

**PERCEPTIONS AND EXPECTATIONS OF REGIONAL OFFICE  
HEALTH EMPLOYEES REGARDING QUALITY OF INTERNAL  
HEAD  
OFFICE SERVICES**

BY

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## **Declaration**

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## ABSTRACT

The purpose of this thesis is to determine the perceptions and expectations of employees at regional offices about the service delivered to them by central head office.

A further objective is to establish what employees at regional offices expect from head office, attempting thereby to establish the current position of the head office (perceived image) in relation to their expectations (ideal image).

The method of data collection is quantitative with a survey design technique in the form of questionnaires to be completed by all employees at regional offices in order to assess their perceptions and expectations.

The basis of the theoretical and legislative framework of this research is service delivery. It is within the context of service delivery that internal customer service within the organisation, in particular, is conferred. The legislative framework is also dedicated to Batho Pele and the eight principles to highlight public service delivery. These principles should equally be applied when it comes to internal customer service.

The main findings from this study are that employees and the four regional offices per se have different perceptions and expectations about the internal service delivered by central head office. This must be taken cognisance of because perceptions can be the core element of most organisational behaviour and the

expectations that employees hold is important for the morale and effectiveness of organisations.

The following objectives were achieved:

- A review of the policies, documents and annual reports to determine to what extent the central head office delivers an internal service to the regional offices.
- An evaluation as to how internal service delivery is being perceived.
- An evaluation of the ideal central head office.
- Established the shortcomings of the current internal service being delivered.

It is also recommended that future research can be to ascertain how those negative feelings impacts on job satisfaction and commitment to the organisation and how it affects employee turnover.

## OPSOMMING

Die doel van hierdie tesis is om die persepsies en verwagtinge van werknemers by die streekkantore, oor die diens wat aan hulle verskaf deur sentrale hoofkantoor, te bepaal.

'n Verdere doel is om vas te stel wat werknemers by die streekkantore verwag van hoofkantoor. Sodoende probeer om vas te stel wat die huidige stand van die hoofkantoor (waargenome beeld) in verhouding tot hul (werknemers) verwagtinge (ideaal beeld) is.

Die metode van data-insameling is kwantitatief met 'n opname ontwerp in die vorm van vraelyste. Hierdie vraelyste sal deur alle werknemers by die streekkantore voltooi word, om hul persepsies en verwagtinge te assesser.

Die basis van die teoretiese en die wetgewende raamwerk van hierdie navorsing is dienslewering. Dit is binne die konteks van dienslewering wat interne kliënte diens binne die organisasie, in die besonder, toegeken word. Die wetgewende raamwerk is ook toegewyd aan die agt beginsels van Batho Pele en dus openbare dienslewering te versterk. Hierdie beginsels moet ook toegepas word wanneer dit kom by die interne kliënte diens.

Die belangrikste bevindings van hierdie studie is dat die werknemers en die vier streekkantore as sulks het verskillende persepsies en verwagtinge oor die interne diens gelewer deur die sentrale hoofkantoor. Dit moet kennis geneem word want persepsies kan die kern element van meeste organisatoriese gedrag wees en die verwagtinge wat werknemers hou is belangrik vir die moraal en doeltreffendheid van organisasies.

Die volgende doelwitte was bereik:

- 'n Hersiening van die beleid, dokumente en die jaarlikse verslae om te bepaal tot watter mate die sentrale hoofkantoor 'n interne diens aan die streekkantore lewer.
- 'n Evaluering oor hoe interne dienslewering waargeneem word.
- 'n Evaluering van die ideale sentrale hoofkantoor.
- Die tekortkominge van die huidige interne diens wat gelever word is vasgestel.

Dit word aanbeveel dat toekomstige navorsing toegewy word om vas te stel hoe negatiewe gevoelens impak op werkstevredenheid en verbintenis tot die organisasie en ook hoe dit werknemer omset beïnvloed.

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# CHAPTER 1

## INTRODUCTION

*“Human capital ... it is important for government to invest in people in order to ensure that the public service is able to respond to challenges ahead”*

[Service Delivery Review Launch Edition, 2001:11]

### 1.1 Introduction

The purpose of this chapter is to firstly concentrate on the background corroborating this study. It will mainly focus on issues such as (a) how this study came about and (b) to point out the need for the type of research within the organisation. In addition the researcher will discuss the problem statement as well as the research question. The research objectives identified will also be explained in detail. A description of the research design, structure and the methodology followed in addressing the research question will therefore be discussed. Chapter one will be concluded with an explanation on how the research paper will unfold. The main theme under discussion in each of the remaining chapters will be briefly discussed.

#### 1.1.1 Background

As cited in the Constitution of the Republic of South Africa, Act 108 of 1996, in particular Section 10 Public Administration clearly indicates two relevant points:

- Good human-resource management and career-development practices, to maximise human potential, must be cultivated.

- Public administration must be broadly representative of the South African people, with employment and personnel management practices based on ability, objectivity, fairness, and the need to redress the imbalances of the past to achieve broad representation.

Since the birth of the new democratic South Africa in 1994 there has been much hype about improved government structures and transformed service delivery. During this period the country also witnessed the introduction of the White Paper on the Transformation of the Public Service, 1995 (hereafter referred to as the WPTPS), with its eight transformation priorities, amongst which Transforming Service Delivery is the key. From this transformation priority a Government initiative, called Batho Pele, meaning “People First” in Sesotho, was developed to provide a policy framework and practical implementation strategy for the improvement of service delivery principles. The latter will be discussed in greater detail in Chapter 2. There are two dimensions of service delivery improvement. The first is institutional performance. The focus here is improved performance in the application of policies, efficient systems, processes, organisation, technology, infrastructure (including way finding and signage) and resources. The second dimension is at the individual performance level. Here, there has to be accountability that is linked to job descriptions and delegation of authority, education and training, commitment to delivering services, ethical conduct, effective placement in both back and front office, and appropriate performance management in areas of rewards and discipline (Nel, 2006:106-107).

Nel, (2006:107) explains that all government departments are required to develop and implement a Service Delivery Improvement Programme (hereafter referred to as the SDIP). This should be seen as part of strategic planning. It is a continuous process that runs in cycles, similar to strategic planning. It focuses on the strategies to bring the

Batho Pele principles to life and make improved service delivery a reality. It is a requirement in terms of Part C of the Public Service Regulations of 2001. The programme must be implemented, monitored and reported upon.

It is further cited by Nel, (2006:106) that the SDIP must identify the types of existing and future customers for each service which might include internal, external, individual, institutional customers, and customers in terms of geographical boundaries. Services to be provided to the above customers need to be identified. He continues that the main services provide the justification for the existence of the department and are normally contained in legislative mandates. The main services can be divided into core and support services. Core services are generally delivered to external customers through the front office. Support services are generally delivered to assist the front office and are provided by the back office. Although front office service delivery represents the face of the department to the customer, back office services are not less important (Nel, 2006:106).

It is with the aforementioned in mind and out of personal experience that the researcher is confronted with the quality of service delivered to internal clients by central head office of the Provincial Government Western Cape, Department of Health (hereafter referred to as PGWC: DoH). Internal clients, in this instance, referring to employees at regional offices based at the Metro region (situated in Bellville - Karl Bremer Hospital premises), West Coast Winelands region (situated in Paarl - Paarl Hospital premises), Southern Cape Karoo region (situated in George) and Boland Overberg region (situated in Worcester - Brewelskloof Hospital premises).

To measure this, the researcher will ask employees stationed at these regional offices about their perceptions and expectations in terms of the quality of service delivered to them by central head office.

The outcome of the study will aim to give central head office management and employees in general an idea of the views and opinions of those working at regional offices, about head office. This in actual fact can be established through the identification of any disparity between the expectations (ideal image) and perceptions of employees at regional offices of the quality of internal service delivered to them by central head office. For further study, a vital contribution can be made by unravelling and dealing with causes of these disparities.

## **1.2 Problem Statement**

Defining the research problem is perhaps the most important responsibility of the researcher (Dillon, Madden and Firtle, 1993:25). It would be vital to the researcher to construct the problem statement as clear and precise as possible.

The problem statement is that there is a perceived discrepancy between the perceptions and expectations that employees at regional offices have of the quality of internal service delivered to them by the central head office.

The researcher is of the opinion that some employees at the regional offices perceives the functions rendered by central head office to regional offices as ineffectual, inefficient and the organisational structure of head office to be somehow “top heavy”. It was also brought to the attention of the researcher that employees feel that the functions rendered by central head office are not in accordance with their (employees at regional offices) expectations.

### **1.3 Research question**

A research question acts as the guiding force behind the experiment. It is the broad question that the experiment is supposed to answer. The research question poses the problem of the relationship between the objective(s) and the purpose, between the specific experimental procedure and why you are doing that procedure in the first place (North Carolina State University, 2004:3).

Hence the research question in this study is:

What are the perceptions and expectations of employees at regional offices within the PGWC: DoH with regard to the quality of internal service delivered to them by central head office?

### **1.4 Research objectives**

The primary objective of the research is to establish what the perceptions are that employees at regional offices have with regard to the ability of head office to deliver high quality internal service. (i.e to establish the image of central head office as perceived by employees at the regional offices).

A further objective is to establish what employees at regional offices expect from head office, attempting thereby to establish the current position of the head office (perceived image) in relation to their expectations (ideal image).

Further objectives to explain how the researcher will answer the problem statement and research question are:

- To analyse the theory related to service delivery.
- To describe in detail the case of the Department of Health in the PGWC.

- To analyse the perceptions and expectations of employees at regional level through the use of survey design.
- To use the findings of this analysis to make recommendations.

## **1.5 Research methodology and design**

Research can be defined as the systematic process of inquiry to discover knowledge about a phenomenon.

The purpose of this section is to describe the research methodology used in this study. Research methodology refers to "... the how of collecting data and the processing thereof within the framework of the research process" (Brynard and Hanekom, 1997:27). Bailey (1982:32) described research methodology as the philosophy of the research process. This includes the assumptions and values that serve as a rationale for research and the standards or criteria the researcher uses for interpreting data and reaching conclusion. Thus methodology refers to the tools, procedures and techniques used in the process of inquiry (Babbie and Mouton, 2001:647).

Mouton (1998:39-40) makes it clear that the choice of methodology depends on the research problem and research objectives. Mouton (1998:37) distinguishes between three levels of the methodological dimension of research, namely: methodological paradigms, the most abstract level, which include the distinction between qualitative and quantitative research. Secondly research methods, which are those that are used in certain stages of the research process, for example sampling, data collection and data analysis. Thirdly, research techniques, which represent the most concrete level of the methodological dimension and include specific techniques related to sampling, data collection and data analysis. This distinction between paradigms, methods and

techniques is helpful in forming a better understanding of the concept research methodology and thereby represented by a table below.

| LEVEL                    | EXAMPLE  |
|--------------------------|--|
| Methodological paradigms | Qualitative and quantitative research                                  |
| Research methods         | Sampling, data collection, data analysis.                              |
| Research techniques      | Sampling technique, data collection technique, data analysis technique |

**Table 1:** Three levels in the methodological dimension (Mouton, 1998:37)

Other terms related to research methodology are “research strategy” and “research design”. Research strategy guides the research effort by defining the context within which it will be conducted. It also provides a link between research objectives and research activities. Research strategy is partly derived from the methodological paradigm qualitative and quantitative that fits a particular research problem. In other words research strategy indicates which “direction” will be taken (Mouton, 1998:38).

Welman and Kruger (2004:46) described a research design as the plan according to which to obtain research participants (subjects) and collect information from them. In it we describe what we are going to do with the participants, with a view to reaching conclusions about the research problem.

Mouton (2005:56) pointed out the difference between a research design and research methodology. Research design focuses on the end product. In other words, what kind of study is being planned and what kind of result is aimed at? Research methodology focuses on the research process and the kind of tools and procedures to be used.

Brynard and Hanekom (1997:29) cited that methods of data collection in research can be divided into qualitative and quantitative methods. Quantitative methods are used when the purpose of the research is to arrive at universal statement and when the research seeks to assign figures to observations. Techniques used here are surveys, questionnaires and opinion polls. This study made use of sources of both a quantitative and qualitative nature and both primary and secondary sources. Qualitative methods "... produce descriptive data and no numbers are assigned" (Brynard and Hanekom, 1997:29). Techniques used here are for example interviews.

Sources of data can also be divided into primary and secondary. Primary data is data collected with the primary purpose of answering the research question posed by the researcher and gathering first hand data from respondents. Secondary data is data used in a study, although collected by a different researcher for the purpose of addressing a different research problem (Babbie and Mouton, 2001:76).

As cited by Welman and Kruger (2004:46), "when we conduct research to investigate a research hypothesis or a research question, we collect data from the objects of our enquiry in order to solve the problem concerned." For the purpose of this study structured questionnaires as a measuring tool will be developed and used to gather the relevant data.

De Vaus (1986:152) described a questionnaire as a set of questions on a form, which is completed by the respondent in respect of a research project. Questionnaires consisting of open-ended as well as closed questions will be issued via electronic mail and in hard copy to those employees who do not have access to e-mail facilities (at the four regional offices) to complete and return to the researcher to analyse.

Welman and Kruger (2004:46) describe a sampling frame as a complete list on which each unit of analysis is mentioned only once. The four regional offices will thus be the sampling frame. The target population will be employees in finance, human resources and supply chain management and all clinical employees based at the four regional offices. Employees also include the four regional directors.

### **1.5.1 Survey**

Huysamen (1994:26) cited the survey method as generally used when the researcher wishes to elicit opinions. Mouton (2005:152) also describes a survey design as a study that are usually quantitative in nature and which aim to provide a broad overview of a representative sample of a large population. Since the objective of this research is to measure the perceptions and expectations of employees at regional offices within the Western Cape Department of Health with regard to the quality of internal service delivered to them by central head office, the survey method is deemed to be relevant and will thus be used. The research study is empirical in nature and primary data will be used.

### **1.5.2 Case study**

A similar study regarding branch managers' perception in the banking industry in terms of their corporate head office was also done by Athanassopoulos in 1990. He also made use of the survey method through structured questionnaires that was completed by branch managers. Athanassopoulos (1990:ii), indicated that the determinants of the internal service could be simplified to five key areas of concern and that there is a discrepancy between the actual and ideal quality of the internal service delivered by head office to branches, indicated on all items included in the questionnaire.

The following **techniques** are used for this study:

- (1) literature review of published and unpublished material
- (2) structured questionnaires
- (3) government documents such as legislation and policy documents
- (4) Official documents, work documents and correspondence
- (5) Other research papers

## **1.6 Overview of the subsequent chapters**

**Chapter 2:** The theory based on public service delivery and its determinants will be discussed in this chapter. Applicable policy documents, theoretical and the legislative framework will also come under scrutiny. Measuring tools and guidelines in terms of service delivery will also be presented.

The history, organisation structure and culture, roles and functions of Provincial Government Western Cape, Department of Health (within the context of the overall health system in South Africa) will be presented in **chapter three**. Certain legislative, theoretical and policy documents specifically related to the Provincial Government Western Cape, Department of Health will also be highlighted. This chapter will also define and discuss health decentralisation.

**Chapter four** will be devoted to the presentation, analysis and evaluation of results. The design of the questionnaire, method of analysis and respondents rate will be outlined in this chapter.

The **final chapter** will conclude the study by making recommendations on the conclusions drawn. In addition, some suggestions will be made for possible future research.

## **1.7 Conclusion**

Chapter one has outlined the background in terms of this study. In addition, the problem statement and research question for this study were also highlighted. The research objective was also identified and discussed in terms of the design, structure and the methodology followed in addressing the research question. A brief overview of a similar research study done and a conceptual classification addressing a selection of key terms forms part of this chapter. In conclusion, chapter one gave a brief explanation on the topics of the remainder of the chapters.

In the following chapter the history of public service delivery and that which separate goods from services will be addressed. The applicable legislative framework, policies and other legislation that indirectly supports public service delivery will also be discussed. Chapter 2 will also introduce tools on how to improve public service delivery.

## CHAPTER 2

### THEORETICAL OVERVIEW OF SERVICE DELIVERY

***“Public services are not a privilege in a civilised and democratic society. They are a legitimate expectation”***

**[White Paper on Transforming Public Service  
Delivery, 1997: Foreword]**

#### **2.1 Introduction**

The concept of service delivery is a comprehensive concept. It not only refers to an end-product or result, but is more of an umbrella term referring to the results of intentions, decisions and actions undertaken by institutions and people. In the context of governance, public service delivery is the result of the intentions, decisions of government and government institutions, and the actions undertaken and decisions made by people employed in government institutions (Du Toit, Knipe, Van Niekerk, Van der Waldt and Doyle, 2002:56).

Du Toit *et al* (2002:56) continue that the delivery of services is not something that merely happens. We will accept that the practice of service delivery has developed spontaneously and over time. This could be ascribed to particular circumstances that prevailed at a specific time.

The writer continues that in a socio-political context, the delivery of service requires (Du Toit *et al*, 2002:56):

- The government of the day's idea of what it considers the majority of their people's needs for the enhancement of their general welfare;
- Input from society in respect of their requirements for the enhancement of their welfare;
- Policies that guide government institutions and officials to achieve objectives in order to improve the welfare of the people;
- An infrastructure with adequately qualified people such as government, government institution and people to support the general welfare of all citizens; and
- Decisions and actions.

It is against this background that this chapter will focus on the fundamentals of service delivery. An historical overview and background and that which governs (the legislative framework) public service delivery will also be discussed. Efforts and toolkits to measure and improve service delivery will also be presented.

## **2.2 Historical overview of Service Delivery**

Du Toit and Van der Waldt (1999:22) state that ample proof exists that service delivery to citizens originated thousands of years before the birth of Christ. Because people were prepared to live in close proximity with others and to be subjected to a form of governing body, this gave rise to service delivery.

This agreement confirms the governing body's responsibility to govern on behalf of the citizens of such communities and to protect their interests (Du Toit and Van der Waldt, 1999:22). This responsibility further implies that the governing body is responsible for service delivery to the community.

The responsibility for service delivery denotes the delivery of some kind of collective or common services. Originally, services delivered were collective and basic, e.g. defending the community and members of the community against aggression and turmoil (Du Toit and Van der Waldt, 1999:22).

As communities grew and became more sophisticated, so their need for more and better services increased. It became increasingly difficult for some of their needs to be met. According to Du Toit and Van der Waldt (1999:24), this problem stemmed from the increased restrictions placed on growing communities with more needs to satisfy and from trying to maintain an orderly community.

It is with this in mind that governing institutions deliver services because citizens are unable to satisfy all their own needs, and second, that the activities of public administration and management are the logical consequences of the practice of service delivery from the earliest times.

Du Toit, Knipe *et al* (2002:58) refer to public services as a variety of services (benefits) that the public receive directly or indirectly from government institutions, for example safety and security, water and electricity, health services, transport services and education. The delivery of services to the public is the responsibility of government institutions.

### **2.3 Defining Service Delivery**

The Batho Pele Handbook (2004:1) cited that the general public everywhere in the world basis its perception of government on the nature and quality of the services it experiences at the hands of public servants. The "face" of government is the face and/or voice of the front-line service providers.

This is all people experience and if the service is poor or unfriendly, then government is immediately constituted to be inefficient and bureaucratic. If the service is bad, government is bad and if the service is good, government is good. This is true the world over and it is no different in South Africa. (Batho Pele Handbook, 2004:1)

One of the challenges facing the government is to ensure that public institutions do not merely exist as representative of the broader citizens but they become centres that provide quality service delivery. In this sense the public will judge the government's success in terms of its effectiveness in delivering services that meet the basic needs of all citizens (Du Toit and Van der Waldt, 1999:72).

With the above in mind it can be inferred that service delivery is an important aspect what clients expect from public institutions and public servants. The two concepts of functions and services are generally used synonymously but there is a distinct difference between them. Du Toit and Van der Waldt (1999:72) pointed out that the difference lies in the fact that before a service can be delivered, various functions or processes have to be carried out. For example, before a hospital is built in an area, the department responsible would have to budget and plan for the services, do the necessary research, draw up a programme of execution and finally build the hospital. From this we can deduce that services refer to the results emanating from the execution of a variety of functions and processes.

Fox and Meyer (1996:118) defined service delivery as the provision of public activities, benefits or satisfactions to the citizens. Service delivery relates both to the provision of tangible public goods and intangible services. This can be done by government institutions and organisations, parastatals organisations, private companies, non profit organisation or individual service providers.

According to South African Management Development Institute (2002:5) service delivery in the public service comprises systematic arrangements for satisfactorily fulfilling the various demands for services by undertaking purposeful activities with optimum use of resources to delivering effective, efficient and economic service resulting in measurable and acceptable benefits to customers.

Flynn (1997:163) argues that the term service delivery implies that the users of the services are passive recipients who have the service delivered to them.

Blundel and Murdock (1997:170) are of the view that service delivery can also be defined as the ability to convey the result of physical labour or intellectual effort to a client. The customer or client may be the user of the organisations' services.

## **2.3.1 Characteristics of services**

### **2.3.1.1 Defining the Concept of "Service"**

The word "service" has been used extensively which demonstrates the importance of this concept and suggests a rapid rate of evolution and development. This is important since words are the means by which managers communicate abstract ideas such as "service" to front line staff (Johns, 1999: 958).

The concept "service" will be discussed in terms of the service industry, service processes, service interactions and service experience (Johns, 1999:958-965).

- **Service Industry**

The word "service" is widely used to denote an industrial sector that "do[es] things for you. They don't make things". Service also denotes organisations which meet the needs of society such as "health service" and "civil service". Traditionally such "public

services” have developed along bureaucratic lines and are quite distinct from the industrial “service” sector (Johns, 1999:958).

“Public services and goods” refers to the basic and collective needs of communities that are usually supplied by government such as water, sanitation, solid waste collection etc. When government feels that everybody should have access to certain goods and services, regardless of income, status or other criteria, the goods and services are called basic needs (Van Rijn, 2005:4).

