

ENHANCED CUSTOMER SERVICE STRATEGIES IN THE TRANSPORTATION OF PERSONS WITH SPECIAL NEEDS

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1 INTRODUCTION AND BACKGROUND

Transport systems rely on infrastructure, be it in the form of roads, railway lines, ports and airports. If such infrastructure is inadequate, then there is a problem of lack of accessibility and mobility. Accessibility can be defined as the extent to which a demand for transport is actually realized. The true aim of transport in the modern urban environment is to provide an efficient and effective service that is partly measured in terms of its accessibility. Inadequacy of accessibility poses critical constraints to transport service efficiency and this can potentially impact negatively on other service providers such as the health institutions.

Mobility and accessibility can be illustrated in terms of a specific travel situation. A hospital or clinic sited within a town centre can be easily reached by the able bodied pedestrian or by the use of public transport. This simply implies that the demand is met by the person receiving treatment from a clinic or hospital.

Accessibility can, however, be provided by the use of travelling health clinics in both urban and rural areas and allowing the less mobile individuals to get treatment without undertaking a lengthy trip. This practice of satisfying demand by bringing a facility or a service to the individual or to some mutually convenient location is now prevalent in South Africa. For example, Spoornet is currently making use of its train as a facility to provide health care services in the deep rural areas.

A need to have a customer orientated transport system is a strategic must if South Africa is to be rated among the world class transport service providers. A world class transport system is the one that would respond to the needs and requirements of the travelling public without discrimination. It should play an integral role in our day to day activities and serve as a catalyst to place people at the right place as well as within the desired travel period. Transport is often referred as an effective tool used by civilised man to create order out of chaos (Maluleke, 1998). A tool that bridges the gap between spatially separated geographical points.

By improving mobility and ease of transport, it would mean ways and means of reducing poverty and thus contributing towards the country's economic development. It should also be pointed out that South Africa has a population of over 40 million, 73 percent of whom are women and children. Although classified as a middle income country and spending 8,5 percent of Gross Domestic Product on health care, South Africa exhibits major disparities and inequalities. This is the result of the former policies that displayed racial and gender disparities.

The task of improving the health of South Africa's population should not be that of the health sector alone, but should involve other sectors such as the Department of Transport and Social Welfare.

It needs to be pointed out that South Africa has just awakened from the slumber of many years of economic and political isolation. This was part of the price that the country and the nation had to pay for decades of segregatory policies of the past. These policies were insensitive to the needs of the travelling public. The coming into being of the National Land Transport Transition Act, National Transport Policy and the Moving South Africa action agenda came as a relief to various segments of the travelling public who were neglected for many decades.

During the ‘Accessible Transport Conference’ that was held on the 15th and 16th of October 1998, a lot of concerns were raised regarding lack of commitment to ensure that accessibility is made a success. Delegates had the view that it would be more appropriate to involve more role players such as the South African Bureau of Standards and operators. Another critical concern raised revolved around the establishment of an institutional structure that needs to serve as an umbrella body for persons with special needs.

