TRANSFORMATION IN THE SOUTH AFRICAN PUBLIC SERVICE: THE CASE OF SERVICE DELIVERY IN THE DEPARTMENT OF HEALTH

BY

NYANA FAITH RAKATE

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PROMOTER: PROFESSOR JERRY KUYE

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ABSTRACT

The essence of this study is to review and to assess the extent to which transformation has materialized in the South African public service. Transformation has implied a fundamental reframing of the South African public service, replacing an old system with a new one. Through different legislations, objectives to improve the lives of the South Africans were set. The Department of Health, amongst others, was selected to pilot service delivery initiative because an improved health system would contribute directly to the improvement and expansion of human resource potential of the country. After a decade, it is still essential to assess a government's performance in order to observe if there is progress in terms of services delivered to the people. The purpose is not really to pass or fail a particular initiative but to identify weaknesses and to suggest how these can be remedied and also to inform the community about the developments made.

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LIST OF ABBREVIATIONS

ANC	**African National Congress**
CHC	**Community Health Centre**
DPSA	**Department of Public Service and Administration**
DFID	**Department of Foreign and International Development**
DHS	**District Health System**
DoH	**Department of Health**
HIV/AIDS	**Human Immune Virus/Acquired Immune Deficiency Syndrome**
NHA	**National Health Authority**
NHS	**National Health Service**
HPCSA	**Health Professions Council of South Africa**
PCAS	**Policy Co-ordination and Advisory Service**
PHS	**Primary Health Service**
PSC	**Public Service Commission**
RDP	**Reconstruction and Development Programme**
SAMDI	**South African Management Development Institute**
UNDP	**United Nations Development Programme**
UNICEF	**United Nations Children's Fund**
WHO	**World Health Organisation**
WPTPS	**White Paper on Transforming Public Service**

CHAPTER 1

INTRODUCTION AND ORIENTATION

1.1. Introduction

Government and citizens from all over the world are engaged in various forms of transforming their public services. These transformations promise to have far-reaching implications for a wide range of global, national, and micro issues including service delivery, human rights and individual human quality of life, competencies and capacities, management and governance systems, global markets, regional peace and national economic. For most cases where transformation has been essentially driven by the need for improved efficiency in service delivery and reduced cost, the emphasis tends to be on implications of capacity development and managerialism as well as computer and information technology, leading to what scholars of public administration and management have called new paradigm in public administration and management. South Africa is amongst others one of the countries which is in the process of transforming itself into an efficient and democratic one. The demise of apartheid regime and the introduction of a democratic dispensation in South Africa ushered in a multitude of demands on the government and society in general. Thus, the following sections will take us through the historical background of South African public institutions and a rationale for their transformation.

1.2. Overview and historical background of South African state

South Africa had its first democratic elections in 1994. Since 1995, the South African public service has engaged in the process of transforming itself into an efficient, effective, democratic, fully representative and development-oriented

instrument of service delivery. The publication of the *White Paper on the Transformation of Public Service (1995) (Notice 1227 of 1995)* served as a point of departure for the transformation of the South African public service.

The transformation challenges in the South African public services originated primarily from the country's history, while some are based on the lessons the country is learning from the experience of other countries internationally. South African society has been a divided society and that it is presently in a state of transition. These divisions of the past and their present legacy have had and still have profound influences on the civil service in terms of culture, structures and functioning.

Prior to 1994, the public service was characterized by a poor quality of services, a low skills base, inefficiencies, a lack of commitment and no respect for citizens. As a result, low level of trust and confidence in public institutions overshadowed the public service environment. In addition to this, the public service that was appendage to a government was not accountable to anyone except perhaps a small minority; as such the public service of that time was insulated in a cocoon of intellectual and political arrogance and contentedness. The health system was also built on apartheid ideology and was characterised by racial and geographic disparities. Access to health care for rural communities and those classified as black was difficult.

The previous administration was seen by the majority of people as primarily serving the apartheid ideology. The composition of the apartheid civil service was overwhelmingly Afrikaans and dominated white males. The management echelons were dominated by white Afrikaner males with the selections process consequently being "manipulated" thereby excluding other races and women. The authoritarian focus of the apartheid ideology became manifest in the way in which the management of the civil service was structured. It was authoritarian,

centralised and ruled orientated. Decision were mainly of a top-down nature, allowing for little or no input from officials in the lower ranks, who operated at the rock-face and interacted with the broad population. This stifled ingenuity and creativity often led to "Pretoria-conceived" plans and programmes being imposed upon communities. Communities were not consulted regarding their needs, as officialdom was better able to judge these needs than they themselves (Venter 1996: 42).

The organisational culture in the civil service and nature of the formal and informal training given to officials entrenched a very rigid and vertical style of thinking. Lateral thinking was discouraged as this would inevitably have led to a questioning attitude. Officials were expected to focus on administering and entrenching the dictates of the apartheid ideology. Those who attempted to challenge the apartheid paradigm were often relegated to innocuous positions. The majority of black population saw the civil service as an instrument which was primarily intended to assure their subservience. They were treated as passive recipients who had to accept what they were given. Even where consultation was attempted, it was experienced as discriminatory and false. Development projects were often patently paternalistic and not intended to empower communities (Venter, 1996: 42-43).

The authoritative paternalistic organisational culture precluded openness, transparency and accountability. Government actions were frequently labelled top secret or confidential. Government departments anxiously guarded the information in their possession and often had to be compelled by court orders to reveal such information. The attitude which prevailed was that government information was the property of the departments. The people, namely, those who were not government officials, were not seen to have a right to such information. Even Parliament was often given filtered information, resulting in

departments becoming much of a law unto themselves. This was fertile ground for inefficiency, mismanagement and corruption (Venter, 1996: 43).

In most areas of the civil service there were no modern management information systems that could ensure the effective monitoring and revision of civil service policies and programmes. Reliable statistics were virtually impossible to obtain. Budgetary allocations were largely a linear projection of those that applied in the previous year, without due regard to the needs of the people who were to be serviced. Department budgets were often a perpetuation of an historic spending pattern, not an expression of sensitivity to the need of deprived communities. Service priority was afforded to the advantaged communities, resulting in an increasing marginalisation of the majority of our people (Venter, 1996: 43).

Apart from the management echelon, who in the later years received market-related remuneration, the majority of civil servants were poorly paid. This resulted in low productivity and a poorly motivated staff. In addition, promotion and advancement were often based on political allegiance, race and gender. A lack of appropriate training and career path planning restricted the advancement of officials in the lower ranks of the civil service. A large percentage of civil servants had little pride in the tasks they were required to perform and consequently lacked professional service orientation. The apartheid ideology denied civil servants the democratic right to use collective bargaining to improve the condition of service. This resulted in adversarial relationships between the state and its employees, further demotivating them (Venter, 1996: 43-44).

The political negotiations, which led to the first democratic elections in April 1994, have been vigorously acclaimed as an important landmark in the history of South Africa. The breakthrough stage was characterised by a formal, end to white minority political rule, the adoption of a broadly progressive constitution, and conscious effort on the part of the new government to improve the access of

the poor to health, education, water and housing, thus empowering them. There was a great imbalance in terms of the way in which services were delivered. Due to this South African historical background, transformation in the public service was necessary to reform and to redress the past imbalances that existed. Transformation was needed to address the profound inequities inherited in order to meet moral, social and economic demands of South Africa.

After coming into power in 1994 the new democratically elected government embarked on a process designed to fundamentally reshape the public service to fulfil its role in the new dispensation. This process, generally referred to as transformation, is distinguished from the broader, longer-term and on-going process of administrative reform, which will be required according to the White Paper on the Transformation of Service Delivery (1995) to ensure that the South African public service remains in step with the changing needs and requirements of domestic and international environments. This transformation was regarded by the government as a dramatic, focused and relatively short-term process.

1.3. The rationale for transformation in the South African public service

As can be expected, this dissertation about transforming the public service will also mirror the past and present cleavages in South African society. Formally disadvantaged citizens could be expected to have had very negative perceptions about the legitimacy and efficiency of the previous civil service. Formally advantaged citizens might have had concerns about the efficiency of the civil service in line with generally held public perception of bureaucracy and red-tape in the civil service. At the same time the majorities of white males were beneficiaries of the state and most probably would have had fewer negative perceptions about the legitimacy of the previous civil service. Some of the details of the apartheid policy, which sought the exclusion of the majority from

full participation in all aspects of the South African society, had begun to crumble by the late 1980s. However, the essences of apartheid remained, with blacks denied the franchise, society divided along racial lines and social exclusion and neglect of the majority a matter of State policy (Policy Co-ordinating and Advisory Service herein after referred to as PCAS, 2003: 7).

Government programmes perpetuated a strict racial hierarchy with the greatest allocation of the country's wealth going to Whites, and African receiving the least. Economically, the country was isolated through sanctions and the resultant import-substitution industrializations meant that many firms were unable to compete in global markets. In the preceding 1994, growth declined to below one percent per annum and the early 1990's growth had come to a standstill with the 1992 recession and the drought. Public sector debt was ballooning out of control as the apartheid regime sought to buy support. The country was isolated diplomatically and excluded from almost all multilateral institutions (PCAS, 2003: 7). The vast majority of South Africans citizens had no political rights.

In 1991 it was estimated that 16.6 million South African lived below breadline (Hilliard & Msaseni, 2000: 67) as cited from (Hilliard, 1992: 7). In 1993 some estimates predicted that 32 percent of the population was living below the breadline; worse than the figures of the 1930 Great Depression (Hilliard & Msaseni, 2000: 67) as cited from (Hilliard, 1996:13). In 2000 these statistics looked even worse; 65 percent of South Africans were said to be living below the poverty datum line (Hilliard & Msaseni, 2000: 67) as quoted from (SABC TV News, 16/1/2000). In 1995 it was estimated that merely 8 million people "30 percent of the South African population at that stage" did not have adequate sanitary facilities. Only 57 percent of the South Africans had waterborne sewage (Hilliard & Msaseni, 2000: 68) as quoted from (Wall, 1997: 113). In 1996 it was also estimated that between 15 and 16 million did not have piped water and that 70 percent of the South African population was poor. From the abovementioned,

it may be deduced that there were service delivery backlogs in post-apartheid South Africa that need the urgent attention of the authorities.

Due to the inherited immense organisational problems, massive social infrastructural backlogs, limited financial, human and technological resources from the past public service, service delivery programmes as articulated by a DPSA Report (1998/1999) were increasingly faced with the following challenges:

(a) Service delivery programmes were archaic and inefficient;
(b) The level of economic development was characterised by high unemployment, high public debt commitment and dwindling resources for public service delivery; and
(c) South Africa's increasing importance as a role-player in a global economy, which demands a high level of efficiency and effectiveness in the public sector.

The Presidential Review Commission Report (1998: 1) also added that the principles features of the apartheid bureaucracy included the following:

a) Rigid racial and ethnic segregation;
b) Fragmentation, duplication and waste;
c) Poor and outdated management practices;
d) A regulatory bureaucratic culture;
e) Lack of accountability and transparency;
f) Poorly paid and demotivated staff; and
g) Conflict labour relations.

As the result of the above-mentioned challenges, government had to examine all possible means of optimally improving the delivery of services because there was a need for transformation. The major reasons made it necessary to transform

and to reorganize the public service was that it reflected the true demographic features of the country. A public service that is developmentally oriented and which had an attitude and readiness to deliver on social needs as effectively as possible. According to the (Department of Public Service and Administration, herein after referred to as DPSA report (1998/1999), the challenge was to create a new organisational ethos, create a shared vision, establish new work ethics and bring services closer to people. However, the urgent and immediate task was to impress on the new public service that exist for the sole purpose of delivering quality services to all citizens. Given the great imbalance that existed in the public service under the apartheid era, the one main priority of the transformation process, is to ensure that the services are representative of the demography of South Africa and reflective, at all levels, of the diversity of the country.

1.4.   Problem statement

Service delivery can be regarded as the paramount function of any government. Service delivery became increasingly an important problem in the Department of Health. The introduction of new legislation regarding service delivery and transformation changed the manner in which the South African public service functioned. The White Paper on the Transformation of the Public Service, 1995, (Notice 1227 of 1995), as well as the White Paper on Transforming Public Service Delivery, (1997), (Notice 1459 of 1997), introduced a new era in the South African public service. The aim of the White Paper on the Transformation of the Public Service, 1995, (Notice 1227 of 1995), and the White Paper on Transforming Public Service Delivery, 1997, (Notice 1459 of 1997) was to transform the South African public service in totality which included the transformation of service delivery.

With the demise of the apartheid regime, the government embarked on a number of legislative and policy reforms, most which put more emphasis on the need for quality service delivery in all areas of governance, particularly in health care. As a result, the National Department of Health published a national policy for quality in health care that serves as a national framework to guide provincial departments in developing and implementing their own initiatives as part of a provincial quality improvement programme. There have been policies and alternative service delivery approaches developed and implemented to govern the South African public services. Based on the above premise, the research question is:

"To what extent has transformation in the South African public service materialised".

The questions for consideration are listed below.

i. Has the government through the National Department of Health in South Africa achieved its policy objectives?

ii. Are these the appropriate objectives?

iii. What challenges are the public services faced with in the transformation process?

iv. What successes and failures is the Department of Health experiencing or has it experienced?

1.5. Study objectives

The purpose of this research is to review and to assess the extent to which government has achieved its policy objectives in the past decade in the public service. This may be achieved assessing the progress made in respect of transformation in the public service and this will be done with specific reference to the Department of Health. This will include identifying the needs, objectives,

successes and failures of the policies since their inception. This study is important as it hopes to bring clarity on the issues and also provide recommendations on how to improve the current service delivery.

The research is a summative evaluation study of transformation in the public services of South Africa with special reference to the Department of Health (herein after referred to as DoH). Health reform is fundamental to the sustained economic and social development of a nation. An improved health system would contribute directly to the improvement and expansion of human resource potential. The Department of Home Affairs, Provincial Administration of the North West and the National Department of Health were selected to pilot the DPSA service delivery initiative.

Firstly, the government needs to be informed on whether its policies are being implemented. So one of these evaluations is to ascertain how much progress has been made in achieving targets and priorities the government has set for the department. Secondly, the evaluation helps to identify the developmental need of service delivery. The purpose is not really to pass or fail a particular initiative but to identify weaknesses and to suggest how these can be remedied and also to inform the community about the developments made.

1.6.   Research methodology

The purpose of this section is to describe the research methodology used in this study. 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. 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.

Table 1.1. Three levels in the methodological dimension

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.

Adapted from 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. Research design, on the other hand, is defined as a plan of how a research project will be conducted, specifying who or what is involved and where and when it will take place (Du Ploy, 2001: 81). In other words research strategy indicates which "direction" will be taken, while research design indicates what needs to be done while heading in that specific direction.

1.6.1. Purposes of research

Babbie (1998: 79) distinguishes three most common and useful purposes of research, namely: exploration, description and explanation.

1.6.1.1. Exploratory research

Exploratory research could be regarded as a first stage in a sequence of study because a researcher may need to conduct an exploratory study to explore a new topic or issues in which a little is known about it. In this case, the researcher's goal is to formulate more precise question that future research could answer. The exploratory research addresses the "what" question and as result exploratory researchers find it difficult to conduct because there are no or few guidelines to follow (Babbie, 1998: 79).

1.6.1.2. Descriptive research

Descriptive research presents a picture of the specific details of a situation. In this case, a researcher begins with a well-defined subject and conducts research to describe it accurately. This research will to some an extent use a descriptive study to describe it accurately because there are highly developed ideas about transformation and service delivery in the public service. Transformation as a subject will be accurately defined, presenting basic background information so as to get a detailed picture of the subject. This will enable a researcher to measure the subject and provide an accurate profile of it (Babbie, 1998: 80).

1.6.1.3. Explanatory research

The third general purpose of a research is to explain things. The aim of explanatory is to indicate causality between variables or events (Babbie, 1998:

81). Going beyond focusing on transformation as a subject, it is also useful to engage into explanatory research to explain the need for transformation in the public service. This will advance a knowledge about an underlying processes suggested to transform the public service and service delivery therein.

1.6.2. Types of research design

Babbie (1998) classified research designs into: experiments, surveys, qualitative studies, participatory actions research, evaluation research and unobstructive research.

1.6.2.1. Experimental design

The experimental design is mostly associated with structured science in general. It involves taking action and observing the consequences of that action (Babbie, 1998: 208). Experimental design is especially appropriate for hypothesis testing and also best suited to explanatory than descriptive purpose.

1.6.2.2. Survey research

Survey research may be used for descriptive, explanatory and exploratory purpose. They are highly used in studies that have individual people as the unit of analysis. Survey research, a popular social research method, is the administration of questionnaires to a sample of respondents selected from some population (Babbie, 1998: 232).

1.6.2.3. Qualitative studies

The primary goal of studies using qualitative is defined as describing and understanding rather than explaining. The main concern is to understand social

action in terms of its specific context rather than attempting to generalize to some theoretical population (Babbie, 1998: 270).

1.6.2.4. Participatory action research

This type of research is commonly used to "grassroots development" interventions and encountered especially in the so-called underprivileged rural setting in the so called Third World countries. Participatory action research can be used as a search to render development assistance more responsive to the needs and opinions of people. The researcher can be referred to as a change agent (Babbie, 1998: 314).

1.6.2.5. Evaluation research

Evaluation research can be used to assess the implementation and usefulness of social interventions, for an example, the Reconstruction and Development Programme which will be explained in the following chapters. Evaluation research aims to test interventions to see how effective they are. This research may be used to identify neglected areas of need, target groups and problems within organizations and programmes. It can also be used to compare a programme's progress wit its original aims (Bless & Smith, 2000: 49).

1.6.2.6. Unobstructive research

Unobstructive research is a way of studying social behaviour without affecting it in the process. This method of research does not establish a direct relationship or interaction with the research subject. Therefore, the subject cannot react to the fact that he or she is being investigated (Babbie, 1998: 374).

1.6.3. Data collection and analysis

Multiple data collection strategies will be used in this research. This includes the literature review, interviews, observations, analysis of statistics already produced by others, official publications and correspondence, discussion documents official papers presented at workshops and conferences, speeches and debates, newsletters and pamphlets, newspaper surveys, theses and dissertations as well as material from the internet. These qualitative methodologies will allow the researcher an opportunity to gain an in-depth understanding of transformation in the public service specifically looking at the case of service delivery.

Evaluative research will be used to measure the effectiveness of programmes and policies developed to address transformation of service delivery. A comparison of a programmes' progress with its original aims to determine the extent to which programmes met their specified aims and objectives is another function of an evaluation research. The case of the Department of Health will be examined to measure the effectiveness and efficiency of service delivery and to provide more effective strategies for the future. According to Bless and Smith (2000: 49), evaluative research, which is a form of applied research, aims to evaluate the effectiveness of programmes and determine the extent to which they have met their aims and objectives. The study may be typified as being qualitative in character and also being longitudinal in nature. Structured and unstructured interviews will be conducted to get as much as information to draw the conclusion.

1.7.   Clarification of concepts

For the purpose of this study, the following terms are defined, described and listed below.

1.7.1. Transformation

All the key legislation since 1994 repeatedly stressed the need for the transformation, but there were never details or agreement on a definition of transformation. Transformation of the established companies has most often been interpreted as meaning a change in ownership and leadership in order to better reflect the general composition of the South African population while for service delivery transformation has included speeding up of service delivery and improving quality. However, this term was never defined precisely, leaving transformation policies to be defined by the companies themselves. According to Roux (2002: 419) transformation entails the creation of a completely new paradigm because in the name of transformation everything is involved namely, all structures and systems, management styles, core competencies and worker profiles, even core output required.

Tshetedi (2000: 43) argues that transformation is not only about organization or re-engineering, it is about change management. Change programs need to be ahead of the transformation process to ensure that employees' mindset is ready for the cultural shift. The organizations culture needs to be conducive to the implementation of transformation processes.

The Human Development Report (2000: 3) emphasized the point that transformation literally means to change the appearance or character. Transformation is the move, which an organisation makes to start everything from scratch. On the other hand transformation is not merely exchanging one system so that it is different to the preceding system. It is a process that starts from an existing situation which gives rise to the making of decisions on concepts and objectives. According to Klinck (2003: 6) some countries in transformation have chosen to create new programmes parallel to old ones

whilst others convert or reform old ones or merely transfer assets or change rules.

Klinck (2003: 7) is also of the opinion that there are common phases of transformation which can be identified as follows:

a) Description and analysis of the point of departure with the formulation of the specific need for the reform, including immediate crises;
b) Basic decisions in relation to the transformation;
c) Construction of the model in terms of which the transformation is to take place, which is the concretisation of the basis decision made;
d) Law-making process;
e) Implementation of the transformation bearing in mind prerequisites for success and other disciplines involved in such a programme; and
f) Evaluation of the transformation.

In the White Paper on the Transformation of Public Service (1995) (Notice 1227 of 1995), transformation was defined as a dramatic, focused and relatively short-term process, designated to fundamentally reshape the public service for its appointed role in the new dispensation in South Africa.

1.7.2. Change/ Innovation

As momentous changes are occurring in social, political and economic systems throughout the world, many organisations are also experiencing it. Felkins *et al.* 1993) are of the opinion that change is a way of thinking, communicating, and acting to create new relationships and structures to reflect the way an organisation defines itself, the way it responds to customers and the way it does business now and in the future. Change is about modifying the organisation's

strategy and operations. It is going back to basics or searching for new tools and techniques that will drive the organisation forward.

Fox & Meyer (1995: 19) define change as movement that leads to a different position or direction. Hellriegel *et al.* (2001: 381) are of the opinion that organisational change refers to any transformation in the design or functioning of an organisation which (Felkins *et al.* 1993:3) may involve products and services, work redesign, technology, innovation, response to competitive challenges, customer and stakeholders demands, and financial challenges. However, other changes are more illusive, hidden in the interactions of formal meetings, hallway discussions, electronic memos, daily problem solving etc. Esterhuyse (1996: 1) made a statement that contributes to our understanding of change: a process which is not necessarily negative, threatening and destructive, but on the contrary and depending on the context and objectives indicating a condition of renewal and progress. Implied by the strategic relevance of the term, change is something we need constantly to keep in mind: change should be anticipated, change should also be initiated. Moreover, change should be managed because it does not take place in a mechanistic or automatic manner. What all these considerations mean is: change should be understood.

Harvard Business Essentials (2003: 2) is of the opinion that innovation is the embodiment, combination, or synthesis of knowledge in original, relevant, valued new products, process, or services. Hertz (2000: 2) added that innovation is making meaning change to improve an organisation's product, services and processes and create new value for the organisation's stakeholders. Innovation should focus on leading the organisation's new dimension of performance and also for key product and service process and for support process. Organisations should be structured in such a way that important innovation becomes part of the culture and daily work.

Vollmann (1996: 3) is of the opinion that transformation begins when the enterprise embraces change and for change to be truly transformative, the change agenda must be:

i. *integrated* from strategic intent of the transformation down to the detailed processes and other infrastructure requirements to achieve it;
ii. *consistent* in terms of all activities leading to the same goal and all employees having a clear sense of priorities;
iii. *feasible* from the point of view of resources and corporate performance; and
iv. *desirable* because it matches both enterprise and individual objectives.

Without integration and consistency across every facet of the organisation, the outcome is likely to present mixed signals and confusion rather than fundamental transformation. Vollmann (1996: 4) added that even the integration and consistency of strategy with the resultant necessary changes in processes and other infrastructure is not sufficient on its own. Feasibility and desirability are vital to ensure that the outcome of a change program is fundamental to transformation. As a result organisations require both top-down and bottom-up efforts to achieve consistency and integration. For the sake of this dissertation the process model for transformation various links have been developed for entry points to change, namely:

i. strategic intent;
ii. competencies;
iii. processes;
iv. resources;
v. outputs;
vi. strategic response;
vii. challenges; and

viii.   learning capacity.

In some cases enterprise transformation could be pragmatic and different organisations may enter the change process from different points. Some may start with strategy, some with processes, and others with competencies. Moreover, in most organisations change is occurring in all components at the same time (Vollmann, 1996: 5).

1.7.3.   Service delivery

Fox & Meyer (1995: 118) define service delivery as the provision of public activities, benefits or satisfactions to the citizens. Services delivery relates both to the provision of tangible public goods and intangible services. This can be done by government institutions and organisations, parastals organisations, private companies, non profit organisation or individual service providers.

According to SAMDI (2003: 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 service are passive recipients who have the service delivered to them.

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

1.7.4. South African public service

According to section 197 (1) of the Constitution of the Republic of South Africa, 1996 (Act 108 of 1996) 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 ANC (1994: 126) argue that the public service should be composed in such a way that it is capable of and committed to the implementation of the policies of the government and delivery of basic goods and services to the people of the country. In a democratic system, people vote in a government and, in return, the government has to prioritise on improving the living conditions of the people that voted it in. This tends to be an enormous and highly challenging responsibility and in order to carry it out, the government uses a wide array of bodies and structures such as departments and national public entities. On this note, South African public service plays an important role in the execution of government functions.

Fox *et al.* (1991: 231) identify various differences between the organisational environment of public and private organisations:

a) Public organisations function in an environment where there is a lesser degree of market exposure and greater degree of reliance on appropriations from authoritative bodies than with private organizations;

b) The environment of public institutions is also more legal, formal and has more judicial restraints than private sector organizations;

c) Distinctive political issues such as greater diversity and intensity of external influences on decisions by various political groups and greater need from client groups and other formal authorities are present; and

d) Public institutions are exposed to greater public scrutiny as well as unique expectations.

From the definitions above it could be deduced that a public service is that sector of government where the activities thereof are controlled and directed by the state. In this case, the state owns all resources in this sector and uses them to achieve whatever goal it may have to maximize the well being of society as a whole.

1.7.5.   Policies

In general usage, the term policy designates the behaviour of some actors or set of actors such as officials, a government agency, or legislature in an area of activity such as public transportation or consumer protection. Public policy may also be viewed as whatever government chooses to do or not to do. Anderson (2000: 4) defines policy as a relatively stable purposive course of action followed by government in dealing with some problem or matter of concern. This definition links policy to purposive or goal oriented action.

There are numerous definitions of public policy. Hanekom (1987: 7) defines public policy as a formally articulated goal that the legislator intends pursuing. He expands on this definition when he defines policy as a directed course of action and interaction which is to serve as a guideline in the allocation of resources necessary to realise societal goals and objectives, decided upon by legislator and made known either in writing or verbally. In the public sector, policies are the output (end result) of the political process and serve as initiators of executive action (Hanekom, 1995: 54).

Pfiffner (1999: 308) states that policy is essentially a rule of action intended to provide relative, stability, consistency, uniformity and continuity in the functioning of an institution. This view is echoed by Dye (1998: 3) and Jones (1984: 26) who see policy as a standing decision, characterised by behavioural consistency and repetitiveness on the part of the policy makers and the people

who have to abide by the policy. The simplest definition of public policy, being what governments do and do not do, should be seen as over-simplifying the policy process because policy takes many different forms and is multidimensional in its manifestation (Doyle, 2002: 165).

Despite all the definitions given by different authors, Anderson (2000: 4) is of the opinion that public policy seems to have common characteristics which are as follows:

a. policies consists of courses or patterns of action taken overtime by government officials;
b. public policies emerge in response to policy demand. In response to policy demands, public officials make decisions that give content and direction to public policy; and
c. policy involves what governments actually do not just what they intend to do or what officials say are going to do.

For the purpose of this dissertation it can be deduced that public policy is a declaration of a course that is taken by government to achieve societal aims and objectives. Policy provides a comprehensive framework of action and is thus goal oriented.

1.7.6. Effectiveness and efficiency

Today the dominant objectives in public administration are the pursuit of efficiency, effectiveness and economy. Over the years, the recognition of the significant role of efficiency and effectiveness in productivity has gone beyond the confines of the private sector. Hence, efficiency and effectiveness are now buzzwords in the public sector. Furthermore the Constitution of the Republic of South Africa (Act 108 of 1996) clearly calls for efficiency and effectiveness to be

pursued in the public sector. The terms effectiveness and efficiency are continuously being referred to in strategies related to service delivery in the Department of Health and the rest of the South African public service. As a result it is vital to define both terms.

The efficiency and effectiveness of public service programmes are crucial aspects for productivity. Experience in the private sector has shown that efficiency and effectiveness lie at the heart of a productive organisation. Both concepts are based on the utilisation of available resources. Therefore, efficiency and effectiveness depend, among others, on how well public officials are utilising the available resources when performing their duties (Masango, 2000: 60). Maheshwari (2002: 269) has defined efficiency as the ratio of total output to inputs. Thus it is how well one does one's work. Inputs are perceived as whatever is necessary for the production of goods and services, while output refers to goods and services actually produced. According to Masango (2000: 61) the machinery which converts inputs to output has determining effects, to a certain degree on the quality and quantity of the output. Public administration as the machinery which converts public service inputs to output is not an exception in this regard. The output of the administrative process could consist of what was initially intended or unintended, or a combination of both intended and unintended outcomes. As crucial aspect of the administrative process, efficiency determines the quality and quantity of public service output.

Effectiveness, on the other hand, refers to the quality and/or quantity of output relative to a certain standard. (Masango, 2000: 62 in Klingner & Nalbandian, 1985: 195) effectiveness is thus concerned with output only, irrespective of the inputs of the process. In the public service, the acceptability of a service and the extent to which it contributes towards the welfare of the society, in general, and towards the realisation of the enacted policy objectives, in particular, could serve as a yardstick with which the effectiveness of a service could be determined.

While efficiency focuses on the ways and means of carrying out government functions and activities, effectiveness is a criterion through which the impact of those functions and activities is evaluated in order to determine whether or not they have been successful. Therefore, effectiveness (or ineffectiveness) is a measure of success (or failure) in achieving objectives.

Hanekom *et al.* (1993: 213) state that both efficiency and effectiveness are concerned with initially intended objectives. Efficiency is mainly concerned with how these objectives are realised, while effectiveness is mainly concerned with whether or not the objectives are actually realised. In order to ensure that objectives are realised, work should be performed. The degree of efficiency and effectiveness is determined by the manner in which work is performed. Although efficiency and effectiveness are closely related, they are therefore, not synonymous or interchangeable concepts.

1.8. Structure of dissertation

Chapter 1 comprises an introduction to the dissertation by providing the historical background of the South African state, specifying the reasons for transformation in the South African public service, and discussing the problem statement of the research undertaken. Chapter 1 also explains the research methodology used and provides definitions of terms used in the dissertation.

Chapter 2 continues to explore concept of transformation and also reviews the existing policies developed to transform the South African public service. This chapter defines policy in details and also gives clarity on other concepts related to policy. In **Chapter 3,** the Department of Health is examined, which includes discussions on the institution's mission statement, legislative mandate, the challenges inherited by the health sector, the institution's strategic framework since 1994. **Chapter 4** deals with the impact that transformation has on service

delivery. **Chapter 5** deals with the outcome of the research conducted on the extent of transformation in the South Africa public service and how policies impacted on issues of service delivery. **Chapter 6** contains an evaluation of all preceding chapters, as well as recommendations.

1.9. Conclusion

The introduction and the rationale for transformation in the South African public service in this dissertation ensures that the reader is provided with a framework for understanding the transformation in the South African public service with specific reference to the Department of Health. The key challenges in the transformation process in the public sector is to change it from an instrument of discrimination, control and domination to an enabling service-oriented sector that empowers all the people in an accountable and transparent way. The problem statement is of vital importance and should receive careful consideration. The various research methods used in this dissertation are explained and support the main objectives set out in this dissertation. A short discussion of each chapter is given. Terms of reference used in this dissertation are also defined. Several transformation policies have been developed to date to address the issues of service delivery, and these will be discussed in the next chapter.

CHAPTER 2

POLICIES ON TRANSFORMING THE SOUTH AFRICAN PUBLIC SERVICE

2.1. Introduction

Governments worldwide are faced with the challenge of transformation and the need to modernize administrative and management systems. South Africa presents an archetypal example, given its need to transform a state apparatus that was not only racist but arguably dysfunctional as well. In South Africa, the post-1994 era has seen many vigorous structural changes being introduced as part of a government's transformational drive to adapt and to cope with many dynamic contemporary challenges. New and more focused entities or agencies were and continued to be created to complement the already existing ones. In addition, already existing structures have been and continued to be revisited and assessed while new policies and strategies are being put in place in key areas such as human resources management, to achieve good governance.

The transformation of the public service is being undertaken within a legislative framework that has been ushered in since the inauguration of the new government. During the first two and half years of the government's five year term, South Africa focused primarily on the development of policy frameworks and systems to give effect to the principles of the Interim Constitution, 1993 and to lay the foundation for the democratic government based on equity and social justice. After 1994, a number of new pieces of legislation have been enacted to give effect to the new constitutional dispensation and to transform the public service.

The aim of this chapter is to introduce to the reader some of the policies which are formulated to transform the public service. The spectrum of available literature will be described and related to the broader concept of transformation in the public service. Elements that could bear relevance to the importance, formulation, implementation and monitoring of policies in the public service will be identified and explained and in later chapters be described and validated. The importance of this chapter is in the fact that it forms the theoretical basis of the argument regarding the policies formulated and implemented in the public service.

2.2. Theoretical background on policies

Administration is practiced to reach objectives, in other words to provide products and services to satisfy peoples' needs. Therefore, the processes of administration which must be undertaken first are those which are concerned with the identification of needs and the setting of objectives to satisfy the needs. These are known as processes of policy making (Cloete, 1975: 24). Administration is a collection of processes which must always and everywhere be performed where two or more persons work together to reach a specific objectives such as the production of goods or the rendering of services. To understand and to perform these processes as functions in a knowledgeable manner, it is preferable to classify them in six groups, namely:

a) The process of policy making which is followed by the process of planning and of programming;
b) The process of financing which must be undertaken to obtain money for reaching the objectives provided which are needed to reach a policy statement;
c) The process of organizing to provide the institution and other organizational requirements which are needed to reach objectives;

d) The process of providing utilizing personnel to enable the institution to function;

e) The process of determining work procedures to enable the personnel to work in an orderly manner to achieve the policy objectives; and

f) The process of control to check that the personnel remain on the road to achieving the objectives in such a manner that they can account for the fact that all the processes concerned have been carried out with the least cost but the highest possible achievement of the objectives, effectively and efficiently (Cloete, 1975: 1).

Although for many years highly developed in terms of scientific and technological development, prior to 1994, South Africa was internationally isolated due to its apartheid policy. Therefore, one needs to understand the concepts of policy as it is of utmost importance in transformation, because no administration action can take place if goals and objectives have not been set.

Definitions relating to policy are plentiful. Anderson (1984: 2) is of the opinion that these definitions are not always successful. In terms of Anderson (1984: 2) policies are:

"...broadly defined as the relationship of government unit to its environment"

In general usage, the term policy designates the behaviour of some actors or set of actors, such as officials, governmental agencies, or a legislature in an area of activity such as public transportation, consumer protection, service delivery and so forth. Public policy may also be viewed as whatever governments choose to do or not to do. Anderson (2000: 4) defined policy as:

"... relatively stable, purposive course of action followed by government in dealing with some problem or matter of concern".

This definition links policy to purposive or goal–oriented action rather than to random behaviour or chance occurrences. Public policies in modern political systems, by and large, do not just happen. They are instead designed to accomplish specific goals achieved. (Anderson, 2003: 3) added that proposed policies may be useful thought of as hypotheses suggesting that specific action be taken to achieve particular a goal. Policies consist of causes of pattern of action taken overtime by governmental officials rather than their separate discrete decision. Policy includes not only the division to adopt a law or to make a rule or some topic but also the subsequent decisions that are intended to enforce or implement the law or rule.

Fox and Meyer, as quoted by Kuye *et al.* (2002:73) states that policy is:

"...authoritative statements made by legitimate public institutions about the way in which they propose to deal with policy problems"

Anderson, as quoted by Kuye *et al.* (2002: 73) defines policy as:

"...a proposed course of action of a person or government with a given environment providing obstacles and opportunities which the policy was proposed to utilize and overcome in an effort to reach a goal or realize an objective".

Despite all definitions given by different authors, the public seem to have common characteristics namely:

a) Policies consist of course or patterns of actions over-time by government officials;

b) Public policies emerge in response to public demand. In response to public demands officials make decisions that give content and direction to public policy; and

c) Policy involves what governments actually do not just what they intend to do or what officials say they are going to do.

From the definitions supplied above it becomes clear that policies are mechanisms that government employs to deliver on the requirement and needs. It also becomes clear that policy and policy formulation is dynamic in nature and needs to be continuously revisited and reconsidered in order to be effective (Kuye, *et al.* 2002: 73).

The circle of policy making process consisting of policy analysis, policy formulation, policy implementation and policy evaluation requires definitions as well. According to Nagel (1988: 3) the definition of policy analysis is the process:

"...of determining which of various alternatives public or governmental policies will most achieve a given set of goals".

Putt, *et al.* (1998: 19) defines policy research as "...the differentiated set of activities that tough public policy at numerous points... (which) do share characteristics". In Meyer (2003: 47) as quoted from Houston (2001: 1) policy making in South Africa (and not by definition) was "...*towards participatory and direct democracy".*

As a result, policy document is developed as a result of an identified need request by an interest group; influential individuals; officials or members of executive authority may also promote new policies (DPSA, 2003: 39). In the course of people's daily lives, they are affected directly and indirectly, obviously and subtly, by an extensive array of public policies. Public policies in a modern

complex society are indeed ubiquitous. Policies constitute a significant portion of our environment. They counter advantages and disadvantages, cause pleasure, irritation, and pain, and collectively have important consequences of our well-being and happiness.