Services are also described as a “deed, act or performance” or “encounters in time” rather than physical objects. Rendering a service may involve some physical goods, all services/products show some tangible as well as intangible qualities. Tangibility may thus be seen to exist along a continuum (Antonacopoulou and Kandampully, 2000:14).

Services are also often described as “intangible” and their output is seen as an activity rather than a tangible object. The latter distinction is not clear because much “service” output has a substantial tangible component, for example, a restaurant provides food and drink, tangible goods supplied. On the other hand, many “products” have intangible attributes such as service contracts on mobile phones and photocopiers where the tangible part of the “product” may be less significant than the intangible. This can further be clarified as follows: Customers do not buy goods or services in the traditional sense. They buy an offering and the value may consist of many components, some of them being activities (service) and some being things (goods). As a result, the traditional division between goods and services is long outdated (Johns, 1999:959).

- Service processes

The notion that services are activities rather than things also implies that services are processes. Some authors also consider service as the “delivery” of something that represents service delivery as a mechanistic process. Various authors sought to clarify the distinction between delivery and performance. Grönroos refers to the technical and functional quality of services while Nikolich and Sparks describe service as having a task dimension and process dimension (Johns, 1999:961).

Services are also described by several authors as performances rather than objects, which introduces a new aspect of service processes because “performance” goes beyond simple execution. Thus “service” as a process not only is the delivery of a core service, but also has a style or manner of its own (Johns, 1999:961).

The service processes, and not only the end result, must also be assessed in terms of the quality of the service. The interactive nature of service process results in the consumer’s evaluation of quality immediately after the provision and performance of that service (Douglas and Connor, 2003:166).

- Service Interactions – The Provider’s View

The word “service” commonly carries a connotation of interpersonal attentiveness, although “services” may take a different view, for example, Evans and Brown differentiate between “operations-intensive” service delivery systems, which offer a standardised service to a mass market, and “interpersonal-intensive” systems which take a more relational view of the market. Many authors make two broad assumptions such as (a) services personnel are there to deliver core services, and (b) the interpersonal interaction they provide is the main contributor to customer satisfaction with the service (Johns, 1999:963).

Human involvement in service entails high value tasks best performed via human interaction which includes building trust, providing diagnostic information, and escalation when electronic mail is insufficient and dealing with customers who have a preference for human contact (Hazlett and Hill, 2003:449).

- Service Experience – The Customer’s View

The intangible, performance-dependant nature of service offerings, together with a “service ethic” which emphasises customer focus, lead to a notion that service exists only in the customer’s mind. Service quality concerns the superiority of a product or service based on rational assessment of characteristics or attributes, or an effective judgement, an emotional response similar to an attitude. Klaus refers to service quality as an epiphenomenon, that is, a phenomenon within a phenomenon, emphasising the nature of the service itself (Johns, 1999:965).

Thus different customers experience a given service event in different ways and customers must have very different views from service providers about the nature of the service. Various authors acknowledge the holistic complexity of service experiences and note that there is reason to believe that the entire service encounter is evaluated by the customer and not just the interaction with the service provider (Johns, 1999:965).

The provision of basic services are also important in that customers usually do not expect anything extravagant in the way of promises, but they do take it for granted that they will receive or experience the core product, for example, hotel customers assume that they are going to get a clean room and customers taking their vehicles for repairs want a clear but unpatronising explanation of what needs doing and why (Berry, 1998:31).

Some of the distinct differences between goods and services, and the implications these differences hold, are illustrated below:

| GOODS                                | SERVICES                                | RESULTING IMPLICATIONS   |
|--------------------------------------|---|--|
| Tangible                             | Intangible                              | Service cannot be inventoried.<br>Service cannot be patented.<br>Service cannot be repeatedly displayed or communicated.<br>Pricing is difficult.  |
| Standardised                         | Heterogeneous                           | Service delivery and customer satisfaction depend on employee actions.   |
| Production separate from consumption | Simultaneous production and consumption | Customers participate in and effect the transaction.<br>Customers affect each other.<br>Employees affect the outcome.<br>Decentralisation may be essential.<br>Mass production is difficult. |
| Non-perishable                       | Perishable                              | It is difficult to synchronise supply and demand with services. Services cannot be returned or resold.   |

**Table 2:** Differences between goods and services (Zeithaml and Bitner, 1996:19)

The difference between goods and services provide reasons for treating separately. Table 2 provides clarity about the importance of what seems to be a common misinterpretation between the two.

### 2.3.1.2 Service quality

Service quality can be defined as the ability of an organisation to determine correctly customer expectations and to deliver the service at a quality level that will at least equal those customer expectations. Service quality comes about through a focused evaluation reflecting the customer's perception of the specific dimension of service (Brink and Berndt, 2004:70).

In the mind of patient's expectations who depend on health care facilities, quality care should meet their perceived needs and be delivered courteously and on time. The client's perspective on quality is thus important because satisfied clients are more likely to comply with treatment and continue to use the health care facility. On the other hand quality care implies that a health service provider has the skill, resources and necessary conditions to improve the health status of the patient and the community according to current technical standards and available resources and also the provider's commitment and motivation depend on the ability to carry out his/her duties in an optimal and deal way (Nzanira, 2002:9).

A concept called Best Value Regime is based on the notion of continuous improvement of services and increasing value of for money. This concept consists of two interconnecting techniques namely the Servqual model and Quality Function Deployment (Curry, 1999:180). The Servqual Model is an instrument to assess consumer perceptions and expectations regarding the quality of a service (Douglas and Connor, 2003:165).

The five key dimensions that consumers use in order to assess service quality are. (Brink and Berndt, 2004:71).

- *Reliability* focuses on delivering on the promises made by the organisation. Customers expect organisations to keep their promises because, if the organisation does not deliver the core services that the customers think they are buying, it will be seen as failing the customers.
- *Responsiveness* implies that the needs of the customers are met in a timely manner, and that the organisation is flexible enough to customise service to the specific customers' needs. It is critical to understand the customer's

expectations in terms of time and speed in order to understand what must be done to be seen as responsive.

- *Assurance* is important in those services that are perceived as high risk, or where the customer is not sure about how to evaluate outcomes, in other words the knowledge and courtesy of employees, and their ability to convey trust and confidence.
- *Empathy* revolves around confirming for the customer that the unique needs and requirements of the customer will be met that is individualised attention the organisation gives to their customers.
- *Tangibles* are attempts at providing a concrete representation to customers of the quality of the service that they will receive.

Service quality is inherently more than product quality. Hertz (2000:15) pointed out that service quality is greatly dependent on human factors: the behaviour and personality of the contact person, and customer's perception of their interaction. Hertz also mentioned that every customer interaction is a "moment of truth" and suffers from all the complexities associated with such interactions. The environment in which the service is delivered and the competence of the deliverer is extremely important.

Service delivery quality is only one component of overall organisational performance quality and identified a framework for guiding and assessing overall organisation performance, which is based on the following core values and concepts. These are values and concepts typifying the characteristics of high performing organisation of all types and these core values evolve to continue to define leading edge high performance practice. The core values and concepts are (Hertz, 2000:18):

- Visionary leadership;
- Customer driven;

- Organisational and personal learning;
- Valuing employees and partners;
- Agility;
- Focus on the future;
- Managing innovation;
- Management by fact;
- Public responsibility and citizenship;
- Focus on results and creating value; and
- Systems perspective;

In the public service, quality service delivery is defined as a systematic arrangement to satisfactorily fulfilling various demands for services by undertaking purposeful service, with optimum use of resources to deliver effective, efficient and economic service resulting in measurable and acceptable benefits to customers (Nhlonipho, 2003:51).

Brink and Berndt (2004:46) mentioned that the delivering of quality customer services is an important strategy of any organisation in South Africa in order to survive and grow. It is seen as a method that can be used to differentiate one organisation from another, as well as being perceived as an important tool to improve customer retention and increase loyalty. From this background it is critical to give the description of a customer as the organisation exists to satisfy the wants and the needs of the customer. The following questions regarding the customer in relation to their satisfaction about the services they receive could be asked in an organisation.

- What steps does the organisation take to identify customer requirements and measure customer satisfaction?
- Is customer satisfaction at the top of the list of key management priorities?

- Is reward and remuneration linked to the delivery of value and satisfaction to customers?
- Are customer regarded as outsiders or as colleagues and business partners?
- What processes are in place from customers?
- How much effort is put into building close working relationships with customers and other members of the supply chain?

The organisation must focus on the issues of quality, customer service, customer satisfaction and customer value. All these will be discussed in detail in the following paragraphs:

**Quality:** In general terms quality can be described as the measurement of how well the product or service of the organisation conforms to the customer's wants and expectations. Another way to look at this issue is to say that quality is the ability of the organisation to meet or to exceed customer expectations. Everybody agrees that quality is a good thing. Whether you refer to the quality of product, quality of service, or quality of suppliers, everybody agrees that it should be of the highest standard (Brink and Berndt, 2004:47).

According to Brink and Berndt (2004:47) there is usually a big difference between what the expected quality is and what is actually delivered, so when evaluating quality, the customer has four possible quality experiences, namely:

- *Over-quality*. This is a situation where even a customer realises that more is delivered than is economically justified.
- *Positively confirmed quality*. It is a situation where little more is delivered than the customer expected. This situation is called customer delight and makes

the customer feel positive about continuing the relationship with the organisation.

- *Confirmed quality* is the minimum quality that the customer will accept and which does not necessarily make the customer feel that he or she will continue with relationship with the organisation.
- *Negatively confirmed quality* is bad quality experiences by the customer which will result in the customer breaking the relationship with the organisation.

To understand how well customers' needs are being met we need to understand quality differently (Donaldson and O'Toole, 2003:149). It is important to deliver superior added value for customers in a competitive position in a crowded market place. Service can be a major source of competitive advantage by customisation, adding value and enhancing the quality of the relationship. Poor service is the dominance reason for losing business (Donaldson and O'Toole, 2003:150). Therefore the emphasis on quality is absolutely indispensable in cultivating a citizen-orientated public health service.

**Customer service:** customer service can be described as the totality of what organisation does to add value to its products and service in the eye of the customer. Customer service entails anything that the organisation can do to enhance the customer experience. There has been a change in how a customer is perceived in an organisation. Initially, customer service was seen as the exclusive domain of the people who are in direct contact with the public or citizens. Thereafter, customer service is seen as the responsibility of the department dealing with the customer complaint. Organisations today, however, realise that every personnel member and all the organisation's activities must strive for the increase of customer service (Brink and Berndt, 2004:48).

**Customer value:** All customers want to buy a product or service of value. Value of the customer is the difference between the worth that he or she gets from using the product and cost of acquiring the product. In most instances, the customer feels that he or she gets value when a product is bought at a bargain price, or if additional services are obtained. The customer value equals the customer perceived benefits minus the customer perceived price (Brink and Berndt, 2004:46).

**Customer satisfaction:** The ultimate aim of an organisation is to ensure that the customers that receive the services are satisfied. Customer satisfaction can be described as the degree to which an organisation's product or service performance matches up to the expectation of the customer. If the performance matches or exceeds the expectations then the customer is satisfied. If the performance is below par, the customer is dissatisfied. There is consensus in the world that when customers are satisfied, they have a higher propensity to be loyal. It is therefore for the organisation to ensure that everything is possible is done to provide customer satisfaction. The objective here is to increase a bottom line of the organisation (Brink and Berndt, 2004:48-49).

### **2.3.2 Classification of services**

Services are a diverse group of products (A product can be either goods or services). Despite the diversity, services can be classified on the basis of; type of market; degree of labour intensiveness; degree of customer contact; skill of the service provider of goal of the service provider. Comparing these classifications with current worldwide trends, it can be deduced that governments are active in all of these categories. Providing to both consumer and organisational markets; providing services that are both labour-based – and equipment-based labour-intensive; providing in both high and low customer contact situations; providing both professional and non-professional skills, and having both profit and non-profit goals (Skinner, 1994:356).

Services can also be classified in terms of two types, namely social (e.g health and education) and physical (e.g. water and telecommunications) (O’Faircheallaigh and Graham, 1991:x).

According to Seidle (1995:8) three “related and somewhat overlapping” service functions can be identified:

- the development of policy proposals and legislations in support of ministers;
- the regulatory responsibilities of government; and
- the provision of benefits, usually through the transfer of resources or information to the public or through the operation of various types of facilities.

This indicates the hierarchical responsibilities and/or functions of providing services to the public from parliament and the ministers to the local government entities that for example offer the population access to basic services.

A distinction can also be drawn between direct and indirect recipients of public services. Where government departments or divisions serve other parts within that government, it is referred to as indirect service to recipients. Mostly the emphasis falls on direct recipients of services. Farquhar as cited by Seidle (1995:8) identifies three categories of direct recipients:

- **Voluntary users:** For example, people who visit parks, obtain licenses or receive information about government programmes.
- **Entitled users:** Those who receive particular monetary benefits such as income security or services directed at the general population – for example, policing, roads and waterworks.

- **Compelled users:** Citizens who must comply with laws and regulations that are in the public interest, entailing, for example, fines, taxes and speed limits.

Viewed in this way, directly provided services extend beyond face-to-face or telephone contacts with public servants or written responses to applications, questions or complaints, activities often referred to as “transactions”. In addition, the nature of service can be seen as multi-faceted. Zussman (1994:9) divides the definition of service into three elements:

- The core – is the benefit of the service such as compliance with the law.
- The tangible service – is the license, providing transportation, or advice to a client.
- The augmented service – includes communication, information, responsiveness, problem-solving, etc.

A further characteristic of direct service delivery is that it is by no means and objective of “mechanical” interaction, as Zussman (1994:9) has underlined” “Facing the public servant as a member of the public who has certain expectations about the type of service. These expectations were formed on the basis of a value structure, which also relates to the client’s perception of the role of government in society and, specifically, about the type of service expected from a normal government organisation. These expectations and perceptions derive from previous experiences with public servants and also the experiences of others.

Borins (1994:38) argues that questions and values and perceptions mean that the process of service delivery requires subtle understanding, and that simplistic nostrums may fail long after they are embraced. One of these nostrums is that public- and private-sector service provision are analogous – as reflected in the growing tendency to refer to

the recipients of public services as “clients”, “customers” or even “consumers”. He further adds that the term “customer” is particularly unsatisfactory, in the sense that the user of a public service, unlike the exigent shopper, often cannot choose another provider.

An advantage of the expression “citizens” is that it ought to remind us that those who receive services from the public sector also have responsibilities: for example (Borins, 1994:38):

- To obey the law being administered;
- To provide sufficient information when a particular transaction is executed;
- To collaborate with public servants as they seek to resolve problems; and
- To help identify improvements respecting the substance of public policy and measures for its delivery.

Seidle (1995:10) mentions that the relationship between service deliverer and recipient as one of “co-operation”, in which “the delivery of the service depends on the intelligent judgment and responsible commitment of both parties.”

## **2.4 Regulatory framework and policies supporting public service delivery**

### **2.4.1 The Regulatory Framework**

Department of Public Service and Administration: Batho Pele Handbook - A Service Delivery Improvement Guide (2004:16-17) hereafter referred to as the Batho Pele Handbook pointed out that since 1994 the South African government has produced a substantial body of enabling legislation to promote the transformation of the public service from the old, bureaucratic, rules-bound organisation into a dynamic, result driven

entity, focused on service delivery. This body of enabling legislation is called the Regulatory Framework. It is informed by the Constitution of the Republic of South Africa, Act 108 of 1996, which clearly spells out the fundamental principles that must govern the provision of services by the public service, and includes the Acts, Regulations, White Papers and bargaining council decisions.

#### **2.4.1.1 The Constitution of the Republic of South Africa, Act 108 of 1996**

Section 195 (1) of the Constitution of the Republic of South Africa, Act 108 of 1996 stipulates that within public administration there is a public service for the Republic, which must function and be structured, in terms of the national legislation, and which must loyally execute the lawful policies of the government of the day. The supreme law of the Republic of South Africa highlights nine principles governing public administration provided in section 195 of the Constitution and insists that public services should be publicized and that public servants should commit to provide services of a standard that meets the needs of the customers.

Public administration must be governed by the democratic values and principles enshrined in the Constitution including the following principles (Constitution of the Republic of South Africa, Act 108 of 1996):

- A high standard of professional ethics must be promoted and maintained.
- Efficient, economic and effective use of resources must be promoted.
- Public administration must be development-oriented.
- Services must be provided impartially, fairly, equitably and without bias.
- People's needs must be responded to, and the public must be encouraged to participate in policy-making.
- Public administration must be accountable.

- Transparency must be fostered by providing the public with timely, accessible and accurate information.
- Good human-resource management and career-development practices, to maximise human potential, must be cultivated.
- Public administration must be broadly representative of the South African people, with employment and personnel management practices based on ability, objectivity, fairness, and the need to redress the imbalances of the past to achieve broad representation.

#### **2.4.1.2 White Paper on the Transformation of the Public Service, 1995**

The White Paper on the Transformation of the Public Service, 1995 (hereafter referred to as WPTPS), sets out eight transformation priorities, amongst which Transforming Service Delivery is the key. This is because a transformed South African public service will be judged by one criterion above all: its effectiveness in delivering services which meet the basic needs of all South African citizens. Improving service delivery is therefore the ultimate goal of the public service transformation programme. The purpose of this White Paper is to provide a policy framework and a practical implementation strategy for the transformation of public service delivery. This White Paper is primarily about how public services are provided, and specifically about improving the efficiency and effectiveness of the way in which services are delivered. It is further stated in the White Paper that it is not about what services are to be provided – their volume, level and quality – which is a matter for Ministers, Members of the Executive Councils (MECs), other executing authorities and the duly appointed head of government institutions. However, their decisions about what should be delivered will be improved as a result of the Batho Pele approach, for example through systematic consultation with users of services, and by information about whether standards of services are being met in practice.

The vision of government is to promote integrated seamless service delivery. This is done within the White Paper on Transforming Public Service Delivery, as promulgated in 1997. Eight principles for transforming public service delivery – the Batho Pele principles – have been identified. These are expressed in broad terms in order to enable national and provincial departments to apply them in accordance with their own needs and circumstances (White Paper on Transforming Public Service Delivery, 1997:9-10).

### **Batho Pele, a Sotho translation for 'Putting People First'**

The Batho Pele Handbook (2004:1) describes Batho Pele as an initiative to get public servants to be service orientated, to strive for excellence in service delivery and to commit to continuous service delivery improvement. It is a simple and transparent mechanism, which allows citizens to hold public servants accountable for the level of services they deliver. It further explains that Batho Pele is not an "add-on" activity. It is a way of delivering services by putting citizens at the centre of public service planning and operations. It is a major departure from a dispensation, which excluded the majority of South Africans from government machinery to the one that seeks to include all citizens for the achievement of a better-life-for-all through services, products, and programmes of a democratic dispensation.

Eight (8) Batho Pele principles were developed to serve as acceptable policy and legislative framework regarding service delivery in the public service. These eight principles are also aligned with the nine Constitutional ideals as mentioned above. (Batho Pele Handbook, 2004:1-2)

**The eight (8) Batho Pele principles cited in the White Paper on Public Service Delivery, 1997 are as follows:**

**Consultation**

The White Paper on Public Service Delivery, (1997:15) states that citizens should be consulted about the level and quality of the public services they receive and, wherever possible, should be given a choice about the services being offered.

All national and provincial departments are required to consult regularly and systematically about the current services provided as well as the provision of new basic services to those who are in need. Consultation would give the citizens the opportunity to influence decisions about public services, by providing objective evidence that will determine service delivery priorities. The consultation process could also assist to foster a more participative and co-operative relationship between the providers and users of public services.

According to the White Paper, consultation could take place in many ways such as customer surveys, interviews with individual users, consultation groups, and meetings with consumer representative bodies, non-governmental organisations and community based organisations, including bodies representing previously disadvantaged groups. Regardless of the method of consultation that will be utilised, the consultation process must cover the entire range of existing and potential customers. It is also essential that consultation include the views of those who have previously been denied access to public services (White Paper on Transforming Public Service Delivery, 1997:16).

The results of the consultation process must be reported to the relevant Minister, executing authority and the relevant Portfolio Committee, and made public, for example, in the media. The results should also be publicised within the organisation so that all staff members are aware of how their services are perceived. The results must be considered when provisions and levels of service delivery decisions are being made (White Paper on Transforming Public Service Delivery, 1997:16).

## **Setting service standards**

National and provincial departments must publish standards for the level and quality of services they will provide, including the introduction of new services to those who have been denied access previously. Service standards must be relevant and meaningful to the individual user, which means that it must cover the aspects of the service which matter most to the users. Standards must also be precise and measurable so that those members of the public who are utilizing the services can ascertain for themselves whether or not they are receiving optimal service delivery as discussed during the consultation process (White Paper on Transforming Public Service Delivery 1997:17).

Standards may cover processes or outcomes of government departments such as the length of time it takes to authorize, for example, a claim, to issue a passport or identity document or to respond to letters from members of the public. Service standards must also be set at a level that is demanding but realistic, that is, these standards should reflect a level of service which is higher than the current services offered but which is achievable with dedicated effort and by adopting a more efficient and customer-focused working processes. Standards should also be benchmarked against international standards, taking into account South Africa's current level of development in order to make South Africa globally competitive (White Paper on Transforming Public Service Delivery, 1997:17).

The elected representatives such as the Minister/Members of the Executive Committee and other executing authorities who are accountable to the legislature are responsible for deciding what services are to be provided. It is therefore imperative that these elected representatives approve these service standards. Once approval has been obtained, the service standards must be published and displayed at the points where the services will be delivered and communicated as widely as possible to all potential users

so that they know what level of service they are entitled to expect, and can complain if they do not receive it (White Paper on Transforming Public Service Delivery, 1997:17).

Performance against these standards must also be measured regularly and the results must be published at least once a year and more frequently where appropriate. Performance must also be reviewed annually and, as these standards are met, they should be raised progressively. Once standards are set and published they may not be reduced. If a standard is not met, the reasons must be explained publicly and a new target date must be set for when it will be achieved (White Paper on Transforming Public Service Delivery, 1997:17).

