

Rapid Implementation Evaluation of the Khaedu Senior Management Service (SMS) Deployment Programme in Limpopo Province

Department of Planning, Monitoring and Evaluation (DPME) & Limpopo Office of the Premier

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Evaluation Report



planning, monitoring
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OFFICE OF THE PREMIER

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CHAPTER ONE: INTRODUCTION

1.1 Introduction

In a society with deep social and economic divisions, neither social nor economic transformation is possible without a capable and developmental state. Therefore, in the 2012/13 financial year, national government developed the National Development Plan (NDP) – vision 2030 – which is a blueprint for the long-term development agenda for the country. The NDP highlights the need for a developmental state that is capable of driving the country's development. Building state capacity is the most important step to achieve a developmental state as it enhances the delivery of services. However, the NDP also recognises that not all capable states are developmental and so emphasises the importance of building a capable and developmental state within a vibrant democratic system.

The NDP requires inter-and-intra-state relations in order to achieve the goals of this development agenda. It also requires collaboration between all sections of society and effective leadership by government. This also calls for well-run and effectively coordinated state institutions with skilled public servants who are committed to the public good and capable of delivering consistently high-quality services, while prioritising the nation's developmental objectives. This will enable the state institutions to deliver services as per their mandates. This will lead to people from all sections of society to have confidence in the state, which in turn will reinforce the state's effectiveness. This vision requires a capable and developmental state: capable in that it has the capacity to formulate and implement policies that serve the national interest; developmental in that those policies enable the state to delivering services to the people.

In the same vein, the state should also have the capacity to monitor, assess, and evaluate the implementation of policies, programmes, projects, plans and other service delivery interventions. Such capacity will enable the state to learn and improve the performance of these interventions. As a result, since 2011, the Department of Planning, Monitoring and Evaluation (DPME) has been institutionalising evaluation across government through the development of national evaluation plans, provincial evaluation plans and departmental evaluation plans. Capacity building initiatives were also developed and implemented in order to ensure that government institutions have the capacity to manage and undertake the evaluations.

As a result, Limpopo OTP, together with the DPME, have decided to undertake a "Rapid Evaluation of the Khaedu Senior Management Service (SMS) Deployment Programme". The programme has been conceptualised and coordinated by the Department of Public Service & Administration (DPSA) since 2004.

1.2 Overview of the Khaedu SMS Deployment Programme

Chapter 10 of the Constitution of the Republic of South Africa (RSA) stipulates that "people's needs must be responded to, and the public must be encouraged to participate in policy making". The White Paper on Transforming Public Service Delivery of 1997 also states that a transformed public service will be judged by one criterion above all: its effectiveness in

delivering services which meet the basic needs of all South African Citizens. Improving service delivery is, therefore, the ultimate goal of the public service transformation programme.

On 4 August 2004 Cabinet decided that all members of the Senior Management Service (SMS) must undergo a compulsory 5-day deployment to a service delivery point during a performance cycle as part of the SMS delivery challenge through the Khaedu Programme where they will assess the delivery of services, identify challenges, and provide solutions, where possible, and also make recommendations on areas that require the intervention of other relevant stakeholders.

The Khaedu Programme is central to the drive of improving delivery of public services. It has a key role to play in the improvement of public services, unblocking service delivery challenges and helping to drive up standards. The effort put into Khaedu must be focused on such a way that will have the maximum impact on service improvement and deliver real value for money.

CHAPTER TWO: INTRODUCTION TO THE KHAEDU SMS DEPLOYMENT PROGRAMME

2.1 What is Khaedu SMS deployment programme?

“Khaedu” is a Tshivenda word meaning “challenge”. The programme, as reflected in its name, was aimed at addressing the challenges identified through the Department of Public Service and Administration (DPSA) and Office of the Public Service Commission (OPSC) survey that was conducted in 2003. It is within this context in 2004 that the Khaedu SMS Deployment Programme was introduced in 2004.

Therefore, the Khaedu programme can be described as a service delivery improvement mechanism that seeks to ensure that SMS members in the public service are continually exposed to the realities and challenges on the coalface of service delivery. When deployed to the coalface they apply their skills to solve the service delivery problems that they identify, (DPSA, 2006: 7-8). The Khaedu programme proposes that all SMS members should undergo a compulsory deployment to a service delivery point every performance cycle year. It is hoped that through the Khaedu programme, the public service will have an SMS cadre knowledgeable in practical challenges, dynamics, and realities of the coalface of service delivery.

The Khaedu Programme was conceptualised at the highest level of government as an Action Learning Programme, within the overall Batho Pele Revitalisation Strategy, to help remedy wide-scale dysfunctionality occurring within state institutions at the coalface of service delivery across the country. Its core focus was to enable senior managers to bring the Batho Pele Principles to life by identifying the causal elements of dysfunctionality at the coalface of service delivery and secondly, to devise solutions that, after implementation, would lead to resolution of problems and improve service delivery (DPSA, 2011).

The purpose of Khaedu Programme is to improve how public servants do their work at frontline service delivery sites. This will be done through rigorously identifying challenges that are faced

at frontline services and proposing appropriate solutions, gathering, and analysing data that is critical for efficient functioning of a frontline service delivery site.

The Khaedu Deployment approach is also informed by the Batho Pele Revitalization Strategy. The Batho Pele Revitalization Strategy represents a framework within which efforts to intensify the Batho Pele campaign should be structured. It is supported by four pillars, namely:

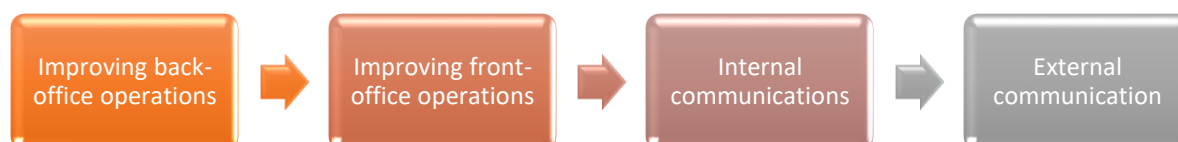


Figure 1: Pillars of the Batho Pele Revitalization Strategy

2.2 Pillars of the Khaedu Programme

2.2.1 Improving back-office operations

Improving and reengineering the back-office operations includes efforts to improve systems, work processes and institutional structures, which collectively make service delivery possible. The work processes related to the frontline should be analysed to identify areas of complexity. Significant improvements can be made to improve workflow by eliminating wasteful steps or consolidating steps in a process (DPSA, 2014: 5).

Typical examples of re-engineering and improving back-office operations are:

- Introducing effective performance management systems;
- Revising organisational structures to support work objectives;
- Re-organising work processes to use staff optimally and minimise inefficiencies;
- Utilising appropriate forms of technology; and
- Improving conditions of service.

2.2.2 Improving frontline operations

This pillar has to do with improving and reengineering of the front-office operations. Frontline operations are the actual interface between the public service and the citizens. This is the face of Government that citizens see and to a great extent determines their opinions of Government. As a result, the deployment team should gather data with respect to signage, queue management, service standards, service charter, use of technology, etc. (DPSA, 2014: 5).

Typical examples of these operations are:

- Accessing health services at a clinic or hospital;
- Obtaining passports, birth certificates or ID documents;
- Applying for a housing subsidy; and
- Admitting children to school and interacting with teachers and school authorities.

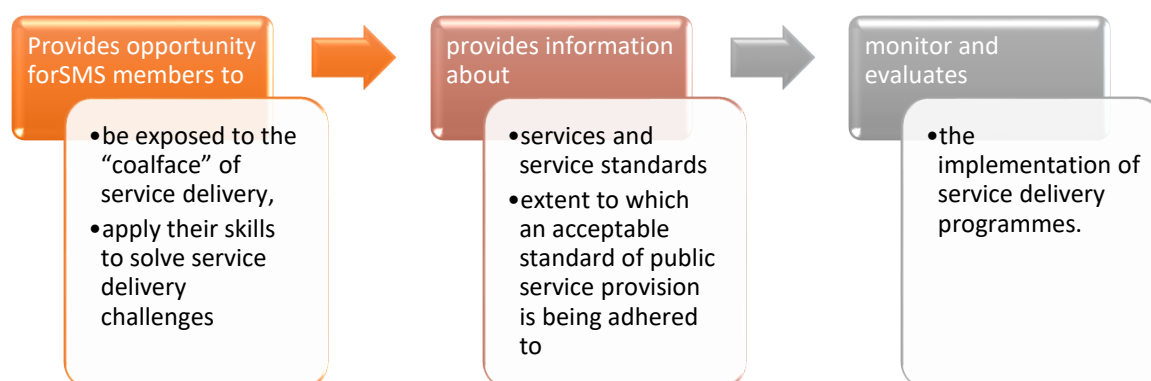
2.2.3 Internal communications

Internal communications involve efforts to promote communication with Government about service delivery transformation and about the critical roles that public servants play in the lives of citizens. The purpose of internal communication is to instil a greater sense of pride and even patriotism in the public servants and to lift their morale. Good internal communication can build a strong organisational culture of customer service, promote a sense of belonging and a common purpose and make people proud to serve their country by serving their fellow citizens. Therefore, the deployment team gathers data with respect to employee engagements using the Employee Engagement Surveys (DPSA, 2014: 5).

2.2.4 External communications

The purpose of external communication is to find out what end-users expect in terms of service delivery. Therefore, the deployment team interact with customers to establish their level of satisfaction with respect to the services that are provided. External communication is a two-way process, it involves listening to stakeholders, on the one hand and providing them with useful information, on the other. It helps to build constructive relationships that will support the process of improving service delivery (DPSA, 2014: 5).

According to DPSA (2006: 5) Khaedu Programme performs the following essential functions:



The Khaedu contextual framework was therefore designed around the need to address the problem of service delivery in the country by exposing SMS members from all national and provincial departments to the service delivery challenges at the coalface. It was envisaged that this will ensure that the policies they formulate and develop in future will be sensitive to the realities on the ground. It was also meant to equip senior managers with a basic management toolkit for problem identification, analysis, and resolution of the service delivery problems at the coalface, with an understanding that the knowledge and experiences gained will be effectively used at their workplaces after the deployment from the coalface where they were expected to only spend a week during each performance review cycle (DPSA, 2011).

2.3 Phases of the Khaedu Programme

The Khaedu Programme is an integral part of the strategic thrust of the improvement of the management of service-user relations in the public service. This strategic thrust focuses on using systems, procedures, and initiatives to foster and enforce a service spirit, ethos and human practices in the public service. The Khaedu Programme consists of two phases, namely:

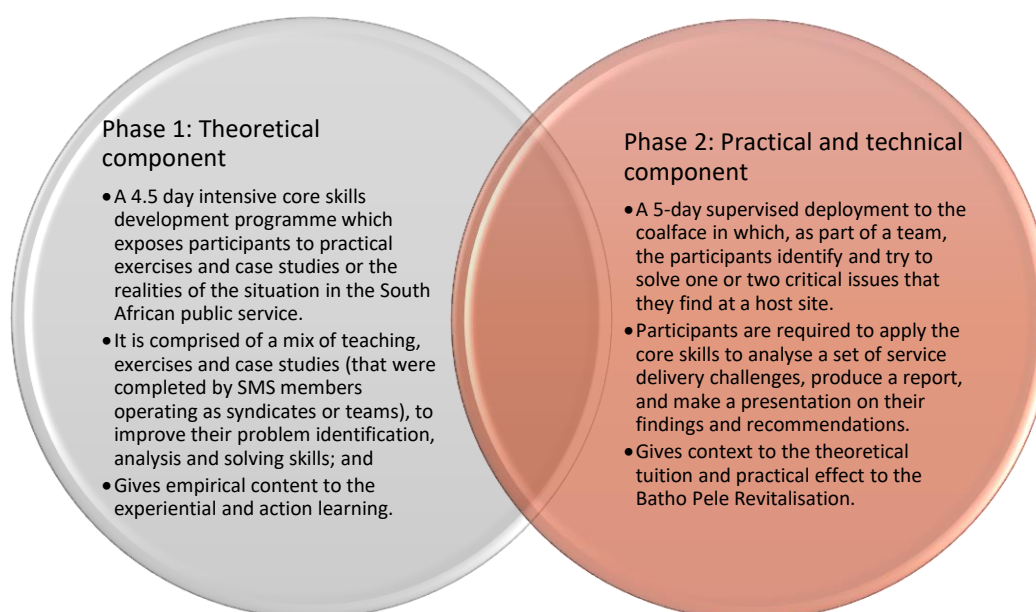


Figure 2: Phases of the Khaedu SMS Deployment Programme

The programme is made up of a 5-day core skills programme and 5 days of deployment to the coalface. The core skills development is a five-day practical care-based course with the objective of building core skills. The course focuses on the following areas:

- Process design, problem solving and business mathematics;
- Creating effective organisations and strategies;
- People and change Management and building a 'Win-win staff unions,
- Financial Management; and
- Effective communication for results.