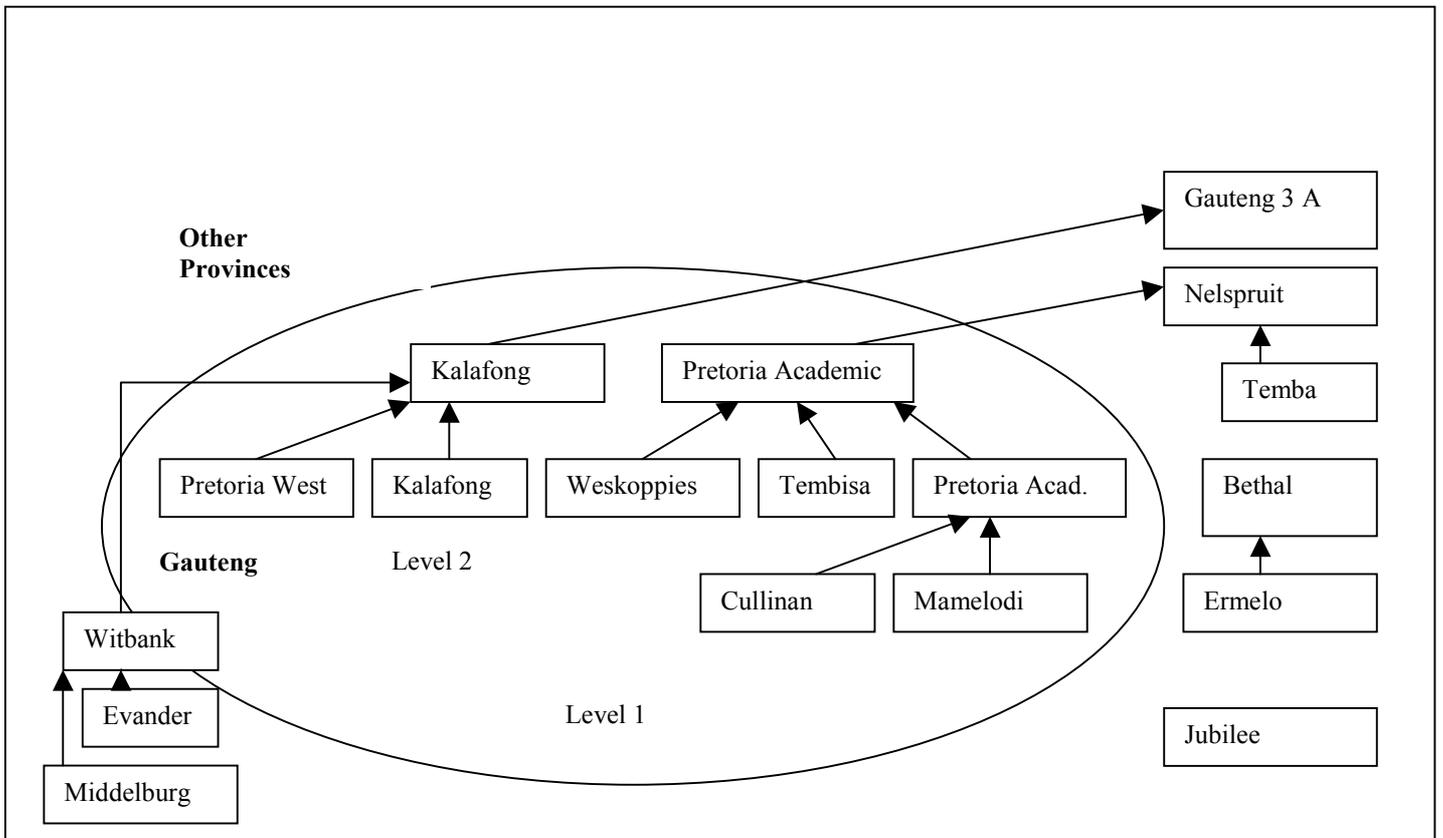
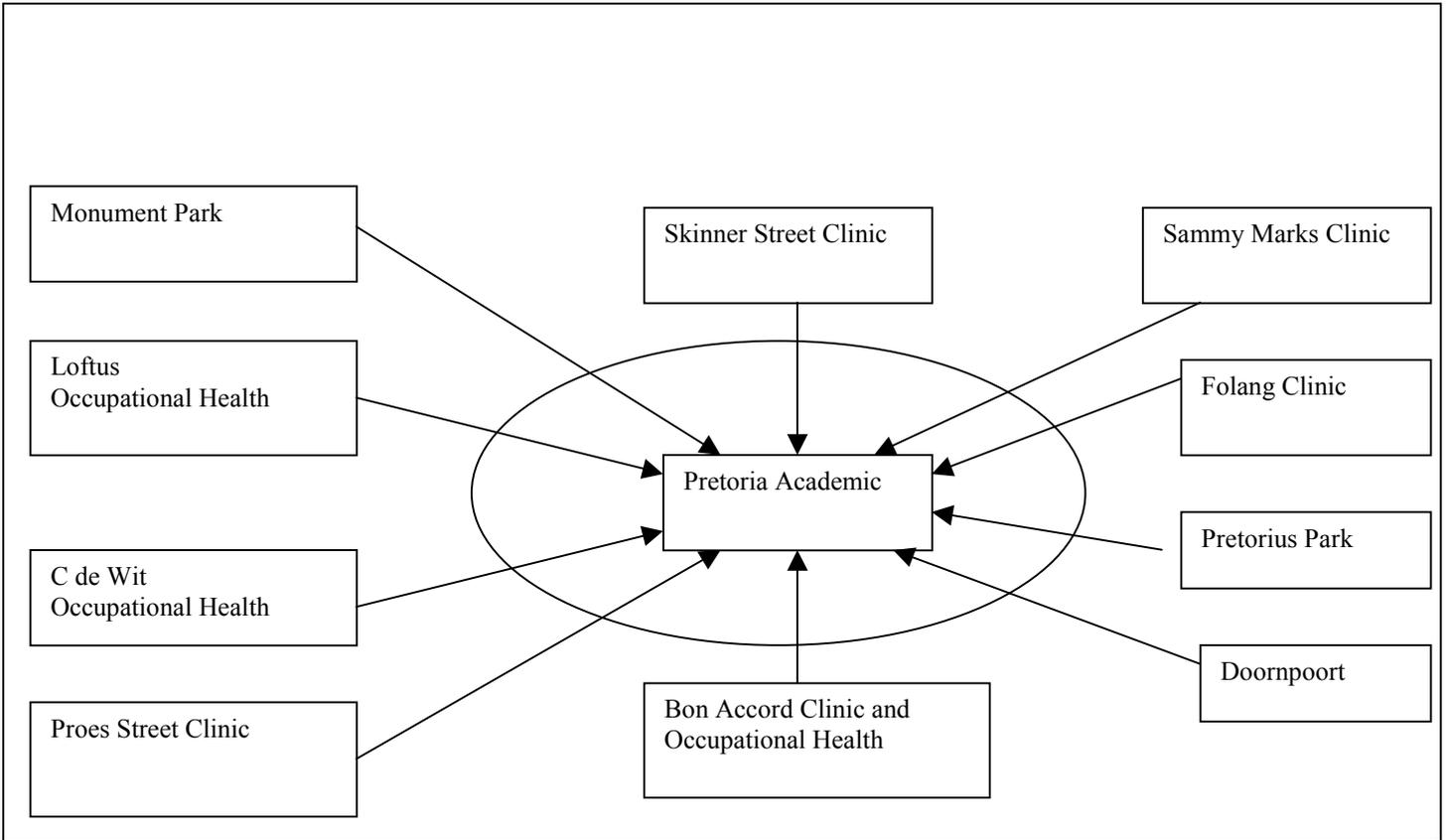
1.1 The current status of the health setting