### **Increasing access**

One of the prime aims of Batho Pele is to provide a framework for making decisions about delivering public services to the many South Africans who were and still are denied access. In order to address this issue, all national and provincial departments are required to specify and set targets to progressively increase access to their services for those who have not previously received such services. In setting these targets, institutions which promote the interest of the previously disadvantaged groups, such as the Gender Commission, and groups representing the disabled should also be consulted (White Paper on Transforming Public Service Delivery, 1997:18).

Geographical logistics is a key factor affecting access, as people who live in remote areas have to travel long distances to access public services. National and provincial departments should therefore develop strategies to address this issue by setting up, for example, mobile units redeploying facilities and resources closer to those in greatest need. Lack of infrastructure which makes communication difficult with remote areas must also be looked at. Service delivery programmes should therefore address the need to

progressively redress the disadvantages of all barriers to access (White Paper on Transforming Public Service Delivery, 1997:18).

The legislative frameworks intended to give effect to the constitutional right of the citizen to have access to any information held by the State and binds government institutions to have information available and regularly updated to meet the changing needs of the citizens. They include (Batho Pele Handbook, 2004:1-2):

- Open Democracy Act of 2000
- Promotion of Access to Information Act of 2000
- Electronic Communications and Transactions Bill of 2002
- E-Government Strategy of 2001

The legislative prescripts promote the harnessing of innovative IT based solutions to make service as well as information on services within and across government departments more accessible in an integrated manner, particularly to people in under-serviced areas. These include e-government services, electronic communications and transactions with public/private bodies, institutions and citizens and development of electronic transactions services, which are responsive to the needs of citizens and consumers (Batho Pele Handbook, 2004:1-2).

### **Ensuring courtesy**

The principles of Batho Pele require that the behaviour of all public servants is raised to the level of the best. National and provincial departments must specify the standards for the way in which customers should be treated. These standards must be included in departmental codes and should cover the following aspects (White Paper on Transforming Public Service Delivery, 1997:19):

- greeting and addressing customers;

- the identification of staff by name when dealing with customers, whether in person, per telephone or in writing;
- the style and tone of written communications;
- simplification and “customer-friendliness” of forms;
- the maximum length of time within which responses must be made to enquiries;
- conducting of interviews;
- how complaints should be dealt with;
- dealing with people who have special needs, such as the elderly or infirm; and
- language.

The performance of staff dealing with clients must be monitored regularly and performance falling below the specified standards should not be tolerated. Service delivery and customer care must be included in all future training programmes, and additional training should be given to all those who deal directly with the public, whether face to face, in writing or telephonically. All managers must ensure that the values and behavioural norms of their organizations are in line with the principles of Batho Pele (White Paper on Transforming Public Service Delivery, 1997:19).

Encouraging customer-focused behaviour should provide staff with opportunities to suggest ways of improving service delivery and for senior managers to take these suggestions seriously. All managers should also ensure that regular feedback is received from front-line staff and should personally visit front-line staff regularly so that they themselves can see what is happening (White Paper on Transforming Public Service Delivery, 1997:19).

## **Providing more and better information**

Information is one of the most powerful tools at the customer's disposal in exercising his or her right to good service. National and provincial departments must ensure that they have full, accurate and up-to-date information about their services they provide, and who is entitled to them. It must also be ensured that the people who need the information the most are being informed including the members of the public who have been previously excluded from the provision of such services (White Paper on Transforming Public Service Delivery, 1997:19).

The information must be provided via various media campaigns and languages to meet the differing needs of different clients. It must also be ensured that everybody must be included especially those who have been disadvantaged by physical disability, language, race, gender, geographical distance or any other way. Written information should be free from jargon and supported by graphical material which will make it easier to understand. There should also always be a name and contact number for obtaining further information and advice (White Paper on Transforming Public Service Delivery 1997:19).

As a minimum, information about services should be made available at the point of service delivery. For other users the information could be made available through the schools, libraries, clinics, shops, local non-governmental organizations and community based organizations. Service providers should also make regular visits to remote communities to disseminate information (White Paper on Transforming Public Service Delivery, 1997:19).

## **Increasing Openness and transparency**

Openness and transparency are fundamental to the public service transformation process. It is important to build confidence and trust between the public sector and the members of the public being served. A key aspect is that the public should know more about the manner in which national and provincial departments operate, how well functions are being performed, the resources and the management (White Paper on Transforming Public Service Delivery, 1997:20).

In order to achieve the above-mentioned, national and provincial departments should publish Annual Reports to citizens and which should include the following aspects (White Paper on Transforming Public Service Delivery, 1997:20):

- staff numbers employed and the names and responsibilities of senior officials;
- performance against targets for improved service delivery, financial savings and increased efficiency;
- resources consumed, including salaries, staff costs, and other operating expenses;
- any income, such as fees for services;
- targets for the following year; and
- a name and contact number for further information.

## **Redress: Remedying Mistakes and Failures**

The principle of redress should be seen by public servants as a manner in which dissatisfactory services could be addressed and improved. National and provincial departments are required to review and improve their complaints system in line with the following principles (White Paper on Transforming Public Service Delivery, 1997:21):

### *Accessibility*

Complaints systems should be made known to all communities and easy to use. Excessive formality should be avoided and systems which require written complaints only can be disturbing to most clients. Complaints could be made in other ways such as personal interviews with the complainants, or telephonically.

### *Speed*

Complainants become despondent and dissatisfied if departments take too long to respond to a complaint. Should a delay be experienced, an immediate apology together with a full explanation should be provided to the complainant. If a delay is unavoidable, the complainant should be kept informed of the progress and told when an outcome could be expected.

### *Fairness*

All complaints should be investigated fully and impartially. Often people are not happy about complaining to a senior official about a member of staff or about some aspect of a system for which the official is responsible. If possible an independent avenue should be offered if the complainant is dissatisfied with the response they received initially.

### *Confidentiality*

The complainant's confidentiality should be protected so that they are not deterred from laying a complaint by feeling that they would be victimised in the future.

### *Responsiveness*

All complaints should be responded to regardless of how trivial it may seem. Responses should take full account of the individual's concerns and feelings. Where a mistake has been made, or the service has fallen below the promised standard, the response should

be immediate, starting with an apology, a full explanation, and assurance that the occurrence will not be repeated and whatever remedial action necessary.

### *Review*

Complaints systems should incorporate review mechanisms to allow feedback to be given to enable the system to be improved.

### *Training*

Complaints handling processes should be publicised throughout the organisation and training should be provided to all staff so that they know what action to take when a complaint is received.

## **Getting Best Value for Money**

The improvement of service delivery and extending access to public services to all South Africans must be achieved alongside the government's strategy to reduce public expenditure and creating a more cost-effective public service. The Batho Pele initiative must be delivered within departmental resource allocations, and the rate at which services are improved will therefore be significantly affected by the speed with which national and provincial departments achieve efficiency savings which can be put back into the system to improve services (White Paper on Transforming Public Service Delivery, 1997:22).

All national and provincial departments will be required, as part of their service delivery improvement programme, to identify areas where efficiency savings which can be put back into the system to improve services (White Paper on Transforming Public Service Delivery, 1997:22).

All national and provincial departments will be required, as part of their service delivery improvement programme, to identify areas where efficiency savings will be sought, and the service delivery improvements which will result from achieving the savings (White Paper on Transforming Public Service Delivery, 1997:21).

Batho Pele has its roots in a series of policies and legislative frameworks. These policies and legislative frameworks have been categorised into three themes namely: those that are overarching or transversal, those that deal with access to information and those that deal with transformation of service delivery (Batho Pele Handbook, 2004:1).

#### **2.4.2 Overarching/transversal legislative frameworks**

The mandate for service delivery contained in the Constitution of the Republic of South Africa, Act 108 of 1996 has already been referred to above. Whilst Section 32 in the Constitution spells out the fundamental principles that must govern the provision of services by the public service, it is by no means the only piece of legislation that supports the notion of "putting people first". The most important other pieces of enabling legislation that provide links to *Batho Pele* are the:

##### **2.4.2.1 Public Service Act, No 103 of 1994**

This remains the principle piece of legislation governing the public service, as required by the Constitution of the Republic of South Africa, Act 108 of 1996. The Public Service Act was formulated in terms of the Constitutional principles, to provide for the organisation and administration of the public service, the regulation of conditions of employment, terms of office, discipline, retirement and discharge of members of the public service and other connected matters. (Batho Pele Handbook, 2004:17)

It has been amended and amplified by the following legislation:

The Public Service Laws Amendment Act, No's 47 and 93 of 1997 and no 86 of 1998)

According to the Public Service Act 103 of 1994, the Minister: Public Service and Administration has the power to make regulations. In order to give practical effect to the Constitutional principles, all employees are expected to comply with the Code of Conduct provided for in the Regulations and expected to perform him/her duties to the best of ability.

#### **2.4.2.2 The Public Service Regulations, 1999 & 2001**

These two legislative frameworks seek to transform a culture of public service delivery from prescribing service packages to citizens, to putting citizens at the centre of service delivery. Accordingly, all government departments both national and provincial are compelled to align their service delivery mandates and service delivery improvement plans with the overall service delivery priorities of the government based on the needs of the citizens (Batho Pele Handbook, 2004:22).

They call for the setting up of service standards, defining outputs and targets, and benchmarking performance indicators against international standards. Similarly, it also calls for the introduction of monitoring and evaluation mechanisms and structures to measure progress on a continuous basis. Other requirements include (Batho Pele Handbook, 2004:22):

- The alignment of staffing plans, human resources development processes and organisational capacity building with the needs of citizens;
- The development of financial plans that link budgets directly to service needs and personnel plans;

- Identifying and entering into partnership agreements with the private sector, non-governmental organisations (NGOs) and community-based organisations (CBOs) which will provide more effective forms of service delivery;
- The development, particularly through training, of a culture of customer care and sensitivity towards the diversity of citizens in terms of race, gender and disability.

#### **2.4.2.3 Promotion of Administrative Justice Act No 3 of 2000.**

The Constitution of the Republic of South Africa, Act 108 of 1996, through the Bill of Rights, gives every citizen the right to take action against the state, if they believe their constitutional rights have been infringed, and the right to have access to information held by the state, in order to take action against the state. These rights are echoed in the eight Batho Pele principles, which are listed above, especially the right to redress and the right to information (Batho Pele Handbook, 2004:23).

According to sections 33(1) and (2) of the Constitution of the Republic of South Africa, 108 of 1996 everyone has the right to administrative action that is lawful, reasonable and procedurally fair and that everyone whose rights have been adversely affected by administrative action, has the right to be given written reasons. Section 33(3) of the Constitution requires national legislation to be enacted to give effect to the above rights and to:

- Provide for the review of administrative action by a court or, where appropriate, by an independent and impartial tribunal;
- Impose a duty on the state to give effect to those rights;
- Promote efficient administration.

Against this background, the Promotion of Administrative Justice Act, No 3 of 2000 (hereafter referred to as PAJA) was enacted on 3 February 2000 to:

- Promote an efficient administration and good governance; and
- Create a culture of accountability, openness and transparency in the public administration or in the exercise of a public power or the performance of a public function, by giving effect to the right to just administrative action. The provisions of the PAJA have direct bearing on virtually all of the Batho Pele principles, but specifically it focuses on the following principles: consultation, courtesy, information, openness and transparency and especially redress (Batho Pele Handbook, 2004:23).

Section 3(1) of the Promotion of Administrative Justice Act, No 3 of 2000 states that: "Administrative action which materially and adversely affects the rights or legitimate expectations of any person must be procedurally fair." It continues that in order to give effect to the right to procedurally fair administrative action, an administrator must give a citizen adequate notice of the nature and purpose of the proposed administrative action; a reasonable opportunity to make representations; a clear statement of the administrative action; adequate notice of any right of review or internal appeal, where applicable; and adequate notice of the right to request reasons for the administrative action.

Section 4 of the PAJA states that where an administrative action materially and adversely affects the rights of the public, an administrator, in order to give effect to the right to procedurally fair administrative action must consult with the public by either holding a public enquiry or instituting other appropriate actions (Promotion of Administrative Justice Act, No 3 of 2000).

Section 5 of the PAJA spells out citizens' rights to redress. It states that any person whose rights have been materially and adversely affected by administrative action and who has not been given reasons for the action, may request that he or she be provided with written reasons for the action. The Act goes on to state that any person may institute proceedings in a court or a tribunal for the judicial review of an administrative action and stipulates the procedures for such review and the remedies that may be implemented (Promotion of Administrative Justice Act No 3 of 2000).

### **2.4.3 Transforming Public Service Delivery**

These legislative prescripts provide for the progressive increase of access to public services and promote efficient administration and good governance in the public sector.

They include:

#### **2.4.3.1 Public Finance Management Act 1 of 1999**

According to the Public Finance Management Act 1 of 1999, also requires Accounting Officers of national and provincial departments to submit financial and non-financial performance related information to the relevant Treasuries.

#### **2.4.3.2 The Promotion of Access to Information Act, Act No 2 of 2000**

The Promotion of Access to Information Act 2 of 2000 gives effect to a citizen's constitutional right of access to information held by the State and any information that is held by another person which may be required for the exercise or protection of any rights, in order to: foster a culture of transparency and accountability in public services by giving effect to the right of access to information; and promote a society in which the people of South Africa have effective access to information to enable them to exercise and protect all of their rights.

#### **2.4.4 The Public Service Commission Act, Act No 46 of 1997**

The Public Service Commission's role is defined by section 196 of the Constitution of the Republic of South Africa, Act 108 of 1996. The Commission is independent and must be impartial and must exercise its powers and performs its functions without fear of favour or prejudice in the interest of the maintenance of effective and efficient public administration and a high standard of professional ethics in the public service. The Commission must be regulated by national legislation. Other organs of state, through legislative and other measures, must assist and protect the Commission to ensure the independence, impartiality, dignity and effectiveness of it. No person or organ of state may interfere with the functioning of the Commission. The powers and functions of the Commission are stipulated in section 196 (4) as follows:

- to promote the values and principles set out in section 195, throughout the public service;
- to investigate, monitor and evaluate the organisation and administration, and the personnel practices, of the public service;
- to propose measures to ensure effective and efficient performance within the public service;
- to give directions aimed at ensuring that personnel procedures relating to recruitment, transfers, promotions and dismissals comply with the values and principles set out in section 195;
- to report in respect of its activities and the performance of its functions, including any finding it may make and directions and advice it may give, and to provide an evaluation of the extent to which the values and principles set out in section 195 are complied with; and
- either of its own accord or on receipt of any complaint-

- to investigate and evaluate the application of personnel and public administration practices, and to report to the relevant executive authority and legislature;
  - to investigate grievances of employees in the public service concerning official acts or omissions, and recommend appropriate remedies;
  - to monitor and investigate adherence to applicable procedures in the public service; and
  - to advise national and provincial organs of state regarding personnel practices in the public service, including those relating to the recruitment, appointment, transfer, discharge and other aspects of the careers of employees in the public service; and
- to exercise or perform the additional powers or functions prescribed by an Act of Parliament.

## **2.5 Efforts to improve public service delivery**

Improving service delivery and creating sustainable service delivery are frequently used terms in South Africa in the late 1990s, but perhaps easier used than explained. It seems self-evident that service delivery is what government does (or should do), and that improving service delivery will result in or stem from government improving what it is doing.

“The effective delivery of the expanded services to the people requires that we improve the efficiency of the public service. Without the efficiency and effectiveness of the public service, it will be impossible for us to register the advances that we are capable of. Again, this will require that we make a number of determined interventions.” (President Thabo Mbeki, State of the Nation Address, 2003)

The current global challenges put pressure on both private and public institutions to be innovative, resulting in a trend on governments to move away from the old traditional public administration functions and to incorporate the new public management. In this section public management is seen as existing and cutting across within public administration. Therefore public management is conceived as a means to improve managerial innovation, performance, efficiency and emphasises the centrality of citizens as well as accountability. In this section some management functions, skills and applications which can be useful and which can assist public managers to use resources optimally are described. These applications are based on the knowledge and principles of public management and administration, which public managers can apply to a particular area. Similarly, these applications can be considered as the most relevant ingredients to public management when efforts of improving service delivery are discussed. As systematic instruments, they can assist the public manager in the execution of functions and skills (Fox, Schwella & Wissink, 1991:203-239). These components of public management are examined below.

### **2.5.1 Policy Analysis**

Policy has been described as government programmes of action in achieving goals to address societal problems. Policy implementation is the delivery of strategy-level services, and can result in the physical supply of a product, be it a good or a service, to the public (Fox and Meyer, 1996:96-98,107). By evaluating and attempting to optimise policy, policy analysis has been one attempt to optimise public service delivery.

Information is a primary requisite for the many decisions to be made in framing policy (Burger, 1996:188; Cloete, 1994:91; Graber, 1992:119-120). The collection of all the relevant data is however almost never possible.

A criticism against policy analysis is its propensity to focus on current policies and how these can be adapted to circumstances, instead of following a bottom-up approach: first determining the real (not perceived) need and then formulating a policy. In view of this, policy analysis must cease to be the preserve of the powerful and the organised and endeavour to reach as wide as public as possible, enriching and enlarging political debate, and promoting competition between ideas and values (Parsons, 1995:615; Hogwood and Gunn, 1984:268-270).

### **2.5.2 Strategic management**

Strategic management is a public management application that was borrowed from the private sector (Schwella, 1991:220). Seen as important in all levels of government, strategic management emphasises environmental analysis (Clarke, 1996:15,116) and is seen as a way to improve service delivery.

### **2.5.3 Organisation development**

Definitions of organisation development (OD) stress the need for change in the structures and processes of the organisation in responses to organisational challenges and opportunities (Schwella, 1991:242).

In terms of improving service delivery the contribution of OD becomes clear when bringing together organisations and agencies at the most local level and supplying the public with seamless service. OD could optimise the structure and operations of joint information and/or advice centers or “one-stop-shops”. It could also facilitate co-operation for jointly published information about services and local authority activities. This includes co-operation between different elements of local government and also other spheres of government (Clarke, 1996:104-105).

#### **2.5.4 Improving decision-making**

Optimal service delivery will be ensured by informed and sound decision-making capacity within government. However, poor, corrupt and ill-informed decision-making often occur in South African government. An approach to address bad decision-making could involve configuring decision-making processes which help link policy and action. Another option is to ensure that accountability, citizen-responsiveness and organisational performance are promoted and understood by both the political and managerial dimensions of government (Pamphilon, 1998: 6).

#### **2.5.5 Public resource management**

Public management and service delivery can also be optimised through focusing on public resource management. Human resources, financial resources, information and natural resources could all contribute to better service delivery if managed appropriately (Schwella, Burger, Fox and Muller, 1996:72).

#### **2.5.6 Quality Assurance**

This term refers to the sum of all those planned and systematic activities implemented within a quality system that are measured and managed to provide adequate confidence that a product or service will fulfil the client's requirements for quality. In other words quality assurance is about managing the process of production, rather than the product or service itself. In contractual situations, quality assurance is the provision of satisfactory evidence by the supplier that the goods or service has been or will be produced consistently to customer requirements (International Organisation for Standardisation, 1994:8).

The next set of tools for service delivery improvement to be discussed is innovative management.

## **2.6 Innovative Management**

A second category of tools aimed at improving service delivery concerns creativity on the side of managers. This category involves innovative management. The first tool in this category to be discussed is entrepreneurial government.

### **2.6.1 Entrepreneurial government**

According to Jean Baptiste Say, who coined the term entrepreneur around the 1800 is, the entrepreneur “shifts resources out of an area of lower and into an area of higher productivity and greater yield” (Osborne and Gaebler, 1992:xix). In terms of the public sector, entrepreneurship involves being continuously interested in effectiveness, efficiency and responsiveness, and in cutting time and costs (Esman, 1991:41; Schwella, Burger, Fox and Muller, 1996:331).

Although entrepreneurial government might be limited by the stifling rules and regulations of the public sector, it can be useful in improving service delivery (Osborne and Gaebler, 1992:xix, Kirkpatrick and Lucio, 1995:33; Beveridge, 1995:34). Entrepreneurial activity is essential in breaking the vicious cycle of poverty and dependency that has long afflicted lesser developed countries. Entrepreneurship encourages its own replication and, through proper exposure to it, it can be learned and spread throughout society (Schwella, Burger, Fox and Muller, 1996:334).

### **2.6.2 Reinventing government**

“Reinventing government” is associated with the work by Osborne and Gaebler (1992) of the same title. This school of thought proposes “Customer-Driven Government” meeting the needs of the customer, not the bureaucracy.

Especially in South African society there is a “burning need” for public management processes to work for development rather than in the interest of the status quo (Fitzgerald, 1993:17).

The reinventing government approach has however been severely criticised and some commentators believe that evolution and continued renewal is more appropriate than reinvention (Clarke, 1996:6).

One of the central concepts of reinventing government is that government should steer, not row, putting an emphasis on separating out the business of operations from that of setting direction and approach. This separation of operations and strategy can only be taken so far. A key ingredient of the learning needed about the environment and what is happening in it comes from the actual delivering of services and the discharging of other responsibilities, from operations (Clarke 1996:116-117).

### **2.6.3 Corporate management**

A corporate style of public management, which derives directly from private sector models of corporate planning and strategic management, can also be seen as an attempt to improve service delivery, its proponents argue that corporate management can ensure that service delivery is both more efficient and effective. Critics claim that corporate management places undue emphasis on quantitative measurement of both programme and staff performance (O’Faircheallaigh and Graham, 1991:xi).

### **2.6.4 The learning organisation**

The notion of the “learning organisation” has become one of the new “buzzwords” in the literature of management. Many senior managers have come to believe that the way in

which an organisation learns is a key index to its effectiveness and potential to innovate and grow (Garavan, 1997:18).

In terms of a learning organisation, Clarke (1996:94) indicates learning requires an organisation that does not become enclosed in its own tasks, insulated from what is going on around it. Processes which allow those who work at the frontline to feed their experience to the top of the organisation and the top to listen to the front-line are needed. The constant improvement of the knowledge base on which planning operates is a key to success (Kitchen and McDougall, 1999:4).

