



DPME concludes 2-year CBM pilot

The Citizen-Based Monitoring pilot concluded major field activities at the end of August 2015 with community feedback meetings in Ward 7, Elundini, Eastern Cape and Kabokweni, Mpumalanga. This marked the close of an intensive two-year action learning process implemented by DPME, the South African Police Service, the Department of Health, South African Social Security Agency and the Department of Social Development, together with Offices of the Premier and the Seriti Institute.



Community surveyors in Elundini, Eastern Cape

The pilot was supported by the UK government Department For International Development (DFID), as part of a three year funding partnership with DPME.

As at other pilot sites, these meetings brought together community members, councillors, young people, traditional and religious leaders, together with staff and managers from the local police, health

facilities, SASSA local offices and DSD service point, as well as provincial officials. The purpose was to discuss and refine commitments to improve services. These commitments were developed by smaller multi-stakeholder groups, in response to issues identified by community and staff surveys conducted in the previous month.

For the past 24 months the pilot

has focussed on the development of a method for citizen-based monitoring at a facility level - taking forward the *Framework For Strengthening Citizen Government Partnerships for Monitoring Frontline Service Delivery*, approved by Cabinet in August 2013.

The CBM method has evolved as a three step approach:

Step 1 – Collecting feedback on a particular service through citizen and staff surveys. Step 2 – Using this feedback to develop a set of commitments and actions through a participatory process involving community members, local leaders and frontline officials. Step 3 – Monitoring and reporting on the actions agreed to achieve the commitments.

The pilot has now been implemented in 34 government facilities, serving nine communities across all nine provinces.

DPME will continue its involvement with the pilot sites through follow up monitoring visits, to support facilities and community structures on the implementation of the commitments and local level monitoring and reporting.

The table on page 4 provides a list of the facilities that participated in the pilot.

SAPS takes CBM approach to Frontline Service Delivery Stations

The South African Police Service (SAPS) plans to implement the CBM model in their Frontline Service Delivery pilot stations.

DPME's CBM team is working with SAPS officials to develop a SAPS specific version of the method. The first implementation will take place at Wolmaransstad Police Station in the North West in the third quarter of the financial year. Lessons from this station will shape the roll-out to other stations.

SAPS has had a team of officials shadowing the DPME CBM team in their work at the Kabokweni and Katkop Police Stations.

The Wolmaransstad exercise will see the baton pass to SAPS, but with DPME providing close support.

This "learning through doing" approach to capacity building and customising the method was key to the pilot phase of CBM and will be



Working on root causes in rural EC

used by DPME in its support to service delivery departments.

As with other services, the CBM exercises in

the nine pilot police stations have allowed for frank discussions to take place between communities and police, as well as within SAPS on what is working, not working and why.

The pilot has identified a number of systemic challenges through its focus on the specific experiences of frontline managers, staff and the communities they serve. These have included turn-around time in vehicle maintenance, allocations of resources for rural stations and the unintended consequences of targets. It is expected that the expansion of the CBM method to other police stations will allow SAPS to test practical solution to these challenges, while building healthy relationships with their communities.

SAPS will convene a steering committee of national and provincial officials to allow for the learning from Wolmaransstad to have maximum benefit for the organisation.



Action learning drives CBM

The pilot was implemented in 34 government facilities serving nine communities. The process was implemented in three phases, with each subsequent phase benefiting from the learning and insights from the previous.

This approach—plan, do, review, plan, do, review—is known as action learning. The CBM pilot underwent three major action learning cycles, and many more minor cycles between October 2013 and August 2015. The method was therefore far more robust and focussed by the third phase.

Each phase had a different emphasis. The first phase—which was implemented in Tugela Ferry and Phuthaditjaba—focussed heavily on the development of survey tools and the “how to” of recruiting, training and managing a survey team. The knowledge and tools for engaging the many stakeholders efficiently and effectively; turning the feedback into actions and the “how to” of monitoring the commitments were undeveloped at the end of the first phase.

A weeklong review was conducted at the end of the first phase and many gaps and errors were identified. As a result a refined model for phase 2 was developed. This included a far more focussed implementation plan (three distinct weeks) and a more structured plan for turning the feedback into a set of actions for improvements. This model was tested in the phase 2 sites and then further refined for the phase 3 implementations.