Having covered various aspect of policy in terms of formulation definition, analysis and research, the consideration of policy implementation is to be addressed. According to Putt, *et al.* (1998: 357-380) policy implementation should be treated like a project. According to Meyer (2003: 47) this implies that managing policy required for implementation by means of project management principles.

An aspect neglected on many occasions is that of evaluating the implemented policy. Policy evaluation is not to be confused with policy monitoring as policy monitoring has as its aim the causes and consequences of policies and describes the relationships between policies (Dunn, as quoted by Kuye, *et al.* 2002:90). Evaluation on the other hand does a critical assessment of the implemented policies and determines their worth (Kuye, *et al.* 2002: 91). Nagel (1998: 213) indicated that the test for the policy is in being innovative yet lasting, theoretical yet practical. According to Anderson (1984: 134-136) the evaluation should be:

"...the estimation, assessment or appraisal of policy including the current, implementation and effects"

Dye (2002: 312) argued that complex definitions are offered as to what policy evaluation is and he (Dye, 2002: 312-313) concluded that policy evaluation is learning the consequences of an implemented policy.

In terms of this section the basis of the definition of policy, policy formulation and implementation as well as the evaluation of such policy has been laid down.

The aim of this section is to form the basis for the argumentation in terms of policies formulated after the apartheid regime and the extent they have taken us through the process of transformation in the public service specifically the Department of Health. The following section will examine different models for policy making process and their relevancy to the system of government South Africa has adopted.

2.3. Models for policy making process

2.3.1. Institutional model

Government institutions are responsible for the definition and implementation of policy and policy only becomes public policy when adopted by the governing institutions. There are three characteristics attached to public policy, Dye (2002: 13), and these are:

i. Legitimacy, which implies legal obligation and co-operation when implemented;
ii. Universality, which implies adherence by all of the populace; and
iii. Coercion, which implies that through the process of legal litigation, people may be imprisoned if they should not adhere to the implemented public policy.

According to Cloete *et al.* (2000: 37) the aspect of potential changes in institutional structure must be considered when implementing policy. This is due to the ramification of any new public policy on the existing structure or through the passing of the public policy, the requirement for establishing a new structure (Dye, 2002: 13). This modeling technique is ideally suited for the evaluation between public institutions (Cloete, *et al.* 2000: 37).

2.3.2. Process model

According to Dye (2002: 15) the process model is ideal in terms of understanding the way policy should be formulated. Cloete *et al.* (2002: 39) refers to the process model as the system model and describes it as one of the most valuable too for policy analysis.

The process model which follows the basic premise of input, process and output, usually has the following outline (Dye, 2002: 14):

i.   Problem identification of the policy problems facing government;
ii.   Setting agenda by focusing the attention of the media and the populace on the potential problem that needs to be solved;
iii.   Formulating and developing the policy required;
iv.   Enacting the policy by legitimizing it;
v.   Implementing the policy through the identified organization and departments; and
vi.   Evaluating the policies to determine effectiveness.

Cloete *et al.* (2002: 39) is of the opinion that the disadvantage of this model is that it does not describe the transformation or political change involved in policymaking. Meyer (2003: 50) is also of the opinion that having a process to adhere to when formulating policy has the advantage of having a planned approach thus minimizing the potential oversight of important issues.

2.3.3. Rational model

The rational model is set to achieve maximum social gain ensuring that the potential policies gain to society exceeds the cost to government (Dye 2002: 16). Operative in the rational model is that a cost benefit analysis resulting in

maximum potential financial saving, might not be the solution. Nagel (1988: 7) states that the decision-making process based on the rational model has to have adequate information as it is statistically based.

The rational model requires alternatives, as it is a decision-making methodology that facilitates the rationality of policy formulation (Nagel, 1988: 7 and Dye, 2002: 17). The decision-making methodology relates to the process approach. Information regarding the policy is to be analysed and formulated put into the system, processed in terms of goals and objective setting as well as preparation for the implementation inclusive of the cost benefit analysis and a decision taken on the best policy solution (Dye, 2002 18-19).

2.3.4. Incremental model

The incremental model is based on historical events but applies modification to these events (Dye, 2002: 19). Londblom, as quoted by Dye (2002: 19) states that the incremental model is at flow in that annual reviews of existing and proposed policies do not occur. These reviews should, amongst other, consider societal benefits and from the result of this analysis propose modification to existing policy or propose new policies (Dye, 2002: 19).

In many cases, the governments agree to continue with existing policies as they do not have sufficient time, information, funding or capacity to do cost benefit analyses with regard to new policies. Modifications to existing policies as well as new policies to support existing public policies are also not proposed due to uncertainty about the consequences thereof (Dye, 2002: 20).

2.3.5. Group model

As representative of the voting populace interest groups form a very important facet in policy formulation due to the pressure they bring about on government (Cloete, 2002: 35). Interest groups are usually bound by the common goal to bring about change, through demands n government to the benefits of the populace they represent (Dye, 2002: 21). Interest groups are also in struggle of their own in that the group with greater power could force a decision in its favour of the stronger group. Optimum group influence is obtained when, at any given time, the groups are at a state of equilibrium, which in turn is determined by the group influence. Numbers, status, wealth, leadership and internal cohesion determine group influence. According to Cloete (2000: 36) policy makers are sensitive to the demands of the interest groups and cognizance is taken of their demands when formulating policies. Interest groups who share members also maintain the state of equilibrium through the moderation effect on demands.

2.3.6. Elite model

The elite model also referred to as the mass model, is based on the assumption that a small elite is responsible for policy decisions (Cloete, *et al.* 2000: 33). Dye (2002: 23) views the elite model as a method by which a governing elites enforce their preferences. This approach implies a downward flow in terms of management as policies are determined at governmental level and executed by bureaucracy without gaining the consent of the voting populace. The elite model actually suggest that the voting populace cannot formulate policy as they are ill informed and the domains of policy formulation therefore rest with the elite or government as they influence public opinion (Dye, 2002: 23 and Cloete, *et al.* 2000: 34-35). The implication of the elite model is that it implies that the voting populace dos not play a role in policy formulation thus changes come about

through the elite, to redefine their own values especially when events threaten the system. Although the elite set policies based on the premise that the populace is uninformed and largely passive, conflict within the elite may occur (Dye, 2002: 25). According to Cloete *et al.* (2000: 35) the point that the larger populace is uniformed with the elite in total control is oversimplified as the elite may play only a pivotal role in the decision-making scenario implying some form of voting populace participation.

2.3.7. Public choice model

The public choice model is related to non-market decision-making based on economic analysis public policy. The emphasis is on improving the societal welfare, which in this case coincides and supports the rational model (Dye, 2002: 26). Public choice as an applied model lends the society certain basis legal rights (Nagel, 198: 123). According to Nagel (1984: 123) these rights are tolerated rights whereby the society allows implemented public policy, and affirmative action rights, which are rights society grants. In the context of the pubic choice model affirmative rights will be policy that is accepted by society for the benefit of society (Nagel, 1984: 123).

Interpreting the analysis of economics for public choice, Mayer 1985: (66-76) states that public policy decision made by government might be to the benefit of the society it serves. This approach supports the institutional model. Mayer (1985: 66) identifies three types of goods and services that need governmental intervention, namely:

i.   Public goods which benefits the society and nonexclusive;
ii. Externalities, which are the effects of an action of one party on another; and

iii.   Merit needs, which society does not want to invest in irrespective of the societal needs.

According to Dye (2002: 26) government and society enter into an agreement whereby government accepts responsibility to protect the society. From this responsibility it is unaccepted that government must perform certain functions that society cannot handle.

2.3.8. Game theory

The game theory model is based on decision-making with more than one participant (Dye, 2002: 27). By applying this model, government would make a decision based on the best outcome of more than one scenario as proposed by the participants. Outcomes, in turn, are based on the choices the participants make when setting scenarios. The game theory model is based on a "what if" scenario setting and therefore deductive and abstract and frequently portrayed by means of a matrix. The following section will examine the nature of policy process aimed at transforming the public service in South Africa.

2.4. Nature of the policy process aimed at transforming the public service

Public policy is a government's programme of action to give effect to selected normative and empirical goals it has set for itself in order to address perceived problems and needs in the society in a specific way and therefore to achieve desired changes. In other words, public policies emerge in response to public demands. In response to policy demands public officials make decision that give content and direction to public policy. A significant feature of transformation during the first term of office of the democratic government has been the democratization of public policy-making process.

In particular, a shift occurred from semi-secretive technocratic and authoritative policy-making to more public and accountable policy-making (Houston & Muthien, 2000: 52). As a result, the government began its transformation of the public sector with a radical overhaul of the policy framework. According to Isaacs (2003: 37) the policies were aimed at creating an 'action space' to 'correct the imbalances of the past'. Until the 1970s, South African government policies toward less-developed urban and rural communities were politically determined. There were no structured multidimensional development policies, or even consistent development strategies for less developed communities. Government polices were predominately political, aimed at the continuation and promotion of segregation, later apartheid and separate development (Cloete & Mokgoro, 1995: 37).

Roux (2002: 41) emphasizes that for public institutions to survive, grow productively and render services to the public, the ability to effectively formulate policies for change and on a continuous basis also assess or analyze such policy initiatives, is of paramount importance. This would imply that an awareness of knowledge and skills are needed at all levels in order to implement sound policies and "make change happen". A better understanding of public policy-making, the stakeholders involved as well as the role of those involved in policy assessment could ensure a greater degree of professionalism when public policies are formulated and implemented.

The new policy making approach was a result of the new government's active interest in transforming the relationship between organs of civil society and the state. Introducing participatory democracy, accountability and transparency, the approach was aimed at bringing about fundamental changes in the policy environment in South Africa. Policy making/formulation was to be substantially more open to public input than under the racist authoritarian apartheid (Houston & Muthien, 2000: 52).

For the new democratic government of the Republic of South Africa, the first stage of transformation required a careful re-writing of statute to remove the illegal framework that had entrenched racial discrimination. For a large part of the first four years, the focus was on policy development, policy formulation and the rationalization of public administration.

The need for public sector capacity for strategic policy-making and planning is clear given the primary point if departure that the development situation must decide the appropriate policy framework for facilitating change. Development depends on the capacity of society to analyze, adapt, initiate and manage change (Koster, 1993: 5). One of the root causes of the economic crisis in Africa has been incapacity of government to respond quickly and decisively to a rapidly changing global environment. The capacity for strategic policy-making and planning should therefore be the starting point of public service transformation. Development of this capacity is aimed at creating a legitimate and effective process for delivering a strategic policy and plan for public sector transformation.

2.5. The vision for public service transformation in South Africa

The attainment of democracy in 1994 presented government with twin challenges: firstly significant institutional transformation and at the same time introducing new policies in line with the democratic Constitution. Secondly, the government had to deal with the legacy of apartheid within South Africa, whilst at the same time facing new challenges of integrating the country in a rapidly changing environment (PCAS, 2003: 2).

The challenge of government was to formulate a whole new set of policies to give effect to the normative and value changes that went with the democratic transition. On the basis of these policies it had to extend service delivery to all citizens (something unknown under the previous regime, while at the same time

eradicating the inequities of the past which were a direct result of apartheid (Service Delivery Review Report, 1999/2000: 1).

In line with the prescripts of the Constitution of the Republic of South Africa 1996 (Act 108 of 1996), new policies and programmes have been put in place to dramatically improve the quality of life of all people. According to the PCSA (2003: 2) key to this programme of action has been the extension of universal franchise and the creation of a democratic state. This has created the requisite environment for the country to address poverty and equality and to restore the dignity of the citizens and can be articulated in the following manner indicated below:

> *The new government's commitment to reconstruction and development, national reconciliation, and democratization and community empowerment placed a considerable emphasis on the need for the transformation of the public service from an instrument of discrimination, control and domination to an enabling agency which serves and empowers in an accountable and transparent way. In this note the government adopted the following vision for the public service (White Paper on the Transformation of the Public Service, 1995: 4).*

> *"The Government of the National Unity is committed to continually improving the lives of the people of South Africa by a transformed public service which is representative, coherent, transparent, efficient, effective, accountable and responsive to the needs of all".*

To give effect to this vision, the government envisages a public service, which is:

a) Guided by an ethos of service and committed to the provision of services of excellent quality to all South African in an unbiased and impartial manner;

b) Geared towards development and the reduction of poverty;

c) Based upon the maintenance of fair labour practices for all public service workers irrespective of race, gender, disability or class;

d) Committed to the effective training and career development of all staff;

e) Goal and performance orientated, effective and cost effective;

f) Integrated, coordinated and decentralized;

g) Consultative and democratic in its internal procedures in its relations with its public;

h) Open to popular participation, transparent, honest and accountable; and

i) Respectful to the Rule of Law, faithful to the constitution and loyal to the Government of the day (White Paper on the Transformation of the Public Service, 1995: 4).

According to Presidential Review Commission (1998:1) in pursuit of this vision, the government developed the following mission:

> *"The creation of a people centered and people driven public service which is characterized by equity, quality, timeousness and a strong code of ethics".*

Bringing about change is mostly a delicate and arduous process. The Ministry for Public Service and Administration aims to facilitate the transformation of the South African public service in accordance with the vision and mission outlined above. Central goals are:

a) To create a genuinely representative public service which reflects the major characteristics of South African democracy, without eroding efficiency and competence;

b) To facilitate the transformation of the attitudes and behaviour of the public servants towards a democratic ethos underlined by the overriding importance of human rights;

c) To promote the commitment of the public servants to the constitution and national interest rather than to partisan allegiance and functional interest;

d) To assist in creating an integrated yet adequately decentralized public service capable of undertaking both the conventional and developmental task of government, as well as responding flexibly, creatively and responsively to the challenges of the process;

e) To promote human resource development and capacity building as a necessary precondition for effective change and institution building;

f) To encourage the evolution of efficiency and effectiveness and improve the quality of service delivery; and

g) To create an enabling environment within the public service, in terms of efficiency and stability, to facilitate economic growth within the country.

In the state of the nation address, President Thabo Mbeki (2004) uttered that "today we present the longer-term perspective for the continued transformation of our country that will and must be based on our country's achievement during its first decade of liberation. In this regard, we would like to restate this matter unequivocally that the policies we required to translate what President Mandela said in May 1994 are firmly in place. Accordingly, we do not foresee that there will be any need for new and major policy initiatives. The task we will face during the decade ahead will be to ensure the vigorous implementation of these polices to create the winning people-centered society of which Nelson Mandela spoke".

In moving towards this vision, the government identified the following priority areas of transformation (WPTPS, 1995:39):

a) Transforming service delivery to meet basic needs and redress the past imbalance;

b) Rationalization and restructuring to ensure a unified, integrated and leaner public service;

c) Institutions building and management reforms to promote greater accountability and organizational and managerial effectiveness;

d) Increased representivity through affirmative action;

e) The promotion of internal democracy and accountability;

f) Human resource development and capacity building;

g) Improving employment conditions and labour relation; and

h) The promotion of a professional service ethos.

Discussing the above implications, the population has consistently identified priority areas in which they would like to see government concentrating its resources and efforts. Surprisingly these priority areas are not direct services to individual household to improve living conditions. The top priorities, job creation and a secure and crime free environment, rather point to the broader issue of creating a context within which households can provide better for themselves. Within this context transformation cannot be a quick fix. Neither should it be an *ad hoc* exercise. Transformation in this context requires a well-thought through strategic framework, an inspiring vision and a consensus on fundamental values. What is especially needed is clarity on priorities and action plans as well as leadership of a visionary and transformational type.

In developing and implementing effective policies and strategies for public service transformation, a number of key and related processes will be involved. This will include (WPTPS, 1995: 40):

a) Strategic review;

b) Policy formulation and performance measures;

c) Strategic planning and implementation;

d) Monitoring, evaluation and performance measurement;

e) Co-ordination;

f) Communication, consultation and participation; and

g) Research.

In order to promote effectiveness, efficiency and effect economies in the management and functioning of departments, sub-departments, branches, offices and institutions, the Public Service Commission shall make recommendations regarding the following:

a) Improved organization, procedures and methods;

b) Improved supervision;

c) Simplification of work and elimination of unnecessary work;

d) The utilization of information technology;

e) Co-ordination of work;

f) Limitation of the number of offices and employees of departments, sub-departments, branches, and offices and institutions and the utilization of the services of offices and employees to the best advantages;

g) The training of officers and employees;

h) Improved work facilities;

i) The promotion of sound labour relations; and

j) Any other action it may consider relations (Public Service Act, 1994: 15).

Transformation is indeed a challenge, and in South Africa we are experiencing our share of social, political and economic shake-up, as are many other countries world-wide. Discussing the above implications, bringing about change is one of the big challenges we are faced with. If properly focused and well managed,

transformation can and should bring about improvement, growth and development. Many of the developments taking place here are due to the unique and special circumstances within the country.

A number of policy documents were developed to address the transformation of the public service and to increase the capacity of the public sector to deliver improved and extended public service to a South Africans and will be discussed as follows:

2.5.1.   The Reconstruction and Development Programme (RDP)

The Reconstruction and Development Programme (hereinafter referred to as RDP) is an integrated, coherent, socioeconomic policy framework, which represented the Government of the National Unity's vision for the transformation of South African society. The central challenge of the RDP lies in achieving an improvement of life through meeting basic needs and stimulating economic growth in a sustainable manner. RDP aims to establish a methodology of government implementation strategies, which will result in improving the quality of life of all South Africans (RDP, 1994).

As South Africa's political negotiations drew to a close in 1993. The RDP emerged as the most concerted attempt yet devise a set of social, economic and political policies and practices that could transform South Africa into more just and equal society. The RDP was conceived as an attempt to programme measures aimed at creating a people centered society, which measures progress by the extent to which it has succeeded for each citizen's liberty, prosperity and happiness. It is also claimed to be an integrated coherent socioeconomic policy framework aimed at redressing the poverty and deprivation of apartheid. The programme integrates growth, development and reconstruction and redistribution into a unified programme. As a result RDP was adopted as a government policy that

the ANC had advanced to eradicate apartheid's legacy. It outlines a massive effort to provide land; water; housing and other basic social needs to millions of South African previously denied these basis needs under apartheid (RDP, 1994). In the shape of the RDP Base Document it evolved around 5 sub-programmes:

a) Meeting basic needs

The basics premise of this programme is that an enormous proportion of very basics needs are unmet because of the apartheid policies. In order to address this backlog regarding basic needs, the programme envisages a people driven approach in which local communities will participate in making key decisions in conjunction with RDP structures. The participatory decision-making process will take place within the context of a general strategy which will aim to meet basic needs through:

i.   Creating opportunities to develop human potential;
ii.   Boosting production and household income;
iii. Improving living conditions through better access to physical and social services;
iv.   Establishing a social security system and safety net to protect the poor (Liebenberg & Theron, 1997: 128).

The RDP has identified the following basis needs that need to be addressed within the context of this programme: job creation, land and agrarian, nutrition, health care, the environment, social welfare and security. The above mentioned identification of needs follows the traditional growth centered approach of expressing these needs as desires or want for particular economic goods and service.

b) Developing human resources

c) Building the economy

d) Democratizing the state

e) Implementing the RDP.

RDP provides a vision for the development and transformation of South Africa. The basic principles of the programme act as a framework and benchmark for the development of polices and strategies for various activities, sectors and levels of government and society. The RDP considers global pressures as well as problems specific to South African society, institutional issues and responsibilities of all actors in the transformation process. It also recognizes inherent constraints of rapid transformation whilst at the same time provision is made for lead projects, intended to kick start development in selected areas. Most importantly it has created on awareness of development issues at large (Daniels, 1996: 80).

2.5.2. White Paper on the Transformation of the Public Service (1995)

The White Paper on the Transformation of the Public Service (1995) (WPTPS) is established to serve as a guide in the introduction and implementation of new policies and legislation aimed at transforming the South African public service. It is evident from WPTPS that its principal aim stems from the Constitution of the Republic of South Africa. Section 195 (1) of the Constitution (Act 108 of 1996) which provides that Public Administration must be governed by the democratic values and principles enshrined in the constitution. The values listed as human dignity, the achievement of equality, the advancement of human rights and freedom, non-racialism and non-sexism. *Section 1* further stipulates other principles that should inform public service delivery. Among the most important are the following:

a) Service 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.

b) Transparency must be fostered by providing the public with timely accessible and accurate information, and that

c) Public administration must be development oriented.

What is therefore contemplated in the provision of section 195 (1) is a transformed public service within the broader context of transformation as envisaged in the constitution (Khoza, 2002: 33).

2.5.3.   The Constitution of the Republic of South Africa, 1996 (Act 108 of 1996)

The Constitution of the Republic of South Africa, 1996 paved a way for truly democratic dispensation. This dispensation was based on principles such as equality, freedom of expression, rights to have access to health, education as well as maintaining civilized standard and discipline. The 1996 Constitution proceeded by the 1993 Interim Constitution, indeed reflects a significant political thought compared to the separate development policies of the previous apartheid regime. In contrast with the previous constitution in which Parliament was the supreme authority, Parliament is now subordinate to the constitution and the 1996 Constitution is indeed the supreme law or "authority" in South Africa. Constitutional reform of such a magnitude inevitably leads to change and transformation in almost all spheres of government and administration. Such changes affected virtually all-functional fields of government, and consequently redefined the roe of policy and decision makers.

Seeing that government is committed to transforming the state from "an instrument of discrimination, control and domination, to an enabling agency

which serves and empowers all the people of the country", government has adopted the following vision: "*To continually improve the lives of the people of South Africa by a transformed public service which is representative, coherent, transparent, efficient, effective, accountable and responsive to the needs of all*". This vision is reflected in the White Paper of Transformation of the Public Service (1995). The goals set out in the Paper were further entrenched in the Constitution 1996. The Constitution sets out the following basic values and principles governing public administration: "Public Administration must be governed by the principles enshrined in the Constitution, including the following principles":

a) A high standard of professional ethics must be promoted and maintained;

b) Efficient, economic and effective use of resources must be promoted;

c) Public administration must be development-oriented;

d) Services must be provided impartially, fairly equitably and without bias;

e) People's needs must be responded to, and the public must be encouraged to participate in policy making;

f) Public administration must be accountable;

g) Transparency must be fostered by providing the public with timely, accessible and accurate information;

h) Good human- resource management and career development practices, to maximize human potential must be cultivated; and

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

2.5.4.   The White Paper on Transforming Public Services Delivery (1997) (Batho Pele White Paper)

The vision of government is to promote integrated seamless service delivery. The White Paper on Transforming Public Service Delivery (1997) "Batho Pele" provides a policy framework and guidelines within which the public service is expected to operate (Reddy 2002: 59). It is about building a public service capable of meeting the challenge of improving the delivery of public services to the citizens of South Africa. Thus the Batho Pele is premised on the fact that a transformed public service will effectively be judged by one criterion: "the degree to which it succeeds in effectively delivering services which meet the basic needs of all South Africans" (Singh, 2003: 3).

Batho Pele involves creating a framework for the delivery of public services, which treats citizens more like customers and enables them to hold public servants to account for the service delivery they receive. It calls for a shift away from a bureaucratic system, processes and attitudes, towards a new way of working which puts the needs of the public first, is better, faster, and more responsive to the need of the public (Singh, 2003: 4). The key initiative in terms of Batho Pele is to modernize government.

The principles (Singh, 2003: 4) below were set to enable all the public service departments to apply them within their unique circumstances and will be explained in more detail in chapter 4.

   a) Consultation.
   b) Service standards.
   c) Access.
   d) Information.
   e) Openness and transparency.

f) Redress.
g) Value for money.

2.5.5. Affirmative action

The South African labour market is characterized by a diversity of ethnic and cultural groups. The public sector is experiencing pressure from social, political and legislative circles to make the workplace more representative of the population. Unequal representation of members of different population groups in management positions in the public sector is an important issue that often causes conflict and friction and affirmative action is seemingly the most acceptable process to redress this situation (Brand & Stoltz, 2001: 118-119). Thus, affirmative action occurs when employees identify problem areas, set goals and take positive steps to enhance opportunities for the "protected-class" members. It also focuses on hiring, training, and promoting this "protected-class" where they are under-represented in an organization in relation to their availability in the labour market from which recruiting occurs (Mathis & Jackson, 2003: 3).

Affirmative action is part of through-going system of public service transformation in South Africa instituted on the basis of institution-capacity building for good governance and the success of the transformation process more generally. Since the South African government inherited a public service, which was strongly influenced by, discriminatory employment policies and practices based on race, gender and disability, these groups were poorly represented at decision-making levels in other technical occupational classes. The Constitution identifies representativeness of the public service as one of the main foundation of non-racist, non-sexist and democratic society that integrates people with disabilities.

The White Paper on Affirmative Action (1998) is a testimony of the Government's commitment to the transformation of the public service into an institution whose employment practices are underpinned by equity. According to Cloete and Mokgoro (1995: 77) at a macro level, affirmative action policy is linked to the development of a proactive, efficient and development-oriented public service. In this context, the tension between using affirmative action as a means to develop a representative bureaucracy, and the need to empower the public service through focused training and skill development is highlighted. The former may result in the rapid expansion of the public service, while the latter may require rationalization and strategic reorientation.

2.5.5.1. Why the need for affirmative action?

Affirmative action is needed to overcome past injustices or to eliminate the effects of those injustices. Proponents of affirmative action believe it is necessary because women and racial minorities in particular have a long were subjected to unfair employment treatment by being relegated to a lower position and being discriminated against for promotions. Without affirmative action, the inequities will continue to exist for individuals who are not white males thereby it creates more equality for all persons (Mathis & Jackson, 2003: 144).

Raising the employment of the disadvantage group members will benefit South African society in the long run. Statistics consistently indicate that the greatest percentage of those in lower socio-economic group belong to the disadvantaged. As affirmative action assists these minorities it addresses socio-economic disparities. Without affirmative action, proponents argue that many people will be permanently economically disadvantaged (Mathis & Jackson, 2003: 144).

Properly used affirmative action does not discriminate against males or non minorities. Affirmative action plans should have deadlines for accomplishing its

long-term goals, but individuals must meet the basic qualifications for jobs. According to Isaacs (2003:38) the transformation criteria that influence the improvement of service delivery are as follows:

a) Addressing historical imbalances in the structure of the economy;
b) Implementing affirmative action development; and
c) Promoting human resources development training and skill transfer.

2.5.5.2. Affirmative action as a transformation strategy

Affirmative action is one of the important transformation processes enabling the restructuring of management to take place. It can be understood as part of holistic human resource development strategy, which attempts to redress the disempowering consequences of apartheid. It addresses specifically the exclusion of the majority from decision-making, controlling management and managerial occupation in government. In this sense it attempts to make the public service more representatives at all levels and reduce inequality in public sector employment. It is a component of an overall strategy, which aims at transforming and democratizing social institutions. Broad goals of affirmative action are as follows (White Paper on Affirmative Action in the Public Service, 1998).

a) Bringing about representation in composition of staffing at all levels across all occupational classes in which the disadvantage are under-represented;
b) Legitimizing the public service by transforming institutional culture and organizational environment in accordance with the principles of broad representation; and
c) Enhancing the effectiveness and efficiency of the public service by improving productivity and transforming service provisioning according to

the principle of equitability and in a ways that are responsive and sensitive to communities.

Affirmative action strategies extend beyond bridging the gap between "formal" and "fair". Equity of opportunity and the revision of merit standards are only two mechanisms for bridging this gap. Affirmative action can thus be conceptualized as a strategy for achieving employment equity by addressing inequalities in the area of organizational culture, personnel composition, human resource practices, service provision and improving the circumstances of group and individuals in the workplace (Brand & Stoltz, 2001: 118).

2.6. New public management as a transformational policy tool

New public management generally emphasizes competition in the public sector, using corporate-like management methods and administrative structures that focus on quantitative performance measures to improve the efficiency of public service and reduce budgets. Called by some global reform movement in public administration, new public management strives to increase management autonomy by replacing bureaucratic rigidity with market-like competition (Blair, 2000: 512 in Kettle, 1997: 447 & Lynn, 1998: 231).

Literatures reveal that practitioners of new public management appear to employ a wide range of administrative processes that blend public and private resources and processes in the implementation of public policy including public-private corporative arrangement and networks, strategic planning and management techniques, outsourcing and privatization of public services and non-profit service delivery organizations (Blair, 2000: 511-537).

Globalization, rapid changes in the socio-economic political environments accompanied by complexity in the economic environment have led to the

demand for the improved public service. The consequent pressures for increased accountability have resulted in uncertainty about the way policy should be formulated and managed. Most governments are currently indecisive about the role of the state in service delivery and this has inevitably led to the rethinking and reconstruction of policy making paradigms.

New policy development and management paradigms have emerged in the public management, together with new models, tools and proposal that are very different from the past. The first evidence of this change was the transition from administration to management. The challenge facing the South Africa in global environment is how to accommodate the unique problems and characteristics of change during the recent developments in policy analysis, formulation and management. Thus, the policies that are in place and those still to be formulated should bring about change in organizational behaviour, resulting in improved service delivery (Doyle, 2002: 164).

Portions of public choice, principal agent and transactions cost theories combine to form the foundation of this new approach to public management, relying heavily on market place factor and business oriented competitive strategies. Of primary evaluative criteria for public service delivery efficiency, effectiveness, equity and responsiveness, the new public management approach, then, appears to focus on improving efficiency (Blair, 2000: 511-536).

Entrepreneurial management strategies and behaviour, where public administrators take calculated risks public resources and employing business like strategies (for example, strategic planning; privatization; public-private partnership and so forth.) within a competitive environment, probably generated the most controversy. Some authors see aspects of new public management as essential to improving management capacity; others see entrepreneurial tendencies and the entrance of free market practice of public administration as a

threat to the delicate balance of democratic governance, accountability and efficient service delivery (Blair, 2000: 511-537).

2.7. Conclusion

Policy tools theory is an alternative approach to implementation which offers a way to link new public management to issues relating to public service delivery practice. The theoretical approach to policy examines public policy delivery in terms of government action, characterizing policy actions by government as specific objects, much like formal legal tools, rather than a broad collection of management activities and processes. Clearly, all policy initiatives, programs and policy interventions, then, can be identified according to the structural characteristics of their basic public service delivery. Evidence of the use of new public management for transformation continues to accumulate helping transforming the practice of public administration.

The first democratic general elections in South Africa in 1994 set in motion arguably the most significant political and societal transformation in this country. A decade later, the process of societal and political transformation continues. Chapter 3 will focus on an analysis of the National Department of Health which will include the mission, vision and the objectives of the department. The challenges inherited by the health sector after the 1994 and also the Department of Health's 1994-2004 strategic framework and its assumption will be discussed.

CHAPTER 3

AN ANAYSIS OF THE DEPARTMENT OF HEALTH IN SOUTH AFRICA

3.1. Introduction

Organizations are rational instruments for achieving man's economic and social purposes. The pervasiveness of such complex structures as business firms, hospitals, educational institutions and public agencies lends a certain curia of truth to the feeling that most of us are merely organizational men and women. Most people would agree with the importance of organization in their daily lives, yet few would dispute the statement that organizations are not as productive and humanly enriching as they should be. One need only go to work, read a newspaper, or talk with neighbour to realize that problems of productivity and worker satisfaction abound in society. Poor quality workship and productive inefficiency plague most of our economy.

In 1994 there were wide geographical and racial disparities in the provision of health services. National Department of Health (herein after referred to as DoH) statistics pinpointed disparities between provinces in terms of personnel. People in rural areas have been especially disadvantaged with regard to access to health care. Those who had the resources to pay for it found their health care outside the public domain. Rather than delivering health care, the challenge to the health care was therefore to redistribute health care to the neediest.

3.2. Challenges inherited by the health sector 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 10 homeland health departments. These were not even contiguous, furthering inefficiency and there was 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 maladistributed 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. It was inequitable

Table 3.1 Illustration of some of the outcomes of the health system inequality in South Africa by race. 1995.

	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: 10264	1: 661

* McIntyre *et al*. 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, *et al.* 1995). Finally inequity also established a protected and subsidized 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.

The dominant themes of South African economic history are inequality and exclusion. Given this history, a key benchmark against which all contemporary economic planning must be assessed is the role of such plans in narrowing inequality and breaking down the barriers that exclude participation in the economy on the grounds of race, gender or location. Inequality among the employed has been primarily due to an aggressive apartheid labour market policy. The most obvious manifestation of this inequality is the persistence of

racial division of labour. This division has ensured that the positions for those in middle management and upwards remain the preserve of whites. Black workers, on the other hand, predominant in blue-collar occupation form semi-skilled to unskilled work (Bhorat; Leibbrandt & Woolard, 2000: 14-28).

3.2.2. Fragmentation and inefficiency

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 hospitals 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 autocracy

Generally speaking, the history of health care in South Africa attest to either s 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 board, community members had little power. Even though community oriented health programmes were largely spearheaded by non-governmental organizations (NGOs) that aimed to popularize people's participation in health, partly to strengthen the mass democratic movement and partly to improve their health directly (Ngwenya &

Friedman, 1996). However, the ability of communities to be involved with health care deliveries was often limited by the state.

3.2.4.   Inappropriate health care

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).

Given the features of the apartheid health system described above, the need for fundamental and profound change to the entire health system was clear.

3.3. The establishment and the vision of the Department of Health

According to Christopher (1994: 6) the vision sets a direction into the future. It is a short statement of the organization's drive and belongs to the whole organization. Kroon (1996:142) is also of the opinion that a vision implies the understanding of the business, the farsightedness to change the mission when the external and internal environment changes and communicating the mission to staff with enthusiasm and inspiration. Collins English Dictionary (1982: 162) describes a vision as, amongst others, "a vivid image produced by the imagination". In terms of this description, we can say that the eradication of illiteracy, unemployment, poverty and crime in South Africa is the vision of the government. In essence, having a vision means setting yourself a goal that may be hard – seemingly beyond your reach to achieve. A vision is therefore something to strive for. Stating the intention to totally eradicate illiteracy, unemployment, poverty and crime constitutes a vision statement. It was vague and immeasurable (Du Toit, 2002: 72).

According to Coulson-Thomas (1997: 61) most executives assume that value of a compelling corporative vision "grabs the attention" of customers and "turns on" employees. The annual report is considered naked without its statement of vision, and helping companies to formulate visions and missions have become a lucrative area of practice for consultants. A clear vision is of value internationally and externally as indicated below:

i.   Internally, it motivates people to achieve and focus their efforts.
ii.   Externally, the vision differentiates a company from its competitors.
iii. Internally and externally, the common and shared vision is a unifying factor in holding the network organization together and providing it with s sense of common purpose (Coulson-Thomas, 1997: 61). A vision can inspire, but it can also result, in disillusionment if it is incomplete or incapable of achievement. Like an idea, it may have a little value outside of an organization with the capability of giving a tangible reality.

In the 1990s, South Africa was one of the few countries in the world where wholesale 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. The South African government, through its apartheid policies developed a health care plan system, which was sustained through the years by promulgation of racist legislation and the creation of institutions such as political and statutory bodies for the control of the health care profession and facilities.

These institutions and facilities were built and managed with the specific aim of sustaining racial segregation and discrimination in health care. The nett result has been system, which is highly fragmented, biased towards curative care and the private sector, inefficient and inequitable. Teamwork has not been

emphasized, and the doctor has played a dominant role within the hierarchy. There has been little or no emphasis on health and its achievement and maintenance, but there has been great emphasis on medical care. 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 organisations and institutions related to health have to be reviewed with a view to attaining the following:

a) Ensuring that the emphasis is on health and not only on medical care;

b) Redressing the harmful effects of apartheid health care service;

c) Encouraging and developing comprehensive health care practices that are in line with international norms, ethics and standards;

d) Emphasizing 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;

e) 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;

f) Introducing management practices that are aimed at efficient and compassionate health delivery;

g) Ensuring respect for human rights and accountability to the users of health facilities and public at large; and

h) Reducing the burden and risk of disease affecting the health of all South Africans.

Recognizing this need for total transformation of the health sector in South Africa, the African National Congress with the help of the World Health

Organisation (herein after referred to as WHO) and United Nations Children's fund (herein after referred to as UNICEF) 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).

The health sector service must increase awareness that a healthy population is necessary for social and economic development. International population trends recognize that development strategies, which improves quality of life of the population, contribute to the decline in fertility. Population programmes must maximize the capacity for individuals to fully develop their potential for social stability and economic growth.

3.4. The objectives of the 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:

  i.   Formulating health policy and legislation;
  ii.   Formulating norms and standards for the health care;
  iii.   Ensuring appropriate utilization of health resources;
  iv.   Co-ordinating information systems and monitoring national health goals;
  v.   Regulating the public and private health care sectors;
  vi.   Ensuring access to cost-effective and appropriate health communities at all levels; and

vii.   Liaising with health department in other countries and international agencies.

Provincial health departments are responsible for:

i.   Providing and/or rendering health service;

ii.   Formulating and implementing provincial health policy standards and legislation;

iii.   The planning and management of provincial health information system;

iv.   Researching health services rendered in the province to ensure efficiency and quality;

v.   Controlling the quality of all health service and facilities;

vi.   Screening applications for licensing and inspection of private healthy facilities;

vii.   co-ordinating the funding and financial management of district health authorities;

viii.   effective consulting on health matters at community levels; and

ix.   ensuring that delegated functions are performed (South African Year Book, 2002/2003: 40).

