seventy five percent (75%) of the sampled service users indicated that they were treated with sympathy, respect and dignity. This is corroborated by the PSC Report on Inspections of Primary Health Care Delivery Sites where the inspection team observed at all clinics visited, that the staff was polite and they conducted themselves in a professional manner. However, it should be noted that 25% of the sampled service users of this study (Batho Pele report) raised concerns about instances where some of the nurses, especially at Mankweng Hospital responded to them in a rude manner. It is hoped that the monitoring of the staff’s conduct and the application of the Professional Code of Ethics and Practices would be effective in keeping such incidents to the minimum. However, unless the DHSD includes the courtesy standards in the PAs of managers to enforce implementation, even the professional codes and practices may in the long run prove ineffective. This may lead to an

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increase in the incidents of unbecoming conduct with the concomitant negative impact on service delivery. According to the DHSD no courtesy standards were in place prior to 1994 and as a result, there was a general concern that service users were not treated with empathy and respect by employees.

**Accessibility to services:** The study found that the DHSD had further rolled-out its service delivery points and health facilities to ensure that previously disadvantaged communities could also access its services. These service delivery points included hospitals, clinics, One-Stop-Centres and Thusong Service Centres. It was further found that 100% of the sampled service users indicated that the DHSD’s measures to improve accessibility to services, yielded positive results. It was found that the DHSD had, during the 2008/2009 financial year, built 26 Community Health Centres (CHCs) and an additional 415 CHCs were in the process of being built across the Province. By December 2008, eleven (11) new clinics had been built across the Province. The majority of these facilities were built in the Mopani, Sekhukhune, Vhembe and Waterberg Districts which had predominantly rural communities that used to travel long distances to access medical facilities. The Department’s plan to build the CHCs and clinics shows commitment to redress past imbalances in terms of accessibility to its services. During its Service Delivery Inspections of Primary Health Care Delivery Sites, the PSC’s Inspection team observed that some clinics operated in makeshift structures, whilst the buildings of other clinics had deteriorated and were dilapidated.54

One service user at Mankweng Hospital commended officials at the Hospital for identifying patients from remote areas and serving them first which enabled them to catch public transport to arrive back at their places of abode at reasonable times. Although the measures were regarded as improving access to the DHSD’s services, concerns were, however, raised that service users in some areas still had to travel long distances to access services due to a lack of service delivery points in their areas.55 Furthermore, resources such as wheelchairs were in short supply, especially at the Mankweng Hospital, because the few available wheelchairs were reserved for emergency services. Prior to 1994, service users had to travel long distances to access services especially communities in rural areas.

**Information:** The findings of the study show that the provision of information presented another area of improvement. The Department acknowledged the citizens’ rights to be informed and its responsibilities with regard to the dissemination of such information. The use of all local languages spoken in the Province had also improved. Interviews with sampled service users asserted that 100% of them were satisfied with the methods used by the DHSD to disseminate information to them. The service users indicated that they were provided with full, accurate and up to date information about the DHSD’s services, mainly through helpdesks and service charts. During its Inspections of Primary Health Care Delivery Sites. 2010.
Sites, the PSC observed that at all clinics visited, a staff member was available to guide and direct citizens to the appropriate service points\textsuperscript{56}. Furthermore, 75\% of the service users interviewed during this Batho Pele study, were in agreement that the DHSD also used the radio to inform service users of its services. These service users were further of the view that poor communities in rural areas did not have equal access to newspapers, television and the DHSD’s website to obtain information on the services as would be the case with affluent communities due to the legacy of the pre-1994 era. Therefore, the use of radio was found to be most effective and to have had the impact of increasing access and therefore, improving service delivery to the previously disadvantaged communities.

It was established that prior to 1994, very little dissemination of information took place which was limited to benefit the more affluent communities. In this regard, previously disadvantaged communities were kept out of the information dissemination loop.

**Service standards:** The study found that the DHSD had developed a Service Standards Manual which had been distributed at all the service delivery points and annual accountability summits were conducted where departmental representatives from service delivery points shared experiences and agreed to service standards. All service delivery points had been provided with charts or posters containing the service standards which were displayed on walls, notice boards, or wherever they could easily be noticed by service users. On the contrary, only fifty percent (50\%) of the service users interviewed, indicated that the DHSD displayed its service standards in the form of posters, charts or pamphlets at service delivery points. However, during its Inspections of Primary Health Care Delivery Sites, the PSC observed the display of service charters at some of the clinics visited\textsuperscript{57}. It is imperative that these service standards are visible and clear to service users to ensure that they benefit from such standards and that they are empowered to become involved in keeping the Department accountable in terms of service delivery.

Service users made suggestions regarding the improvement of the DHSD’s methods of communicating its service standards such as through the publication of service standards in a manner that accommodates people who could not read or write, e.g. the radio, television and Braille in the case of people who were blind. Prior to 1994 the DHSD did not have service standards, however, helpdesks were available to provide information on services.

**Openness and transparency:** It was found that the Department published ARCs which provided citizens with information about the management of the Department and how its finances were managed. On the contrary, 100\% of the sampled service users indicated that they had not been informed about the management of the DHSD, how it performed and who was in charge of the Department through such mechanism. It is clear that the service users


did not receive ARCs as required by the WPTPS, or any other information regarding the performance of the DHSD, and were therefore unable to hold the DHSD accountable for its performance to deliver services to them. The view of the service users may further point to the lack of rigour in the methods of the DHSD in communicating information about its operations and management to service users, which could in the long run hamper service delivery. Prior to 1994, the service users were not informed about their rights, the Public Service was rule-bound and bureaucratic, and not open and transparent in the execution of its duties.

**Redress:** The findings of the study show that the DHSD had a structured complaints handling system in place. It had further developed a Complaints Policy and manual which guided service users on how to lodge a complaint and officials on the specific procedures to follow in addressing the service user complaints. The officials at the helpdesks had also been capacitated to handle complaints of service users. During its Inspections of Primary Health Care Delivery Sites, the PSC also observed that at all clinics visited, complaint/suggestion boxes were in place together with the relevant procedure clearly indicated to citizens. As a mechanism to monitor complaints of service users, the DHSD had developed a Complaints Database. The designated Batho Pele coordinators and CLOs were responsible for managing complaints at district level.

On the contrary, only 50% of the sampled service users indicated that they were aware of the complaints handling system of the DHSD. The service users further indicated that, for instance, at Mankweng Hospital, a complaints register was circulated among them while they waited to be served and they were encouraged to lodge complaints or make suggestions where necessary. However, the service users were concerned that there was no indication whether the complaints had been acted upon and whether feedback was provided. The initiative by the Hospital to open itself up to criticism underscores the Department’s commitment to transformation and professional ethics, and should be commended. However, unless the inputs of service users are dealt with and feedback is provided to citizens, the exercise will be self-defeating and the identified concerns are likely to perpetuate at the cost of effective and efficient service delivery.

Prior to 1994, service users were not informed about their rights and there was no formalised complaints handling system in place. The introduction of the redress mechanisms had empowered service users and had encouraged public participation resulting in a positive impact on service delivery.

**Value for money:** The findings of the study show that the reformed budgetary system used by the DHSD was aligned to government’s national priorities and focused on service

The allocation of funds was based on the key strategic focus of the DHSD’s expected outcomes. The findings of the study further show that 100% of the sampled service users were unable to respond to what constituted value for money in relation to the services or operations of the DHSD. However, some of the service users were of the view that constant review of processes to identify the most cost-effective means of service delivery coupled with effective consultation with the community on the operations of the DHSD were important measures to hold the DHSD accountable and ensure value for money. The PSC’s Report on the Implementation of Value for Money indicated that if service users were better informed about this principle, particularly on how funds were allocated and utilised to ensure that service are enhanced, it would enable them to assess whether they received value for money services from the Departments. It should be noted that prior to 1994, there were no clear accountability measures which resulted in wasteful expenditure.

In addition to the Departments’ efforts to improve service delivery through the above-mentioned Batho Pele principles, the findings of the study show that the Department had followed all the steps in the implementation of the SDIP as proposed by the DPSA. Challenges in service delivery were identified and intervention plans developed which culminated in the SDIP. The contribution of the SDIP towards the improvement of the DHSD’s service delivery was mainly in identifying best practices to address service delivery challenges. The OTP had also developed a monitoring tool which the DHSD used to identify challenges in implementing the SDIP. The DHSD was of the view that prior to 1994, the Department’s plans did not provide for the improvement of service delivery. Plans were not transparent and not intended to be used to measure performance against. Plans did also not include the previously marginalised communities in the rural areas or focused on the disabled. This led to unequal service delivery in terms of these groups of citizens.

In relation to the effectiveness of the Department’s efforts to implement the Batho Pele Revitalisation Programme on service delivery, no information could be obtained. The findings of the study further indicate that none of the interviewed service users was able to respond to the effect of the Department’s involvement in such a programme since they lacked knowledge of what the Batho Pele Revitalisation Programme entailed. The interviewed service users’ apparent lack of knowledge of this Programme points to weaknesses in the implementation of the Programme by the DHSD. Unless the DHSD intensifies its Programme and mobilises communities to actively participate in it, it would not be able to capture the inputs from service users. Service users’ views are central in successful planning. Such views would ensure that the services delivered are responsive to the needs of the service users.

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9.3.2 Implementation of the Recommendations Contained in Previous PSC Reports on Compliance with the Batho Pele Principles

The Batho Pele White Paper requires that all departments in the Public Service comply with the implementation of the Batho Pele principles. The PSC conducted studies in this regard between 2005 and 2009 to assess Public Service compliance with such requirement. This study sought to establish the extent to which the DHSD had implemented the 44 recommendations made by the PSC’s reports, as contained in Annexure A. The findings of the study show that out of the 44 recommendations made, the DHSD had implemented 42 (95%). Figure 5 below shows the percentage of recommendations that were implemented for each of the 8 Batho Pele principles.

Figure 5: Implementation of the PSC’s recommendations by the Limpopo DHSD under each Batho Pele principle

Figure 5 above shows that the DHSD had made concerted efforts to implement the PSC’s recommendations contained in the PSC’s Batho Pele reports with 100% implementation of the recommendations on consultation, access, information, openness and transparency, redress and value for money. Furthermore, the Department had implemented 95% of the recommendations on service standards and 75% on courtesy. The implementation of such recommendations would contribute towards the much-desired service delivery and would ensure that the Department’s services met the needs and expectations of its service users. It would further contribute to fulfillment of government’s promise that quality services are to be rendered to all citizens, irrespective of their geographic location. The above findings largely corroborate the findings in relation to the effectiveness of the Department’s efforts to
implement the Batho Pele discussed in par 9.3.1 above. For further details on the specific recommendations not implemented on service standard and courtesy by the Department, see Annexure B.

9.3.3 Challenges Hampering Effective Public Service Delivery

The study wanted to establish the challenges and constraints experienced by the DHSD in ensuring effective service delivery. The findings of the study show that the DHSD had experienced various challenges in ensuring effective service delivery. Such challenges include the lack of commitment from management to implement the Batho Pele and transformation priorities, and that managers regarded transformation as an add-on responsibility. The implementation of the Batho Pele was viewed as the sole responsibility of the DHSD’s Transformation Unit and those officials at the coalface. Senior managers did not regard themselves as central role players in the implementation of the Batho Pele principles. Furthermore, it emerged that broad consultation with staff had not taken place before transformation initiatives were implemented, with the result that it became difficult to secure buy-in in this regard. The abovementioned challenges point to a lack of leadership to implement the Batho Pele framework. However, in spite of these challenges in the implementation of the Batho Pele framework, all the service users (100%) interviewed rated the performance of the DHSD in rendering services to be effective.
Chapter Ten

Key Findings: Mpumalanga Province
10.1 INTRODUCTION

This chapter presents the findings on the DHSD in the Mpumalanga Provincial Government. The findings are presented according to the themes derived from the objectives of the study, namely, the effectiveness of departments’ efforts to implement the *Batho Pele* in transforming public service delivery, and the review of the extent to which Public Service departments had implemented the recommendations contained in the previous PSC’s reports on the *Batho Pele* principles. Furthermore, the chapter discusses the challenges that hampered effective public service delivery.

10.2 OVERVIEW OF THE MPUMALANGA DEPARTMENT OF HEALTH AND SOCIAL DEVELOPMENT

The provision of health and social services in the Mpumalanga Provincial Government is the responsibility of a single Department, namely, the DHSD under one Member of the Executive Council (MEC) as a political head. However, for budgetary and accountability purposes, the DHSD comprises of two votes, Health and Social Development. The Department has two (2) Transformation Units (one per each of the Health and Social Development functions), responsible for the realisation of the *Batho Pele* goals and objectives. The approach followed by the mentioned two Units differs, therefore the findings of the study with regard to Health and Social Development, are reported separately.

10.3 INTERVIEWS CONDUCTED AND SERVICE DELIVERY POINTS VISITED DURING DATA COLLECTION

Two managers responsible for the coordination of the *Batho Pele* activities within the Health and Social Development components of the DHSD, were interviewed. In addition, a total of 19 service users were interviewed at the selected service delivery points indicated in Table 7 below.

**Table 7: Mpumalanga service delivery points of the DHSD visited**

<table>
<thead>
<tr>
<th>Department</th>
<th>Service Delivery Point visited</th>
<th>Date of visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>Rob Ferreira Hospital, Nelspruit</td>
<td>06 July 2010</td>
</tr>
<tr>
<td></td>
<td>Themba Hospital, Nelspruit</td>
<td>20 July 2010</td>
</tr>
<tr>
<td></td>
<td>Kanyamazane Clinic</td>
<td>21 July 2010</td>
</tr>
<tr>
<td></td>
<td>M'Africa Clinic: Umjindini (Barberton)</td>
<td>22 July 2010</td>
</tr>
<tr>
<td>Social Development</td>
<td>KaBokweni District Office</td>
<td>20 July 2010</td>
</tr>
<tr>
<td></td>
<td>Kanyamazane District Office</td>
<td>21 July 2010</td>
</tr>
<tr>
<td></td>
<td>Umjindini Sub-District Office, (Barberton)</td>
<td>22 July 2010</td>
</tr>
<tr>
<td></td>
<td>Ehlanzeni District Office</td>
<td>27 July 2010</td>
</tr>
</tbody>
</table>
10.4 KEY FINDINGS

10.4.1 The Effectiveness of Departments’ Efforts to Implement the Batho Pele in Transforming Public Service Delivery

The study sought to establish the effectiveness of department’s efforts to implement the Batho Pele principles in transforming their service delivery. The following section shows the findings in relation to the two components of the Department.

10.4.1.1 Department of Health and Social Development’s Health component

The Health component was found to be effective in transforming service delivery with regard to the Batho Pele principles of accessibility and consultation. Service users’ views confirmed that they had benefitted from the component’s efforts in this regard. However, challenges were still experienced in relation to the principles of courtesy, information, redress, openness and transparency, service standards, and value for money. The findings show that:

Accessibility to services: The findings indicated that the Health component utilised a number of mechanisms to improve access to its services including mobile units, and using indigenous languages. Signage, indicating the physical location of health facilities and pointing to where the different service points are located, were also in use. These made access to facilities and services easier. The finding suggests that the component understood the need to provide all service users with equal access to its services, despite their geographic location. Furthermore, the study found that the Health component had built 21 additional clinics since 1994, the majority of which were in the rural and semi-rural areas of the Province to ensure that accessibility to services by the previously disadvantaged communities was improved. The roll-out of the 21 clinics had resulted in the reduction of the number of patients that visited hospitals, thus effectively minimising the burden placed on the available hospitals. All sampled service users were of the view that the component’s measures improved accessibility to services. The PSC’s Consolidated Report on Inspections of Primary Health Care Delivery Sites indicated that service users were generally satisfied with access to the services and the distance travelled to the clinics.

Consultation: The findings further show that the component consulted service users through various mechanisms such as interviews, interaction with hospital boards, service user satisfaction surveys, and helpdesks at service delivery points. The component also used the open day approach and outreach programmes to ensure that service users could provide feedback about their needs and expectations. Fifty six percent (56%) of the sampled service users were of the view that the component’s consultation mechanisms had improved service delivery.

**Courtesy:** The Health component displayed a Courtesy Charter and had appointed customer care specialists in the different health facilities to improve courtesy. It was also reported that all staff members abode by the “Ubuntu Pledge” which advocated respect for one another. While these and other measures existed, 73% of the sampled service users could either not pronounce on the effectiveness of courtesy displayed by officials or indicated that officials were disrespectful and rude towards them especially the elderly and uneducated. A further twenty seven percent (27%) indicated satisfaction with the manner in which they were treated by officials. During its Inspections of Primary Health Care Delivery Sites, the research team’s discussions with citizens indicated that they were treated with courtesy, and in instances where the clinics were not able to assist them, they were referred to the nearest district hospital\(^6\).

**Information:** Furthermore, the Health component made information available to service users using a myriad of mechanisms such as information boards situated at the entrance of institutions and health facilities. Important information, including the component’s service standards, had been published in newsletters whilst media releases were also periodically utilised. However, these mechanisms were only known to 45% of the service users interviewed. The remainder of the service users, namely, fifty five percent (55%) indicated that they had never been exposed to any information on the component’s services. The PSC’s Consolidated Report on Inspections of Primary Health Care Delivery Sites indicated that the majority of the clinics visited did not have a help desk or a staff member to assist citizens with information\(^6\).

**Redress:** The study found that a complaints handling system was in place in the component which mainly used complaints registers and helpdesks. These efforts were complemented by suggestion boxes strategically placed at service delivery points and a toll free number for those who preferred to remain anonymous. The finding shows that 73% of the service users lacked understanding of the component’s redress mechanism and indicated a lack of trust in the system as no feedback was provided to complainants. Service users’ preferred method of redress was the use of the complaints/suggestion boxes. The PSC’s Consolidated Report on Inspections of Primary Health Care Delivery Sites found that all clinics visited had complaints/suggestion boxes, however all of the clinics had not displayed their complaint handling systems\(^6\). The display of a complaint handling system would assist service users to understand the Department’s redress mechanism.

**Openness and transparency:** It was found that the component published the ARC which would provide the public with information on how the Department was performing,

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or how it used its resources. However, all sampled service users confirmed that the Health component was not complying with the said principle or providing the necessary information about the services it delivered. This finding raises concerns about the distribution of the ARC and suggests that this report had not reached the wider citizenry.