One of the key techniques developed in the second phase was using “root cause analysis” to identify where actions could be taken. This involved working with multi-stakeholder groups for each facility (managers, staff, community structures and local leadership) to (i) identify priority issues from the community and staff surveys (e.g. waiting times, staff attitude etc) and (ii) identify the root causes of these issues through the “five whys”. The five whys is a problem solving tool, where a problem is investigated by asking why to each answer provided. For example:

The clinic is dirty

Why?

Because the cleaners aren't cleaning

Why?

Because they don't have cleaning equipment

Why?

Because it wasn't delivered

Why?



Maitlamo

Tshwaragano Hospital and Gateway Clinic

Through Citizen-Based Monitoring the people of Batlharos highlighted areas for improvement in the health service in Batlharos.

The Department of Health has responded with these commitments and actions to improve service delivery at Tshwaragano Hospital and Gateway Clinic.

We are committed to reducing waiting times

Actions:

- Keep the pharmacy open during lunch time
- Work with Dikgotla, home-based carers, Dikereke and councillors to make our appointment system work
- Include the clinic manager in hospital management meetings
- Establish a Ga-Segonayana Quality Assurance Team with the area manager, facility managers from all the clinics and the two hospitals to develop Facility Improvement Plans and operating procedures to share resources and tackle issues that lead to long waiting times.

We will significantly improve cleanliness at Tshwaragano Hospital and Gateway Clinic

Actions:

- The MEC has committed to appoint cleaners in all primary healthcare facilities. The offices of the President and Premier will support this.
- We will start a Nkutlwe ke go utlwe process to create a new relationship between cleaners and management and develop training and allocation plans and team building.

We will reduce the long ambulance response time

Actions:

- We will educate the community on ambulance usage by engaging Kgotlas, councillors and other community leaders
- We will identify central ambulance pick up points at villages
- We will establish an ambulance sub-station at Tshwaragano Hospital by 1 September 2015
- We will have dialogues with Kgotlas on how to find patients.

We will improve the complaints system

Actions:

- We will establish help desks with staff at Tshwaragano Hospital and Gateway Clinic
- We will make pen and paper available for use
- We will adhere to the timelines for feedback on complaints
- We will attend Kgotla meetings to give feedback.

Nkutlwe ke go Utlwe



Help us improve

Please use the suggestion box and get in touch with your local councillor or traditional authority to give your views on the progress that is being made in achieving these commitments.



IMPROVING SERVICE DELIVERY IN PARTNERSHIP WITH CITIZENS



Example of a commitment charter

Because it wasn't ordered

Why?

Because we have no system for managing our cleaning equipment and materials.

You can see that the exercise linked the condition of the clinic to a root cause—the lack of a management system. If the solution had been to try to discipline the cleaners, the situation would not have changed. An effective counter-measure required the problem to be investigated below the symptomatic level to find a root cause.

The third phase of the pilot focussed

on ways to support the on-going monitoring of the commitments made through the root cause exercises, while continuing to refine and improve the survey, feedback and developing commitments and actions for improvements.

To support the monitoring of the commitments the team produced one-page commitment charters. These were printed as flyers and posters and distributed at the pilot facilities, with local councillors and traditional leaders and provincial managers.

Toolkit captures pilot know-how

The learning from the CBM pilot is being written up at a toolkit aimed at public sector managers and officials wanting to implement CBM in their own sectors or facilities.

The toolkit will comprise of a 40 page guide, video and online resources. The guide will set out each of the steps developed by the CBM team for implementing a community survey based approach.

It will include a mix of practical advice and case studies to orient practitioners away from some of the pitfalls experiences by the CBM team.

In addition the toolkit will provide the surveys used in the pilot (SAPS, SASSA, DSD and DoH), it will also provide advice on other resources available, such as the CBM

online reporting tool, training and support opportunities as well as how to pursue partnership opportunities both within and outside government.

The first version of the toolkit will be tested and refined with Offices of the Premier, sector departments and other stakeholders over the next months to ensure that it is a fit-for- purpose resource.

The video captures experiences and insights from the field , giving a textured picture of CBM in action. The video will support training of officials and communities in preparing to implement a CBM exercise.

The toolkit will be available from DPME's website as well as in hard-copy on a date to be announced.



On-line tool for CBM reporting

DPME has commissioned an online data capturing and reporting tool for citizen-based monitoring. The tool streamlines the capturing of survey information for the standard SASSA, SAPS and DoH surveys developed through the pilot.

The analysis of the survey data, together with the layout of reports were identified by the CBM team as potential obstacles for other departments or organisations to undertake community and staff surveys. This tool automates the production of a report using a predetermined format linked to survey forms for a particular service. The

surveyor manager must still however analyse open comments and input these into the reporting tool.