## **2.7 Internal customer service**

The internal customer is not new, nor is it a purely public sector concept. The idea was first used almost forty years ago to describe different forms of administrative relationships within the private sector. It stemmed from an understanding that in any organisation all staff are both the providers and receivers of services and, critically, if poor internal service exists, then the final service to the external customer will be diminished (O’Riordan and Humphreys P, 2003:6).

O’Riordan and Humphreys, (2003:6) describes the concept of internal customer as particularly helpful in a public sector environment where the connection between those for example in policy making or corporate service divisions, and external customers may not be readily apparent. Developing an internal customer ethos serves to emphasise the idea that government departments cannot expect to meet targets in respect of delivering a quality service to the public if the needs of staff are not met with similar standards of timeliness, courtesy and consultation. However, the internal customer is not just about ensuring an organisation meets the needs of its external customers more effectively. The concept also highlights the fact that a duty of care is owed to staff as colleagues.

Building customer loyalty is contingent upon treating employees as internal customers and ensuring they feel valued. As Karl Albrecht, (1990:ii) stated, “The concept of internal service – the idea that the whole organisation must serve those who serve – has emerged as one of the most important principles of the service management approach. Albrecht recognises that serving the internal customer is a critical component in the creation, maintenance and delivery of service quality of external customers (Albrecht, 1990:ii).

## **2.8 Conclusion**

This chapter commenced by discussing the origin of public service delivery. It further explained the unique characteristics of services as opposed to goods and also the manner in which services are categorised. This chapter also gave an in-depth description of the legislative framework and policies that underpins public service delivery. The chapter further explained some efforts and tools that can be applied to improve public service delivery. Lastly, the concept of internal customer service is also addressed. This chapter supports the research objectives; expectations and perceptions of employees in terms of internal service delivered to them by central head office.

## CHAPTER 3

### CASE STUDY ON THE PROVINCIAL GOVERNMENT WESTERN CAPE, DEPARTMENT OF HEALTH

*“Success will be achieved by saying what you will  
deliver and delivering what you say”*

[Donaldson and O’toole, 2002]

#### 3.1 Introduction

In the last ten years, the world has experienced a disintegration of large systems into smaller administrative systems. South Africa, post apartheid, has been confronted with a different agenda of bringing together racially and ethnically divided administrations into single non-racial administrations. In health, for example, this process involved the integration of many departments into one single system administered in nine provinces. This fragmented public service was in the main characterised by a low skills base, poor quality of services, inefficiencies, lack of commitment and little or no respect to the citizens it was supposed to serve. Statistics from the National Department of Health (hereafter referred to as NDoH) also emphasised disparities between provinces in terms of personnel. People in rural areas have been especially disadvantaged with regard to access to health care. The challenge was therefore not limited to bringing people under the same roof, but to create a shared vision, establish new work ethics and bring the services close to the people. The urgent and immediate task was to impress on the new public service that they exist for the sole purpose of delivering quality service to all citizens (Lehoko, 2001:12).

Chapter three will firstly deal with an analysis of the history of health services in South Africa. This analysis will amongst other encompass the huge inequality that existed within the health system prior 1994. It is in this context that the Provincial Government Western Cape: Department of Health (hereafter referred to PGWC: DoH) will be discussed in terms of its own mission, vision and responsibilities. This chapter will also discuss the restructuring of the health service in South Africa and further define and discuss the issue of decentralisation and the Healthcare 2010 strategy to be implemented by Provincial Department of Health Western Cape.

### **3.2 History of the health system in South Africa**

The health service inherited in 1994 was a reflection of a system which focused primarily on supporting the apartheid state, rather than on improving health or providing an efficient and effective health service. Like the country, the health service had been fragmented into Black, Coloured, Indian and White with four provincial and ten homeland health departments. These were not even contiguous, furthering inefficiency and wasteful duplication. Resource access to health care had been distributed along racial lines. There was a predominant focus on hospital care, with hospitals serving whites having more resources (Buch, 2000:3)

Primary health care was severely underdeveloped. Budgets were overspent, backlogs in hospital maintenance and repair were massive and human resources unevenly distributed and trained to serve an elite rather than the national need. Management inefficiencies were deeply rooted and many programme for disease prevention and control were weak (Buch, 2000:3)

Following the 1994 democratic election in South Africa, the health system was perverse in respect of health care provision. The health system was largely determined by the

political and economic construct of apartheid and as a result it was tasked with the challenges of redressing the unequal distribution of health care and ensuring the health policy and legislation are consistent with the objective. The health system had the following outstanding features:

### 3.2.1 Inequitable

|   | BLACK     | WHITE  | COLOURED  | INDIAN |
|---|-----------|--------|-----------|--------|
| Per capita expenditure on health 1992 * | R138      | R591   | R340      | R356   |
| Infant mortality rate 1994 **           | 54.3      | 7.3    | 36.3      | 9.9    |
| Doctor population (1992/3)              | 1: 53 500 | 1: 282 | 1: 10 264 | 1: 661 |

**Table 3:** Illustration of some of the outcomes of the health system inequality in South Africa by race, 1995

\* McIntyre, Bloom, Doherty and Brijlal, 1995

\*\* Department of Health Annual Report, 1995

The inequalities of the health system can also be ascribed to a non-racial dimension, for an example, the per capita health expenditure in 1993 to 1994 was R583 in the Western Cape and R121 in the Limpopo Province and the doctor population ratio was 1: 875 in the urban setting and 1: 2 700 in the rural areas (McIntyre, Bloom, Doherty and Brijlal, 1995:16). Finally inequity also established a protected and subsidised private health

sector mainly for the privileged white minority. As a result out of the total amount spent on health in 1992/3, 58% was spent on private health care, which benefited only 23% of the total population.

### **3.2.2 Fragmented and inefficient**

The health system reflected the political structure of the apartheid. As a result at one stage, there were 14 separate departments of health. One for each homeland, the Department of National Health and Population Development (DNHPD) and three “own affairs” departments taking care of health services and welfare for whites, coloureds and Indians respectively. In addition, the national, provincial and local tiers of government had different health responsibilities. Provinces were essentially responsible for managing hospital services, local municipalities for managing primary health clinics and the regional services councils for managing mobile services to rural population. In essence, municipalities of different administration provided different types of services to different population groups within the country. As a result duplication resulted in many instances (McCoy, 2000).

### **3.2.3 Authoritarian and autocratic**

Generally speaking, the history of health care in South Africa attests to either minimum or complete absence of public involvement or participation in health policy formulation. Although many of the former homeland areas established community clinic committees and hospital boards, community members had little power. Even though community oriented health programmes were largely spearheaded by non-governmental organisations (NGOs) that aimed to popularise people’s participation in health, partly to strengthen the mass democratic movement and partly to improve their health directly (with health care deliveries was often limited by the state (Ngwenya and Friedman, 1995:56).

However, the ability of communities to be involved with health care deliveries was often limited by the state.

### **3.2.4 Inappropriate**

The pattern of public health expenditure and resource allocation also reflected the political structure of apartheid. Resources were not used to meet the priority health needs of the majority of the population (McCoy, 2000).

## **3.3 Provincial Government Western Cape: Department of Health**

The Constitution spells out the powers and functions of the three spheres of governments that form the bedrock for the division of functions within the national health system. According to the South African Year Book (2002/3:339) the Department of Health is responsible for:

- Formulating health policy and legislation;
- Formulating norms and standards for the health care;
- Ensuring appropriate utilisation of health resources;
- Co-ordinating information systems and monitoring national health goals;
- Regulating the public and private health care sectors;
- Ensuring access to cost-effective and appropriate health communities at all levels; and
- Liaising with health department in other countries and international agencies.

Provincial health departments are responsible for (South African Year Book, 2002/2003:40):

- Providing and/or rendering health service;
- Formulating and implementing provincial health policy standards and legislation;
- The planning and management of provincial health information system;
- Researching health services rendered in the province to ensure efficiency and quality;
- Controlling the quality of all health service and facilities;
- Screening applications for licensing and inspection of private health facilities;
- Co-ordinating the funding and financial management of district health authorities;
- Effective consulting on health matters at community levels; and
- Ensuring that delegated functions are performed

The PGWC: DoH forms an integral part the Western Cape Government. It is one of the nine provincial departments within Western Cape government. The Department is therefore directly and or indirectly affected and influenced by any political and administrative decisions concerning the Western Cape Government.

### **3.4 Organisational structure and functions**

According to the ANC Health Care Plan (1994:3), a single comprehensive equitable and integrated National Health System (NHS) had to be created and legislated for. A single governmental structure will coordinate all aspects of both public and private health care delivery and all existing department will be coordinated among local, district, provincial and national authorities. Authority over, responsibility for, and control over funds will be decentralised to the lowest level possible that its compatible with rational planning,

administration and the maintenance of good quality. Rural health service will be made accessible with particular attention given to improving transport. Within the health system, the health service provides the principal and most direct support to the communities.

The foundation of the National Health System will be Community Health Centres (CHCs) providing comprehensive service including promotive, preventive, rehabilitative and curative care. Community service will be part of a coordinated District Health Service will be responsible for the management of all community health services in that district. Each of nine provinces will have a Provincial Health Authority responsible for coordinating the health system at this level. At the central level, the National Health Authority (NHA) will be responsible for the policy formulation and strategy planning, as of the overall health system in the country. It will allocate national health budget system to translate policy into relevant integrated programmes in the health development (ANC, 1994:4-5)

The health service profession will be constituted by statutory body services which include the Health Profession Council of South Africa (HPCSA), the South African Dental Technician Council, the South African Nursing Council, the South African Pharmacy Council, Allied Health Service Professions Council of South Africa and the Council for the Social Service Professions (South African Year Book, 2002/3:339).

The Western Cape Provincial Department of Health is managed by a combination of a central head office in Cape Town and decentralised (regional) offices in Bellville, George, Worcester and Malmesbury. The function of the central head office is to determine policy and ensures that the health service functions are in harmony with both national and provincial policy and directives. Human resource and financial management policies and procedures are determined and co-ordinated at the central head office. The central head

office also provides overall policy determination, management and direction for Health Programmes. Professional Support Services and Communication, with staff and public, are likewise co-ordinated and directed from the central head office (Provincial Government Western Cape: Department of Health Annual Performance Plan, 2006/07:28).

At the time of the study, the Department had a staff complement of close to 25 000 staff members.

The Head of Department: Health and the Member of the Executive Council (MEC): Health is responsible for overall administrative and political leadership of the Department respectively. Structured management communication in the department is two-way, in other words top-down and bottom-up. The Head of Health has regular meetings with his management team divided into the Departmental Executive, Top Management Team and the Health Management Committee. Meetings with Top Management and the MEC are also held on a regular basis. The Head of Department and senior management also host face-to-face meetings with staff at regional offices, community health centres and other health facilities.

The PGWC: DoH is responsible for an array of health and related services. These functions are divided into eight programmes and the main responsibilities per programme are (Provincial Department of Health Western Cape: Annual Performance Plan, 2006/07: 28):

- *Administration*

This programme is responsible for the strategic management and overall administration of the Department of Health.

- *District Health Services*

District Health Services renders Primary Health Care Services and District Hospital Services including preventive, promotive and curative services. The foundation for the effective and efficient provision of these services is based on the integration of facility based services; community based and support services.

- *Emergency Medical Services*

Emergency Medical Services renders pre-hospital Emergency Medical Services including inter hospital transfers, Medical Rescue and Planned Patient Transport.

- *Provincial Hospital Services*

Provincial Hospital Services is responsible for the delivery of hospital services, which are accessible, appropriate, effective and provide general specialist services, including a specialized rehabilitation service, as well as a platform for training health professionals and research.

- *Central Hospital Services*

Central Hospital Services provides tertiary health services and create a platform for the training of health workers. It also renders a highly specialized medical health and quaternary services on a national basis and a platform for the training of health workers and research.

- *Health Sciences and Training*

This programme renders training and development opportunities for actual and potential employees of the Department of Health.

- *Health Care Support Services*

This programme renders health care support services a support service required by the Department to realise its aims. These support services encompasses the laundry, engineering, forensic, orthotic and prosthetic services. The Medicine Trading Account, which also forms part of the health care support services, manages the supply of pharmaceuticals and medical sundries to hospitals, Community Health Centres and local authorities.

- *Health Facilities Management*

Health Facilities Management is responsible for the provision of new health facilities, upgrading and maintenance of existing facilities, including the Hospital Revitalisation Programme and the Provincial Infrastructure Grant. It also includes: the management of capital assets, i.e. health facilities and equipment (medical equipment and furniture) in all programmes.

For the purpose of this study, the focus will mainly be on the first two programmes namely Administration and District Health Services. The functions rendered by head office are explained under the administration programme and its sub-programmes. District Health Services and the sub-programmes encompass the responsibilities of the decentralised regions.

### **Administration**

Administration consists of four sub-programmes namely office of the MEC, management, central management and decentralised management. The responsibilities of the sub-programmes are (Provincial Government Western Cape Department of Health: Annual Report, 2006/07:21-22):

## **Office of the MEC**

To render advisory, secretarial and office support services.

## **Management**

Policy formulation, overall management and administration support of the Department and the respective regions and institutions within the Department.

## **Central Management**

Policy formulation by the Provincial Minister and other members of management, implementing policy and organising the Health Department, managing personnel and financial administration, determining working methods and procedures and exercising central control.

## **Decentralised Management**

Implementing policy and organising health regions, managing personnel and financial administration, determining work methods and procedures and exercising regional control.

## **District Health Services**

District Health Services consist of ten sub-programmes namely district management, community health clinics, community health centres, community based services, other community services, HIV and AIDS, nutrition, coroner services, district hospitals and Global fund. According to the Provincial Government Western Cape Department of Health: Annual Report, (2006/07:21-22) the responsibilities per sub-programme are:

### **District Management**

Responsible for planning, managing and monitoring the implementation of the provincial health service delivery strategy.

### **Community health clinics**

This sub-programme is responsible to render a nurse driven primary health care service at clinic level including visiting points, mobile- and local authority clinics.

### **Community health centres**

This sub-programme is renders a primary health service with full-time medical officers in respect of mother and child, health promotion, geriatrics, occupational therapy, physiotherapy, speech therapy, communicable diseases and mental health.

### **Community based services**

Render community based health service at non–health facilities in respect of home base care, abuse victims, mental- and chronic care and school health.

### **Other community services**

This sub-programme responsible to render environmental, port health and part-time district surgeon services

### **HIV and AIDS**

Render a primary health care service in respect of HIV and AIDS campaigns and Special Projects.

## **Nutrition**

Render a nutrition service aimed at specific target groups and combines direct and indirect nutrition interventions to address malnutrition.

## **Coroner services**

Render a forensic and medico legal services in order to establish the circumstances and causes surrounding unnatural death.

## **District hospitals**

This sub-programme renders a hospital service at district level.

## **Global Fund**

To strengthen and expand the HIV and AIDS care, prevention and treatment programmes.

## **3.5 Vision, Mission and Strategic objectives**

### **3.5.1 Vision**

According to the Provincial Government Western Cape Department of Health: Annual Report, (2006/07:5) the Department remains committed to the vision of providing better health care to communities. The vision of Healthcare 2010, "*Equal access to quality care*", has become increasingly significant and consideration is being given to making this the vision statement of the Department as a whole. This vision statement is more consistent with the Department's central goals of accessibility, appropriateness, affordability, equity, effectiveness and efficiency.

### **3.5.2 Mission**

The mission of PGWC: DoH is to improve the health of people in the Western Cape and beyond, by ensuring the provision of a balanced health care system, in partnership with stakeholders, within the context of optimal socio-economic development. (Provincial Government Western Cape Department of Health: Annual Report, 2006/07:06)

The Department of Health claims to be committed to provide quality health care to all South Africans, to achieve a unified National Health System and to implement policies that reflect its mission, goals and objectives (South African Year Book, 2002/3: 339).

### **3.5.3 Strategic objectives**

As stated in the Provincial Department of Health Western Cape Annual Performance Plan (2006/07: 32-33), in formulating the priorities for the next five years (2004 – 2009), the achievements of the past ten years were evaluated and the following focus areas were identified and approved by the then Health MINMEC, which has been replaced by the National Health Council. These focus areas are as follows:

- Improve governance and management of the National Health System
- Promote healthy lifestyles
- Contribute towards human dignity by improving quality of care
- Improve management of communicable diseases and non-communicable illnesses
- Strengthen primary health care, EMS and hospital delivery systems
- Strengthen support services
- Human resource planning, development and management
- Planning, budgeting, monitoring and evaluation
- Prepare and implement legislation

- Strengthen international relations

Other key objectives identified is the Healthcare 2010 strategy (discussed under paragraph 3.5), revenue generation, to ensure a “seamless” health system and to improve communication with staff at all levels, as well as with stakeholder such as the media.

### **3.6 Restructuring the health sector**

In the 1990s, South Africa was one of the few countries in the world where wholesale restructuring of the health system has begun with a clear political commitment to *inter alia*, ensure equity in resource allocation, restructure of the health system according to a district health system (DHS) and deliver health care according to the principle of the primary health care (PHC) approach (District Health System in South Africa: 2001:2).

Recognising the need for total transformation of the health sector in South Africa, the ANC with the help of the World Health Organisation (hereafter referred to as WHO) developed an overall National Health Plan based on the primary health care approach. The Health Care Plan was linked to the Reconstruction and Development Programme viewed from a development perspective, as an integral part of the socio-economic development plan of South Africa. As a result, primary health care was the underlying philosophy for restructuring the Health system and overall social and economic development (ANC, 1994:4).

Restructuring the health sector had the following aims:

- To unify the fragmented health services at all levels into a comprehensive and integrated NHS;

- To reduce disparities and inequities in health service delivery and increase access to improved and integrated service.
- To promote equity, accessible and utilization of health services;
- To extend the availability and utilisation of health services;
- To develop health promotion activities;
- To develop human resource available to the health sector;
- To foster community development participation across the health sector; and
- To improve health sector planning and the monitoring of health status and services.

The challenge facing South Africa was to design a comprehensive programme to redress social and economic injustices, to eradicate poverty, reduce waste, increase efficiency and to promote greater control by communities and individuals overall aspects of their lives. In the health sector this has to involve the complete transformation of the nation a health care delivery system and all relevant institutions. ANC (1994:3) suggested that all legislative organisation and institutions related to health have to be reviewed with a view to attaining the following:

- Ensuring that the emphasis is on health and not only on medical care;
- Redressing the harmful effects of apartheid health care service;
- Encouraging and developing comprehensive health care practices that are in line with international norms, ethics and standards;
- Emphasising that all health workers have an equally important role to play in the health system and ensuring that team work is a central component of the health system;

- Recognizing that the most important component of the health system is the community, and ensuring that mechanisms are created for effective community participation, involvement and control;
- Introducing management practices that are aimed at efficient and compassionate health delivery;
- Ensuring respect for human rights and accountability to the users of health facilities and public at large; and
- Reducing the burden and risk of disease affecting the health of all South Africans.

The White Paper for the Transformation of the Health System in South Africa, 1997, published by the Ministry of Health – April 1997 also deals with the transformation of the health service to reduce the large level of social inequality. The policy aim is to introduce a strong shift towards universal and free access to comprehensive health care, and change the disproportionate level of preventable diseases and premature deaths in certain segments of the population. A constant theme of the policy document is one of reallocation, and this is again evident in the call to shift resources from tertiary services in metropolitan areas towards overcoming the inadequacies of hospitals and clinics in rural areas (National Department of Health: Health Research Policy, 2001:5).

This policy document highlighted some key elements *viz* (National Department of Health: Health Research Policy, 2001:8): “Every effort should be made to ensure the improvement in the quality of services at all levels. An essential package of primary health care interventions will be made universally accessible. Emphasis should be placed on reaching the poor, the under-served, the aged, women and children, who are amongst the most vulnerable.” In addition, the management of services should be decentralised and focus on improving the district health system. District teams will have to be established and trained to enhance their capacity for planning, implementation,

supervision, monitoring and evaluation of health activities. Mechanisms should be developed to enhance intersectoral collaboration at the national, provincial, district and community levels.

### **3.6.1 Decentralisation**

Health sector decentralisation involves a shifting of power between central and peripheral levels (Mills, 1994:281). As authority is transferred from the centre towards the periphery, roles and responsibilities of each level of the system have to be re-aligned. The wider distribution of responsibility requires new mechanisms of coordination to ensure that all levels work together coherently to support service delivery and enable health system goals to be achieved.

International experience indicates that a common problem of decentralisation reform is that the roles of the different levels may not be clearly or appropriately re-defined (Thomason J, Newbrander WC and Kohlemainen-Aitken RL, 1991:56). For example, within a decentralised system the central level should retain functions related to setting national frameworks but give up responsibility for translating these policies into service delivery. The central level also needs to change from a command style of management to a more facilitatory approach. However, the central level often fails to adapt to these new roles. By retaining too much authority the central level can undermine the attainment of decentralisation reform objectives (Mercado, E. Asanza A. and Uy M, 1996:165). On the other hand, if too much authority is transferred to the periphery, national goals of equity and coherence may be undermined (Collins and Green, 1994:24).

Health sector decentralisation is not simply a technical exercise in organisational design. Socio-cultural factors such as the local socio-political context, organisational culture, and

informal organisational relationships have been shown to have a significant influence on the impact of health decentralisation reforms (Atkinson S, Medeiros R, Oliveira P. and de Almeida RD, 2000:51).

### **3.6.2 Healthcare 2010**

It is against this background that the PGWC:DoH embarked on an initiative called Healthcare 2010. The then Minister of Health, Mr Piet Meyer mentioned in (Health Western Cape 2003: foreword) that Healthcare 2010: Health Western Cape's plan for ensuring equal access to quality health care. He explained that Healthcare 2010 is an initiative that envisages reshaping the services to focus on primary level services, community-based care and preventative care. These services would be adequately supported by well-equipped secondary and highly specialized tertiary services. The steps have been necessitated by the HIV/AIDS epidemic, the burden of trauma and the need to provide services within the available funds amongst other reasons. A significant area of expansion will be the delivery of specialist services within the Regional Hospitals. This will make the delivery of specialist services not only more cost-effective, but will also bring these services nearer to those communities that require them most (Health Western Cape 2003: Healthcare 2010, foreword).