The emergency health services in many parts of the country, particularly those serving the underprivileged communities, are grossly inadequate. The poor quality of local services cause communities to ignore the referral chain required for efficient running of health services. The Department of Health acknowledges the importance of a consultative process involving the health and other sectors to achieve these objectives and to improve the health status of all South Africans.

According to the Reconstruction and Development Programme, there should be a programme to improve maternal and child health care through access to quality antenatal delivery and post natal services for all women which should amongst others, include better transport facilities.

The following diagram illustrates the Pretoria District Referral Route that is currently used for the Pretoria Academic Hospital.

It should be noted that transportation is only available to clients if they are directly transferred from the institutions as inpatients and not outpatients.



2 PROBLEM STATEMENT

South Africa is faced with a problem of the availability of a massive transport infrastructure that has not taken the needs of persons with special needs into consideration. The majority of the population of South Africa has inadequate access to basic sanitation. Women and children are amongst the most vulnerable groups in South Africa. Sixty one percent of children in South Africa live in poverty, and women are also disproportionately represented among the poor.

Persons with special needs include those who find themselves in a situation of needing special attention during a specific stage of their life cycle, for example, women during pregnancy may need extra care during transportation. The public transport should aim at ensuring that persons with such special needs have sufficient accessibility and mobility. Moving South Africa Action Agenda considers pregnancy as a temporary disability and such persons need special care and this paper strives to seek ways of satisfying this market segment.

3 RESEARCH METHODOLOGY FOLLOWED

A qualitative study (survey) was conducted whereby questionnaires were distributed as a method of data collection. A sample size of 30 pregnant women traveling from their various homes to the Pretoria academic hospital was selected on a random basis. The variables contained in the questionnaire covered the respondents' demographic and travel behaviour to observe their pattern of travelling during the process of their clinic visits.

Thirty respondents were given questionnaires to respond on both the closed and open ended questions. Some were assisted to complete the questionnaires as the language used was only English and not clear to others. All questionnaires were completed and returned immediately.

Data was analysed with reference to each variable as reflected in the questionnaire and section 5 of this paper deals with the interpretation of the data.:

4 THE OBJECTIVES OF THE PAPER

The objective of this paper is to offer guidance to both the transport industry and other institutions dealing with persons needing special customer care. The paper will further emphasize the need to establish an institutional structure that would ensure that the needs of persons with special needs are catered for. Appropriate principles and current practices are identified by an exploratory investigation and the findings are outlined as options and suggestions to be considered by the policy makers.

5 INTERPRETATION OF RESULTS

The questionnaires were designed to unveil the clients' places of origin, determining the predominant mode of transport that is being used by pregnant women to visit the Pretoria academic hospital, the duration of the trip, the time of departure from home, the desired travel time and the satisfaction with regard to the overall transport service.

5.1 Place of origin

With regard to place of origin, 43 percent of the clients are residents of Pretoria. The respondents indicated their places of residents stretching up to as far as Kwa-Mhalanga, Kwaggafontein, Brits and Hammanskraal. The rest came from Mamelodi and Eersterust.

5.2 Predominant mode of transport

The predominant mode of transport being used for hospital visits is a taxi which is utilised by about 65 percent of respondents. Few of the respondents indicated that they used buses as their alternative mode of transport. None of the respondents made mention of trains as a mode of transport used to

the hospital. Those who lived very close to the hospital indicated that they walked rather than making use of any motorised mode.

5.3 Trip duration

Sixty five percent indicated that they travelled more than an hour to the clinic whereas the rest travelled between an hour and three.