According to DPSA (2011) during these two phases, participants are meant to be equipped to understand and solve the underlying causes of a particular service delivery challenge in terms of the following questions:

- Is it a function of a broken process (unbalanced, no value-added, fragmented, too many errors, etc)?
- Is the organisation structure preventing action to solve the problem (poor decision-making processes, bureaucratic/ duplicative structures, insufficient delegation of authority, etc.)?
- Are the people not equipped or skilled to solve the problems, or are relations with organised labour a barrier?
- Are the budgets and controls inadequate, misaligned with strategy, or weak?

- How do we structure the problem and communicate the solution effectively to produce results?

At the end of the deployment week, each syndicate group should produce a deployment report with a set of practical, implementable, robust recommendations to solve particular service delivery issues they have identified during the deployment (DPSA, 2011).

2.4 How Khaedu Programme promote and lead to service delivery improvement

The Khaedu Programme is about equipping managers with a practical core set of problem analysis and solution skills to enable them to be more effective when deployed to the coalface of service delivery and as managers in their respective departments (DPSA, 2006).

As a result, Khaedu deployment should be implemented in ways that encourage service delivery to improve, to be in line with Batho Pele principles (client-focused) and to be efficient and effective in the use of resources. The Khaedu Programme acts in a number of ways to drive and support service delivery improvement as follows:

- (a) Recommends specific priorities for improvement for the host service delivery sites and, when appropriate, checks on and promotes subsequent progress;
- (b) Clearly identifies strengths and weaknesses of service delivery sites;
- (c) Raises expectations by setting the standards of performance and effectiveness expected at service delivery sites;
- (d) Provides a sharp challenge and the impetus to act where improvement is needed; and
- (e) Promotes rigour in the way that service delivery sites evaluate their own performance, thereby enhancing their capacity to improve.

CHAPTER THREE: BACKGROUND TO THE EVALUATION

3.1 Background of the Rapid Implementation Evaluation of the Khaedu SMS Deployment Programme

Since the conceptualisation and commencement of the Khaedu SMS Deployment Programme in 2004, it has been implemented in all nine provinces of South Africa. The main rationale of the programme is to improve the delivery of service at the front-line and coalface, for instance, in clinics and hospitals, police stations, post offices, Home Affairs offices, Thusong Service Centres (TSCs), municipal customer service centres, etc. However, though the implementation is done by most provincial and national departments, government continues to face service delivery protests from the public due to poor state of basic services such as quality health care, water, roads, houses, etc. Various communities also continue to present petitions to government institutions calling for better and improved service delivery. In addition, other government platforms and client contact centres such as the Presidential Hotline are flooded with complaints regarding poor or inadequate service delivery on issues that were alluded to above.

As a result, it is important and indispensable to measure and assess whether or not there is any contribution that the Khaedu SMS Deployment Programme is making towards service delivery improvement in Limpopo Province. If yes, how, and if not, what are the contributing factors that hinder service delivery in the prevailing situation of service delivery protests and complaints by the public. In order to achieve this, an evaluation purpose, as well as key evaluation questions, have been developed and agreed to by the evaluation steering committee. Therefore, the evaluation should respond to the purpose and these key evaluation questions.

3.2 Purpose of the Evaluation

The purpose of the rapid evaluation was to assess whether the Khaedu SMS Deployment Programme is being implemented as intended, whether the objective of improving delivery of services is being achieved, if not why, and whether it is still relevant, if relevant how it can be strengthened.

3.3 Key evaluation questions (KEQs)

The rapid evaluation addresses the following six (6) key evaluation questions as emanated from the Terms of Reference (TORs) and agreed with the Evaluation Steering Committee (ESC):

1. Is the Khaedu SMS Deployment Programme being implemented according to the design in Limpopo? (effectiveness and efficiency)
2. How is the programme contributing to service delivery at monitored/assessed service delivery facilities/points? (effectiveness/emerging impact)
3. What were the overall benefits of the programme? (intended and unintended effectiveness/impact)

4. What are the challenges facing the implementation of Khaedu SMS Deployment Programme?
5. Is the Khaedu programme still relevant in Limpopo?
6. How can the programme be strengthened in Limpopo and the implications for the programme nationally?

3.4 Scope of the evaluation

The evaluation covered the implementation time period of Khaedu from 01 April 2015 to 31 December 2020.

Intervention components:

The Khaedu programme has two components/phases, i.e., training and deployment, the evaluation will mostly focus on the deployment component of the programme and to a limited extent the training component. For instance, things like the relevance, effectiveness, and utility of the training phase of the programme were not assessed.

Geographic coverage:

Though the Khaedu SMS Deployment Programme is national programme championed and coordinated by DPSA, in collaboration with all the 9 Offices of the Premier, the decision was taken by the project team and the evaluation steering committee that the rapid evaluation will only focus on Limpopo Province, and the health sector specifically. Therefore, implementation by other departments, municipalities, public entities and/or other service delivery facilities are outside the scope of the evaluation. However, Khaedu Champions or Coordinators from other departments other than Health were part of the respondents for this evaluation.

CHAPTER FOUR: LITERATURE REVIEW

4.1 Overview

The literature review covers definitions of key concepts, legislative and policy framework underpinning the implementation of Khaedu SMS deployment, similar programmes in the private sector, both domestically and internationally.

South Africa has some of what may appear to be amongst the world's best policies, however, there are hurdles and challenges when coming to implementation. The government insists that the policy framework is transparent and well defined, and that what is needed is effective implementation (Braun's & Wallis, 2014: 201). Regrettably there is a gap between the noble intentions and reality in practice. Effective implementation remains one of major concerns, as a result, leading to non-achievement of some policy outcomes.

Implementation, according to Anderson (2006:193) means "whatever is done to carry a law into effect to apply it to the target population". Another widely used definition is provided by Pressman and Wildavsky (1984: xxi) who maintained that implementation means "carry out, accomplish, fulfil, produce and complete". However, implementation cannot succeed or fail without a goal against which to judge it, (Pressman & Wildavsky, 1984: xxii).

Igram & Mann (1980:12) explained that implementation failure or success is reflective of an individual's goals, perceptions of needs, and perhaps even psychological disposition towards life. McConnell (2010:351) argued that a policy is successful if it achieved, attracted no criticism of any significance, and support is virtually universal.

McConnell (2010: 356-357) recognises that it is possible for government to attain the goals it seeks to achieve, but not all the people will perceive government's achievement as successful. According to McConnell (2010: 356-357) policy failure is the mirror image of policy success: "a policy fails if it does not achieve the goals that proponents set out to achieve, and opposition is great and or support is virtually non-existent". McConnell (2010:357) further argued that policies do not only fail to accomplish what they were intended to do but can also threaten the position of government on the failed programme.

Since the dawn of democracy, South Africa has undeniably made in-roads into ensuring that "people's lives are better". Yet, in the past 26 years the public sector is increasingly regarded as dysfunctional and inefficient. Citizens' response to poor or non-service delivery has often resulted in militant protests, culminating in violent clashes between the law-enforcers and protesters (Braun's & Wallis, 2014:205). As a result, it would have been a disservice, not only to the citizens of Limpopo, but also to government, not to implement the Khaedu SMS Deployment Programme in Limpopo health facilities as the programme is meant to monitor and assess the delivery of services in government service delivery facilities. The programme enables government to identify areas of weaknesses and come up with required interventions.

4.2 Action Learning in the Public Service

The Khaedu Deployment Programme was structured as an action learning intervention mainly aimed at providing participants with an opportunity for learning by doing rather than learning through formal classroom. It was developed to empower managers to effectively address the service delivery challenges from a System Thinking Perspective. There is a heavy emphasis on hands-on, team-based learning with extensive use of case studies from the South African Public Sector and on how to use the Excel Spreadsheet-computer programme- as a management tool (DPSA, 2011).

The Khaedu Action Learning Programme is described as the first official attempt at using action-learning as a means of linking learning to change, transformation and performance improvement both for individuals and organisations (Safila, 2006:41). The Khaedu Action Learning programme facilitates implementation of the transformation and organisational development agenda of South African public services based on Batho Pele principles.

The programme targets senior managers and is linked to the SMS Competencies and Performance Management and Development System.

4.3 Legislative and policy framework

Amongst others, the following pieces of legislations and policies underpin the implementation of the Khaedu SMS deployment programme:

4.3.1 The Constitution of Republic of South Africa (1996)

Chapter 10 of the Constitution of the Republic of South Africa, Act 106 of 1996, sets out the type of public service the country should have and the type and quality of service that it should provide. In Chapter 2 of the Bill of Rights of the Constitution, citizens have rights to access to basic services in an equitable, convenient and cost-effective manner.

Section 195 of the Constitution also sets out the ethos and overarching mission of the public service. It outlines the values and principles to which public administration must adhere to:

- Promotion and maintenance of high standard of professional ethics;
- Efficient, economic and effective use of resources must be promoted;
- Provision of services impartially, fairly and equitably and without bias;
- Fostering of transparency in the provision of services that are timeously accessible and reflect accurate information;
- Cultivating good human resource management and career development practices in maximising human potential;
- Ensuring that public administration is broadly representative of the south African people, personnel practices that are based on ability, objectivity, fairness and that they redress imbalances of the past;
- People's needs must be responded to, and the public must be encouraged to participate in policy making;
- Public administration must be accountable; and

- Transparency must be fostered by providing the public with timeous, accessible, and accurate information.

From section 195 of the Constitution, it is clear that senior managers in the public service are given the huge responsibility of ensuring that the basic values and principles governing public administration towards effective and efficient service are realised. Therefore, the Khaedu programme aims to give government decision-makers first-hand information and an opportunity to observe adherence of these constitutional values and principles, and the nature of challenges that are being experienced at the “coalface” of service delivery.

4.3.2 The Batho Pele White Paper on Transforming Public Service Delivery of 1997

- The White Paper on transforming Public Service Delivery of 1997 calls for the transformation of the South African public service from that of the Apartheid state to that of a new democratic dispensation. It states that a transformed South African public service will be judged by one criterion above all: its effectiveness in delivering services which meet the basic needs of all South African citizens. Therefore, improving service delivery is the ultimate goal of the public service transformation programme. The Batho Pele White Paper therefore seeks to introduce a customer-orientated approach that puts the People First (DPSA, 1997).
- The Batho Pele White Paper also calls on all national and provincial departments, as well as municipalities, to make service delivery a priority. The Batho Pele White Paper also provides a framework for the development of service delivery strategies that promote continuous improvements in the quantity, quality, and equity of service provision (DPSA, 1997).

4.3.3 Senior Management Services (SMS) Public Service Handbook

- In August 2004 Cabinet decided that all members of the Senior Management Services (SMS) must undergo a compulsory 5-day deployment to a service delivery point during a performance cycle as part of the senior management service delivery challenge. As a result, the service delivery challenge has subsequently been provided for under item 6 (developmental requirements) in annexure D of the performance agreements of SMS members.