According to Health Western Cape 2003: Healthcare 2010 (2003:2) this strategy supports the vision and mission of the National Department of Health as well as the issues that have been identified as the priorities and activities for the current five-year electoral cycle. In addition to this the Western Cape Health Department is a key roleplayer in the provincial strategy: iKapa elihlumayo which means the growing Cape.

The Department of Health's Healthcare 2010 strategy was approved by the Provincial Cabinet on 26 March 2003, as per Minute 49/2003. The underlying principles of Healthcare 2010 are (Cabinet Minute 49/2003):

- Quality care at all levels
- Accessibility of care
- Efficiency
- Cost effectiveness
- Primary health care approach
- Collaboration at all levels of care
- De-institutionalisation of chronic care.

As per Cabinet Minute (49/2003:1) Healthcare 2010 was not a detailed plan but rather a conceptual framework that flowed from the Department's Strategic Position Statement and Cabinet mandated the Department of Health to proceed with the detailed planning and implementation thereof. A Comprehensive Service Plan (CSP) was developed as a detailed plan of how health services will be delivered in future. The CSP, which gives comprehensive motivation for the transformation of health services, was developed over a period of three years. The process itself consisted of a number of draft plans which were subjected to a rigorous process of consultation and public comment. The CSP consists of five main parts namely (Cabinet Minute 49/2003:2):

- Part A: District Health Services
- Part B: Plan for the reshaping of acute hospitals
- Part C: Specialised hospitals
- Part D: Emergency Medical Services
- Part E: Forensic Pathology Services

### **3.7 The Health Sector Strategic framework**

The Department of Health's 1999-2004 strategic framework focuses on accelerating quality health service delivery. The framework also argues that for a more concrete expression of the vision for the health system, both public and private, and for maximum attention to be given to top management to interventions that are key to overall acceleration. According to (Buch, 2000: 17), the Department of Health sets out the following strategic health priorities for the period 1999-2004 in a ten point plan to strengthen implementation of efficient, effective and high quality health service.

- Accelerating delivery of an essential packaging of primary health care (PHC) service through the district health system (DHS).
- Improving resource mobilization and management and equity in allocation.
- Improving quality of health care.
- Decrease morbidity and mortality rates through strategic interventions.
- Revitalising of public hospital services.
- Improving human resource management development and management.
- Enhancing communication and consultation in the health system with communities.
- Re-organisation of certain support services.
- Legislative reforms.
- Strengthening co-operation with international partners.

In the strategic framework the Department of Health indicates that its success in reaching its objectives is based on the following assumptions.

- The availability of sufficient financial resources, the assurance of financial stability during and between years and the absence of unfunded mandates.
- The ability to train, retain and deploy health personnel as needed.

- Removal of legislative and other obstacles so as to implement more responsive management systems and an appropriate workforce configuration.
- Solid co-operation from all partners, notably other national departments, provincial and local government, the private sector, non-governmental and community based organisations and communities.
- The ability to reverse HIV and AIDS (Buch, 2000:18).

### **3.8 Conclusion**

This chapter describes the case of the Department of Health in the Provincial Government Western Cape. The organisational structure, mission, vision and strategic objectives have been tied in with the history of Department of Health in South Africa, health sector strategic framework and the transformation of the Health Department in South Africa. One can deduce that the Healthcare 2010 strategy of the Provincial Department of Health of the Western Cape is an attempt to transform the health service within the Western Cape and also to bring the appropriate level of care closer to those who need it most.

## CHAPTER 4

### RESEARCH RESULTS AND ANALYSIS

#### 4.1 Introduction

The purpose of this chapter is to present the findings of the study and the analysis of the data. This chapter will also be devoted to an explanation of the unit of analysis, research design, sampling and sample size, the amount of respondents as well as the survey questionnaire design and structure. A descriptive analysis of the trends on the different sections and questions in the survey will be discussed.

#### 4.2 Methodology

As explained in chapter one, the research problem focuses on the discrepancy between the perceptions and expectations that staff at regional offices have with regard to the quality of internal services delivered to them by the central head office.

The primary objective of the research is to establish what the perceptions are that staff at regional offices have with regard to the ability of head office to deliver high quality internal service. (i.e to establish the image of central head office as perceived by staff at the regional offices).

A further objective is to establish what regional staff expect from head office, attempting thereby to establish the current position of the head office (perceived image) in relation to their expectations (ideal image).

Further objectives to explain how the problem statement and research question are answered include:

- To analyse the theory related to service delivery.
- To describe in detail the case of the Department of Health in the PGWC (Provincial Government Western Cape)
- To analyse the perceptions and expectations of staff at regional level through the use of survey design.
- To use the findings of this analysis to make recommendations.

#### **4.2.1 Sampling and Sample Size**

The Metropole region (situated in Bellville - Karl Bremer Hospital premises), West Coast Winelands region (situated in Paarl - Paarl Hospital premises), Southern Cape Karoo region (situated in George) and Boland Overberg region (situated in Worcester - Brewelskloof Hospital premises) were used as the sampling frame. These four regional offices serve the whole of the Western Cape Department of Health. The target population will be staff members in the finance, human resources and supply chain management and all other staff based at the four regional offices. Other staff also includes clinical staff and the four regional directors.

The sample size was all staff members at the regional offices. All staff at the regional offices dealt directly or indirectly with staff at head office. This amounted to approximately two-hundred and fifty staff members.

#### **4.2.2 Permission and Approval for Data Collection**

The Head of the Health Department (Prof K C Househam) approved of the research to be conducted within his Department. Permission and approval for this data collection

process was obtained from him in writing, on 19 July 2005, a copy whereof is attached as **Annexure 1**.

The PGWC: Department of Health also required that permission be obtained from the Departmental Research Committee. Permission was granted on 16 September 2007, a copy whereof is attached as **Annexure 2**.

#### **4.2.3 Survey Questionnaire Design and Structure**

A pre-defined questionnaire was adopted for the purpose of this survey. The questionnaire utilised in this study (see **Annexure 3**) was designed in a manner that was easily understandable; fairly easy to read, and relatively quick to complete (estimated time: 20 minutes). The questionnaire comprises 37 questions that impacts on internal service delivery and is six pages in length.

The aims of the survey were:

- For the organisation to gain understanding and insight into regional offices staff opinions, expectations and feelings about the services rendered by central head office.
- For the organisation to be able to address those areas where employees experiences are less than ideal.
- To assess the perception of staff with an adequate sample based on a pre-defined questionnaire.

Firstly the survey questionnaire addressed the demographic profile of the respondents without compromising the confidentiality of those involved. These personal particulars included:

1. The region in which the respondent worked namely: *Boland/Overberg, Metropole Region, Southern Cape Karoo and West Coast Winelands,*
2. The category of staff the respondent belongs to namely: *Finance, Human Resources, Supply Chain Management and Other.*
3. The respondent post level namely: *Manager, Operational, Supervisory and Other.*
4. The number of years experience: *0-2 years; 3-5 years and more than 5 years.*
5. The gender of the respondent: *Male or Female*

The survey questionnaire focuses on the internal service delivery rendered by head office to regional offices. This section comprises of twenty five questions. For the purpose of analysis these questions were divided into different sections.

The first section relates to questions 1 – 11 which informs the communication and consultation to and from head office. The second section, questions 12 – 22 and 25, 35, 36 relates to the overall perception of the head office and the department in general. The third section addresses the quality and effectiveness of services provided by components based at head office. Questions 23 and 24 a-h relates to the latter. The final section deals with general leadership in terms of service delivery. Questions 26 – 34 explore the inspiration and motivation of leaders in terms of the adherence to Batho Pele principles and commitment to bring about service delivery transformation and the caring nature of leaders towards staff well-being.

In answering these questions respondents were requested to rate their perception on a scale from 1 – 5. A rating of one (1) considered to be poor and a rating of five (5) considered to be excellent. The same rating will be applied with the analysis of the data. However for the purpose of this study and to describe and add more significance to the ratings, a rating of 5-4 will be considered as excellent, good or

extremely satisfactory, a rating of 3.9 – 3 as moderate or satisfactory , a rating of 2.9 – 2 as unsatisfactory or poor and a rating of 1.9 – 1 as extremely unsatisfactory or very poor.

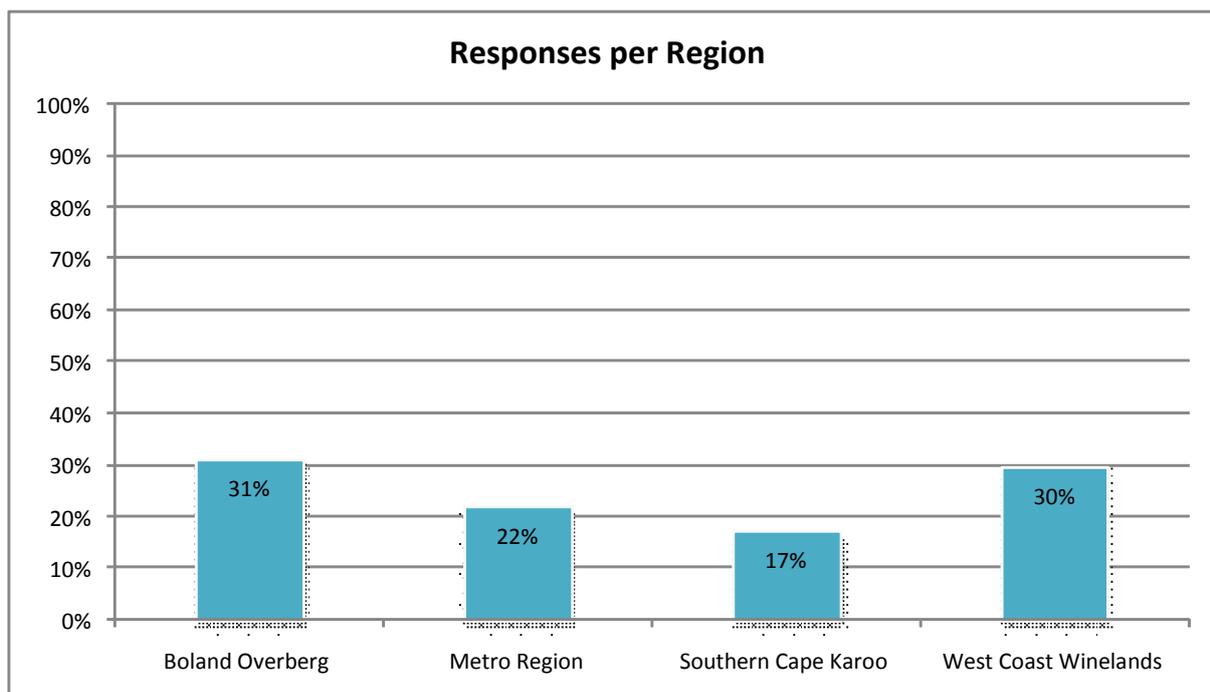
The last page poses an open-ended question to respondents in soliciting their opinions of their ideal image of head office. In other words, what they expect from head office.

### 4.3 Data Collection and Analysis

This section will highlight and analyse the data (statistics) as collected from the questionnaires from the various regions in the PGWC: DoH. These questionnaires N=250 were distributed via the internal e-mail system to all the staff at the regional offices with a brief explanation as to what the study entails. A total of 64 responses were received from the regions combined. This represents an overall response rate of 25.6%. The following outlines the findings of this survey.

#### 4.3.1 Demographic profile of the respondents

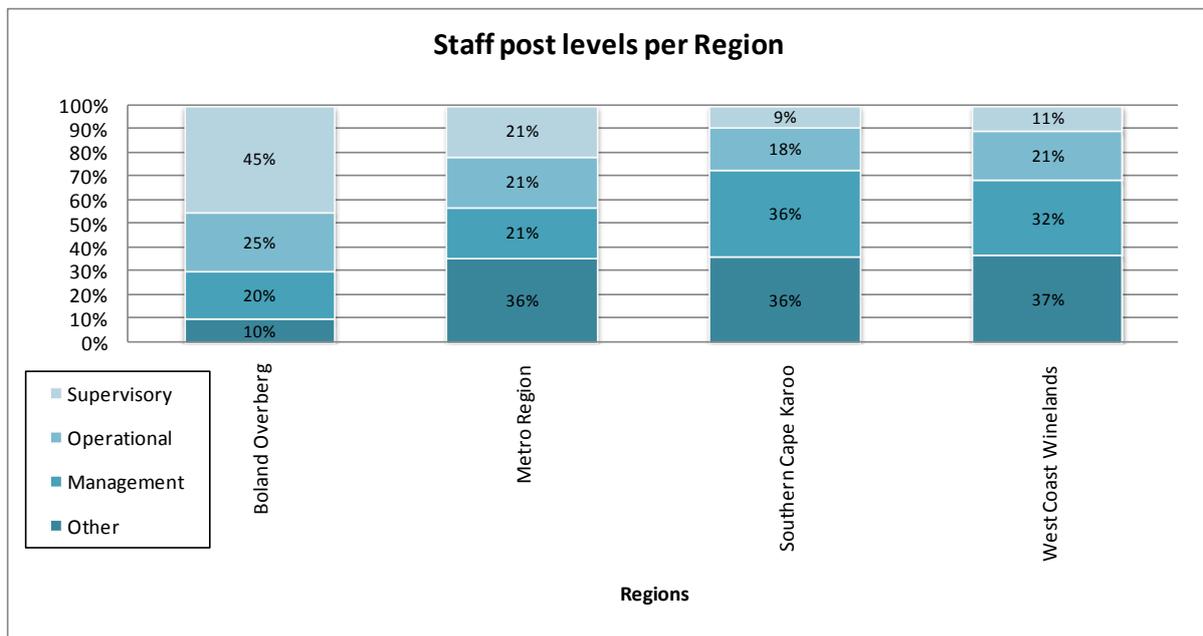
##### 4.3.1.1 Regional breakdown



**Table 4:** Responses per region

The percentage of responses against sample size shows the greatest response is from the Boland Overberg region at 31%, followed by the West Coast Winelands region at 30%. This compares to lower response rates from Metropole and Southern Cape Karoo region at 22% and 17% respectively.

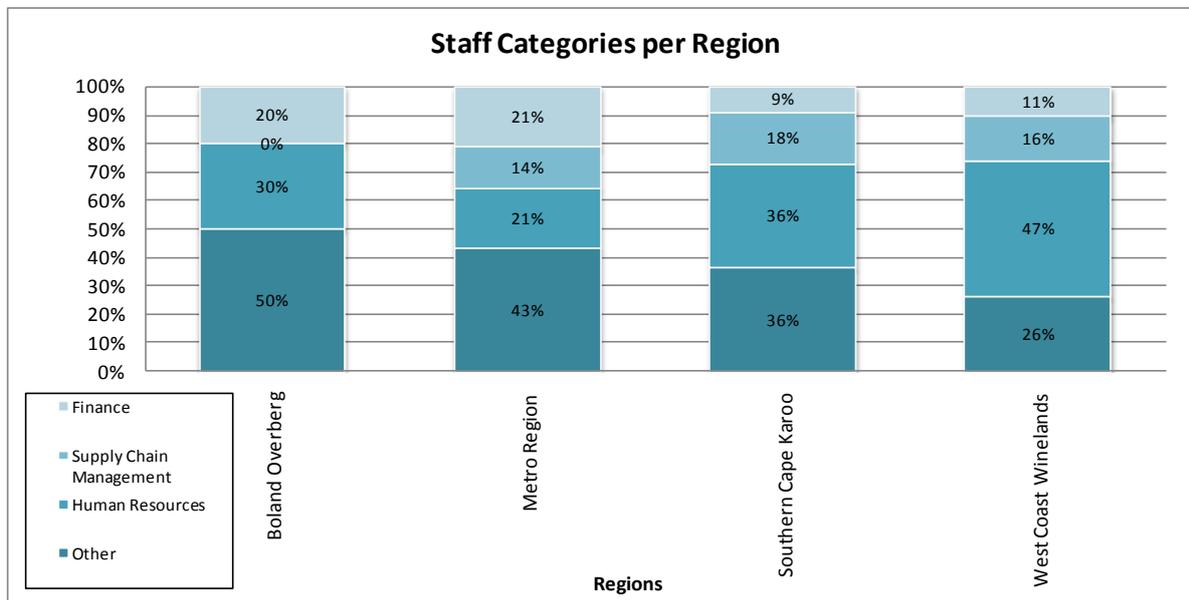
#### 4.3.1.2 Staff post level representation



**Table 5:** Staff post levels per region

Overall, the lowest percentage of respondents is from the operational and the supervisory group, which ranges from 20% - 50%. Southern Cape Karoo has the lowest response rate from this staff group at 9%. Staff in the other category represents the majority of the responses with the exception of the Boland Overberg region where the supervisory staff group comprises the majority of the respondents. The Other category comprises of the (medical/clinical/professional) group. Although the supervisory staff group have a lower percentage of respondents, this staff group is still well presented.

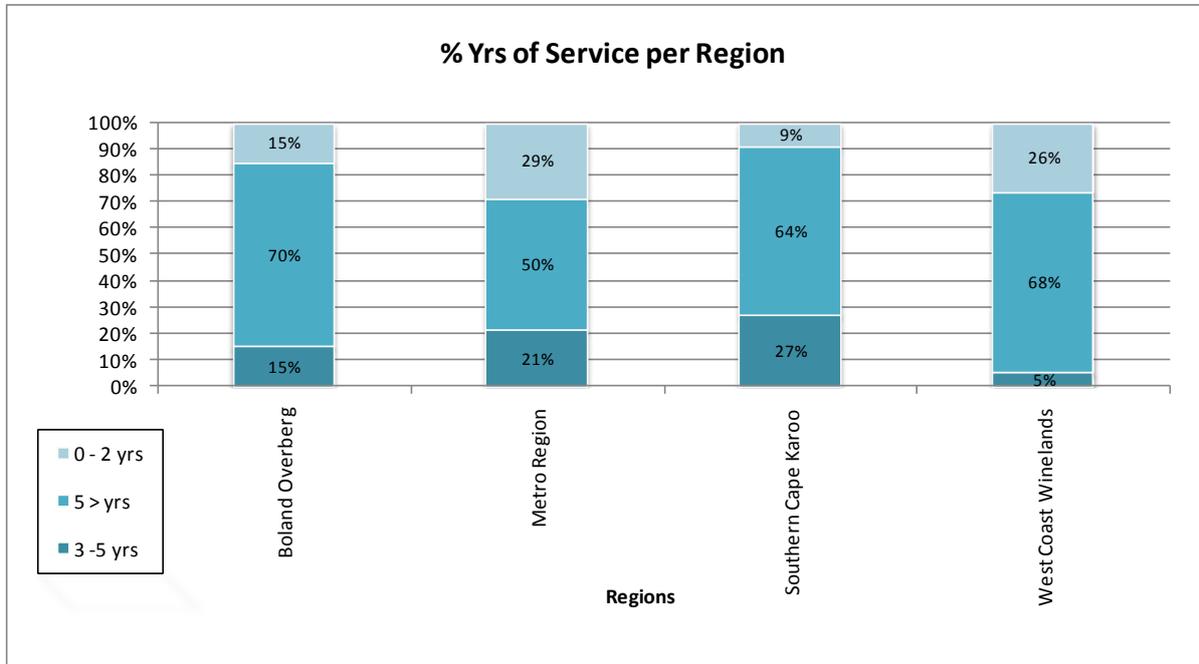
### 4.3.1.3 Staff Categories breakdown



**Table 6:** Staff categories per region

From the above, it is evident that the lowest percentage of respondents is from the Supply Chain Management group, which ranges from 0% - 18%. Boland Overberg region has no response from the Supply Chain Management category. The Other category (medical/clinical/professional) followed by the Human Resources category has the majority of responses with 50% Boland Overberg and West Coast Winelands at 47% respectively.

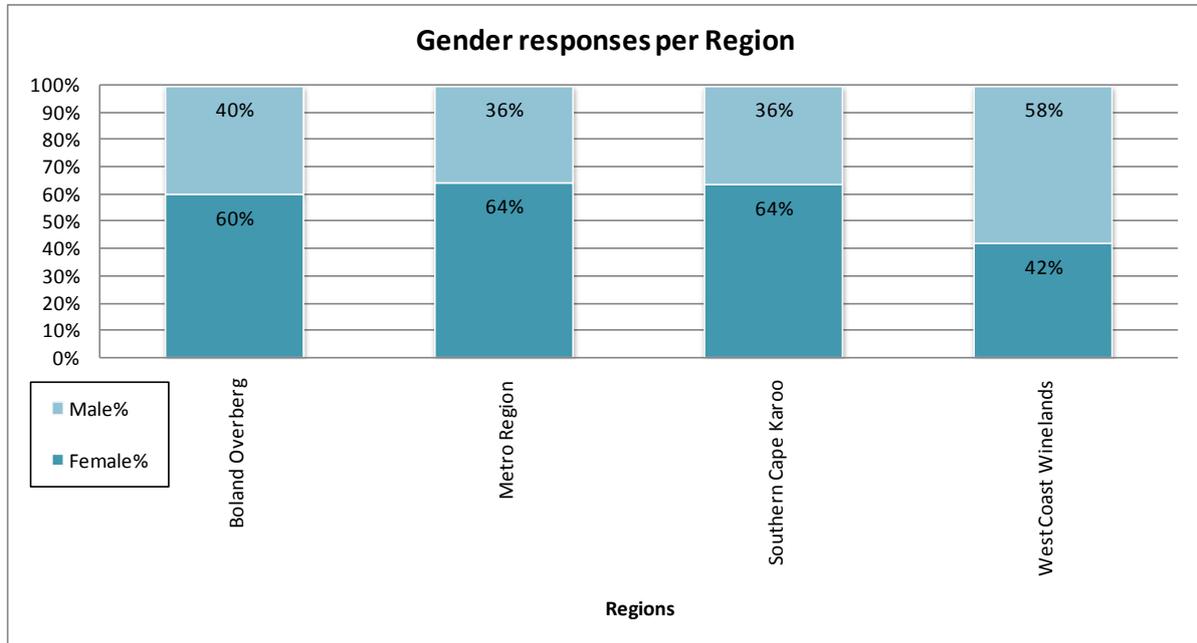
#### 4.3.1.4 Service years breakdown



**Table 7:** Percentage of years of service per region

For all the regions and for the individual regions more than 80% of respondents have more than five years service. 70% of staff at the Boland Overberg region followed by the West Coast Winelands region with 68% has more than five years service. Very few employees have 0 - 2 years service with the lowest 9% at Southern Cape Karoo. Overall between 14% and 22% have 3 – 5 years service with the lowest at the West Coast Winelands region at 5%.