The tool has significantly reduced the report production time, which had previously relied on a manual production process.

The system is being migrated to DPME servers and will be made available to users on request. Depending on the demand, DPME will explore developing a second version of the system, aimed at allowing users to customise and build surveys on demand

CBM evaluation nears completion

The CBM programme is undergoing a design and implementation evaluation, conducted as part of the National Evaluation Plan. The evaluation is being conducted by independent evaluators, PDG.

The team has presented a draft report to a stakeholders workshop and is expected to deliver the final report in early October. The purpose of the evaluation is to assess the implementation of the pilot and programme to inform development of a five-year strategy for CBM going forward.

The evaluation undertook a

mixed method approach that included site specific case studies as well as a sample of surveyor and intervention participants from five of the nine pilot sites. The evaluation team observed work being done in Mtitchells Plain, as well as visiting communities where work had previously been done by the CBM team.

Once the evaluation is finalised DPME will communicate its findings in depth.

The report will also be posted on the DPME website.

The road ahead for DPME’s CBM Programme

The design and implementation evaluation of the CBM programme — currently in progress — will provide insights and evidence to inform DPME’s five year CBM strategy. However current thinking in terms of programme design is contiguous with the three thrusts set out in the 2013 policy framework - then described as *CBM Policy Process, Pilot Projects & Knowledge Sharing*. Exiting the pilot phase, the strategic thrusts remain, through now described in the picture below:

Systemic Interventions	Supporting CBM practice	Knowledge sharing
<ul style="list-style-type: none"> Identifying and responding to systemic blockages revealed through CBM processes Supporting policy and legislative coherence in the citizen-based monitoring and public participation space 	<ul style="list-style-type: none"> Support development of sector specific citizen-based monitoring by providing tools, expertise and in-field learning 	<ul style="list-style-type: none"> CBM knowledge sharing events and publications (local and international) Encourage and facilitate peer to peer learning in the CBM space Influence research agendas

Exiting from the pilot communities

The major field activities related to the pilot have been concluded in all nine pilot sites. The preliminary find-

ings of the evaluation however revealed the need for follow up visits - both to assess and incentivise progress on the commitments made by facilities, as well as to clarify the way forward. Return visits to all nine sites will take place over the six months to March 2016. This will involve communication with stakeholders who participated in the pilot activities (a detailed database of contacts has been maintained throughout the pilot), presentations of the CBM toolkit and discussions on progress on the commit-

CBM PILOT BY NUMBERS

Provinces:	9
Citizens interviewed:	25 982
Staff interviewed:	1 191
Community surveyors :	366
Government facilities:	34
Community radio stations:	3
NPOs participating:	278

Phase 3 Pilot Sites (March—August 2015)

Ga-segonyana Northern Cape Batharos	DSD District Office and Service Point
	Gateway Clinic & Tshwaragano Hospital
	Batharos Police Station
	Ga-segonyana SASSA Local Office
City of Cape Town Western Cape Mitchells Plain	Mitchells Plain DSD service Point
	Mitchells Plain CHC
	Mitchells Plain SASSA Local Office
	Mitchells Plain Police Station
Mpumalanga Mbombela Kabokweni	Kabokweni DSD Service Point
	Kabokweni CHC and feeder clinics
	Kabokweni Police Station
	Kabokweni SASSA Local Office
Eastern Cape Katkop Elundini	Maclear DSD Service Point
	Katkop Clinic
	Katkop Police Station
	Maclear SASSA Local Office

Phase 1 Pilot Sites (Oct 2013 - June

Free State Phuthaditjhaba Maluti-a-phofung	DSD District Office and Service Point
	Phuthaditjhaba Clinic
	Phuthaditjhaba SASSA
	Phuthaditjhaba Police Station
Kwazulu-Natal Tugela Ferry Msinga	DSD District Office and Service Point
	Tugela Ferry Police Station
	Church of Scotland Hospital
	Msinga SASSA Local Office

Phase 2 Pilot Sites (July 2014—Jan 2015)

Gauteng Tembisa Tshwane	DSD District Office and Service Point
	Temba Police Station
	Temba Community Health Centre (CHC)
	Temba SASSA
North West Jouberton Dr K.Kaunda	DSD District Office and Service Point
	Jouberton Police Station
	Jouberton CHC
Limpopo Tubatse Sekhukhune	DSD District Office and Service Point
	Tubatse Police Station
	Praktiseer SASSA Local Office

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