In addition, paragraph 8 of chapter 4 of the SMS handbook also affirms this since its implementation on 01 April 2006. Therefore, it is recommended that all SMS members undergo a compulsory deployment to a service delivery point during every performance cycle year. Thus, the deployment should form part of each SMS member’s performance agreement (KPAs). It is hoped that through such an initiative, the public service will have an SMS cadre knowledgeable in the practical challenges, dynamics, and realities of the coalface of service delivery. Such invaluable first-hand experience should in turn lead to better policy formulation, sensitive to implementation challenges, thereby reducing the occurrence of adverse unintended policy outcomes and consequences.

4.4 Case study of the Khaedu SMS deployment

As indicated above, the Khaedu SMS deployment programme is a national programme as it is implemented in all nine provinces of South Africa. It therefore means best practices and challenges can be shared amongst provinces.

A case study aiming at exploring the methodology used to deploy SMS members by Department of Justice and Constitutional Development (DJCD) during Khaedu deployment was developed in 2016 by the Department of Planning, Monitoring & Evaluation (DPME) (DPME, 2016:1-5).

The best practices in the deployment of senior managers by the Department of Justice and Constitutional Development (DJCD) amongst others revealed the following:

- That training of Senior Management was the precursor to successful deployment. The department had a plan with adequate budget to have all senior managers trained over a 2-year period.
- That the strategy emphasised the incorporation of compulsory deployment in their performance agreement as an integral part of their Key Result Areas (KRAs).
- That all Khaedu deployment reports are published on the departmental intranet site as part of knowledge management as well as sharing of best practices.
- That progress is monitored on a continuous basis.
- That deployment teams implement interventions on site and monitor progress on the implementation of recommendations on a quarterly basis.

However, long before the case study done by DPME on the implementation of Khaedu deployment programme in the Department of Justice and Constitutional Development, a full study was done by Safla in 2006. The study by Safla (2006) was based on implementation of Khaedu Action Learning programme in Kwazulu-Natal. These action learning teams were tasked to deal with improving service delivery by identifying service delivery bottlenecks and propose solutions. The Action Learning programme starts with compilation of development of schedule. Safla (2006: 42) emphasised communication with Heads of Department on the selection or nomination of senior managers who are nominated to participate in that deployment.

In his study Safla (2006: 41) detailed activities of Khaedu deployment teams during deployment. Once teams are assembled, they are sent to coalface or service delivery site is a supervised deployment, where participants are out into teams and are expected to analyse service delivery problems and offer solutions. Deployed teams are made of senior managers from varying backgrounds and experiences. On the first day the team present itself to the management team at the site and conducts an interview with the management to establish major challenges. Informed by the challenges encountered teams agree on the problems to target during deployment. Deployment is for the whole week and is through data gathering from primary and secondary sources. Stakeholders, staff and customers are interviewed and other sites that are part of the supply chain are visited, for example, if the team is deployed at a hospital the team will visit clinics that fall under the hospital.

When deployment comes to an end, the team generate a report that exposes out the situation, challenges and resolutions. The reports are presented to the management of the department, unit or institution so that it becomes part of the overall change effect.

Both Department of Justice and Constitutional Development (DJCD) and Kwazulu-Natal provincial government seem to implement Khaedu SMS deployment in the same manner. However, Department of Justice and Constitutional Development (DJCD) ensures that deployed SMS members implement interventions and make follow up at a later stage. Other successes of DJCD are explained below.

From DPME case study, the following successes were registered by Department of Justice and Constitutional Development (DPME, 2016: 5):

- 80% of senior managers were trained and have been successfully deployed.
- The department has transcended from just developing and tabling reports during Khaedu deployments, senior managers are expected to implement interventions and follow up.
- Senior Managers identify best practices, and thus facilitate network visit outside the deployment.

However, the same case study identified the following challenges in the implementation of Khaedu deployment, (DPME, 2016: 5):

- Budgetary constraints;
- Non-implementation of recommendations, in some instances;
- Monitoring the progress of all sites already visited; and
- Follow-through by deployed senior managers.

The main lesson from the case study is that Project Khaedu should also focus on sharing best practices identified at some service points to promote a learning network. Consequently, from the case study the following recommendations were made:

- Project Khaedu to be incorporated into Performance Agreements (Pas) of SMS members;
- Develop a strategy to guide the process; and
- Sites chosen should not only focus on challenges, but should also be used to draw best practices for replication to other service sites.

4.5 Other programmes related to Khaedu deployment programmes

Both the concept and practice of deploying senior management to the coalface/frontline of organizational operations, is a long-established best practice. Some of the reviewed literature also shows that similar programmes were implemented in the private sector. Therefore, the following are some of the practices that are related to the Khaedu programme:

4.5.1 Managing by Walking Around (MBWA)

One example of such programme is called Managing by Walking Around (MBWA). Managing by Walking Around (MBWA) was popularised by Tom Peters and Robert Waterman in the early 1980s because it was felt that managers were becoming isolated from their subordinates.

At Hewlett-Packard, where the approach was practiced from 1973, executives were encouraged to know their people, understand their work, and at the same time make themselves more visible and accessible.

Managing by Walking Around (MBWA) as practised by Hewlett-Packard was premised on the following belief: It was believed that it is the staff, not managers, who create an organization's products and deliver its services, and appreciation of that can only come from knowing what happens on the ground.

Managing by Walking Around (MBWA) programme has the following features: (a) MBWA requires personal involvement, good listening skills, and the recognition that most people in an organisation want to contribute to its success. (b) It should not be forced and cannot be a charade. (c) It works if managers display sincerity and civility and are genuinely interested in staff and their work.

Management by Walking Around (MBWA) is a practice that takes managers into their team's workplaces to engage with the people and processes, listen to ideas, to collect information and to resolve problems. Research has found that quality improvement programmes that solicit frontline workers' ideas, such as MBWA, can have a beneficial impact on the achievement of organisational and policy outcomes (Dow et al. 1999 and Powell, 1995).

MBWA is similar to the Toyota Production System's "gemba walks" (Mann 2009, Toussaint et al. 2010 and Womack, 2011). In a gemba walk, managers go to the location where work is performed, observe the process, and talk with the employees (Mann, 2009). The purpose is to see problems in context, which aids problem solution (Mann, 2009).

One explanation is that MBWA leads to successful problem resolution because seeing a problem in context improves managers' understanding of the problem, its negative impact, and its causes; increasing their motivation and ability to work with frontline staff and managers to resolve the issue (Mann 2009 and Womack 2011). Theory further suggests that MBWA's repeated cycles of identifying and resolving problems may create an organisational capability for improvement that reduces the cost of future improvement efforts, creating a positive dynamic change (Fine, 1986 and Fine & Porteus, 1989). This virtuous cycle is further strengthened because communication from frontline workers about problems aligns manager's perspectives with customers' experiences, thus enabling managers to effectively allocate scarce resources among the organization's multiple improvement opportunities.

Performance is also enhanced because managers' presence on the frontlines sends a visible signal that the organisation is serious about resolving problems. This increases employees' beliefs that leadership values improvement, which in turn spurs employees to engage in the discretionary behaviours necessary for process improvement (McFadden et al. 2009, Zohar & Luria, 2003).

Advocates have proposed that successful MBWA implementation requires senior managers to take responsibility for ensuring that problems are resolved (Frankel et al. 2005). Senior managers can be helpful to frontline workers' resolution efforts because they control financial resources needed to address issues that involve capital investment. They also possess the

perspective necessary to solve problems that cross organizational boundaries (MacDuffie, 1997).

Managing by Walking Around (MBWA) has a number of benefits. Some of the benefits of the MBWA are as follows:

- Builds trust and relationships;
- Motivates staff by suggesting that management takes an active interest in people;
- Encourages staff to achieve individual and collective goals;
- Strengthens ability to drive cultural change for higher organizational performance;
- Refreshes organizational values;
- Makes work less formal; and
- Creates a healthy organization.

4.5.2 Leading through the front line

The second example of a programme similar to Khaedu SMS deployment in the private sector is known as 'leading through the front line'. Leading through the front line requires regular interaction with selected frontline managers. The first step for a Chief Executive Officer (CEO) who wants to lead through the front is to make time for regular interactions with selected frontline managers. This sends the message that he or she believes their work is important. But the real value comes from exposing the CEO to issues that these managers are dealing with.

More and more organisations have started to recognise the value that frontline leaders provide to their operations. They've shifted from viewing frontline managers as primarily a supervisory and tactical managerial role to recognizing that the role has expanded. And that expanded role calls for frontline managers who are also leaders. Yes, these key employees are doing their day jobs as supervisors and problem-solvers, but they've also become instrumental in helping organisations realise their strategic vision. This means that frontline managers must not just have a well-developed managerial skillset, but a well-honed strategic mind-set as well. Finally, frontline managers are a powerful untapped resource for the Chief Executive Officer (CEO). Despite all the innovations in communications technology, one of the biggest challenges facing the leader of any large corporation is getting timeous, unfiltered information about what is going on in the operations of the business. Frontline managers have their fingers on the pulse of operations and of the marketplace. Easy and open communication with them helps the CEO detect unanticipated developments and respond to them rapidly and promptly.

4.6 Conclusion

From the literature reviewed and as discussed above, it is evident that the Khaedu Deployment Programme is central to the government drive of improving delivery of public services. It has a key role to play in the improvement of public services, unblocking service delivery challenges and helping to drive up standards. However, the effort put into Khaedu must be focused on a way that will have the maximum impact on service improvement and deliver real value for money. The purpose of the Khaedu Deployment Programme is to improve how public servants do their work at frontline service delivery sites. This will be done by rigorously identifying

challenges that are faced at frontline services and proposing appropriate solutions, gathering and analysing data that is critical for efficient functioning of a frontline service delivery site.

CHAPTER FIVE: EVALUATION APPROACH AND METHODS

5.1 Introduction

The evaluation employed the rapid evaluation methodology approach in the execution of this evaluation study. Rapid evaluation is one of the forms of evaluation that can be considered in order to make preliminary assessment of programme performance (DPME, 2019). It suggests that this form of 'quick' evaluations can be conducted during emergencies; or as part of preliminary analysis to help determine priorities, identify emerging problems and trends, and enable decision-making to either support a full-scale evaluation or project adjustments to meet the needs or project objectives. It may also be responding to an unplanned management or executive request or demand for urgent information, a juncture where a critical decision needs to be made on a programme or intervention and up to date information is needed urgently. The implementation of this type of evaluation is usually faster, more dynamic, and complex.

5.2 Evaluation Approach

The evaluation was undertaken internally, by an evaluation team comprised of officials from Limpopo Office of the Premier and the DPME. The team adopted a mixed methods approach to this evaluation. Mixed methods research represents research that involves collecting, analysing, and interpreting quantitative and qualitative data in a single study or in a series of studies that investigate the same underlying phenomenon. In this study, four different methods were used to collect data. The methods were applied simultaneously to understand the implementation and co-ordination of the Khaedu SMS Deployment Programme in the Limpopo Province.

5.2.1 Evaluation Methods

The methods that were used and adopted for this evaluation are:

- (a) **Literature review:** this was used to review the Khaedu programme/concept documents to assist with understanding the programme design or context and to determine the programme relevance and appropriateness when evaluation analysis is undertaken, and conclusions reached. The review also focused on other best practices to understand wider literature on the topic and what this says about good practice in similar interventions.
- (b) **Use of secondary data:** this involved a synopsis of deployment reports by deployed SMS members and administrative data.
- (c) **Focus group discussions:** focus groups discussion of some SMS members, DPSA and National School of Government (NSG)
- (d) **Key informant interviews:** key informant interviews were conducted with Departmental Khaedu Champions, Deployed SMS members and Management of monitored facilities and the Management of the Limpopo Department of Health.
- (e) **Direct observation:** site inspections of selected monitored facilities.

The four main types of data collection methods and respective analytical methods are summarised in Table 1 below.