**Service standards:** The study found that service standards developed by the Health component had been published, and strategically placed on notice boards throughout the various health institutions. In addition, the Department had distributed service standards booklets as well as service standard charters. Contrary to this finding, sixty four percent (64%) of sampled service users indicated a lack of knowledge about the service standards of the component. Knowledge of such standards would empower service users to critically assess whether the Department was meeting these standards. The remainder of service users, namely thirty six percent (36%), merely indicated that they were aware of such standards. The PSC’s Consolidated Report on Inspections of Primary Health Care Delivery Sites indicated that the majority of clinics visited did not have service charters displayed. In the absence of such service charters, citizens are not able to hold government officials accountable, particularly where service standards are not met.

**Value for money:** The Department could not pronounce on its initiatives to ensure value for money in service delivery. Seventy three percent (73%) of the service users indicated a lack of knowledge and understanding of the Batho Pele principle of value for money and could not explain how the Department ensured value for money. This is corroborated by the PSC’s Report on the Implementation of the Batho Pele principle of Value for Money which indicated that if service users were better informed about this principle, particularly on how much funds were allocated and utilised to ensure enhanced service delivery, it would have enabled them to assess whether they received value for money services from Departments.

10.4.1.2 Department of Health and Social Development’s Social Development component

In general, the Social Development component of the Department was found to be effective in transforming service delivery with regard to the Batho Pele principles of accessibility and courtesy. Service users’ views confirmed that they had benefitted from the component’s efforts in this regard. However, challenges were still experienced in relation to the principles of information, redress, openness and transparency, consultation, service standards and value for money. Overall, with regard to the effectiveness of its efforts to implement the eight principles, the findings show that:

**Accessibility to services:** The study found that access to the social development services...
were improved through advertisements, radio, local newspapers and signage indicating the location of service delivery points. The use of Multi-Purpose Community Centres (Thusong Service Centres) had further enhanced accessibility to social development services. Sixty three percent (63%) of service users confirmed that services and service delivery points were easily accessible as a result of the establishment of the Centres.

**Courtesy:** The study found that service users were treated courteously, with dignity, respect and compassion by officials of the Social Development component. This behavior was further promoted through the training of officials on customer care and the Code of Conduct that needed to be adhered to. The findings further show that the component had failed however, to include courtesy standards in the PAs of senior managers. The component had appointed customer care staff whose role and function was to ensure that service users were treated with dignity and empathy. In addition, the component had developed a Courtesy Charter guiding the behavior of officials and ensuring that an expected level of service was maintained. Fifty percent (50%) of the sampled service users indicated that they were treated with respect and dignity while others reported their dissatisfaction with the manner in which service users were being treated by officials. Pre-1994, courtesy was applied randomly while focusing only on certain parts of the population.

**Information:** Findings of the study indicated that the provision of information was managed through a number of mechanisms including information brochures, the use of local languages, outreach programmes and awareness campaigns. Through these information dissemination mechanisms service users were not merely informed about the kind of services rendered but also about the standard of services to be expected. Fifty percent (50%) of the service users interviewed indicated that they were provided with information about the component through community meetings, the radio and newspapers while the remainder (50%) indicated that they had never received any information about the services provided by the component.

**Redress:** The study found wide usage of suggestion boxes, and complaints and compliment registers in all districts thus giving effect to the implementation of the Batho Pele principle of redress by the component. District committees monitored the complaints process and provided feedback on all complaints lodged. A complaints register system was maintained and regularly monitored to determine trends and respond to practices that might impact negatively on service delivery. The component had also developed a Redress Policy that covered a wide range of areas including procedures on how complaints were to be handled. All service users interviewed (100%) indicated that the complaint handling system had not been explained to them thus disempowering them as far as the utilisation of such mechanism was concerned. Pre-1994, no mechanisms for lodging complaints existed and service users had no means to address poor service delivery.

**Openness and transparency:** The findings further show that the principle of openness and transparency was implemented through, *inter alia* the DAR indicating the component’s
targets, outputs and contact details. The availability of such information allows service users direct contact with officials at service delivery points about service delivery issues. However, 100% of the sampled service users reported not having been informed or knowledgeable about the Batho Pele principle of openness and transparency and the component’s efforts to effect the principle.

**Consultation:** The Social Development component consulted service users through, among other, citizen’s fora, summits, and izimbizo. Through these consultation initiatives, the component had been able to assess its performance and determine areas of service delivery that required improvement to ensure that it would be responsive to service users’ needs. Thirty eight percent (38%) of the sampled service users reported having been exposed to consultation through izimbizo while sixty two percent (62%) reported that they had not been exposed to any kind of consultation.

**Service standards:** The study found that the Social Development component had developed service standards in consultation with service users. These service standards were publicly displayed and cascaded to other levels within the component through service champions who were also responsible for related compliance and implementation issues. However, all sampled service users (100%) indicated a lack of knowledge about service standards and reported zero display thereof by the component. It is important to ensure that service users know the component’s service standards to ensure that they can keep the component accountable for the promised services.

**Value for money:** The findings show that the component was unable to implement the Batho Pele principle of value for money. Although the utilisation of the one-stop, shared service centres such as the Thusong Service Centres, were broadly regarded as cost effective and therefore good value for money, fifty percent (50%) of the sampled service users interviewed indicated that they were unable to respond to what constituted value for money in relation to the services rendered by the component. The PSC’s Report on the Implementation of Value for Money indicated that if service users were better informed about this principle, particularly on how funds were allocated and utilised to ensure that service were enhanced, it would have enabled them to assess whether they received value for money services from Departments.

In addition to the two components of the DHSD’s efforts to improve service delivery through the above-mentioned Batho Pele principles, the findings of the study show that the Department had followed all the steps in the development and implementation of the SDIP, as proposed by the DPSA. A committee comprising of representatives from all districts regularly provided input on the improvement of the SDIP. The contribution of the SDIP towards improved service delivery was mainly in identifying best practices to address services delivery challenges.

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The study further identified some of the component’s successes with regard to its efforts to transform service delivery. For instance, it was able to create 2043 Expanded Public Works Programme (EPWP) employment opportunities within its HIV and AIDS programme. Although not permanent in nature, these opportunities resulted in the economic empowerment of communities and an improvement in the understanding of HIV and AIDS. A number of poverty alleviation programmes including the Masupa-Tsela Youth Pioneer Programme where 370 youth pioneers and 17 mentors were recruited, were undertaken by the Department. The National Youth Programme recruited 222 youth who participated and received accredited training from the Department on Child and Youth Care Work (NQF level 4).

10.4.2 Implementation of the Recommendations Contained in Previous PSC Reports on Compliance with the Batho Pele Principles

The Batho Pele White Paper requires that all departments in the Public Service comply with the implementation of the Batho Pele principles. The PSC conducted studies between 2005 and 2009 to assess Public Service compliance with such requirement. This study sought to establish the extent to which the DHSD had implemented the 44 recommendations made by the PSC’s reports, as contained in Annexure A. The findings of the study show that the Health component of the DHSD had implemented 14 (32%) while the Social Development component had implemented 34 (77%). Figure 6 below shows the percentage of recommendations that were implemented by each of the two components of the Department in terms of each of the 8 Batho Pele principles.

**Figure 6: Implementation of the PSC’s recommendations by the Mpumalanga DHSD under each Batho Pele principle**

![Bar chart showing implementation of recommendations by Health and Social Development](image)

Figure 6 above shows that overall the Health component of the DHSD had not been effective in implementing the PSC’s recommendations with 75% implementation of the
recommendations on consultation, 50% on openness and transparency, whilst the implementation of the remaining principles was below 50%. The findings suggest a need for the Department to further commit to the implementation of the PSC’s recommendations. The findings are largely corroborated by the findings in par 10.4.1.1 above which highlighted the challenges remaining in the implementation of all the Batho Pele principles. The findings on the implementation of recommendations in relation to openness and transparency were not supported by the findings on the effectiveness of the component’s efforts to ensure that service users view it as open and transparent as per par 10.4.1.1. Service users expressed their dissatisfaction with the component’s efforts to provide them with the necessary information about the management and operation of the component. This could be attributed to an ineffective communication strategy to make service users aware of the component’s efforts and their responsibility to get involved in decisions on the component’s service delivery improvement initiatives.

On the other hand, Figure 6 above shows that the Social Development component had made commendable progress on the implementation of the recommendations. In this regard, the component had implemented 100% of the recommendations on consultation, service standards, access and openness and transparency, respectively. Furthermore, the component had implemented 83% of the recommendations on information, 75% on courtesy, 60% on redress and none (0%) on value for money. Whilst the Department had made progress, there was a need to put concerted effort into the implementation of the remaining recommendations. For further details on the specific recommendations not implemented by the components of the Department, see Annexure B.

Despite all the Social Development component’s efforts to implement the PSC recommendations on the Batho Pele principles and the Department’s efforts to transform service delivery, service users were still of the view that much more could have been done in the areas of courtesy, information, redress, openness and transparency, consultation, service standards and value for money as discussed in par 10.4.1.2 above. The component’s efforts to implement the Batho Pele, therefore, had not led to an improvement in service delivery. It would be important to clearly profile the component’s implementation efforts to ensure that service users are fully informed about these measures. Regular monitoring and evaluation of the efforts would further ensure the timely identification of constraints and plans to address such constraints.

10.4.3 Challenges Hampering Effective Public Service Delivery

The study sought to establish what the challenges and constraints were that the DHSD was experiencing in ensuring effective service delivery. The findings of the study show that both components within the Department (Health and Social Development), were experiencing various challenges as far as service delivery issues were concerned. Key to these challenges was the lack of commitment to implement the PSC recommendations on the Batho Pele principles.
The Department further indicated that a lack of funds was hampering the implementation of the Batho Pele principles. Combining the two units currently overseeing the Batho Pele activities in the Department would cut out duplication and unnecessary costs. Combining efforts to implement the Batho Pele would also be more effective. It would further ensure that the PSC recommendations implemented by the Social Development component, are also implemented by the Health component and that service delivery is improved in the process.
Chapter Eleven

Key Findings: Northern Cape Province
11.1 INTRODUCTION

This chapter presents the findings on the DoH and DoSD in the Northern Cape Provincial Government. The findings are presented according to the themes derived from the objectives of the study, namely, the effectiveness of departments’ efforts to implement the Batho Pele in transforming public service delivery, and the review of the extent to which Public Service departments had implemented the recommendations contained in the previous PSC’s reports on the Batho Pele principles. Furthermore, the chapter discusses the challenges that hampered effective public service delivery.

11.2 INTERVIEWS CONDUCTED AND SERVICE DELIVERY POINTS VISITED DURING DATA COLLECTION

Two managers from the DoH and DoSD were interviewed on 06 and 13 July 2010 respectively. In addition, a total of 16 service users were interviewed at selected service delivery points. Table 8 below shows the service points visited and the dates of the visits.

Table 8: Northern Cape service delivery points of the DoH and DoSD visited

<table>
<thead>
<tr>
<th>Department</th>
<th>Service Delivery Point</th>
<th>Date Visited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>Ritchie Clinic</td>
<td>06 July 2010</td>
</tr>
<tr>
<td></td>
<td>Prof ZK Mathews Hospital (Barkly West)</td>
<td>08 July 2010</td>
</tr>
<tr>
<td></td>
<td>Delportshoop Community Clinic</td>
<td>08 July 2010</td>
</tr>
<tr>
<td></td>
<td>Greenpoint Clinic (Kimberley)</td>
<td>22 July 2010</td>
</tr>
<tr>
<td>Social Development</td>
<td>Ritchie</td>
<td>06 July 2010</td>
</tr>
<tr>
<td></td>
<td>Delportshoop</td>
<td>08 July 2010</td>
</tr>
<tr>
<td></td>
<td>Kimberley (Greenpoint and Thlokomelo)</td>
<td>22 July 2010</td>
</tr>
<tr>
<td></td>
<td>Jan Kempdorp</td>
<td>23 July 2010</td>
</tr>
<tr>
<td></td>
<td>Prieska</td>
<td>26 July 2010</td>
</tr>
</tbody>
</table>

11.3 KEY FINDINGS

11.3.1 The Effectiveness of Departments' Efforts to Implement the Batho Pele Policy in Transforming Public Service Delivery

The study sought to establish the effectiveness of departments’ efforts to implement the Batho Pele principles in transforming their service delivery. The findings on the two Departments in relation to the Batho Pele principles are discussed on the following page:
11.3.1.1 Department of Health

The findings show that the Department was effective in transforming service delivery with regard to the Batho Pele principle of courtesy and the provision of adequate information to service users about the Department’s services. Service users’ views confirmed that they had benefitted from the Department’s efforts in this regard. However, challenges were still experienced in relation to the principles of accessibility, redress, consultation, openness and transparency, service standards and value for money.

**Courtesy:** The findings show that the measure of sympathy and respect with which service users were treated had improved. The way in which service users were treated was guided by departmental initiatives such as role-playing in terms of the Batho Pele principles, exposure to the Mass Induction Programme, inculcating respect in medical and nursing staff through the Patient Rights Charter and the oath or pledge of service excellence. The implementation of specific elements of courtesy had not merely resulted in an increased awareness of certain basic needs and requirements of service users, but in the institutionalisation of measures and practices to specifically provide for service users with special or unique needs and circumstances. Sixty three percent (63%) of the sampled service users indicated that they were treated with a high degree of sympathy, respect and dignity by departmental officials. As a result of the courteous behaviour of officials, service users felt valued, and viewed nursing and medical staff as more approachable. However, thirty seven percent (37%) of service users reported discourteous and unsympathetic behaviour by medical staff citing favouritism towards certain service users, disrespect, rudeness, unfriendliness and poor assistance, as challenges being experienced. During the PSC’s Inspections of Primary Health Care Delivery Sites, the majority of service users indicated that they were treated with respect67.

**Information:** Another area of improvement was the provision of accurate and updated information to service users about the Department’s services and how to access these services. The Department’s efforts in this regard were supported by the views of the service users. Seventy five percent (75%) of the sampled service users were of the view that they were provided with full, accurate and up-to-date information about the Department’s services. However, not a single service user identified any of the conventional methodologies such as DARs, newsletters, and media releases as effective mechanisms for the provision of departmental information. Instead, verbal communication by officials and nursing staff was identified as service users’ main source of information especially in rural areas where not all service users were able to read. It was also regarded as the most effective mechanism for providing information about the Department’s service standards. The PSC’s Consolidated Report on Inspections of Primary Health Care delivery Sites indicated that reception/help desks at all clinics were clearly identifiable and well stocked with information68.

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Accessibility to services: The study found that the Department had improved access to health care services through mobile clinics, immunisation campaigns, clear signage at all facilities, and switch board operators providing health service information to service users telephonically. The findings show that the Department had been successful in its efforts to increase accessibility through the establishment of additional facilities within local communities. In addition to the refurbishment, renovation and upgrading of facilities, rendering services through five (5) hospitals, and the building of two (2) new hospitals between 2004 and 2010 in three districts in the Province, the Department had also upgraded one (1), built eight (8) new, and replaced 20 existing clinics and community health centres throughout the Province since 2006. This substantial increase in the number of facilities rendering health services, not only indicates a marked improvement in accessibility, but likewise in the extent, scope and field of the services rendered by the Department.

Interaction with service users showed that their views did not support the efforts implemented by the Department to increase access to its services. The nature of accessibility to the Department’s services were regarded as good by only fifty percent (50%) of the sampled service users indicating ample service delivery points, the use of indigenous languages and access to the disabled as measures for improving overall access to health services rendered by the Department. The remainder of the service users (50%) experienced challenges with accessibility mainly because of extreme distances that some still needed to travel to service delivery points, limited medical supplies available at clinics, the long waiting times at clinics, and the limited hours of operation. The PSC’s Consolidated Report on Inspections of Primary Health Care Delivery Sites indicated that, whilst service users were generally satisfied with access to services, there was an overwhelming consensus that they literally had to wait for hours before being attended to, and that it was extremely frustrating. Pre-1994, service users had limited access to health services due to fewer facilities and the exclusion of previously disadvantaged groups from certain health care services and facilities.

Redress: Another area where the Department had introduced mechanisms to ensure improved service delivery, was redress. The findings of the study show that, apart from soliciting complaints from service users and ensuring the availability of complaints boxes at most of the service delivery points, the Department had also introduced a complaints hotline which redirected matters to all relevant structures. Redress mechanisms generally provide useful information and data on the level of client satisfaction with service delivery.

Contrary to the Department’s view that it had improved service delivery in this area, seventy five percent (75%) of the sampled service users were of the view that the Department’s redress mechanisms had no effect on the quality of the Department’s services. The finding suggests that the Department’s redress mechanisms were not effective in improving service delivery.

delivery. Regular monitoring of the effectiveness of such mechanisms would assist the Department in identifying the most effective mechanism(s) in this regard. Service users identified the competencies of officials to effectively address complaints as critical in the redress procedures of the Department. The PSC’s Consolidated Report on Inspections of Primary Health Care delivery Sites indicated that whilst the majority of service users were aware of the clinics’ complaint handling mechanisms, none of them had formally lodged complaints with any of the clinics as they were not sure about the procedures to be followed.\textsuperscript{70}

**Consultation:** The findings of the study show that while the Department had developed specific methodologies for consulting service users on a wide range of health related issues, service user responses reflected that only fifty percent (50%) had indeed been involved in the Department’s consultation processes. This relatively poor response was either as a result of the infrequent application of such methodologies which resulted in the unawareness of service users of such methodologies, or the ineffectiveness of the consultation methods. A review of the efficiency and effectiveness of the consultation methodologies would assist the Department in identifying the most appropriate measures and in decisions on the most appropriate corrective action to take. Pertaining to the state of consultation in the Department prior to 1994, the Department indicated that the same level of consultation was implemented pre-1994.

**Service standards:** In terms of the development of service standards, the study found that the Department had developed a set of generic service standards against which performance could be measured. The publication and display thereof in the majority of health facilities and clinics had been effected by means of a Service Delivery Charter, an Annual Performance Plan, and clear signage. Despite the Department’s efforts to ensure that standards were in place and that such standards were clearly communicated to service users, all sampled service users (100%) indicated that they had never been exposed to service standards through publications or displays. This inevitably led to service users not being empowered to measure service delivery performance in general, or to judge whether or not they had received the services that had been promised. The PSC’s Consolidated Report on Inspections of Primary Health Care Delivery Sites indicated that during in loco observations at all clinics included in the study, no service charters were displayed.\textsuperscript{71}

**Openness and transparency:** According to the findings, service users were informed about the management of the Department by means of Annual Performance Plans as well as DARs which were public documents at the disposal of all service users. Hundred percent (100%) of service users, indicated that they had not been exposed to any information about the management of the Department through such mechanisms. All service users were subsequently unable to respond to the effect of the mentioned openness and transparency.


mechanisms on service delivery or which thereof they regarded as the most effective. Pre-1994, limited campaigns, information sessions and community forums were facilitated to ensure that information reached the public. The radio and leaflets were supporting mechanisms.