### 4.3.1.5 Gender breakdown



**Table 8:** Gender responses per region

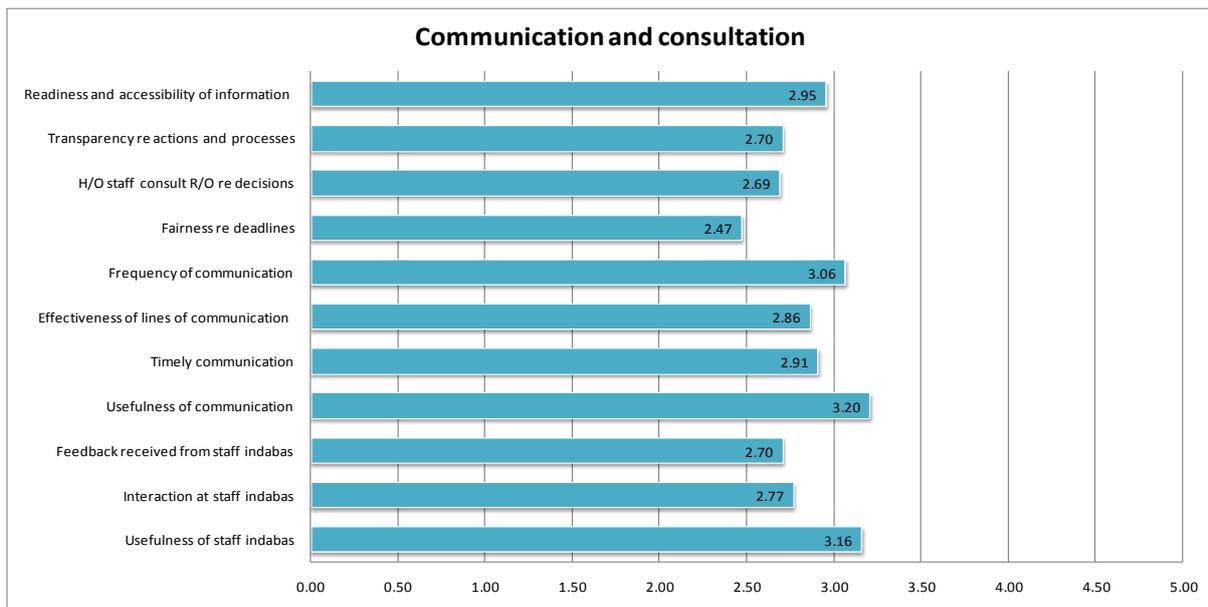
Overall 57.5% of the respondents are female and 42.5% are male. With the exception of the West Coast Winelands region, a similar trend of male to female ratio of the respondents is evident across the regions. This may be reflective of the gender demographics within the organisation.

### 4.3.2 Overall survey findings

As explained in paragraph 4.2.3. The rating utilised in the questionnaire will also be applied for analysis purposes. For the purpose of this study and to describe and add more significance to the ratings, a rating of 5-4 will be considered as excellent, good or extremely satisfactory, a rating of 3.9 – 3 as moderate, average or satisfactory, a rating of 2.9 – 2 as unsatisfactory or poor and a rating of 1.9 – 1 as extremely unsatisfactory or very poor.

### 4.3.2.1 Communication and consultation

This section specifically explored the perception of employees with regards to communication structures and processes within the organisation. The following results were obtained on this scale:



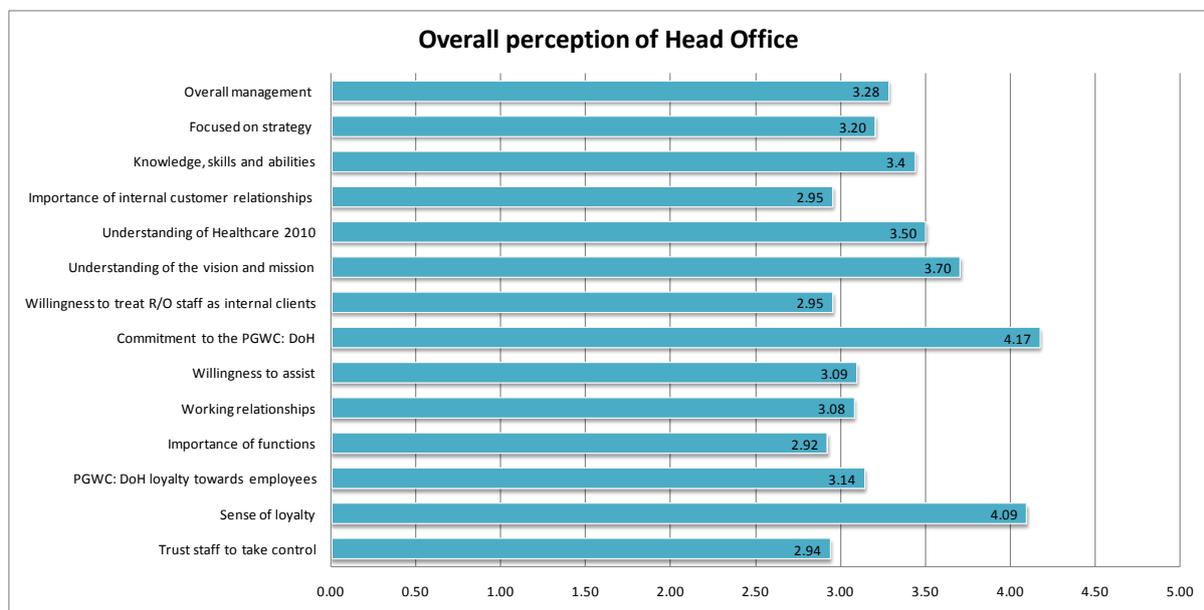
**Table 9:** Communication and consultation

The ratings above suggest that communication and consultation from head office are considered to be poor. Employees perceive fairness regarding deadlines/due dates set by head office as unsatisfactory. The profile also suggests that both bottom up and top down communication can be improved. From the above it is evident from the responses relating to the readiness and accessibility of information, the frequency and usefulness of communication and staff indabas are perceived as unsatisfactory. The level of transparency and openness regarding actions and processes taking place at head office as well as consultation regarding decisions taken are also considered to be unsatisfactory. It can be deducted that this may cause frustration for employees as they

may feel they are not being consulted or included in important decisions or processes, which can lead to feelings of isolation coupled with low staff morale.

### 4.3.2.2 Overall perception of Head Office

This section was designed to assess the general perceptions of staff at regional offices regarding head office and the functions rendered. Questions explored amongst others perceptions from regional office employees regarding the willingness from head office in terms of assistance and to treat staff at regional offices as internal clients. Overall the following results were obtained from this section:



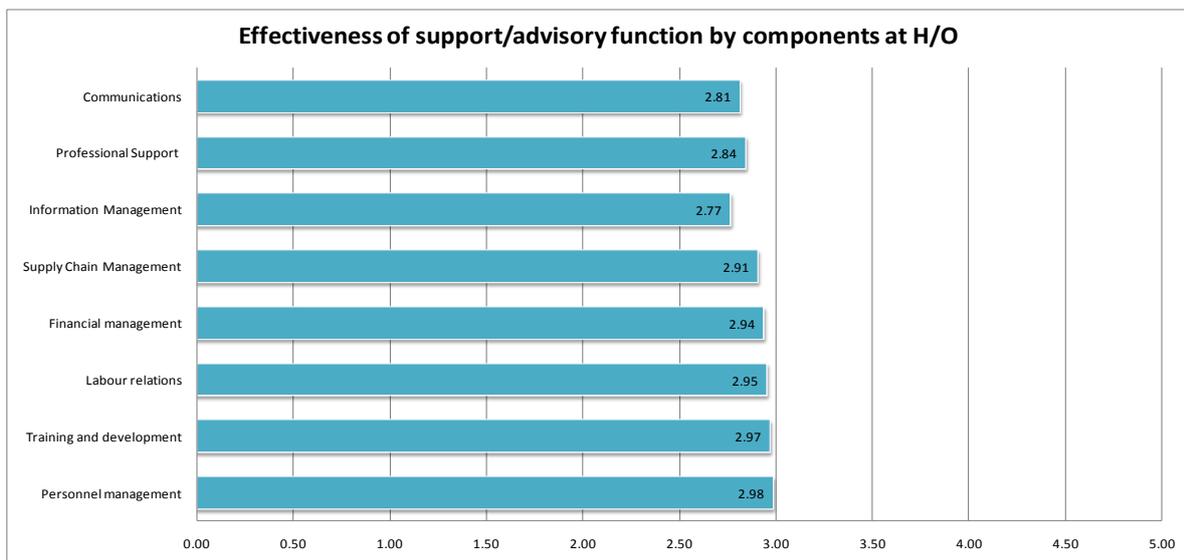
**Table 10:** Overall perception of H/O

The individual question analysis shows perceptions to be unsatisfactory with regard to the trust of staff to take control and importance of their functions. The willingness of head office staff to acknowledge and treat staff at regional offices as internal clients is perceived to be satisfactory. It therefore appears that this scale is divided along two major factors; variables relating to employees' commitment, loyalty and understanding of the organisation were rated good while questions exploring employees' opinion of the organisation's loyalty, overall management and head office support and trust featured

poor to satisfactory. This suggests that while staff at regional offices are proud of and loyal to the Department, they largely perceived levels of support, importance in terms of their functions and trust to take control of those functions rendered by head office to them as largely inadequate. Perceptions cited about trust, importance of their functions, to be treated as internal clients and importance of good customer relations are as critical as the feeling that head office does not foster a sense of belonging to the staff at regional offices.

### 4.3.2.3 Effectiveness of the support/advisory function rendered by components at Head Office

This section specifically assessed employees at regional offices’ perception relating to the effectiveness of the support and advisory function rendered by different components based at head office. These components are personnel management, training and development, labour relations, financial management, supply chain management, information management, professional support and communications.



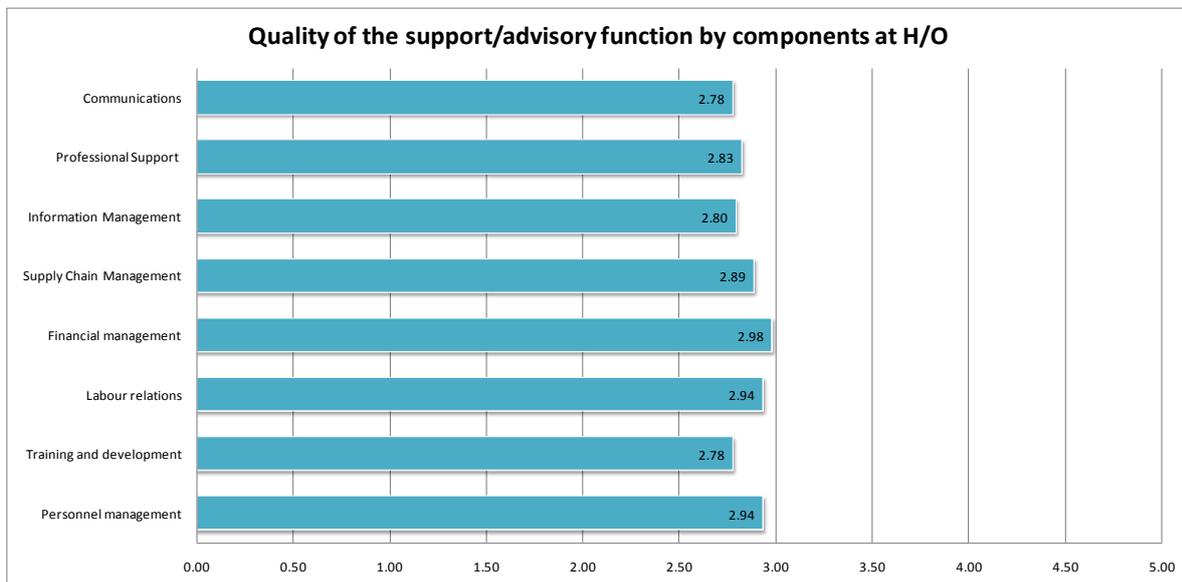
**Table 11:** Effectiveness of functions rendered by components at H/O

The ratings above show that employees’ perceptions of personnel management, training and development and labour relations in terms of their effectiveness to render a support

and advisory function to be satisfactory. Employees' perceptions shows dissatisfaction towards the effectiveness of support and advisory function by financial and supply chain management. Effectiveness of the support/advisory function by Information management, Professional support and Communications were also perceived to be poor.

#### 4.3.2.4 Quality of the support/advisory function rendered by components at Head Office

This section specifically assessed employees at regional offices' perception relating to the quality of the support and advisory function rendered by different components based at head office. These components are personnel management, training and development, labour relations, financial management, supply chain management, information management, professional support and communications.



**Table 12:** Quality of support/advisory function rendered by components at H/O

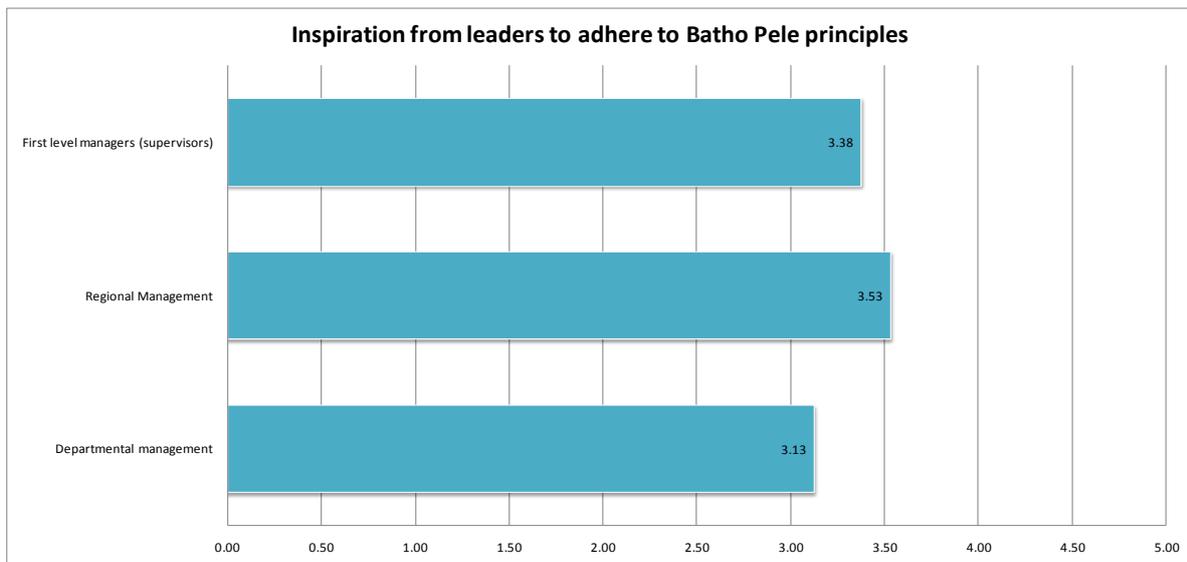
The ratings above show that employees' perception in terms of the quality of the support and advisory function rendered by all components with the exception of financial management is considered to be unsatisfactory. The quality of the support and advisory

function rendered by financial management is perceived by employees to be satisfactory.

#### 4.3.2.5 General leadership

This section pertained specifically to the general leadership of the organisation. Leaders include first level managers (supervisors), regional management and departmental management which also include provincial and national Ministers. This section thus captures issues such as the inspiration from leaders to the Batho Pele, their commitment to service delivery transformation and their interest in the well-being of employees. The following results were obtained from this scale:

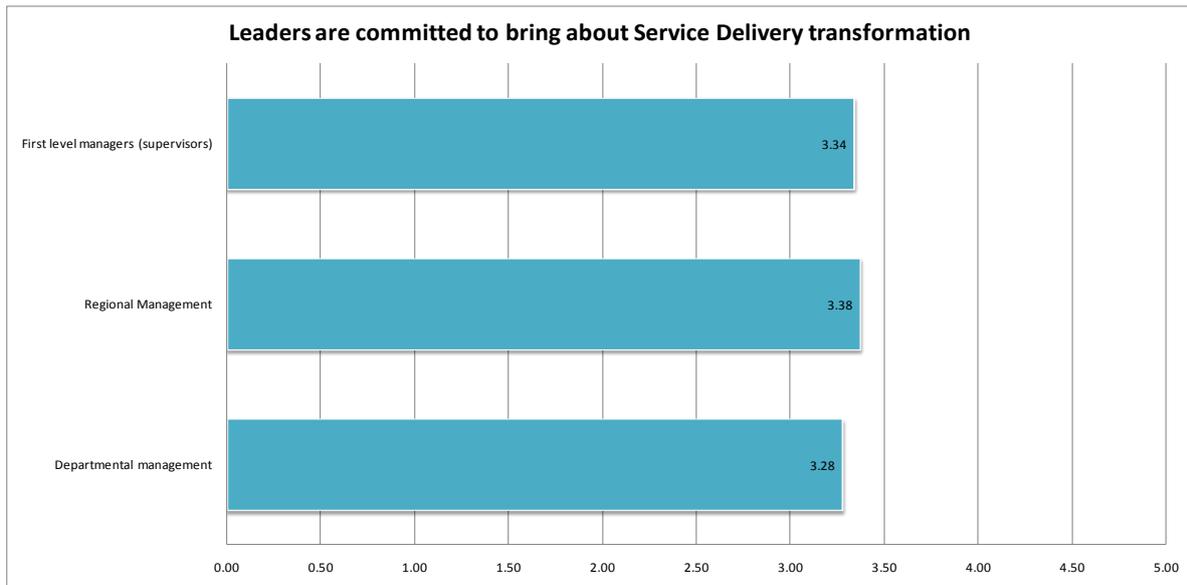
#### Leaders inspire us to adhere to the Batho Pele principles



**Table 13:** Inspiration from leaders

Table 13 ratings' indicate perceptions of satisfaction in terms of the inspiration from leaders (management at first level, regional and departmental management) to inspire employees to adhere with Batho Pele principles.

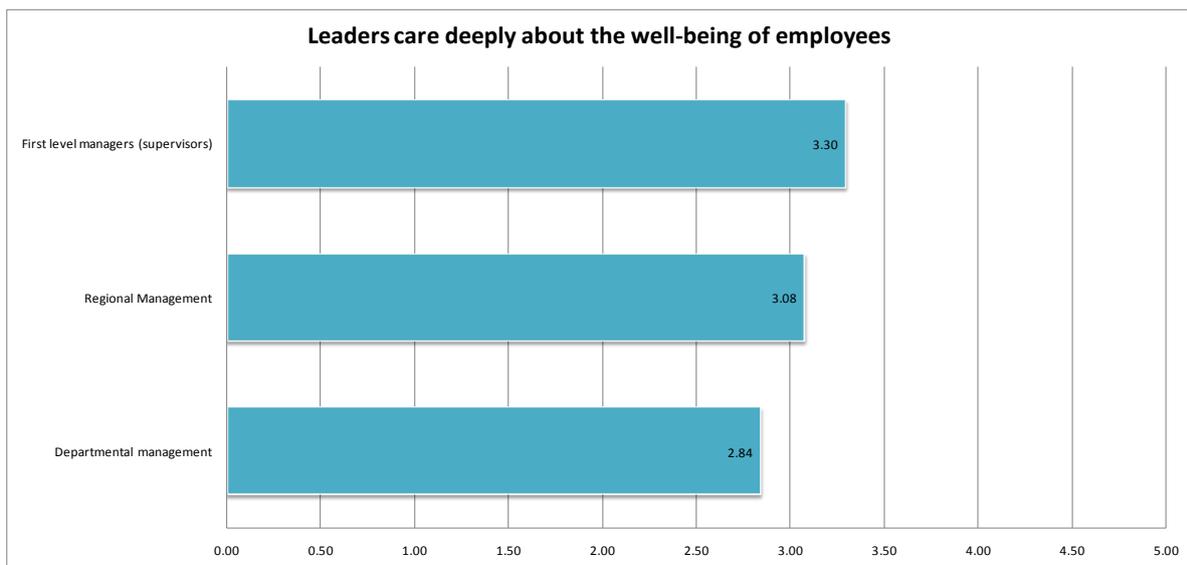
## Leaders are committed to bringing about service delivery transformation



**Table 14:** Leaders are committed about service delivery transformation

Table 14 ratings' indicate perceptions to be moderate regarding management at first level, regional and departmental who are committed to bringing about service delivery transformation.

## Leaders care deeply about the well-being of the employees



**Table 15:** Leaders care deeply about well-being of the employees

The ratings above indicate perceptions to be moderate with management at first level (supervisors) and management at regional level. However the perception by employees of the departmental management in terms of them caring about the well-being of employees is considered to be poor.