Table 1: Summary of data collection methods

Data Method	Collection	Target	Sampling Strategy	Analytical Method
Key Informant Interviews		Programme Managers	Purposive	Qualitative thematic analysis
		Khaedu Champions	Convenience	Quantitative and Qualitative thematic analysis
In-depth Interviews		Programme Custodians	Convenience	Quantitative and Qualitative thematic analysis
		Deployed SMS members	Purposive	Quantitative and Qualitative thematic analysis
Focus Group Discussions		Management of the Department of Health	Purposive	Qualitative thematic analysis
Focus Group Discussions		Management Monitored Facilities	Purposive	Qualitative thematic analysis
		Deployed SMS members	Purposive	Qualitative thematic analysis

It should be taken into consideration that the major difference between traditional and rapid evaluations is the trade-off between research rigour, timeliness and cost – the importance of getting an evaluation assessment quickly to make a more informed programme management decision.

The evaluation methodology also adapted the Development Assistance Criteria (DAC) of the OECD. Therefore, some of the key evaluations and sub-questions were formulated looking to measure and assess the following aspects of the programme:

- **Relevance:** Focusing on the appropriateness of the programme. That is, the extent to which the programme is suited to the priorities and policies of the target groups or recipients.
- **Effectiveness:** Focusing on the extent on which the objectives are achieved / are likely to be achieved?
- **Efficiency:** Focusing on resource utilisation, as well as management and administration; and whether the programme is being implemented in the most efficient way compared to other alternatives?
- **Impact:** Focusing on emerging service delivery improvements and outcomes i.e. what real difference has the programme made to the targeted beneficiaries?

5.2.2 Sampling

Both purposive and convenience sampling methods were used for the study. In convenience sampling, individuals that are more readily accessible are selected. Thus, the opportunity to participate is not equal for all qualifying individuals in the target population and study results are not necessarily representative of the population. While in purposive sampling, subjects are selected based on study purpose with the expectation that each participant will provide unique and valuable information of value to the study. As sample size increases the statistical power of the convenience sample also increases while in purposive sampling, sample size is determined by data saturation and not by statistical power.

The target group for this evaluation was the Programme Managers, Programme Owners, Departmental Khaedu Champions, deployed SMS Members and Management of monitored facilities and the Management Team of the Department of Health. The two different sampling techniques, as alluded to above, were used for sampling respondents from the different target groups. The period of time covered by the evaluation was five (5) years from the year 2015 – 2020.

The purposive sampling technique was used for the deployed SMS members of different service delivery points with focus being on the health sector. Based on the deployment model used, 142 (56%) deployed members were used in the sampling frame so as to maximise the precision of the results and also limit the risk of low or non-response. The 80 targeted deployed SMS members were randomly selected out of the 142 deployed members over a period of 5 years.

The convenience sampling technique was also applied for the other target groups like facility management, Khaedu champions at selected facilities. Secondary data from facilities was also be used in the data collection process.

The sampling frame consisted of 19 service delivery points and 80 respondents. Consequently, questionnaires and focused group discussions were used as a data collection tools for the targeted 80 respondents.

5.2.3 Limitations of the evaluation

Due to the restrictions emanating from the safety protocols of the Covid-19 pandemic, the evaluation team and data collection team could not go out to the field to collect data. As a result, almost all data was collected was done using the telephone, cellular phones and virtual platform Microsoft (MS) Teams. As a result, during interviews, it was somehow difficult to probe for clarity seeking, and some interviewers and questionnaire administrators were unable to adequately support respondents, in instances where they were having difficulties in understanding and/or comprehending some of the questions in the questionnaires. As a result, this has affected the response rate and the manner in which some questions were responded to.

In addition, data collection also relied mainly on the ability of the respondents to be willing to participate in the study and their ability to recall information since inception of the programme

as well as in the past 5 years during their deployment. Also, there was a challenge of management or SMS members no longer reachable in some institutions as they might have changed jobs, retired, resigned, etc.

Most of the evaluation team members did have not much experience of undertaking an evaluation, therefore the evaluation also included a capacity development element which to a large extent delayed the evaluation process. Furthermore, some skills such as qualitative data analysis was not part of the initial project team and had to be brought in later in the project, this also affected the project timelines significantly because knowledgeable officials had other commitments and had to fit in the Khaedu evaluation in their already busy schedules.

5.2.4 Ethics

The Terms of Reference (TORs) and the proposal of the rapid evaluation of the Khaedu SMS Deployment Programme in Limpopo were submitted to the Limpopo Provincial Research Ethics Committee (LPREC). The LPREC is registered with National Health Research Council (NHREC) with Registration Number REC-111513-038. Consequently, the study was found to be compliant with all ethical considerations, and it was then categorized as a Low Risk Level in accordance with risk level descriptors as enshrined in LPREC Standard Operating Procedures (SOPs). The TORs and the proposal of this evaluation were also submitted to Limpopo Provincial Research Committee (LPRC). The committee was satisfied with the methodological soundness of the study.

5.2.5 Capacity development

The main objective of conducting the evaluation of the implementation of the Khaedu SMS deployment in Limpopo Province was to instil and foster learning in the evaluation practice, particularly rapid evaluation methodology. Therefore, following the development and adoption of the DPME Evaluation Guideline No 2.2.21, on 'How to undertake rapid evaluations', training on rapid evaluation methodology was conducted from 02 to 04 December 2020. Due to Covid-19 safety protocols, the training was conducted virtually. Therefore, in order to put into practice the learning and knowledge from this training, the Khaedu Programme was selected for rapid evaluation.

Consequently, the rapid evaluation of the Khaedu SMS Deployment was a continuation of the training held in December 2020. Therefore, a team of officials who were part of the training from both DPME and Limpopo OTP was constituted to conduct this study. Thus, the evaluation was conducted by this internal evaluation team without outsourcing. The evaluation was targeted to build the capacity of the officials to be able to undertake future evaluations internally. However, the issue of objectivity was closely monitored to ensure that the programme managers and officials do not influence the outcome or findings of the evaluation.

However, due to restrictions of Covid-19, the objective of capacity development was not optimally achieved, as some of the milestones of the evaluation such as data collection were done using virtual platforms. As a result, some officials could not participate in some sessions as they were working from home or on quarantine, and some of them did not have the necessary tools of trade (e.g., laptops, data, etc.) to join the virtual sessions or meetings. As

a result, the element and objective of capacity development and skills transfer for this evaluation was somehow negatively affected.

CHAPTER SIX: THEORY OF CHANGE

6.1 Introduction

A theory of change is a planning tool that explains how activities are understood to produce a series of results that contribute to achieving the final intended results (UNICEF, 2014). It is an approach to planning, learning, reflection and documentation of change.

The theory of change of the Khaedu SMS deployment expresses the underlying logic of the programme by describing how, through implementing the programme, health facilities (i.e. public health facilities) are supported to improve the delivery of health care services to the public. The theory of change is presented graphically in the pages that follow. It was developed based on the review of the programme, legal and policy framework and literature presented in chapter 3, as well as the inputs of the ESC and other stakeholders on a draft theory of change.

6.2 Khaedu Programme Theory of Change

The Khaedu Deployment Programme Managers need to be accountable for the plans they have made and therefore they need to be sure that the plans they have made are the best possible plans in the circumstances. Within this continuum, we have identified the below four broad categories of purpose (Stein and Valters, 2012).

- **Strategic planning** - This theory of change will help the Programme Managers to practically map the change process and its expected outcomes and facilitates the program implementation.
- **Monitoring and evaluation** – This theory of change assists the Programme Managers to articulate expected processes and outcomes that can be reviewed over time. This will assist in assessing their contribution to change and revise the current draft theory of change.
- **Description** – Furthermore, this theory of change will allow the Programme Managers to communicate their chosen change process to internal and external stakeholders
- **Learning Tool** – which will assist the Programme Managers to clarify and develop the theory behind their programme. This relates to an understanding of the theory of change as a thinking tool.

For changes to occur there has to be changes in the capability, motivation and the opportunity to display the behaviour. Change mechanisms are triggered by awareness; agreement/ownership; access; relationship/trust; formalisation; ability.

- **Awareness** – those responsible for implementing the programme should be aware of the needs of people on the ground, their strengths/capabilities, their views, their vulnerabilities, tensions etc., as well as the challenges facing frontline staff.

- **Agreement** – there should be agreement that understanding of the reality on the ground builds respect for clients, and that this means public servants must treat them respectfully. Implementers should have ownership of the problems facing frontline staff and empathy of why they respond as they do.
- **Relationship/trust** – deployment triggers building of relationships and trust with different groups, men/women, young/old, local/migrants, rich/poor as well as frontline staff.
- **Formalisation** – experiences are formalised for processes which triggers learning and utilisation.

All of this would then be likely to lead to changes in:

- Capability – better understanding of the problems on the ground, and how these can be better resolved (maybe the competence card would be here)
- Motivation – empathy with people on the ground, staff and clients building motivation to make a difference
- Opportunity – finding ways to apply the learnings to improve services

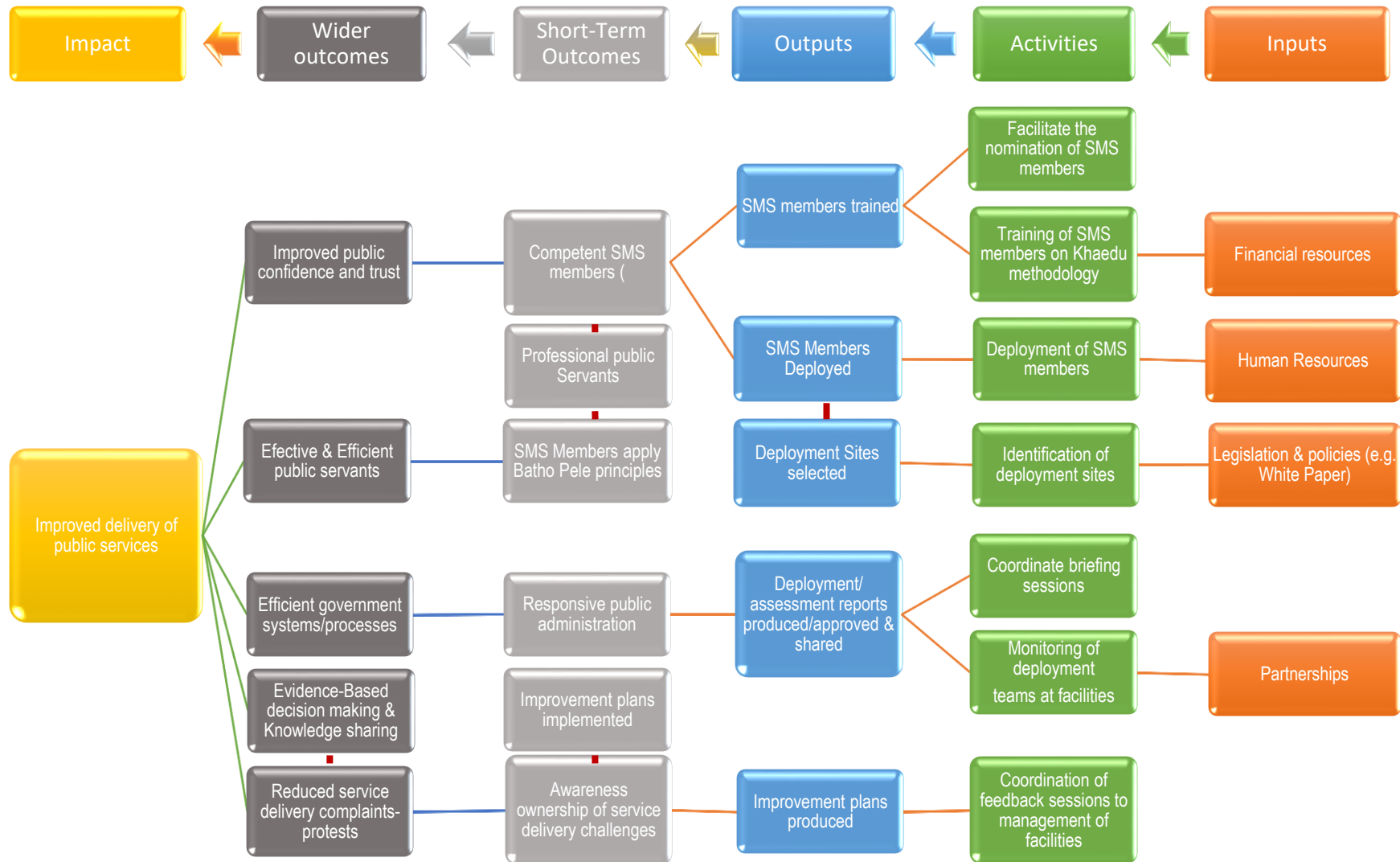
Then this would hopefully lead to improved competence and a more responsive staff. The Theory of Change (ToC) of the Khaedu SMS Deployment Programme posits that if facilitation of the nominated SMS members takes place, SMS members are trained on Khaedu methodology, deployment sites are identified and SMS members deployed, briefing sessions are coordinated, deployment teams are monitored at facilities, there is coordination of feedback sessions to management of facilities, deployment/ assessment reports are produced/approved & shared, then service delivery challenges will be identified, leading to awareness and ownership of service delivery challenges, development and implementation of improvement plans, responsive public administration, competent SMS Members adhering to application of Batho Pele principles.

