

**EASTERN CAPE
SDIP FOR CASCADING BP TO DEPARTMENT OF HEALTH**

IMPROVEMENT

6 SERVICES

KEY SERVICE	SERVICE BENEFICIARY	CURRENT STANDARD		DESIRED STANDARD	
<p><i>OUTCOME WHAT IS THE KEY SERVICE?</i></p> <p>Response time for attending to patients requesting emergency services (EMS)</p> <p><i>R</i></p>	<p>All citizens in need of emergency services</p>	Quantity:	Response time currently is 2hrs and more	Quantity:	1hr in rural areas, 45 minutes in urban areas
		Quality:	Attended to by qualified personnel and a fully equipped ambulance	Quality:	Attended to by qualified personnel an a fully equipped ambulance
		• Consultation	Open days, Hospital boards, clinic committees	• Consultation	Open days, Hospital boards, clinic committees
		• Access	Availability of sufficient emergency vehicles	• Access	Availability of emergency vehicles and trained personnel
		• Courtesy	Clearly labelled emergency vehicles.	• Courtesy	Clearly labelled emergency vehicles in all official languages
		• Open & Transparency	Display service standards in all entry points of facilities.	• Open & Transparency	Display service standards and contact details of EMS senior managers
		• Information	Departmental website, workshops with community, relevant documents circulated	• Information	Service Charter, service directory
		• Redress	Complaints boxes, facility manager, toll free number	• Redress	Complaints boxes, toll free number, facility manager
		• Value for Money	Monitoring of response times quarterly	• Value for Money	Monitoring of response times monthly
		Time:	Service to be accessible 24hrs, including weekends and public holidays	Time:	24hr service including weekends and public holidays
		Cost:	As per policy for billing dispatched patients	Cost:	As per current policy
		Human Resources:	Per HR plan	Human Resources:	Per HR plan of each metro

*SMART
QOTC*

Specific

**DPSA
SDIP FOR CASCADING BP TO DEPARTMENT OF HEALTH**


KEY SERVICE	SERVICE BENEFICIARY	CURRENT STANDARD		DESIRED STANDARD	
<p><i>Pay Suppliers</i></p> <p>Waiting time for payment of suppliers</p> <p><i>R</i></p>	Supplier of the Department of Health	Quantity:	6 months and more	Quantity:	30 days
		Quality:	Payment of suppliers.	Quality:	Payment of suppliers.
		• Consultation	Program managers, supply chain policies	• Consultation	Program managers, supply chain policies
		• Access	Submission of correct invoices by suppliers	• Access	Submission of correct invoices
		• Courtesy	Clear specifications and follow ups	• Courtesy	Clear specifications and follow ups, Interface between BECS and BAS/Logins
		• Open & Transparency	Clear policies & communicated to suppliers	• Open & Transparency	Clear policies & communicated to suppliers
		• Information	Workshops with suppliers, policies	• Information	Workshops with supplier on the Data base, provide & communicate policies
		• Redress	Complaints boxes, facility manager, toll free number	• Redress	Complaints boxes, toll free number, facility manager
		• Value for Money	Comply to set dates to avoid litigation	• Value for Money	Avoid litigation, comply to set standard
		Time:	Payment after 30 days	Time:	Payment to be made after 30 days
		Cost:	As per specification and Service Level Agreement	Cost:	As per SLA
		Human Resources:	Per HR plan	Human Resources:	Per HR plan of each metro

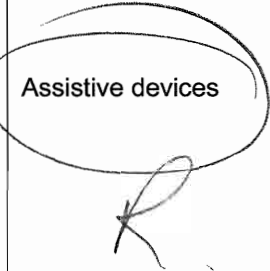
KEY SERVICE	SERVICE BENEFICIARY	CURRENT STANDARD		DESIRED STANDARD	
Free services <i>specify.</i>	Infants and children under five years	Quantity:	531, 262	Quantity:	Per 100% delivery coverage
		Quality	Treated free of charge in all primary health care facilities	Quality: <i>IMPROVE</i>	Treated free of charge in PHC facilities
		• Consultation	Health talks to pregnant mothers, radio slots	• Consultation	Same
		• Access	Availability of clinics within 5km of catchment area, availability of trained staff & refrigerators	• Access <i>IMPROVE</i>	Same
		• Courtesy	Personnel to wear identification tags	• Courtesy	Signage in all facilities
		• Open & Transparency	Display notices for payment in OPD's	• Open & Transparency	Display notices at entry points of facilities
		• Information	Community open days, Home visits by health workers, health talks	• Information	Health Indaba
		• Redress	Complaints boxes, facility manager, customer care line	• Redress	Same but fully functional
		• Value for Money	Availability of medication	• Value for Money	Availability of medication
		Time:	08h00-17h00-daily for five days in clinics, 24hrs in Community Health clinics & level 1 hospitals	Time:	08-17h00 clinics, 24hrs CHC's & Hospitals

		Cost:	Free service	Cost:	Free service
		Human Resources:	Per statistics and standard ratio(PHC 1:35)	Human Resources:	Per National ratio (PHC 1:35)
HIV/AIDS counselling for victims of abuse	All victims of sexual abuse	Quantity:	983	Quantity:	100% abused women
		Quality: Provide counselling, sexual transmitted infections prophylaxis, HIV testing (subject to consent), emergency contraception, medico legal advice & documentation of evidence		<i>GOOD IMPROVEMENT</i>	
		• Consultation	Radio slots, open days	• Consultation	Same
		• Access	Availability of counsellors at facilities, emergency contraception, proper documentation and keeping of records	• Access	Availability of forensic personnel at all facilities
		• Courtesy	Avoiding ques,	• Courtesy	Patient transport vehicle to transport victims home
		• Open & Transparency	Avail handouts, brochures	• Open & Transparency	Avail information on Departmental website
		• Information	Hospital boards, clinic committees	• Information	Strengthened hospital boards and clinic committees
		• Redress	Complaint boxes, facility manager	• Redress	Complaints registers,
		• Value for Money	Proper assessment with detailed records	• Value for Money	same