**Value for money:** The findings further show that the Department had improved value for money through regular budget reviews, financial controls, effective risk management strategies and sound supply chain management practices. There was, however, still no common understanding of the *Batho Pele* principle of value for money among officials as well as amongst service users. With health officials not operating from an appropriate and operational definition of value for money, it could hardly be expected of service users to be in agreement with and understand the concept. The institutionalisation of an appropriate definition of value for money would ensure a synchronised and uniform approach among the Department and its service users. It is mainly because of this disjuncture that there was widespread uncertainty as to the effect of the Department’s efforts to promote value for m. The PSC’s Consolidated Report on the Implementation of the *Batho Pele* principle of Value for Money indicated that if service users were better informed about this principle, particularly on how much funds were allocated and utilised to ensure enhanced services, it would have enabled them to assess whether they received value for money services from the Department.\(^{72}\)

In addition to the Departments’ effort to improve service delivery through the above-mentioned *Batho Pele* principles, the findings of the study show that the Department appreciated the importance of ensuring that public services were transformed. However, important elements of transformation were indicated as “work in progress”. These included ensuring that delegations are in place to support improved public service delivery, managing operations in line with developmental objectives, implementing and monitoring service delivery plans in consultation with unions, staff and service users. The finding suggests that the Department had, since 1997, not fully implemented the methods contemplated in the WPTPS to effect government’s service delivery transformation priorities. The effectiveness of the Department’s methodologies to effect the transformation priorities of the WPTPSD then becomes questionable in view of the absence of such key elements. Service delivery transformation can only be successful if aided and backed by a range of institutionalised support structures, systems and procedures.

The study further found that the lack of regular monitoring and evaluation exercises to *inter alia* determine the contribution the SDIP had made towards the improvement of the Department’s service delivery, had jeopardised the ability of the Department to adjust and adapt to the needs of its service users when it comes to decisions about what specific services to render or the mechanisms to be utilised to provide such services. The Department

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indicated that the development of a strategy for the implementation of the SDIP, was “work in progress”. The finding suggests that the Department’s SDIP was not effectively used as a norm against which it measured its service delivery performance. Without such measurement, the Department would not be able to prioritise areas for improvement, take appropriate actions or meaningfully report on its service delivery performance.

While evidence was provided about the Department’s initiatives with regard to the Batho Pele Revitalisation Programme, one hundred percent (100%) of the service users were unable to respond to any of the questions posed on the Batho Pele Revitalisation Programme of the Department or the overall effect thereof on service delivery. In all instances service users reported having no knowledge of such a Programme conducted by the Department. Raising awareness about the Programme and the value thereof in improving service delivery, would contribute to the effectiveness of the Programme in improving service delivery.

11.3.1.2 Department of Social Development

The study found that the DoSD was effective in transforming service delivery with regard to the Batho Pele principles of consultation, accessibility, courtesy displayed by officials and the provision of information to service users. Service users’ views confirmed that they had benefitted from the Department’s efforts in this regard. However, challenges were still experienced in relation to the principles of service standards, openness and transparency, redress and value for money.

Consultation: The findings show that service users were consulted on a regular basis with regard to the services they received or required and feedback from such consultations was duly considered. Whilst sixty three percent (63%) of the sampled service users had been exposed to departmental consultation by means of primarily individual one-on-one interviews, izimbizo and community meetings, 37% of the service users had either never been exposed to such, or were of the view that consultation no longer took place. Individual interviews were regarded as most effective because of the confidentiality and privacy elements thereof and service users were generally very satisfied therewith. However, the Department was also labeled as insensitive and inconsiderate by those who were of the view that the consultation processes had been negated. The infrequent application of these consultation processes had to a certain extent, resulted in the Department losing track with regard to customer needs and priorities.

Accessibility: The study found that the Department had improved accessibility to health services to ensure that all citizens had equal access to such services. The findings further show that the Department had achieved this by putting multiple measures in place that broadened accessibility thus countering challenges related to insufficient and inadequate service delivery points and facilities. The nature of accessibility to the Department’s services was regarded as good by 75% of the sampled service users. However, some service users (25%) still
experienced challenges with accessibility because of long distances to service points, remoteness and limited services available at their nearest service delivery points. Despite this, accessibility to the Department’s services was regarded as acceptable.

**Courtesy:** The findings of the study show that staff always treated service users with courtesy and sympathy. The Department’s Policy and Planning Unit had developed a Customer Care Plan by means of which the Department would, *inter alia*, respond to queries in the official language of the client’s choice and with an empathetic approach. Elements of courtesy implemented by the Department included training in diversity management, the appointment of customer care staff, and the establishment of a customer care unit. All service users (100%) indicated that they were treated with a high degree of sympathy, respect and dignity by officials of the Department. This was displayed through genuine empathy, apologizing when necessary, dignified and respectful treatment and responses to queries in languages of choice. The effect of these measures was that service users felt valued, and that they viewed officials as approachable. No discourteous or unsympathetic conduct was reported. The findings indicate overall satisfaction with all elements of courtesy implemented by the Department and the manner in which staff treated service users.

**Information:** The study found that although the Department had implemented a variety of methodologies to ensure that the directives on the Batho Pele principle of information were adhered to, not a single service user could identify with any of these methodologies. This is a matter of concern as it raises questions about the efficiency and effectiveness of the information methodologies and the strategies implemented to communicate such. Regular monitoring and evaluation assessment exercises would have indicated the challenges faced by the current methodologies. Strategies to strengthen the existing verbal communication strategies should have been considered. A hundred percent (100%) of service users indicated that they were provided with accurate and up-to-date information about the Department’s services. This information was provided by social workers or through community meetings which service users regarded as fully effective.

**Service standards:** The findings of the study show that the Department had set service standards for each Directorate and reviewed and updated the standards on an annual basis to ensure that the standards stayed relevant to the service users’ needs as well as the Department’s protocols. Sixty three percent (63%) of the sampled service users had never been exposed to service standard publications. The 37% who responded positively indicated that they had been informed mainly by officials (social workers) or through posters displayed at service delivery points. Compliance by the Department to its service standards were rated zero.

**Openness and transparency:** The findings of the study show that the Department had not been successful in ensuring that service users were informed about the Department’s management and performance despite implementing various mechanisms such as DARs,
workshops, open days, training programmes or public meetings. One hundred percent (100%) of the sampled service users indicated that they had never been exposed to any information on the management of the Department through such mechanisms. The findings further show that the Department had not published an ARC as required by the WPTPSD\textsuperscript{7}.

A lack of communication from the Department’s side was cited as a major challenge in ensuring that a culture of openness and transparency was instilled.

**Redress:** The study found that although the Department had developed a complaint handling system comprising certain specific redress mechanisms, such as acknowledging complaints within 5 working days and regularly informing service users about progress, hundred percent (100%) of the sampled service users indicated that these mechanisms had no effect on the quality of the Department’s service delivery in this regard. They further indicated that the Department’s responses to their complaints were not appropriate. Half of the service users indicated a preference to discuss their complaints or dissatisfactions directly with the officials assisting them such as social workers. This feedback from service users inevitably raises questions about the efficiency and effectiveness of the available redress mechanisms, and the monitoring and evaluation of the Department’s performance with regard to the Batho Pele principle of redress. Regular monitoring of the redress mechanisms would have revealed shortcomings and challenges faced in this regard and assisted in identifying the necessary actions to take to overcome challenges.

**Value for money:** The findings show that although the Department had implemented various mechanisms to ensure that it provided services economically and efficiently to service users, its efforts to ensure value for money were still not effective. Efforts in this regard included the alignment of strategies and operations to the budget, exercising strict expenditure controls, applying improved internal controls on the use of official telephones, vehicles and facilities, enforcing stringent adherence to tender procedures, adhering to the Public Finance Management Act, determining costs per unit for services rendered, and improving or changing processes to satisfy service beneficiaries’ needs. Additional mechanisms to ensure that the Department rendered good value for money services relate to shifting to more cost effective community-based interventions with wider impact, one-stop shops and shared service centres to reduce infrastructure costs and enhance efficiency, monitoring and preventing fraud, conducting open days to inform service users about services and ensuring service delivery improvement, the provision of satisfactory, simple explanations to enquiries, and ensuring user friendly procedures.

According to the findings, sixty three percent (63%) of the sampled service users were either unable to respond or argued that services were free and therefore in any case good value for money. However, thirty seven percent (37%) of the service users indicated that the Department would ensure good value for money through the rendering of high quality

services, by meeting all the needs and requirements of their customers, and by increasing their capacity through the appointment of additional critical staff such as social workers. The findings suggest that the main reason for the poor rating was that service users did not clearly understand the concept of value for money. Defining value for money will lead to a uniform understanding of what the concept entails and provide service users with a measure against which they can assess the Department’s service delivery efforts. The PSC’s Report on the Implementation of Value for Money indicated that if service users were better informed about this principle, particularly on how funds were allocated and utilised to ensure that services were enhanced, it would have enabled them to assess whether they received value for money services from departments.

In addition to the Departments’ efforts to improve service delivery through the above-mentioned Batho Pele principles, the findings of the study show that shortcomings were identified in relation to the Department’s SDIP. These shortcomings included a lack of management information systems to monitor and report on the Department’s performance against its service standards as per the SDIP, no indication of the arrangements to ensure that standards were met, a lack of appraisal arrangements to ensure adherence by officials to the Batho Pele principles, and no indication about how the Department’s communication systems had to reflect information about the type and frequency of services required by customers. In essence, the SDIP only reflected the key services rendered, the service users of such services, and the current standard of service delivery set off against the desired standard over short, medium and long term intervals. The findings of the study show that the Department could not provide any information with regard to the contribution of the SDIP towards the improvement of the Department’s service delivery, the process followed in the implementation of the SDIP, or the effectiveness of such a process. However, for purposes of providing impetus to the SDIP and the promotion of the Batho Pele principles, the Department introduced the “Batho Pele Team and Hero Awards”. During these annual events, initiatives to create a working environment that enhances team spirit, promotes the recognition of the Batho Pele principles by employees, and fosters a culture of collaboration, teamwork, and departmental dialogue and learning, are rewarded. The study found that the lack of regular monitoring and evaluation exercises to, inter alia, determine the contribution the SDIP had made towards the improvement of the Department’s service delivery performance, hampered the Department’s ability to adjust and adapt to the needs of its clients.

In relation to the Department’s efforts to implement the Batho Pele Revitalisation Programme through initiatives such as monthly themes, Public Service Week, Africa Public Service Day, Project Khaedu, Batho Pele Learning Networks coordination forums, and service delivery improvement plans/standards, one hundred percent (100%) of the service users indicated that they were not aware of such Programme introduced by the Department and could,
therefore, not pronounce on the overall effect thereof on service delivery. The findings suggest that the Department had not raised awareness among service users about the Programme and what benefits the Programme held.

11.3.2 Implementation of the Recommendations Contained in Previous PSC Reports on Compliance with the Batho Pele Principles

The *Batho Pele* White Paper requires that all departments in the Public Service comply with the implementation of the *Batho Pele* principles. The PSC conducted studies between 2005 and 2009 to assess Public Service compliance with such requirement. This study sought to establish the extent to which the DoH and the DoSD had implemented the 44 recommendations made by the PSC reports, as contained in *Annexure A*. During interaction with managers of the Departments, it was established that of the 44 recommendations contained in PSC’s reports, the DoH had implemented 43 (98%), whilst the DoSD reported that it had implemented 35 (80%). *Figure 7* below shows the percentage of the recommendations that were implemented in terms of each of the 8 principles as informed by the senior officials of the two Departments.

*Figure 7: Implementation of the PSC recommendations by the Northern Cape DoH and DoSD under each Batho Pele principle*

*Figure 7* above shows that the DoH had made commendable progress with the implementation of the PSC’s recommendations with 100% implementation of the recommendations in all principles except openness and transparency, where 75% of the
recommendations were implemented. The implementation of such recommendations would contribute towards the much-desired service delivery and would ensure that the Department’s services meet the needs and expectations of its service users. This finding was, however, contradicted by the findings in par 11.3.1.1 above, where success could only be identified in the areas of courtesy and information in relation to the effectiveness of the Department’s efforts to ensure that service delivery was transformed according to the purpose of the Batho Pele and ensuring that service users derived maximum benefit from these efforts.

On the other hand, the findings show that the DoSD had also made progress with the implementation of the recommendations with 100% implementation on all principles except courtesy and redress where none (0%) of the recommendations were implemented. On the contrary, the documents reviewed could not substantiate the implementation of some of the recommendations as stated by the officials of the DoSD. This could be the reason for the disparities between these findings and the findings in par 11.3.1.2 above where it was found that the Department was successful only in the areas of accessibility, courtesy, consultation and information. Service users emphasised the need for improvements in the areas of service standards, openness and transparency, redress and value for money. For further details on the specific recommendations not implemented by the Department, see Annexure B.

11.4.4 Challenges that Hampered Effective Public Service Delivery

The study sought to determine the challenges and constraints experienced by the DoH and the DoSD in effective public service delivery. With regard to the DoH, the findings show that the Department identified inadequate funding and human resource shortages as challenges which negatively affected the ability of the Department to improve service delivery and the effective implementation of the Batho Pele principles. The challenges had been experienced by the Department over a long period (as reflected in the DARs of the Department of the last few years). However, the Department had not developed either a strategy or a plan to counter the negative effects brought about by the mentioned challenges. The establishment of a Departmental blueprint or plan to counter these long standing constraints innovatively within the parameters of existing resources would assist the Department in effectively addressing the constraints.

The DoSD did not provide information on any challenges or constraints experienced in ensuring quality service delivery. The finding suggests that the Department was of the view that its Batho Pele measures, plans, strategies and policies to ensure effective public service delivery were of such a high standard and therefore so efficient, effective, citizen-oriented, accountable, comprehensive and uplifting, that there were no service delivery challenges worth mentioning. On the other hand, the Department might have been ignorant of the true
state of affairs in respect of its service delivery. The findings of the study, especially in relation to the impact that the implementation of the Batho Pele had on the departmental service delivery, shows that the Department and its service users had different views as far as the quality of the service delivery was concerned. The findings show that whilst the Department had embarked on a wide range of service delivery initiatives to ensure client satisfaction, service users were of the view that much room for improvement remained. A monitoring and evaluation exercise to determine the efficiency and effectiveness of all the Department’s service delivery endeavours, should be embarked upon. An exercise of this nature will not only reveal the extent of the success of the current Batho Pele strategies and measures, but will also provide a clear indication of the challenges and constraints of the Department’s service delivery performance.
Chapter Twelve

Key Findings: North West Province
12.1 INTRODUCTION

This chapter presents the findings on the DoH and DoSD in the North West Provincial Government. The findings are presented according to the themes derived from the objectives of the study, namely, the effectiveness of departments’ efforts to implement the Batho Pele in transforming public service delivery, and the review of the extent to which Public Service departments had implemented the recommendations contained in the previous PSC’s reports on the Batho Pele principles. Furthermore, the chapter discusses the challenges that hampered effective public service delivery.

12.2 INTERVIEWS CONDUCTED AND SERVICE POINTS VISITED DURING DATA COLLECTION

One manager from the DoH was interviewed on 06 September 2010, followed by an interview with three managers from the DoSD on 19 and 23 July 2010. In addition, a total of 20 service users (10 from each Department) were interviewed at the selected service sites delivery points. Table 9 shows the service points visited and the dates of the visits.

Table 9: North West service delivery points of the DoH and DoSD visited

<table>
<thead>
<tr>
<th>Department</th>
<th>Service Delivery Point</th>
<th>Date visited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>Vryburg Hospital</td>
<td>19 July 2010</td>
</tr>
<tr>
<td></td>
<td>Klerksdorp Hospital</td>
<td>20 July 2010</td>
</tr>
<tr>
<td>Social Development</td>
<td>Naledi (Vryburg)</td>
<td>19 July 2010</td>
</tr>
<tr>
<td></td>
<td>Klerksdorp</td>
<td>20 July 2010</td>
</tr>
</tbody>
</table>

12.3 KEY FINDINGS

12.3.1 The Effectiveness of Departments’ Efforts to Implement the Batho Pele Policy in Transforming Public Service Delivery

The study sought to establish the effectiveness of the Departments’ efforts to implement the Batho Pele principles in transforming their service delivery. The following section provides the findings in terms of the two Departments.

12.3.1.1 Department of Health

The study found the Department to be effective in transforming service delivery with regard to the Batho Pele principles of courtesy. Service users’ views confirmed that they had benefitted from the Department’s efforts in this regard. However, challenges were still experienced in relation to the remaining seven principles. Overall, with regard to the effectiveness of its efforts to implement the eight principles, the findings show that:
**Courtesy:** The level of sympathy and respect with which the Department treated service users had increased as a result of the development of courtesy standards. Service users were also requested to complain immediately about any unsympathetic and disrespectful behavior of staff towards them. The staff at service delivery points was easily identifiable because they wore name tags and were encouraged to serve service users with sympathy and respect. In support of the Department’s efforts, hundred percent (100%) of the sampled service users interviewed indicated that they were treated with courtesy and respect by staff members of the DoH. This would have a positive effect on remedying the perception among members of the public that public servants were rude and unprofessional. During the PSC’s Inspections of Primary Health Care Delivery Sites, *in loco* observations showed that staff demonstrated professionalism and appeared friendly in their conduct. Prior to 1994, the courtesy applied was only meant for whites while other race groups were not shown any courtesy at all.

**Consultation:** With regard to consultation, the findings of the study show that although the Department understood the need to consult with service users, the mechanisms used by the Department to consult service users focused more on providing information than on the stimulation of dialogue between the Department and service users about their needs. Through effective consultation, the Department obtained service users’ needs which enabled the Department to focus its service delivery plans on addressing these needs.