### 4.3.3 Break down of results by region

The tables below provide comparative findings per region for Boland Overberg (BO), Metropole (MR), Southern Cape Karoo (SCK) and West Coast Winelands (WCW) regions.

| Communication and consultation   |      |      |      |      |
|--|------|------|------|------|
| Questions  | BO   | MR   | SCK  | WCW  |
| Usefulness of the staff indabas/regional visits                        | 3.25 | 3.36 | 3.27 | 2.84 |
| Interaction at staff indabas/regional visits                           | 2.80 | 2.93 | 2.64 | 2.68 |
| Feedback/answers received following the staff indabas/regional visits' | 2.85 | 2.86 | 2.82 | 2.37 |
| Usefulness of communication  | 3.35 | 3.21 | 3.09 | 3.11 |
| Timely communication   | 2.90 | 2.71 | 2.91 | 3.05 |
| Effectiveness of the lines of communication                            | 3.00 | 3.00 | 2.91 | 2.58 |
| Frequency of communication   | 3.15 | 3.07 | 3.18 | 2.89 |
| Fairness regarding deadlines/due dates set                             | 2.40 | 2.86 | 2.27 | 2.37 |
| Head office staff consult regional office staff regarding decisions    | 2.55 | 2.86 | 3.09 | 2.47 |
| Transparency and openness regarding the actions and processes          | 2.95 | 2.29 | 3.00 | 2.58 |
| Readiness and accessibility of information                             | 3.10 | 2.57 | 3.09 | 3.00 |

**Table 16:** Breakdown per region (communication and consultation)

Employees from the Boland Overberg, Metropole and Southern Cape Karoo regions display similar findings in relation to the usefulness of the staff indabas/regional visits, usefulness and frequency of communication. Employees at all four regions rated their

interaction at staff indabas, the feedback received from those indabas and the fairness in terms of deadlines as unsatisfactory. Overall employees from the Metropole and West Coast Winelands region rated unsatisfactory in comparison to Southern Cape Karoo and Boland Overberg.

| Overall perception of Central H/O                              |      |      |      |      |
|--|------|------|------|------|
| Questions  | BO   | MR   | SCK  | WCW  |
| Trust in staff to take control                                 | 3.30 | 2.79 | 3.09 | 2.58 |
| Sense of loyalty   | 4.15 | 3.71 | 4.45 | 4.11 |
| PGWC: DoH loyalty towards employees                            | 3.15 | 3.07 | 3.27 | 3.11 |
| Importance of functions  | 2.95 | 3.00 | 2.55 | 3.05 |
| Working relationships  | 3.25 | 2.93 | 3.18 | 2.95 |
| Willingness to assist  | 3.05 | 2.79 | 3.82 | 2.95 |
| Your commitment to the PGWC: DoH                               | 4.25 | 4.21 | 4.18 | 4.05 |
| Willingness to treat regional office staff as internal clients | 3.10 | 2.64 | 3.27 | 2.84 |
| Your understanding of the vision and mission                   | 3.80 | 3.57 | 3.64 | 3.74 |
| Your understanding of Healthcare 2010                          | 3.45 | 3.36 | 3.82 | 3.47 |
| Harmonious internal customer relationships importance          | 2.90 | 3.00 | 3.09 | 2.89 |
| Knowledge, skills and abilities                                | 3.55 | 3.10 | 3.70 | 3.42 |
| Focused on strategy  | 3.50 | 2.93 | 3.36 | 3.00 |
| Overall management   | 3.50 | 2.71 | 3.73 | 3.21 |

**Table 17:** Breakdown per region (overall perception of H/O)

Employees from all regions hold a similar view in relation to their loyalty and commitment to the organisation. Boland Overberg is the only region that rated all questions as satisfactory except for the importance of harmonious internal customer relationships. Employees from the Metropole and West Coast Winelands region rated mostly unsatisfactory in comparison to the other regions. These two regions also display similar unsatisfactory perceptions concerning trust in staff to take control, working relationships,

willingness to assist and to treat regional office staff as internal clients. Employees from all regions feel that the knowledge, skills and abilities displayed by head office staff are satisfactory.

| Effectiveness of the support /advisory function rendered by components at H/O |      |      |      |      |
|---|------|------|------|------|
| Questions   | BO   | MR   | SCK  | WCW  |
| Personnel management  | 3.20 | 2.64 | 3.00 | 3.00 |
| Training and development  | 3.30 | 2.86 | 2.55 | 2.95 |
| Labour relations  | 3.15 | 3.07 | 2.45 | 2.95 |
| Financial management  | 3.15 | 2.79 | 2.82 | 2.89 |
| Supply chain management   | 3.20 | 2.43 | 2.91 | 2.95 |
| Information management  | 2.95 | 2.29 | 2.55 | 3.05 |
| Professional support  | 3.15 | 2.64 | 2.36 | 2.95 |
| Communications  | 3.00 | 2.50 | 2.82 | 2.84 |

**Table 18:** Breakdown per region (effectiveness of the support/advisory function rendered by components at H/O)

The Metropole, Southern Cape Karoo and West Coast Winelands regions display similar findings in relation to the effectiveness of the support/advisory function rendered by all components. Employees at these regions indicate, except for personnel management, labour relations and information management, the effectiveness of these functions to be poor. The Boland Overberg region was the only region that rated these functions to be satisfactory.

| Quality of support/advisory function rendered by components at Head Office |      |      |      |      |
|--|------|------|------|------|
| Item   | BO   | MR   | SCK  | WCW  |
| Personnel management   | 3.25 | 2.21 | 3.00 | 3.11 |
| Training and development   | 3.10 | 2.57 | 2.55 | 2.74 |
| Labour relations   | 3.00 | 2.64 | 2.91 | 3.11 |
| Financial management   | 3.25 | 2.71 | 2.82 | 3.00 |

|                         |             |      |      |             |
|-------------------------|-------------|------|------|-------------|
| Supply chain management | <b>3.10</b> | 2.43 | 2.82 | <b>3.05</b> |
| Information management  | 2.85        | 2.36 | 2.55 | <b>3.21</b> |
| Professional support    | <b>3.20</b> | 2.43 | 2.45 | 2.95        |
| Communications          | <b>3.05</b> | 2.29 | 2.82 | 2.84        |

**Table 19:** Breakdown per region (quality of support/advisory function rendered by components at H/O)

Employees from the Metropole and Southern Cape Karoo region show similar findings in terms of the quality of the support function rendered by components. These findings show to be poor for all components except for personnel management. Employees from the Boland Overberg region rated all components except for information management as satisfactory.

| General leadership in terms of service delivery  |             |             |             |             |
|--|-------------|-------------|-------------|-------------|
| Questions  | BO          | MR          | SCK         | WCW         |
| Our leaders inspire us to adhere to the Batho Pele principles  |             |             |             |             |
| Departmental management (Ministers at national and provincial levels, Head of Department and Top management) | <b>3.45</b> | 2.57        | <b>3.55</b> | 2.95        |
| Regional management  | <b>3.60</b> | <b>3.36</b> | <b>3.82</b> | <b>3.42</b> |
| First level managers (supervisors)   | <b>3.55</b> | <b>3.29</b> | <b>3.55</b> | <b>3.16</b> |
| Our leaders are committed to bring about service delivery transformation                                     |             |             |             |             |
| Departmental management (Ministers at national and provincial levels, Head of Department and Top management) | <b>3.50</b> | 2.86        | <b>3.36</b> | <b>3.32</b> |
| Regional management  | <b>3.35</b> | <b>3.21</b> | <b>3.73</b> | <b>3.32</b> |
| First level managers (supervisors)   | <b>3.35</b> | <b>3.43</b> | <b>3.27</b> | <b>3.32</b> |
| Our leaders care deeply about the well-being of the employees  |             |             |             |             |
| Departmental management (Ministers at national and provincial levels, Head of Department and Top management) | 2.95        | 2.50        | 2.82        | <b>3.00</b> |
| Regional management  | <b>3.35</b> | 2.79        | <b>3.09</b> | <b>3.00</b> |
| First level managers (supervisors)   | <b>3.45</b> | <b>3.07</b> | <b>3.64</b> | <b>3.11</b> |

**Table 20:** Breakdown per region (general leadership in terms of service delivery)

Generally employees from all the regions are satisfied with the general leadership. However, employees from the Metropole region show lower perception rates in terms of departmental management to inspire them to adhere to the Batho Pele principles. Similarly, employees from the Metropole region also feel that the departmental management commitment to bring about service delivery transformation is poor. Employees from both the Metropole and South Cape Karoo region feel that departmental management lack care about the well-being of employees. Employees from the Metropole region also perceived regional management as uncaring to the well-being of employees.

#### 4.3.4 Break down of results per gender

The tables below provide comparative findings for males and females.

| Communication and consultation   |      |        |
|--|------|--------|
| Questions  | Male | Female |
| Usefulness of the staff indabas/regional visits                        | 3.25 | 3.08   |
| Interaction at staff indabas/regional visits                           | 3.11 | 2.50   |
| Feedback/answers received following the staff indabas/regional visits' | 2.82 | 2.61   |
| Usefulness of communication  | 3.00 | 3.36   |
| Timely communication   | 2.89 | 2.92   |
| Effectiveness of the lines of communication                            | 2.82 | 2.89   |
| Frequency of communication   | 2.96 | 3.14   |
| Fairness regarding deadlines/due dates set                             | 2.36 | 2.56   |
| Head office staff consult regional office staff regarding decisions    | 2.71 | 2.67   |
| Transparency and openness regarding the actions and processes          | 2.54 | 2.83   |
| Readiness and accessibility of information                             | 2.79 | 3.08   |

**Table 21:** Breakdown per gender (communication and consultation)

From the data above it appears that males and females hold similar views in their perception about the communication and consultation within the organisation. Females rated their interaction at staff indabas/regional visits as unsatisfactory and males perceived the readiness and accessibility of information to be poor.

| Overall perception of Central Head Office                      |             |             |
|--|-------------|-------------|
| Questions  | Male        | Female      |
| Trust in staff to take control                                 | 2.86        | <b>3.00</b> |
| Sense of loyalty   | <b>4.11</b> | <b>4.08</b> |
| PGWC: DoH loyalty towards employees                            | <b>3.04</b> | <b>3.22</b> |
| Importance of functions  | 2.89        | 2.94        |
| Working relationships  | 2.96        | <b>3.17</b> |
| Willingness to assist  | <b>3.07</b> | <b>3.11</b> |
| Your commitment to the PGWC: DoH                               | <b>4.29</b> | <b>4.08</b> |
| Willingness to treat regional office staff as internal clients | <b>3.00</b> | 2.92        |
| Your understanding of the vision and mission                   | <b>3.57</b> | <b>3.81</b> |
| Your understanding of Healthcare 2010                          | <b>3.61</b> | <b>3.42</b> |
| Harmonious internal customer relationships importance          | <b>3.00</b> | 2.92        |
| Knowledge, skills and abilities                                | <b>3.50</b> | <b>3.30</b> |
| Focused on strategy  | <b>3.10</b> | <b>3.40</b> |
| Overall management   | <b>3.50</b> | <b>3.10</b> |

**Table 22:** Breakdown per gender (overall perception of central H/O)

Both men and women perceive the importance of their functions as seen by head office as unsatisfactory. Male employees feel that the trust head office have in employees to take control of tasks and working relationships to be poor. Female employees rated the importance of harmonious internal customer relationships as well as the willingness of head office staff to treat regional office staff as internal clients lower than their male counterparts. Both groups rated their commitment and sense of loyalty to the organisation as excellent. This seems to be a trend that runs across all categories of analysis.

| Effectiveness of the support /advisory function rendered by components at H/O |             |             |
|---|-------------|-------------|
| Questions   | Male        | Female      |
| Personnel management  | <b>3.04</b> | 2.94        |
| Training and development  | 2.86        | <b>3.06</b> |
| Labour relations  | 2.93        | 2.97        |
| Financial management  | 2.96        | 2.92        |
| Supply chain management   | 2.82        | 2.97        |
| Information management  | 2.89        | 2.67        |
| Professional support  | 2.93        | 2.78        |
| Communications  | 2.68        | 2.92        |

**Table 23:** Breakdown per gender (effectiveness of the function rendered by components at H/O)

Generally male and female employees perceived the effectiveness of the services rendered by components as unsatisfactory with the exception from males and females who rated personnel management and human resource development respectively, as satisfactory.

| Quality of the support /advisory function rendered by components at Head Office |             |        |
|---|-------------|--------|
| Questions   | Male        | Female |
| Personnel management  | <b>3.14</b> | 2.78   |
| Training and development  | 2.86        | 2.72   |
| Labour relations  | <b>3.04</b> | 2.86   |
| Financial management  | <b>3.14</b> | 2.86   |
| Supply chain management   | 2.86        | 2.92   |
| Information management  | 2.86        | 2.75   |
| Professional support  | 2.89        | 2.78   |
| Communications  | 2.61        | 2.92   |

**Table 24:** Breakdown per gender (quality of the function rendered by components at H/O)

Generally both groups rated the quality of the services rendered by components as unsatisfactory. Males perceive the quality of service rendered by personnel

management, labour relations and financial management as satisfactory. Females rated all components to be unsatisfactory.

| General leadership in terms of service delivery  |      |        |
|--|------|--------|
| Questions  | Male | Female |
| Our leaders inspire us to adhere to the Batho Pele principles  |      |        |
| Departmental management (Ministers at national and provincial levels, Head of Department and Top management) | 3.14 | 3.11   |
| Regional management  | 3.43 | 3.61   |
| First level managers (supervisors)   | 3.21 | 3.50   |
| Our leaders are committed to bring about service delivery transformation                                     |      |        |
| Departmental management (Ministers at national and provincial levels, Head of Department and Top management) | 3.50 | 3.11   |
| Regional management  | 3.50 | 3.28   |
| First level managers (supervisors)   | 3.29 | 3.39   |
| Our leaders care deeply about the well-being of the employees  |      |        |
| Departmental management (Ministers at national and provincial levels, Head of Department and Top management) | 3.14 | 2.61   |
| Regional management  | 3.11 | 3.06   |
| First level managers (supervisors)   | 3.36 | 3.25   |

**Table 25:** Breakdown per gender (general leadership in terms of service delivery)

Generally male and female employees perceive the general leadership to be satisfactory. Female employees rated departmental management lower in relation to the caring about the well-being of the employees.

#### 4.3.5 Open-ended question

This section solicited employees to express their opinion of an ideal head office. In other words what they expect from head office. It is an open-ended question and employees

gave their comments in an unstructured manner. A more detailed description of these opinions is attached as **Annexure 4**.

Main issues highlighted by staff were as follows:

- The decisions made by Head Office should be practical for regional offices to implement.
- Communications within Head Office and to the regions need to be improved.
- An understanding and supportive Head Office especially in terms of lack of capacity at Regional offices.
- Head Office to communicate realistic deadlines.
- Monitoring and evaluation visits to institutions should happen more often.
- Planning should be done with all the relevant role-players.
- Services rendered by Head Office should be efficient and effective as regional offices are completely dependent and their service delivery.
- Central head office should provide a standardised service and equate the shortage of staff and resources.
- Staff at Head Office to treat the employees at the regions and institutions the same as the colleagues at Head Office.
- The integration of staff related interventions should be increased. The focus should shift from policy implementation to output focussed service delivery.
- Head office employees to have the knowledge and experience in their field of speciality.

#### **4.3.6 Conclusion**

This chapter largely deals with the research results and the analysis thereof. The methodology, sample and the size of the sample as well as approval obtained to conduct the study came under discussion. A further deliberation of the survey design and questionnaire were highlighted. Trends and comparisons in terms of the results were further broken into individual questions, regions and gender. Finally, views of an ideal central head office were cited.

## CHAPTER 5

### CONCLUSIONS AND RECOMMENDATIONS

#### 5.1 Introduction

The purpose of this chapter is to provide a concluding discussion on the results of the survey and make recommendations which the Department of Health can consider to improve identified problem areas and lastly make suggestions for further research.

The focus of the research was to establish the perceptions and expectations of employees stationed at regional offices regarding the quality of internal service delivered to them by central head office. The rationale of the study is to give management and staff at central head office and regional offices an idea of the perceptions that employees at regional offices hold concerning head office.

The previous chapter (chapter 4) focused on the assessment of the perceptions and expectations on the quality of internal service delivered by central head office to employees at regional offices through the use of a case study, namely Provincial Government Western Cape: Department of Health. The chapter provided the data from which various comparisons, correlations and cross-tabulations were made. The analysis of the data provided the reader with a number of both positive and negative aspects related to the perceptions and expectations of employees stationed at regional offices regarding the quality of internal service delivered to them by central head office.

The analysis of the data as presented in chapter 4 forms the basis of this chapter (chapter 5) to formulate and motivate various recommendations for the Provincial Government Western Cape: Department of Health in general and for the regional office and in particular central head office to improve the quality of internal service delivered.

## **5.2 Discussion on Findings**

The PGWC: DoH is responsible for the delivery of health services to the citizens of the Western Cape. In order to do this effectively, some of these services are decentralised to four different regional offices situated in Paarl, Worcester, George and Bellville. The central head office (situated in Cape Town CBD) has an obligation towards these four regional offices in terms of support and the rendering of a quality internal service.

The purpose of the research was therefore to investigate the perception and expectations of the employees from regional offices on the quality of internal service delivered to them by central head office. This research has identified that employees and the regional offices per se have different perceptions and expectations towards the internal service delivered by central head office. This must be taken notice of because perceptions can be the core element of most organisational behaviour and the expectations that employees hold is important for the morale and effectiveness of organisations.

A combination of textual and numerical data were utilised in this study which included the review of relevant secondary sources of information as part of the literature review. Primary data was obtained through the use of questionnaires comprising of semi-structured questions. The research was a survey design and the sampling frame was all four regional offices with a sample size of approximately two-hundred and fifty employees.

The research achieved the following objectives:

- A review of the policies, documents and annual reports to determine to what extent the central head office delivers an internal service to the regional offices.
- An evaluation as to how internal service delivery is being perceived.
- An evaluation of the ideal central head office.
- Established the shortcomings of the current internal service being delivered.

The overall findings of the survey presented many aspects in which central head office is performing satisfactory to excellent, which are:

#### **Communication and consultation**

- The frequency of communication between employees at head office and regional offices.
- Usefulness of communication from head office to regional offices.
- Usefulness of staff indabas/regional visits held by Head of Department and Senior Managers.

#### **Overall perception of Central Head Office**

- Overall management of the Provincial Government Western Cape is of an acceptable standard.
- Employees are mainly focused on the strategy.
- Employees at central head office are knowledgeable, well-skilled and have the abilities to do their job.
- Employees from regional offices understanding of Healthcare 2010.
- Employees from regional offices understanding of the vision and mission.
- Employees from regional offices commitment to the PGWC: DoH.

- Head office employees willingness to assist employees from regional offices.
- Working relationships between employees at central head office and regional offices.
- Employees from regional offices loyalty towards the PGWC: DoH.
- PGWC: DoH loyalty towards its employees.

### **General leadership**

- Inspiration from all leaders to adhere to the Batho Pele principles
- Leaders are committed to bring about Service Delivery transformation.
- Only first level managers (supervisors) and regional management care deeply about the well-being of employees.

However the findings also show that central head office is not performing well in other areas which have an influence on the negative perception towards the internal service delivered to regional offices.

### **Communication and consultation**

- Readiness and accessibility of information at central head office.
- Transparency and openness regarding the actions and processes taking place at head office.
- Employees at head office consult employees at regional office regarding decisions that effect them (regional offices' staff).
- Fairness regarding deadlines.
- Effectiveness of lines of communication between central head office and regional offices.
- Timely communication to regional offices from central head office.
- Feedback received from staff indabas/regional visits.

### **Overall perception of Central Head Office**

- Staff is made aware of the importance of internal customer relationships between employees at central head office and regional offices.
- Willingness by central head office to treat employees at regional offices as internal clients.
- Head office management trust employees at regional offices to take control over their own tasks.

### **Effectiveness and quality of the service rendered by central head office**

- All components based at central head office are deemed to render a poor service to staff at regional offices.

### **General leadership**

- All leaders except for departmental management (Ministers at national and provincial levels, Head of Department and Top management) care deeply about the well-being of employees. Referring specifically to those managers based at central head office and the national office in Pretoria.

## **5.3 Recommendations**

Ensuing the findings of this research the following key recommendations are made to improve the problem areas as identified:

### **5.3.1 Communication and consultation**

An urgent need exists to improve communication and consultation from central head office to the regional offices.

Communication of personnel policies makes employees aware of rights and obligations and also to ensure that employees understand the logic and the reasoning behind it. It creates involvement and a growing feeling of trust. In times of change, open communication is more important than usual as informal methods of misinformation can obstruct the achievement of mutual understanding between negotiating parties. The formulation of a coherent communication strategy is therefore vital. Communication strategy and methodology however need to be carefully considered in terms of the organisation and its needs (Levy, 2001:44).

- The structure of the Department and its business must include the facilitation of effective communications throughout all levels of the organisation. Line managers are responsible for ensuring that their staff have access to information and feel enabled to seek information and express their views. Each regional office must have a communication framework (informing the communication framework of the central head office) in place to ensure the best possible communications systems are in place and that actions can be taken to improve these where possible.
- The Department should create a single, accessible internal communications team to manage or coordinate staff-related communications e.g. staff newsletter, web pages, events, project communications and announcements. The Department should review existing publications and develop protocols and standards.

Aim:

- Support staff more effectively in delivering internal messages.
- Coordinate existing and future internal communication channels within the Department;

- Act as the single point of contact for staff communications to both internal and external stakeholders.
  - Improve and co-ordinate the planning and delivery of communications from central head office to regional offices and all other centres away from Head Office.
- Develop and implement a core brief cascade and team briefing process throughout the Department, supported by the Senior Management initiating a core briefing mechanism at a senior level.

Aim:

- Improve downward, upward and lateral (sideways) communications throughout the organisation and enable clarity and consistency of direction and information from central head office.
  - Operational communications plans will include face to face communication opportunities.
- Develop an electronic communications strategy, in partnership with Department of the Premier (ICT Directorate).

Aim

- To improve the frequency, targeting and effectiveness of electronic messaging.
- To review and improve the use of key mailing groups.

### **5.3.2 Overall perception of Central Head Office**

Employees need to recognize who they serve within the organization. Those clients should be treated as high priority like an external customer. The eight Batho Pele

principles should not only apply to external clients but also to those internally. This does not only improve performance but employee satisfaction and loyalty will also increase.