SMART QOTC

		Time: one hour		Time:	45 minutes per client
		Cost:	No cost	Cost:	No cost
		Human Resources:	Per defined ratio	Human Resources:	Per defined ratio

KEY SERVICE	SERVICE BENEFICIARY	CURRENT STANDARD		DESIRED STANDARD	
cervical cancer screening 	Women needing cervical cancer screening	Quantity:	328	Quantity:	500
		Quality:	Women to access the service at all PHC facilities	Quality:	.
		• Consultation	Open days	• Consultation	Open days
		• Access	Trained staff, equipment	• Access	Trained staff, equipment
		• Courtesy	Privacy	• Courtesy	Privacy
		• Open & Transparency	Display operating times of service	• Open & Transparency	Display operating times of service
		• Information	Radio slots	• Information	Radio slot, workshops
		• Redress	Complaints boxes, toll free number, facility manager's contact numbers	• Redress	Fully functional complaints boxes, all facilities to display facility manager's contact number
		• Value for Money	30% results are collected	• Value for Money	100% results to be collected
		Time:	Per operation times	Time:	Per operation times
Cost:	Free service	Cost:	Free service		

		Human Resources:	Per statistics & defined ratio	Human Resources:	Per National specifications
 <p>Assistive devices</p>	<p>Persons with disabilities who have applied for assistive devices such as wheel chairs and hearing aids.</p>	Quantity:	30% response rate to applications for assistive device in 3 months	Quantity:	70% response rate in three months
		Quality:	Wait for 12 months after submitting application	Quality:	Wait for three months after submitting applications
		• Consultation	Open days	• Consultation	Open days, HRS (Health Service Radio)
		• Access	Complete application form	• Access	Complete application form
		• Courtesy	Ramps at health facilities	• Courtesy	Ramps at health facilities
		• Open & Transparency	Display service standards	• Open & Transparency	Display service standards
		• Information	Provide service directory	• Information	Provide updated service directory
		• Redress	Complaints boxes, facility manager's contact numbers	• Redress	Fully functional complaints procedure
		• Value for Money	Stick to promised standard	• Value for Money	Stick to promised standards
		Time:	Three months	Time:	Three months
		Cost:	According to policy	Cost:	According to policy
Human Resources:	Per Demand	Human Resources:	Per defined National ratio		

DRAFT DOCUMENT

Guidelines BP Coordinator/ Forum

The 4th BP Learning Network took place on the 23-24 November 2005 in Kimberly (Northern Cape Province) and more than 200 delegates from the Provinces attended the BP Learning Network. One of the key issues discussed was the development of guidelines on the establishment of Batho Pele Forums. DPSA was tasked to develop the guidelines and this is the draft document that will be discussed at this workshop.

Current Situation/Background

- Batho Pele seems to have led to a situation whereby it is treated as an “add-on” or as a “special project” for which a “special desk” is established. It appears not to be treated as an integral part of what departments should be doing or as part of their “core business”.
- Departments do not always create a link between various initiatives they engage in with the fact that these initiatives enhance the realization of BP principles or have a bearing on the improvement of service delivery.
- The above mentioned have a negative impact on the regular reporting to the DPSA.

Location

It is recommended that existing structures be utilized to locate the BP function. The following are examples of existing structures in various provinces

- Transformation unit
- Service delivery improvement/ customer care
- Monitoring & Evaluation (new in most Departments)

With regards to the locating of the BP function, the recommendation is that it will be assessed departmentally due to restructuring across the Departments.

Structure for BP Function

- All national and provincial departments must have a structure to carry out the BP mandate/ function. BP must be integrated into departmental objectives and activities.
 - The Premier’s office plays a co-ordinating role for the whole province, including setting up a Provincial BP Forum and ensures that regular meeting/workshops take place.
 - Each provincial department must have its own BP Forum
- There must be clear reporting lines to ensure that decision making is enhanced
- The implementation of BP Principles must be reflected in departmental strategic, operational, budgetary and Service Delivery Improvements Plans.

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Suggested Role of BP Co-ordinator

- Co-ordinate the implementation, monitoring and evaluation of BP function at his/her level of responsibility
- Drive the BP projects for the province
- Be an advocate for service delivery improvement
- Endure redress of BP violations at the appropriate level (customer care)
- Report to DPSA on a regular basis on specific BP projects
- Set up and co-ordinate BP Forum at the appropriate level
- Organize provincial BP Learning Networks
- Form part of the national BP Forum
- Serve as a point of contact for the province/department/national
- Ensure the coordinated and integrative approach to various provincial service delivery initiatives implemented by national, provincial, and local spheres of government
- Focus on one or two principles to be improved on as a department and report to the forum.

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Suggested Role of BP Forum (National/ Provincial)

- Serve as a forum to discuss progress made in terms of implementation of BP
- Serve as a platform for sharing of best practices (Provincial Learning Network)
- Report back to the DPSA
- Have deliverables emanating from the forum (i.e. best practice methodologies) that departments should report on

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