According to the findings of the study, the Department’s consultation initiatives led to major hospital and clinic upgrading programmes, and improved decisions on health issues as a result of functional integration with municipalities. Contrary to the above findings, seventy five percent (75%) of the sampled service users interviewed indicated that they were unaware of the Department’s consultation processes and that they had not been consulted. This is a clear indication that the majority of service users were not involved in the consultation processes of the Department of Health. Prior to 1994, the Department only used *ad hoc* consultation processes to consult service users.

**Service standards:** The study found that the Department had developed service standards which have been published and displayed on notice boards at service delivery points and distributed to community representatives and governance structures. Contrary to the Department’s views that they were complying with the *Batho Pele* principle, hundred percent (100%) of service users were not aware of the Department’s service standards. The PSC’s Consolidated Report on Inspections of Primary Health Care Delivery Sites found that service charters were displayed at all clinics visited, however, these were only displayed in English, despite the low level of literacy amongst citizens residing in the area.

**Accessibility:** The study found that the DoH had improved accessibility to health services.

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through mobile units, a formalised way-finding and signage system, the media, partnerships with external service providers, the use of indigenous languages, special measures for the disabled and helpdesks to assist those needing assistance. Furthermore, the Department implemented infrastructure upgrading programmes which resulted in an increase in the number of health facilities and therefore an improvement in access to health care services.

The Department’s commitment to the transformation of health care services was clearly demonstrated in the initiatives it had implemented in the transformation areas of accessibility, restructuring and representativeness. The Department conducted sign language training in 2008 to empower nurses to communicate effectively with the deaf regarding health matters in efforts to improve access to health services to the deaf. The impact of such training was that the trained nurses were now able to understand the plight and needs of the deaf and could adjust treatment accordingly, thereby improving accessibility and service delivery to the previously disadvantaged deaf people.

Furthermore, the Department had renovated and upgraded certain hospitals and clinics in the province with a view to improving service delivery by extending waiting areas for patients so that bigger numbers of patients could be comfortably accommodated under adequate shelter during adverse climate conditions like rainy, windy or very hot, sunny days. The impact of the hospital revitalisation efforts of the Department is that, among others, queues were managed to allow for the preferential treatment of emergencies above those arriving for routine outpatient care. As a result, access to emergency health care was speeded up.

On the contrary, fifty percent (50%) of the sampled service users, indicated that they were satisfied with accessibility to the Department’s services at health facilities. The service users raised their concerns about the Department’s strategies to improve accessibility to services. These concerns included ambulances arriving late or which did not arrive at all when called, service delivery points that were far from communities and, therefore, required service users to travel long distances to access health facilities, being returned home without having been attended to because of operating hours and, the inaccessibility of health care facilities such as clinics at night as well as over weekends. The PSC’s Report on Inspections of Primary Health Care Delivery Sites indicated that most of the patients at the clinics visited waited between two to six hours before they would be assisted, because staff was taking extended lunch and tea breaks. Pre-1994, the Department indicated that accessibility to the Department’s services were unequal and inequitable to the service users, mainly based on race.

**Information:** The findings of the study show that the Department provided accurate and up to date information about its services to ensure that service users were aware of what services they could expect from the Department. Such efforts empowered service users to judge whether the right services and quality thereof were being provided as promised. On
the contrary, 50% of the sampled service users interviewed indicated that they were not informed about the Department’s services as a result of the unavailability of information in indigenous languages such as Setswana and Sesotho which limited the usefulness of the above-mentioned information. The PSC’s Inspections of Primary Health Care Delivery Sites indicated that at all clinics visited, there was no staff member specifically assigned to guide and direct citizens on arrival to the relevant service points.

**Openness and transparency:** The study found that the Department used various mechanisms to inform service users about the management and operations of the Department. The Department also used public documents such as budget speeches and DARs as mechanisms to provide information about the Department’s performance since these documents were easily accessible to service users. On the contrary, seventy five percent (75%) of service users indicated that they were unaware of any mechanism of the Department to provide information which reflected the performance of the Department. Only 25% of service users indicated that information about the responsible manager and the type of services provided by health care centres was available on notice boards at these service delivery points.

**Redress:** The findings of the study also show that the DoH had a structured complaints handling system in place. Service users’ complaints were handled at the different service delivery points and complaints were referred through prescribed complaints handling processes displayed at all institutions. Mechanisms included, the formal complaints handling system, a complaints handling unit and suggestion boxes. On the contrary, except for being aware that there were complaints boxes in the majority of the health care centres, eighty eight percent (88%) of the sampled service users indicated that they were not aware of the procedure to be used to complain about services of the Department. The PSC’s Report on Inspections of Primary Health Care Delivery Sites found that whilst complaint boxes were displayed at all clinics visited, a complaint handling system and procedure was not displayed for the benefit of the citizens. The lack of knowledge and understanding about the Department’s complaints mechanisms disadvantaged the service users as they didn’t believe that they had a recourse when treated unfairly. On the other hand, if the Department made more effort to make service users aware of how to use their complaints mechanism, this could have increased the level of trust of service users in staff members.

**Value for money:** The findings of the study show that prescripts such as the PFMA, treasury regulations, mechanisms to monitor fraud prevention and open days were used to improve value for money to the Department’s service users. The Department also provided

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services that were aligned with its budget and any deviation from the applied prescripts was
dealt with according to disciplinary procedures. On the contrary, hundred percent (100%) of
the sampled service users indicated that they were unable to provide specific responses on
what constituted value for money in relation to services or operations of the Department.
The PSC’s Report on the Implementation of the Batho Pele principle of Value for Money indicated that if service users were better informed about this principle, particularly on how
much funds were allocated and utilised to enhance service delivery, it would have enabled
them to assess whether they received value for money from the Departments\textsuperscript{81}.

In addition to the Departments’ efforts to improve service delivery through the above-
mentioned Batho Pele principles, the findings of the study show that the Department was
involved in the Batho Pele Revitalisation Programmes such as Service Delivery Watch, Public
Service Week, African Public Service Day, change engagement programme, know your rights
campaigns, Project Khaedu, Batho Pele Learning Networks, coordination forums, service
delivery improvement plans/standards and Batho Pele Belief Set “We belong, We care, We
serve”. The Department was leading in the Province in rolling out the change management
engagement programme. None of the interviewed service users was, however, able to
respond to the effect of the Department’s involvement in such programmes since they
lacked knowledge of what the Batho Pele Revitalisation Programmes entailed. The service
users’ apparent lack of knowledge points to weaknesses in the implementation of these
programmes, and in efforts of the Department to raise service users’ awareness of such
initiatives of the Department. Only where service users are mobilised to actively participate
in these programmes, will services reflect the needs and interests of service users.

12.3.1.2 Department of Social Development

The Department was found to be effective in transforming service delivery with regard
to the Batho Pele principles of consultation, accessibility, courtesy, information and redress.
Service users’ views confirmed that they had benefitted from the Department’s efforts in
this regard. However, challenges were still experienced in relation to the principles of service
standards, openness and transparency and value for money.

Consultation: The findings of the study show that the DoSD had implemented various
mechanisms to consult service users on a regular basis about their service needs. Sixty three
percent (63%) of the sampled service users indicated that they were consulted through
meetings at schools and community halls and house-to-house visits by social workers,
while thirty seven percent (37%) of service users indicated that they got information about
the service offerings from friends and relatives. The findings suggest that the Department
appreciated the importance to consult service users about their service needs and to

for Money, 2008.
provide services that were in line with such needs. Prior 1994, consultation was based on
the discriminatory principles as per the policies of apartheid. Then, the state only invested
massive resources to consult with the white sector of the community.

**Accessibility to services:** The findings show that the DoSD had improved access to
services by establishing offices at all local municipalities and deploying staff members
to ward level to ensure that service users could access services at local level and in their
specific indigenous languages. Several other access mechanisms were also used, namely,
signage systems, the media, and partnerships with external service providers to improve
accessibility to the Department’s services. In addition, community development officers had
been allocated to wards to bring services closer to the people. The Department had also
provided these officers with official cell phones for effective communication. The impact of
these initiatives was that service users could access services from community development
officers in their own wards, both during office hours and after hours through the official
cell phones provided by the Department. As a result of these initiatives, the Department
was able to quantify and list outcomes such as 400 households that were benefiting from
the Anti-Poverty Campaign, that 50 young people from poor households were linked to
employment opportunities at Mokgaloaneng, 350 unemployed youth had been enrolled in
Masupatsela Youth Pioneer Programme and 200 youth from Mamusa and Lekwa Teemane
as well as Moses Kotane Local Municipalities had been enrolled in the National Youth Service
Programme. In support of the Department’s efforts to improve accessibility, seventy five
percent (75%) of the sampled service users were satisfied with the level of accessibility to
services rendered by the DoSD. Twenty five percent (25%) of the service users pointed out
that service delivery points were not accessible especially to the disabled. Other service
users complained about the location of service delivery points in town far from where they
were staying and that they had to pay for public transport to reach the service delivery points
to access services.

**Redress:** The findings of the study show that the Department had a complaints handling
system in place. All complaints received by the office of the MEC and the office of the
HoD were thoroughly investigated and responded to. Furthermore, the Department was
in the process of establishing formal customer care units to deal with the complaints of
service users. Seventy five percent (75%) of the service users interviewed indicated that they
were satisfied with the complaints handling system of the Department. Having an effective
complaints handling system in place will ensure that challenges in the provision of quality
services are identified and will assist the Department in decisions on appropriate corrective
action and poor performance management, where needed.

**Courtesy:** The findings of the study further show that Department’s officials treated service
users with sympathy and respect mainly as a result of the introduction of courtesy standards.
According to the *Batho Pele Handbook*82, staff members should empathetic and address

service users in their preferred languages. Officials conducted door-to-door visits to reach communities at their point of need. Courtesy standards were also included in performance agreements of SMS members to enforce compliance of these standards by officials. Hundred percent (100%) of the service users were of the view that they were treated with the necessary respect, which improved service delivery.

**Information:** The findings of the study show that the DoSD had implemented various mechanisms to ensure that it provided service users with information about its services. These mechanisms included brochures, quarterly reviews, media conferences, stakeholder conferences and *izimbizo*. The Department also strived to conduct meetings in the language predominantly used in a particular area to encourage participation and to share information with service users. Seventy six percent (76%) of the sampled service users indicated their satisfaction with the quality of information provided by the Department. Twelve percent (12%) indicated that they received information about the Department’s services from friends while another twelve percent (12%) denied being provided with information about the Department’s services at all.

**Service standards:** The study found that the Department had developed service standards but these standards were not disclosed to service users. The Department acknowledged the fact that this area required immediate correction as service users had the right to know what services at what level they could expect. Hundred percent (100%) of service users were still unaware of these standards and could therefore not demand to receive the promised services and hold the Department accountable for these services, e.g. the turn-around time in terms of social grant applications.

**Openness and transparency:** The findings of this study show that service users in general had very little access to management and performance information of the Department. Sixty two percent (62%) of the service users interviewed indicated that they were unaware of the Department’s efforts to implement the Batho Pele principle of Openness and Transparency, while thirty eight (38%) of the service users were satisfied with the information they received on the management and performance of the Department. The finding suggests that the majority of service users were uninformed about the Department’s performance and how it utilised allocated resources. As a result, service users were suspicious and accused the Department of not being open and responsive to their needs.

**Value for money:** The findings of the study show that the DoSD made attempts to involve and subsidise more non-governmental organisations (NGOs) to encourage them to assist the Department in the provision of value for money services. Hundred percent (100%) of service users interviewed indicated that they were unaware of what value for money involved in relation to service delivery. The Department indicated that it was aware of the lack of understanding of this principle, and that it was establishing processes to create awareness among service users of the available channels to use where the Department was failing their
expectations. The PSC’s Report on the Implementation of Value for Money indicated that if service users were better informed about this principle, particularly on how funds were allocated and utilised to ensure that services were enhanced, it would have enabled them to assess whether they received value for money services from the Departments.

Overall, in relation to the development of the Department’s SDIP to direct all its service delivery improvement efforts, the study found that the Department developed a draft SDIP in March 2010 but that the SDIP had not been approved and most of the transformation processes contained in the draft SDIP still needed to be attended to.

In relation to the Department’s involvement in the Batho Pele Revitalisation Programme, the findings show that the Department was involved in the Public Service Week and Project Khaedu programmes. However, the Department could not pronounce on the effect of the Batho Pele Revitalisation Programme on the effectiveness of service delivery. Furthermore, none of the interviewed service users was able to respond to the effect of the Department’s involvement in such Programme which points to a lack of knowledge of what the Batho Pele Revitalisation Programmes entail. It also points to weaknesses in the implementation of these programmes.

12.3.2 Implementation of the Recommendations Contained in Previous PSC Reports on Compliance with the Batho Pele Principles

The Batho Pele White Paper requires that all departments in the Public Service comply with the implementation of the Batho Pele principles. The PSC conducted studies between 2005 and 2009 to assess Public Service compliance with such requirement. This study sought to establish the extent to which the DoH and the DoSD had implemented the 44 recommendations made by the PSC reports, as contained in Annexure A. The findings of the study show that of the 44 recommendations contained in these reports, the DoH had implemented 38 (86%) recommendations whilst the DoSD reported that it had implemented 19 (43%). Figure 8 on the following page shows the percentage of the recommendations implemented by the North West DoH and DoSD, in terms of the 8 Batho Pele principles.

Figure 8: Implementation of the PSC’s recommendations by the North West DoH and DoSD under each Batho Pele principle

Figure 8 above shows that on average, the DoH had made progress with regard to the implementation of the PSC’s recommendations, with 100% implementation of the recommendations on service standards, access, courtesy and value for money. Furthermore, the Department had implemented 75% of the recommendations on consultation and openness and transparency, 66% on information and 60% on redress respectively. The implementation of such recommendations would contribute towards the much-desired service delivery and would ensure that the Department’s services meet the needs and expectations of its service users. However, the findings in par 12.3.1.1 above on the effectiveness of the Department’s efforts to implement the Batho Pele in transforming public service delivery, show that despite the measures implemented by the Department to ensure service delivery improvement, service users were still dissatisfied with these measures in all the Batho Pele areas except courtesy. This finding suggests that the Department needed to strengthen its efforts to clearly communicate its service delivery programmes to service users to ensure maximum benefit from these programmes and, therefore increased satisfaction with the Department’s efforts.

On the other hand, the DoSD had implemented 75% of the recommendations on consultation and access, 66% on information, 50% on openness and transparency, and value for money, whilst the implementation of the remaining principles was below 50%. This suggests a need for the Department to put more effort into the implementation of the PSC’s recommendations. The implementation of the recommendations would contribute to the much-desired service delivery and would ensure that the Department’s services meet the needs and expectations of its service users. Despite the Department’s efforts to implement the PSC recommendations, service users were still not satisfied with the Department’s
service delivery performance in terms of service standards, openness and transparency (see par 12.3.1.2 above), and value for money. This could be as a result of a lack of rigorous profiling of these departmental measures to ensure that service users are aware and fully understand the measures and how they could benefit from these measures. For further details on the specific recommendations not implemented by the Departments, see Annexure B.

12.3.3 Challenges Hampering Effective Public Service Delivery

The study wanted to establish the challenges and constraints the DoH and the DoSD were experiencing in ensuring effective service delivery. The findings of the study show that challenges and constraints hampering the DoH to improve its service delivery were limited to financial constraints which affected appointments to critical posts and the lack of funding of new mandates with regard to the introduction of new service delivery mechanisms.

The DoSD reported that challenges and constraints to improve its service delivery included budget constraints, the current vacancy rate, the absence of effective training programmes, capacitating the transformation unit, the establishment of help desks, the development of the SDIP, the establishment of a transformation co-ordination committee and the continuous restructuring of the Department. It is clear that major challenges still existed in implementing initiatives which would ensure that the Batho Pele principles contributed to the improvement of the Department’s service delivery.
Chapter Thirteen

Key Findings: Western Cape Province
13.1 INTRODUCTION

This chapter presents the findings on the DoH and DoSD in the Western Cape Provincial Government. The findings are presented according to the themes derived from the objectives of the study, namely, the effectiveness of departments’ efforts to implement the Batho Pele in transforming public service delivery, and the review of the extent to which Public Service departments had implemented the recommendations contained in the previous PSC’s reports on the Batho Pele principles. Furthermore, the chapter focuses on the challenges that hampered effective public service delivery in the two Departments.

13.2 INTERVIEWS CONDUCTED AND SERVICE DELIVERY POINTS VISITED DURING DATA COLLECTION

Two managers from the DoH and one from DoSD were interviewed on 06 August and 13 September 2010, respectively. In addition, a total of 40 service users were interviewed at selected service delivery points of the Departments. Table 10 below shows the service points visited and the dates of these visits.

Table 10: Western Cape service delivery points of the DoH and DoSD visited

<table>
<thead>
<tr>
<th>Department</th>
<th>Service Delivery Point</th>
<th>Date Visited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>Khayelitsha Clinic, Cape Town</td>
<td>03 August 2010</td>
</tr>
<tr>
<td></td>
<td>Empilisweni Clinic, Worcester</td>
<td>04 August 2010</td>
</tr>
<tr>
<td></td>
<td>Beacon Valley Day Hospital, Mitchell’s Plain</td>
<td>05 August 2010</td>
</tr>
<tr>
<td></td>
<td>Kleinvlei Community Health Care Centre</td>
<td>12 August 2010</td>
</tr>
<tr>
<td>Social Development</td>
<td>Khayelitsha</td>
<td>03 August 2010</td>
</tr>
<tr>
<td></td>
<td>Zwelethemba Thusong Centre, Worcester</td>
<td>04 August 2010</td>
</tr>
<tr>
<td></td>
<td>Bellville</td>
<td>05 August 2010</td>
</tr>
<tr>
<td></td>
<td>Gugulethu</td>
<td>12 August 2010</td>
</tr>
</tbody>
</table>

13.3 KEY FINDINGS

13.3.1 The Effectiveness of the Departments’ Efforts to Implement the Batho Pele Policy in Transforming Public Service Delivery

The study sought to establish the effectiveness of the Departments’ efforts to implement the Batho Pele principles in transforming their service delivery. The following section provides the findings in relation to the two Departments.

13.3.1.1 Department of Health

The findings from the DoH show that service users were of the view that the Department’s
service delivery had improved especially in the areas of consultation, the development of service standards, improving accessibility, courtesy displayed by officials, and the provision of information about services and where to access the services, and that they had benefitted from such improvements. However, challenges were still experienced in the areas of openness and transparency, redress and value for money.