Internal processes with strict time limits, work systems and standards must be identified and defined. This work system will process map how the organisation organises itself to get the work done. Formalising these systems ties the activities to be done to the purpose and the company goals. Each link has action requirements and expectations that need to be defined. The work systems approach organises and prioritises work in addition to clarifying employee roles where cooperation and innovation can take place. This way each role player will know directly or indirectly where they fit in to the requirements or expectations.

Also to provide proper training, measure performance, create in-house service strategies that assist rather than hinder work flow in the organisation. This will also assist in eliminating “turf wars” within the Department.

Improvement strategies are also important when it firstly comes to induction and also expecting employees to recognize their internal customers. This will help build loyalty to the organisation and satisfaction within the work environment.

### **5.3.3 Effectiveness and quality of the service rendered by components based at central head office**

To address the negative perception of the effectiveness and quality of the service rendered by components a Quality Management System (QMS) should be implemented.

A Quality management system is a system for managing the activities that yields a quality approach within an organisation. It represents and guides the way the organisation operates in order to render quality services. It involves amongst others the

organisation's management establishing requirements for the quality of operational performance, the quality of the service, customer satisfaction and continual improvement. These requirements are documented within a documentation system and its contents are adhered to throughout the organisation. The system will assist in identifying and focusing on processes, resources and methods that will in turn yield quality services. Through this approach it will ensure repeatability, traceability and conformity by implementing process methods and controls. This system is underpinned by a quality policy and quality objectives. This should be established by the Department's top management. [Harris, 2003:19]

Some of the advantages of an effective quality management system include:

- Formalized systems ensure consistent quality and punctual delivery of services
- Fewer rejects result in less repeated work and costs;
- Errors are detected at the earliest stages and not repeated;
- A simplified environment for managing periods of change or growth;
- An improved awareness of company objectives;
- Responsibilities and authorities clearly defined;
- Improved utilization of time and other resources;
- Improved relationships with customers and suppliers;
- An improved corporate quality image;
- A reduced number of customer audits; and
- An improved record management system in case of litigation. [Harris, 2003:22]

#### **5.3.4 General leadership**

As cited by Bernard, M., Bass, Bruce, J., and Avolio. (2004:4) transformational leaders need to pay special attention to each individual's needs for achievement and growth by acting as coach or mentor. Followers and colleagues should be developed to

successively higher levels of potential. Individualised consideration should be practised as follows: New learning opportunities to be created along with a supportive climate. Individual differences in terms of needs and desires should be recognized. The leader's behaviour should demonstrate acceptance of individual differences (e.g. some employees receive more encouragement, some more autonomy, others firmer standards, and still others more task structure). A two-way exchange in communication should be encouraged and a "management by walking around" work space is practiced. Interactions with followers should be personalized (e.g. the leader remembers previous conversations, is aware of individual concerns, and sees the individual as a whole person rather than as just an employee). The individually considerate leader listens effectively. The leader should delegate tasks as a means of developing followers. Delegated tasks should be monitored to see if the followers need additional direction or support and to assess progress.

#### **5.4 Future research possibilities**

This research, through additional information on the questionnaire, informal conversations and formal responses gave us a clear indication of the dissatisfaction and isolation experienced by employees. Further research can be dedicated to ascertain how those negative feelings impacts on job satisfaction and commitment to the organisation and how it affects employee turnover.

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## ANNEXURE 1

Approval letter by Prof K C Househam (Head: Department of Health)



SCHOOL OF  
PUBLIC MANAGEMENT  
AND PLANNING

DIVISION POST GRADUATE PROGRAMMES IN PUBLIC AND  
DEVELOPMENT MANAGEMENT

*Towards sustainability through good governance*

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Prof K C Househam  
Head: Health Department (Western Cape)  
P O Box 2060  
Cape Town  
8000.

Dear Prof Househam,

**RE: MASTER'S THESIS- RESEARCH**

I would hereby like to confirm that Me Venessa Adams is currently enrolled as a Masters student, in our MPA programme, and that her research proposal on the *perceptions and expectations of staff at regional offices in term of the level and quality of internal service delivered to them by the central head office*, has been approved by our research committee.

She plan's on conducting her research within your department and we would like to request that you grant her permission to do so. The research is for academic purposes and will not be used for financial gain.

Thank you for your co-operation.

Kind Regards

  
Adele Burger  
Research co-ordinator  
School of Public Management & Planning  
Stellenbosch University  
Tel: (021) 918 4412  
Fax: (021) 918 4123  
E-mail: [Adele.Burger@sopmp.sun.ac.za](mailto:Adele.Burger@sopmp.sun.ac.za)

Approved  
K.C. Househam  
19.7.2005  
PROF K.C. HOUSEHAM  
SUPERINTENDENT-GENERAL

S

## ANNEXURE 2

Letter of permission: PGWC: DoH (Research Committee)



Verwysing  
Reference  
Isalathiso  
2007/RP84

Navrae  
Enquiries  
Imibuzo  
Dr. M.M. Makiwane

Telefoon  
Telephone  
Ifowuni  
021 483 9911

Departement van Gesondheid  
Department of Health  
iSebe lezeMbilo

Vanessa Adams  
P O Box 610  
Bellville  
7535

Fax: 021 918 4123

Dear Ms Adams

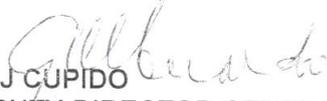
**Perceptions and expectations of staff at regional offices in terms of internal service delivered to them by central head office.**

Thank you for submitting your proposal to undertake the above-mentioned study. We are pleased to inform you that your research has been approved for regional offices.

Please inform us in writing when the research report will be available and quote the reference number above.

We look forward to hearing from you.

Yours sincerely,

  
DR J CUPIDO  
DEPUTY-DIRECTOR GENERAL  
DISTRICT HEALTH SERVICES AND PROGRAMMES  
DATE: 10/9/2007

CC: Dr K. Cloete: Chief Director Metro

Dorpstraat 4  
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8000

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# ANNEXURE 3

## Research questionnaire

---

### PERCEPTIONS AND EXPECTATIONS OF REGIONAL OFFICES' STAFF IN TERMS OF THE QUALITY OF INTERNAL SERVICE DELIVERED TO THEM BY CENTRAL HEAD OFFICE

The questionnaire starts here:

MARK THE RELEVANT ANSWER WITH AN X:

#### IN WHICH REGION DO YOU WORK?

|                     |                          |                 |                          |                        |                          |                         |                          |
|---------------------|--------------------------|-----------------|--------------------------|------------------------|--------------------------|-------------------------|--------------------------|
| Boland/<br>Overberg | <input type="checkbox"/> | Metro<br>region | <input type="checkbox"/> | Southern<br>Cape Karoo | <input type="checkbox"/> | West Coast<br>Winelands | <input type="checkbox"/> |
|---------------------|--------------------------|-----------------|--------------------------|------------------------|--------------------------|-------------------------|--------------------------|

#### TO WHICH CATEGORY OF STAFF DO YOU BELONG?

|         |                          |                    |                          |                            |                          |       |                          |
|---------|--------------------------|--------------------|--------------------------|----------------------------|--------------------------|-------|--------------------------|
| Finance | <input type="checkbox"/> | Human<br>resources | <input type="checkbox"/> | Supply chain<br>management | <input type="checkbox"/> | Other | <input type="checkbox"/> |
|---------|--------------------------|--------------------|--------------------------|----------------------------|--------------------------|-------|--------------------------|

#### INDICATE THE LEVEL OF YOUR POST

|            |                          |             |                          |             |                          |       |                          |
|------------|--------------------------|-------------|--------------------------|-------------|--------------------------|-------|--------------------------|
| Management | <input type="checkbox"/> | Operational | <input type="checkbox"/> | Supervisory | <input type="checkbox"/> | Other | <input type="checkbox"/> |
|------------|--------------------------|-------------|--------------------------|-------------|--------------------------|-------|--------------------------|

#### INDICATE YOUR NUMBER OF YEARS EXPERIENCE

|             |                          |             |                          |           |                          |
|-------------|--------------------------|-------------|--------------------------|-----------|--------------------------|
| 0 - 2 years | <input type="checkbox"/> | 3 - 5 years | <input type="checkbox"/> | 5 years + | <input type="checkbox"/> |
|-------------|--------------------------|-------------|--------------------------|-----------|--------------------------|

#### INDICATE YOUR GENDER

|      |                          |        |                          |
|------|--------------------------|--------|--------------------------|
| Male | <input type="checkbox"/> | Female | <input type="checkbox"/> |
|------|--------------------------|--------|--------------------------|

ANSWER THE FOLLOWING QUESTIONS REGARDING INTERNAL SERVICE DELIVERY BY USING THE INDICATED SCALE AS KEY.

PLEASE RATE THE FOLLOWING ACCORDING TO THE 5-POINT SCALE

*Mark the most applicable:*

|                  |             |                 |             |                  |
|------------------|-------------|-----------------|-------------|------------------|
| <b>VERY POOR</b> | <b>POOR</b> | <b>MODERATE</b> | <b>GOOD</b> | <b>EXCELLENT</b> |
| <b>1</b>         | <b>2</b>    | <b>3</b>        | <b>4</b>    | <b>5</b>         |

1. How would you rate the usefulness of the staff indabas/regional visits held at regional offices by the Head of Health department and senior managers? 

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
  
2. How would you rate your level of interaction at staff indabas/regional visits? 

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
  
3. How would you rate the feedback/answers received from head office following the staff indabas/regional visits' questions/concerns/comments? 

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
  
4. How would you rate the relevancy of communication from head office to your regional office (i.e.,the usefulness of the communication)? 

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
  
5. How would you rate communication as timely in your regional office from head office? 

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
  
6. How would you rate the effectiveness of the lines of communication from top management to your level? 

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
  
7. How would you rate the frequency of communication between staff at head office and staff at regional offices? 

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
  
8. How would you rate the fairness regarding deadlines/due dates set by head office? 

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
  
9. To what extent does head office staff consult regional office staff regarding decisions that affect them (regional office staff)? 

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
  
10. How would you rate the level of transparency and openness regarding the actions and processes taking place at head office? 

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
  
11. How would you rate the readiness and accessibility of information at head office level? 

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

12. How would you rate the head office management's trust in staff at regional office to take control over their own tasks? 

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

13. How would you rate your loyalty to the Provincial Government Western Cape: Department of Health? 

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

14. How would you rate the loyalty to the Provincial Government Western Cape: Department of Health towards its employees? 

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

15. To what extent is staff at regional offices made aware of the importance of their functions within the Provincial Government Western Cape: Department of Health? 

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

16. How would you rate the working relationships between head office and your regional office? 

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

17. How would you rate head office staff's willingness to assist? 

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

18. How would you rate your commitment to the Provincial Government Western Cape: Department of Health? 

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

19. How would you rate the staff at head office's willingness to treat regional office staff as internal clients? 

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

20. How would you rate your understanding of the vision and mission of the Provincial Government Western Cape: Department of Health? 

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

21. How would you rate your understanding of Healthcare 2010 and the Comprehensive Service Plan of the Provincial Government Western Cape: Department of Health? 

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

22. To what extent is staff made aware of the importance of harmonious internal customer relationships between head office and regional offices? 

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

23. How would you rate the effectiveness of the support/advisory function rendered by head office to regional offices in terms of the following:

a) Personnel management; 

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

b) Training and development; 

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

c) Labour relations; 

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

d) Financial management; 

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

e) Supply chain management;

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

f) Information management;

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

g) Professional support and

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

h) Communications

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

24. How would you rate the quality of these functions i.e support and advisory rendered by head office to regional offices in terms of the following:

a) Personnel management;

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

b) Training and development;

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

c) Labour relations;

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

d) Financial management;

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

e) Supply chain management;

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

f) Information management;

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

g) Professional support and

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

h) Communications

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

25. How would you rate the overall knowledge, skills and abilities of staff at head office concerning their area of work?

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

ANSWER THE FOLLOWING STATEMENTS BY USING THE INDICATED SCALE AS KEY.

PLEASE RATE THE FOLLOWING ACCORDING TO THE 5-POINT SCALE

*Mark the most applicable:*

|  |                             |                  |              |                             |
|--|-----------------------------|------------------|--------------|-----------------------------|
| <b>DEFINITELY<br/>DO NOT<br/>AGREE</b> | <b>DO<br/>NOT<br/>AGREE</b> | <b>UNCERTAIN</b> | <b>AGREE</b> | <b>DEFINITELY<br/>AGREE</b> |
| <b>1</b>                               | <b>2</b>                    | <b>3</b>         | <b>4</b>     | <b>5</b>                    |

REPLY TO THE FOLLOWING STATEMENTS REGARDING THE GENERAL LEADERSHIP IN TERMS OF SERVICE DELIVERY WITHIN THE DEPARTMENT OF HEALTH.

**Our leaders inspire us to adhere to the Batho Pele principles:**

26. Departmental management (Ministers at national and provincial levels, Head of Department and Top management)

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

27. Regional management

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

28. First level managers (supervisors)

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

**Our leaders are committed to bring about service delivery transformation.**

29. Departmental management (Ministers at national and provincial levels, Head of Department and Top management)

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

30. Regional management

31. First level managers (supervisors)

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

**Our leaders care deeply about the well-being of the employees**

32. Departmental management (Ministers at national and provincial levels)

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

33. Regional management

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

34. First level managers (supervisors)

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

**35. Staff is generally focused on the main strategy of the Department.**

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

**36. The overall management of the Provincial Health Department is of an acceptable standard.**

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|



## ANNEXURE 4

### Opinions/views on the ideal central head office

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*“Aware of the realities of non-metro areas. Sometimes decisions are made not realising the impracticality thereof. Too “metro-centric”. Good communication within Head Office. Often the one hand does not know what the other is doing.”*

*“A Head Office which is supportive and understands the lack of capacity in the Regions. I would like to see a seamless relationship between Head office and Regional Office in other words must work as if we are under one roof and not blame each other if there are problems”*

*“Set realistic deadlines for responses on requests. Don’t ask regions for information that is readily available at head office in the info system – it seems that head office don’t want to look for the info or don’t know how to do it.”*

*“Head Office should render an efficient and effective service delivery as we are totally dependent on them. Correct contact lists and job titles should given to people in order to avoid being transferred from one department to another. Switchboard should be informed about the on duties and off duties of staff and when they’ll be back, avoiding continue call backs. Should staff be absent another person should be allocated to help. Calls should be returned on the same day. A more friendly at reception should be implemented.”*

*“Planning must always be done with all the relevant role players. This seldom happens. Decisions at head office are often not reachable by the Regional staff and this creates the perception that work is not well done. The “them and us” factor must be removed by*

*forming the structure in such a manner that the message comes from as near the top as possible as everyone's understanding is different. At present with all the restructuring people feel very vulnerable about posts and options and as middle-management and up know that it will mostly be OK for everyone, the staff does not believe this.*

*“An Ideal Central Head Office is very crucial for service delivery in the department, rather than having 8 different districts or regional offices in place. I think that these offices are just a waste of resources and some are dysfunctional. The new proposed districts would resolve some of the bureaucratic channels that an employee should follow if s/he is having a problem. It should provide a comprehensive package and a quality service that covers all types of primary health care which includes preventative, promotive, curative and rehabilitation services. Lack of systematic organisation of service has hampered the co-ordination between regions and regions. I believed that an ideal central head office should provide a standardised service and equate the shortage of staff and resources. In preparation for 2010, central head office would enable our manage properly, provide a quality care service which is a right to all levels of our society. Everybody will have access to care and the service rendered by our health centres will be more efficient.”*

*“This is just my opinion: It would be appreciated that when it comes to deadlines that Head Office could at least give regional office staff a longer period (i.e. a week) to respond to issues. People are sometimes out of town and they tend to panic when their responses are not in on time.”*

*“Improve communication. Decision-making what is impact on ground level.”*

*“Ideally, central head office should operate along the lines of service standards wrt communication and feedback turn around times being more realistic most of the time. Also, more sensitization to differences impacting upon “rural” regions.”*

*“Personnel who can communicate properly. Personnel with acceptable telephone manners. Personnel who are able to do their jobs properly”*

*“Personnel must understand their field of work and must have the relevant knowledge of it so that employees can get the correct information when asked for it. The personnel at Head Office must treat the personnel at the Regions and institutions the same as the colleagues at Head Office. The relationship between Head Office and the regional office must be very good and one must not fear to contact Head office should you need assistance or help.”*

*“A Head Office that works with (together) with the Regional Office and not against each other in a so called power struggle. Mostly it’s about we (Head Office) can overrule you know better than Regional Office staff. More interaction – which must be based on “integrity and loyalty and not back stabbing.”*

*“More interest, concern and acknowledgement for our contribution to the health of the Province. Better communication. Would like to be kept fully informed of all matters and decisions. Accessibility and availability to help employees. Less talk, more action!!!”*

*“Availability at all times. Good knowledge and experience in the field they specialized. Commitment to your responsibilities. Work performance to be improved.”*

*“An office for support and advise. Who treat people with respect and dignity and understand that all staff are bombarded by deadlines and have so many other*

*responsibilities that keep you tied up. Understand that we are all human and not robots. Have excellent communication skills to carry over instructions from the top downwards. Take responsibility for mistakes on their sides. Live by Batho Pele and the Code of Conduct. Montantis Montanties.”*

*“I would think that an ideal Head office should have more interaction with staff at a lower level especially where that specific office has an influence on finance. My feeling is that only at the end of all you then seem to be important when the “pumpkin” already hit the fan. Staff especially information management has been without an Assistant Director for more than a year and this office has played a very important role towards the budget, especially where our community is concerned. Statistics plays a very important role. We have had several different managers in this time”*

*“Gee sperdatums onredelik kort aan ons kantoor. Stadsmense uit voeling met behoeftes van platteland bv. Poste. As HK opdragte gee verwag hull eons moet alles los en spring.”*

*“Communication is very weak: One way street.*

- Province communicates what they think is important to staff.*
- Region is selective and communicates what they think staff should know and not all information.*
- Supervisors think they have to know and if staff know then that will make them equal – “Territory protection communication and very weak” need to know basis.*
- Head office programme managers only communicates with regional office staff on last minute and only when they have vacancies in courses they want us to attend if those can not be filled in metro – on last minute basis.*
- Never gets feedback or improvement after staff indabas.*

- *Due dates by head office are unreasonable – very often. Transparency is viewed as a management “prerogative”. Service delivery transformation is not monitored well by head office, they don’t know what and if regional office implements changes that need to be affected i.e. equity.*
- *I don’t believe staff is really aware of how individual work fits in with the bigger departmental goals and nobody seems to care.*
- *Regional office is untransformed and no equity is being planned to effect other aims of targets of social transformation.*
- *Management positions are reserved for “white” people and people of colour belongs on the production floor.”*

*“Wider consultation with regions. Policy matters distributed and discussed. Policies are sent to regions and left unto themselves for interpretation which resulted in inconsistent application of policies. Regions should be consulted on a regular basis regarding matters having direct effect on their work situation. Due to lines of communication information does not filter down to various employees/staff dealing with particular work.”*

*“Oop deur beleid handhaaf. Beleidsdokumente moet seker gemaak word dat dit korrek geïmplementeer en toegepas word, sodat verskillende interpretasie tot minimum beperk word. Sekere beleid, spesifiek compensation management moet nagesien word vir korrektheid. Sperdatums – redelik/billik wees. Telefoniese navrae – terugvoering word verwag as ‘n boodskap gelaat word, soms net geïgnoreer.”*

*“HK personeel dink hulle weet alles. Verdedig al hulle aksies sonder om na meriete van gevalle te kyk. Sommige personeel probeer dominerend te wees in vergadering en skep die idee dat jou argument irrelevant is.”*

*“The integration of staff related interventions should be increased. The focus should shift from policy implementation to output focussed service delivery. The networking between HO and related public areas need to be strengthened. Services need to spiral from bottom to top.”*

*“Vertrou streke om take te desentraliseer waarvoor nie kapasiteit het nie. Sperdatums moet ook deur hoofkantoor nagekom word. Iewers is 'n probleem met rekord-management. Dokumente raak voortdurend weg wat definitief gestuur word. Dit kan gewoonlik na sperdatums weer te voorskyn. Werklike operasionele vlak behoort meer gekonsulter te word i.s. CSP.”*

*“Service delivery comes first. They should adhere to client care. Stop looking at skin colour. Stop discriminating towards skin colour and start concentrating on the services. Well being and happiness of staff, makes all problems disappear. HO should look at the staff and support them. Stop chasing away all the good staff. Without nurses-services would stop. Very important – look at regional offices, they are only employing friends and family. They should stop this practice.”*

*“I think that any Department should be transparent and effective. Communication and co-operation is a very important factor to function effective. The attitude of Head office need to change dramatically. The service need to be upgraded to the extent where everyone can feel free to ask for help at any time. We should be able to work as a team and not as enemies. To get feedback is also a major problem!”*

*“Too big: too many people, too many levels, too many high posts relative to rest of Department. Make it smaller with fewer levels. Location user-unfriendly – traffic congestion, parking absent for customers. Relocate it to accessible location. Exposure: No HO worker should work in HO for longer than 3 years without a 6*

*months rotation/shift in a service are (at coalface preferably). Back to basics: renewed focus on basic administration – all over. Decentralise. Total change in culture = service oriented (health service rendering) nurturing, support to service entities. Intersectoral collaboration to improve drastically. Information Management and Public Health Divisions to be revamped.”*

*“My honest opinion: The expectations until now is well on course. Rome was not build in a day and therefor it will take time to reach our goals towards 2010. Central head office please put your plans and goals together and keep up the good work. Always be helpful in communicating and helpful to your client (regional office) and assist in every way you can. Management must join hands and put every idea on the table and therefore provide us with good quality feedback on the DHS in our country. Every input and effort is worth a try to ensure the health quality of this nation.”*

*“Bad management (top) at Regional office. HO aware of problems but choose not to do anything about it.”*

*“More M and E site visit from H/O to institutions.”*