The theory hypothesises that once there is improved public confidence and trust, effective and efficient public servants, efficient government systems/processes in place, evidence-based decision making and knowledge sharing, reduced service delivery complaints-protests then ultimately the delivery of public services will be improved.

Contextual and programmatic assumptions have been made to ensure the Theory of Change (ToC) is plausible and these are:

- There is sufficient funding available for training and implementation of recommendations;
- All trained SMS participates in other elements of the programme;
- Deployment managed professionally so exposes public servants and helps them to process their learnings;
- Recruited SMS members have adequate potential so respond to the training;
- Sufficient skilled and professional personnel;
- Improvement Plans are used/implemented; and
- Good corporate governance/Systems and processes.

RAPID IMPLEMENTATION EVALUATION OF THE KHAEDU SMS DEPLOYMENT PROGRAMME – THEORY OF CHANGE



ASSUMPTIONS

- ✓ Sufficient Funding available for training and implementation of recommendations
- ✓ All trained SMS participates in other elements of the programme;
- ✓ Deployment managed professionally so exposes public servants and helps them to process their learnings’;
- ✓ Recruited SMS members have adequate potential so respond to the training
- ✓ Sufficient skilled and professional personnel;
- ✓ Improvement Plans are used
- ✓ Good corporate governance

CHAPTER SEVEN: FINDINGS OF THE RAPID IMPLEMENTATION EVALUATION

7.1 Introduction and biographical data of respondents

The analysis was conducted from five (5) questionnaires which were administered with Senior Management Service (SMS) Members, Khaedu Champions/Coordinators, representatives / management of monitored facilities and management of the Department of Health, and Programme Managers from the Limpopo Office of the Premier, National School of Government (NSG) and Department of Public Service and Administration (DPSA). The groups consisted of 19 SMS Members, 10 Champions/Coordinators and 9 representatives of monitored facilities interviewed. Of the 19 SMS members 6 were from Capricorn District, 2 from Mopani District, 5 from Vhembe District and 3 from Waterberg District. 3 were unspecified.

The 10 champions/coordinators interviewed were representing two (2) districts, namely; Mopani (1) and Capricorn (6) and 3 did not specify their districts.

The respondents were from four districts (Capricorn, Mopani, Waterberg and Vhembe) of Limpopo Province and different departments including the Office of the Premier and the Departments of Agriculture Land Reform and Rural Development, COGHSTA, Economic Development Environment and Tourism, Education, Limpopo Provincial Treasury, Office of the Premier, Social Development, Sport, Arts and Culture and Transport and Community Safety amongst others.

The results present the views of all these stakeholders.

The Table below represent the facilities visited by Deployed SMS Members for monitoring purposes as per the Khaedu programme.

Table 2: Facilities visited by SMS members

Facilities visited by SMS Members
Nkhensani Hospital
Dilokong Hospital
Letaba Hospital
Warmbaths Hospital
Tshilidzini Hospital
Lebowakgomo Hospital
Malamulele Hospital
Lephalale District Hospital
ST Ritas Hospital
DH Ondendaal Hospital
Donald Fraser Hospital
Warmbaths town clinic

Figure 1 and 2 below depicts gender and age distribution, and years of service for SMS members and Champions.

Of the SMS members respondents 63% (12) were females whilst 37% (7) were males and 50% (5) of the Champions were males and 40% (4) were females with 1 unspecified.

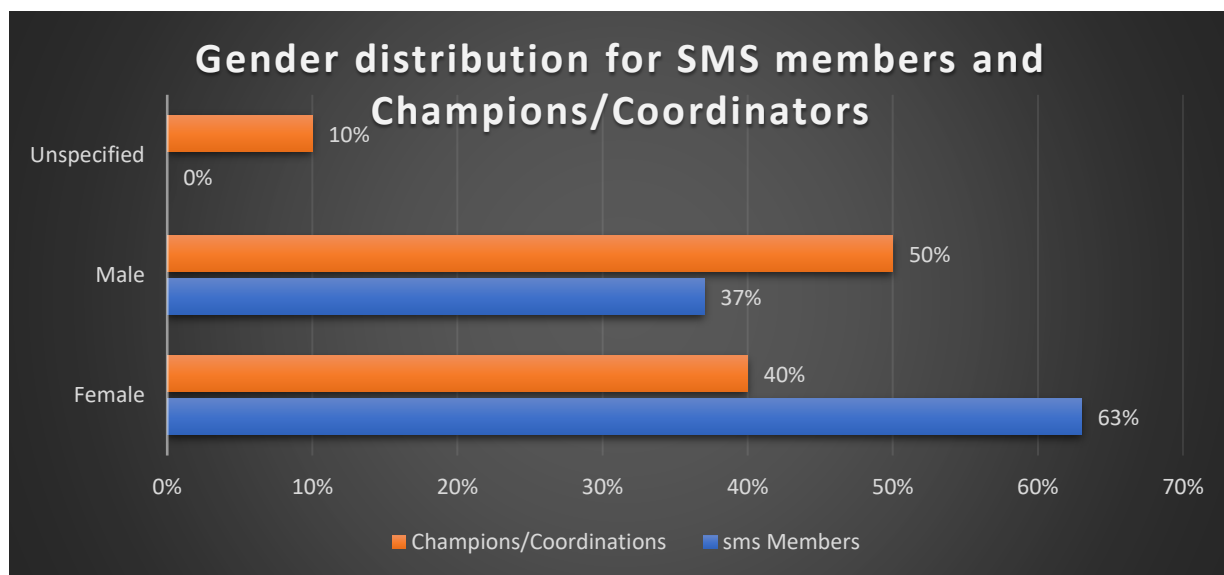


Figure 3: Gender distribution for SMS members and Champions

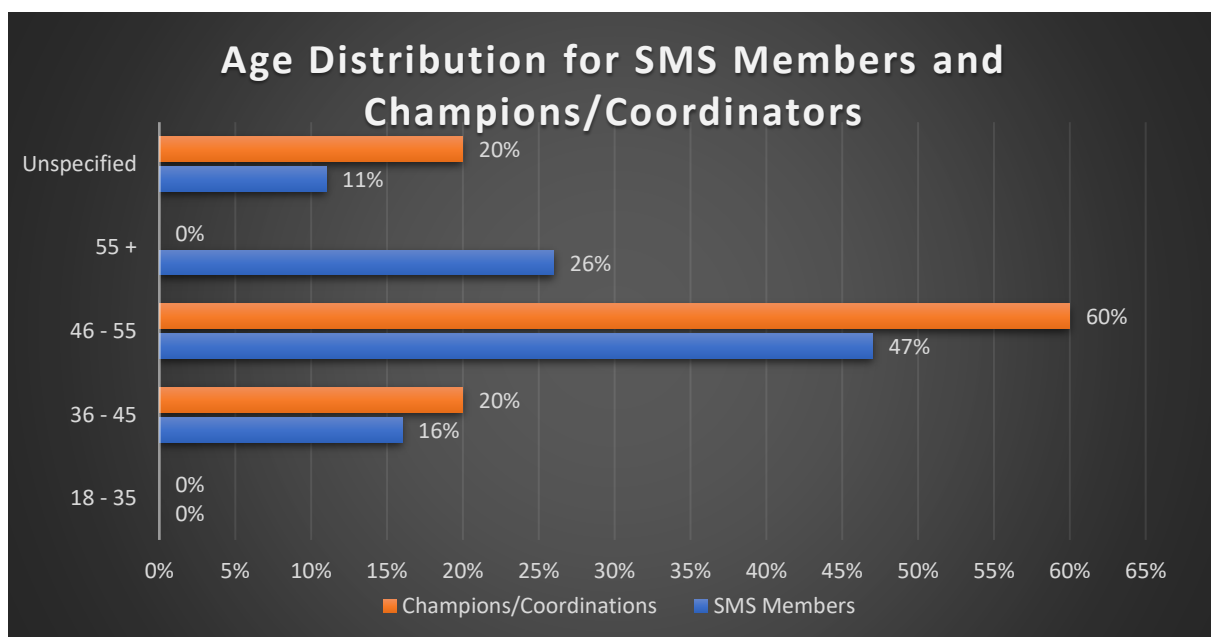


Figure 4: Age distribution for SMS members and Champions

In both groups (SMS members and Champions) the dominant age group was 46 - 55 years with 47% (9) for SMS members and 60% (6) for Champions. None of SMS members and Champions were part of the youth age category group 18 - 35 indicating a limited youth participation in the programme.

The Table below depicts the number of years of service of Senior Management Services (SMS) Members and years of service as a Khaedu Champion/ coordinator.

Table 3: Years of service of SMS Members and Champions

Years of Service	SMS Members	Percentage	Champions/ Coordinators	Percentage
1 - 5 years	1	5%	3	30%
6 - 10 years	8	42%	4	40%
11 – 15 years	4	21%	3	30%
More than 15 years	5	27%	0	0%
Unspecified	1	5%	0	0%
Total	19	100%	10	100%

The Table above shows that 42% (8) of the SMS members have 6 -10 years of service as SMS Members and 40% (4) of the Champions have 6-10 years of service as coordinators for the Khaedu programme, 5% (1) of the SMS members have 1-5 years of service as SMS members and 30% (3) of the Champions have 1- 5 years of service as coordinators for the Khaedu programme whilst 21% (4) of the SMS members have 11-15 years of service as SMS Members and 30% (3) of the Champions have 11-15 years of service as coordinators and 27% (5) SMS Members have more than 15 years of service as SMS Members. The majority of both SMS members and Coordinators have 6-15 years of service.

7.2. Khaedu Programme Analysis – Results of the evaluation

The results/findings will be presented according to the key evaluation questions that were identified in the research matrix outlined in the terms of reference for the evaluation. The following were the key evaluation questions:

1. Is the Khaedu deployment programme being implemented according to the design in Limpopo? (effectiveness and efficiency)
2. How is the programme contributing to service delivery at monitored/ assessed service delivery facilities/points? (effectiveness/emerging impact)
3. What were the overall benefits of the programme (intended and unintended) effectiveness/impact)
4. What are the challenges facing the implementation of Khaedu SMS deployment?
5. Is the Khaedu programme still relevant in Limpopo?
6. If relevant, how can the programme be strengthened in Limpopo and the implications for the programme nationally?

It should be noted that the results pertaining to questions 4 and 6 will be presented in one section because the two questions have been combined.

7.3 Is the Khaedu Deployment Programme being implemented according to the design in Limpopo? (Effectiveness and Efficiency)

This section covers knowledge and understanding of the programme, training, deployment, implementation of programme as intended, efficiency, effectiveness.

7.3.1 Knowledge and understanding of the programme

Understanding of the Khaedu programme:

In order to ascertain participants' understanding of the Khaedu Programme they provided insight about their understanding, further reflecting on the programmes' components and how they envisage it to work. The results of the evaluation illustrate that all the participant groups (champions, custodians, programme managers and individual SMS) indicated that the Khaedu programme was designed for senior management, with one champion adding that it is also targeted at middle management (MMS) and general public servants. All groups of participants identified training (except for Champions) and deployment as components of the programme. It is however, noteworthy that only one individual SMS indicated the training component and two champions and six individual SMS, identified the deployment component in unpacking their understanding of the programme.