The implications of the above responsibilities of the provincial health department is that provinces are charged with planning, regulating, and providing health services with the exception of municipal health services. Local government or municipalities are responsible for the rendering of municipal health services.

3.5. The mission of the Department of Health

A mission statement is a long-term statement of purpose that distinguishes one organization from similar organizations and described the value and priorities of the organization. Mission statements created in the public sector are usually in

accordance with the objectives as stated in the legislation created for them (Fox, *et al.* 1991: 234). The mission statement is a proclamation of the organization's primary objectives that encapsulates its core values.

It is advisable for the mission statement to remain open, flexible and subject to change. The mission statement has to be in accordance with the objectives as stated in the legislation that created the public organization (Fox, *et al.* 1991: 234). According to Kroon (1996: 142) the mission indicates the reason for the existence of the organization in terms of the nature and extent of the present and future business activities as a result a number of factors should be included.

a) Product range or service;
b) Human resources;
c) Other interest groups;
d) Business image;
e) Management philosophy;
f) Technology; and
g) Market.

The Department of Health is 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 Africa Year Book, 2002/3: 339). The White Paper on health deals with the transformation of the health service to reduce the large level of social inequality. The policy's aim is to introduce a strong shift towards universal and free access to comprehensive health segment of the population.

The White Paper on the Health System Transformation 1997 sets out a plan for the restructuring of the health system to ensure accessible and equitable health care for all and the objectives of the restructuring are:

i.   To unify fragmented health services of all levels into a comprehensive and integrated National Health System;

ii.   To promote equity, accessible and utilization of health services;

iii. To extend the availability and ensure the appropriateness of health service;

iv.   To develop health promotion activities;

v.   To develop human resource available to the health sector;

vi.   To foster community development participation across the health sector; and

vii. To improve health sector planning and the monitoring of health status and services.

The mission statement is a proclamation of the organization's primary objectives that encapsulate its core value. The mission statement of the organization is the unique purpose that distinguishes it from other organizations and defines the boundaries of its strategic intent.

3.6. The structure of the Department of Health

According to the ANC (1994) health care plan developed in 1994 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 decentralized 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: 3).

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).

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 of 1999-2004 in a ten point plan to strengthen implementation of efficient, effective and high quality health service.

a) Accelerating delivery of an essential packaging of primary health care (PHC) service through the district health system (DHS).

b) Improving resource mobilization and management and equity in allocation.

c) Improving quality of health care.

d) Decreasing morbidity and mortality rates through strategic interventions.

e) Revitalizing of public hospital services.

f) Improving human resource management development and management.

g) Enhancing communication and consultation in the health system with communities.

h) Re-organisation of certain support services.

i) Legislative reforms.

j) 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.

a) The availability of sufficient financial resources, the assurance of financial stability during and between years and the absence of unfunded mandates.

b) The ability to train, retain and deploy health personnel as needed.

c) Removal of legislative and other obstacles so as to implement more responsive management systems and an appropriate workforce configuration.

d) Solid co-operation from all partners, notably other national departments, provincial and local government, the private sector, non governmental and community based organizations and communities.

e) The ability to reverse the HIV/AIDS (Buch, 2000:18).

Change elements that need to be brought together to achieve a successful transformation. Figure 3.1

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┌─────────────────────────────────────────────────────┐
│          Determining what needs to be done          │
└─────────────────────────────────────────────────────┘
                          │
                          ▼
┌─────────────────────────────────────────────────────┐
│     Creating the capacity to do what needs to be done │
└─────────────────────────────────────────────────────┘
                          │
                          ▼
┌─────────────────────────────────────────────────────┐
│          Deciding how to do what needs to be done    │
└─────────────────────────────────────────────────────┘
                          │
                          ▼
┌─────────────────────────────────────────────────────┐
│     Ensuring that what needs to be done is actually done │
└─────────────────────────────────────────────────────┘
                          │
                          ▼
┌─────────────────────────────────────────────────────┐
│  Ensuring what is done satisfies legal and ethical requirements │
└─────────────────────────────────────────────────────┘
                          │
                          ▼
┌─────────────────────────────────────────────────────┐
│    Reporting to stakeholders on what has been achieved │
└─────────────────────────────────────────────────────┘
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According to Coulson-Thomas (1997: 56) if a significant change is to occur, many organizations would benefit from undertaking a transformational review process along the lines of that shown in figure 3.1. a systematic approach increases the prospects of identifying all various elements that needs to be brought together to achieve a successful transformation. To ensure that it fully confronts the transformation challenge the following should be done by management or the board of management.

Firstly, the board should determine the purpose for the department or the organization, a reason for its continued existence and articulate a vision that can be communicated. It should establish achievable and measurable objectives derived from vision, and formulate a strategy for the achievement of the defined objectives. It should be ensured that the department has adequate finance, people, organization supporting technology and management process to implement agreed strategy. In particular, it should appoint a management team, and establish the policies and values that define the framework within which management operates. There should be an agreement and the review of plans, and allocate roles and responsibilities. In particular, management should identify the key process that will deliver business objectives and especially value customers. Management should monitor performance against agreed targets, taking corrective action where appropriate. Gas between expectations and achievements need to be identified and subjected

to "barrier" or "helps" and "hinders" analysis. Particular attention should be paid to the operation of process, changes of attitude and behaviour and to ensuring that necessary empowerments are in place. Particular attention should be paid to management, ensuring that corporate codes of conduct and statement of corporate values are not regarded as "nice sentiments" or "words on paper". Performance should be reported to the various stakeholders in the department. Particular attention should be given to those with "ownership rights" and a legal entitlement to certain information (Coulson-Thomas, 1997: 57). Management has to forge a balance between its vision, corporate or department capability and demands of the external business environment. Moving too far ahead of capability may disturb an established position and result in democratisation. Where corporate transformation is occurring, balance has to be maintained in a dynamic situation.

3.8. Decentralisation of the health sector reform

In search of more accountable and efficient health systems, health ministries throughout the developing world are in the process of long-term reform. At the same time, there are also political reform such as decentralization and local government reform. In many countries, these, reforms are happening at a much faster speed and with fewer resources than similar reforms that have previously taken place in most Western countries thus making their implementation a considerable challenge. Increasingly, health sector reforms, often with elements of decentralization are being adapted to provide more equitable and responsive health system. An increase emphasis on primary health care, priority setting in

the allocation of resources, public accountability, and monitoring and evaluation are being introduced in many health reforms.

In order to address the problems within the health sector, the Department of Health developed polices on a wide range of issues that are contained in the White Paper for the Transformation of the Health Sector in South Africa released in April 1997. The White Paper lays out the vision of the Department and the Ministry of Health. Some of the issues covered by the White Paper presents what needs to be done to correct the ills of the Department and how it intends to go about the process of reconstruction. In a significant departure from the past is the decision to create a unified but decentralized national health system based on District Health System model. One of the main reasons for this belief is that this system is deemed to be the most effective vehicle for the delivery of primary health care. In addition, the decision to decentralize the delivery of health care is consistent with the overall policy to decentralize the government (http://www.district_health_system_sa.pdf).

The Government of National Unity has adopted decentralization as the model for both governance and management. Decentralized governance is embodied in the Constitution in the form of powers and functions of the three spheres of government. In trying to understand what the concept decentralization means a definition is required. In general terms the concept implies the shift of power, authority and functions away from the centre. Thus in general there is a need within a decentralized system to move away from a bipolar approach that sees power and authority merely shifting between two ends of a centre-periphery spectrum, to one that sees power and authority being appropriately shared in a non-polarized system consisting of different levels of government and administration that can ensure national coherence efficiency and equity with the delivery of health care. In other words, a well functioning decentralized health system must not be seen in terms of the centre versus periphery, but in terms of

the system that allows a centre and the periphery to work together in a way that allows the potential benefits of a decentralized system to be realized.

Decentralization is seen as a mechanism to achieve the following: greater equity and efficiency, greater involvement of and responsiveness to communities, the reduction in the size of the bureaucracy far removed from the communities being served and greater coordination between social sectors (http://www.district_health_system_sa.pdf). The World Bank views the decentralization of public health services as potentially the most important force for improving efficiency and responding to local health conditions and demands. As a result World Bank views decentralization as the transfer of authority and responsibility from central to intermediate and local governments. Swanepoel & Erasmus (2000: 764) add that decentralization creates smaller, self-contained organizational units that increase the motivation and performance of team members. Decentralization enhances team flexibility and allows each unit to adapt its own structure and technology to the performance of tasks and to the external environment.

According to Bossert (1996) decentralization can take many forms. One set of typologies is the following:

a) Deconcentration
b) Devolution
c) Delegation
d) Privatisation

Deconcentration is defined as shifting power from the central offices to peripheral offices while maintaining the same administrative structure of accountability from local units to the central government ministry or agency, which has been decentralized. In South Africa, the establishment of provincial,

regional and district offices are examples of deconcentration. Powers are delegated to the peripheral unit to be semi-autonomous, but the peripheral unit is bound to the centre by a common bureaucracy. Deconcentration emphasizes policy cohesion with central planning, control and allocation of resources (http: //www. district health system sa.pdf in Bossert 1996). From this discussion, deconcentration can be seen as the first step in a newly decentralizing government to improve service delivery.

Devolution on the other hand is the transfer of power, responsibility in decision making, resources and revenue generation to separate administrative structures but that are still within the public sector. It often implies that the transfer of functions or decision-making authority to legally incorporate local government such as states, provinces, districts or municipalities. Units that are devolved are usually recognized as independent legal entities and are ideally elected (although not necessarily). The existence of the provincial and local government with responsibilities to provide and manage health service is an example of devolution (http: //www. district health system sa.pdf in Bossert, 1996).

Political decentralization requires a constitutional, legal and regulatory framework to ensure accountability and transparency. It also necessitates the restructuring of institutions and developing linkages with civil society and private sector. Simultaneously, political decentralization necessitates universal participation and new approaches to community institution and social capital (Robertson, 2002: 6).

On the other hand administrative decentralization aims at transferring decision-making authority, resources and responsibilities for the delivery of selected number of public services from central government to the other levels of government, agencies, field of offices of central government line agencies (Robertson, 2002: 6).

Delegation represents the shifting of responsibility to semi-autonomous "agencies" (http: //www. district health system sa.pdf in Bossert, 1996). Robertson (2002: 6) states that delegation redistributes authority and responsibility to local units of government or agencies that are not always necessarily branches or local offices of the delegating authority. While some transfer of accountability to the sub-national level units to which power is being delegated takes place, the bulk of accountability is still vertical and to the delegating central unit

Privatization could be viewed as a form of decentralization only if it infers a transfer within a particular sector or organization and not between the public and private sector (http: //www. district health system sa.pdf in Bossert, 1996).

Decentralization creates smaller, self-contained organizational units that increase the motivation and performance of team members. Decentralization enhances team flexibility and allows each unit to adopt its own structure and technology to the performance of task and to the external environment (Swanepoel & Erasmus, 2000: 764). Department of Foreign and International Development (herein after referred to as DFID) once stated that there is no standard model of decentralization. It varies considerably from country to country. Its impact depends greatly on the original objectives and design as well as institutional arrangements and implementation. In order to avoid inefficiencies in the institutional arrangements, decentralization must be part of an integrated development policy reflecting locally owned models and the country's commitment. Decentralization is not a panacea. Clearly there are limits to what it can achieve. Not all government functions can or should be decentralized. An appropriate balance of centralization and decentralization is essential, and there need to be complementary attention to central government. Decentralization requires a strong central entity to regulate, to provide an overall framework to manage the re-allocation of responsibility and resource in a predictable and

transparent way, and to assist local government build capacity in the early stages.

3.9. Rationale for the principles underlying DHS development in South

Africa

According to http://www.district_health_system_sa.pdf the district concept derives from two rationales' implementation of the PHC strategy, requiring a decentralization management, (and) the organisation of integrated system, which implies that one single team, manages simultaneously the district hospital and the network of dispensaries.

The DHS based on PHC is a more or less self-contained segment of the national health system. It comprises first and foremost a well-defined population living within clearly delineated administrative and geographic area. It includes all relevant health care activities in the area, whether, government or agencies.

The WHO views the DHS as a vehicle for the delivery of integrated health care. The White Paper also notes that the establishment of the DHS is a key health sector reform strategy that is also based on the Reconstruction and Development Programme. The health system's focus was on districts as major locus of implementation, and emphasizes the primary care approach. There is a national consensus on the principles underlying the establishment of the DHS and what the DHS should strive for. These includes: overcoming fragmentation; equity; provision of comprehensiveness services, effectiveness, efficiency, quality, improved access to service; local; accountability and community participation; decentralization; development and intersectoral approach and sustainability http://www.district_health_system_sa.pdf

The role of the DHS within the National Health System is also spelled out in the White Paper 1998 (30)

> "This level of the health care system should be responsible for the overall management and control of its health budget, and the provision and/or purchase of a full range of comprehensive primary health care services within its area of jurisdiction. Effective referral networks and systems will be ensured through co-operation with the other health districts. All services will be rendered in collaboration with other governmental, and non-governmental and private structures".

The following aspects of the role of the DHS in South Africa will be emphasized:

a) Delivering of comprehensive and integrated services up to and including district hospitals services;

b) Decentralized management responsibility, authority and accountability;

c) The planning and management of services delivered at district level;

d) The need for effective referral mechanism within and between districts and level of care;

e) The need to deliver care in the most efficient and effective manner possible;

f) The option of purchasing services; and

g) The importance of utilizing all district resources effectively, whether public, private or non-government organization (NGO).

3.10. CONCLUSION

Department of Health represents the most prominent services delivered to the public and it is also significant to note that South Africa is made up of people

from different ethnic groups of which services have to be shared equally amongst them. As a government is committed to providing basic health care as a fundamental right, there is a high demand for the Department of Health to continuously promote equal access to health services amongst different ethnic groups. It is through the department's vision, mission, objectives and policies that their strengths, weaknesses, opportunities and threats can be realized which lead us to chapter 4 of the study.

CHAPTER 4

THE IMPACT OF TRANSFORMATION ON SERVICE DELIVERY IN THE SOUTH AFRICAN DEPARTMENT OF HEALTH

"Success will be achieved by saying what you will deliver and delivering what you say" Donaldson & O'Toole 2002

4.1. Introduction

Transformation in the South African public sector was inspired by a vision of person–centred or person-driven public administration characterised by the principles of equality, quality, high ethical standards and professionalism. When a government stepped into office, one of its major priorities was to improve the lives of its people through the provision of better services. Although service delivery lately is perceived to be a multi-sectoral responsibility, nevertheless, it is still widely attributed to the government of the day, reflecting its attitude towards the livelihood and well-being of its people and also serving as a yardstick to measure the success of such a government.

During the past ten years, government through various pieces of legislation and regulation has attempted to create a policy environment which is conducive and supportive of service delivery. Comprehensive and multifaceted reforms have been introduced in support of this orientation. Furthermore, extensive direct support in the form of various projects and programmes has been targeted at the development of government-wide systems and processes as well as various services delivery institutions across its three spheres of government, namely, national, provincial and local. On-going researches and assessments are also being conducted to inform the strategy of government on building and sustaining the capacity of departments and institutions to delivery service. (Service Delivery Review, 2003: 21). However, there are still many challenges that need to be dealt with.

As some of the literature review states it took the older democracies, for example, Britain and the United States almost the entire second half of the 19th century to reform their civil services: a period of about fifty years. Those states, which attempted to short circuit reform, especially in post-interdependence in Africa, have witnessed severe problems, if not the near total collapse of their civil service. Therefore, reforming the civil service is a time and resource consuming exercises. Yet these salient facts about reform in the civil service need not discourage genuine efforts at restructuring the South African bureaucracy. Beyond the broad vision enshrined in documents such as those on the reconstruction and development programme, the agenda for civil service reform must receive considerable attention at operational level. In the first place there is a need to delineate what type or types of restructuring are needed. This is necessary if the broad, lofty vision of reform is to be concretised (Lungu, 1994: 14). Russell *et al. (*2001: 1) add that towards the end of the 1990s increased attention was paid to means of improving service delivery. Three important initiatives in this regard have been Batho Pele (1997): the adoption of the eight nationwide principles for better service delivery; a public private partnership initiative (2000); and the promotion of alternative service delivery. Before discussing the principles of Batho Pele a general framework for service delivery will be discussed.

4.2. Service delivery: framework for discussion

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 action undertaken by institutions and people. In the context of governance, public service delivery is the result of the intentions, decision of government and government institutions, and the actions undertaken and decision made by people employed in government institutions. Keeping the above in mind, any discussion on public service delivery will be incomplete and

superficial without due attention to the following aspects regarding the activities of government in their quest to deliver services to their citizen, namely, politics; government and governance (Du Toit, 2002: 56). Before discussing public service delivery we will first provide a framework for a meaningful discussion.

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. According to Du Toit (2002: 56) in a socio-political context, the delivery of service requires:

a) The government of the day's idea of what it considers the majority of their peoples' needs for the enhancement of their general welfare;

b) Input from society in respect of their requirements for the enhancement of their welfare;

c) Policies that guide government institutions and officials to achieve objectives in order to improve the welfare of the people;

d) An infrastructure with adequately qualified people such as government, government institution and people to support the general welfare of all citizens; and

e) Decision and actions.

From the above discussion, emphasis should be on what people want and need as opposed to what the producer is selling or what officials think people need.

4.2.1. Imperative for development

We can presume that the South African government is aware of various matters across total the spectrum of society's life, and here it is imperative that changes

need to be made to improve the quality of life of people in general. This includes matters such as HIV/AIDS, unemployment, population growth, health, education and inequality. Before we discuss an imperative for development we first have to understand the concept of development (Du Toit, 2002: 65).

The Collins English Dictionary (1982: 405) describes the concept of development, amongst other thing, as "a fact, event, or happening, especially one that changes a situation". Fox & Meyer (1995: 36) define development as "the process of improving the quality of human lives". From the definitions provided above, it can be concluded that, in the context of governance, development should be the result of public administration and management. Development is what a community and its representation want to see happen, namely, improvement. It is a process of change with change implying positive improvement. From some of the explanations above, development can be defined as a process through which an individual, a community or a state optimally utilises, without waste, all available resources and positive influences from the environment to move away from one situation to a more desired one. In this situation the negative influences from the environment are eliminated or at least softened (Du Toit, 2002: 66). Development is often equated with concepts such as growth and improvement. Each of these concepts portrays a positive movement.

The word imperative according to the Oxford dictionary can be described as "urgent"; "obligatory"; and "commanding". Taking into consideration that development means a move away from one situation to a more desired one, an imperative for development will then be some aspect of life demanding a move away from an undesirable situation to a more desirable one. There are various imperatives in South African society that demand a move from unacceptable situation to improved ones. These include circumstances such as poor health

conditions and HIV/AIDS, a high level of unemployment, inequality and underdeveloped rural areas.

4.2.2. Health as a development imperative

Health can be explained as the state of being well in body or mind, or a person's mental or physical conditions. The World Health Organisation defines health as state of complete physical, mental and social well-being and not merely the absence disease or infirmity (Du Toit, 2003: 69). This is a very idealistic and humanistic view of health and probably not attainable. It does demonstrate the fact, however, that health is a multi-dimensional concept and that various factors have an influence on health. The state of good health in a country could be attributed to various possible reasons, such as, good health facilities, enough qualified health workers, better nutrition, improved sanitation, clean water and waste disposal, adequate housing and reduction in population (Müller & van Rooyen, 1994: 79).

4.3. Batho Pele White Paper

The White Paper on Transforming Public Service Delivery (Notice 1459 of 1997) was released in 1997. The purpose of the White Paper on Transforming Public Service delivery, (Notice 1459 of 1997) was to provide a policy framework and a practical implementation strategy for the transformation of the public service. The White Paper on Transforming Public Service Delivery set out principles by which it is hoping to transform service delivery in the public service. The principles will now be discussed in detail (White Paper on Transforming Public Service Delivery, (Notice 1459 of 1997) (1997: 15-22).

a) Citizens should be ***consulted*** about the level and quality of the public service they receive and, wherever possible, should be given choices about the services that are offered. Several ways of consulting users are

proposed, such as customer surveys, interviews with individual users and consultation groups. Whatever method is chosen, consultation should cover the entire range of existing and potential customers. Section 195 (1) (e) of the *Constitution of the Republic of South Africa*, 1996, specifically stresses the fact that the public must be consulted. Guan (1997: 167-169) claims that a government must win the hearts and minds of the people to succeed in its mission. A way to do this is to communicate constantly with citizens to ensure that they are aware of the basket of services available to them and that government is not pursuing its own cause or agenda, but that of the general welfare of the population. The ultimate outcome of participation is to achieve a win-win situation as it adds to the legitimacy of policy, prevents resistance to questionable policies, and assists in persuading the diehards who would otherwise have not conceded to certain policies (de Vries, 1997: 161).

b) Citizens should be told what level and quality of public service they will receive so that they are aware of what to expect. National and provincial departments must publish **standards** for the level and quality of service they provide, including the introduction of new services to those who have previously been denied access to them. Once approved, service standards must be published and displayed at the point of delivery and communicated as widely as possible to all potential users so that they know what level of service they are entitled to, and can complain if they do not receive it. Performance against standards must be measured regularly and the result be published at least once a year. If a standard is not met, the reasons must be explained publicly and new target date set for when it will be achieved. According to Flynn (1997: 158) standards and charters may not be customer-orientated. Standards and service charters can be based on the users' expectations, or they can be devised in isolation. Customer satisfaction occurs when perceived service matches

the customers' expectation. Meeting the standards, which do not themselves, match expectations, will not produce satisfaction. Flynn (1997: 158-159) identifies three aspects of a service charter which make them an effective method of ensuring satisfaction, namely, the criteria by which services are judged should be those of the service users, the judgment of performance against those criteria should also include the service users, and if they are to be used to improve anything other than the most superficial aspects of customer care, then they need to include the fundamentals of the service as well as the minor items. Setting a target is normally part of the corporate planning cycle. The corporate plan and targets that are set should involve the collective efforts of a wide cross-section of a department's staff so as to ensure broad ownership and commitment to the plan and the targets (Dodoo 1997: 120).

c) All citizens should have equal **access** to the service to which they are entitled. All national and provincial departments are required to specify and set targets for progressively increasing access to their services for those who have not previously received them. The ideal situation is to ensure that all South Africans, or at the very least a majority, enjoy and have equal access to, a public service of First World quality or standards. Unfortunately the majority of South Africans still live under Third World conditions where poverty is rife and unemployment has become endemic. According to Taylor *et al*. (1997: 8) a defining consideration in the implementation of public policy has been equality of access to state-provided services for all eligible citizens, regardless of other considerations such as social class, gender, age or location.

d) Citizens should be treated with **courtesy** and consideration. One of the fundamental duties of the public servants is to show courtesy and consideration for the public. The performance of staff that deals with

customers should be regularly monitored, and performance which falls below the specified standards, should not be tolerated. Service delivery should be included in all future training programmes. All managers should ensure they receive first hand feedback from line-staff, and should personally visit front-line staff at regular intervals to see for themselves what is happening. Courtesy is related to ethical behaviour. Public servants' general conduct should be above reproach in the performance of their official duties. They should avoid any kind of excess. Public servants have a duty to be courteous towards their superiors, colleagues and service users. One of the essential qualities that a public servant should possess is integrity and public servants should also be free from vested, selfish interest and should, therefore, be expected to display altruistic behaviour. Good ethical conduct should be to ensure always that the public interest is placed above own interest. Hence the emphasis in section 195 (1) (a) of the *Constitution of the Republic of South Africa,* 1996, is on high standard of professional ethics. Dror (1997: 17) claims that the most important trait of the public servant is total commitment to the public good, strict avoidance of conflict of interest and self restraint.

e) As presented by the White Paper on Transforming Public Service Delivery, (Notice 1459 of 1997), (1997: 9-20), citizens should be given full, accurate ***information*** about the public service they are entitled to receive. Information is essential to all customers for them to exercise their right to good service. The necessity for accurate and unbiased public reporting strengthens the climate of openness and public accountability section 195 (1) (f & g) of *the Constitution of the Republic of South Africa,* 1996, where a public accountability and the need for providing the public with information is entrenched.

f) Citizens should be told how national and provincial departments are run, how much they cost, and who is in charge. In other words there should be **openness and transparency** in the running of the South African public service. Openness and transparency are features of a democratic system of government and are fundamental to change and transformation, and also, crucial to improving service delivery. Section 195 (1) (g) of *the Constitution of the Republic of South Africa*, 1996, emphasizes the need for transparency in the public service delivery. Transparency frees public managers from shady deals of which they may be the perpetrators or the victims. Transparency means that citizens should be kept informed about decisions taken and why they were taken. Transparency for public servants means that they should make information of their action accessible to third parties. Transparency helps to keep the public service clean, effective and free from corruption and nepotism. Part of the process of openness and transparency is accountability. Kaul (1996: 134) suggests that the emphasis on accountability is to ensure that monitoring system is strengthened. Accountability is the obligation on the political office-bearer to explain to the legislature what went wrong, what action has been taken to correct the trouble, and to prevent it from happening again.

g) If the promised standard is not delivered, citizens should be offered an apology, a full explanation and effective **remedy**, and when complaints are made, citizens should be encouraged to welcome complaints as an opportunity to improve service, and to report complaints so that weaknesses can be identified and remedied. Governments make mistakes. Therefore, it is necessary to take actions when things go wrong. It is also necessary to learn from past mistakes so that they are not repeated (Edward 1997: 238). The Batho Pele White Paper, 1997 (section 4.7.4) emphasises that customer satisfaction and addressing

complaints should become a top priority. The channels for complaints should be well publicized, and problems should be resolved speedily; complaints should be dealt with fairly and impartially; the complainants' identity should be kept confidential; public institutions should be responsive to the real needs and justified expectation of the citizens; there should be a mechanism in place for review and feedback; and training should be given to staff so that they know how to handle a complaint when it is received.

h) Public service should be supported economically and efficiently in order to give citizens the ***best value for money***. As presented by Bates (1993: 16) value for money is achieved when a public body carries out its duties to high standards at low cost and that value for money is the requirement to maximise the use of scarce resources. In the post-1994 era it is essential that South Africa not only improves service delivery and extends access of public services to all, but simultaneously reduces public expenditure and creates a more cost effective public service. Waste and inefficiency must be eliminated and government should identify areas where a savings can be effected. Smith (1996: 165) contends that economic development is a prerequisite for sustainable democracy and that affluence reduces discontent and political disorder. It is, therefore, necessary for South Africa to collect as much revenue due to it as possible, to simulate economic growth, to reduce unemployment, and to increase payment for service rendered.

From what have been discussed above, it is evident that a new philosophy of public service delivery has been introduced by the White Paper on Transforming Public Service Delivery (1997). This philosophy has at least three facets which can be summarised as follows:

i.   Government institutions' obligation to deliver service efficiently, effectively and economically;

ii. The public's legitimate right to receive efficient, effective and economic services; and

iii. The public's legitimate right to demand quality if standards drop (Du Toit, 2002: 109).

From the discussion above we can see that there are three important aspect regarding service delivery, namely:

i.   Public institutions are obliged to deliver quality service to the clients;

ii. The public has a legitimate right to receive quality service from public institutions; and

iii. The public has a legitimate right to demand quality service from public institutions (Du Toit, 2002: 101).

In advocating Batho Pele, the White Paper on Transformation of the Public Service (1995) requires national and provincial departments to identify the following:

i.   a mission statement for service delivery, together with service guarantees;

ii. the service to be provided, to which groups and at which service charges, in line with the RDP priorities, the principles of affordability, and the principle of redirecting resources to areas and groups previously under-resourced;

iii. service standards, defined outputs and targets, and performance indicators, benchmarked against comparable international standards;

iv. monitoring and evaluation mechanisms and structures designed to measure progress and to introduce corrective action, where appropriate;

v. plans for staffing, human resource development and organisations' capacity building, tailored to service delivery needs;

vi. the redirection of human and other resources from administrative tasks to service provision, particularly for disadvantaged groups and areas;

vii. financial plans that link budgets directly to service needs and personnel plans;

viii. potential partnerships with the private sector, NGOs and community organisations to provide more effective forms of service delivery;

ix. the development particularly through training, of a culture of customer care and of approaches to service delivery that are sensitive to issues of race, gender and disability; and

x. plans for the introduction of continuous quality improvement techniques, in line with the total quality management approach.

Batho Pele is meant to put pressure on systems, procedures, attitudes and behaviour with the public service and reorients them in the customer's favour, an approach, which puts the people first. It involves creating a framework for the delivery of public services, which treats citizens more like customers and enables them to hold public accounts for the service they receive. It calls for a shift away from the bureaucratic systems, processes and attitudes, towards a new way of working which puts the needs of the public first, and is better faster and more responsive to the needs of the public.

Delivering customer service 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 (Brink & Berndt, 2004: 46). The following questions regarding the customer in relation to their

satisfaction about the services they receive could be asked in a transforming institution.

i.   What steps does the organisation take to identify customer requirements and measure customer satisfaction?

ii.   Is customer satisfaction at the top of the list of key management priorities?

iii.   Is reward and remuneration linked to the delivery of value and satisfaction to customers?

iv.   Are customers regarded as outsiders or as colleagues and business partners?

v.   What processes are in place to learn from customers?

vi.   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, which will be discussed now.

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 (Brink & Berndt, 2004: 47). 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. This applies to suppliers or customers – in fact anyone you may care to ask (Collard, 1989: 1). Four quality outcomes are possible and are shown in the figure below:

Figure 4.1. The quality options

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┌─────────────────────────────────────────────────────────────────┐
│                                                                   │
│  ┌──────────────────┐                    ┌──────────────────┐     │
│  │ Expected quality │                    │   Experienced    │     │
│  │                  │                    │     quality      │     │
│  └──────────────────┘                    └──────────────────┘     │
│                 ┌──────────────────┐                              │
│                 │   Evaluation     │                              │
│                 └──────────────────┘                              │
│                                                                   │
│  ┌────────────┐ ┌────────────┐ ┌────────────┐ ┌────────────┐      │
│  │ Over-quality│ │ Positively │ │ Confirmed  │ │ Negatively │      │
│  │ (quality too│ │ Confirmed  │ │ quality    │ │ confirmed  │      │
│  │ good to be  │ │ quality(good│ │ (acceptable│ │ quality    │      │
│  │ true)       │ │ quality)   │ │ quality)   │ │ (bad quality)│    │
│  └────────────┘ └────────────┘ └────────────┘ └────────────┘      │
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According to (Brink & Berndt, 2004: 47) there is usually a big difference between what the expected quality is and what quality is actually delivered, so when evaluating quality, the customer has four possible quality experiences, namely:

a) *Over-quality.* This is a situation where even a customer realises that more is delivered than is economically justified.

b) *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.

c) *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 the relationship with the organisation.

d) *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 & O'Toole, 2002: 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 dominant reason for losing business (Donaldson & O'Toole, 2002: 150). A focus on quality is thus 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 & Berndt 2003: 48). As a result, the Batho Pele principles primarily focused on the concept of customer service and outline a number of important principles that should be adhered to in order to improve public service delivery.

Customer value. All customers want to buy a product or service of value. Batho Pele has made it clear that public service should be supported economically and efficiently in order to give citizens the best value for money. Value of the customer is the difference between the worth that he or she gets from using the product and the 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 & 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 possible is done to provide customer satisfaction. The objective here is to increase a bottom line of the organisation (Brink & Berndt 2003: 48-49).

Although there are other guidelines than the Batho Pele principles, these empower citizens to demand quality and also ensure that people are put first in the minds of public officials.

4.4. 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 & Berndt 2003: 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).

As a result of exploratory and quantitative studies researchers have identified five dimensions that consumers use in order to assess service quality. The five dimensions are listed below.

a) *Reliability:* it focuses on delivering on the promises made by the organization. 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.

b) *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 customers' expectations in terms of time and speed in order to understand what must be done to be seen as responsive.

c) *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.

d) *Empathy*: revolves around confirming for the customer that the unique needs and requirements of the customer will be met that is individualized attention the organisation gives to their customers.

e) *Tangibles* are attempts at providing a concrete representation to customers of the quality of the service that they will receive (Brink and Berndt 2003: 71)

Service quality is inherently more than product quality. Harry Hertz (2000) pointed out that service quality is greatly dependent on human factors: the behaviour and personality of the contact person, and customers' perception of their interaction. Harry Hertz (2000) also pointed out 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.

Harry Hertz (2000) also added that 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:

(i)   Visionary leadership;
(ii)   Customer driven;
(iii)   Organisational and personal learning;
(iv)   Valuing employees and partners;
(v)   Agility;
(vi)   Focus on the future;
(vii)   Managing innovation;
(viii) Management by fact;
(ix)   Public responsibility and citizenship;
(x)   Focus on results and creating value; and
(xi)   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).

4.4.1. Why public services need to improve quality?

According to Gaster & Squires (2003: 9-10) quality is important to public service for several reasons indicated below.

1) It is a way of ensuring that services are fit for the purpose and meet the needs, consistently and sensitively, of the immediate consumer and society as a whole.

2) Service perceived as good quality increases satisfaction for consumers, who derive greater benefit from the outcome, developing greater confidence in the service and in the organisation that provides them.

3) Greater confidence and better or more appropriate services encourage non-users to take up service to which they are entitled. The focus can then be an earlier and more preventive action (interaction) rather than crisis reaction, leading to better results and possibly using fewer resources.

4) Greater confidence and trust in those who provide services is an incentive for greater consumer involvement and influence. This in turn may lead to a wider involvement of people as citizens who, seeing real change and improvement, now believe it is worth exercising their democratic rights as voters and community members working as partners with, than as antagonist against providers.

5) More users and citizens involvement and satisfaction and the knowledge that they are doing a better job, leads to higher staff morale and creates incentives for new ideas, innovation and skill development, benefiting both staff and users.

6) Sensitivity to quality draws attention to the effective use of resources. While a programme to improve quality should never be a vehicle for hidden cuts, initial savings from eliminating "non-conformance" and ongoing savings from better co-ordinated process can be used to achieve better and more effective outcomes both for the public and for the organisation.

7) If attention is not given to quality then poor performance could draw in external intervention and provoke structural change to remove such service from democratic control (Gaster & Squires, 2003: 9 -10).

At regular periods it is essential to review the progress of a quality initiative. Measurement of customer satisfaction and employee opinion should provide the starting point for a review.   According to Cook (2002: 231-232) the questions that need to be asked include the following:

i. How far are we achieving our original objectives?

ii. How does performance to date measure against the agreed upon key success criteria?

iii. What are the successes of the programme-both tangible and intangible?

iv. What are the disappointments?

v. What have been the major barriers to preventing the organisation reaching its goals?

vi. Have the customer's expectations of service quality changed?

vii. How do the department's service standards now compare with the competition?

viii. In which area does significant improvement to service quality still need to be made?

ix. What are the major priorities? And which in order should they be addressed?

The above questions will assist in answering the question to what extent have the promised services been delivered to the community or to the public. These questions can also be considered in answering the question "to what extent has transformation materialized" as services and the satisfaction of the community depend on the level of services delivered by the government in power. It must be borne in mind that transformation or any other change comes with heartaches or challenges that may hinder the process. The following section will discuss the challenges that institutions come across with when delivering the service.

4.5. Challenges to service delivery in the South African public service

During the past 10 years government has attempted through various pieces of legislation and regulation to create a policy environment which is conducive and supportive to service delivery. Comprehensive and multifaceted reforms have been introduced in support of this orientation. Furthermore, extensive direct support in the form of various project and programmes has been targeted at the development of government wide systems and process as well as at various service delivery institutions across all three spheres of government. Ongoing research and assessment are also being conducted to inform the strategy of government on building and sustaining the capacity of department and institutions to delivery services. However, there are still many challenges that still need to be dealt with. This chapter outlines the challenges faced by governments including the Department of Health (Service Delivery Review, 2003: 21).

One of the most critical downfalls of any organization and transformation process lies in its employees' capacity to accommodate change. As in today's corporate environment when the words restructuring, privatization or transformation come up, the rumours will start and people think of retrenchment. Management should

realize that the need to change behaviour should be driving the transformation process.

4.5.1. Individual resistance to change

Resistance to change may stem from the individual, the organisation, or from both. Several research studies have identified the following individual resistance to change: (Swanepoel & Erasmus, 2000: 738)

i. *Fear of the unknown:* this concerns uncertainty about the causes and effects of changes. Employees may resist change because they are warned about how it will affect their work and their lives. Even if they have some appreciable dissatisfaction with their present work, they may still worry that things will be worse then the proposed change are implemented. When the change is initiated by someone else, they may feel manipulated and wonder about the real intention behind the change.

ii. *Habit:* to cope with complexity at work of life itself, people often rely on habit or programmed responses. Change requires new ways of doing tasks and challenges people to develop new competencies. This tendency to respond in accustomed ways may then become a source of resistance.

iii. *Self interest:* this relates to unwillingness to give up existing benefits. Appropriate change should benefit the organisation as a whole but, for some individuals, the cost of change in terms of lost power, prestige, salary, quality of work etc. will often not be viewed as sufficiently of set by the rewards of change.

iv. Economic insecurity:

v. Failure to recognise the need for change

vi. General mistrust

vii. Social disruptions

viii. Selective perception

4.5.2. HIV/AIDS, governance and development: the public administration factor

Across the governance agenda, HIV/AIDS is increasingly being recognised as a major challenge facing developing and transition countries. AIDS attrition and loss of public sector skills, institutional knowledge and continuity are widely quoted as critical factors affecting the delivery of basic services to the poor. However, while public administration can be seen as a victim of HIV/AIDS, it also has to be an instrument in the "way forward" (Moran, 2004: 7-9).