**Consultation:** The findings show that while the DoH understood the need to consult with service users, the mechanisms used by the Department focused more on the provision of information and did not provide for actual dialogue between the Department and its service users about the service users’ needs. Knowledge of service users’ needs would be necessary to ensure that the Department’s plans are aligned to these needs and achieve its objectives. Interaction with service users revealed that ninety percent (90%) of the sampled service users had been exposed to departmental consultation by means of individual interviews, izimbizo and community meetings, while the remaining ten percent (10%) had either never been exposed to such or were unaware of any consultation by the Department. Indications are that service users rated individual interviews, izimbizo and helpdesks as the most effective methods of consultation.

**Service standards:** The findings show that the Department had developed a set of generic service standards against which performance got measured. The study found that the display of the service standards in health centres and clinics had been effective. Furthermore, the Department regarded their DAR and the Annual Performance Plan as published documents which service users could use to assess whether they were receiving the services that had been promised. The Department further distributed a booklet, namely, “User’s Guide to Primary Health Care Services” which set out specific service standards and enabled service users to determine whether the Department was meeting the standards. The findings show that the above measures had increased accountability at service delivery points. In support of what was found, ninety percent (90%) of the sampled service users indicated that they had been exposed to service standards through the radio and service delivery charters. The PSC’s Report on Inspections of Primary Health Care Delivery Sites found that service charters were displayed in the reception areas of all the clinics visited, however, most of these were published only in English.\(^\text{84}\)

**Accessibility to services:** The findings show that the Department had improved accessibility to health services through mobile units, a formalised way-finding and signage system, the media, partnerships with external service providers and the use of indigenous languages in engaging service users. Furthermore, the Department had a Chronic Dispensing Unit which prepared patient medicines and delivered it to the service users’ nearest clinic. The finding suggests that this procedure had increased accessibility, and shortened waiting times for the sick, especially in rural areas.

The findings show that the Department had been successful in increasing access to health care services by taking services to the people. Examples are the establishment of the new Mitchells Plain and Khayelitsha District Hospitals, the opening of Community Day Centres in Swellendam, Simondium and Wellington and the revitalisation of Paarl, Worcester, Vredenburg, George, Valkenberg, Hermanus and Knysna Hospitals to ensure that service users from previously disadvantaged communities were reached and received quality healthcare services. Furthermore the number of beds in district hospitals had been increased from 1750 beds in 2006/07 to 2313 beds in 2008/09.

The findings further show that all the efforts implemented by the Department to increase access to its services were supported by the views of the service users. The nature of accessibility to the Department’s services was rated as good by eighty percent (80%) of the sampled service users. The assessment of service users was based on their experiences in relation to the Department’s use of indigenous languages and the provision of access to the disabled. The rest of the service users (20%) rated accessibility as a challenge, mainly because of the extreme distances that they still needed to travel to access service delivery sites, the limited medical supplies available at sites, having to arrive early and stand in long queues and the inaccessibility of some clinics at night and over weekends. The PSC’s Report on Inspections of Primary Health Care Delivery Sites found that citizens were not satisfied with the waiting time before they were assisted at clinics.\(^{85}\)

**Courtesy:** The findings of the study show that with regard to courtesy, the level of sympathy and respect with which service users were treated was guided by a patient rights charter which clearly set out the rights and responsibilities of service users. The emphasis was, therefore, on departmental staff to engage with service users in a manner that respected their rights. All registered health care professionals undertake an oath or pledge of service which includes, amongst others, that service users will be treated with sympathy and respect. In support of what was found at departmental level, ninety eight percent (98%) of the respondents indicated that they were treated with a high degree of sympathy, respect and dignity by officials of the Department. As a result, the impact of putting measures in place to ensure courtesy made service users feel valued as they were treated with respect and dignity. It further resulted in service users viewing officials such as nursing staff, as more approachable. Two percent (2%) of the respondents reported unsympathetic behavior by staff, citing favouritism towards certain service users as a main indicator. The PSC’s Report on Inspections of Primary Health Care Delivery Sites indicated that some health professionals at the clinics visited lacked confidentiality as they spoke openly about the patients’ health conditions.\(^{86}\)

**Information:** Another area of improvement was the provision of information to service

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users about available services and how to access these services. The Department’s efforts to improve the provision of information were supported by the views of the service users. Ninety nine percent (99%) of the service users interviewed indicated that they were provided with full, accurate and up-to-date information about the Department’s services. The respondents identified the radio, TV, and directories of service providers as mechanisms used to provide information. Respondents regarded verbal communication with officials at helpdesks and nursing staff as the most effective mechanisms in this regard. One percent (1%) of the sampled service users indicated that they had never been provided with any information about the Department’s services. The findings suggest that the Department had been successful in its provision of information about its services to service users. The PSC’s Consolidated Report on Inspections of Primary Health Care Delivery Sites found that at all clinics visited, a staff member was assigned to guide and direct patients on arrival to the appropriate service points 87.

Openness and transparency: The study found that citizens were informed of the Department’s performance, how much services costed and who was in charge by means of Annual Performance Plans as well as DARs. This is contrary to what was found at service user level where ninety percent (90%) of the respondents indicated that they had not received information on the management of the Department, its performance, and the resources used to achieve its objectives through such mechanisms. The finding suggested that the mechanisms used were not yielding positive result, especially in reaching out to the majority of the service users of the Department.

Redress: The findings of the study show that, in addition to the utilisation of a client satisfaction survey to solicit complaints and dissatisfactions of service users, the Department provided suggestion and complaint boxes at the majority of its service delivery points. There was also a complaints hotline which redirected matters to all relevant structures.

The findings further show that the Department had a structured complaints management system in place which dictates that all complaints have to be acknowledged, investigated and reported on within a 30 day time-frame. Posters mapping out the process to lodge complaints were in place in all health facilities. In addition, service users could lodge complaints via the Cape Gateway website. However, ninety three percent (93%) of the respondents indicated that they had not used the formal system but complained directly to either the nursing staff, the medical practitioners assisting them or the help desk, while seven percent (7%) indicated that they have never complained. The PSC’s Report on Inspections of Primary Health Care Delivery Sites found that complaints/suggestion boxes were displayed at most of the clinics visited, however, complaint handling systems were not in place, and as such they were not motivated to lodge their complaints 88.

**Value for money:** The study found that regular budget reviews, financial controls, risk management strategies, sound supply chain management practices, the Pharmaceutical Coding Committee, an Anti-fraud and Corruption Committee, and an established whistle blowing mechanism had improved value for money to the Departments' service users. The findings show that the level of treatment that service users received (either at a clinic, district hospital, provincial hospital or academic hospital) was based on their specific medical condition to further ensure value for money. The findings also showed that fifty percent (50%) of service users were of the opinion that the Department could ensure good value for money by rendering quality services of a high standard, by meeting all the needs and requirements of the service users, by providing all clients with the attention they deserve and the medication needed, by reducing waiting times and by rendering services during weekends at clinics. The remainder (50%) of the service users were either unable to respond or argued that services were free and, therefore, offered good value for money. The PSC's Report on the Implementation of the *Batho Pele* principle of Value for Money indicated that if service users were better informed about this principle, particularly on how much funds were allocated and utilised to ensure that services are enhanced, it would have enabled them to assess whether they received value for money services from the Departments\(^9\).

In addition to the Departments’ effort to improve service delivery through the above-mentioned *Batho Pele* principles, the findings of the study show that in relation to the development of the SDIP to direct the Department’s service delivery improvement efforts, no information was provided to service users on the process followed by the Department to develop its SDIP. It is important to involve service users in this process. Having clarity on what is important to service users will assist the Department in prioritising its service delivery improvement plans and will ensure that resources are allocated to the main priorities. The Department reported that the 2009/10 SDIP focused on reducing waiting times at identified clinics and following the implementation of specific strategies in this regard, the waiting times at these facilities were reduced.

In relation to the Department’s efforts to implement the *Batho Pele* Revitalisation Programmes, one hundred percent (100%) of the service users were unable to respond to any of the questions posed on the *Batho Pele* Revitalisation Programmes of the Department or the overall effect thereof on service delivery. In all instances they reported having no knowledge of such programmes conducted by the Department. Raising awareness about the programmes and the value thereof in improving service delivery would ensure its effectiveness in improving such.

### 13.3.1.2 Department of Social Development

The findings show that the Department had improved its service delivery in the areas of

consultation, service standards, accessibility, courtesy and information. Service users’ views confirmed these improvements and the benefits they gained as a result of these improvements. However, service users still experienced challenges in relation to openness and transparency, redress and value for money.

**Consultation:** The findings of the study show that service users were consulted on a regular basis with regard to the services they received or required, and appropriate standards and corrective action plans were developed on the basis of the consultation outcomes. The study further shows that seventy percent (70%) of the respondents had been exposed to Departmental consultation primarily by means of individual one-on-one interviews, izimbizo and community meetings. This demonstrates the Department’s efforts to effect consultation. Thirty percent (30%) of the service users had neither been exposed to the afore-mentioned or were unaware of the consultation initiatives implemented by the Department. The findings show that service users regarded engagement with the officials at helpdesks and individual interviews as the most effective consultation mechanisms because of the confidentiality element thereof.

**Service standards:** The study found that the Department had developed, published and displayed posters in offices, leaflets and brochures and DARs and the Annual Performance Plan to enable service users to judge whether they were receiving the services as promised by the Department. Service users were encouraged to interact with the Customer Care Officer located at each office as well as to utilise the toll-free help-line. Thirty four percent (34%) of respondents had never been exposed to service standard publications or displays. The sixty six percent (66%) who had been exposed to service standards indicated that this was provided verbally by social workers or they got it from posters displayed at service delivery points.

**Accessibility to services:** The findings show that the Department had improved its efforts to increase accessibility to its services. The Department’s services were available to all at district level, and to some at local level and at community level. The findings further show that the Department was in a process of modernising its services to increase the accessibility to service users. This includes changing from sixteen (16) district offices to six (6) regions with forty eight (48) local offices (54 in total) to provide services where they were most needed. The study found that the nature of accessibility to the Department’s services were rated as good by eighty five percent (85%) of the sampled service users who supported the Department’s initiatives in this regard such as a proper signage system, ample service delivery points, the use of indigenous languages, access to the disabled, and simplified procedures. Only fifteen percent (15%) of the service users experienced challenges with accessibility mainly because of extreme distances that needed to be travelled and the high transport costs.
**Information:** Another area of improvement is the provision of information to service users about the Department’s services and how the services could be accessed. The findings show that the Department provided information about its services through brochures, the Annual Performance Plan, the Strategic plan, the DAR, as well as via the internet. Furthermore, the information was freely available in all three official languages of the Western Cape Provincial Government. This was confirmed by the sampled service users as all of them (100%) indicated that they were always provided with full, accurate and up-to-date information about the Department’s services. The main sources of information which were regarded as fully effective were cited as verbal communication with officials (social workers) and community meetings.

**Courtesy:** The findings further show that the Department had improved the way in which service users were treated to ensure that officials show the necessary courtesy in their interaction with service users. Examples of treating service users with respect were the reservation of private rooms for confidential discussions between applicants for grants and officials, and the scheduling of appointments to allow service users enough time to discuss their applications. This was confirmed by the service users as the findings show that all the sampled service users (100%) indicated that they were treated with a high degree of sympathy, respect and dignity by officials of the Department. The study found that the mechanisms put in place by the Department ensured that service users felt valued as they were treated with respect and dignity and had the freedom to engage the Department on service delivery matters.

**Openness and transparency:** The findings show that service users were informed about the details of the management of the Department, the budget allocations that had been made, as well as of the expenditure patterns during a particular financial year by means of published DARs. This is contrary to what was found from the service users as the findings of the study show that ninety eight percent (98%) of the respondents indicated that they had not been exposed to any information on the management of the Department through such mechanisms. The service users viewed verbal communication at meetings and workshops as most effective mechanisms to receive such information, since some of the respondents were illiterate.

**Redress:** The findings of the study further show that the Department had improved the way in which it addressed service user complaints and dissatisfactions. The Department had a structured procedure in place by which all complaints were recorded and written replies provided on the action taken with regard to the complaints. A toll-free helpline number adds to the effectiveness of the system. Half of the respondents (50%) indicated that they complained directly to either the social workers assisting them or to the Unit Head or they would also utilise any redress mechanisms available such as the official complaints handling system, the help desk, suggestion boxes or the toll-free number. The remainder of the service users, namely, 50% had never complained. It could also be indicative that service users were
discouraged to use the system because it might not have been effectively managed or the complaints effectively addressed.

**Value for money:** The findings show that the Department had improved value for money to its service users mainly through the introduction of efficiency and effectiveness audits at all District Offices. These audits aimed at enforcing stringent adherence to tender procedures and to the PFMA. The audits further provided information with regard to the actual operating costs of each service rendered, and changes brought about as a result of the needs of service users to ensure appropriateness of the services provided. One hundred percent (100%) of the sampled service users were either unable to respond to the question on improved value for money or argued that services were free and therefore regarded as good value for money. The PSC’s Report on the Implementation of Value for Money indicated that if service users were better informed about this principle, particularly on how funds were allocated and utilised to ensure that service are enhanced, it would have enabled them to assess whether they received value for money services from the Departments.

In addition to the Departments’ efforts to improve service delivery through the above-mentioned Batho Pele principles, the findings of the study show that the Department’s SDIP was viewed as a management tool to inculcate a culture of participative management at the Department. The process followed by the Department to develop its SDIP was primarily based on consultative sessions between the Head of Department and the executive management. The finding suggests that the Department acknowledged the value of the SDIP in measuring service delivery performance and in empowering service users with sufficient information to keep the Department accountable for the promised levels of service delivery.

In relation to the Department’s efforts to implement the Batho Pele Revitalisation Programme, senior officials of the Department indicated that it had implemented initiatives such as monthly Batho Pele themes, Public Service Week, Africa Public Service Day, project Khaedu, Batho Pele Learning Networks, coordination forums, and SDIPs or standards. However, all (100%) of the service users were unable to respond to any of the questions posed on the Batho Pele Revitalisation Programme of the Department or the overall effect thereof on service delivery. In all instances service users had no knowledge of such a Programme. The findings suggest that the Department had not measured the effectiveness of its initiatives in this regard or could not raise awareness among service users about the importance of taking part in the Programme and the Programmes’s role in improving service delivery.

**13.3.2 Implementation of the Recommendations Contained in Previous PSC reports on Compliance with the Batho Pele Principles**

The Batho Pele White Paper requires that all departments in the Public Service comply with

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the implementation of the *Batho Pele* principles. The PSC conducted studies between 2005 and 2009 to assess Public Service compliance with such requirement. This study sought to establish the extent to which the DHSD had implemented the 44 recommendations made by the PSC’s reports, as contained in **Annexure A**. Of the 44 recommendations contained in these reports, the DoH had implemented 43 (98%) whilst the DoSD reported that it had implemented all 44 (100%). **Figure 9** below shows the percentage of the recommendations that were implemented for each of the 8 principles.

**Figure 9: Implementation of the PSC’s recommendations by the Western Cape DoH and DoSD under each *Batho Pele* principle**

![Graph showing implementation of PSC recommendations by DoH and DoSD under each Batho Pele principle]

**Figure 9** above shows commendable progress made by both Departments with the implementation of the PSC’s recommendations, with 100% implementation of the recommendations in all the 8 *Batho Pele* principles except openness and transparency in the DoH where 75% of the recommendations were implemented. The implementation of such recommendations would contribute towards the much-desired service delivery and would ensure that the Department’s services met the needs and expectations of its service users. Despite the Departments’ commendable efforts to implement the PSC recommendations, it was found (**par 13.3.1.1** and **13.3.1.2** above) that these efforts did not translate in improved service delivery in the areas of openness and transparency, addressing service user complaints and ensuring value for money services. This could be attributed to the lack of an effective communication strategy to ensure that service users understood the mechanisms introduced by the Departments and how they could benefit from these.

For further details on the specific recommendations not implemented by the DoH on openness and transparency, see **Annexure B**.
13.3.3 Challenges and constraints that hampered effective public service delivery

The study sought to establish the challenges and constraints experienced by the DoH and the DoSD in relation to the effective public service delivery. The findings show that the challenges and constraints hampering the DoHs initiatives to transform service delivery were limited to the annual budget allocation that did not match service delivery demands. Inadequate human and physical resources limited the Department’s ability to adequately deliver on its mandate.

The DoSD reported that services had been constrained by the fact that the structure of the Department did not correspond with the service delivery model which was implemented in 2007. However, this was being addressed by the modernisation process being implemented by the Provincial Government of the Western Cape at the time of the study.
Chapter Fourteen

Key Findings: National Level
14.1 INTRODUCTION

This chapter presents the key findings on the study at national level with regard to the DoP, DPSA and DHA. The findings are presented according to the themes derived from the objectives of the study, namely, the effectiveness of departments’ efforts to implement the Batho Pele in transforming public service delivery, and the review of the extent to which Public Service departments had implemented the recommendations contained in the previous PSC’s reports on the Batho Pele principles. Furthermore, the chapter discusses the challenges that hampered effective public service delivery.

14.2 INTERVIEWS CONDUCTED AND SERVICE DELIVERY POINTS VISITED DURING DATA COLLECTION

A manager from the DoP was interviewed on 12 August 2010 and two managers from the DPSA, and DHA were interviewed on 13 August 2010, respectively. In addition, a total of 139 service users (74 from DHA and 65 from DoP) were interviewed at the selected service delivery points. Table 11 below shows the service delivery points visited and the dates of the visits.

Table 11: DoP and DHA service delivery points visited

<table>
<thead>
<tr>
<th>Department</th>
<th>Provincial Office</th>
<th>Service Delivery Point</th>
<th>Date visited</th>
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<td>Police</td>
<td>Eastern Cape</td>
<td>Police Station, Mthatha</td>
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<td>Police Station, Alice</td>
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<td>North West</td>
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<td>Police Station, Lichtenburg</td>
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<td>Northern Cape</td>
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14.3 KEY FINDINGS

14.3.1 The Effectiveness of Departments’ Efforts to Implement the Batho Pele in Transforming Public Service Delivery

The study sought to establish the effectiveness of departments’ efforts to implement the Batho Pele principles in transforming service delivery. The following section provides the findings of the study in relation to the three Departments.