Whilst all groups of respondents, except for individual SMS indicated that the Khaedu programme is designed to help identify service delivery challenges, all the different groups of respondents, including SMS indicated that the Khaedu programme helps address service delivery challenges; with 15 of the 19 individual SMS and 8 of the 10 champions indicating that the programme's objectives are to address/unlock service delivery challenges. Participants added that service delivery challenges were to be addressed by focusing on customer needs at the coal face and by proposing practical solutions, and devising improvement plans, with one respondent even adding that the gaps can be mainstreamed into strategic plans and help accelerate service delivery and bring about change.

Monitoring was identified by custodians, half of the champions and 4 of the 19 individual SMS as a component of the Khaedu programme. All groups, except the programme manager highlighted that the programme plays a role of being a constant reminder to comply with public service conduct, regulations, ethics, and Batho Pele (BP) principles at service points. A custodian further highlighted that the programme is informed by the Batho Pele Revitalisation Strategy and identified back and front office operations as well as internal and external communication as the 4 pillars of the programme.

A champion and three individual SMS indicated that the programme has a team/collaborative approach to planning and problem solving and empowers managers. Very few respondents (a champion, a programme manager, a custodian and two individual SMS) highlighted the sharing of findings and recommendation to management as a component of the programme. Identification of service excellence was identified by three champions, and reinforcement of learning was identified by a champion and a custodian only. It was also noteworthy that only one SMS indicated the role of the programme in ensuring that policies are informed by realities on the ground.



Overall, the results seem to indicate that different groups seem to emphasize different components of the programme in illustrating their understanding of the programme. The results show that generally, all participant groups and as illustrated in the picture cloud, tend to emphasise the unlocking of bottlenecks and have a general understanding that the programme is designed for SMS, even though one champion indicated that it was also designed for MMS.

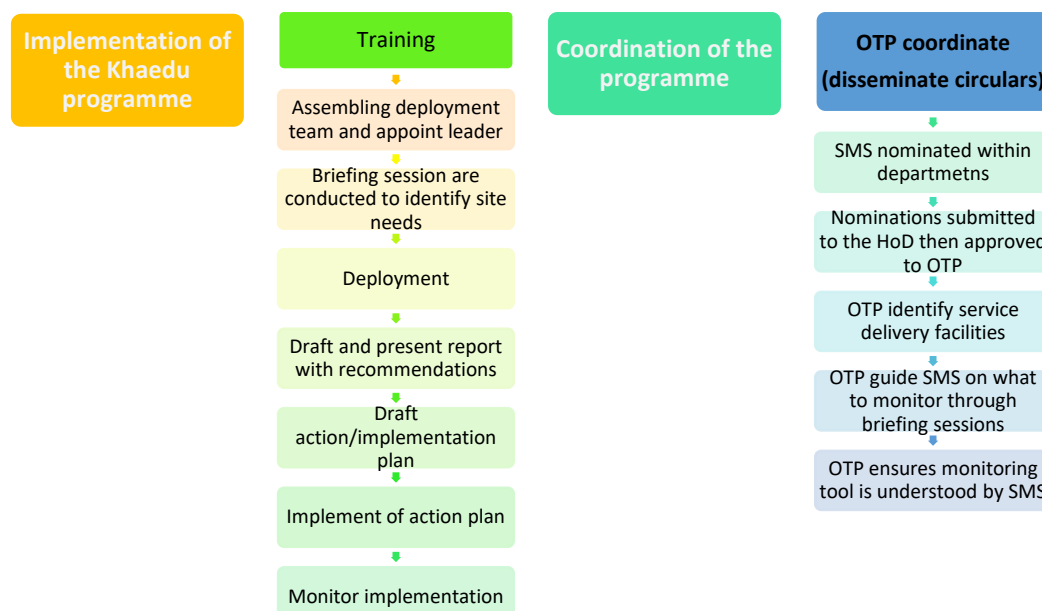


Figure 5: Steps and activities involved in delivering the Khaedu programme as depicted by Champions

The Flow Chart above depicts the process of implementing the Khaedu programme as depicted by champions. It was noteworthy that in responding to this question, some champions focused on the process (steps and activities) based on how the programme is coordinated and others,

in how the programme is implemented. Respondents were asked whether the programme implementation in practice worked the way it was designed.

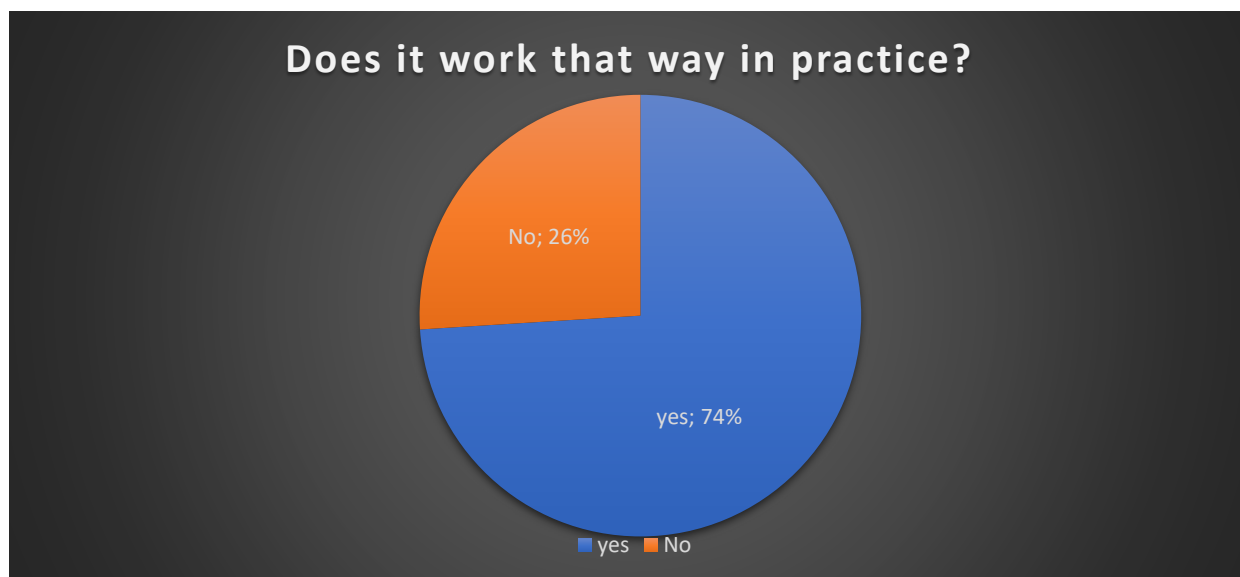


Figure 6: Design and implementation of Khaedu

The Figure 7 above represents the level at which the Khaedu Programme has worked in practice compared to the design. Out of the 19 SMS members 74% (14) said yes, the programme has worked that way in practice while 26% (5) said no the programme did not work that way in practice.

Proponent of whether the Khaedu programme worked in practice the way it was designed and understood:

Participants were requested to reflect on whether the Khaedu Programme worked well in practice. Some of the responses to support that the programme worked well in practice, included that the programme exposes management to the coalface (2 champions and 4 SMS), where briefing sessions are conducted before and after deployment to understand the needs of service delivery sites and provide recommendations to assist management to mainstream service delivery challenges into operational plans (4 SMS) and unlock service delivery challenges (1 Programme Manager, 4 SMS and 4 champions).

Champions further highlighted that they received positive testimonies and observed partial improvements, which indicate that the programme is a step in the right direction. Only two champions and one SMS highlighted that the programme worked well in practice because it functions as an oversight body. Two individual SMS highlighted the internalisation of Batho Pele principles, the collaborative approach, and the ability of the programme to empower managers in key management and administrative skills as components that illustrate that the programme worked well.

Critique of whether the Khaedu programme worked in practice the way it was designed and understood:

Eleven SMS members, a champion and a programme manager indicated that recommendations from the reports and implementation plans tend not to be implemented. Some highlighted a lack of resources and others highlighted bottlenecks outside facilities' control as aspects that impede implementation. An individual SMS and a champion also indicated that the programme does not work well because monitoring or follow-up visits are not undertaken, deployment reports are not disseminated, and deployments are either not conducted or conducted for compliance purposes. There were assertions from some SMS members that some managers treat deployments as "holidays" and only resurface during the reporting sessions.

Overall, all respondents have demonstrated a good understanding of the programme design. A high number of respondents at 74% agreed that the programme works as per design however there were challenges regarding implementation of recommendations from the reports and implementation plans due to lack of resources and monitoring or follow-up visits are not undertaken, deployment reports are not disseminated, and deployments are either not conducted or conducted for compliance purposes.

7.3.2 Is the Khaedu in Limpopo Province implemented as intended?

The questions on whether the Khaedu SMS Deployment Programme in Limpopo province is implemented as intended was posed to SMS Members, Champions/ Coordinators, Programme Managers and Custodians and below are the responses.

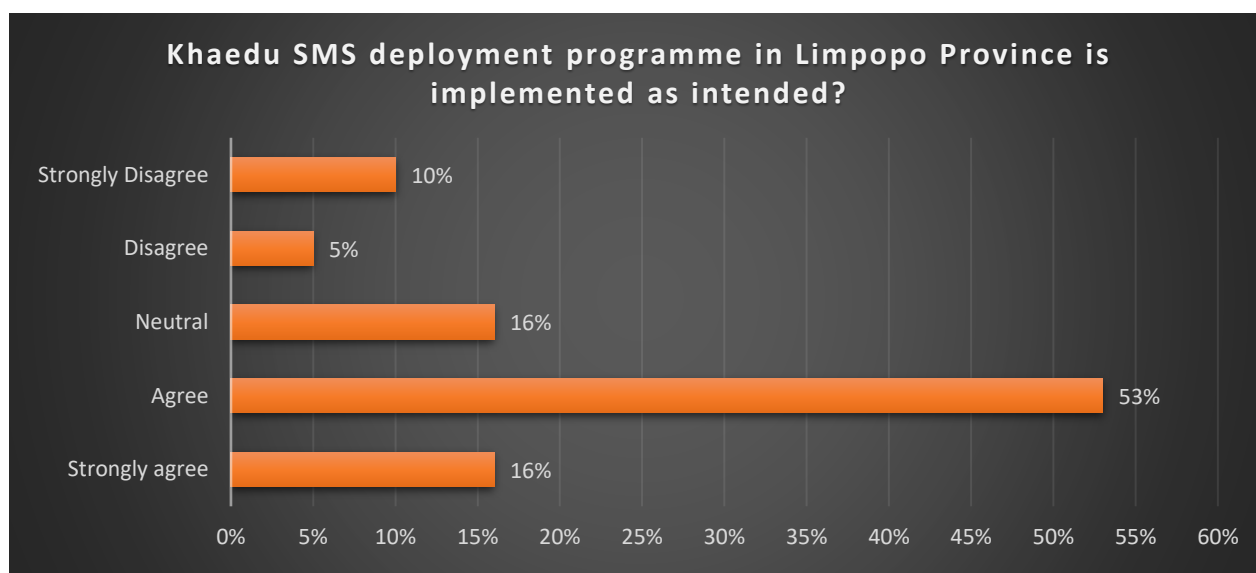


Figure 7: SMS Members view programme implemented as intended

From the Figure above, about 68% (13) of the SMS agree, which is the combination of the 53% (10) agree and 16% (3) strongly agree that the program was implemented as intended.

About 15% (3) 10% (2) strongly disagreeing and 5% (1) of the SMS members disagree that the programme was implemented as planned. Of the 16% (3) SMS who were neutral said that implementation is lacking and there are no follow ups on the action plan, challenges and remedy.