HIV/AIDS is also though to impact heavily on public sector budgets. It is widely acknowledged that HIV/AIDS will have an effect on government revenue and expenditure both in terms of increasing expenditure on service due to a higher cost of recruitment, training, sick pay as well as an increased cost of service provision and reducing revenue, due to reduction in taxable economic activity. HIV/AIDS have a direct effect on some key areas of government spending most, obviously on the health budget. This can be expected to reduce the ability of government to raise tax revenue while increasing demands on government expenditure. Authors argue that it could be expected that HIV/AIDS would exacerbate the pressure on government to spend. It will also distort development spending in other areas, since it will be necessary to use valuable resources in a "defensive" or socially unproductive way.

4.6. The driving forces for transformation

A number of forces, either individually or in combination can compel organisations to change. One broad set of forces consist of external or

environmental forces that are pressures or opportunities that arise outside the organisation.

4.6.1. External forces

Organisations have often to transform or to change as a result of external forces rather than from an internal desire or need to change. As mentioned already, in South Africa extra organisational factors include the major political, economic, social and technological changes that are forcing organisation to adjust their business so that they are aligned with new realities. It is a well known fact that globalised economies are creating increased and opportunities, forcing organisations to make dramatic improvement not only to gain a competitive advantage but simply to survive (Swanepoel & Erasmus, 2000: 734).

4.6.2. Internal forces

Inside South Africa organisations, changes are occurring as a result of, *inter alia*, organisational life cycle evolution, the redesign of care structures and processes, changing expectations of workers and the role of unions in the working place. Changes in the workforce demographics towards a more culturally diverse population, in part because employment equity programmes, also create a major impetus for the way organisation will need to change (Swanepoel & Erasmus, 2000: 734).

While both external and internal changes are forcing South African organisation to continuously reassess their strategies and operation, it generally be said that the methods and timing in which employees all over the world respond to change and transformation differ. Indeed, organisation will have to learn to cope with different responses to change. For organisational transformation and change management to be successful and to help organisations to survive and

even finally to prosper through employee buy in, certain fundamentals will have to be retained (Swanepoel & Erasmus, 2000: 735). For example, in the face of organisational transformation, organisations need to retain stability in the form of the organisation's ultimate purpose, core technologies and key people. Indeed, embarking on a transformation initiative when an organisation has a cash crunch crisis, a leadership in vacuum, or too much of an adversal management union relations climate, should be avoided if at all possible. Such factors should be dealt with first before embarking on any full-scale transformation process.

4.7. Getting change implemented successfully: the challenge of dealing with resistance to change

Irrespective of the nature of the change or the driving forces, a key challenge relates to actually making the change as successfully as possible. According to (Swanepoel & Erasmus, 2000: 735 in Beckhard & Haris, 1977) to help manager assess the extent to which organisational change effort is likely to succeed:

$$C = (A \times B \times D) \, X$$

Where: C = change

             A = level of dissatisfaction with the status quo

             B = desired state

             D = practical first step toward the desired state

             X = cost of the change (in terms of energy, emotions, financial cost etc.)

Swanepoel & Erasmus (1998) in Stoner & Wankel (1986) elaborate on the formula by indicating that change take place when the cost of change is not too high. The cost of change will be too high unless dissatisfaction with the status quo (A) is quite strong unless the desired state (B) is quite evident, and unless

practical steps can be taken towards the desired state (D). the multiplication sign indicate that if any of the factors A, B or D is zero, there will be no change, for example if employees are satisfied with the status quo (A) they are not likely to change even if they can imagine on more desirable state (B) and they can see practical steps to move towards it (Swanepoel & Erasmus, 2000: 736).

4.8. Building management capacity to enable service delivery improvement and innovation

The imperative of service delivery acceleration, access and quality remains a constant driver of innovation process in different spheres and entities of government. Recent developments and policy directions in the public sector point to the fact that the government, while ostensibly satisfied with its record of service delivery, it nonetheless acknowledges that much more could still be done to improve it. The government's innovation campaign seeks to unlock capabilities across different sector by encouraging institutional coherence in order to improve the speed and the quality of service delivery. The following questions regarding the management should be answered in the during the transformation process:

i.   Who is responsible for ensuring that the board is effective and composed of directors that individually and collectively are competent?

ii.   Does the management evaluate its own effectiveness at least once a year?

iii. Does the management pay sufficient attention to the implementation of objectives and policies?

iv.   Are the resources requirements for implementation in place?

v.   Are the people of the organisation motivated, empowered and equipped with the necessary skills to make it happen?

As a strategic element of public sector transformation, capacity building would serve to establish a capable public service/sector that responds to the needs of the community through service delivery. Capacity building should be aimed at allaying the fears of public servants, preparing current outsiders for inclusion in the public sector, developing leadership, in-service training, and rationalising curriculum reforms of training institutions to the proposed public sector negotiating forum.

4.9. Managing change

As critical evaluation of almost all facets of human life has become general, government must increasingly adapt, come to terms with change. This calls for a comprehensive strategic response rather than a merely tactical one. A critical element of this strategic response is aligning the public sector with environment (Koster, 1993: 1).

According to Koster (1993: 3) the following initiatives assist public sector transformation:

i.   Development and public sector transformation are assisted by all present negotiating forums, including policy forums, the multiparty negotiating forum and the Transitional Executive Council;
ii.   A paradigm shift from a control orientation towards development management is gradually taking place. This is especially true current training content;
iii.   Expertise and capacities that can serve the transformation.

According to Koster (1993: 3) the following structures or initiatives hinder public sector transformation:

i.   The public sector is structurally fragmented and badly co-ordinated. Development, the primary focus of a new government, currently takes place in an ad hoc, uncoordinated manner through a multiplicity of departments and development agencies, each with its own objectives and approaches. In general, there is no integrated planning, programming or budgeting;

ii. The composition of the public sector, especially at the level of senior management is not representative of the South African population (Schwella p 5);

iii. A danger exists that elite deals could be struck in isolation. Effective involvement and communication over public sector are critical; and

iv. Accountability and motivation are declining among public sector transformation are unrealistic.

According to Koster (1993: 3) the following trends in the current situation directly influence a strategic perspective on public service transformation

i.   Fiscal constraints preventing expansion of the public sector, although constitutional negotiations were expected to provide some form of protection;

ii.   A ('militant') demand for public service;

iii. A non-payment culture in some communities;

iv.   Violence;

v.   Continuance of the public sector as a major employment creator;

vi.   Global trends: what should government really do: declining morale of public employees;

vii. Self interest versus public interest;

viii. A loss of will to govern, contributing to public sector paralysis.

The following were some of the fears and concerns that were identified by Koster (1993: 2-3).

i. The legitimacy of a future public sector for the community;

ii. The expectations of both those currently employed in the public sector and those who are going to join in the future under conditions of limited financial resources;

iii. The fear of deteriorating standards;

iv. Concerns about affirmative action outcomes;

v. Loss of core skills from the public sector or the country at large (where a storage of skilled and professional human resource experiences, the labour market will become increasingly competitive as the demand for highly skilled employees rises;

vi. Incomplete ownership of the change process;

vii. Institutional collapse; and

viii. A large, ineffective public sector.

South Africa has been able to draw on lessons of international best practice in the public sector to advance its transformation which include the following (UNDP, 2000):

a) Moving towards the state as facilitator rather than a controller;

b) Trimming state expenditure and size of the public service;

c) Contracting out services to the private sector and non–governmental agencies;

d) Increasing emphasis on quality, performance, efficiency and cost – effectiveness;

e) Devolving and decentralising managerial responsibility and accountability, together with the introduction of performance-related contracts for senior managers;

f) Introducing new and more participative organisational structures;

g) Developing more effective and computerised management information systems;

h) Introducing more flexible staffing and recruitment practices;

i) Introducing improved and output-related budgeting and financial planning systems; and

j) Increasing emphasis on performance management and human resource development.

4.10. Conclusion

For any government to remain in power, it has to strive to deliver efficient, effective and economical public services. The publication of the White Paper on the Transforming Service Delivery, 1997, (Notice 1459 of 1997) in 1997 represented a step towards enhanced service delivery in the South African Public Service. From the discussion in this chapter, it is obvious that service delivery takes place within the confines of a legislative framework. It is directed towards the achievement of a government's vision regulated by politics ad influenced by various environmental phenomena. Satisfactory service is the result of a combination of actions brought about by management executed professionally and in accordance with guiding principle of public management and observance of the Batho Pele principles. Various imperatives for development exist, not only in South Africa but in many countries of the world. Phenomena such as poverty, the threat of HIV/AIDS, and developed health and education facilities, can only be relieved through the delivery of service. This is only possible, however if government create the right circumstances to stimulate the country's economy to such an extent that the resources required to delivery service are generated.

CHAPTER 5

THE EXTENT OF TRANSFORMATION IN THE NATIONAL DEPARTMENT OF HEALTH (ANALYSIS)

5.1. Introduction

"*The work we will do must move our country forward decisively towards the eradication of poverty and underdevelopment in our country. We must achieve further and visible advances with regard to the improvement of the quality of life of all of our people, affecting many critical areas of social existence, including health, safety and security, moral regeneration, social cohesion, opening the doors of culture and education to all and sport and recreation*" (The State of the Nation Address, President Thabo Mbeki, 2004).

This is especially in view of the government having declared this term of its office as one of heightened delivery of resources and services to communities. In an attempt to answer the research question, it is crucial, firstly, to examine a comprehensive background to the research which was provided in the preceding chapters in order to establish a contextual framework of the study and to see how the department selected fits into the broader feature of transformation.

Secondly, different health indicators will be assessed in this chapter for progress made in transforming service delivery in health sector. The Department of Statistics released a report on the perceived health of households in South Africa; the results will be matched with the current situation to observe the level of improvement if any and to what degree. The research results of the Public Service Commission on the implementation of the Batho Pele principle in the Health service department across the country will also be observed to match the previous results with current improvements.

Thirdly, the official's responsibilities in terms of financial and administrative skills within the context of the Department of Health will be discussed. Also instruments to measure the implementation of service delivery will be examined.

This chapter will also analyze in detail the observations and responses to semi-structured interviews to provide and broaden the understanding of the researcher on the issues raised by the literature review in the preceding chapters of this dissertation and as far as possible the response to the extent to which transformation has materialized. In the interviews processes, a common understanding of the concepts like transformation, service delivery was included to establish a common ground between the researcher and the respondents so that better information relating to the subject could be captured.

Answering the question regarding how well our health system is performing in providing equitable health service to all South Africans remains a challenge in the absence of adequate comparative data and indicators. Nevertheless, significant strides have been made in establishing a Health Information System, although much work still needs to be done. Also the amount and quality data on the health system has improved although there still are gaps leading, in some instances, to discrepancies both in the data reported and the conclusion drawn.

The fourth focus is on the materialization of transformation in the South African public service. It is important to understand the significance of indicators in the Department of Health.

5.2. Why bother with transformation indicators in the Department of Health?

The starting point in assessing the impact of policies and programmes of the democratic government should be an appreciation that 1994 ushered in a new social order, with new objectives and detailed programmes to attain these. Indicators used to assess progress would be completely incomparable to those of pre-1994, for instance, because as black people had no legitimate form of political participation before 1994, no measure of political participation would capture the quantum leap post-1994. What, therefore, would be critical in making overall findings is only in part a comparison with the new-1994 situation, but primarily the measure of progress being made towards the goals outlined in the Reconstruction and Development Programme which is outlined in chapter 2.

A number of answers can be given when asked why we need to measure transformation in the South African public sector, specifically posed to the National Department of Health:

  i.   To make judgments on outputs and inputs;
  ii.   To check if a plan has been fulfilled;
  iii.   To guide decisions on priorities and resource allocation;
  iv.   To find ways of cost containment and reduction;
  v.   To increase the quality of products and services;
  vi.   To give employees a notion of what their work means in a wider context; and
  vii.   To justify programme expenditure level patterns.

This evaluation, like measuring the extent to which transformation has accomplish, helps to make judgments about what has been done in the past, and to create conditions for systematic planning of future activities, for example, setting targets for the coming year.

All in all, transformation indicators can help do a number of things for an organization (Boyle 1996: 2-3) and are listed below.

i. *Offer a sense of direction*. They can assist in charting the way through the alternative routes that are available and finding the one best suited to a particular purpose.

ii. *Provide answers to questions*. How much time do we spend on processing claims? What is the current state of service quality in the primary health system? What are people's perceptions about the health system after a decade of transformation in the country? Transformation indicators help answer such question.

iii. *Enhance consistency*. Good transformation monitoring systems assist staff to work towards common standards, and help to ensure clients are treated with same ethos and spirit regardless of which service they need.

iv. *Ensure good and appropriate use of money*. Indicators can help check that resources are being used in an efficient manner to meet determined needs, ensuring that money is being spent wisely.

v. *Improve communications*. They help ensure that the organization as a whole has a common understanding of where it is going and of the different roles people have in this process, and that the quality of communications is good.

vi. *Help plan for the future*. They can make the organization's stance on policies clearer and make it easier to define specific targets aimed at meeting broad objectives.

5.3. Contextual framework of the study

The South African government, through its apartheid policies, developed a health care system which was sustained through the years by the promulgation of racist legislation and the creation of institutions such as political and statutory bodies for the control of the health care professions and facilities. These institutions and facilities were built and managed with the specific aim of sustaining racial segregation and discrimination in health care. The net result has been a system which was highly fragmented, biased towards a curative care and the private sector, inefficient and inequitable. Team work was not emphasized, and the doctors were playing a dominant role within a hierarchy. There was little or no emphasis on health and its achievement and maintenance but there was great emphasis on medical care although it was for particular (whites) group of people.

After the democratic elections in 1994, South Africa was now faced with challenges of designing a comprehensive programme to redress social and economic injustices, to eradicate poverty, to reduce waste, to increase efficiency and to promote greater control by communities and individuals over all aspects of their lives. The policies that were created in the apartheid era had created a fragmented health system, which resulted in inequitable access to health. As a result, these in the health sector were involved in a complete transformation of national care delivery.

All the health legislation and institutions were reviewed with a view of attaining objectives and the vision outlined in Chapter 3 (3.3) (ANC National Health Plan, 1994). The National Health Plan based on the Primary Health Care Approach was developed to transform the national care delivery system. The central vision of this plan, which emphasized a focus on health and not only on medical care, was that every person has the right to achieve optimal health.

The underlying philosophy of restructuring the health system was based on the primary health care and the goal was the creation of a single comprehensive, equitable and integrated national health system. Decentralization was central to the plan with a vision that responsibility of and control over funds would be given to the lowest possible level compatible with the maintenance of good quality care.

This overview chapter explores the main achievements of our health system now that we are ten years into democracy, and how far we succeeded in attaining our vision of high quality and equitable health care. The challenges of the transformation of the health system required substantial training and reorientation of existing personnel, redistribution of present and future personnel and development of new categories of health personnel.

5.4. National South African Department of Statistics

The Department of Statistic released a progress report in 1999 about the perceived health status in South Africa. The report examines how the health status of various sectors of South African population was perceived in 1999. It includes a special focus on women and children and on household's living conditions in perceived health status. It also focuses on indicators of life and the use of health services. The respondents were asked to describe the health status of households' members in terms of categories excellent, good, average, poor and very poor. The perceived health status of individuals was linked to individual circumstances such as gender, age, population, group, place of residence and employment status. It also looked at the perceived health status of women of childbearing age and of children.

An objective assessment of the health status of individuals' health would necessitate a medical examination. In the absence of this examination, perceived

health status provides a good indication of health status. The linkages observed do not necessarily establish causality in a particular direction or significant association. However, they are probably indicative of the objective health status of the population as well as access to and use of health services. It also provides information on the level and the prevalence of other health indicators such as nutrition, subjective quality of life, household expenditure on food, level of disability, access to medical aid, overcrowding and living conditions and the relation of these indicators to the perceived health status of individuals. In conjunction with other sources of information, the analysis was used in tracking progress and the degree or level of accessibility and choice of health service and variations among different sections of the population. The paper revealed that there were still disparities between rural and urban areas, men and women, population groups, different age cohorts and those with and without disabilities. This implies a need to pay attention to the scope and the nature of any intervention.

The South African government has created in its legislation classification of people into African, Coloured, Indian and White. It was necessary to use this classification as it highlights the disparities in health status and conditions, as data has been collected according to these categories and not according to social class, as is customary in most other countries. Only the summary of the report will be given to indicate to the reader what other indicators were present in measuring the progress made.

According to the report about 51% of the population was perceived as being in excellent health, 36.1% in good health, while 12.0% had their health described as being average, poor or very poor. There were some differences in the perceived health status of women and men and in individuals according to place of residence. This was (1) proportionately more men (53.7%) than women (50.1%) were perceived as being in excellent health; (2) the health status of

individuals residing in urban area was perceived as being better that of individuals in rural areas (Department of Statistics 1999).

In terms of how the South African population's health was perceived after the first term of democratic elections, it was found that:

- There was a difference between how the health status of men and women was perceived, with proportionately more men than women perceived as being in excellent health;
- The health status of individuals in urban areas was perceived as being better than that of individuals living in non-urban areas;
- The health status of individuals aged 15-65 was perceived as worse than that of children aged 0-14; however it was perceived to be far better than that of individuals aged 66 years and above;
- In comparison to other population groups, white people were perceived as having a better health status;
- Of people aged 15 and above, those with matric as their highest level of education were referred as having a better health than those at other educational levels;
- The health status of individuals who were not economically active was perceived as worse than that of employed or unemployed individuals;' and
- Among women who had given birth during the twelve months prior to the interview, proportionately more women who gave birth in hospitals were perceived as being in excellent health than among those gave birth elsewhere.

The report also examined the health status of people in formal dwellings and informal or traditional dwellings. It was found that people living in formal dwellings were perceived to be slightly better than that of people living in traditional dwellings in terms of their health status. In addition it was found that:

- A higher proportion of people living in overcrowded households were described as having a poor health status than those living in households that were not overcrowded;
- Individuals whose households used boreholes or rainwater tanks were perceived as having better health than individuals in households using taps other sources; and
- Among individuals whose health was perceived as excellent, those who flush or use chemical toilets were deemed to be better off than individuals in households using other forms of sanitation facilities.

The analysis of use of health care services was also examined and it indicated that only 18.5 percent of the population aged 20 and above had medical or health benefits. Access to medical benefits was more common among white people than other population groups; in 1999 over two-thirds of the white population had access to medical benefits. The health status of individuals with medical aid or health benefits was perceived as relatively better than those without access to medical benefits.

Overall, 62.7 percent of South African households had a clinic within 2 kilometers away, over three quarters of the households in urban areas had a clinic with 2 kilometers away. For women in urban households, the proportion with a clinic within 2 kilometers away was lower, at 42.5 percent. Overall, 11.0 percent of the total population consulted a health worker during the month preceding the interview. Disaggregating by age, 26.6 percent of the population aged 66 years or older, and 7.8 percent of those aged 14 years or younger were reported to have consulted a health worker in a month prior to the interview in addition more women than men consulted a health worker in the month prior to the survey. People who did not visit a health worker were perceived to be in better health than those who visited a health worker. One in every five people (20.7%)

who visited a health worker during the month preceding the interview went to a private hospital, while 29.8 percent visited a private doctor, specialist or a pharmacist.

The report provides a baseline picture of perceived health status and utilization of a health care service. It also provides information on levels and prevalence of other indicators such as a subjective quality of life, access to a medical aid, overcrowding and living conditions, nutrition, household expenditure on food, and the relation of these indicators to the perceived heath status of those individuals. This analysis assisted in tracking progress in accessibility, equity and choice of health services and variations among different sections of the population. From the results given above, it is clear that there are still huge disparities between rural and urban areas, between men and women populations between rural and urban areas, between population groups, and different age cohorts. This implies that transformation has been very slow and it will still take a decade to overcome inequity in terms of access to services.

5.5. Policy Co-ordination and Advisory Services: the Presidency

In most cases the government has shown itself capable of adapting to changing circumstances and its progress has been reflected accordingly. However, in the process of conducting the research, it became evident that South Africa is currently undergoing changes that were not anticipated in the Reconstruction and Development Programme or subsequent government policies. Composite indicators are used in this section to assess progress in various categories of human development. In most instances the base year used is 1995. As such what is being measured is primarily the progress in meeting government objectives within the democratic order rather than what in effect would be a quantum leap between the Apartheid order and the current situation that remains unforeseen.

Table 5.1. Measuring the impact of transformation

Indicator	Period	Index
Infrastructural services: access to housing, water and sanitation, electricity and telephone	1995-2002	0.46-0.60
Quality of life: access to basic services, access to health, adult functional literacy, environmental quality.	1995-2002	0.52-0.67
Political participation: political and union participation and social trust of Government	1995-2002	0.37-0.47
Social inclusion: household stability, inclusion in society, participation in cultural organizations	1995-2002	0.27-0.36
Safety and security: compares serious crime, prosecution and resolution rates.	1995-2002 but 1999-2002	0.53-0.49 but 0.41-0.49
Economic participation: measures employment, the proportion of non-poor and earnings.	1995-2002	0.63-0.60
Economic preparedness: relates economic participation	1995-2002	0.52-0.49

to education levels.		

(PCSA, 2004)

The first composite indicator used is the infrastructure index which seeks to assess the direct impact of the service that the government has delivered in the past ten years. This index aims to capture the changing environment in which households find themselves in terms of their ability to access basis infrastructural services, such as housing, water and sanitation, electricity and telephones. Given the extent of service delivery over the past ten years, this index improved approximately 24 percent from 0.46 to 0.60 between 1995 and 2002.

The actual number on the index is less important than the direction and magnitude of change although complete service delivery would yield an index of 1. This improvement is remarkable given the fact, as discussed further below, that the expected number of unserviced households increased threefold due to the increase in number of households in this period.

Seeing that the infrastructure index focuses on hard services, a quality of life index was created which also reflects the impact of social services. The quality of life is a broader concept which needs to capture physical well-being and environmental conditions. This index includes access to health, adult functional literacy and environmental quality. Again, the index shows a positive improvement from 0.52 to 0.67, a 15 percentage point of improvement. A political participation index, which measures political and union participation and social trust in the institution of the State, shows an improvement from 0.37 to 0.47 between 1995 and 2002. A social inclusion index, which measures household stability, people inclusion in society and participation in cultural organizations shows an improvement from 0.27 to 0.36 between 1995 and 2002. These indexes suggest that the legitimacy of the polity and the social fabric are improving, especially in formal institutions.

All these indexes show that the government has made a positive impact on the lives of people over the past ten years. Not only have they greater levels or services, but their broader social and environmental conditions and democratic participation have also shown a significant change for better. However, a related index, safety and security, which compares serious crime, prosecution and resolution rates between 1995 and 2002 shows a decline from 0.53 to 0.49. The economic picture is also not so positive. Economic participation and preparedness show negative trends. Economic participation which measures employment, the proportion of non-poor and earnings, shows a slight decline from 0.63 to 0.60. The economic preparedness index, which relates economic participation to education levels, shows a small a decline from 0.52 to 0.49.

5.6. Public Service Commission

The Public Service Commission was established in terms of section 196 of the Constitution of the Republic of South Africa, 1996. The Constitution requires that there will be a single Public Service Commission for the Republic of South Africa consisting of fourteen members appointed by the President. Five members are appointed upon recommendation of the National Assembly, while one member for each province is appointed after nomination by the Premier of a province.

The Public Service Commission's vision and mission are derived from the values and principles of public administration laid down in the Constitution, 1996 (section 195(1) (a)-(i), which says that:

"The Public Service Commission is an independent and impartial body created by the Constitution to enhance excellence in governance with the public service by promoting a professional and ethical environment and adding value to a

public administration that is accountable, equitable, efficient, effective, corrupt-free and responsive to the needs of the people of South Africa".

The Public Service Commission aims to promote the constitutionally enshrined democratic principles and values in the public service by investigating, monitoring, evaluating, communicating and reporting on public administration. Through the research process it will ensure promotion of excellence in governance and the delivering of affordable and sustainable quality service (PSC, 1999: 6-7).

The Commission is guided by the following:

a) Impartiality and independence in al actions;
b) Acting without fear, favour or prejudice in discouraging its power and its functions;
c) Integrity in working closely with Parliament, provincial legislature and departments;
d) Leadership and innovation in good human resource and management and performance in the public service;
e) A good working relationship of trust and respect with all clients and stakeholders through consultation, assessment and feedback; and
f) Commitment to and protection of the principles of merit, objectivity and fairness in employment in the public service (PCS, 1999: 7).

Having regard for the service delivery needs of South Africans as well as the standard that quality services must conform to, it is important that service delivery continually be assessed to determine if service delivery progress in accordance with expectations and needs of customers.

The Public Service Commission undertook a survey from October 1999 to February 2000 to look at the degree to which government departments are

implementing the proposal made in the White Paper on Transforming the Public Service Delivery (Batho Pele). This project was aimed at evaluating departmental compliance with the White Paper at obtaining information on progress in transforming public service delivery.

The Batho Pele project was a coherent and marketed attempt to instil service delivery awareness across many diverse and diffuse operating units. Seminars and posters were disseminated, and a range of innovative measures was to spread acceptance (Russell, *et al.* 2001: 2). In June 2000, the first comprehensive survey of the Batho Pele initiative was undertaken by the Public Service Commission (PSC). The survey was limited to six national and five provincial departments and although a diverse range of functions was covered the eleven departments surveyed, form a fraction of the total number of 130 South African departments, both national and provincial.

According to PSC's findings, generally there is a problem of a patchwork of efforts to improve healthcare quality so that many gaps still exist. The historical legacy of limited resources has had a negative impact on the accessibility and quality of health services for most. Constraints and a lack of understanding and support from senior management level have made it difficult if not impossible to implement the Batho Pele principles. Also service delivery improvement programmes have also been hampered by ever-increasing personnel expenditure.

5.7. Analysis of data from interviews

A broad question "to what extent has transformation in the Department of Health materialized" was asked of the participants. This question is located within the research question in the theme of this study. Before engaging in the discussion, the background and a common understanding or definition of words like *transformation* and *service delivery* was discussed. Broader definitions and a

better understanding of transformation and service delivery is given in Chapter One and Chapter Two of the preceding chapters. Transformation according to the participants was defined as the changes that have been taking place in the Health sector since 1994. Service delivery on the other hand was described according to the programmes that the Department of Health offers to the public.

The following were discussed.

a) Management's capacities

The management is established to see to it that the institution is managed according to the strategic plan. Management has to put adequate measures in place to ensure that there is quality assurance in the deliverance of service. A case in this point is that people with knowledge and experience about public service delivery or people with knowledge and experience on management and administration should be deployed. Occupancy of managerial positions by medical doctors who do not have public management and administration background will take us nowhere. There was a response that there is no balance between medical staff who only have medical experience and public administration managers with public management experience. To some extent, this has hindered the delivery of services because of inappropriate skills being used.

b) The Batho Pele principles

Not enough is being done to consult public service customers about their needs. In order to survive and to adapt to the requirements of the modernization agenda, it seems clear that public service must now take on certain characteristics that were not prominent in the past. Some of these characteristics are from government's and the public's expectations, some arise from an

organizational need both to be able to respond to change and to put change into practice. According to Gaster & Squires (2003: 20-21) there are three broad expectations that have been created by the government modernization agenda. They are:

i.   The need to achieve "results" ;
ii.   The need to work in "partnerships"; and
iii. The need to "consult" users and communities.

In focusing on the existing service delivery policy framework, the service delivery environment and the democratic government's service delivery track record, the conclusion was that although much has already been achieved, severe service delivery backlogs and problems still exist. The Department of Health confirmed that the current Batho Pele approach to transforming service delivery, while achieving some level of popularity and marketing success has not yet resulted in a radical improvement in delivery. This is because it is too theoretical, and as a result, there are no real means to measure if service delivery improvement does exist.

Also there is no practical toolkit available to enable managers to make meaningful contributions towards the improvement in service delivery especially considering the fact that the various service delivery mechanisms and systems still need to be re-aligned to the Batho Pele principles. There has not been wide-spread acceptance of the fact that current public service mechanisms and methodologies for delivering services need to be modernised in order to take fuller advantage of technological innovations and best practices. The public service also needs to be more affordable, more innovative and more responsive to customer needs. It needs to take more advantage and to utilise a greater range of partnerships so that the productive capacities in the private and non-

profit sectors of society can be used to the maximum benefit of the public service.

With the current transformation in the South Africa's public service health system, it is imperative that the areas of financial planning and management receive urgent attention. A measure of success in this regard would be the rate of increase of efficiency and the effectiveness of the public health service and also the associated improvement in the health status of South Africans despite current resource constraints. Simply equalizing the inputs required for service delivery, namely, financial, human and other resources across provinces, districts or facilities, will not necessarily result in improved access to health services, unless the managerial and organizational capacity is built to transform these inputs into service delivery output (Abedian, Strachan & Ajan, 1999: 158). The importance about quality of service is that it looks at performance from the consumer's point of view.

It is unfortunate that improvements in the health status of people expected from improved health service have been constrained by funding and the impact of the HIV/AIDS epidemic on civil society and on the health sector, both private and public. While much has been achieved, there is still concern about the delays in tackling this epidemic and strengthening the District Health System for the delivery of Primary Health Care.

Undoubtedly there have been major achievements. The establishment of a unitary public health system, with the district heath system (DHS) as its backbone, and based on a primary healthcare approach is itself a remarkable feat. This has required not just putting in place the appropriate administrative arrangement but also "selling" the idea of DHS to health care staff.

"The selling of the DHS concept to all stakeholders took a long time but finally it paid off. In 1997 when the DHS was introduced in KwaZulu Natal and other provinces, there was no understanding of the concept and worse still there was resistance to change. In 1998-1999, although there was some degree of understanding this appeared to be clouded by personal agendas and protection of turf. By 2003 there was a clear understanding of the concept and serious attempts were underway towards implementing DHS"(Gcina Radebe: center for Health Policy.)

"Establishing a single health delivery authority at health district level and improving intergovernmental relations among all three spheres of government has been a challenge, Yogan Pillay"

"One of the major challenges in implementing the primary health care approach has been strengthening the multi-sectoral vision. In many instances rural health care has been compromised by lack of infrastructure including basic service delivery such as roads, water and electricity. The requirements for the municipalities to develop an integrated development plan will hopefully assist in overcoming some of these problems and build the multi-sectoral approach" "(Gcina Radebe: center for Health Policy.)

Legislation has been an area where there has been tremendous achievement. The rage of health legislations passed since 1995 must have been considered impressive, and substantial progress has already clearly been made in reaching many of the goals reflected in the White Paper on Transformation and required in the Constitution. The Constitution has played a significant role in providing the framework for the services of legal judgment that have entrenched the rights of South African to access health care.

The challenge for government and civil society is the design and implementation of programmes targeted at redressing the disparities of the past. Transformation and restructuring of the health care system at all levels of government is still in process a decade after our tenth year of democracy. However implementation of a national health system based on Primary Health Care through the District Health System approach still faces many challenges.

Another challenge for the health sector is human resource development at all levels of service delivery, in all spheres of government and all rural and urban communities. There is an urgent need for increased recognition of the role of civil society in support for the success of quality health in the entire country.

The inadequacy of transport for health care delivery has a major impact on access to health care by communities particularly those in rural and in many urban areas. The challenge is not just to a health service but to a lack of an integrated inter-sectoral transport management system for health service delivery.

Poor outcomes at the district level reflect inadequate skills and highlight the need for better monitoring and quality assistance training.

5.1. Conclusion

The importance of this research is not only in its critical reflection on progress in making health services available in South African over the past ten years, but

also laying data-driven frameworks against which future achievement can be assessed to enhance improvements in health care.

CHAPTER 6

TRANSFORMATION IN THE SOUTH AFRICAN DEPARTMENT OF HEALTH (EVALUATION AND CONCLUSION)

The rationale for this study was to investigate the extent to which transformation has materialized in the South African public service with specific reference to the National Department of Health.

One of the post-1994 government's tasks had been to transform the public service into an efficient and effective instrument capable of delivering equitable services to all citizens and driving the country's economic and social development. However, its ability to do so has been severely limited by its legacy of ineffectiveness, unfair discrimination and division on the basis of race, gender, and which virtually excluded people with disabilities. As a result, public service lacked legitimacy and credibility in the eyes of the majority of South Africans.

Restoring legitimacy and credibility through the development of a broadly representative public service had come to be seen as one of the keys to the transformation process. As a result, the transformation of the public service had been undertaken with the legislative framework that has been ushered in since the inauguration of the new government and these have been explained in chapter two of this dissertation.

During the phase of transition and the start of fundamental transformation, the perception still reflected the heritage of the past and as has been expected, this study had also mirrored the past and the present cleavages and divisions in South African society. By now it should be well established from previous sections that South Africa has historically been a divided society and after ten years it is still presently in a state of transition. These divisions of the past and their present legacy have had and still have a profound influence on the civil service in terms of equity in the delivery of services.

Recognizing the need for transformation in South African public service, several legislations were introduced and Chapter 2 took notice and introduced the reader to some of the legislations formulated to deal with the transformation process. All existed departments were integrated and a single governmental structure, that is, the National Department of Health was created to coordinate all aspects of both public and private health care delivery.

Chapter 3 introduced to the reader to the formation, the mission, and the vision of the National Department of Health in South Africa and the impact of policies on service delivery as outlined in Chapter 4. Ten years after policies being formulated, the National Department of Health being established and lot of activities taking place, health indicators conducted a review on the degree to which transformation has materialized. Different health indicators on different levels of transformation have taken place in the country at large with regard to health care.

This chapter summarizes the findings made in the study and makes recommendations based on those findings. The researcher has developed a framework within which a public service can evaluate their performances in relation to service delivery in their institutions. This was undertaken to answer the research question:

"to what extent has transformation in the South African public service materialized".

The preceding chapters examined democratic state formation in South Africa over the past ten years. The state did so against the backdrop of the ANC government's objectives and vision for transformation and development. Most evidence suggests that government has made remarkable progress in transforming the public service to make it more responsive to the needs of

citizens and to make it more accountable. In the political realm, significant and fundamental change has taken place. The rationalization and integration of the former fragmented public service is almost complete. The integration of various Bantustans and central government civil service into a coherent single public service has been a success.

According to an assessment made at the Presidency in October 2003, the public service has also come close to meeting the targets set for improving representivity in the public service. Although Africans now make up 72 percent of the public service at all levels, government still needs to focus on increasing the number of women in senior positions as well as a more general increase in the number of disabled persons employed in the public service.

It should also be borne in mind that the transformation of the public service carries with it higher expectations than what government has the capacity to deliver on a sustained basis.

The process of achieving the transformed public sector is at least as important as the envisaged changes. The following are some of the principles that need to be applied:

i.   The process should be negotiated, transparent and legitimate;
ii.   What is required is a clearly defined and structured change management process with specified milestones to be reached; and
iii. Public sector transformation needs to take place in the context of societal transformation.

As a strategic element of public sector transformation, capacity building would serve to establish a capable public service that responds to the needs of the community through service delivery. Thus capacity building should be aimed at

allaying the fears of public servants, preparing current outsiders for inclusion in the public sector developing leadership, in-service training, rationalizing curriculum reforms of training institutions and linking that to the public sector, and linking training institutions to the proposed public sector negotiation forum.

A health system undergoing transformation is undoubtedly in great need of standardized manageable and accessible health information systems as well as relevant and comparable indicators for tracking down changes at all levels of the health system. However, it is equally important to stress the need for quality information. Therefore, as we continue to close the identified gaps, those responsible for managing that national health information systems development may need to examine not only how health workers can be guided to excellent quality usable information, but also how they can be trained to interpret information at their disposal and use it to improve health services.

Finally, adequate human and financial resources as well as sustainable technologies at the district level are vital if South Africa is to strengthen the District Health Information System which is crucial in effective primary health care delivery.

Improved managerial capability in the National Department of Health must be established. Service qualities are integrally related to capacity decisions. For it is capacity that ultimately determines whether the service providers satisfy the citizens or not. Service capacity is an important measure of our ability to delivery service quality. Capacity represents our capabilities. Greater capacity implies a greater capability to supply service quality. Considering all aspects of service quality, it should be realized that it is capacity that allows us to deliver required services.

As South Africa heads into the second decade of democracy, it is still confronted by multiple challenges in the quest for transformation within a fluid regional, continental and global geo-political landscape. This challenge is a challenge to all South Africans to become committed to a shared vision that can transcend the legacy of apartheid.

Improving public service delivery is not a one-off exercise. It is an ongoing and dynamic process, because as standards are met, they must be progressively raised.

ANNEXTURE A

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ANNEXTURE B

Organogram of the South African National Department of Health

ANNEXTURE C

INTERVIEW QUESTIONS

i. Have services of the departmental programme been clearly articulated to all staff members? ....

ii. Have they been expressed in operational and measurable terms? ....

iii. How aware is the top management of gaps between service delivery and achievement? ....

iv. How willing are they to confront reality? ....

v. Is there agreement on the nature and extent of the gaps that have been identified? ....

vi. To what extent have any gap in achieving greater amount of outputs acknowledged and shared with the people of the organisation, community and other stakeholders? ....

vii. Does the culture and reward system of the organisation encourage openness and trust or avoidance and concealment? ....

viii.   Are there general and specific reasons for the existence of gaps between aspirations and achievement understood? ....