14.3.1.1 Department of Police

The Department was found to be effective in transforming service delivery with regard to the Batho Pele principles of consultation, accessibility, courtesy and service standards. Service users’ views confirmed that they had benefitted from the Department’s efforts in this regard. However, challenges were still experienced in relation to the principles of information, openness and transparency, redress and value for money. Overall, with regard to the effectiveness of its efforts to implement the eight principles, the findings show that:

Consultation: Documented proof provided by the Department, shows that service users were consulted on a regular basis by the Department with regard to the services they received and that feedback was provided to them after each of these consultations. The findings further show that the Department used various mechanisms to consult service users such as izimbizo, Community Policing Forums (CPF), sector policing forums, and meetings with Business Against Crime South Africa. Service users were often consulted during special events such as child protection week, national police day and drug awareness campaigns. The finding was supported by seventy two percent (72%) of the sampled service users, indicating that they were consulted by the Department about their service needs. According to the service users, the most effective consultation mechanisms of the Department were individual interviews, helpdesks, meetings and izimbizo.
**Accessibility to services:** The Department had implemented various mechanisms to ensure that it improved accessibility to its services. Key to these mechanisms were ensuring affordability of its services, improving physical accessibility at police stations, ensuring clear signage at all police stations and accessibility to the disabled, establishing satellite police stations and mobile units where main stations were far from communities, especially those previously disadvantaged in the rural areas. In support of the efforts of the Department to improve accessibility to its services, sixty percent (60%) of the sampled service users were of the view that accessibility to the Department’s services had improved. However, some of the service users indicated that more satellite police stations needed to be established to provide services on a regular basis to disadvantaged service users in remote areas. The PSC’s Consolidated Report on Inspections of the South African Police Service found that 86% of the Police Stations visited had acceptable outside signage to improve access to police stations, however; service users were unhappy with the waiting period before they were assisted as well as the distance travelled to access services. Furthermore, the PSC’s Citizen Satisfaction Survey found that “convenience of operating hours” was rated good to excellent by 88.2% of service users, “accessibility to facilities” was rated good to excellent by 80.3%, providing for “the disabled/elderly” was rated good to excellent by 74.8% and the “ability to contact service point telephonically” was rated good to excellent by 65% of the service users.

**Courtesy:** Although the Department had improved the way in which officials treat service users by developing courtesy standards to treat service users with respect and sympathy, it still needed to include these standards in the departmental Code of Conduct, as required by the Batho Pele White Paper. The study found that sixty nine percent (69%) of the sampled service users interviewed were treated with respect by officials. However, service users indicated that there was still a substantial number of the frontline officials who were rude and unsympathetic towards service users. The PSC’s Consolidated Report on Inspections of the South African Police Service found that only in 40% of the police stations visited service users mentioned that they were treated with courtesy. However, the PSC’s Citizen Satisfaction Survey found that 54.5% of the service users rated courteousness of officials good, with an additional 22% rating it as “excellent”. Treating service users with dignity and respect would ensure open communication and a relationship of trust between officials and service users, and would ensure that officials are viewed as more approachable when service users need their assistance.

**Service standards:** The Department had developed a set of generic service standards against which its service delivery performance could be measured. The findings further show

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that the publication and display of such standards had been effected by means of a Service Delivery Charter, an Annual Performance Plan, Provincial Operational Plans, Station Operational Plans and SDIPs. Despite the Department’s efforts to ensure that service standards were in place and that such standards were clearly communicated to service users, only thirty eight percent (38%) of the sampled service users interviewed indicated that they had noticed service standards at police stations, while 62% were unaware of the existence of service standards. This inevitably led to a substantial number of service users who were not empowered to judge whether or not they had received the services as promised. The PSC’s Consolidated Report on Inspections of the South African Police Service found that service charts were only displayed at 54% of the police stations visited. 

**Information:** The study found that the Department had improved its mechanisms to ensure that service users were provided with accurate and up-to-date information. Key to these mechanisms were the strategic plan, annual performance plan, operational plans, service delivery charters, regular updating of departmental website, newspaper releases, quarterly and DARs, flyers, izimbizo, outreach programmes, and road shows. The findings further show that the Department introduced specific measures to ensure that information was provided to vulnerable groups such as women and children and the illiterate. On the contrary, fifty two percent (52%) of the sampled service users indicated that they had not received any such information. Without information about the Department’s services and where these services can be accessed, service users would not be enabled to access public services which could improve their lives. The PSC’s Consolidated Report on Inspections of the South African Police Service found that no information regarding the Department’s services, the cost thereof and the requirements for accessing such services was provided at 36% of the police stations visited. Furthermore, the PSC’s Citizen Satisfaction Survey found that 57.3% of service users rated the availability and functioning of information desks as good or excellent.

**Openness and transparency:** The findings of the study show that the Department needed to strengthen its efforts to inform service users about the Department’s management and performance. Although the Department indicated that it used mechanisms such as the DAR, posted on the police website and distributed at meetings and to libraries and the izimbizo, to ensure that service users were appropriately informed, only twelve percent (12%) of the sampled service users interviewed supported the finding. The study found that the Department had, however, not compiled and distributed the ARC to inform the service users about key issues and the operations of the Department as required by the WPTPSD.  

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Without such critical information service users were unable to determine how well the Department performs, and to keep the Department accountable for its performance in terms of the delivery of effective services to them.

**Redress:** The Department had a complaints handling system in place to deal with queries and complaints. Furthermore, the complaints handling procedure provided for the provision of an outcome to the complainant within 30 days and introducing disciplinary action where officials had transgressed the prescripts of the Department. On the contrary, only nineteen percent (19%) of the service users interviewed indicated that they were aware of the complaints handling system of the Department. The finding suggests that the Department's complaints handling system was not effectively communicated with service users to ensure that they used the redress system to complain where services did not meet their expectations or needs. Furthermore, service users complained about not receiving regular feedback on the progress made with their complaints. They also identified suggestion boxes and toll free numbers as the most effective methods for handling complaints by the Department. The PSC's Consolidated Report on Inspections of the South African Police Service found that only 50% of the police stations visited had complaint/suggestion boxes displayed.

**Value for money:** The Department ensured good value for money through initiatives such as the proper authorisation of all expenditure to eliminate any unauthorised and wasteful expenditure, and the redirection of available resources to the areas where those were most essential for the execution of the Department’s core mandate. On the contrary, ninety percent (90%) of service users indicated that they did not understand the concept of value for money and only a few indicated that they received value for money services from the Department. The finding suggests that service users were not empowered to determine if the Department was rendering value for money services to them and were as a result, unable to hold the Department accountable for the rendering of such services to them. The PSC’s Report on the Implementation of the Batho Pele Report of Value for Money indicated that if service users were better informed about this principle, particularly on how much funds were allocated and utilised to ensure enhanced service delivery, it would have enabled them to assess whether they received value for money services from the Departments.

In addition to the Departments’ effort to improve service delivery through the above-mentioned Batho Pele principles, the findings of the study show that the Department had approved its SDIP and Service Delivery Charters for every police station to support the Department’s efforts to implement the Batho Pele framework and steer improvements in this regard. The SDIP is a critical instrument in the regular monitoring of progress against service delivery standards in all the core service areas of a department. The finding suggests that the Department acknowledged the importance of this document in ensuring that it achieved its objectives with regard to the provision of quality services which were responsive 100.

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to the needs of all citizens.

With regard to the Department’s implementation of the Batho Pele Revitalisation Programme, the Department indicated that it had implemented the Programme. However, only three percent (3%) of the service users indicated that they were aware of this programme or the impact of such programme on service delivery. The aim of the Batho Pele Revitalisation Programme is to revive the Batho Pele principles and to make service users aware of their service rights and how they can hold departments accountable for the services rendered to them. The non-implementation of this programme would slow down progress towards the implementation of the Batho Pele principles and would seriously hamper service delivery.

14.3.1.2 Department of Public Service and Administration

The DPSA is, according to the WPTPSD\(^\text{101}\), the custodian of the Batho Pele in the Public Service. The Department is mainly responsible for the development and implementation of policies and has no service delivery function where it interacts with the public at frontline level. Overall, the Department was found to have improved in the areas of accessibility to its services, information, service standards, openness and transparency, and courtesy. Challenges were still experienced in the area of consultation. This was confirmed by the views of the Departments that participated in the study.

**Service standards:** The findings of the study show that the DPSA had developed service standards and displayed such service standards at the entrance of the Department’s office and through distributing leaflets to all government Departments. The DPSA’s standards were also contained in service standard booklets, strategic plans and the departmental SDIP, the departmental Service Delivery Charter and service level and performance agreements. Eighty percent (80%) of the Departments that participated in this study indicated that they were exposed to the DPSA’s service standards. The finding suggests that the DPSA understood the need to inform Public Service departments of the level and quality of services they would receive through the publication of service standards to ensure that they knew what to expect.

**Accessibility to services:** The findings of the study show that the DPSA had improved accessibility to its services through mechanisms such as its website, setting up a toll-free number, introducing Batho Pele Forums, the Batho Pele Learning Networks, the Know Your Service Rights Campaign, cascading the Batho Pele framework to local government, and introducing an Access Strategy to facilitate improvements in the delivery of services through a range of initiatives such as the Thusong Service Centre Programme, health and policing mobile units, the Community Development Workers (CDW) programme and the use of private institutions such as banks and retail chains to deliver services. The DPSA had also

introduced the Public Service Week and the Africa Public Service Day programmes to ensure that the public received the much needed information on available public services. The DPSA, as the custodian of the Batho Pele in the Public Service, plays a critical role in efforts to ensure improved accessibility to public services especially to service users with special needs such as the disabled, illiterate, senior citizens and service users in rural areas. The findings further show that eighty percent (80%) of the departments that participated in the study indicated that the different initiatives implemented by the DPSA had been effective in raising awareness about the Batho Pele, increasing access to public services, and improving the overall implementation of the Batho Pele framework. However, at the time of the study, these departments raised their concerns that these programmes were no longer effectively facilitated and co-ordinated by the DPSA. The finding suggests that the programmes had lost momentum in ensuring that the Batho Pele was effectively promoted among government departments and the public alike.

**Courtesy:** Another area in which the DPSA had succeeded was courtesy. The findings of the study show that the DPSA’s officials received induction training which included training on treating service users with the necessary dignity and respect. Hundred percent (100%) of the Departments that participated in this study indicated that they had access to all the DPSA’s directorates through a referral system and none of them were sent away unattended. However, the Department did not have a system in place to monitor and evaluate courtesy systematically. Furthermore, the DPSA had not included any courtesy standards in its departmental Code of Conduct. Such inclusion would assist in instilling a service delivery ethos.

**Information:** The DPSA had implemented various mechanisms to ensure that information was provided to service users. Key to these mechanisms were flyers, posters, izimbizo, radio and TV, and the departmental website. A toll-free number through SITA was also available. In support of these initiatives, eighty percent (80%) of the Departments that participated in the study, indicated that they were aware of the information disseminated by the DPSA and that they used the promotional material provided by the Department to promote the implementation of the Batho Pele framework. These Departments were also of the view that the promotional material was effective in creating awareness about the Batho Pele framework.

**Openness and transparency:** To ensure that it complies with the Batho Pele principle of openness and transparency, the Department published an ARC which provided information about the management and operation of the Department and reported in the DAR on the Department’s performance with regard to the achievement of its objectives. The DPSA played a major role in informing its service users and the general public country-wide about achievements with regard to the implementation of the Batho Pele framework and other service delivery improvement initiatives, and in raising awareness about the benefits and
impact of the Batho Pele framework. Eighty percent (80%) of the departments that participated in this study were of the view that the DPSA was open and transparent.

**Redress:** The DPSA had implemented a structured complaints handling system to ensure that it complied with the Batho Pele principle of redress. The Department’s role in the handling of complaints regarding the whole of the Public Service had been enhanced. The system involved the development of monthly progress reports on the management of complaints. The findings suggest that the Department had a complaints handling system in place which enabled it to identify when service delivery did not meet the promised standards and to identify effective mechanisms to rectify non-compliance with the service standards. Sixty percent (60%) of the Departments that participated in this study were of the view that DPSA’s redress mechanism was effective.

**Value for money:** The findings of the study show that the DPSA ensured good value for money services by implementing budgetary controls and that the Department achieved its objectives with its limited resources. The Department indicated that the DAR and quarterly reports to NT were used as mechanisms to report on its value for money initiatives. Eighty percent (80%) of the departments that participated in this study were of the view that the DPSA’s initiatives were contributing to better value for money. The DPSA as the custodian of the Batho Pele in the Public Service plays a major role in ensuring that departments develop and institutionalise appropriate definitions on value for money which service users could use to judge for themselves whether they received good value for money services from these Departments.

**Consultation:** The study found that the DPSA mainly used verbal and written communications and meetings with relevant stakeholders as consultation mechanisms. The findings suggest that the DPSA understood the importance of considering the views of Public Service departments in decisions on service delivery policies, especially where the departments had direct contact with the public in rendering services. However, at the time of conducting the study, ninety percent (90%) of the Departments that participated in the study complained about the cessation of the Batho Pele Forums and Service Delivery Learning Networks as effective mechanisms to ensure that the Batho Pele principles were implemented. As the main co-ordinator of all initiatives towards the implementation of the Batho Pele in the Public Service, it would be important for the Department to continue with programmes and integrative forums which proved to be effective in ensuring that there is continuous progress towards the implementation of the Batho Pele framework in the Public Service such as the Batho Pele Forum and the Service Delivery Learning Networks. Without such central integration and co-ordination from the DPSA, Departments would lose interest and the further survival of this important Framework would be endangered.

In addition to the Departments’ efforts to improve service delivery through the above-mentioned Batho Pele principles, the findings of the study show that the Department had developed its SDIP. The findings of the study also show that the DPSA reviewed its SDIP on
an annual basis. A proper consultation process within the Department was followed to develop this document. Surveys were conducted to establish shortcomings in the document. The findings further show that the Department effectively used the document to measure its service delivery performance and to report on its performance in this regard. The finding shows that the Department acknowledged the value of the document in ensuring that it achieved its service delivery objectives and in providing its service users with its plans to improve service delivery. It would, however, be important to also know what the needs of the different Departments as the DPSA’s service users were to ensure that the Department’s SDIP was aligned to these needs. This would ensure that the SDIP contributed to service delivery improvement.

14.3.1.3 Department of Home Affairs

The findings show that the Department had improved service delivery in the areas of service standards, courtesy displayed by officials in interaction with service users, and information. This was confirmed by the views of service users who indicated that they had benefitted from the Department’s service delivery transformation initiatives in these areas. However, service users were still of the view that the Department needed to strengthen its efforts in relation to the Batho Pele principles of consultation, accessibility, openness and transparency, redress and value for money to ensure that they receive quality services.

**Service standards:** The findings of the study show that the DHA had developed a set of generic service standards against which the Department's performance is measured. The Department displayed its service standards through various mechanisms such as service booklets which contain information about the different services of the Department and standards relating to these services. The findings further show that fifty two percent (52%) of service users were aware of the service standards of the DHA and that they had improved service delivery.

**Courtesy:** Furthermore, the findings of the study show that the DHA had implemented various mechanisms to improve the way in which officials treated service users. Key to these mechanisms were the introduction of service user surveys, regular checks on frontline staff and management reports in this regard. The findings show that seventy percent (70%) of service users were treated with respect and sympathy by the Department’s officials. However, some of the service users indicated that there was still a substantial number of officials who were rude and unsympathetic towards service users and that such behavior needed to be rectified. The PSC's Citizen Satisfaction Survey found that 72.2% of the service users rated courtesy displayed by officials of the Department good to excellent.

**Information:** The findings of the study show that the DHA had launched various initiatives...
to disseminate information to service users such as pamphlets and posters in all service delivery points, the departmental website, service booklets and through a customer service centre. Observations during in loco visits to service delivery points, confirmed the availability of posters and pamphlets at all service delivery points. Sixty one percent (61%) of service users interviewed indicated that they were satisfied with the methods used by the DHA to disseminate information to them, but there were still service users who had not received such information. The finding suggests that the Department acknowledged the importance of providing service users with full and accurate information about its services and how to access such, but that the Department had not assessed the current dissemination mechanisms to identify the most effective ones, especially in remote areas of the country. Identifying the most effective mechanisms would lead to efficiency savings. The PSC’s Citizen Satisfaction Survey found that 60.9% of service users rated the availability and functioning of information desks as good to excellent.

Consultation: The findings further show that the DHA consulted its service users on a regular basis with regard to services they received or required and duly considered feedback from such consultations in service delivery decisions. The findings further show that the nature of consultation applied by the DHA was a combination of establishing stakeholder forums, engaging stakeholders, inviting inputs from service users and conducting public meetings regarding the development of legislation. Furthermore, the Department used customer surveys as basis for the design of a new operating model and aspects such as operating hours and the establishment of a Client Services Centre were specifically influenced by the outcomes of these surveys. The finding indicates that the Department acknowledged the importance of consulting service users about their specific service needs and expectations and considered these needs in decisions about new service delivery mechanisms. However, contrary to this finding, fifty percent (50%) of the service users indicated that they were only consulted when they visited service points mainly through individual interviews and about the services they required, whilst the remaining 50% were not consulted at all. Pre-1994, the DHA was less involved with communities and did not reach out to them, although research was commissioned on customer satisfaction, and stakeholder forums were established to obtain first-hand knowledge about what service users needed.

Accessibility to services: According to the findings, the Department had also improved accessibility to its services through various initiatives such as ensuring that all offices had clear, visible signage, using mobile units to render services in remote areas, using call centres to fast-track applications and reduce queue lengths in frontline offices, and increase the number of service delivery points, especially in remote areas of the country.

Contrary to the improvements introduced by the Department, only thirty nine percent (39%) of service users were of the view that accessibility to the Department’s services improved, whilst 61% of them held a different view. Key to this was the special measures to provide service users in remote areas with the same quality services as their counterparts in the urban areas through for instance, mobile units. However, the PSC’s Citizen Satisfaction Survey found that 74.6% of the service users rated the “convenience of operating hours” good to excellent, followed by “accessibility to facility” which was rated good to excellent by 65% of service users and “improving access to the disabled/elderly” rated by 53.7% as good to excellent\(^{104}\).