5.4 Time of departure

Regarding the time of departure from their respective homes, it was realised that the common time of departure is between 5.00 and 7.00 which comprises about 77 percent of respondents, though some leave as late as 9.00 and 10.00.

5.5 Desired travel time

In response to a question ‘What is your desired travel time?’, respondents indicated their average desired travel time as 30-60 minutes. Although the real travelling time is a bit more than the desired travel time apparently due to situations beyond their control.

5.6 Desired period of consultation

The desired period of consultation was recorded by various respondents as ‘as soon as possible or on arrival at the clinic’. This shows the necessity of providing a convenient service that is currently lacking.

5.7 Assessment of other service quality aspects

In the assessment of various quality aspects of each mode of transport used, it became evident that most of the respondents were satisfied with the comfort of seats and other things except a few who were very dissatisfied with aspects such as overcrowdedness in a vehicle.

5.8 Overview of health’s service

Generally, health care service is currently rendered at a satisfactory level. It can be done better than the current situation particularly if other sectors are incorporated in the service planning stage. The transportation system should therefore be viewed as an important component in the design of a complete value chain of the health care service.

6 RECOMMENDATIONS

For the enhancement of the current customer care strategies in both the transport industry and health, a concerted effort of all stakeholders is sought. This is intended to ensure that the satisfaction of the customer is met, hence an integrated focus strategy, customer orientation strategy, and accountability, accessibility of stakeholders and establishment of an institutional body need to be given attention as discussed below:

6.1 Integrated focus strategy

Meeting the goals of special needs transport users requires a holistic general improvement in service. This includes among other things, the upgrading of infrastructure, vehicle safety and compatibility with other requirements that are deemed essential by special needs passengers. It must be noted that the above requirements should not only be obligatory, but they should be an absolute prerequisite for healthy business practice.

6.2 Customer orientation strategy

Customer orientation, as one of the tenet of the marketing principles, should form the centre towards which all the integrated customer service efforts should be directed. A special needs passenger being viewed as important by a transport provider should be viewed as such by the health care service supplier.

Customer orientation does not have to be restricted to an organization's external customer base. It is important to note that one has to gain an understanding of the needs of employees. Getting to know about each other can be achieved through frequent communication and this can help in alleviating the misunderstanding among employees.

6.3 Accountability of service providers

Managers must be held fully accountable for the achievement of their defined objectives. All variances from budgets will have to be accounted for, and performance agreements need to specify how accountability will be enforced. Hospital managers need to plan jointly with the Department of Transport particularly in respect of the allocation of resources concerning the conveyance of hospital customers.

6.4 Accessibility of stakeholders

Stakeholders involved in the provisioning of a service should be approachable and accessible. An open door policy whereby top management of both transport operators and health care suppliers are accessed should be maintained. This could be by means of toll free telephone contact with the client care management of each institution. Access to prenatal care is imperative if pregnant women are to remain in good care and to deliver healthy newborns. An excessive long taxi journey especially on bad roads should be avoided as these might have a negative impact on pregnancy.

6.5 Establishment of an institutional body

The Greater Tshwane Metropolitan council has already established a modal integration committee. The accessible transport committee looking at persons with disabilities need to be given the overall task of broadening its responsibilities in terms of incorporating the conveyance of pregnant women during their ante-natal clinic visits. Figure 6.1 overleaf shows the current Greater Tshwane Metropolitan Council's modal integration liaison structure.

According to the modal integration liaison structure, various committees have been established within the Greater Tshwane Metropolitan area. It is important to note the position of an accessible transport committee and its liaison with other committees. Of fundamental importance with the accessible transport committee is that it should incorporate the Department of Health as well as Social Welfare as they are important stakeholders in the conveyance of pregnant women

7 CONCLUSIONS AND STRATEGIC IMPLICATIONS

The main challenge facing the South African public transport operators and health sector is how to structure their services to suit this market segment. Persons with special needs have gained more protection from government through the promulgation of the National Land Transport Transition Act. Pregnant women should be viewed as a market segment that need to get special attention from both transport operators and health care services.

It should be made clear to both transport operators and health care service providers that their long term survival will entirely depend on whether each sector has fulfilled the requirements as stipulated in the respective legislative framework. It must also be stressed that information and communication remains the key ingredients to harness the customer care strategy to take the right direction.

Very important to note is that the creation of a healthier South Africa depends on the improvement of access to comprehensive health services for all population groups. This can be achieved by embarking on an integrated or holistic approach whereby the transport system is brought on board in the planning of an effective customer care strategy. Above all, we need to create test beds for this proposed innovative partnership arrangements by implementing a number of quick impact demonstration projects.

This paper has however, identified the most critical strategies that might be considered by operators together with health institutions in their day to day dealing with their customers. Central to the discussion is that a pregnant woman visiting a clinic should not be viewed as a patient but as a client.

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