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ix.   How tolerant is the organisation of mistakes? ....

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x.   Has anything been undertaken to identify the specific barriers and obstacles to progress, and what needs to be done about that? ....

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xi.   Has the department's management team thought through how it should divide its efforts between managing expectations and managing achievement? ....

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xii.   Who balance the make-up of the various elements in the department's transformation programme? ....

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xiii.   Is the department considering a fundamental reassessment of its transformation programme? ....

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CHAPTER 1

INTRODUCTION AND ORIENTATION

1.1. Introduction

Government and citizens from all over the world are engaged in various forms of transforming their public services. These transformations promise to have far-reaching implications for a wide range of global, national, and micro issues including service delivery, human rights and individual human quality of life, competencies and capacities, management and governance systems, global markets, regional peace and national economic. For most cases where transformation has been essentially driven by the need for improved efficiency in service delivery and reduced cost, the emphasis tends to be on implications of capacity development and managerialism as well as computer and information technology, leading to what scholars of public administration and management have called new paradigm in public administration and management. South Africa is amongst others one of the countries which is in the process of transforming itself into an efficient and democratic one. The demise of apartheid regime and the introduction of a democratic dispensation in South Africa ushered in a multitude of demands on the government and society in general. Thus, the following sections will take us through the historical background of South African public institutions and a rationale for their transformation.

1.2. Overview and historical background of South African state

South Africa had its first democratic elections in 1994. Since 1995, the South African public service has engaged in the process of transforming itself into an efficient, effective, democratic, fully representative and development-oriented instrument of service delivery. The publication of the *White Paper on the*

Transformation of Public Service (1995) (Notice 1227 of 1995) served as a point of departure for the transformation of the South African public service.

The transformation challenges in the South African public services originated primarily from the country's history, while some are based on the lessons the country is learning from the experience of other countries internationally. South African society has been a divided society and that it is presently in a state of transition. These divisions of the past and their present legacy have had and still have profound influences on the civil service in terms of culture, structures and functioning.

Prior to 1994, the public service was characterized by a poor quality of services, a low skills base, inefficiencies, a lack of commitment and no respect for citizens. As a result, low level of trust and confidence in public institutions overshadowed the public service environment. In addition to this, the public service that was appendage to a government was not accountable to anyone except perhaps a small minority; as such the public service of that time was insulated in a cocoon of intellectual and political arrogance and contentedness. The health system was also built on apartheid ideology and was characterised by racial and geographic disparities. Access to health care for rural communities and those classified as black was difficult.

The previous administration was seen by the majority of people as primarily serving the apartheid ideology. The composition of the apartheid civil service was overwhelmingly Afrikaans and dominated white males. The management echelons were dominated by white Afrikaner males with the selections process consequently being "manipulated" thereby excluding other races and women. The authoritarian focus of the apartheid ideology became manifest in the way in which the management of the civil service was structured. It was authoritarian, centralised and ruled orientated. Decision were mainly of a top-down nature,

allowing for little or no input from officials in the lower ranks, who operated at the rock-face and interacted with the broad population. This stifled ingenuity and creativity often led to "Pretoria-conceived" plans and programmes being imposed upon communities. Communities were not consulted regarding their needs, as officialdom was better able to judge these needs than they themselves (Venter 1996: 42).

The organisational culture in the civil service and nature of the formal and informal training given to officials entrenched a very rigid and vertical style of thinking. Lateral thinking was discouraged as this would inevitably have led to a questioning attitude. Officials were expected to focus on administering and entrenching the dictates of the apartheid ideology. Those who attempted to challenge the apartheid paradigm were often relegated to innocuous positions. The majority of black population saw the civil service as an instrument which was primarily intended to assure their subservience. They were treated as passive recipients who had to accept what they were given. Even where consultation was attempted, it was experienced as discriminatory and false. Development projects were often patently paternalistic and not intended to empower communities (Venter, 1996: 42-43).

The authoritative paternalistic organisational culture precluded openness, transparency and accountability. Government actions were frequently labelled top secret or confidential. Government departments anxiously guarded the information in their possession and often had to be compelled by court orders to reveal such information. The attitude which prevailed was that government information was the property of the departments. The people, namely, those who were not government officials, were not seen to have a right to such information. Even Parliament was often given filtered information, resulting in departments becoming much of a law unto themselves. This was fertile ground for inefficiency, mismanagement and corruption (Venter, 1996: 43).

In most areas of the civil service there were no modern management information systems that could ensure the effective monitoring and revision of civil service policies and programmes. Reliable statistics were virtually impossible to obtain. Budgetary allocations were largely a linear projection of those that applied in the previous year, without due regard to the needs of the people who were to be serviced. Department budgets were often a perpetuation of an historic spending pattern, not an expression of sensitivity to the need of deprived communities. Service priority was afforded to the advantaged communities, resulting in an increasing marginalisation of the majority of our people (Venter, 1996: 43).

Apart from the management echelon, who in the later years received market-related remuneration, the majority of civil servants were poorly paid. This resulted in low productivity and a poorly motivated staff. In addition, promotion and advancement were often based on political allegiance, race and gender. A lack of appropriate training and career path planning restricted the advancement of officials in the lower ranks of the civil service. A large percentage of civil servants had little pride in the tasks they were required to perform and consequently lacked professional service orientation. The apartheid ideology denied civil servants the democratic right to use collective bargaining to improve the condition of service. This resulted in adversarial relationships between the state and its employees, further demotivating them (Venter, 1996: 43-44).

The political negotiations, which led to the first democratic elections in April 1994, have been vigorously acclaimed as an important landmark in the history of South Africa. The breakthrough stage was characterised by a formal, end to white minority political rule, the adoption of a broadly progressive constitution, and conscious effort on the part of the new government to improve the access of the poor to health, education, water and housing, thus empowering them. There was a great imbalance in terms of the way in which services were delivered. Due

to this South African historical background, transformation in the public service was necessary to reform and to redress the past imbalances that existed. Transformation was needed to address the profound inequities inherited in order to meet moral, social and economic demands of South Africa.

After coming into power in 1994 the new democratically elected government embarked on a process designed to fundamentally reshape the public service to fulfil its role in the new dispensation. This process, generally referred to as transformation, is distinguished from the broader, longer-term and on-going process of administrative reform, which will be required according to the White Paper on the Transformation of Service Delivery (1995) to ensure that the South African public service remains in step with the changing needs and requirements of domestic and international environments. This transformation was regarded by the government as a dramatic, focused and relatively short-term process.

1.4.   The rationale for transformation in the South African public service

As can be expected, this dissertation about transforming the public service will also mirror the past and present cleavages in South African society. Formally disadvantaged citizens could be expected to have had very negative perceptions about the legitimacy and efficiency of the previous civil service. Formally advantaged citizens might have had concerns about the efficiency of the civil service in line with generally held public perception of bureaucracy and red-tape in the civil service. At the same time the majorities of white males were beneficiaries of the state and most probably would have had fewer negative perceptions about the legitimacy of the previous civil service. Some of the details of the apartheid policy, which sought the exclusion of the majority from full participation in all aspects of the South African society, had begun to crumble by the late 1980s. However, the essences of apartheid remained, with blacks

denied the franchise, society divided along racial lines and social exclusion and neglect of the majority a matter of State policy (Policy Co-ordinating and Advisory Service herein after referred to as PCAS, 2003: 7).

Government programmes perpetuated a strict racial hierarchy with the greatest allocation of the country's wealth going to Whites, and African receiving the least. Economically, the country was isolated through sanctions and the resultant import-substitution industrializations meant that many firms were unable to compete in global markets. In the preceding 1994, growth declined to below one percent per annum and the early 1990's growth had come to a standstill with the 1992 recession and the drought. Public sector debt was ballooning out of control as the apartheid regime sought to buy support. The country was isolated diplomatically and excluded from almost all multilateral institutions (PCAS, 2003: 7). The vast majority of South Africans citizens had no political rights.

In 1991 it was estimated that 16.6 million South African lived below breadline (Hilliard & Msaseni, 2000: 67) as cited from (Hilliard, 1992: 7). In 1993 some estimates predicted that 32 percent of the population was living below the breadline; worse than the figures of the 1930 Great Depression (Hilliard & Msaseni, 2000: 67) as cited from (Hilliard, 1996:13). In 2000 these statistics looked even worse; 65 percent of South Africans were said to be living below the poverty datum line (Hilliard & Msaseni, 2000: 67) as quoted from (SABC TV News, 16/1/2000). In 1995 it was estimated that merely 8 million people "30 percent of the South African population at that stage" did not have adequate sanitary facilities. Only 57 percent of the South Africans had waterborne sewage (Hilliard & Msaseni, 2000: 68) as quoted from (Wall, 1997: 113). In 1996 it was also estimated that between 15 and 16 million did not have piped water and that 70 percent of the South African population was poor. From the abovementioned, it may be deduced that there were service delivery backlogs in post-apartheid South Africa that need the urgent attention of the authorities.

Due to the inherited immense organisational problems, massive social infrastructural backlogs, limited financial, human and technological resources from the past public service, service delivery programmes as articulated by a DPSA Report (1998/1999) were increasingly faced with the following challenges:

(d) Service delivery programmes were archaic and inefficient;

(e) The level of economic development was characterised by high unemployment, high public debt commitment and dwindling resources for public service delivery; and

(f) South Africa's increasing importance as a role-player in a global economy, which demands a high level of efficiency and effectiveness in the public sector.

The Presidential Review Commission Report (1998: 1) also added that the principles features of the apartheid bureaucracy included the following:

h) Rigid racial and ethnic segregation;

i) Fragmentation, duplication and waste;

j) Poor and outdated management practices;

k) A regulatory bureaucratic culture;

l) Lack of accountability and transparency;

m) Poorly paid and demotivated staff; and

n) Conflict labour relations.

As the result of the above-mentioned challenges, government had to examine all possible means of optimally improving the delivery of services because there was a need for transformation. The major reasons made it necessary to transform and to reorganize the public service was that it reflected the true demographic features of the country. A public service that is developmentally oriented and

which had an attitude and readiness to deliver on social needs as effectively as possible. According to the (Department of Public Service and Administration, herein after referred to as DPSA report (1998/1999), the challenge was to create a new organisational ethos, create a shared vision, establish new work ethics and bring services closer to people. However, the urgent and immediate task was to impress on the new public service that exist for the sole purpose of delivering quality services to all citizens. Given the great imbalance that existed in the public service under the apartheid era, the one main priority of the transformation process, is to ensure that the services are representative of the demography of South Africa and reflective, at all levels, of the diversity of the country.

1.4. Problem statement

Service delivery can be regarded as the paramount function of any government. Service delivery became increasingly an important problem in the Department of Health. The introduction of new legislation regarding service delivery and transformation changed the manner in which the South African public service functioned. The White Paper on the Transformation of the Public Service, 1995, (Notice 1227 of 1995), as well as the White Paper on Transforming Public Service Delivery, (1997), (Notice 1459 of 1997), introduced a new era in the South African public service. The aim of the White Paper on the Transformation of the Public Service, 1995, (Notice 1227 of 1995), and the White Paper on Transforming Public Service Delivery, 1997, (Notice 1459 of 1997) was to transform the South African public service in totality which included the transformation of service delivery.

With the demise of the apartheid regime, the government embarked on a number of legislative and policy reforms, most which put more emphasis on the need for quality service delivery in all areas of governance, particularly in health

care. As a result, the National Department of Health published a national policy for quality in health care that serves as a national framework to guide provincial departments in developing and implementing their own initiatives as part of a provincial quality improvement programme. There have been policies and alternative service delivery approaches developed and implemented to govern the South African public services. Based on the above premise, the research question is:

"To what extent has transformation in the South African public service materialised".

The questions for consideration are listed below.

   v.   Has the government through the National Department of Health in South Africa achieved its policy objectives?

  vi.   Are these the appropriate objectives?

 vii.   What challenges are the public services faced with in the transformation process?

viii.   What successes and failures is the Department of Health experiencing or has it experienced?

1.5.   Study objectives

The purpose of this research is to review and to assess the extent to which government has achieved its policy objectives in the past decade in the public service. This may be achieved assessing the progress made in respect of transformation in the public service and this will be done with specific reference to the Department of Health. This will include identifying the needs, objectives, successes and failures of the policies since their inception. This study is important as it hopes to bring clarity on the issues and also provide recommendations on how to improve the current service delivery.

The research is a summative evaluation study of transformation in the public services of South Africa with special reference to the Department of Health (herein after referred to as DoH). Health reform is fundamental to the sustained economic and social development of a nation. An improved health system would contribute directly to the improvement and expansion of human resource potential. The Department of Home Affairs, Provincial Administration of the North West and the National Department of Health were selected to pilot the DPSA service delivery initiative.

Firstly, the government needs to be informed on whether its policies are being implemented. So one of these evaluations is to ascertain how much progress has been made in achieving targets and priorities the government has set for the department. Secondly, the evaluation helps to identify the developmental need of service delivery. The purpose is not really to pass or fail a particular initiative but to identify weaknesses and to suggest how these can be remedied and also to inform the community about the developments made.

1.6.   Research methodology

The purpose of this section is to describe the research methodology used in this study. 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. 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.

Table 1.1. Three levels in the methodological dimension

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.

Adapted from 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. Research design, on the other hand, is defined as a plan of how a research project will be conducted, specifying who or what is involved and where and when it will take place (Du Ploy, 2001: 81). In other words research strategy indicates which "direction" will be taken, while research design indicates what needs to be done while heading in that specific direction.

1.6.1. Purposes of research

Babbie (1998: 79) distinguishes three most common and useful purposes of research, namely: exploration, description and explanation.

1.6.1.1. Exploratory research

Exploratory research could be regarded as a first stage in a sequence of study because a researcher may need to conduct an exploratory study to explore a new topic or issues in which a little is known about it. In this case, the researcher's goal is to formulate more precise question that future research could answer. The exploratory research addresses the "what" question and as result exploratory researchers find it difficult to conduct because there are no or few guidelines to follow (Babbie, 1998: 79).

1.6.1.2. Descriptive research

Descriptive research presents a picture of the specific details of a situation. In this case, a researcher begins with a well-defined subject and conducts research to describe it accurately. This research will to some an extent use a descriptive study to describe it accurately because there are highly developed ideas about transformation and service delivery in the public service. Transformation as a subject will be accurately defined, presenting basic background information so as to get a detailed picture of the subject. This will enable a researcher to measure the subject and provide an accurate profile of it (Babbie, 1998: 80).

1.6.1.3. Explanatory research

The third general purpose of a research is to explain things. The aim of explanatory is to indicate causality between variables or events (Babbie, 1998: 81). Going beyond focusing on transformation as a subject, it is also useful to engage into explanatory research to explain the need for transformation in the

public service. This will advance a knowledge about an underlying processes suggested to transform the public service and service delivery therein.

1.6.2. Types of research design

Babbie (1998) classified research designs into: experiments, surveys, qualitative studies, participatory actions research, evaluation research and unobstructive research.

1.6.2.1. Experimental design

The experimental design is mostly associated with structured science in general. It involves taking action and observing the consequences of that action (Babbie, 1998: 208). Experimental design is especially appropriate for hypothesis testing and also best suited to explanatory than descriptive purpose.

1.6.2.2. Survey research

Survey research may be used for descriptive, explanatory and exploratory purpose. They are highly used in studies that have individual people as the unit of analysis. Survey research, a popular social research method, is the administration of questionnaires to a sample of respondents selected from some population (Babbie, 1998: 232).

1.6.2.3. Qualitative studies

The primary goal of studies using qualitative is defined as describing and understanding rather than explaining. The main concern is to understand social action in terms of its specific context rather than attempting to generalize to some theoretical population (Babbie, 1998: 270).

1.6.2.4. Participatory action research

This type of research is commonly used to "grassroots development" interventions and encountered especially in the so-called underprivileged rural setting in the so called Third World countries. Participatory action research can be used as a search to render development assistance more responsive to the needs and opinions of people. The researcher can be referred to as a change agent (Babbie, 1998: 314).

1.6.2.5. Evaluation research

Evaluation research can be used to assess the implementation and usefulness of social interventions, for an example, the Reconstruction and Development Programme which will be explained in the following chapters. Evaluation research aims to test interventions to see how effective they are. This research may be used to identify neglected areas of need, target groups and problems within organizations and programmes. It can also be used to compare a programme's progress wit its original aims (Bless & Smith, 2000: 49).

1.6.2.6. Unobstructive research

Unobstructive research is a way of studying social behaviour without affecting it in the process. This method of research does not establish a direct relationship or interaction with the research subject. Therefore, the subject cannot react to the fact that he or she is being investigated (Babbie, 1998: 374).

1.6.3. Data collection and analysis

Multiple data collection strategies will be used in this research. This includes the literature review, interviews, observations, analysis of statistics already produced by others, official publications and correspondence, discussion documents official papers presented at workshops and conferences, speeches and debates, newsletters and pamphlets, newspaper surveys, theses and dissertations as well as material from the internet. These qualitative methodologies will allow the researcher an opportunity to gain an in-depth understanding of transformation in the public service specifically looking at the case of service delivery.

Evaluative research will be used to measure the effectiveness of programmes and policies developed to address transformation of service delivery. A comparison of a programmes' progress with its original aims to determine the extent to which programmes met their specified aims and objectives is another function of an evaluation research. The case of the Department of Health will be examined to measure the effectiveness and efficiency of service delivery and to provide more effective strategies for the future. According to Bless and Smith (2000: 49), evaluative research, which is a form of applied research, aims to evaluate the effectiveness of programmes and determine the extent to which they have met their aims and objectives. The study may be typified as being qualitative in character and also being longitudinal in nature. Structured and unstructured interviews will be conducted to get as much as information to draw the conclusion.

1.7. Clarification of concepts

For the purpose of this study, the following terms are defined, described and listed below.

1.7.4. Transformation

All the key legislation since 1994 repeatedly stressed the need for the transformation, but there were never details or agreement on a definition of transformation. Transformation of the established companies has most often been interpreted as meaning a change in ownership and leadership in order to better reflect the general composition of the South African population while for service delivery transformation has included speeding up of service delivery and improving quality. However, this term was never defined precisely, leaving transformation policies to be defined by the companies themselves. According to Roux (2002: 419) transformation entails the creation of a completely new paradigm because in the name of transformation everything is involved namely, all structures and systems, management styles, core competencies and worker profiles, even core output required.

Tshetedi (2000: 43) argues that transformation is not only about organization or re-engineering, it is about change management. Change programs need to be ahead of the transformation process to ensure that employees' mindset is ready for the cultural shift. The organizations culture needs to be conducive to the implementation of transformation processes.

The Human Development Report (2000: 3) emphasized the point that transformation literally means to change the appearance or character. Transformation is the move, which an organisation makes to start everything from scratch. On the other hand transformation is not merely exchanging one system so that it is different to the preceding system. It is a process that starts from an existing situation which gives rise to the making of decisions on concepts and objectives. According to Klinck (2003: 6) some countries in transformation have chosen to create new programmes parallel to old ones

whilst others convert or reform old ones or merely transfer assets or change rules.

Klinck (2003: 7) is also of the opinion that there are common phases of transformation which can be identified as follows:

g) Description and analysis of the point of departure with the formulation of the specific need for the reform, including immediate crises;

h) Basic decisions in relation to the transformation;

i) Construction of the model in terms of which the transformation is to take place, which is the concretisation of the basis decision made;

j) Law-making process;

k) Implementation of the transformation bearing in mind prerequisites for success and other disciplines involved in such a programme; and

l) Evaluation of the transformation.

In the White Paper on the Transformation of Public Service (1995) (Notice 1227 of 1995), transformation was defined as a dramatic, focused and relatively short-term process, designated to fundamentally reshape the public service for its appointed role in the new dispensation in South Africa.

1.7.5.   Change/ Innovation

As momentous changes are occurring in social, political and economic systems throughout the world, many organisations are also experiencing it. Felkins *et al*. 1993) are of the opinion that change is a way of thinking, communicating, and acting to create new relationships and structures to reflect the way an organisation defines itself, the way it responds to customers and the way it does business now and in the future. Change is about modifying the organisation's

strategy and operations. It is going back to basics or searching for new tools and techniques that will drive the organisation forward.

Fox & Meyer (1995: 19) define change as movement that leads to a different position or direction. Hellriegel *et al.* (2001: 381) are of the opinion that organisational change refers to any transformation in the design or functioning of an organisation which (Felkins *et al.* 1993:3) may involve products and services, work redesign, technology, innovation, response to competitive challenges, customer and stakeholders demands, and financial challenges. However, other changes are more illusive, hidden in the interactions of formal meetings, hallway discussions, electronic memos, daily problem solving etc. Esterhuyse (1996: 1) made a statement that contributes to our understanding of change: a process which is not necessarily negative, threatening and destructive, but on the contrary and depending on the context and objectives indicating a condition of renewal and progress. Implied by the strategic relevance of the term, change is something we need constantly to keep in mind: change should be anticipated, change should also be initiated. Moreover, change should be managed because it does not take place in a mechanistic or automatic manner. What all these considerations mean is: change should be understood.

Harvard Business Essentials (2003: 2) is of the opinion that innovation is the embodiment, combination, or synthesis of knowledge in original, relevant, valued new products, process, or services. Hertz (2000: 2) added that innovation is making meaning change to improve an organisation's product, services and processes and create new value for the organisation's stakeholders. Innovation should focus on leading the organisation's new dimension of performance and also for key product and service process and for support process. Organisations should be structured in such a way that important innovation becomes part of the culture and daily work.

Vollmann (1996: 3) is of the opinion that transformation begins when the enterprise embraces change and for change to be truly transformative, the change agenda must be:

v.   *integrated* from strategic intent of the transformation down to the detailed processes and other infrastructure requirements to achieve it;

vi.   *consistent* in terms of all activities leading to the same goal and all employees having a clear sense of priorities;

vii.   *feasible* from the point of view of resources and corporate performance; and

viii.   *desirable* because it matches both enterprise and individual objectives.

Without integration and consistency across every facet of the organisation, the outcome is likely to present mixed signals and confusion rather than fundamental transformation. Vollmann (1996: 4) added that even the integration and consistency of strategy with the resultant necessary changes in processes and other infrastructure is not sufficient on its own. Feasibility and desirability are vital to ensure that the outcome of a change program is fundamental to transformation. As a result organisations require both top-down and bottom-up efforts to achieve consistency and integration. For the sake of this dissertation the process model for transformation various links have been developed for entry points to change, namely:

ix.   strategic intent;

x.   competencies;

xi.   processes;

xii.   resources;

xiii.   outputs;

xiv.   strategic response;

xv.   challenges; and

xvi. learning capacity.

In some cases enterprise transformation could be pragmatic and different organisations may enter the change process from different points. Some may start with strategy, some with processes, and others with competencies. Moreover, in most organisations change is occurring in all components at the same time (Vollmann, 1996: 5).

1.7.6. Service delivery

Fox & Meyer (1995: 118) define service delivery as the provision of public activities, benefits or satisfactions to the citizens. Services delivery relates both to the provision of tangible public goods and intangible services. This can be done by government institutions and organisations, parastals organisations, private companies, non profit organisation or individual service providers.

According to SAMDI (2003: 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 service are passive recipients who have the service delivered to them.

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

1.7.4. South African public service

According to section 197 (1) of the Constitution of the Republic of South Africa, 1996 (Act 108 of 1996) 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 ANC (1994: 126) argue that the public service should be composed in such a way that it is capable of and committed to the implementation of the policies of the government and delivery of basic goods and services to the people of the country. In a democratic system, people vote in a government and, in return, the government has to prioritise on improving the living conditions of the people that voted it in. This tends to be an enormous and highly challenging responsibility and in order to carry it out, the government uses a wide array of bodies and structures such as departments and national public entities. On this note, South African public service plays an important role in the execution of government functions.

Fox *et al.* (1991: 231) identify various differences between the organisational environment of public and private organisations:

e) Public organisations function in an environment where there is a lesser degree of market exposure and greater degree of reliance on appropriations from authoritative bodies than with private organizations;

f) The environment of public institutions is also more legal, formal and has more judicial restraints than private sector organizations;

g) Distinctive political issues such as greater diversity and intensity of external influences on decisions by various political groups and greater need from client groups and other formal authorities are present; and

h) Public institutions are exposed to greater public scrutiny as well as unique expectations.

From the definitions above it could be deduced that a public service is that sector of government where the activities thereof are controlled and directed by the state. In this case, the state owns all resources in this sector and uses them to achieve whatever goal it may have to maximize the well being of society as a whole.

1.7.6.   Policies

In general usage, the term policy designates the behaviour of some actors or set of actors such as officials, a government agency, or legislature in an area of activity such as public transportation or consumer protection. Public policy may also be viewed as whatever government chooses to do or not to do. Anderson (2000: 4) defines policy as a relatively stable purposive course of action followed by government in dealing with some problem or matter of concern. This definition links policy to purposive or goal oriented action.

There are numerous definitions of public policy. Hanekom (1987: 7) defines public policy as a formally articulated goal that the legislator intends pursuing. He expands on this definition when he defines policy as a directed course of action and interaction which is to serve as a guideline in the allocation of resources necessary to realise societal goals and objectives, decided upon by legislator and made known either in writing or verbally. In the public sector, policies are the output (end result) of the political process and serve as initiators of executive action (Hanekom, 1995: 54).

Pfiffner (1999: 308) states that policy is essentially a rule of action intended to provide relative, stability, consistency, uniformity and continuity in the functioning of an institution. This view is echoed by Dye (1998: 3) and Jones (1984: 26) who see policy as a standing decision, characterised by behavioural consistency and repetitiveness on the part of the policy makers and the people

who have to abide by the policy. The simplest definition of public policy, being what governments do and do not do, should be seen as over-simplifying the policy process because policy takes many different forms and is multidimensional in its manifestation (Doyle, 2002: 165).

Despite all the definitions given by different authors, Anderson (2000: 4) is of the opinion that public policy seems to have common characteristics which are as follows:

d. policies consists of courses or patterns of action taken overtime by government officials;

e. public policies emerge in response to policy demand. In response to policy demands, public officials make decisions that give content and direction to public policy; and

f. policy involves what governments actually do not just what they intend to do or what officials say are going to do.

For the purpose of this dissertation it can be deduced that public policy is a declaration of a course that is taken by government to achieve societal aims and objectives. Policy provides a comprehensive framework of action and is thus goal oriented.

1.7.6. Effectiveness and efficiency

Today the dominant objectives in public administration are the pursuit of efficiency, effectiveness and economy. Over the years, the recognition of the significant role of efficiency and effectiveness in productivity has gone beyond the confines of the private sector. Hence, efficiency and effectiveness are now buzzwords in the public sector. Furthermore the Constitution of the Republic of South Africa (Act 108 of 1996) clearly calls for efficiency and effectiveness to be

pursued in the public sector. The terms effectiveness and efficiency are continuously being referred to in strategies related to service delivery in the Department of Health and the rest of the South African public service. As a result it is vital to define both terms.

The efficiency and effectiveness of public service programmes are crucial aspects for productivity. Experience in the private sector has shown that efficiency and effectiveness lie at the heart of a productive organisation. Both concepts are based on the utilisation of available resources. Therefore, efficiency and effectiveness depend, among others, on how well public officials are utilising the available resources when performing their duties (Masango, 2000: 60). Maheshwari (2002: 269) has defined efficiency as the ratio of total output to inputs. Thus it is how well one does one's work. Inputs are perceived as whatever is necessary for the production of goods and services, while output refers to goods and services actually produced. According to Masango (2000: 61) the machinery which converts inputs to output has determining effects, to a certain degree on the quality and quantity of the output. Public administration as the machinery which converts public service inputs to output is not an exception in this regard. The output of the administrative process could consist of what was initially intended or unintended, or a combination of both intended and unintended outcomes. As crucial aspect of the administrative process, efficiency determines the quality and quantity of public service output.

Effectiveness, on the other hand, refers to the quality and/or quantity of output relative to a certain standard. (Masango, 2000: 62 in Klingner & Nalbandian, 1985: 195) effectiveness is thus concerned with output only, irrespective of the inputs of the process. In the public service, the acceptability of a service and the extent to which it contributes towards the welfare of the society, in general, and towards the realisation of the enacted policy objectives, in particular, could serve as a yardstick with which the effectiveness of a service could be determined.

While efficiency focuses on the ways and means of carrying out government functions and activities, effectiveness is a criterion through which the impact of those functions and activities is evaluated in order to determine whether or not they have been successful. Therefore, effectiveness (or ineffectiveness) is a measure of success (or failure) in achieving objectives.

Hanekom *et al.* (1993: 213) state that both efficiency and effectiveness are concerned with initially intended objectives. Efficiency is mainly concerned with how these objectives are realised, while effectiveness is mainly concerned with whether or not the objectives are actually realised. In order to ensure that objectives are realised, work should be performed. The degree of efficiency and effectiveness is determined by the manner in which work is performed. Although efficiency and effectiveness are closely related, they are therefore, not synonymous or interchangeable concepts.

1.8. Structure of dissertation

Chapter 1 comprises an introduction to the dissertation by providing the historical background of the South African state, specifying the reasons for transformation in the South African public service, and discussing the problem statement of the research undertaken. Chapter 1 also explains the research methodology used and provides definitions of terms used in the dissertation.

Chapter 2 continues to explore concept of transformation and also reviews the existing policies developed to transform the South African public service. This chapter defines policy in details and also gives clarity on other concepts related to policy. In **Chapter 3,** the Department of Health is examined, which includes discussions on the institution's mission statement, legislative mandate, the challenges inherited by the health sector, the institution's strategic framework since 1994. **Chapter 4** deals with the impact that transformation has on service

delivery. **Chapter 5** deals with the outcome of the research conducted on the extent of transformation in the South Africa public service and how policies impacted on issues of service delivery. **Chapter 6** contains an evaluation of all preceding chapters, as well as recommendations.

1.9. Conclusion

The introduction and the rationale for transformation in the South African public service in this dissertation ensures that the reader is provided with a framework for understanding the transformation in the South African public service with specific reference to the Department of Health. The key challenges in the transformation process in the public sector is to change it from an instrument of discrimination, control and domination to an enabling service-oriented sector that empowers all the people in an accountable and transparent way. The problem statement is of vital importance and should receive careful consideration. The various research methods used in this dissertation are explained and support the main objectives set out in this dissertation. A short discussion of each chapter is given. Terms of reference used in this dissertation are also defined. Several transformation policies have been developed to date to address the issues of service delivery, and these will be discussed in the next chapter.

CHAPTER 2

POLICIES ON TRANSFORMING THE SOUTH AFRICAN PUBLIC SERVICE

2.2. Introduction

Governments worldwide are faced with the challenge of transformation and the need to modernize administrative and management systems. South Africa presents an archetypal example, given its need to transform a state apparatus that was not only racist but arguably dysfunctional as well. In South Africa, the post-1994 era has seen many vigorous structural changes being introduced as part of a government's transformational drive to adapt and to cope with many dynamic contemporary challenges. New and more focused entities or agencies were and continued to be created to complement the already existing ones. In addition, already existing structures have been and continued to be revisited and assessed while new policies and strategies are being put in place in key areas such as human resources management, to achieve good governance.

The transformation of the public service is being undertaken within a legislative framework that has been ushered in since the inauguration of the new government. During the first two and half years of the government's five year term, South Africa focused primarily on the development of policy frameworks and systems to give effect to the principles of the Interim Constitution, 1993 and to lay the foundation for the democratic government based on equity and social justice. After 1994, a number of new pieces of legislation have been enacted to give effect to the new constitutional dispensation and to transform the public service.

The aim of this chapter is to introduce to the reader some of the policies which are formulated to transform the public service. The spectrum of available literature will be described and related to the broader concept of transformation in the public service. Elements that could bear relevance to the importance, formulation, implementation and monitoring of policies in the public service will be identified and explained and in later chapters be described and validated. The importance of this chapter is in the fact that it forms the theoretical basis of the argument regarding the policies formulated and implemented in the public service.

2.2. Theoretical background on policies

Administration is practiced to reach objectives, in other words to provide products and services to satisfy peoples' needs. Therefore, the processes of administration which must be undertaken first are those which are concerned with the identification of needs and the setting of objectives to satisfy the needs. These are known as processes of policy making (Cloete, 1975: 24). Administration is a collection of processes which must always and everywhere be performed where two or more persons work together to reach a specific objectives such as the production of goods or the rendering of services. To understand and to perform these processes as functions in a knowledgeable manner, it is preferable to classify them in six groups, namely:

g) The process of policy making which is followed by the process of planning and of programming;

h) The process of financing which must be undertaken to obtain money for reaching the objectives provided which are needed to reach a policy statement;

i) The process of organizing to provide the institution and other organizational requirements which are needed to reach objectives;

j) The process of providing utilizing personnel to enable the institution to function;

k) The process of determining work procedures to enable the personnel to work in an orderly manner to achieve the policy objectives; and

l) The process of control to check that the personnel remain on the road to achieving the objectives in such a manner that they can account for the fact that all the processes concerned have been carried out with the least cost but the highest possible achievement of the objectives, effectively and efficiently (Cloete, 1975: 1).

Although for many years highly developed in terms of scientific and technological development, prior to 1994, South Africa was internationally isolated due to its apartheid policy. Therefore, one needs to understand the concepts of policy as it is of utmost importance in transformation, because no administration action can take place if goals and objectives have not been set.

Definitions relating to policy are plentiful. Anderson (1984: 2) is of the opinion that these definitions are not always successful. In terms of Anderson (1984: 2) policies are:

"...broadly defined as the relationship of government unit to its environment"

In general usage, the term policy designates the behaviour of some actors or set of actors, such as officials, governmental agencies, or a legislature in an area of activity such as public transportation, consumer protection, service delivery and so forth. Public policy may also be viewed as whatever governments choose to do or not to do. Anderson (2000: 4) defined policy as:

"... relatively stable, purposive course of action followed by government in dealing with some problem or matter of concern".

This definition links policy to purposive or goal–oriented action rather than to random behaviour or chance occurrences. Public policies in modern political systems, by and large, do not just happen. They are instead designed to accomplish specific goals achieved. (Anderson, 2003: 3) added that proposed policies may be useful thought of as hypotheses suggesting that specific action be taken to achieve particular a goal. Policies consist of causes of pattern of action taken overtime by governmental officials rather than their separate discrete decision. Policy includes not only the division to adopt a law or to make a rule or some topic but also the subsequent decisions that are intended to enforce or implement the law or rule.

Fox and Meyer, as quoted by Kuye *et al.* (2002:73) states that policy is:

"...authoritative statements made by legitimate public institutions about the way in which they propose to deal with policy problems"

Anderson, as quoted by Kuye *et al.* (2002: 73) defines policy as:

"...a proposed course of action of a person or government with a given environment providing obstacles and opportunities which the policy was proposed to utilize and overcome in an effort to reach a goal or realize an objective".

Despite all definitions given by different authors, the public seem to have common characteristics namely:

d) Policies consist of course or patterns of actions over-time by government officials;

e) Public policies emerge in response to public demand. In response to public demands officials make decisions that give content and direction to public policy; and

f) Policy involves what governments actually do not just what they intend to do or what officials say they are going to do.

From the definitions supplied above it becomes clear that policies are mechanisms that government employs to deliver on the requirement and needs. It also becomes clear that policy and policy formulation is dynamic in nature and needs to be continuously revisited and reconsidered in order to be effective (Kuye, *et al.* 2002: 73).

The circle of policy making process consisting of policy analysis, policy formulation, policy implementation and policy evaluation requires definitions as well. According to Nagel (1988: 3) the definition of policy analysis is the process:

"...of determining which of various alternatives public or governmental policies will most achieve a given set of goals".

Putt, *et al.* (1998: 19) defines policy research as "...the differentiated set of activities that tough public policy at numerous points... (which) do share characteristics". In Meyer (2003: 47) as quoted from Houston (2001: 1) policy making in South Africa (and not by definition) was "...*towards participatory and direct democracy".*

As a result, policy document is developed as a result of an identified need request by an interest group; influential individuals; officials or members of executive authority may also promote new policies (DPSA, 2003: 39). In the course of people's daily lives, they are affected directly and indirectly, obviously and subtly, by an extensive array of public policies. Public policies in a modern

complex society are indeed ubiquitous. Policies constitute a significant portion of our environment. They counter advantages and disadvantages, cause pleasure, irritation, and pain, and collectively have important consequences of our well-being and happiness.

Having covered various aspect of policy in terms of formulation definition, analysis and research, the consideration of policy implementation is to be addressed. According to Putt, *et al.* (1998: 357-380) policy implementation should be treated like a project. According to Meyer (2003: 47) this implies that managing policy required for implementation by means of project management principles.

An aspect neglected on many occasions is that of evaluating the implemented policy. Policy evaluation is not to be confused with policy monitoring as policy monitoring has as its aim the causes and consequences of policies and describes the relationships between policies (Dunn, as quoted by Kuye, *et al.* 2002:90). Evaluation on the other hand does a critical assessment of the implemented policies and determines their worth (Kuye, *et al.* 2002: 91). Nagel (1998: 213) indicated that the test for the policy is in being innovative yet lasting, theoretical yet practical. According to Anderson (1984: 134-136) the evaluation should be:

"...the estimation, assessment or appraisal of policy including the current, implementation and effects"

Dye (2002: 312) argued that complex definitions are offered as to what policy evaluation is and he (Dye, 2002: 312-313) concluded that policy evaluation is learning the consequences of an implemented policy.

In terms of this section the basis of the definition of policy, policy formulation and implementation as well as the evaluation of such policy has been laid down.