**Openness and transparency:** The DHA used publications such as strategic plans and the DAR to report on the Department’s performance against set targets for a specific financial year. Furthermore, initiatives such as izimbizo and regular appearances on radio shows were used in this regard. Whilst few of service users were aware of the executive management of the Department, most of them were of the view that information pertaining to the Department’s performance or the management thereof was not sufficiently provided. The findings suggest that the Department had not compiled and distributed DARs to citizens to inform the service users about key issues and the activities of the Department as required by the WTPSD\(^{105}\). Service users were therefore unable to determine how well the Department performed, and were unable to keep the DHA accountable for the delivery of effective services to them. Service users suggested that the DHA had to print organograms with pictures of officials and their designations, develop and distribute brochures to communities and use notice boards at service delivery points to provide service users with the information they needed about the Department and how well it was doing in terms of achieving its objectives.

**Redress:** The findings of the study show that the DHA managed complaints of service users by implementing initiatives which included the use of call centres and hotlines, complaints registers and suggestion boxes, and by providing service users with feedback about the progress and resolution of their complaints. However, only fourteen percent (14%) of service users indicated that they were aware of the complaints handling system of the DHA, whilst 86% were not aware of such system. Unless the DHA regularly assesses the effectiveness of its complaints handling system, it might not be aware of the possible dissatisfaction of service users with the quality of services. The PSC’s Citizen Satisfaction Survey found that 57.1% of the service users had never experienced problems with the services of the Department, 23% had seldomly experienced problems, 15% often experienced problems and 4% experience problems regularly\(^{106}\).


Value for money: Whilst various initiatives had been put in place by the Department to ensure that services were rendered economically, effectively and efficiently, only a few of the service users interviewed indicated that they received good value for money services from the Department while the majority of service users (90%) indicated that they did not understand the concept of value for money and how the concept was linked to the services of the Department. Without a clear understanding of what value for money entails, service users would not be able to determine if the Department is rendering value for money services to them and to hold the Department accountable for services they are promised. The PSC’s Report on the Implementation of the Batho Pele principle of Value for Money indicated that if service users were better informed about this principle, particularly, on how much funds were allocated and utilised to ensure that services were enhanced, it would have enabled them to assess whether they received value for money services from Departments.\textsuperscript{107}

In addition to the Departments’ effort to improve service delivery through the above-mentioned Batho Pele principles, the findings of the study show that the Department’s SDIP was largely integrated with mainstream planning and focused on the service user and service delivery. The SDIP was effectively used as a mechanism to measure the Department’s service delivery performance and to identify shortcomings and appropriate corrective action where needed.

In relation to the Department’s implementation of the Batho Pele Revitalisation Programme, the study found that the Department had indeed implemented the Programme. However, only 4 (3%) of the 139 service users interviewed indicated that they had participated in, for example, the “Know Your Service Rights Campaign” which aimed at reviving the Batho Pele policy and making the public aware of their rights to public services and to keeping the Department accountable for such services. The non-implementation of this programme raises concerns about the Department’s commitment and ability to ensure continuous progress towards the implementation and institutionalisation of the Batho Pele framework.

14.3.2 Implementation of Recommendations Contained in Previous PSC Reports on Compliance with the Batho Pele Principles

The Batho Pele White Paper requires that all departments in the Public Service comply with the implementation of the Batho Pele principles. The PSC conducted studies between 2005 and 2009 to assess Public Service compliance with such requirement. This study sought to establish the extent to which the DoP, the DPSA and the DHA had implemented the 44 recommendations made in the PSC reports, as contained in Annexeure A. The findings of the study show that of the 44 recommendations, the DoP had implemented 39 (89%), the

DPSA 38 (86%) and the DHA 39 (89%). Figure 10 below shows the percentage of the recommendations implemented by the DoP, DPSA and DHA under each of the 8 Batho Pele principles.

Figure 10: Implementation of the PSC's recommendations by the DoP, DPSA and DHA

Figure 10 above shows that the DoP, DPSA and DHA were committed to the implementation of the recommendations to ensure progress towards compliance with the Batho Pele principles. The findings indicate that the DoP, DPSA and DHA appreciated the aim of the WPTPSD\textsuperscript{108}, namely, to ensure that public services were transformed in such a way that services met the needs and expectations of its service users and that services users were provided equal access to services despite their location. The Departments viewed the implementation of the PSC recommendations as important indicators of their devotion to improve service delivery. The following section provides the findings in terms of the three Departments.

14.3.2.1 Department of Police

According to the findings of the study, the DoP had, however, not implemented all the PSC recommendations with regard to access, redress and value for money. The findings show that the Department had implemented seventy five percent (75%) of the PSC’s recommendations with regard to access, specifically the implementation of a good practice model on improving accessibility to ensure that its own strategies in this regard resulted in the desired outcome of providing all citizens access to its services. Using such a good practice model will assist the Department in benchmarking its progress against what other Departments have achieved. It will further assist the Department in identifying successful mechanisms to introduce in its

efforts to improve accessibility\textsuperscript{109}. The finding raises concerns that the Department could become complacent with its own mechanisms which would not necessarily be the most effective mechanisms to ensure that service users can access quality public services. The above finding on the progress with the implementation of the PSC recommendations corroborates with the findings in par \textbf{14.3.1.1} in relation to the efforts implemented by the Department to transform service delivery with regard to improving accessibility to its services and as a result ensuring that 60\% of service users were satisfied with such accessibility.

The findings of study further show that the Department had only implemented forty percent (40\%) of the PSC’s recommendations on redress. The Department had not effectively implemented the PSC’s recommendations with regard to developing standards and or targets for redress, identifying appropriate drivers of redress and benchmarking the Department’s redress performance. The development of redress standards is key in ensuring progress with regard to effectively addressing service users’ complaints about the Department’s services. It is also important to effectively communicate the complaints handling system and how service users can access the system, to ensure the effectiveness of the system. This would address the current unawareness of service users identified in par \textbf{14.3.1.1} above and the resultant lower satisfaction with the Department’s redress process. Although the Department had included redress targets in its risk registers and its complaints procedure in the Service Delivery Charter; the findings show that service users were not consulted about these targets. Benchmarking the Department’s complaints handling system against those of successful departments, would assist the Department in making progress. Furthermore, it would be difficult to implement an effective complaints handling system without establishing what the specific key drivers of redress are. Consulting service users about their needs in this regard would provide a sound basis for continuous enhancement of the Department’s complaints handling system.

The findings of the study show that the Department had implemented eighty three percent (83\%) of the PSC’s recommendations with regard to value for money. The finding suggests that the Department understood the Batho Pele principle of value for money and how it related to service delivery. Of concern is, however, the absence of proper reporting systems to report on the Department’s progress towards ensuring that services are provided in an economical and efficient manner. Such systems would ensure that service users get the necessary feedback on the Department’s efforts with regard to eliminating waste, its mechanisms to address fraud and corruption, and the Department’s efforts to improve service delivery within its resource constraints. Effective reporting systems will strengthen the Departments current M&E mechanisms used to measure the effectiveness and efficiency of service delivery initiatives. Without clearly profiling the Department’s value for money efforts, service users would, however, not be aware of such efforts and the possible benefits thereof.

According to the findings of the study, the DPSA had not implemented all the PSC’s recommendations with regard to consultation, courtesy, openness and transparency and redress. This finding is largely corroborated by the findings in par 14.3.1.1 above where it was indicated that the Department’s efforts in relation to consultation were not effective and that the efforts in relation to redress and value for money could not be verified as a result of the unavailability of supporting documentation.

With regard to consultation, the Department had implemented seventy five percent (75%) of the PSC’s recommendations. The Department had not implemented the recommendation on assessing the Department’s consultation mechanisms. Assessing the Department’s different consultation mechanisms will assist the Department in identifying the most effective and efficient measure.

Another area in which the Department had experienced challenges to implement the PSC’s recommendations, was courtesy. As such the Department had implemented fifty percent (50%) of the recommendations. The findings show that the DPSA had not effectively implemented the recommendation on the publication of courtesy standards in the departmental Code of Conduct. Publishing courtesy standards in the Code would ensure that courtesy is embraced by officials as part of proper conduct in their interactions with service users. The WPTPSD\textsuperscript{110} requires that certain minimum courtesy standards are reflected in such departmental Codes of Conduct\textsuperscript{111}. These minimum standards include, inter alia, how service users are greeted and addressed, staff identifying themselves in interaction with service users, ensuring that Departmental forms and documents are user-friendly, how interviews are conducted and how people with special needs are treated. Without publishing these standards in the Code of Conduct, the Department would experience challenges in inculcating courtesy into the Department’s culture and service delivery approaches. The DPSA had also not implemented the PSC recommendation with regard to strengthening monitoring and evaluation of courtesy. Unless the Department regularly monitors and evaluates the performance of frontline staff against its courtesy standards, the Department would not succeed in changing the negative views of service users about the treatment they received from such officials.

The findings of study further show that the Department had implemented seventy five percent (75%) of the PSC’s recommendations with regard to openness and transparency. The Department had, however, not implemented the PSC recommendation with regard to the development of clear objectives, standards and targets for openness and transparency. Developing such standards would ensure progressive improvement with regard to the


implementation of the Batho Pele principle. It is also important to ensure that service users are consulted in the process of developing such standards to ensure that their needs are considered with regard to the specific information they require in terms of the management and performance of the Department.\footnote{12}

14.3.2.3 Department of Home Affairs

According to the findings of the study, the DHA had made significant progress towards the implementation of the PSC’s recommendations with regard to consultation, service standards, access and information. The findings further show that the Department was, however, experiencing challenges with regard to the implementation of the PSC’s recommendations on courtesy, openness and transparency, redress and value for money.

The study found that the Department had implemented fifty percent (50\%) of the PSC’s recommendations on courtesy. The Department had not effectively implemented the PSC’s recommendation with regard to the publishing of courtesy standards in the departmental Code of Conduct as required by the WPTPSD\footnote{13}. Including the courtesy standards in the departmental Code of Conduct would ensure that the standards become part of the Department’s service ethos and would further provide officials with a norm to measure their own conduct in interaction with service users. The finding raises concerns about how the DHA ensured that all officials were aware of the courtesy standards and their responsibility to implement such standards. The findings further show that the Department had not implemented any mechanism to strengthen monitoring and evaluation of courtesy. Without regularly monitoring the way officials treat service users in interaction with them, the DHA would not be able to identify challenges and develop plans to effectively address such challenges, and to effectively manage poor performance in this regard.

The study found that DHA had implemented seventy five percent (75\%) of the PSC’s recommendations on openness and transparency. The Department had not implemented the PSC’s recommendation with regard to providing openness and transparency specific training. Such training would ensure that officials were equipped with the necessary knowledge to implement and comply with the principle. Key to such knowledge would be knowledge about service users’ information needs, what the WPTPSD’s requirements are in terms of the provision of an ARC, and what mechanisms, other than the ARC are available to inform service users about the Department’s management and performance.

The findings of the study further show that the DHA had implemented eighty percent (80\%) of the PSC’s recommendations with regard to redress. The Department had not implemented the PSC’s recommendation with regard to benchmarking their complaints


handling mechanisms against Departments that have demonstrated good performance in implementing the Batho Pele redress principle and handling of complaints. Such benchmarking would assist the Department in identifying best practice models in terms of complaints handling and monitoring its own progress towards having an effective redress mechanism in place.

Furthermore, the findings show that the DHA had implemented eighty five percent (85%) of the PSC’s recommendations on value for money. The Department still needed to implement the PSC’s recommendation with regard to the adoption of an appropriate definition of value for money. The finding suggests that the Department did not understand the principle and how to link it with service delivery. Without such clear definition and communicating the definition to service users, service users will continue to have unrealistic expectations of the level of services the Department should provide.

Despite the Department implementing the PSC recommendations in the above areas of openness and transparency, redress and value for money, the findings on the effectiveness of the Department’s efforts to transform service delivery in these areas as reflected in par 14.3.1.3 above do not support these efforts of the Department. In this paragraph it was indicated that the Department was experiencing challenges with regard to the three Batho Pele principles under discussion. Apart from the implementation of initiatives to ensure that service delivery in the above areas are implemented, it would also be important to ensure that service users are informed about these initiatives and how they could benefit from the Department’s efforts in this regard.

14.3.3 Challenges Hampering Effective Public Service Delivery

The study wanted to establish the challenges experienced by the DoP, DPSA and DHA in ensuring effective service delivery. The findings show that the Department of Police had experienced challenges in linking the departmental SDIP and Service Charter to other corporate plans such as Annual Performance Plans, risk management plans and operational plans. The finding suggests that the Department still viewed service delivery as an add-on to its normal departmental functions. Service delivery should be integrated into the operations of the Department. This would ensure that it becomes part of the plans at the different levels of the Department. Without such integration, the Department would always experience challenges in improving on such service delivery.

With regard to the DPSA, the study found that it had identified budget constraints, a lack of buy-in and cooperation of the management of the Department and other government Departments, the silo approach followed in the execution of duties in the Department and across the Public Service as challenges to effective service delivery. Furthermore, the negative perceptions among the public about the Public Service due to protests and strikes, which negatively affect the ability of the DPSA to improve service delivery and the coordination of
efforts in the Public service to implement the Batho Pele principles further contributed as challenges of the Department. Furthermore, the findings of the study show that the DHA had identified challenges hampering effective service delivery. Key to these challenges were policy and legislative gaps, large outdated systems that were not integrated, were slow and had security gaps, a rigid organisation culture, and a lack of management capacity. These challenges negatively affected the ability of the DHA to improve service delivery and implement of the Batho Pele principles effectively.
Chapter Fifteen

Conclusion and Recommendations
15.1 INTRODUCTION

This chapter presents the overall conclusion and recommendations based on the key findings of the study.

15.2 CONCLUSION

The study found that the priority attention provided to the implementation of the Batho Pele principles differed between the various departments that participated in the study. This was evident in the implementation of the PSC’s recommendations made in previous reports on the implementation of the different Batho Pele principles and the departments’ efforts to ensure that the principles had the impact intended by the WPTPSD114.

With regard to the implementation of the PSC’s recommendations in previous PSC reports on the implementation of the Batho Pele principles, the findings of the study show that the PSC recommendations were successfully implemented by sixty six percent (66%) of the departments that participated in the study at both national (100%) and provincial level (60%) while a few departments still experienced challenges in implementing the recommendations such as the Eastern Cape Department of Social Development (43%), the KwaZulu-Natal Department of Social Development (45%), the North West Department of Social Development (43%), the Mpumalanga Department of Health and Social Development (with regard to Health) (32%). The study found that even the DPSA as the custodian of the implementation of the Batho Pele in the Public Service had experienced challenges with the implementation of PSC recommendations. According to the findings the areas where most of the PSC recommendations were not implemented by Departments varied between courtesy, openness and transparency, redress and value for money.

At national level, evidence with regard to the implementation of the Batho Pele Revitalisation Programmes was also provided but only three percent (3%) of the service users of the national Departments indicated that they were aware of these Programmes. The DPSA did not provide information on the effectiveness of their initiatives aiming at the promotion of the Batho Pele.

In addition, the provincial Departments indicated that they had implemented the Batho Pele Revitalisation Programmes, but none (0%) of the service users interviewed indicated that they had participated in the programmes. The Eastern Cape Departments of Health and Social Development did not provide information on the effectiveness of their initiatives aiming at the promotion of the Batho Pele.

The success of the Departments that participated in the study varied in terms of the

effectiveness of their efforts to implement the Batho Pele principles in transforming service delivery. There were Departments with effective mechanisms in place to implement the Batho Pele and also Departments that experienced challenges in this regard. Challenges were especially experienced with regard to promoting openness and transparency, ensuring effective redress where departments performed below the promised standards, and ensuring value for money. A further important challenge was the adequate display of departments’ service standards to ensure that service users know what to expect in terms of public service delivery. In addition, major challenges still existed in ensuring that managers take responsibility for the Batho Pele framework and making service users aware of the mechanisms at their disposal to ensure that they received the quality and level of services they deserved. More than 50% of service users at the different service delivery points of the respective Departments were unaware of the Batho Pele framework and the value of the implementation of the principles in improving their daily lives.

Furthermore, the study found that the DPSA was not, at the time of the study, fulfilling the role the WPTPSD allocated to it, namely to “provide leadership and expertise on an ongoing basis to guide and support national and provincial Departments’ implementation programmes, and to assist in capacity building”15. As the main co-ordinator of all the initiatives towards the implementation of the Batho Pele in the Public Service, it is important that the DPSA maintains its programmes and integrative forums which proved to be effective in ensuring continuous progress towards the implementation of the Batho Pele framework in the Public Service. Without regular monitoring by the DPSA of the Departments’ efforts in this regard, the Batho Pele framework would not be prioritised by Departments and the impact of this important framework would be compromised.

15.3 RECOMMENDATIONS

15.3.1 Efforts to Implement the PSC Recommendations on the Batho Pele Principles Should be Intensified

The study identified shortcomings in departments’ efforts to implement the recommendations contained in previous PSC reports on compliance with the Batho Pele principles, especially in the areas of the display of service standards, openness and transparency, redress and value for money. It is therefore, important that the Departments intensify their efforts to implement such recommendations, especially where the Departments implemented below 60% of the PSC recommendations such as the Eastern Cape Department of Social Development, the KZN Department of Social Development, the North West Department of Social Development and the Mpumalanga Department of Health and Social Development (with regard to Health). Departments should allocate resources to ensure that all previous PSC recommendations on the implementation of the Batho Pele principles are implemented.

by 31 May 2013. Furthermore, the profiling of these efforts should be strengthened to ensure maximum uptake and benefit of the Departments’ efforts to service users.

15.3.2 The Batho Pele Revitalisation Programme should be Implemented by Departments

dy identified shortcomings with regard to the introduction of the Batho Pele Revitalisation Programme in all the Departments that participated in the study. The Programme would assist in reinforcing service users’ knowledge of the benefits emanating from departments’ efforts to implement the Batho Pele principles, an issue which all the departments had, according to the findings, neglected. It would, therefore, be important to implement this Programme to ensure that service users become involved in Departments’ efforts to implement the Batho Pele principles and thus contribute to the success of these efforts in improving service delivery. The aims of this Programme and the benefit it holds to service users should be clearly communicated to citizens.

15.3.3 The Measurement of the Effectiveness of the Batho Pele in Departmental Service Delivery should be Strengthened

The measurement of the effectiveness of the Batho Pele principles in departmental service delivery should be strengthened in all the departments that participated in the study to ensure that critical data is available on the departments’ performance with regard to the implementation of the principles. Table 12 below provides examples of indicators to use in determining such performance.