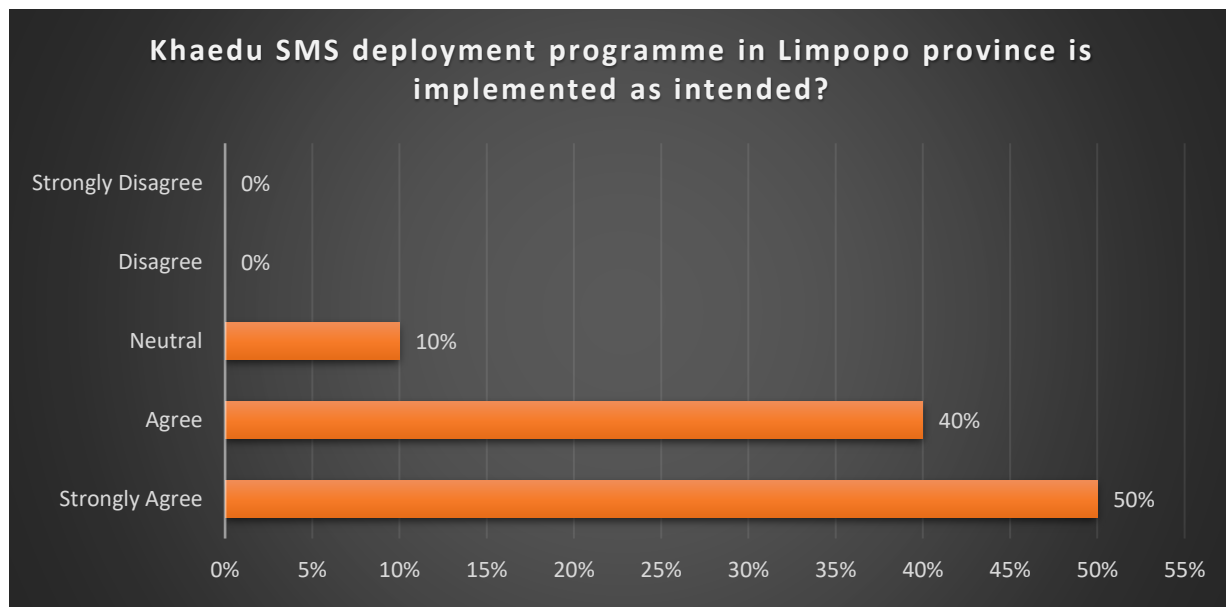


Figure 8: Coordinators view programme implemented as intended

From the Figure above, it can be deduced that 90% (9 from (5) 50% that indicated that they strongly agree and the (4) 40% that indicated they agree) of the respondents agree that the Khaedu SMS deployment programme was implemented as intended while 10% (1) indicated a neutral view on the implementation of the programme.

Reflections: Programme implemented as intended:

Of the nine champions and 13 individual SMSs that indicated that the programme was implemented as intended, 5 identified the reporting or presentation of reports and recommendations, 6 champions and 7 SMS identified deployment, a champion and SMS identified ‘careful’ selection of sites and the ability of the programme to facilitate the identification of service delivery challenges, and 2 champions and an individual SMS identified monitoring and coordination by the OTP as aspects that indicated that the programme is implemented as intended. Champions (n= 5) also highlighted that they observed improvements in service sites, with some indicating that clean audits and challenges that were quick wins/did not require funding were addressed. Two champions also highlighted that briefing sessions, collaborative efforts in providing solutions and the nomination and deployment approval processes illustrate that the programme is implemented as intended.

Reflections: Programme was not implemented as intended:

Champions and individual SMSs that indicated that the programme was not implemented as intended stated that the lack of follow ups (n= 1) and poor implementation of recommendations (a champion and 6 SMS) contributed. Individual SMSs also highlighted the lack of

site/coordinator preparedness (n= 1), not training of SMS before deployment (n= 1), inconsistencies in the application of the Khaedu methodology (n= 1) and inconsistencies in deploying (n= 2) as a result of workload and other commitments that hamper attendance to contribute to poor implementation.

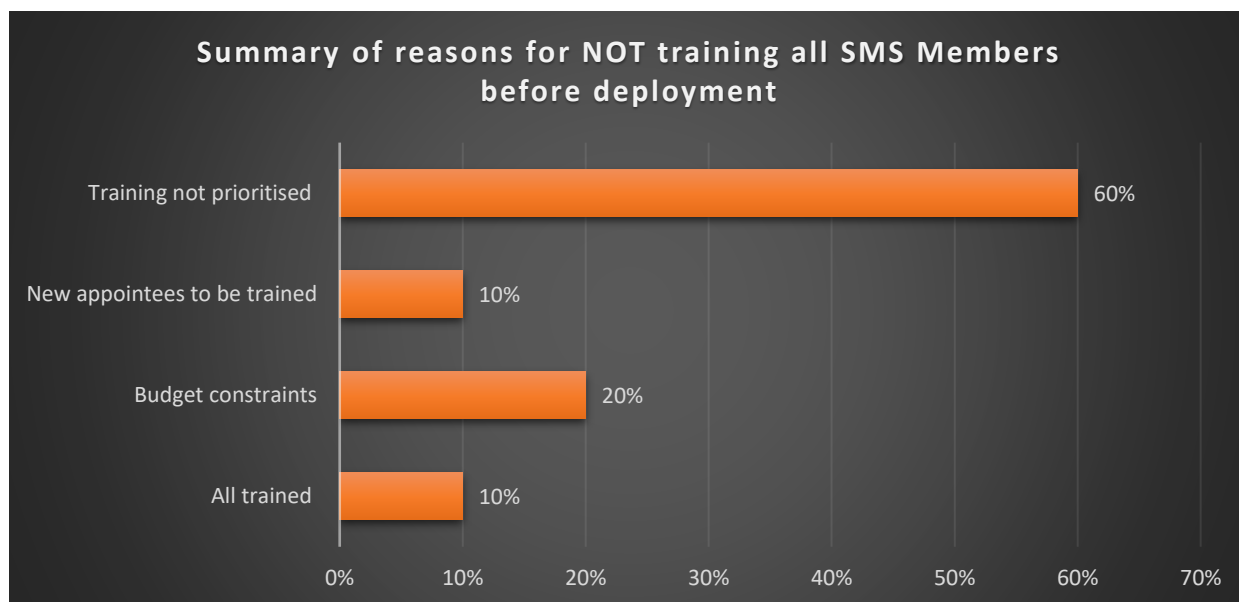


Figure 9: Reasons for not training all deployed SMS members

Some of the factors that were identified by the 8 champions that indicated that SMS members did not always receive training included budget constraints, work commitments, turnover, unresponsive HR, and the lack of prioritisation of the programme by HR and departments. Two of the champions further highlighted that untrained SMSs are briefed before deployment, with one stating that “In some instances, due to work commitments, we had to replace one SMS member with someone who did not attend training, with the understanding that other colleagues within the deployed team will assist her/him...” Another champion stated that even though they are not trained before deployment, “... the coordinators ensure that ‘deployees’ are briefed on the tools to be used and comply with critical management criteria...”

Programme managers and custodians that indicated that the programme was not implemented as intended identified the lack of training before deployment as a contributor. Custodian also pointed that the lack of executive support for the programme and inadequate monitoring practice (monitoring not based on training) affected proper implementation.

More individual SMS than champions seemed to be of the view that the Khaedu programme was not implemented as intended. The lack of implementation of recommendations was the major concern. Champions on the other hand, seemed to be of the view that the programme was implemented as intended, with a number of them identifying its ability to facilitate deployments, enable the reporting of findings and recommendations as well as its ability to contribute to improvements and clean audits in sites as illustrating that it is implemented as intended.

7.3.3 Training implementation

The questions on training implementation were posed to both SMS Members and Champions/ Coordinators. The findings on training implementation will be presented as per SMS members and Champions/ Coordinators perspective.

Training implementation SMS perspective:

SMS Members were asked whether they were trained on Khaedu SMS Deployment programme, below are the responses.

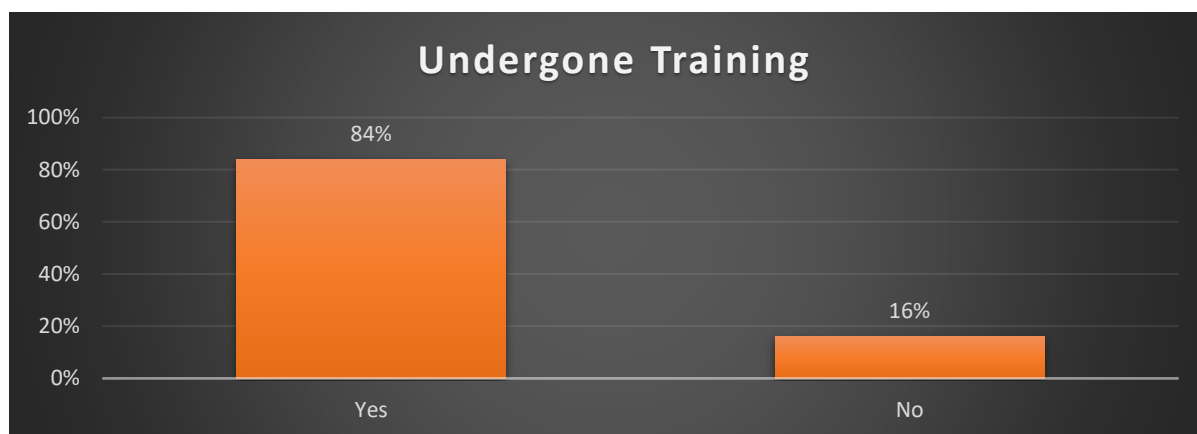


Figure 10: SMS trained on the Khaedu SMS Deployment programme

Of the 19 SMS Members respondents, about 84% (16) of SMS Members were trained on the Khaedu deployment programme whereas only 16% (3) were not trained on the programme which is not in line with the programme design where all SMS members that are part of the programme should be trained before deployment. SMS Members were asked whether they trained before or after the deployment, below are the responses.

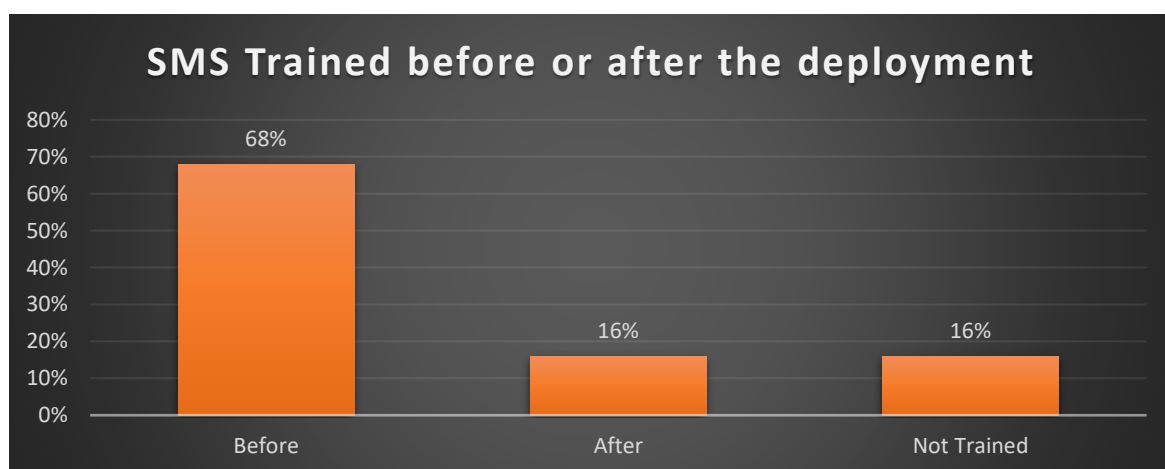


Figure 11: SMS trained before or after the deployment

The Figure above depicts that out of the 19 responses from SMS members, 68% (13) went for training before the deployment and 16% (3) went after the deployment whilst 16% (3) were not trained. This translates to 32% SMS members not trained or trained after deployment which is not in line with the programme design where SMS members are to be trained before deployment. SMS Members were asked when last were they trained on Khaedu SMS Deployment programme and the duration of the training.