The aim of this section is to form the basis for the argumentation in terms of policies formulated after the apartheid regime and the extent they have taken us through the process of transformation in the public service specifically the Department of Health. The following section will examine different models for policy making process and their relevancy to the system of government South Africa has adopted.

2.3. Models for policy making process

2.3.1. Institutional model

Government institutions are responsible for the definition and implementation of policy and policy only becomes public policy when adopted by the governing institutions. There are three characteristics attached to public policy, Dye (2002: 13), and these are:

iv. Legitimacy, which implies legal obligation and co-operation when implemented;
v. Universality, which implies adherence by all of the populace; and
vi. Coercion, which implies that through the process of legal litigation, people may be imprisoned if they should not adhere to the implemented public policy.

According to Cloete *et al.* (2000: 37) the aspect of potential changes in institutional structure must be considered when implementing policy. This is due to the ramification of any new public policy on the existing structure or through the passing of the public policy, the requirement for establishing a new structure (Dye, 2002: 13). This modeling technique is ideally suited for the evaluation between public institutions (Cloete, *et al.* 2000: 37).

2.3.2. Process model

According to Dye (2002: 15) the process model is ideal in terms of understanding the way policy should be formulated. Cloete *et al.* (2002: 39) refers to the process model as the system model and describes it as one of the most valuable too for policy analysis.

The process model which follows the basic premise of input, process and output, usually has the following outline (Dye, 2002: 14):

vii.   Problem identification of the policy problems facing government;

viii.   Setting agenda by focusing the attention of the media and the populace on the potential problem that needs to be solved;

ix.   Formulating and developing the policy required;

x.   Enacting the policy by legitimizing it;

xi.   Implementing the policy through the identified organization and departments; and

xii.   Evaluating the policies to determine effectiveness.

Cloete *et al.* (2002: 39) is of the opinion that the disadvantage of this model is that it does not describe the transformation or political change involved in policymaking. Meyer (2003: 50) is also of the opinion that having a process to adhere to when formulating policy has the advantage of having a planned approach thus minimizing the potential oversight of important issues.

2.3.3. Rational model

The rational model is set to achieve maximum social gain ensuring that the potential policies gain to society exceeds the cost to government (Dye 2002: 16). Operative in the rational model is that a cost benefit analysis resulting in

maximum potential financial saving, might not be the solution. Nagel (1988: 7) states that the decision-making process based on the rational model has to have adequate information as it is statistically based.

The rational model requires alternatives, as it is a decision-making methodology that facilitates the rationality of policy formulation (Nagel, 1988: 7 and Dye, 2002: 17). The decision-making methodology relates to the process approach. Information regarding the policy is to be analysed and formulated put into the system, processed in terms of goals and objective setting as well as preparation for the implementation inclusive of the cost benefit analysis and a decision taken on the best policy solution (Dye, 2002 18-19).

2.3.4. Incremental model

The incremental model is based on historical events but applies modification to these events (Dye, 2002: 19). Londblom, as quoted by Dye (2002: 19) states that the incremental model is at flow in that annual reviews of existing and proposed policies do not occur. These reviews should, amongst other, consider societal benefits and from the result of this analysis propose modification to existing policy or propose new policies (Dye, 2002: 19).

In many cases, the governments agree to continue with existing policies as they do not have sufficient time, information, funding or capacity to do cost benefit analyses with regard to new policies. Modifications to existing policies as well as new policies to support existing public policies are also not proposed due to uncertainty about the consequences thereof (Dye, 2002: 20).

2.3.5. Group model

As representative of the voting populace interest groups form a very important facet in policy formulation due to the pressure they bring about on government (Cloete, 2002: 35). Interest groups are usually bound by the common goal to bring about change, through demands n government to the benefits of the populace they represent (Dye, 2002: 21). Interest groups are also in struggle of their own in that the group with greater power could force a decision in its favour of the stronger group. Optimum group influence is obtained when, at any given time, the groups are at a state of equilibrium, which in turn is determined by the group influence. Numbers, status, wealth, leadership and internal cohesion determine group influence. According to Cloete (2000: 36) policy makers are sensitive to the demands of the interest groups and cognizance is taken of their demands when formulating policies. Interest groups who share members also maintain the state of equilibrium through the moderation effect on demands.

2.3.6. Elite model

The elite model also referred to as the mass model, is based on the assumption that a small elite is responsible for policy decisions (Cloete, *et al.* 2000: 33). Dye (2002: 23) views the elite model as a method by which a governing elites enforce their preferences. This approach implies a downward flow in terms of management as policies are determined at governmental level and executed by bureaucracy without gaining the consent of the voting populace. The elite model actually suggest that the voting populace cannot formulate policy as they are ill informed and the domains of policy formulation therefore rest with the elite or government as they influence public opinion (Dye, 2002: 23 and Cloete, *et al.* 2000: 34-35). The implication of the elite model is that it implies that the voting populace dos not play a role in policy formulation thus changes come about

through the elite, to redefine their own values especially when events threaten the system. Although the elite set policies based on the premise that the populace is uninformed and largely passive, conflict within the elite may occur (Dye, 2002: 25). According to Cloete *et al.* (2000: 35) the point that the larger populace is uniformed with the elite in total control is oversimplified as the elite may play only a pivotal role in the decision-making scenario implying some form of voting populace participation.

2.3.7. Public choice model

The public choice model is related to non-market decision-making based on economic analysis public policy. The emphasis is on improving the societal welfare, which in this case coincides and supports the rational model (Dye, 2002: 26). Public choice as an applied model lends the society certain basis legal rights (Nagel, 198: 123). According to Nagel (1984: 123) these rights are tolerated rights whereby the society allows implemented public policy, and affirmative action rights, which are rights society grants. In the context of the pubic choice model affirmative rights will be policy that is accepted by society for the benefit of society (Nagel, 1984: 123).

Interpreting the analysis of economics for public choice, Mayer 1985: (66-76) states that public policy decision made by government might be to the benefit of the society it serves. This approach supports the institutional model. Mayer (1985: 66) identifies three types of goods and services that need governmental intervention, namely:

iv.   Public goods which benefits the society and nonexclusive;
v.   Externalities, which are the effects of an action of one party on another; and

vi.   Merit needs, which society does not want to invest in irrespective of the societal needs.

According to Dye (2002: 26) government and society enter into an agreement whereby government accepts responsibility to protect the society. From this responsibility it is unaccepted that government must perform certain functions that society cannot handle.

2.3.8. Game theory

The game theory model is based on decision-making with more than one participant (Dye, 2002: 27). By applying this model, government would make a decision based on the best outcome of more than one scenario as proposed by the participants. Outcomes, in turn, are based on the choices the participants make when setting scenarios. The game theory model is based on a "what if" scenario setting and therefore deductive and abstract and frequently portrayed by means of a matrix. The following section will examine the nature of policy process aimed at transforming the public service in South Africa.

2.4. Nature of the policy process aimed at transforming the public service

Public policy is a government's programme of action to give effect to selected normative and empirical goals it has set for itself in order to address perceived problems and needs in the society in a specific way and therefore to achieve desired changes. In other words, public policies emerge in response to public demands. In response to policy demands public officials make decision that give content and direction to public policy. A significant feature of transformation during the first term of office of the democratic government has been the democratization of public policy-making process.

In particular, a shift occurred from semi-secretive technocratic and authoritative policy-making to more public and accountable policy-making (Houston & Muthien, 2000: 52). As a result, the government began its transformation of the public sector with a radical overhaul of the policy framework. According to Isaacs (2003: 37) the policies were aimed at creating an 'action space' to 'correct the imbalances of the past'. Until the 1970s, South African government policies toward less-developed urban and rural communities were politically determined. There were no structured multidimensional development policies, or even consistent development strategies for less developed communities. Government polices were predominately political, aimed at the continuation and promotion of segregation, later apartheid and separate development (Cloete & Mokgoro, 1995: 37).

Roux (2002: 41) emphasizes that for public institutions to survive, grow productively and render services to the public, the ability to effectively formulate policies for change and on a continuous basis also assess or analyze such policy initiatives, is of paramount importance. This would imply that an awareness of knowledge and skills are needed at all levels in order to implement sound policies and "make change happen". A better understanding of public policy-making, the stakeholders involved as well as the role of those involved in policy assessment could ensure a greater degree of professionalism when public policies are formulated and implemented.

The new policy making approach was a result of the new government's active interest in transforming the relationship between organs of civil society and the state. Introducing participatory democracy, accountability and transparency, the approach was aimed at bringing about fundamental changes in the policy environment in South Africa. Policy making/formulation was to be substantially more open to public input than under the racist authoritarian apartheid (Houston & Muthien, 2000: 52).

For the new democratic government of the Republic of South Africa, the first stage of transformation required a careful re-writing of statute to remove the illegal framework that had entrenched racial discrimination. For a large part of the first four years, the focus was on policy development, policy formulation and the rationalization of public administration.

The need for public sector capacity for strategic policy-making and planning is clear given the primary point if departure that the development situation must decide the appropriate policy framework for facilitating change. Development depends on the capacity of society to analyze, adapt, initiate and manage change (Koster, 1993: 5). One of the root causes of the economic crisis in Africa has been incapacity of government to respond quickly and decisively to a rapidly changing global environment. The capacity for strategic policy-making and planning should therefore be the starting point of public service transformation. Development of this capacity is aimed at creating a legitimate and effective process for delivering a strategic policy and plan for public sector transformation.

2.5. The vision for public service transformation in South Africa

The attainment of democracy in 1994 presented government with twin challenges: firstly significant institutional transformation and at the same time introducing new policies in line with the democratic Constitution. Secondly, the government had to deal with the legacy of apartheid within South Africa, whilst at the same time facing new challenges of integrating the country in a rapidly changing environment (PCAS, 2003: 2).

The challenge of government was to formulate a whole new set of policies to give effect to the normative and value changes that went with the democratic transition. On the basis of these policies it had to extend service delivery to all citizens (something unknown under the previous regime, while at the same time

eradicating the inequities of the past which were a direct result of apartheid (Service Delivery Review Report, 1999/2000: 1).

In line with the prescripts of the Constitution of the Republic of South Africa 1996 (Act 108 of 1996), new policies and programmes have been put in place to dramatically improve the quality of life of all people. According to the PCSA (2003: 2) key to this programme of action has been the extension of universal franchise and the creation of a democratic state. This has created the requisite environment for the country to address poverty and equality and to restore the dignity of the citizens and can be articulated in the following manner indicated below:

> *The new government's commitment to reconstruction and development, national reconciliation, and democratization and community empowerment placed a considerable emphasis on the need for the transformation of the public service from an instrument of discrimination, control and domination to an enabling agency which serves and empowers in an accountable and transparent way. In this note the government adopted the following vision for the public service (White Paper on the Transformation of the Public Service, 1995: 4).*
>
> > *"The Government of the National Unity is committed to continually improving the lives of the people of South Africa by a transformed public service which is representative, coherent, transparent, efficient, effective, accountable and responsive to the needs of all".*

To give effect to this vision, the government envisages a public service, which is:

j) Guided by an ethos of service and committed to the provision of services of excellent quality to all South African in an unbiased and impartial manner;

k) Geared towards development and the reduction of poverty;

l) Based upon the maintenance of fair labour practices for all public service workers irrespective of race, gender, disability or class;

m) Committed to the effective training and career development of all staff;

n) Goal and performance orientated, effective and cost effective;

o) Integrated, coordinated and decentralized;

p) Consultative and democratic in its internal procedures in its relations with its public;

q) Open to popular participation, transparent, honest and accountable; and

r) Respectful to the Rule of Law, faithful to the constitution and loyal to the Government of the day (White Paper on the Transformation of the Public Service, 1995: 4).

According to Presidential Review Commission (1998:1) in pursuit of this vision, the government developed the following mission:

> *"The creation of a people centered and people driven public service which is characterized by equity, quality, timeousness and a strong code of ethics".*

Bringing about change is mostly a delicate and arduous process. The Ministry for Public Service and Administration aims to facilitate the transformation of the South African public service in accordance with the vision and mission outlined above. Central goals are:

h) To create a genuinely representative public service which reflects the major characteristics of South African democracy, without eroding efficiency and competence;

i) To facilitate the transformation of the attitudes and behaviour of the public servants towards a democratic ethos underlined by the overriding importance of human rights;

j) To promote the commitment of the public servants to the constitution and national interest rather than to partisan allegiance and functional interest;

k) To assist in creating an integrated yet adequately decentralized public service capable of undertaking both the conventional and developmental task of government, as well as responding flexibly, creatively and responsively to the challenges of the process;

l) To promote human resource development and capacity building as a necessary precondition for effective change and institution building;

m) To encourage the evolution of efficiency and effectiveness and improve the quality of service delivery; and

n) To create an enabling environment within the public service, in terms of efficiency and stability, to facilitate economic growth within the country.

In the state of the nation address, President Thabo Mbeki (2004) uttered that "today we present the longer-term perspective for the continued transformation of our country that will and must be based on our country's achievement during its first decade of liberation. In this regard, we would like to restate this matter unequivocally that the policies we required to translate what President Mandela said in May 1994 are firmly in place. Accordingly, we do not foresee that there will be any need for new and major policy initiatives. The task we will face during the decade ahead will be to ensure the vigorous implementation of these polices to create the winning people-centered society of which Nelson Mandela spoke".

In moving towards this vision, the government identified the following priority areas of transformation (WPTPS, 1995:39):

i) Transforming service delivery to meet basic needs and redress the past imbalance;

j) Rationalization and restructuring to ensure a unified, integrated and leaner public service;

k) Institutions building and management reforms to promote greater accountability and organizational and managerial effectiveness;

l) Increased representivity through affirmative action;

m) The promotion of internal democracy and accountability;

n) Human resource development and capacity building;

o) Improving employment conditions and labour relation; and

p) The promotion of a professional service ethos.

Discussing the above implications, the population has consistently identified priority areas in which they would like to see government concentrating its resources and efforts. Surprisingly these priority areas are not direct services to individual household to improve living conditions. The top priorities, job creation and a secure and crime free environment, rather point to the broader issue of creating a context within which households can provide better for themselves. Within this context transformation cannot be a quick fix. Neither should it be an *ad hoc* exercise. Transformation in this context requires a well-thought through strategic framework, an inspiring vision and a consensus on fundamental values. What is especially needed is clarity on priorities and action plans as well as leadership of a visionary and transformational type.

In developing and implementing effective policies and strategies for public service transformation, a number of key and related processes will be involved. This will include (WPTPS, 1995: 40):

h) Strategic review;

i) Policy formulation and performance measures;

j) Strategic planning and implementation;

k) Monitoring, evaluation and performance measurement;

l) Co-ordination;

m) Communication, consultation and participation; and

n) Research.

In order to promote effectiveness, efficiency and effect economies in the management and functioning of departments, sub-departments, branches, offices and institutions, the Public Service Commission shall make recommendations regarding the following:

k) Improved organization, procedures and methods;

l) Improved supervision;

m) Simplification of work and elimination of unnecessary work;

n) The utilization of information technology;

o) Co-ordination of work;

p) Limitation of the number of offices and employees of departments, sub-departments, branches, and offices and institutions and the utilization of the services of offices and employees to the best advantages;

q) The training of officers and employees;

r) Improved work facilities;

s) The promotion of sound labour relations; and

t) Any other action it may consider relations (Public Service Act, 1994: 15).

Transformation is indeed a challenge, and in South Africa we are experiencing our share of social, political and economic shake-up, as are many other countries world-wide. Discussing the above implications, bringing about change is one of the big challenges we are faced with. If properly focused and well managed,

transformation can and should bring about improvement, growth and development. Many of the developments taking place here are due to the unique and special circumstances within the country.

A number of policy documents were developed to address the transformation of the public service and to increase the capacity of the public sector to deliver improved and extended public service to a South Africans and will be discussed as follows:

2.5.6.   The Reconstruction and Development Programme (RDP)

The Reconstruction and Development Programme (hereinafter referred to as RDP) is an integrated, coherent, socioeconomic policy framework, which represented the Government of the National Unity's vision for the transformation of South African society. The central challenge of the RDP lies in achieving an improvement of life through meeting basic needs and stimulating economic growth in a sustainable manner. RDP aims to establish a methodology of government implementation strategies, which will result in improving the quality of life of all South Africans (RDP, 1994).

As South Africa's political negotiations drew to a close in 1993. The RDP emerged as the most concerted attempt yet devise a set of social, economic and political policies and practices that could transform South Africa into more just and equal society. The RDP was conceived as an attempt to programme measures aimed at creating a people centered society, which measures progress by the extent to which it has succeeded for each citizen's liberty, prosperity and happiness. It is also claimed to be an integrated coherent socioeconomic policy framework aimed at redressing the poverty and deprivation of apartheid. The programme integrates growth, development and reconstruction and redistribution into a unified programme. As a result RDP was adopted as a government policy that

the ANC had advanced to eradicate apartheid's legacy. It outlines a massive effort to provide land; water; housing and other basic social needs to millions of South African previously denied these basis needs under apartheid (RDP, 1994). In the shape of the RDP Base Document it evolved around 5 sub-programmes:

f) Meeting basic needs

The basics premise of this programme is that an enormous proportion of very basics needs are unmet because of the apartheid policies. In order to address this backlog regarding basic needs, the programme envisages a people driven approach in which local communities will participate in making key decisions in conjunction with RDP structures. The participatory decision-making process will take place within the context of a general strategy which will aim to meet basic needs through:

i. Creating opportunities to develop human potential;
ii. Boosting production and household income;
iii. Improving living conditions through better access to physical and social services;
iv. Establishing a social security system and safety net to protect the poor (Liebenberg & Theron, 1997: 128).

The RDP has identified the following basis needs that need to be addressed within the context of this programme: job creation, land and agrarian, nutrition, health care, the environment, social welfare and security. The above mentioned identification of needs follows the traditional growth centered approach of expressing these needs as desires or want for particular economic goods and service.

g) Developing human resources

h) Building the economy

i) Democratizing the state

j) Implementing the RDP.

RDP provides a vision for the development and transformation of South Africa. The basic principles of the programme act as a framework and benchmark for the development of polices and strategies for various activities, sectors and levels of government and society. The RDP considers global pressures as well as problems specific to South African society, institutional issues and responsibilities of all actors in the transformation process. It also recognizes inherent constraints of rapid transformation whilst at the same time provision is made for lead projects, intended to kick start development in selected areas. Most importantly it has created on awareness of development issues at large (Daniels, 1996: 80).

2.5.7.   White Paper on the Transformation of the Public Service (1995)

The White Paper on the Transformation of the Public Service (1995) (WPTPS) is established to serve as a guide in the introduction and implementation of new policies and legislation aimed at transforming the South African public service. It is evident from WPTPS that its principal aim stems from the Constitution of the Republic of South Africa. Section 195 (1) of the Constitution (Act 108 of 1996) which provides that Public Administration must be governed by the democratic values and principles enshrined in the constitution. The values listed as human dignity, the achievement of equality, the advancement of human rights and freedom, non-racialism and non-sexism. *Section 1* further stipulates other principles that should inform public service delivery. Among the most important are the following:

d) Service 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.

e) Transparency must be fostered by providing the public with timely accessible and accurate information, and that

f) Public administration must be development oriented.

What is therefore contemplated in the provision of section 195 (1) is a transformed public service within the broader context of transformation as envisaged in the constitution (Khoza, 2002: 33).

2.5.8. The Constitution of the Republic of South Africa, 1996 (Act 108 of 1996)

The Constitution of the Republic of South Africa, 1996 paved a way for truly democratic dispensation. This dispensation was based on principles such as equality, freedom of expression, rights to have access to health, education as well as maintaining civilized standard and discipline. The 1996 Constitution proceeded by the 1993 Interim Constitution, indeed reflects a significant political thought compared to the separate development policies of the previous apartheid regime. In contrast with the previous constitution in which Parliament was the supreme authority, Parliament is now subordinate to the constitution and the 1996 Constitution is indeed the supreme law or "authority" in South Africa. Constitutional reform of such a magnitude inevitably leads to change and transformation in almost all spheres of government and administration. Such changes affected virtually all-functional fields of government, and consequently redefined the roe of policy and decision makers.

Seeing that government is committed to transforming the state from "an instrument of discrimination, control and domination, to an enabling agency

which serves and empowers all the people of the country", government has adopted the following vision: "*To continually improve the lives of the people of South Africa by a transformed public service which is representative, coherent, transparent, efficient, effective, accountable and responsive to the needs of all*". This vision is reflected in the White Paper of Transformation of the Public Service (1995). The goals set out in the Paper were further entrenched in the Constitution 1996. The Constitution sets out the following basic values and principles governing public administration: "Public Administration must be governed by the principles enshrined in the Constitution, including the following principles":

j) A high standard of professional ethics must be promoted and maintained;

k) Efficient, economic and effective use of resources must be promoted;

l) Public administration must be development-oriented;

m) Services must be provided impartially, fairly equitably and without bias;

n) People's needs must be responded to, and the public must be encouraged to participate in policy making;

o) Public administration must be accountable;

p) Transparency must be fostered by providing the public with timely, accessible and accurate information;

q) Good human- resource management and career development practices, to maximize human potential must be cultivated; and

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

2.5.9.   The White Paper on Transforming Public Services Delivery (1997) (Batho Pele White Paper)

The vision of government is to promote integrated seamless service delivery. The White Paper on Transforming Public Service Delivery (1997) "Batho Pele" provides a policy framework and guidelines within which the public service is expected to operate (Reddy 2002: 59). It is about building a public service capable of meeting the challenge of improving the delivery of public services to the citizens of South Africa. Thus the Batho Pele is premised on the fact that a transformed public service will effectively be judged by one criterion: "the degree to which it succeeds in effectively delivering services which meet the basic needs of all South Africans" (Singh, 2003: 3).

Batho Pele involves creating a framework for the delivery of public services, which treats citizens more like customers and enables them to hold public servants to account for the service delivery they receive. It calls for a shift away from a bureaucratic system, processes and attitudes, towards a new way of working which puts the needs of the public first, is better, faster, and more responsive to the need of the public (Singh, 2003: 4). The key initiative in terms of Batho Pele is to modernize government.

The principles (Singh, 2003: 4) below were set to enable all the public service departments to apply them within their unique circumstances and will be explained in more detail in chapter 4.

h) Consultation.

i) Service standards.

j) Access.

k) Information.

l) Openness and transparency.

m) Redress.

n) Value for money.

2.5.10. Affirmative action

The South African labour market is characterized by a diversity of ethnic and cultural groups. The public sector is experiencing pressure from social, political and legislative circles to make the workplace more representative of the population. Unequal representation of members of different population groups in management positions in the public sector is an important issue that often causes conflict and friction and affirmative action is seemingly the most acceptable process to redress this situation (Brand & Stoltz, 2001: 118-119). Thus, affirmative action occurs when employees identify problem areas, set goals and take positive steps to enhance opportunities for the "protected-class" members. It also focuses on hiring, training, and promoting this "protected-class" where they are under-represented in an organization in relation to their availability in the labour market from which recruiting occurs (Mathis & Jackson, 2003: 3).

Affirmative action is part of through-going system of public service transformation in South Africa instituted on the basis of institution-capacity building for good governance and the success of the transformation process more generally. Since the South African government inherited a public service, which was strongly influenced by, discriminatory employment policies and practices based on race, gender and disability, these groups were poorly represented at decision-making levels in other technical occupational classes. The Constitution identifies representativeness of the public service as one of the main foundation of non-racist, non-sexist and democratic society that integrates people with disabilities.

The White Paper on Affirmative Action (1998) is a testimony of the Government's commitment to the transformation of the public service into an institution whose employment practices are underpinned by equity. According to Cloete and Mokgoro (1995: 77) at a macro level, affirmative action policy is linked to the development of a proactive, efficient and development-oriented public service. In this context, the tension between using affirmative action as a means to develop a representative bureaucracy, and the need to empower the public service through focused training and skill development is highlighted. The former may result in the rapid expansion of the public service, while the latter may require rationalization and strategic reorientation.

2.5.5.1. Why the need for affirmative action?

Affirmative action is needed to overcome past injustices or to eliminate the effects of those injustices. Proponents of affirmative action believe it is necessary because women and racial minorities in particular have a long were subjected to unfair employment treatment by being relegated to a lower position and being discriminated against for promotions. Without affirmative action, the inequities will continue to exist for individuals who are not white males thereby it creates more equality for all persons (Mathis & Jackson, 2003: 144).

Raising the employment of the disadvantage group members will benefit South African society in the long run. Statistics consistently indicate that the greatest percentage of those in lower socio-economic group belong to the disadvantaged. As affirmative action assists these minorities it addresses socio-economic disparities. Without affirmative action, proponents argue that many people will be permanently economically disadvantaged (Mathis & Jackson, 2003: 144).

Properly used affirmative action does not discriminate against males or non minorities. Affirmative action plans should have deadlines for accomplishing its

long-term goals, but individuals must meet the basic qualifications for jobs. According to Isaacs (2003:38) the transformation criteria that influence the improvement of service delivery are as follows:

d) Addressing historical imbalances in the structure of the economy;
e) Implementing affirmative action development; and
f) Promoting human resources development training and skill transfer.

2.5.5.2. Affirmative action as a transformation strategy

Affirmative action is one of the important transformation processes enabling the restructuring of management to take place. It can be understood as part of holistic human resource development strategy, which attempts to redress the disempowering consequences of apartheid. It addresses specifically the exclusion of the majority from decision-making, controlling management and managerial occupation in government. In this sense it attempts to make the public service more representatives at all levels and reduce inequality in public sector employment. It is a component of an overall strategy, which aims at transforming and democratizing social institutions. Broad goals of affirmative action are as follows (White Paper on Affirmative Action in the Public Service, 1998).

d) Bringing about representation in composition of staffing at all levels across all occupational classes in which the disadvantage are under-represented;
e) Legitimizing the public service by transforming institutional culture and organizational environment in accordance with the principles of broad representation; and
f) Enhancing the effectiveness and efficiency of the public service by improving productivity and transforming service provisioning according to

the principle of equitability and in a ways that are responsive and sensitive to communities.

Affirmative action strategies extend beyond bridging the gap between "formal" and "fair". Equity of opportunity and the revision of merit standards are only two mechanisms for bridging this gap. Affirmative action can thus be conceptualized as a strategy for achieving employment equity by addressing inequalities in the area of organizational culture, personnel composition, human resource practices, service provision and improving the circumstances of group and individuals in the workplace (Brand & Stoltz, 2001: 118).

2.6. New public management as a transformational policy tool

New public management generally emphasizes competition in the public sector, using corporate-like management methods and administrative structures that focus on quantitative performance measures to improve the efficiency of public service and reduce budgets. Called by some global reform movement in public administration, new public management strives to increase management autonomy by replacing bureaucratic rigidity with market-like competition (Blair, 2000: 512 in Kettle, 1997: 447 & Lynn, 1998: 231).

Literatures reveal that practitioners of new public management appear to employ a wide range of administrative processes that blend public and private resources and processes in the implementation of public policy including public-private corporative arrangement and networks, strategic planning and management techniques, outsourcing and privatization of public services and non-profit service delivery organizations (Blair, 2000: 511-537).

Globalization, rapid changes in the socio-economic political environments accompanied by complexity in the economic environment have led to the

demand for the improved public service. The consequent pressures for increased accountability have resulted in uncertainty about the way policy should be formulated and managed. Most governments are currently indecisive about the role of the state in service delivery and this has inevitably led to the rethinking and reconstruction of policy making paradigms.

New policy development and management paradigms have emerged in the public management, together with new models, tools and proposal that are very different from the past. The first evidence of this change was the transition from administration to management. The challenge facing the South Africa in global environment is how to accommodate the unique problems and characteristics of change during the recent developments in policy analysis, formulation and management. Thus, the policies that are in place and those still to be formulated should bring about change in organizational behaviour, resulting in improved service delivery (Doyle, 2002: 164).

Portions of public choice, principal agent and transactions cost theories combine to form the foundation of this new approach to public management, relying heavily on market place factor and business oriented competitive strategies. Of primary evaluative criteria for public service delivery efficiency, effectiveness, equity and responsiveness, the new public management approach, then, appears to focus on improving efficiency (Blair, 2000: 511-536).

Entrepreneurial management strategies and behaviour, where public administrators take calculated risks public resources and employing business like strategies (for example, strategic planning; privatization; public-private partnership and so forth.) within a competitive environment, probably generated the most controversy. Some authors see aspects of new public management as essential to improving management capacity; others see entrepreneurial tendencies and the entrance of free market practice of public administration as a

threat to the delicate balance of democratic governance, accountability and efficient service delivery (Blair, 2000: 511-537).

2.7. Conclusion

Policy tools theory is an alternative approach to implementation which offers a way to link new public management to issues relating to public service delivery practice. The theoretical approach to policy examines public policy delivery in terms of government action, characterizing policy actions by government as specific objects, much like formal legal tools, rather than a broad collection of management activities and processes. Clearly, all policy initiatives, programs and policy interventions, then, can be identified according to the structural characteristics of their basic public service delivery. Evidence of the use of new public management for transformation continues to accumulate helping transforming the practice of public administration.

The first democratic general elections in South Africa in 1994 set in motion arguably the most significant political and societal transformation in this country. A decade later, the process of societal and political transformation continues. Chapter 3 will focus on an analysis of the National Department of Health which will include the mission, vision and the objectives of the department. The challenges inherited by the health sector after the 1994 and also the Department of Health's 1994-2004 strategic framework and its assumption will be discussed.

CHAPTER 3

AN ANAYSIS OF THE DEPARTMENT OF HEALTH IN SOUTH AFRICA

3.1. Introduction

Organizations are rational instruments for achieving man's economic and social purposes. The pervasiveness of such complex structures as business firms, hospitals, educational institutions and public agencies lends a certain curia of truth to the feeling that most of us are merely organizational men and women. Most people would agree with the importance of organization in their daily lives, yet few would dispute the statement that organizations are not as productive and humanly enriching as they should be. One need only go to work, read a newspaper, or talk with neighbour to realize that problems of productivity and worker satisfaction abound in society. Poor quality workship and productive inefficiency plague most of our economy.

In 1994 there were wide geographical and racial disparities in the provision of health services. National Department of Health (herein after referred to as DoH) statistics pinpointed disparities between provinces in terms of personnel. People in rural areas have been especially disadvantaged with regard to access to health care. Those who had the resources to pay for it found their health care outside the public domain. Rather than delivering health care, the challenge to the health care was therefore to redistribute health care to the neediest.

3.2. Challenges inherited by the health sector 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 10 homeland health departments. These were not even contiguous, furthering inefficiency and there was 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 maldistributed 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:

3.2.2.   It was inequitable

Table 3.1 Illustration of some of the outcomes of the health system inequality in South Africa by race. 1995.

	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: 10264	1: 661

* McIntyre *et al*. 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, *et al.* 1995). Finally inequity also established a protected and subsidized 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.

The dominant themes of South African economic history are inequality and exclusion. Given this history, a key benchmark against which all contemporary economic planning must be assessed is the role of such plans in narrowing inequality and breaking down the barriers that exclude participation in the economy on the grounds of race, gender or location. Inequality among the employed has been primarily due to an aggressive apartheid labour market policy. The most obvious manifestation of this inequality is the persistence of

racial division of labour. This division has ensured that the positions for those in middle management and upwards remain the preserve of whites. Black workers, on the other hand, predominant in blue-collar occupation form semi-skilled to unskilled work (Bhorat; Leibbrandt & Woolard, 2000: 14-28).

3.2.2. Fragmentation and inefficiency

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 hospitals 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).

3.2.5.   Authoritarian and autocracy

Generally speaking, the history of health care in South Africa attest to either s 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 board, community members had little power. Even though community oriented health programmes were largely spearheaded by non-governmental organizations (NGOs) that aimed to popularize people's participation in health, partly to strengthen the mass democratic movement and partly to improve their health directly (Ngwenya &

Friedman, 1996). However, the ability of communities to be involved with health care deliveries was often limited by the state.

3.2.6. Inappropriate health care

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).

Given the features of the apartheid health system described above, the need for fundamental and profound change to the entire health system was clear.

3.3. The establishment and the vision of the Department of Health

According to Christopher (1994: 6) the vision sets a direction into the future. It is a short statement of the organization's drive and belongs to the whole organization. Kroon (1996:142) is also of the opinion that a vision implies the understanding of the business, the farsightedness to change the mission when the external and internal environment changes and communicating the mission to staff with enthusiasm and inspiration. Collins English Dictionary (1982: 162) describes a vision as, amongst others, "a vivid image produced by the imagination". In terms of this description, we can say that the eradication of illiteracy, unemployment, poverty and crime in South Africa is the vision of the government. In essence, having a vision means setting yourself a goal that may be hard – seemingly beyond your reach to achieve. A vision is therefore something to strive for. Stating the intention to totally eradicate illiteracy, unemployment, poverty and crime constitutes a vision statement. It was vague and immeasurable (Du Toit, 2002: 72).

According to Coulson-Thomas (1997: 61) most executives assume that value of a compelling corporative vision "grabs the attention" of customers and "turns on" employees. The annual report is considered naked without its statement of vision, and helping companies to formulate visions and missions have become a lucrative area of practice for consultants. A clear vision is of value internationally and externally as indicated below:

iv.   Internally, it motivates people to achieve and focus their efforts.

v.   Externally, the vision differentiates a company from its competitors.

vi.   Internally and externally, the common and shared vision is a unifying factor in holding the network organization together and providing it with s sense of common purpose (Coulson-Thomas, 1997: 61). A vision can inspire, but it can also result, in disillusionment if it is incomplete or incapable of achievement. Like an idea, it may have a little value outside of an organization with the capability of giving a tangible reality.

In the 1990s, South Africa was one of the few countries in the world where wholesale 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. The South African government, through its apartheid policies developed a health care plan system, which was sustained through the years by promulgation of racist legislation and the creation of institutions such as political and statutory bodies for the control of the health care profession and facilities.

These institutions and facilities were built and managed with the specific aim of sustaining racial segregation and discrimination in health care. The nett result has been system, which is highly fragmented, biased towards curative care and the private sector, inefficient and inequitable. Teamwork has not been

emphasized, and the doctor has played a dominant role within the hierarchy. There has been little or no emphasis on health and its achievement and maintenance, but there has been great emphasis on medical care. 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 organisations and institutions related to health have to be reviewed with a view to attaining the following:

i)   Ensuring that the emphasis is on health and not only on medical care;

j)   Redressing the harmful effects of apartheid health care service;

k)   Encouraging and developing comprehensive health care practices that are in line with international norms, ethics and standards;

l)   Emphasizing 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;

m) 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;

n) Introducing management practices that are aimed at efficient and compassionate health delivery;

o) Ensuring respect for human rights and accountability to the users of health facilities and public at large; and

p) Reducing the burden and risk of disease affecting the health of all South Africans.

Recognizing this need for total transformation of the health sector in South Africa, the African National Congress with the help of the World Health

Organisation (herein after referred to as WHO) and United Nations Children's fund (herein after referred to as UNICEF) 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).

The health sector service must increase awareness that a healthy population is necessary for social and economic development. International population trends recognize that development strategies, which improves quality of life of the population, contribute to the decline in fertility. Population programmes must maximize the capacity for individuals to fully develop their potential for social stability and economic growth.

3.4. The objectives of the 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:

viii.   Formulating health policy and legislation;
 ix.   Formulating norms and standards for the health care;
  x.   Ensuring appropriate utilization of health resources;
 xi.   Co-ordinating information systems and monitoring national health goals;
xii.   Regulating the public and private health care sectors;
xiii.   Ensuring access to cost-effective and appropriate health communities at all levels; and

xiv.   Liaising with health department in other countries and international agencies.

Provincial health departments are responsible for:

  x.   Providing and/or rendering health service;

  xi.   Formulating and implementing provincial health policy standards and legislation;

 xii.   The planning and management of provincial health information system;

xiii.   Researching health services rendered in the province to ensure efficiency and quality;

xiv.   Controlling the quality of all health service and facilities;

 xv.   Screening applications for licensing and inspection of private healthy facilities;

xvi.   co-ordinating the funding and financial management of district health authorities;

xvii.   effective consulting on health matters at community levels; and

xviii.   ensuring that delegated functions are performed (South African Year Book, 2002/2003: 40).

The implications of the above responsibilities of the provincial health department is that provinces are charged with planning, regulating, and providing health services with the exception of municipal health services. Local government or municipalities are responsible for the rendering of municipal health services.

3.5. The mission of the Department of Health

A mission statement is a long-term statement of purpose that distinguishes one organization from similar organizations and described the value and priorities of the organization. Mission statements created in the public sector are usually in

accordance with the objectives as stated in the legislation created for them (Fox, *et al.* 1991: 234). The mission statement is a proclamation of the organization's primary objectives that encapsulates its core values.

It is advisable for the mission statement to remain open, flexible and subject to change. The mission statement has to be in accordance with the objectives as stated in the legislation that created the public organization (Fox, *et al.* 1991: 234). According to Kroon (1996: 142) the mission indicates the reason for the existence of the organization in terms of the nature and extent of the present and future business activities as a result a number of factors should be included.

h) Product range or service;

i)   Human resources;

j)   Other interest groups;

k) Business image;

l)   Management philosophy;

m) Technology; and

n) Market.

The Department of Health is 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 Africa Year Book, 2002/3: 339). The White Paper on health deals with the transformation of the health service to reduce the large level of social inequality. The policy's aim is to introduce a strong shift towards universal and free access to comprehensive health segment of the population.