**Table 12: Examples of performance indicators to be used by Departments to compile data on the implementation of the Batho Pele principles**

<table>
<thead>
<tr>
<th>Principle</th>
<th>Performance Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultation</td>
<td>Regularly conduct meetings with service users to identify their service needs and to provide them with an opportunity to give feedback on the quality of the services rendered to them.</td>
</tr>
<tr>
<td>Service standards</td>
<td>Service standards are displayed at all service points and reflect the needs of service users.</td>
</tr>
<tr>
<td>Access</td>
<td>Increase the number of service points and report on the rationale for such changes.</td>
</tr>
<tr>
<td>Information</td>
<td>Monitor what information is provided through which means to service users.</td>
</tr>
<tr>
<td>Courtesy</td>
<td>Monitor on a regular basis how frontline officials treat service users.</td>
</tr>
<tr>
<td>Openness and Transparency</td>
<td>Provide ‘Annual Reports to Citizens’ to inform service users about the management of departments with regard to:</td>
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<tr>
<td></td>
<td>• Who is in charge</td>
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<tr>
<td></td>
<td>• Department’s service standards</td>
</tr>
<tr>
<td></td>
<td>• How the Department intends to improve its services</td>
</tr>
<tr>
<td></td>
<td>• Department’s organisation</td>
</tr>
<tr>
<td></td>
<td>• How the Department intends to spend its budget</td>
</tr>
<tr>
<td><strong>Principle</strong></td>
<td><strong>Performance Indicator</strong></td>
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<td>----------------</td>
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</tr>
<tr>
<td>Redress</td>
<td>Regularly report on service users’ complaints and how these were addressed.</td>
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<tr>
<td>Value for Money</td>
<td>Monitor on a regular basis whether services offered are in line with service users’ needs.</td>
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</tbody>
</table>

Such data would facilitate regular monitoring of the impact of the Batho Pele principles on public service delivery.

15.3.4 The DPSA’s Efforts to Support Departments’ Implementation of the Batho Pele should be Strengthened

The study identified that the DPSA’s support to departments regarding the implementation of the Batho Pele principles, had not been sustained as anticipated by the WPTPSD\(^{116}\). The DPSA needs to strengthen its efforts to support the implementation of the Batho Pele such as the Revitalisation Programme and the Batho Pele Forum to ensure that Departments’ efforts are integrated and co-ordinated and that all service users get equal access to the same high quality public services. It is further recommended that the DPSA develops a guide to assist departments in assessing the effectiveness of their efforts to implement the Batho Pele policy. This would ensure that the most effective programmes and or methods are used by departments. Furthermore, this would contribute to sustainable and improved service delivery.

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# List of Recommendations Contained in Previous PSC Reports on Compliance with the Batho Pele Principles

<table>
<thead>
<tr>
<th>Principle</th>
<th>PSC Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultation</td>
<td>• Concretise consultation standards and the purposes that such standards need to fulfill.</td>
</tr>
<tr>
<td></td>
<td>• Assess different consultation mechanisms and ensure that the most feasible, effective and efficient ones are implemented.</td>
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<td></td>
<td>• Clarify roles and responsibilities for consultation processes and impose accountability measures.</td>
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<tr>
<td></td>
<td>• Improve monitoring and evaluation of consultation processes to address ineffectiveness.</td>
</tr>
<tr>
<td>Service Standards</td>
<td>• Use Batho Pele Handbook in designing, developing, monitoring, reviewing and improving service standards.</td>
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<td></td>
<td>• Develop common approach to service standards to enable Departments to measure performance over time and to demonstrate progress in improving service delivery.</td>
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<tr>
<td></td>
<td>• Empower service users to contribute to the development of service standards and assist in monitoring of delivery against these standards.</td>
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<td></td>
<td>• Standardise the reporting process which will lead to Departments reporting against a set of common standards.</td>
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<td></td>
<td>• Process could include the following steps:</td>
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<tr>
<td></td>
<td>o Departments to measure their own performance on quarterly basis and report results to appropriate portfolio committees/respective provincial legislature.</td>
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<tr>
<td></td>
<td>o Ensuring that departments use the same definitions and measures for collecting data.</td>
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<td></td>
<td>o Maintaining a consistent measurement process in order to assess progress over time.</td>
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<td></td>
<td>• Ensure senior managers are committed to the process of service standards by including the standards in work plans and performance agreements.</td>
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<td></td>
<td>• Provide training and tools to increase staff knowledge and competencies to develop robust and rigorous service standards.</td>
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<td></td>
<td>• Foster a culture of routinely assessing performance against staff’s respective service standards.</td>
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<td></td>
<td>• Encourage managers to critically reflect on delivery practices that fail to meet standards and to act upon this.</td>
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<td></td>
<td>• Ensure accountability by basing standards on priorities of service users.</td>
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<td></td>
<td>• Identify, share and showcase best practices.</td>
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<tr>
<td></td>
<td>• Put in place common approach to service standards to allow Cabinet, Portfolio Committees and provincial legislatures to assess overall improvement of service delivery.</td>
</tr>
<tr>
<td>Principle</td>
<td>PSC Recommendation</td>
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<tr>
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</tr>
<tr>
<td>Access</td>
<td>• Departments should set targets in consultation with service users to progressively improve access to services.</td>
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<td></td>
<td>• Officials should be identified in Departments to serve as implementing agents, and clear responsibility should be allocated for championing improvements in access to services.</td>
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<tr>
<td></td>
<td>• Develop common standards for accessibility.</td>
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<tr>
<td></td>
<td>• Use model of good practice to benchmark own progress against other Departments’ achievements.</td>
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<tr>
<td>Courtesy</td>
<td>• Publish courtesy standards in Departmental Codes of Conduct.</td>
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<tr>
<td></td>
<td>• Include courtesy standards in work plans and performance agreements.</td>
</tr>
<tr>
<td></td>
<td>• Strengthen monitoring and evaluation of courtesy.</td>
</tr>
<tr>
<td></td>
<td>• Training on courtesy standards should be provided.</td>
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<tr>
<td>Information</td>
<td>• Assess impact of department’s efforts to provide service users with comprehensive and accurate information.</td>
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<tr>
<td></td>
<td>• Explore e-government and m-government as mechanisms to promote information.</td>
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<td></td>
<td>• Intensify initiatives to consult service users.</td>
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<td></td>
<td>• Provide information in relevant local languages to service users.</td>
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<td></td>
<td>• Address the needs of previous disadvantaged groups by developing strategies to share and disseminate information to them.</td>
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<td></td>
<td>• Develop monitoring and evaluation systems to monitor progress with the implementation of the Batho Pele principle of Information.</td>
</tr>
<tr>
<td>Openness and Transparency</td>
<td>• Provide openness and transparency specific training to ensure that officials are equipped with the necessary knowledge to implement and comply with the principle.</td>
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<tr>
<td></td>
<td>• Provide Annual Reports to Citizens which summarise critical information in a user friendly manner.</td>
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<td></td>
<td>• Develop targets for openness and transparency to ensure progressive improvement in implementing the principle.</td>
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<tr>
<td></td>
<td>• Introduce monitoring and evaluation system so that challenges can be identified and timely steps be taken to address areas of ineffectiveness or limited success.</td>
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<tr>
<td>Redress</td>
<td>• Implement the model of good practice for redress outlined in the Batho Pele Handbook.</td>
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<tr>
<td></td>
<td>• Develop targets or standards for redress.</td>
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<td></td>
<td>• Benchmark redress performance.</td>
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<td></td>
<td>• Develop indicators for measurement of compliance with redress.</td>
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<td></td>
<td>• Identify appropriate drivers of redress within Departments.</td>
</tr>
<tr>
<td>Value for Money</td>
<td>• An appropriate and operational definition of value for money should be institutionalized in Departments to ensure a common understanding of the principle.</td>
</tr>
<tr>
<td><strong>Principle</strong></td>
<td><strong>PSC Recommendation</strong></td>
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</tr>
<tr>
<td>Value for Money</td>
<td>• Invest in reporting systems.</td>
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<tr>
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## PROVINCIAL DEPARTMENTS
### EASTERN CAPE PROVINCE

### Health

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<td>• Improve monitoring and evaluation of consultation processes to address ineffectiveness.</td>
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| Service Standards| • Standardize the reporting process which will lead to departments reporting against a set of common standards.  
                  • Process could include the following steps:  
                    o Departments to measure their own performance on quarterly basis and report results to appropriate portfolio committees/ respective provincial legislature.  
                    o Ensuring that departments use the same definitions and measures for collecting data.  
                    o Maintaining a consistent measurement process in order to assess progress over time.  
                  • Foster a culture of routinely assessing performance against staff’s respective service standards.  
                  • Encourage managers to critically reflect on delivery practices that fail to meet standards and act upon this. |
| Access           | • Departments should set targets in consultation with service users to progressively improve access to services.  
                  • Develop common standards for accessibility.  
                  • Use model of good practice to benchmark own progress against other departments’ achievements. |
| Courtesy         | • Strengthen monitoring and evaluation of courtesy.  
                  • Training on courtesy standards should be provided. |
| Information      | • Provide information in relevant local languages to service users. |
| Openness and Transparency | • Provide openness and transparency specific training to ensure that officials are equipped with the necessary knowledge to implement and comply with the principle.  
                                • Provide Annual Reports to Citizens which summarize critical information in a user friendly manner.  
                                • Develop targets for openness and transparency to ensure progressive improvement in implementing the principle. |
<p>| Value for Money  | • An appropriate and operational definition of value for money should be institutionalized in departments to ensure a common understanding of the principle. |</p>
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• Foster accountability before integration: While there is no doubt that integrated service delivery is essential, it is crucial that Departments first and foremost become fully accountable for their service delivery. |
| **Social Development** | |
| **Consultation** | • Concretize consultation standards and the purposes that such standards need to fulfil.  
• Assess different consultation mechanisms and ensure that the most feasible, effective and efficient ones are implemented.  
• Clarify roles and responsibilities for consultation processes and impose accountability measures.  
• Improve monitoring and evaluation of consultation processes to address ineffectiveness. |
| **Service Standards** | • Ensure senior managers ‘are committed to the process of service standards by including the standards in work plans and performance agreements.  
• Standardize the reporting process which will lead to departments reporting against a set of common standards.  
• Process could include the following steps:  
  o Departments to measure their own performance on quarterly basis and report results to appropriate portfolio committees/ respective provincial legislature.  
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  o Maintaining a consistent measurement process in order to assess progress over time.  
• Ensure senior managers’ are committed to the process of service standards by including the standards in work plans and performance agreements. |
| **Access** | • Develop common standards for accessibility.  
• Use model of good practice to benchmark own progress against other departments’ achievements. |
| **Courtesy** | • Publish courtesy standards in departmental Codes of Conduct  
• Include courtesy standards in work plans and performance agreements.  
• Strengthen monitoring and evaluation courtesy. |
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| **Information**  | • Assess impact of department’s efforts to provide service users with comprehensive and accurate information.  
                  • Explore e-government and m-government as mechanisms to promote information.  
                  • Intensify initiatives to consult service users.  
                  • Develop monitoring and evaluation systems to monitor progress with the implementation of the Batho Pele principle of information. |
| **Openness and Transparency** | • Provide Annual Reports to Citizens which summarize critical information in a user friendly manner.  
                               • Introduce monitoring and evaluation system so that challenges can be identified and timely steps be taken to address areas of ineffectiveness or limited success. |
| **Redress**       | • Develop targets or standards for redress.  
                  • Benchmark redress performance.  
                  • Develop indicators for measurement of compliance with redress. |
| **Value for Money** | • An appropriate operational definition of value for money should be institutionalized in the department to ensure a common understanding of the principle. |

**FREE STATE**

**Health**

| **Information** | • Explore e-government and m-government as mechanisms to promote information. |
| **Service Standards** | • Ensure senior managers are committed to the process of service standards by including the standards in work plans and performance agreements. |
| **Redress** | • Benchmark redress performance.  
               • Develop indicators for measurement of compliance with redress. |

**Social Development**

| **Consultation** | • Concretise consultation standards and the purposes that such standards need to fulfil. |
| **Service Standards** | • Ensure senior managers are committed to the process of service standards by including the standards in work plans and performance agreements.  
                         • Clarify roles and responsibilities for consultation processes and impose accountability measures. |
| **Information** | • Intensify initiatives to consult service users.  
                 • Assess impact of dept’s efforts to provide service users with comprehensive and accurate information.  
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**MPUMALANGA PROVINCE**

**Health**

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                  • Strengthen monitoring and evaluation of courtesy. |
| **Information**  | • Assess impact of Department’s efforts to provide service users with comprehensive and accurate information.  
                  • Explore e-government and m-government as mechanisms to promote information.  
                  • Intensify initiatives to consult service users.  
                  • Provide information in relevant local languages to service users. |
| **Openness and Transparency** | • Develop targets for openness and transparency to ensure progressive improvement in implementing the principle.  
                             • Introduce monitoring and evaluation system so that challenges can be identified and timely steps be taken to address areas of ineffectiveness or limited success. |
| **Redress**      | • Implement the model of good practice for redress outlined in the Batho Pele Handbook.  
                             • Develop targets or standards for redress.  
                             • Benchmark redress performance.  
                             • Develop indicators for measurement of compliance with redress.  
                             • Identify appropriate drivers of redress within Departments. |
| **Value for Money** | • An appropriate and operational definition of value for money should be institutionalised in Departments to ensure a common understanding of the principle.  
                             • Invest in reporting system.  
                             • Assessment of Value for Money should be seen as a continual oversight process.  
                             • Foster accountability before integration: While there is no doubt that integrated service delivery is essential, it is crucial that Departments first and foremost become fully accountable for their service delivery.  
                             • User inputs: Departments must not only ensure that service users are consulted about their needs, preferences, and service concerns, but also use these inputs as critical information towards better planning affecting service delivery improvements.  
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**GAUTENG PROVINCE**

**Health and Social Development**

| Openness and Transparency | • Provide openness and transparency specific training to ensure that officials are equipped with necessary knowledge to implement and comply with the principle. |

**LIMPOPO PROVINCE**

**Health and Social Development**

<p>| Service Standards | • Ensure senior managers are committed to the process of service standards by including the standards in work plans and performance agreements. |
| Courtesy          | • Include courtesy standards in work plans and performance agreements. |</p>
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• Develop common standards for accessibility.  
• Use model of good practice to benchmark own progress against other departments’ achievements. |
| Courtesy | • Publish courtesy standards in departmental Codes of Conduct  
• Include courtesy standards in work plans and performance agreements.  
• Strengthen monitoring and evaluation of courtesy.  
• Training on courtesy standards should be provided. |
| Information | • Assess impact of departments’ efforts to provide service users with comprehensive and accurate information. |
| Redress | • Implement the model of good practice for redress outlined in the Batho Pele Handbook.  
• Develop targets or standards for redress.  
• Benchmark redress performance.  
• Develop indicators for measurement of compliance with redress.  
• Identify appropriate drivers of redress within departments. |

**WESTERN CAPE PROVINCE**

**Health**

Openness and Transparency | • Develop targets for openness and transparency to ensure progressive improvement in implementing the principle. |

**NORTH WEST**

**Health**

Consultation | • Assess different consultation mechanisms and ensure that the most feasible, effective and efficient ones are implemented. |
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| **Openness and Transparency** | • Provide openness and transparency specific training to ensure that officials are equipped with the necessary knowledge to implement and comply with the principle.  
• Develop targets for openness and transparency to ensure progressive improvement in implementing the principle. |
| **Redress** | • Implement the model of good practice for redress outlined in the *Batho Pele* Handbook.  
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• An appropriate operational definition of value for money should be institutionalized in the department to ensure a common understanding of the principle. |

**KWAZULU-NATAL**

**Social Development**

| **Consultation** | • Clarify roles and responsibilities for consultation processes and impose accountability measures  
• Improve monitoring and evaluation of consultation processes to address ineffectiveness |
| **Service Standards** | • Develop common approach to service standards to enable departments to measure performance over time and to demonstrate progress in improving service delivery.  
• Empower service users to contribute to the development of service standards and assist in monitoring of delivery against these standards.  
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<th>Address</th>
<th>Contact Details</th>
</tr>
</thead>
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<tr>
<td>Eastern Cape</td>
<td>91 Alexandra Road</td>
<td>King William’s Town 5601</td>
<td>Tel: (043) 643-4704</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Fax (043) 642-1371</td>
</tr>
<tr>
<td>Free State</td>
<td>62 Fedsure Building</td>
<td>3rd Floor, St Andrew Street, Bloemfontein 9301</td>
<td>Tel: (051) 448-8696</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Fax (051) 448-4135</td>
</tr>
<tr>
<td>Mpumalanga</td>
<td>19 Rusell Street</td>
<td>Nelspruit 1200</td>
<td>Tel: (013) 755-4070</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Fax (013) 752-5814</td>
</tr>
<tr>
<td>Northern Cape</td>
<td>Woolworths Building</td>
<td>1st Floor, cnr Chapel &amp; Lennox Streets, Kimberley 8301</td>
<td>Tel: (053) 832-6222</td>
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<td>Fax (053) 832-6225</td>
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<tr>
<td>Gauteng</td>
<td>Ten SixtySix Building</td>
<td>16th Floor, 35 Pritchard Street, Johannesburg 2001</td>
<td>Tel: (011) 833-5721</td>
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<td>Fax (011) 834-1200</td>
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<tr>
<td>KwaZulu-Natal</td>
<td>iDUBE Building</td>
<td>Ground Floor, 249 Burger Street, Pietermaritzburg 3201</td>
<td>Tel: (033) 345-9998</td>
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<td>Fax (033) 345-8505</td>
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<tr>
<td>Limpopo</td>
<td>Kirk Patrick Building</td>
<td>Polokwane 0699</td>
<td>Tel: (015) 291-4783</td>
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<td>Fax (015) 291-4683</td>
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<tr>
<td>North West</td>
<td>Mmabatho Post Office Building</td>
<td>Ground Floor, University Drive, Mmabatho 2735</td>
<td>Tel: (018) 384-1000</td>
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<td>Fax (018) 384-1012</td>
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<tr>
<td>Western Cape</td>
<td>Sanlam Golden Acre Building</td>
<td>21st Floor, Adderley Street, Cape Town 8001</td>
<td>Tel: (021) 421-3980</td>
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<td>Fax (021) 421-4060</td>
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<tr>
<td>Parliamentary Office</td>
<td>Sanlam Golden Acre Building</td>
<td>21st Floor, Adderley Street, Cape Town 8001</td>
<td>Tel: (021) 418-4940</td>
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<td>Fax (021) 418-1362</td>
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