The White Paper on the Health System Transformation 1997 sets out a plan for the restructuring of the health system to ensure accessible and equitable health care for all and the objectives of the restructuring are:

viii.   To unify fragmented health services of all levels into a comprehensive and integrated National Health System;

ix.   To promote equity, accessible and utilization of health services;

x.   To extend the availability and ensure the appropriateness of health service;

xi.   To develop health promotion activities;

xii.   To develop human resource available to the health sector;

xiii.   To foster community development participation across the health sector; and

xiv.   To improve health sector planning and the monitoring of health status and services.

The mission statement is a proclamation of the organization's primary objectives that encapsulate its core value. The mission statement of the organization is the unique purpose that distinguishes it from other organizations and defines the boundaries of its strategic intent.

3.6. The structure of the Department of Health

According to the ANC (1994) health care plan developed in 1994 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 decentralized 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: 3).

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).

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 of 1999-2004 in a ten point plan to strengthen implementation of efficient, effective and high quality health service.

k) Accelerating delivery of an essential packaging of primary health care (PHC) service through the district health system (DHS).

l) Improving resource mobilization and management and equity in allocation.

m) Improving quality of health care.

n) Decreasing morbidity and mortality rates through strategic interventions.

o) Revitalizing of public hospital services.

p) Improving human resource management development and management.

q) Enhancing communication and consultation in the health system with communities.

r) Re-organisation of certain support services.

s) Legislative reforms.

t) 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.

f) The availability of sufficient financial resources, the assurance of financial stability during and between years and the absence of unfunded mandates.

g) The ability to train, retain and deploy health personnel as needed.

h) Removal of legislative and other obstacles so as to implement more responsive management systems and an appropriate workforce configuration.

i) Solid co-operation from all partners, notably other national departments, provincial and local government, the private sector, non governmental and community based organizations and communities.

j) The ability to reverse the HIV/AIDS (Buch, 2000:18).

Change elements that need to be brought together to achieve a successful transformation. Figure 3.1

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┌─────────────────────────────────────────────────────────┐
│           Determining what needs to be done             │
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                            │
                            ▼
┌─────────────────────────────────────────────────────────┐
│         Creating the capacity to do what needs to be done│
└─────────────────────────────────────────────────────────┘
                            │
                            ▼
┌─────────────────────────────────────────────────────────┐
│           Deciding how to do what needs to be done       │
└─────────────────────────────────────────────────────────┘
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                            ▼
┌─────────────────────────────────────────────────────────┐
│       Ensuring that what needs to be done is actually done│
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                            ▼
┌─────────────────────────────────────────────────────────┐
│    Ensuring what is done satisfies legal and ethical requirements│
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│     Reporting to stakeholders on what has been achieved  │
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According to Coulson-Thomas (1997: 56) if a significant change is to occur, many organizations would benefit from undertaking a transformational review process along the lines of that shown in figure 3.1. a systematic approach increases the prospects of identifying all various elements that needs to be brought together to achieve a successful transformation. To ensure that it fully confronts the transformation challenge the following should be done by management or the board of management.

Firstly, the board should determine the purpose for the department or the organization, a reason for its continued existence and articulate a vision that can be communicated. It should establish achievable and measurable objectives derived from vision, and formulate a strategy for the achievement of the defined objectives. It should be ensured that the department has adequate finance, people, organization supporting technology and management process to implement agreed strategy. In particular, it should appoint a management team, and establish the policies and values that define the framework within which management operates. There should be an agreement and the review of plans, and allocate roles and responsibilities. In particular, management should identify the key process that will deliver business objectives and especially value customers. Management should monitor performance against agreed targets, taking corrective action where appropriate. Gas between expectations and achievements need to be identified and subjected

to "barrier" or "helps" and "hinders" analysis. Particular attention should be paid to the operation of process, changes of attitude and behaviour and to ensuring that necessary empowerments are in place. Particular attention should be paid to management, ensuring that corporate codes of conduct and statement of corporate values are not regarded as "nice sentiments" or "words on paper". Performance should be reported to the various stakeholders in the department. Particular attention should be given to those with "ownership rights" and a legal entitlement to certain information (Coulson-Thomas, 1997: 57). Management has to forge a balance between its vision, corporate or department capability and demands of the external business environment. Moving too far ahead of capability may disturb an established position and result in democratisation. Where corporate transformation is occurring, balance has to be maintained in a dynamic situation.

3.8. Decentralisation of the health sector reform

In search of more accountable and efficient health systems, health ministries throughout the developing world are in the process of long-term reform. At the same time, there are also political reform such as decentralization and local government reform. In many countries, these, reforms are happening at a much faster speed and with fewer resources than similar reforms that have previously taken place in most Western countries thus making their implementation a considerable challenge. Increasingly, health sector reforms, often with elements of decentralization are being adapted to provide more equitable and responsive health system. An increase emphasis on primary health care, priority setting in

the allocation of resources, public accountability, and monitoring and evaluation are being introduced in many health reforms.

In order to address the problems within the health sector, the Department of Health developed polices on a wide range of issues that are contained in the White Paper for the Transformation of the Health Sector in South Africa released in April 1997. The White Paper lays out the vision of the Department and the Ministry of Health. Some of the issues covered by the White Paper presents what needs to be done to correct the ills of the Department and how it intends to go about the process of reconstruction. In a significant departure from the past is the decision to create a unified but decentralized national health system based on District Health System model. One of the main reasons for this belief is that this system is deemed to be the most effective vehicle for the delivery of primary health care. In addition, the decision to decentralize the delivery of health care is consistent with the overall policy to decentralize the government (http://www.district_health_system_sa.pdf).

The Government of National Unity has adopted decentralization as the model for both governance and management. Decentralized governance is embodied in the Constitution in the form of powers and functions of the three spheres of government. In trying to understand what the concept decentralization means a definition is required. In general terms the concept implies the shift of power, authority and functions away from the centre. Thus in general there is a need within a decentralized system to move away from a bipolar approach that sees power and authority merely shifting between two ends of a centre-periphery spectrum, to one that sees power and authority being appropriately shared in a non-polarized system consisting of different levels of government and administration that can ensure national coherence efficiency and equity with the delivery of health care. In other words, a well functioning decentralized health system must not be seen in terms of the centre versus periphery, but in terms of

the system that allows a centre and the periphery to work together in a way that allows the potential benefits of a decentralized system to be realized.

Decentralization is seen as a mechanism to achieve the following: greater equity and efficiency, greater involvement of and responsiveness to communities, the reduction in the size of the bureaucracy far removed from the communities being served and greater coordination between social sectors (http://www.district_health_system_sa.pdf). The World Bank views the decentralization of public health services as potentially the most important force for improving efficiency and responding to local health conditions and demands. As a result World Bank views decentralization as the transfer of authority and responsibility from central to intermediate and local governments. Swanepoel & Erasmus (2000: 764) add that decentralization creates smaller, self-contained organizational units that increase the motivation and performance of team members. Decentralization enhances team flexibility and allows each unit to adapt its own structure and technology to the performance of tasks and to the external environment.

According to Bossert (1996) decentralization can take many forms. One set of typologies is the following:

e) Deconcentration
f) Devolution
g) Delegation
h) Privatisation

Deconcentration is defined as shifting power from the central offices to peripheral offices while maintaining the same administrative structure of accountability from local units to the central government ministry or agency, which has been decentralized. In South Africa, the establishment of provincial,

regional and district offices are examples of deconcentration. Powers are delegated to the peripheral unit to be semi-autonomous, but the peripheral unit is bound to the centre by a common bureaucracy. Deconcentration emphasizes policy cohesion with central planning, control and allocation of resources (http: //www. district health system sa.pdf in Bossert 1996). From this discussion, deconcentration can be seen as the first step in a newly decentralizing government to improve service delivery.

Devolution on the other hand is the transfer of power, responsibility in decision making, resources and revenue generation to separate administrative structures but that are still within the public sector. It often implies that the transfer of functions or decision-making authority to legally incorporate local government such as states, provinces, districts or municipalities. Units that are devolved are usually recognized as independent legal entities and are ideally elected (although not necessarily). The existence of the provincial and local government with responsibilities to provide and manage health service is an example of devolution (http: //www. district health system sa.pdf in Bossert, 1996).

Political decentralization requires a constitutional, legal and regulatory framework to ensure accountability and transparency. It also necessitates the restructuring of institutions and developing linkages with civil society and private sector. Simultaneously, political decentralization necessitates universal participation and new approaches to community institution and social capital (Robertson, 2002: 6).

On the other hand administrative decentralization aims at transferring decision-making authority, resources and responsibilities for the delivery of selected number of public services from central government to the other levels of government, agencies, field of offices of central government line agencies (Robertson, 2002: 6).

Delegation represents the shifting of responsibility to semi-autonomous "agencies" (http: //www. district health system sa.pdf in Bossert, 1996). Robertson (2002: 6) states that delegation redistributes authority and responsibility to local units of government or agencies that are not always necessarily branches or local offices of the delegating authority. While some transfer of accountability to the sub-national level units to which power is being delegated takes place, the bulk of accountability is still vertical and to the delegating central unit

Privatization could be viewed as a form of decentralization only if it infers a transfer within a particular sector or organization and not between the public and private sector (http: //www. district health system sa.pdf in Bossert, 1996).

Decentralization creates smaller, self-contained organizational units that increase the motivation and performance of team members. Decentralization enhances team flexibility and allows each unit to adopt its own structure and technology to the performance of task and to the external environment (Swanepoel & Erasmus, 2000: 764). Department of Foreign and International Development (herein after referred to as DFID) once stated that there is no standard model of decentralization. It varies considerably from country to country. Its impact depends greatly on the original objectives and design as well as institutional arrangements and implementation. In order to avoid inefficiencies in the institutional arrangements, decentralization must be part of an integrated development policy reflecting locally owned models and the country's commitment. Decentralization is not a panacea. Clearly there are limits to what it can achieve. Not all government functions can or should be decentralized. An appropriate balance of centralization and decentralization is essential, and there need to be complementary attention to central government. Decentralization requires a strong central entity to regulate, to provide an overall framework to manage the re-allocation of responsibility and resource in a predictable and

transparent way, and to assist local government build capacity in the early stages.

3.9. Rationale for the principles underlying DHS development in South

Africa

According to http://www.district_health_system_sa.pdf the district concept derives from two rationales' implementation of the PHC strategy, requiring a decentralization management, (and) the organisation of integrated system, which implies that one single team, manages simultaneously the district hospital and the network of dispensaries.

The DHS based on PHC is a more or less self-contained segment of the national health system. It comprises first and foremost a well-defined population living within clearly delineated administrative and geographic area. It includes all relevant health care activities in the area, whether, government or agencies.

The WHO views the DHS as a vehicle for the delivery of integrated health care. The White Paper also notes that the establishment of the DHS is a key health sector reform strategy that is also based on the Reconstruction and Development Programme. The health system's focus was on districts as major locus of implementation, and emphasizes the primary care approach. There is a national consensus on the principles underlying the establishment of the DHS and what the DHS should strive for. These includes: overcoming fragmentation; equity; provision of comprehensiveness services, effectiveness, efficiency, quality, improved access to service; local; accountability and community participation; decentralization; development and intersectoral approach and sustainability http://www.district_health_system_sa.pdf

The role of the DHS within the National Health System is also spelled out in the White Paper 1998 (30)

> *"This level of the health care system should be responsible for the overall management and control of its health budget, and the provision and/or purchase of a full range of comprehensive primary health care services within its area of jurisdiction. Effective referral networks and systems will be ensured through co-operation with the other health districts. All services will be rendered in collaboration with other governmental, and non-governmental and private structures".*

The following aspects of the role of the DHS in South Africa will be emphasized:

h) Delivering of comprehensive and integrated services up to and including district hospitals services;

i) Decentralized management responsibility, authority and accountability;

j) The planning and management of services delivered at district level;

k) The need for effective referral mechanism within and between districts and level of care;

l) The need to deliver care in the most efficient and effective manner possible;

m) The option of purchasing services; and

n) The importance of utilizing all district resources effectively, whether public, private or non-government organization (NGO).

3.10. CONCLUSION

Department of Health represents the most prominent services delivered to the public and it is also significant to note that South Africa is made up of people

from different ethnic groups of which services have to be shared equally amongst them. As a government is committed to providing basic health care as a fundamental right, there is a high demand for the Department of Health to continuously promote equal access to health services amongst different ethnic groups. It is through the department's vision, mission, objectives and policies that their strengths, weaknesses, opportunities and threats can be realized which lead us to chapter 4 of the study.

CHAPTER 4

THE IMPACT OF TRANSFORMATION ON SERVICE DELIVERY IN THE SOUTH AFRICAN DEPARTMENT OF HEALTH

"Success will be achieved by saying what you will deliver and delivering what you say" Donaldson & O'Toole 2002

4.1. Introduction

Transformation in the South African public sector was inspired by a vision of person–centred or person-driven public administration characterised by the principles of equality, quality, high ethical standards and professionalism. When a government stepped into office, one of its major priorities was to improve the lives of its people through the provision of better services. Although service delivery lately is perceived to be a multi-sectoral responsibility, nevertheless, it is still widely attributed to the government of the day, reflecting its attitude towards the livelihood and well-being of its people and also serving as a yardstick to measure the success of such a government.

During the past ten years, government through various pieces of legislation and regulation has attempted to create a policy environment which is conducive and supportive of service delivery. Comprehensive and multifaceted reforms have been introduced in support of this orientation. Furthermore, extensive direct support in the form of various projects and programmes has been targeted at the development of government-wide systems and processes as well as various services delivery institutions across its three spheres of government, namely, national, provincial and local. On-going researches and assessments are also being conducted to inform the strategy of government on building and sustaining the capacity of departments and institutions to delivery service. (Service Delivery Review, 2003: 21). However, there are still many challenges that need to be dealt with.

As some of the literature review states it took the older democracies, for example, Britain and the United States almost the entire second half of the 19th century to reform their civil services: a period of about fifty years. Those states, which attempted to short circuit reform, especially in post-interdependence in Africa, have witnessed severe problems, if not the near total collapse of their civil service. Therefore, reforming the civil service is a time and resource consuming exercises. Yet these salient facts about reform in the civil service need not discourage genuine efforts at restructuring the South African bureaucracy. Beyond the broad vision enshrined in documents such as those on the reconstruction and development programme, the agenda for civil service reform must receive considerable attention at operational level. In the first place there is a need to delineate what type or types of restructuring are needed. This is necessary if the broad, lofty vision of reform is to be concretised (Lungu, 1994: 14). Russell *et al. (*2001: 1) add that towards the end of the 1990s increased attention was paid to means of improving service delivery. Three important initiatives in this regard have been Batho Pele (1997): the adoption of the eight nationwide principles for better service delivery; a public private partnership initiative (2000); and the promotion of alternative service delivery. Before discussing the principles of Batho Pele a general framework for service delivery will be discussed.

4.2. Service delivery: framework for discussion

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 action undertaken by institutions and people. In the context of governance, public service delivery is the result of the intentions, decision of government and government institutions, and the actions undertaken and decision made by people employed in government institutions. Keeping the above in mind, any discussion on public service delivery will be incomplete and

superficial without due attention to the following aspects regarding the activities of government in their quest to deliver services to their citizen, namely, politics; government and governance (Du Toit, 2002: 56). Before discussing public service delivery we will first provide a framework for a meaningful discussion.

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. According to Du Toit (2002: 56) in a socio-political context, the delivery of service requires:

f) The government of the day's idea of what it considers the majority of their peoples' needs for the enhancement of their general welfare;

g) Input from society in respect of their requirements for the enhancement of their welfare;

h) Policies that guide government institutions and officials to achieve objectives in order to improve the welfare of the people;

i) An infrastructure with adequately qualified people such as government, government institution and people to support the general welfare of all citizens; and

j) Decision and actions.

From the above discussion, emphasis should be on what people want and need as opposed to what the producer is selling or what officials think people need.

4.2.1. Imperative for development

We can presume that the South African government is aware of various matters across total the spectrum of society's life, and here it is imperative that changes

need to be made to improve the quality of life of people in general. This includes matters such as HIV/AIDS, unemployment, population growth, health, education and inequality. Before we discuss an imperative for development we first have to understand the concept of development (Du Toit, 2002: 65).

The Collins English Dictionary (1982: 405) describes the concept of development, amongst other thing, as "a fact, event, or happening, especially one that changes a situation". Fox & Meyer (1995: 36) define development as "the process of improving the quality of human lives". From the definitions provided above, it can be concluded that, in the context of governance, development should be the result of public administration and management. Development is what a community and its representation want to see happen, namely, improvement. It is a process of change with change implying positive improvement. From some of the explanations above, development can be defined as a process through which an individual, a community or a state optimally utilises, without waste, all available resources and positive influences from the environment to move away from one situation to a more desired one. In this situation the negative influences from the environment are eliminated or at least softened (Du Toit, 2002: 66). Development is often equated with concepts such as growth and improvement. Each of these concepts portrays a positive movement.

The word imperative according to the Oxford dictionary can be described as "urgent"; "obligatory"; and "commanding". Taking into consideration that development means a move away from one situation to a more desired one, an imperative for development will then be some aspect of life demanding a move away from an undesirable situation to a more desirable one. There are various imperatives in South African society that demand a move from unacceptable situation to improved ones. These include circumstances such as poor health

conditions and HIV/AIDS, a high level of unemployment, inequality and underdeveloped rural areas.

4.2.2. Health as a development imperative

Health can be explained as the state of being well in body or mind, or a person's mental or physical conditions. The World Health Organisation defines health as state of complete physical, mental and social well-being and not merely the absence disease or infirmity (Du Toit, 2003: 69). This is a very idealistic and humanistic view of health and probably not attainable. It does demonstrate the fact, however, that health is a multi-dimensional concept and that various factors have an influence on health. The state of good health in a country could be attributed to various possible reasons, such as, good health facilities, enough qualified health workers, better nutrition, improved sanitation, clean water and waste disposal, adequate housing and reduction in population (Müller & van Rooyen, 1994: 79).

4.3. Batho Pele White Paper

The White Paper on Transforming Public Service Delivery (Notice 1459 of 1997) was released in 1997. The purpose of the White Paper on Transforming Public Service delivery, (Notice 1459 of 1997) was to provide a policy framework and a practical implementation strategy for the transformation of the public service. The White Paper on Transforming Public Service Delivery set out principles by which it is hoping to transform service delivery in the public service. The principles will now be discussed in detail (White Paper on Transforming Public Service Delivery, (Notice 1459 of 1997) (1997: 15-22).

   i) Citizens should be ***consulted*** about the level and quality of the public service they receive and, wherever possible, should be given choices about the services that are offered. Several ways of consulting users are

proposed, such as customer surveys, interviews with individual users and consultation groups. Whatever method is chosen, consultation should cover the entire range of existing and potential customers. Section 195 (1) (e) of the *Constitution of the Republic of South Africa*, 1996, specifically stresses the fact that the public must be consulted. Guan (1997: 167-169) claims that a government must win the hearts and minds of the people to succeed in its mission. A way to do this is to communicate constantly with citizens to ensure that they are aware of the basket of services available to them and that government is not pursuing its own cause or agenda, but that of the general welfare of the population. The ultimate outcome of participation is to achieve a win-win situation as it adds to the legitimacy of policy, prevents resistance to questionable policies, and assists in persuading the diehards who would otherwise have not conceded to certain policies (de Vries, 1997: 161).

j) Citizens should be told what level and quality of public service they will receive so that they are aware of what to expect. National and provincial departments must publish **standards** for the level and quality of service they provide, including the introduction of new services to those who have previously been denied access to them. Once approved, service standards must be published and displayed at the point of delivery and communicated as widely as possible to all potential users so that they know what level of service they are entitled to, and can complain if they do not receive it. Performance against standards must be measured regularly and the result be published at least once a year. If a standard is not met, the reasons must be explained publicly and new target date set for when it will be achieved. According to Flynn (1997: 158) standards and charters may not be customer-orientated. Standards and service charters can be based on the users' expectations, or they can be devised in isolation. Customer satisfaction occurs when perceived service matches

the customers' expectation. Meeting the standards, which do not themselves, match expectations, will not produce satisfaction. Flynn (1997: 158-159) identifies three aspects of a service charter which make them an effective method of ensuring satisfaction, namely, the criteria by which services are judged should be those of the service users, the judgment of performance against those criteria should also include the service users, and if they are to be used to improve anything other than the most superficial aspects of customer care, then they need to include the fundamentals of the service as well as the minor items. Setting a target is normally part of the corporate planning cycle. The corporate plan and targets that are set should involve the collective efforts of a wide cross-section of a department's staff so as to ensure broad ownership and commitment to the plan and the targets (Dodoo 1997: 120).

k) All citizens should have equal **access** to the service to which they are entitled. All national and provincial departments are required to specify and set targets for progressively increasing access to their services for those who have not previously received them. The ideal situation is to ensure that all South Africans, or at the very least a majority, enjoy and have equal access to, a public service of First World quality or standards. Unfortunately the majority of South Africans still live under Third World conditions where poverty is rife and unemployment has become endemic. According to Taylor *et al.* (1997: 8) a defining consideration in the implementation of public policy has been equality of access to state-provided services for all eligible citizens, regardless of other considerations such as social class, gender, age or location.

l) Citizens should be treated with **courtesy** and consideration. One of the fundamental duties of the public servants is to show courtesy and consideration for the public. The performance of staff that deals with

customers should be regularly monitored, and performance which falls below the specified standards, should not be tolerated. Service delivery should be included in all future training programmes. All managers should ensure they receive first hand feedback from line-staff, and should personally visit front-line staff at regular intervals to see for themselves what is happening. Courtesy is related to ethical behaviour. Public servants' general conduct should be above reproach in the performance of their official duties. They should avoid any kind of excess. Public servants have a duty to be courteous towards their superiors, colleagues and service users. One of the essential qualities that a public servant should possess is integrity and public servants should also be free from vested, selfish interest and should, therefore, be expected to display altruistic behaviour. Good ethical conduct should be to ensure always that the public interest is placed above own interest. Hence the emphasis in section 195 (1) (a) of the *Constitution of the Republic of South Africa,* 1996, is on high standard of professional ethics. Dror (1997: 17) claims that the most important trait of the public servant is total commitment to the public good, strict avoidance of conflict of interest and self restraint.

m) As presented by the White Paper on Transforming Public Service Delivery, (Notice 1459 of 1997), (1997: 9-20), citizens should be given full, accurate ***information*** about the public service they are entitled to receive. Information is essential to all customers for them to exercise their right to good service. The necessity for accurate and unbiased public reporting strengthens the climate of openness and public accountability section 195 (1) (f & g) of *the Constitution of the Republic of South Africa,* 1996, where a public accountability and the need for providing the public with information is entrenched.

n) Citizens should be told how national and provincial departments are run, how much they cost, and who is in charge. In other words there should be **openness and transparency** in the running of the South African public service. Openness and transparency are features of a democratic system of government and are fundamental to change and transformation, and also, crucial to improving service delivery. Section 195 (1) (g) of *the Constitution of the Republic of South Africa*, 1996, emphasizes the need for transparency in the public service delivery. Transparency frees public managers from shady deals of which they may be the perpetrators or the victims. Transparency means that citizens should be kept informed about decisions taken and why they were taken. Transparency for public servants means that they should make information of their action accessible to third parties. Transparency helps to keep the public service clean, effective and free from corruption and nepotism. Part of the process of openness and transparency is accountability. Kaul (1996: 134) suggests that the emphasis on accountability is to ensure that monitoring system is strengthened. Accountability is the obligation on the political office-bearer to explain to the legislature what went wrong, what action has been taken to correct the trouble, and to prevent it from happening again.

o) If the promised standard is not delivered, citizens should be offered an apology, a full explanation and effective **remedy**, and when complaints are made, citizens should be encouraged to welcome complaints as an opportunity to improve service, and to report complaints so that weaknesses can be identified and remedied. Governments make mistakes. Therefore, it is necessary to take actions when things go wrong. It is also necessary to learn from past mistakes so that they are not repeated (Edward 1997: 238). The Batho Pele White Paper, 1997 (section 4.7.4) emphasises that customer satisfaction and addressing

complaints should become a top priority. The channels for complaints should be well publicized, and problems should be resolved speedily; complaints should be dealt with fairly and impartially; the complainants' identity should be kept confidential; public institutions should be responsive to the real needs and justified expectation of the citizens; there should be a mechanism in place for review and feedback; and training should be given to staff so that they know how to handle a complaint when it is received.

p) Public service should be supported economically and efficiently in order to give citizens the ***best value for money***. As presented by Bates (1993: 16) value for money is achieved when a public body carries out its duties to high standards at low cost and that value for money is the requirement to maximise the use of scarce resources. In the post-1994 era it is essential that South Africa not only improves service delivery and extends access of public services to all, but simultaneously reduces public expenditure and creates a more cost effective public service. Waste and inefficiency must be eliminated and government should identify areas where a savings can be effected. Smith (1996: 165) contends that economic development is a prerequisite for sustainable democracy and that affluence reduces discontent and political disorder. It is, therefore, necessary for South Africa to collect as much revenue due to it as possible, to simulate economic growth, to reduce unemployment, and to increase payment for service rendered.

From what have been discussed above, it is evident that a new philosophy of public service delivery has been introduced by the White Paper on Transforming Public Service Delivery (1997). This philosophy has at least three facets which can be summarised as follows:

iv.   Government institutions' obligation to deliver service efficiently, effectively and economically;

v.   The public's legitimate right to receive efficient, effective and economic services; and

vi.   The public's legitimate right to demand quality if standards drop (Du Toit, 2002: 109).

From the discussion above we can see that there are three important aspect regarding service delivery, namely:

iv.   Public institutions are obliged to deliver quality service to the clients;

v.   The public has a legitimate right to receive quality service from public institutions; and

vi.   The public has a legitimate right to demand quality service from public institutions (Du Toit, 2002: 101).

In advocating Batho Pele, the White Paper on Transformation of the Public Service (1995) requires national and provincial departments to identify the following:

xi.   a mission   statement for service delivery, together with service guarantees;

xii.   the service to be provided, to which groups and at which service charges, in line with the RDP priorities, the principles of affordability, and the principle of redirecting resources to areas and groups previously under-resourced;

xiii. service standards, defined outputs and targets, and performance indicators, benchmarked against comparable international standards;

xiv.   monitoring and evaluation mechanisms and structures designed to measure progress and to introduce corrective action, where appropriate;

xv.   plans for staffing, human resource development and organisations' capacity building, tailored to service delivery needs;

xvi.   the redirection of human and other resources from administrative tasks to service provision, particularly for disadvantaged groups and areas;

xvii.   financial plans that link budgets directly to service needs and personnel plans;

xviii.   potential partnerships with the private sector, NGOs and community organisations to provide more effective forms of service delivery;

xix.   the development particularly through training, of a culture of customer care and of approaches to service delivery that are sensitive to issues of race, gender and disability; and

xx.   plans for the introduction of continuous quality improvement techniques, in line with the total quality management approach.

Batho Pele is meant to put pressure on systems, procedures, attitudes and behaviour with the public service and reorients them in the customer's favour, an approach, which puts the people first. It involves creating a framework for the delivery of public services, which treats citizens more like customers and enables them to hold public accounts for the service they receive. It calls for a shift away from the bureaucratic systems, processes and attitudes, towards a new way of working which puts the needs of the public first, and is better faster and more responsive to the needs of the public.

Delivering customer service 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 (Brink & Berndt, 2004: 46).   The following questions regarding the customer in relation to their

satisfaction about the services they receive could be asked in a transforming institution.

vii.   What steps does the organisation take to identify customer requirements and measure customer satisfaction?

viii. Is customer satisfaction at the top of the list of key management priorities?

ix.   Is reward and remuneration linked to the delivery of value and satisfaction to customers?

x.   Are customers regarded as outsiders or as colleagues and business partners?

xi.   What processes are in place to learn from customers?

xii.   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, which will be discussed now.

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 (Brink & Berndt, 2004: 47). 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. This applies to suppliers or customers – in fact anyone you may care to ask (Collard, 1989: 1). Four quality outcomes are possible and are shown in the figure below:

Figure 4.1. The quality options

Expected quality			Experienced quality

Evaluation

Over-quality (quality too good to be true)	Positively Confirmed quality (good quality)	Confirmed quality (acceptable quality)	Negatively confirmed quality (bad quality)

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

e) *Over-quality.* This is a situation where even a customer realises that more is delivered than is economically justified.

f) *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.

g) *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 the relationship with the organisation.

h) *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 & O'Toole, 2002: 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 dominant reason for losing business (Donaldson & O'Toole, 2002: 150). A focus on quality is thus 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 & Berndt 2003: 48). As a result, the Batho Pele principles primarily focused on the concept of customer service and outline a number of important principles that should be adhered to in order to improve public service delivery.

Customer value. All customers want to buy a product or service of value. Batho Pele has made it clear that public service should be supported economically and efficiently in order to give citizens the best value for money. Value of the customer is the difference between the worth that he or she gets from using the product and the 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 & 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 possible is done to provide customer satisfaction. The objective here is to increase a bottom line of the organisation (Brink & Berndt 2003: 48-49).

Although there are other guidelines than the Batho Pele principles, these empower citizens to demand quality and also ensure that people are put first in the minds of public officials.

4.4. 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 & Berndt 2003: 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).

As a result of exploratory and quantitative studies researchers have identified five dimensions that consumers use in order to assess service quality. The five dimensions are listed below.

f) *Reliability:* it focuses on delivering on the promises made by the organization. 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.

g) *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 customers' expectations in terms of time and speed in order to understand what must be done to be seen as responsive.

h) *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.

i) *Empathy*: revolves around confirming for the customer that the unique needs and requirements of the customer will be met that is individualized attention the organisation gives to their customers.

j) *Tangibles* are attempts at providing a concrete representation to customers of the quality of the service that they will receive (Brink and Berndt 2003: 71)

Service quality is inherently more than product quality. Harry Hertz (2000) pointed out that service quality is greatly dependent on human factors: the behaviour and personality of the contact person, and customers' perception of their interaction. Harry Hertz (2000) also pointed out 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.

Harry Hertz (2000) also added that 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:

(xii)   Visionary leadership;
(xiii)   Customer driven;
(xiv)   Organisational and personal learning;
(xv)   Valuing employees and partners;
(xvi)   Agility;
(xvii)   Focus on the future;
(xviii) Managing innovation;
(xix)   Management by fact;
(xx)   Public responsibility and citizenship;
(xxi)   Focus on results and creating value; and
(xxii)   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).

4.4.1. Why public services need to improve quality?

According to Gaster & Squires (2003: 9-10) quality is important to public service for several reasons indicated below.

8) It is a way of ensuring that services are fit for the purpose and meet the needs, consistently and sensitively, of the immediate consumer and society as a whole.

9) Service perceived as good quality increases satisfaction for consumers, who derive greater benefit from the outcome, developing greater confidence in the service and in the organisation that provides them.

10) Greater confidence and better or more appropriate services encourage non-users to take up service to which they are entitled. The focus can then be an earlier and more preventive action (interaction) rather than crisis reaction, leading to better results and possibly using fewer resources.

11) Greater confidence and trust in those who provide services is an incentive for greater consumer involvement and influence. This in turn may lead to a wider involvement of people as citizens who, seeing real change and improvement, now believe it is worth exercising their democratic rights as voters and community members working as partners with, than as antagonist against providers.

12) More users and citizens involvement and satisfaction and the knowledge that they are doing a better job, leads to higher staff morale and creates incentives for new ideas, innovation and skill development, benefiting both staff and users.

13) Sensitivity to quality draws attention to the effective use of resources. While a programme to improve quality should never be a vehicle for hidden cuts, initial savings from eliminating "non-conformance" and ongoing savings from better co-ordinated process can be used to achieve better and more effective outcomes both for the public and for the organisation.

14) If attention is not given to quality then poor performance could draw in external intervention and provoke structural change to remove such service from democratic control (Gaster & Squires, 2003: 9 -10).

At regular periods it is essential to review the progress of a quality initiative. Measurement of customer satisfaction and employee opinion should provide the starting point for a review. According to Cook (2002: 231-232) the questions that need to be asked include the following:

x. How far are we achieving our original objectives?

xi. How does performance to date measure against the agreed upon key success criteria?

xii. What are the successes of the programme-both tangible and intangible?

xiii. What are the disappointments?

xiv. What have been the major barriers to preventing the organisation reaching its goals?

xv. Have the customer's expectations of service quality changed?

xvi. How do the department's service standards now compare with the competition?

xvii. In which area does significant improvement to service quality still need to be made?

xviii. What are the major priorities? And which in order should they be addressed?

The above questions will assist in answering the question to what extent have the promised services been delivered to the community or to the public. These questions can also be considered in answering the question "to what extent has transformation materialized" as services and the satisfaction of the community depend on the level of services delivered by the government in power. It must be borne in mind that transformation or any other change comes with heartaches or challenges that may hinder the process. The following section will discuss the challenges that institutions come across with when delivering the service.

4.5. Challenges to service delivery in the South African public service

During the past 10 years government has attempted through various pieces of legislation and regulation to create a policy environment which is conducive and supportive to service delivery. Comprehensive and multifaceted reforms have been introduced in support of this orientation. Furthermore, extensive direct support in the form of various project and programmes has been targeted at the development of government wide systems and process as well as at various service delivery institutions across all three spheres of government. Ongoing research and assessment are also being conducted to inform the strategy of government on building and sustaining the capacity of department and institutions to delivery services. However, there are still many challenges that still need to be dealt with. This chapter outlines the challenges faced by governments including the Department of Health (Service Delivery Review, 2003: 21).

One of the most critical downfalls of any organization and transformation process lies in its employees' capacity to accommodate change. As in today's corporate environment when the words restructuring, privatization or transformation come up, the rumours will start and people think of retrenchment. Management should

realize that the need to change behaviour should be driving the transformation process.

4.5.1. Individual resistance to change

Resistance to change may stem from the individual, the organisation, or from both. Several research studies have identified the following individual resistance to change: (Swanepoel & Erasmus, 2000: 738)

ix. *Fear of the unknown:* this concerns uncertainty about the causes and effects of changes. Employees may resist change because they are warned about how it will affect their work and their lives. Even if they have some appreciable dissatisfaction with their present work, they may still worry that things will be worse then the proposed change are implemented. When the change is initiated by someone else, they may feel manipulated and wonder about the real intention behind the change.

x. *Habit:* to cope with complexity at work of life itself, people often rely on habit or programmed responses. Change requires new ways of doing tasks and challenges people to develop new competencies. This tendency to respond in accustomed ways may then become a source of resistance.

xi. *Self interest:* this relates to unwillingness to give up existing benefits. Appropriate change should benefit the organisation as a whole but, for some individuals, the cost of change in terms of lost power, prestige, salary, quality of work etc. will often not be viewed as sufficiently of set by the rewards of change.

xii. Economic insecurity:

xiii. Failure to recognise the need for change

xiv. General mistrust

xv. Social disruptions

xvi. Selective perception

4.5.2. HIV/AIDS, governance and development: the public administration factor

Across the governance agenda, HIV/AIDS is increasingly being recognised as a major challenge facing developing and transition countries. AIDS attrition and loss of public sector skills, institutional knowledge and continuity are widely quoted as critical factors affecting the delivery of basic services to the poor. However, while public administration can be seen as a victim of HIV/AIDS, it also has to be an instrument in the "way forward" (Moran, 2004: 7-9).

HIV/AIDS is also though to impact heavily on public sector budgets. It is widely acknowledged that HIV/AIDS will have an effect on government revenue and expenditure both in terms of increasing expenditure on service due to a higher cost of recruitment, training, sick pay as well as an increased cost of service provision and reducing revenue, due to reduction in taxable economic activity. HIV/AIDS have a direct effect on some key areas of government spending most, obviously on the health budget. This can be expected to reduce the ability of government to raise tax revenue while increasing demands on government expenditure. Authors argue that it could be expected that HIV/AIDS would exacerbate the pressure on government to spend. It will also distort development spending in other areas, since it will be necessary to use valuable resources in a "defensive" or socially unproductive way.

4.6. The driving forces for transformation

A number of forces, either individually or in combination can compel organisations to change. One broad set of forces consist of external or

environmental forces that are pressures or opportunities that arise outside the organisation.

4.6.1. External forces

Organisations have often to transform or to change as a result of external forces rather than from an internal desire or need to change. As mentioned already, in South Africa extra organisational factors include the major political, economic, social and technological changes that are forcing organisation to adjust their business so that they are aligned with new realities. It is a well known fact that globalised economies are creating increased and opportunities, forcing organisations to make dramatic improvement not only to gain a competitive advantage but simply to survive (Swanepoel & Erasmus, 2000: 734).

4.6.2. Internal forces

Inside South Africa organisations, changes are occurring as a result of, *inter alia*, organisational life cycle evolution, the redesign of care structures and processes, changing expectations of workers and the role of unions in the working place. Changes in the workforce demographics towards a more culturally diverse population, in part because employment equity programmes, also create a major impetus for the way organisation will need to change (Swanepoel & Erasmus, 2000: 734).

While both external and internal changes are forcing South African organisation to continuously reassess their strategies and operation, it generally be said that the methods and timing in which employees all over the world respond to change and transformation differ. Indeed, organisation will have to learn to cope with different responses to change. For organisational transformation and change management to be successful and to help organisations to survive and

even finally to prosper through employee buy in, certain fundamentals will have to be retained (Swanepoel & Erasmus, 2000: 735). For example, in the face of organisational transformation, organisations need to retain stability in the form of the organisation's ultimate purpose, core technologies and key people. Indeed, embarking on a transformation initiative when an organisation has a cash crunch crisis, a leadership in vacuum, or too much of an adversal management union relations climate, should be avoided if at all possible. Such factors should be dealt with first before embarking on any full-scale transformation process.

4.7. Getting change implemented successfully: the challenge of dealing with resistance to change

Irrespective of the nature of the change or the driving forces, a key challenge relates to actually making the change as successfully as possible. According to (Swanepoel & Erasmus, 2000: 735 in Beckhard & Haris, 1977) to help manager assess the extent to which organisational change effort is likely to succeed:

$$C = (A \times B \times D) \, X$$

Where: C = change

A = level of dissatisfaction with the status quo

B = desired state

D = practical first step toward the desired state

X = cost of the change (in terms of energy, emotions, financial cost etc.)

Swanepoel & Erasmus (1998) in Stoner & Wankel (1986) elaborate on the formula by indicating that change take place when the cost of change is not too high. The cost of change will be too high unless dissatisfaction with the status quo (A) is quite strong unless the desired state (B) is quite evident, and unless

practical steps can be taken towards the desired state (D). the multiplication sign indicate that if any of the factors A, B or D is zero, there will be no change, for example if employees are satisfied with the status quo (A) they are not likely to change even if they can imagine on more desirable state (B) and they can see practical steps to move towards it (Swanepoel & Erasmus, 2000: 736).

4.8. Building management capacity to enable service delivery improvement and innovation

The imperative of service delivery acceleration, access and quality remains a constant driver of innovation process in different spheres and entities of government. Recent developments and policy directions in the public sector point to the fact that the government, while ostensibly satisfied with its record of service delivery, it nonetheless acknowledges that much more could still be done to improve it. The government's innovation campaign seeks to unlock capabilities across different sector by encouraging institutional coherence in order to improve the speed and the quality of service delivery. The following questions regarding the management should be answered in the during the transformation process:

vi.   Who is responsible for ensuring that the board is effective and composed of directors that individually and collectively are competent?

vii.   Does the management evaluate its own effectiveness at least once a year?

viii.   Does the management pay sufficient attention to the implementation of objectives and policies?

ix.   Are the resources requirements for implementation in place?

x.   Are the people of the organisation motivated, empowered and equipped with the necessary skills to make it happen?

As a strategic element of public sector transformation, capacity building would serve to establish a capable public service/sector that responds to the needs of the community through service delivery. Capacity building should be aimed at allaying the fears of public servants, preparing current outsiders for inclusion in the public sector, developing leadership, in-service training, and rationalising curriculum reforms of training institutions to the proposed public sector negotiating forum.

4.9. Managing change

As critical evaluation of almost all facets of human life has become general, government must increasingly adapt, come to terms with change. This calls for a comprehensive strategic response rather than a merely tactical one. A critical element of this strategic response is aligning the public sector with environment (Koster, 1993: 1).

According to Koster (1993: 3) the following initiatives assist public sector transformation:

iv.   Development and public sector transformation are assisted by all present negotiating forums, including policy forums, the multiparty negotiating forum and the Transitional Executive Council;

v.   A paradigm shift from a control orientation towards development management is gradually taking place. This is especially true current training content;

vi.   Expertise and capacities that can serve the transformation.

According to Koster (1993: 3) the following structures or initiatives hinder public sector transformation:

v. The public sector is structurally fragmented and badly co-ordinated. Development, the primary focus of a new government, currently takes place in an ad hoc, uncoordinated manner through a multiplicity of departments and development agencies, each with its own objectives and approaches. In general, there is no integrated planning, programming or budgeting;

vi. The composition of the public sector, especially at the level of senior management is not representative of the South African population (Schwella p 5);

vii. A danger exists that elite deals could be struck in isolation. Effective involvement and communication over public sector are critical; and

viii. Accountability and motivation are declining among public sector transformation are unrealistic.

According to Koster (1993: 3) the following trends in the current situation directly influence a strategic perspective on public service transformation

ix. Fiscal constraints preventing expansion of the public sector, although constitutional negotiations were expected to provide some form of protection;

x. A ('militant') demand for public service;

xi. A non-payment culture in some communities;

xii. Violence;

xiii. Continuance of the public sector as a major employment creator;

xiv. Global trends: what should government really do: declining morale of public employees;

xv. Self interest versus public interest;

xvi. A loss of will to govern, contributing to public sector paralysis.

The following were some of the fears and concerns that were identified by Koster (1993: 2-3).

  ix.   The legitimacy of a future public sector for the community;

   x.   The expectations of both those currently employed in the public sector and those who are going to join in the future under conditions of limited financial resources;

  xi.   The fear of deteriorating standards;

 xii.   Concerns about affirmative action outcomes;

xiii.   Loss of core skills from the public sector or the country at large (where a storage of skilled and professional human resource experiences, the labour market will become increasingly competitive as the demand for highly skilled employees rises;

xiv.   Incomplete ownership of the change process;

 xv.   Institutional collapse; and

xvi.   A large, ineffective public sector.

South Africa has been able to draw on lessons of international best practice in the public sector to advance its transformation which include the following (UNDP, 2000):

  k) Moving towards the state as facilitator rather than a controller;

  l) Trimming state expenditure and size of the public service;

  m) Contracting out services to the private sector and non–governmental agencies;

  n) Increasing emphasis on quality, performance, efficiency and cost – effectiveness;

  o) Devolving and decentralising managerial responsibility and accountability, together with the introduction of performance-related contracts for senior managers;

p) Introducing new and more participative organisational structures;

q) Developing more effective and computerised management information systems;

r) Introducing more flexible staffing and recruitment practices;

s) Introducing improved and output-related budgeting and financial planning systems; and

t) Increasing emphasis on performance management and human resource development.

4.10. Conclusion

For any government to remain in power, it has to strive to deliver efficient, effective and economical public services. The publication of the White Paper on the Transforming Service Delivery, 1997, (Notice 1459 of 1997) in 1997 represented a step towards enhanced service delivery in the South African Public Service. From the discussion in this chapter, it is obvious that service delivery takes place within the confines of a legislative framework. It is directed towards the achievement of a government's vision regulated by politics ad influenced by various environmental phenomena. Satisfactory service is the result of a combination of actions brought about by management executed professionally and in accordance with guiding principle of public management and observance of the Batho Pele principles. Various imperatives for development exist, not only in South Africa but in many countries of the world. Phenomena such as poverty, the threat of HIV/AIDS, and developed health and education facilities, can only be relieved through the delivery of service. This is only possible, however if government create the right circumstances to stimulate the country's economy to such an extent that the resources required to delivery service are generated.

CHAPTER 5

THE EXTENT OF TRANSFORMATION IN THE NATIONAL DEPARTMENT OF HEALTH (ANALYSIS)

5.1. Introduction

"*The work we will do must move our country forward decisively towards the eradication of poverty and underdevelopment in our country. We must achieve further and visible advances with regard to the improvement of the quality of life of all of our people, affecting many critical areas of social existence, including health, safety and security, moral regeneration, social cohesion, opening the doors of culture and education to all and sport and recreation*" (The State of the Nation Address, President Thabo Mbeki, 2004).

This is especially in view of the government having declared this term of its office as one of heightened delivery of resources and services to communities. In an attempt to answer the research question, it is crucial, firstly, to examine a comprehensive background to the research which was provided in the preceding chapters in order to establish a contextual framework of the study and to see how the department selected fits into the broader feature of transformation.

Secondly, different health indicators will be assessed in this chapter for progress made in transforming service delivery in health sector. The Department of Statistics released a report on the perceived health of households in South Africa; the results will be matched with the current situation to observe the level of improvement if any and to what degree. The research results of the Public Service Commission on the implementation of the Batho Pele principle in the Health service department across the country will also be observed to match the previous results with current improvements.

Thirdly, the official's responsibilities in terms of financial and administrative skills within the context of the Department of Health will be discussed. Also instruments to measure the implementation of service delivery will be examined.

This chapter will also analyze in detail the observations and responses to semi-structured interviews to provide and broaden the understanding of the researcher on the issues raised by the literature review in the preceding chapters of this dissertation and as far as possible the response to the extent to which transformation has materialized. In the interviews processes, a common understanding of the concepts like transformation, service delivery was included to establish a common ground between the researcher and the respondents so that better information relating to the subject could be captured.

Answering the question regarding how well our health system is performing in providing equitable health service to all South Africans remains a challenge in the absence of adequate comparative data and indicators. Nevertheless, significant strides have been made in establishing a Health Information System, although much work still needs to be done. Also the amount and quality data on the health system has improved although there still are gaps leading, in some instances, to discrepancies both in the data reported and the conclusion drawn.

The fourth focus is on the materialization of transformation in the South African public service. It is important to understand the significance of indicators in the Department of Health.

5.2. Why bother with transformation indicators in the Department of Health?

The starting point in assessing the impact of policies and programmes of the democratic government should be an appreciation that 1994 ushered in a new social order, with new objectives and detailed programmes to attain these. Indicators used to assess progress would be completely incomparable to those of pre-1994, for instance, because as black people had no legitimate form of political participation before 1994, no measure of political participation would capture the quantum leap post-1994.   What, therefore, would be critical in making overall findings is only in part a comparison with the new-1994 situation, but primarily the measure of progress being made towards the goals outlined in the Reconstruction and Development Programme which is outlined in chapter 2.

A number of answers can be given when asked why we need to measure transformation in the South African public sector, specifically posed to the National Department of Health:

viii.   To make judgments on outputs and inputs;
 ix.   To check if a plan has been fulfilled;
  x.   To guide decisions on priorities and resource allocation;
 xi.   To find ways of cost containment and reduction;
xii.   To increase the quality of products and services;
xiii.   To give employees a notion of what their work means in a wider context; and
xiv.   To justify programme expenditure level patterns.

This evaluation, like measuring the extent to which transformation has accomplish, helps to make judgments about what has been done in the past, and to create conditions for systematic planning of future activities, for example, setting targets for the coming year.

All in all, transformation indicators can help do a number of things for an organization (Boyle 1996: 2-3) and are listed below.

vii. *Offer a sense of direction*. They can assist in charting the way through the alternative routes that are available and finding the one best suited to a particular purpose.

viii. *Provide answers to questions*. How much time do we spend on processing claims? What is the current state of service quality in the primary health system? What are people's perceptions about the health system after a decade of transformation in the country? Transformation indicators help answer such question.

ix. *Enhance consistency*. Good transformation monitoring systems assist staff to work towards common standards, and help to ensure clients are treated with same ethos and spirit regardless of which service they need.

x. *Ensure good and appropriate use of money*. Indicators can help check that resources are being used in an efficient manner to meet determined needs, ensuring that money is being spent wisely.

xi. *Improve communications*. They help ensure that the organization as a whole has a common understanding of where it is going and of the different roles people have in this process, and that the quality of communications is good.

xii. *Help plan for the future*. They can make the organization's stance on policies clearer and make it easier to define specific targets aimed at meeting broad objectives.

5.3. Contextual framework of the study

The South African government, through its apartheid policies, developed a health care system which was sustained through the years by the promulgation of racist legislation and the creation of institutions such as political and statutory bodies for the control of the health care professions and facilities. These institutions and facilities were built and managed with the specific aim of sustaining racial segregation and discrimination in health care. The net result has been a system which was highly fragmented, biased towards a curative care and the private sector, inefficient and inequitable. Team work was not emphasized, and the doctors were playing a dominant role within a hierarchy. There was little or no emphasis on health and its achievement and maintenance but there was great emphasis on medical care although it was for particular (whites) group of people.

After the democratic elections in 1994, South Africa was now faced with challenges of designing a comprehensive programme to redress social and economic injustices, to eradicate poverty, to reduce waste, to increase efficiency and to promote greater control by communities and individuals over all aspects of their lives. The policies that were created in the apartheid era had created a fragmented health system, which resulted in inequitable access to health. As a result, these in the health sector were involved in a complete transformation of national care delivery.

All the health legislation and institutions were reviewed with a view of attaining objectives and the vision outlined in Chapter 3 (3.3) (ANC National Health Plan, 1994). The National Health Plan based on the Primary Health Care Approach was developed to transform the national care delivery system. The central vision of this plan, which emphasized a focus on health and not only on medical care, was that every person has the right to achieve optimal health.

The underlying philosophy of restructuring the health system was based on the primary health care and the goal was the creation of a single comprehensive, equitable and integrated national health system. Decentralization was central to the plan with a vision that responsibility of and control over funds would be given to the lowest possible level compatible with the maintenance of good quality care.

This overview chapter explores the main achievements of our health system now that we are ten years into democracy, and how far we succeeded in attaining our vision of high quality and equitable health care. The challenges of the transformation of the health system required substantial training and reorientation of existing personnel, redistribution of present and future personnel and development of new categories of health personnel.

5.4. National South African Department of Statistics

The Department of Statistic released a progress report in 1999 about the perceived health status in South Africa. The report examines how the health status of various sectors of South African population was perceived in 1999. It includes a special focus on women and children and on household's living conditions in perceived health status. It also focuses on indicators of life and the use of health services. The respondents were asked to describe the health status of households' members in terms of categories excellent, good, average, poor and very poor. The perceived health status of individuals was linked to individual circumstances such as gender, age, population, group, place of residence and employment status. It also looked at the perceived health status of women of childbearing age and of children.

An objective assessment of the health status of individuals' health would necessitate a medical examination. In the absence of this examination, perceived

health status provides a good indication of health status. The linkages observed do not necessarily establish causality in a particular direction or significant association. However, they are probably indicative of the objective health status of the population as well as access to and use of health services. It also provides information on the level and the prevalence of other health indicators such as nutrition, subjective quality of life, household expenditure on food, level of disability, access to medical aid, overcrowding and living conditions and the relation of these indicators to the perceived health status of individuals. In conjunction with other sources of information, the analysis was used in tracking progress and the degree or level of accessibility and choice of health service and variations among different sections of the population. The paper revealed that there were still disparities between rural and urban areas, men and women, population groups, different age cohorts and those with and without disabilities. This implies a need to pay attention to the scope and the nature of any intervention.

The South African government has created in its legislation classification of people into African, Coloured, Indian and White. It was necessary to use this classification as it highlights the disparities in health status and conditions, as data has been collected according to these categories and not according to social class, as is customary in most other countries. Only the summary of the report will be given to indicate to the reader what other indicators were present in measuring the progress made.

According to the report about 51% of the population was perceived as being in excellent health, 36.1% in good health, while 12.0% had their health described as being average, poor or very poor. There were some differences in the perceived health status of women and men and in individuals according to place of residence. This was (1) proportionately more men (53.7%) than women (50.1%) were perceived as being in excellent health; (2) the health status of

individuals residing in urban area was perceived as being better that of individuals in rural areas (Department of Statistics 1999).

In terms of how the South African population's health was perceived after the first term of democratic elections, it was found that:

- There was a difference between how the health status of men and women was perceived, with proportionately more men than women perceived as being in excellent health;
- The health status of individuals in urban areas was perceived as being better than that of individuals living in non-urban areas;
- The health status of individuals aged 15-65 was perceived as worse than that of children aged 0-14; however it was perceived to be far better than that of individuals aged 66 years and above;
- In comparison to other population groups, white people were perceived as having a better health status;
- Of people aged 15 and above, those with matric as their highest level of education were referred as having a better health than those at other educational levels;
- The health status of individuals who were not economically active was perceived as worse than that of employed or unemployed individuals;' and
- Among women who had given birth during the twelve months prior to the interview, proportionately more women who gave birth in hospitals were perceived as being in excellent health than among those gave birth elsewhere.

The report also examined the health status of people in formal dwellings and informal or traditional dwellings. It was found that people living in formal dwellings were perceived to be slightly better than that of people living in traditional dwellings in terms of their health status. In addition it was found that:

- A higher proportion of people living in overcrowded households were described as having a poor health status than those living in households that were not overcrowded;
- Individuals whose households used boreholes or rainwater tanks were perceived as having better health than individuals in households using taps other sources; and
- Among individuals whose health was perceived as excellent, those who flush or use chemical toilets were deemed to be better off than individuals in households using other forms of sanitation facilities.

The analysis of use of health care services was also examined and it indicated that only 18.5 percent of the population aged 20 and above had medical or health benefits. Access to medical benefits was more common among white people than other population groups; in 1999 over two-thirds of the white population had access to medical benefits. The health status of individuals with medical aid or health benefits was perceived as relatively better than those without access to medical benefits.

Overall, 62.7 percent of South African households had a clinic within 2 kilometers away, over three quarters of the households in urban areas had a clinic with 2 kilometers away. For women in urban households, the proportion with a clinic within 2 kilometers away was lower, at 42.5 percent. Overall, 11.0 percent of the total population consulted a health worker during the month preceding the interview. Disaggregating by age, 26.6 percent of the population aged 66 years or older, and 7.8 percent of those aged 14 years or younger were reported to have consulted a health worker in a month prior to the interview in addition more women than men consulted a health worker in the month prior to the survey. People who did not visit a health worker were perceived to be in better health than those who visited a health worker. One in every five people (20.7%)

who visited a health worker during the month preceding the interview went to a private hospital, while 29.8 percent visited a private doctor, specialist or a pharmacist.

The report provides a baseline picture of perceived health status and utilization of a health care service. It also provides information on levels and prevalence of other indicators such as a subjective quality of life, access to a medical aid, overcrowding and living conditions, nutrition, household expenditure on food, and the relation of these indicators to the perceived heath status of those individuals. This analysis assisted in tracking progress in accessibility, equity and choice of health services and variations among different sections of the population. From the results given above, it is clear that there are still huge disparities between rural and urban areas, between men and women populations between rural and urban areas, between population groups, and different age cohorts. This implies that transformation has been very slow and it will still take a decade to overcome inequity in terms of access to services.

5.5. Policy Co-ordination and Advisory Services: the Presidency

In most cases the government has shown itself capable of adapting to changing circumstances and its progress has been reflected accordingly. However, in the process of conducting the research, it became evident that South Africa is currently undergoing changes that were not anticipated in the Reconstruction and Development Programme or subsequent government policies. Composite indicators are used in this section to assess progress in various categories of human development. In most instances the base year used is 1995. As such what is being measured is primarily the progress in meeting government objectives within the democratic order rather than what in effect would be a quantum leap between the Apartheid order and the current situation that remains unforeseen.

Table 5.1. Measuring the impact of transformation

Indicator	Period	Index
Infrastructural services: access to housing, water and sanitation, electricity and telephone	1995-2002	0.46-0.60
Quality of life: access to basic services, access to health, adult functional literacy, environmental quality.	1995-2002	0.52-0.67
Political participation: political and union participation and social trust of Government	1995-2002	0.37-0.47
Social inclusion: household stability, inclusion in society, participation in cultural organizations	1995-2002	0.27-0.36
Safety and security: compares serious crime, prosecution and resolution rates.	1995-2002 but 1999-2002	0.53-0.49 but 0.41-0.49
Economic participation: measures employment, the proportion of non-poor and earnings.	1995-2002	0.63-0.60
Economic preparedness: relates economic participation	1995-2002	0.52-0.49

to education levels.		

(PCSA, 2004)

The first composite indicator used is the infrastructure index which seeks to assess the direct impact of the service that the government has delivered in the past ten years. This index aims to capture the changing environment in which households find themselves in terms of their ability to access basis infrastructural services, such as housing, water and sanitation, electricity and telephones. Given the extent of service delivery over the past ten years, this index improved approximately 24 percent from 0.46 to 0.60 between 1995 and 2002.

The actual number on the index is less important than the direction and magnitude of change although complete service delivery would yield an index of 1. This improvement is remarkable given the fact, as discussed further below, that the expected number of unserviced households increased threefold due to the increase in number of households in this period.

Seeing that the infrastructure index focuses on hard services, a quality of life index was created which also reflects the impact of social services. The quality of life is a broader concept which needs to capture physical well-being and environmental conditions. This index includes access to health, adult functional literacy and environmental quality. Again, the index shows a positive improvement from 0.52 to 0.67, a 15 percentage point of improvement. A political participation index, which measures political and union participation and social trust in the institution of the State, shows an improvement from 0.37 to 0.47 between 1995 and 2002. A social inclusion index, which measures household stability, people inclusion in society and participation in cultural organizations shows an improvement from 0.27 to 0.36 between 1995 and 2002. These indexes suggest that the legitimacy of the polity and the social fabric are improving, especially in formal institutions.

All these indexes show that the government has made a positive impact on the lives of people over the past ten years. Not only have they greater levels or services, but their broader social and environmental conditions and democratic participation have also shown a significant change for better. However, a related index, safety and security, which compares serious crime, prosecution and resolution rates between 1995 and 2002 shows a decline from 0.53 to 0.49. The economic picture is also not so positive. Economic participation and preparedness show negative trends. Economic participation which measures employment, the proportion of non-poor and earnings, shows a slight decline from 0.63 to 0.60. The economic preparedness index, which relates economic participation to education levels, shows a small a decline from 0.52 to 0.49.

5.6. Public Service Commission

The Public Service Commission was established in terms of section 196 of the Constitution of the Republic of South Africa, 1996. The Constitution requires that there will be a single Public Service Commission for the Republic of South Africa consisting of fourteen members appointed by the President. Five members are appointed upon recommendation of the National Assembly, while one member for each province is appointed after nomination by the Premier of a province.

The Public Service Commission's vision and mission are derived from the values and principles of public administration laid down in the Constitution, 1996 (section 195(1) (a)-(i), which says that:

"*The Public Service Commission is an independent and impartial body created by the Constitution to enhance excellence in governance with the public service by promoting a professional and ethical environment and adding value to a*

public administration that is accountable, equitable, efficient, effective, corrupt-free and responsive to the needs of the people of South Africa".

The Public Service Commission aims to promote the constitutionally enshrined democratic principles and values in the public service by investigating, monitoring, evaluating, communicating and reporting on public administration. Through the research process it will ensure promotion of excellence in governance and the delivering of affordable and sustainable quality service (PSC, 1999: 6-7).

The Commission is guided by the following:

g) Impartiality and independence in al actions;

h) Acting without fear, favour or prejudice in discouraging its power and its functions;

i) Integrity in working closely with Parliament, provincial legislature and departments;

j) Leadership and innovation in good human resource and management and performance in the public service;

k) A good working relationship of trust and respect with all clients and stakeholders through consultation, assessment and feedback; and

l) Commitment to and protection of the principles of merit, objectivity and fairness in employment in the public service (PCS, 1999: 7).

Having regard for the service delivery needs of South Africans as well as the standard that quality services must conform to, it is important that service delivery continually be assessed to determine if service delivery progress in accordance with expectations and needs of customers.

The Public Service Commission undertook a survey from October 1999 to February 2000 to look at the degree to which government departments are

implementing the proposal made in the White Paper on Transforming the Public Service Delivery (Batho Pele). This project was aimed at evaluating departmental compliance with the White Paper at obtaining information on progress in transforming public service delivery.

The Batho Pele project was a coherent and marketed attempt to instil service delivery awareness across many diverse and diffuse operating units. Seminars and posters were disseminated, and a range of innovative measures was to spread acceptance (Russell, *et al.* 2001: 2). In June 2000, the first comprehensive survey of the Batho Pele initiative was undertaken by the Public Service Commission (PSC). The survey was limited to six national and five provincial departments and although a diverse range of functions was covered the eleven departments surveyed, form a fraction of the total number of 130 South African departments, both national and provincial.

According to PSC's findings, generally there is a problem of a patchwork of efforts to improve healthcare quality so that many gaps still exist. The historical legacy of limited resources has had a negative impact on the accessibility and quality of health services for most. Constraints and a lack of understanding and support from senior management level have made it difficult if not impossible to implement the Batho Pele principles. Also service delivery improvement programmes have also been hampered by ever-increasing personnel expenditure.

5.7. Analysis of data from interviews

A broad question "to what extent has transformation in the Department of Health materialized" was asked of the participants. This question is located within the research question in the theme of this study. Before engaging in the discussion, the background and a common understanding or definition of words like *transformation* and *service delivery* was discussed. Broader definitions and a

better understanding of transformation and service delivery is given in Chapter One and Chapter Two of the preceding chapters. Transformation according to the participants was defined as the changes that have been taking place in the Health sector since 1994. Service delivery on the other hand was described according to the programmes that the Department of Health offers to the public.

The following were discussed.

c) Management's capacities

The management is established to see to it that the institution is managed according to the strategic plan. Management has to put adequate measures in place to ensure that there is quality assurance in the deliverance of service. A case in this point is that people with knowledge and experience about public service delivery or people with knowledge and experience on management and administration should be deployed. Occupancy of managerial positions by medical doctors who do not have public management and administration background will take us nowhere. There was a response that there is no balance between medical staff who only have medical experience and public administration managers with public management experience. To some extent, this has hindered the delivery of services because of inappropriate skills being used.

d) The Batho Pele principles

Not enough is being done to consult public service customers about their needs. In order to survive and to adapt to the requirements of the modernization agenda, it seems clear that public service must now take on certain characteristics that were not prominent in the past. Some of these characteristics are from government's and the public's expectations, some arise from an

organizational need both to be able to respond to change and to put change into practice. According to Gaster & Squires (2003: 20-21) there are three broad expectations that have been created by the government modernization agenda. They are:

iv.   The need to achieve "results" ;
v.   The need to work in "partnerships"; and
vi.   The need to "consult" users and communities.

In focusing on the existing service delivery policy framework, the service delivery environment and the democratic government's service delivery track record, the conclusion was that although much has already been achieved, severe service delivery backlogs and problems still exist. The Department of Health confirmed that the current Batho Pele approach to transforming service delivery, while achieving some level of popularity and marketing success has not yet resulted in a radical improvement in delivery. This is because it is too theoretical, and as a result, there are no real means to measure if service delivery improvement does exist.

Also there is no practical toolkit available to enable managers to make meaningful contributions towards the improvement in service delivery especially considering the fact that the various service delivery mechanisms and systems still need to be re-aligned to the Batho Pele principles. There has not been wide-spread acceptance of the fact that current public service mechanisms and methodologies for delivering services need to be modernised in order to take fuller advantage of technological innovations and best practices. The public service also needs to be more affordable, more innovative and more responsive to customer needs. It needs to take more advantage and to utilise a greater range of partnerships so that the productive capacities in the private and non-

profit sectors of society can be used to the maximum benefit of the public service.

With the current transformation in the South Africa's public service health system, it is imperative that the areas of financial planning and management receive urgent attention. A measure of success in this regard would be the rate of increase of efficiency and the effectiveness of the public health service and also the associated improvement in the health status of South Africans despite current resource constraints. Simply equalizing the inputs required for service delivery, namely, financial, human and other resources across provinces, districts or facilities, will not necessarily result in improved access to health services, unless the managerial and organizational capacity is built to transform these inputs into service delivery output (Abedian, Strachan & Ajan, 1999: 158). The importance about quality of service is that it looks at performance from the consumer's point of view.

It is unfortunate that improvements in the health status of people expected from improved health service have been constrained by funding and the impact of the HIV/AIDS epidemic on civil society and on the health sector, both private and public. While much has been achieved, there is still concern about the delays in tackling this epidemic and strengthening the District Health System for the delivery of Primary Health Care.

Undoubtedly there have been major achievements. The establishment of a unitary public health system, with the district heath system (DHS) as its backbone, and based on a primary healthcare approach is itself a remarkable feat. This has required not just putting in place the appropriate administrative arrangement but also "selling" the idea of DHS to health care staff.

"The selling of the DHS concept to all stakeholders took a long time but finally it paid off. In 1997 when the DHS was introduced in KwaZulu Natal and other provinces, there was no understanding of the concept and worse still there was resistance to change. In 1998-1999, although there was some degree of understanding this appeared to be clouded by personal agendas and protection of turf. By 2003 there was a clear understanding of the concept and serious attempts were underway towards implementing DHS"(Gcina Radebe: center for Health Policy.)

"Establishing a single health delivery authority at health district level and improving intergovernmental relations among all three spheres of government has been a challenge, Yogan Pillay"

"One of the major challenges in implementing the primary health care approach has been strengthening the multi-sectoral vision. In many instances rural health care has been compromised by lack of infrastructure including basic service delivery such as roads, water and electricity. The requirements for the municipalities to develop an integrated development plan will hopefully assist in overcoming some of these problems and build the multi-sectoral approach" "(Gcina Radebe: center for Health Policy.)

Legislation has been an area where there has been tremendous achievement. The rage of health legislations passed since 1995 must have been considered impressive, and substantial progress has already clearly been made in reaching many of the goals reflected in the White Paper on Transformation and required in the Constitution. The Constitution has played a significant role in providing the framework for the services of legal judgment that have entrenched the rights of South African to access health care.

The challenge for government and civil society is the design and implementation of programmes targeted at redressing the disparities of the past. Transformation and restructuring of the health care system at all levels of government is still in process a decade after our tenth year of democracy. However implementation of a national health system based on Primary Health Care through the District Health System approach still faces many challenges.

Another challenge for the health sector is human resource development at all levels of service delivery, in all spheres of government and all rural and urban communities. There is an urgent need for increased recognition of the role of civil society in support for the success of quality health in the entire country.

The inadequacy of transport for health care delivery has a major impact on access to health care by communities particularly those in rural and in many urban areas. The challenge is not just to a health service but to a lack of an integrated inter-sectoral transport management system for health service delivery.

Poor outcomes at the district level reflect inadequate skills and highlight the need for better monitoring and quality assistance training.

5.2. Conclusion

The importance of this research is not only in its critical reflection on progress in making health services available in South African over the past ten years, but

also laying data-driven frameworks against which future achievement can be assessed to enhance improvements in health care.

CHAPTER 6

TRANSFORMATION IN THE SOUTH AFRICAN DEPARTMENT OF HEALTH (EVALUATION AND CONCLUSION)

The rationale for this study was to investigate the extent to which transformation has materialized in the South African public service with specific reference to the National Department of Health.

One of the post-1994 government's tasks had been to transform the public service into an efficient and effective instrument capable of delivering equitable services to all citizens and driving the country's economic and social development. However, its ability to do so has been severely limited by its legacy of ineffectiveness, unfair discrimination and division on the basis of race, gender, and which virtually excluded people with disabilities. As a result, public service lacked legitimacy and credibility in the eyes of the majority of South Africans.

Restoring legitimacy and credibility through the development of a broadly representative public service had come to be seen as one of the keys to the transformation process. As a result, the transformation of the public service had been undertaken with the legislative framework that has been ushered in since the inauguration of the new government and these have been explained in chapter two of this dissertation.

During the phase of transition and the start of fundamental transformation, the perception still reflected the heritage of the past and as has been expected, this study had also mirrored the past and the present cleavages and divisions in South African society. By now it should be well established from previous sections that South Africa has historically been a divided society and after ten years it is still presently in a state of transition. These divisions of the past and their present legacy have had and still have a profound influence on the civil service in terms of equity in the delivery of services.

Recognizing the need for transformation in South African public service, several legislations were introduced and Chapter 2 took notice and introduced the reader to some of the legislations formulated to deal with the transformation process. All existed departments were integrated and a single governmental structure, that is, the National Department of Health was created to coordinate all aspects of both public and private health care delivery.

Chapter 3 introduced to the reader to the formation, the mission, and the vision of the National Department of Health in South Africa and the impact of policies on service delivery as outlined in Chapter 4. Ten years after policies being formulated, the National Department of Health being established and lot of activities taking place, health indicators conducted a review on the degree to which transformation has materialized. Different health indicators on different levels of transformation have taken place in the country at large with regard to health care.

This chapter summarizes the findings made in the study and makes recommendations based on those findings. The researcher has developed a framework within which a public service can evaluate their performances in relation to service delivery in their institutions. This was undertaken to answer the research question:

"to what extent has transformation in the South African public service materialized".

The preceding chapters examined democratic state formation in South Africa over the past ten years. The state did so against the backdrop of the ANC government's objectives and vision for transformation and development. Most evidence suggests that government has made remarkable progress in transforming the public service to make it more responsive to the needs of

citizens and to make it more accountable. In the political realm, significant and fundamental change has taken place. The rationalization and integration of the former fragmented public service is almost complete. The integration of various Bantustans and central government civil service into a coherent single public service has been a success.

According to an assessment made at the Presidency in October 2003, the public service has also come close to meeting the targets set for improving representivity in the public service. Although Africans now make up 72 percent of the public service at all levels, government still needs to focus on increasing the number of women in senior positions as well as a more general increase in the number of disabled persons employed in the public service.

It should also be borne in mind that the transformation of the public service carries with it higher expectations than what government has the capacity to deliver on a sustained basis.

The process of achieving the transformed public sector is at least as important as the envisaged changes. The following are some of the principles that need to be applied:

iv.   The process should be negotiated, transparent and legitimate;
v.   What is required is a clearly defined and structured change management process with specified milestones to be reached; and
vi.   Public sector transformation needs to take place in the context of societal transformation.

As a strategic element of public sector transformation, capacity building would serve to establish a capable public service that responds to the needs of the community through service delivery. Thus capacity building should be aimed at

allaying the fears of public servants, preparing current outsiders for inclusion in the public sector developing leadership, in-service training, rationalizing curriculum reforms of training institutions and linking that to the public sector, and linking training institutions to the proposed public sector negotiation forum.

A health system undergoing transformation is undoubtedly in great need of standardized manageable and accessible health information systems as well as relevant and comparable indicators for tracking down changes at all levels of the health system. However, it is equally important to stress the need for quality information. Therefore, as we continue to close the identified gaps, those responsible for managing that national health information systems development may need to examine not only how health workers can be guided to excellent quality usable information, but also how they can be trained to interpret information at their disposal and use it to improve health services.

Finally, adequate human and financial resources as well as sustainable technologies at the district level are vital if South Africa is to strengthen the District Health Information System which is crucial in effective primary health care delivery.

Improved managerial capability in the National Department of Health must be established. Service qualities are integrally related to capacity decisions. For it is capacity that ultimately determines whether the service providers satisfy the citizens or not. Service capacity is an important measure of our ability to delivery service quality. Capacity represents our capabilities. Greater capacity implies a greater capability to supply service quality. Considering all aspects of service quality, it should be realized that it is capacity that allows us to deliver required services.

As South Africa heads into the second decade of democracy, it is still confronted by multiple challenges in the quest for transformation within a fluid regional, continental and global geo-political landscape. This challenge is a challenge to all South Africans to become committed to a shared vision that can transcend the legacy of apartheid.

Improving public service delivery is not a one-off exercise. It is an ongoing and dynamic process, because as standards are met, they must be progressively raised.

ANNEXTURE A

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ANNEXTURE B

Organogram of the South African National Department of Health

MINISTER OF HEALTH
DR M TSHABALALA-MSIMANG

DEPUTY MINISTER
MS N MADLALA-ROUTLEDGE

DIRECTOR-GENERAL
THAMSANQA DENNIS MSELEKU

CLUSTER:
STRATEGIC PLANNING
Dr Y Pillay

DIRECTORATE:
INTERNAL AUDIT
Mr MA Masemola

Directorate: Project
Management
Vacant

Dir: Strategic Planning
& Policy Analysis
Mr Thulani Masilela

DEPUTY DIRECTOR-GENERAL
HEALTH SERVICE DELIVERY
DR KS CHETTY

CHIEF FINANCIAL OFFICER
MR G MULLER

DEPUTY DIRECTOR-GENERAL
STRATEGIC HEALTH
PROGRAMMES
MS MK MATSAU

DEPUTY DIRECTOR-GENERAL
HUMAN RESOURCES (HR)
Vacant

Communication
Ms J Collinge

Social health
Insurance
Ms B Khunoane

Int. Health Liaison
Dr T Balfour
Ms C Makwekwe

Health & Welfare
Negotiat. & Work issues
Mr G Sekobe

Health Systems
Communication
Ms S Bloem

Finance and
Logistical Services
Mr A Venter

District &
Development
Dr T Wilson

HR Planning
& Development
Vacant

Media Liason &
Public Information
Mr H Mchunu

Health Financing
& Economics
Mr V Brijlal

District Health
Systems
Mr BJA Asia

Human Resource
Management
Mr HPJ Groenewald

Information
Technology
*Dr S Khotu

Gender Focal
Point
Ms E Maluleka

SERVICE DELIVERY
CLUSTERS

HUMAN RESOURCES
CLUSTERS

HEALTH PROGRAMMES
CLUSTERS

ANNEXTURE C

INTERVIEW QUESTIONS

xiv. Have services of the departmental programme been clearly articulated to all staff members? ....

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xv.   Have they been expressed in operational and measurable terms? ....

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xvi. How aware is the top management of gaps between service delivery and achievement? ....

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xvii. How willing are they to confront reality? ....

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xviii. Is there agreement on the nature and extent of the gaps that have been identified? ....

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xix. To what extent have any gap in achieving greater amount of outputs acknowledged and shared with the people of the organisation, community and other stakeholders? ....

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xx.   Does the culture and reward system of the organisation encourage openness and trust or avoidance and concealment? ....

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xxi. Are there general and specific reasons for the existence of gaps between aspirations and achievement understood? ....

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xxii. How tolerant is the organisation of mistakes? ....

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xxiii. Has anything been undertaken to identify the specific barriers and obstacles to progress, and what needs to be done about that? ....

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xxiv. Has the department's management team thought through how it should divide its efforts between managing expectations and managing achievement? ....

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xxv. Who balance the make-up of the various elements in the department's transformation programme? ....

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xxvi. Is the department considering a fundamental reassessment of its transformation programme? ....

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