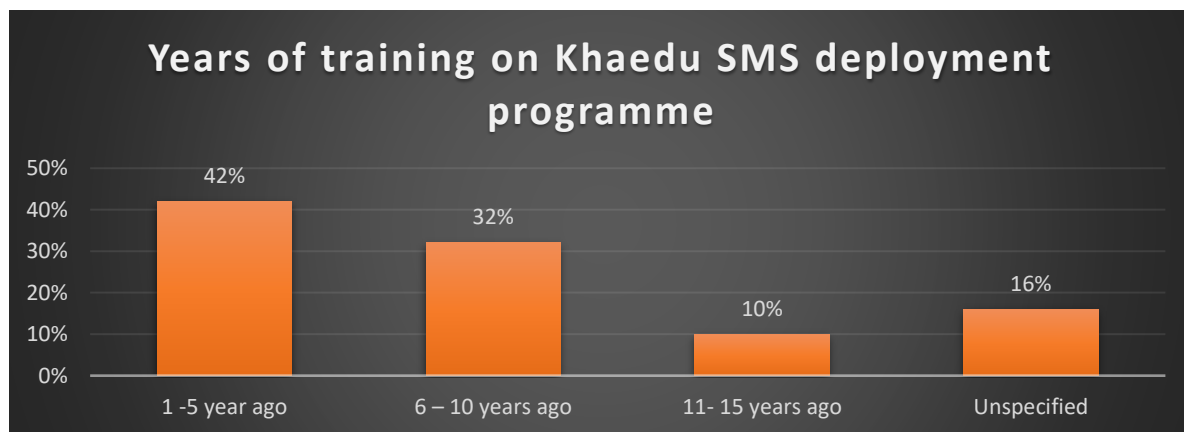


Figure 12: Duration since the training on Khaedu SMS Deployment programme

The Figure above, represents the years when an SMS member was trained on the Khaedu SMS Deployment Programme, out of the 19 SMS 42% (8) were trained 1 to 5 years ago, 32% (6) were trained 6 to 10 years ago, 10% were trained 11 to 15 years ago while 16% (3) did not specify. This is indicative that refresher courses might be required for the 42% SMS who were trained 6-15 years ago and the 16% who did not specify. The reason for not specifying might be that the training was conducted years ago that respondents cannot remember the years.

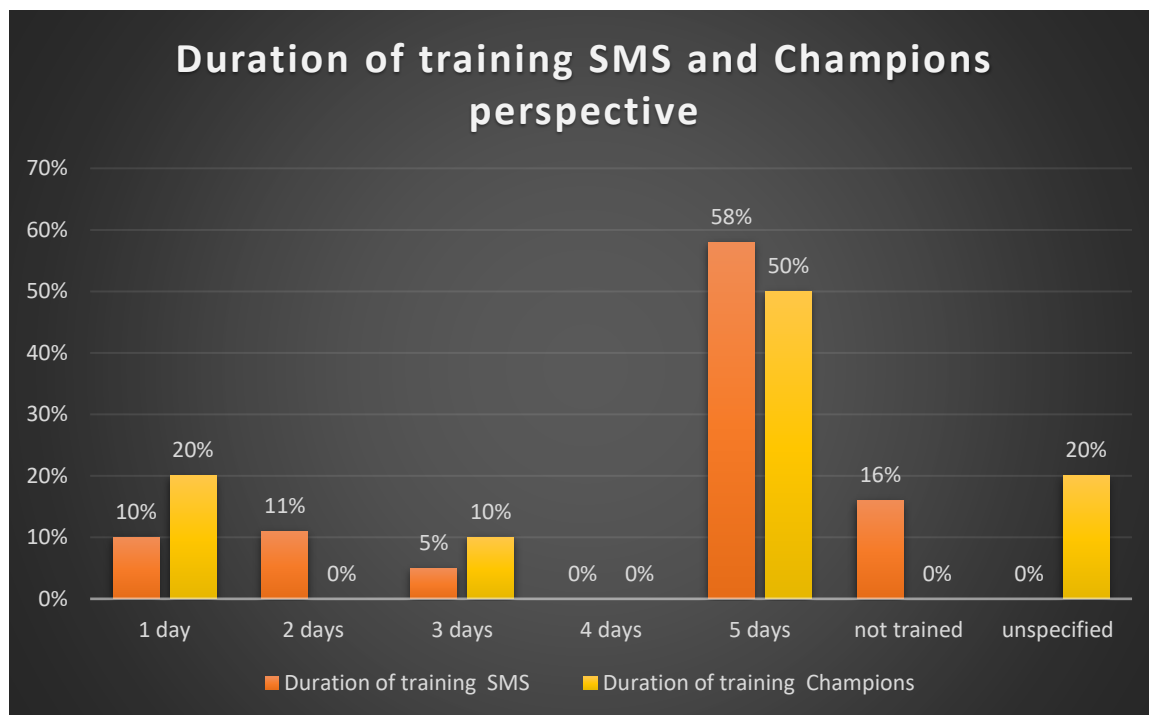


Figure 13: Duration of training SMS and Champion’s perspective

The Figure above shows that out of the 19 responses from SMS Members, 58% (11) indicated that they have attended the training for 5 days, 16% (3) did not specify the number of training days, while 26% attended training between 1 and 3 days with 5% (1) attended for three days 11% (2) attended for two days, 10% (2) attended for one day, whereas no one attended for four days. The Figure further shows that 50% (5) Champions indicated SMS members were trained for 5 days, 20% (2) were trained for a day and 10% (1) were trained for 3 days. There was 0% of those trained for 2 days and 4 days respectively and 20% (2) did not specify. These findings are consistent with the findings on the training duration as per the SMS Members perspectives.

Only 58% of the SMS respondents attended a five-day training and the rest either attended less days or were not trained. This is against the programme design which indicates that a 4.5-day intensive core skills development programme forms part of Khaedu programme and exposes participants to practical exercises and case studies or the realities of the situation in the South African public service. Furthermore, participants are required to apply the core skills to analyse a set of service delivery challenges during deployment, produce a report, and make a presentation on their findings and recommendations. Based on the above findings, it can be concluded that the province does not fully comply with the 5-day training of SMS Members before deployment.

Training implementation Champions/ Coordinators perspective:

Champions/ Coordinators were asked whether training of SMS members is prioritised in their department, all the deployed SMS members from their department received training, reasons for not training SMS members before deployment and how long was the training? The responses of the Champions/ Coordinators are depicted below.

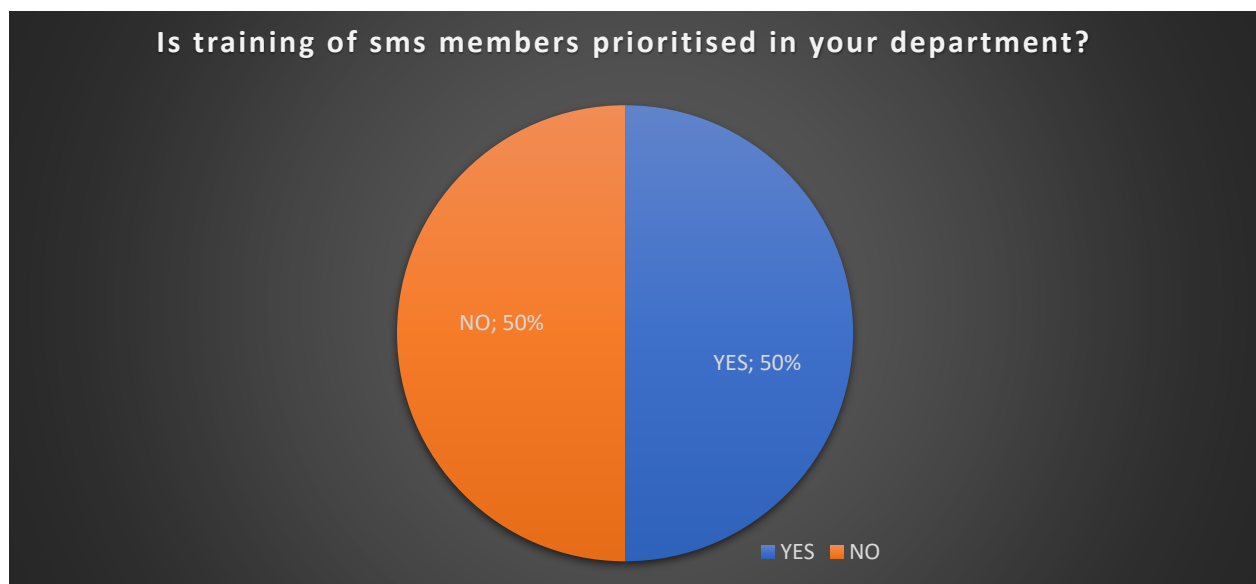


Figure 14: Prioritisation of training of SMS members in departments

The Figure above shows that 50% (5) of the champions indicated that training of SMS members was prioritised in their departments, while the remaining 50% (5) indicated that training was not prioritised in their respective departments.

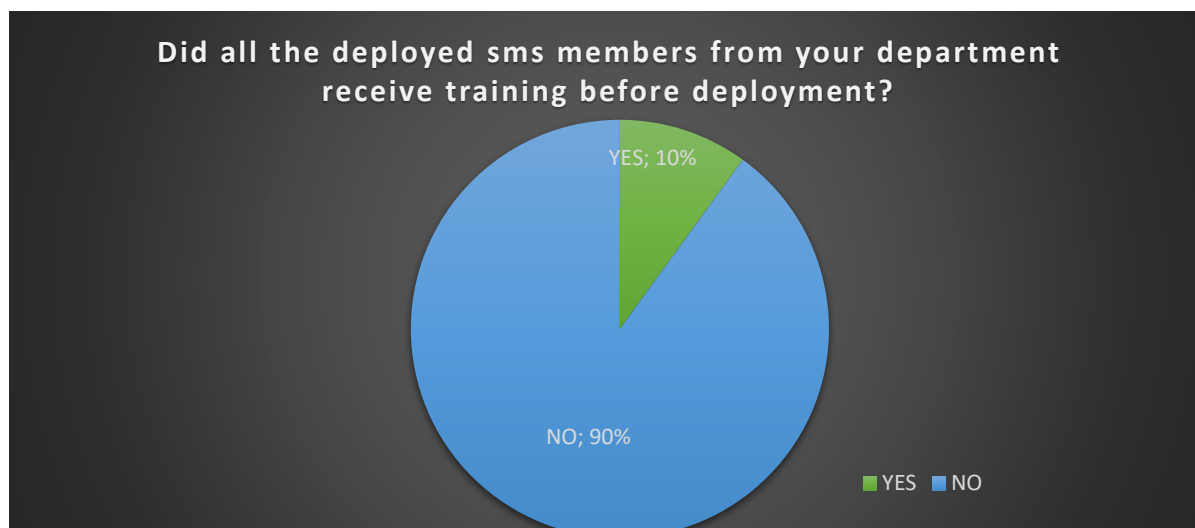


Figure 15: Training of SMS members before deployment

As per the Figure above, about 90% (9) of the Champions/ Coordinators indicated that deployed SMS members from their departments did not receive training before deployment. Only 10% (1) of the Champions indicated that all their deployed SMS members did receive training before deployment. This is a huge cause for concern because some SMS members are not subjected to the 5-day training before deployment. Reason being members of the SMS received briefing prior to their participation in the project to clarify the expectations and their role in the project. Furthermore, they also received training focusing on leadership and strategic planning as well as budget (resource) management. The briefing and the partial training are in no way a substitute for the 5-day training phase which covers the following broad areas: process design, problem solving and business mathematics; creating effective organisations and strategies; people and change management and building a 'win-win staff unions, financial Management; and effective communication for results.

7.3.4 Deployment

The questions on deployment were posed to both SMS Members and Champions/ Coordinators. The findings on deployment will be presented as per SMS members and Champions/ Coordinators perspective. The following questions were posed to SMS Members Champions/ Coordinators, the difference was that the questions to the Champions/ Coordinators were about SMS members in their departments and not about themselves: How many times have you been deployed on Khaedu SMS programme between 2015/16 – 2019/20 financial years? On average, how many days did you attend the deployment at a particular facility/ site? Is Khaedu SMS deployment programme in Limpopo Province implemented as intended? Below are the responses form the SMS Members and Champions/ Coordinators perspective.

Deployment: SMS and Champions perspective:

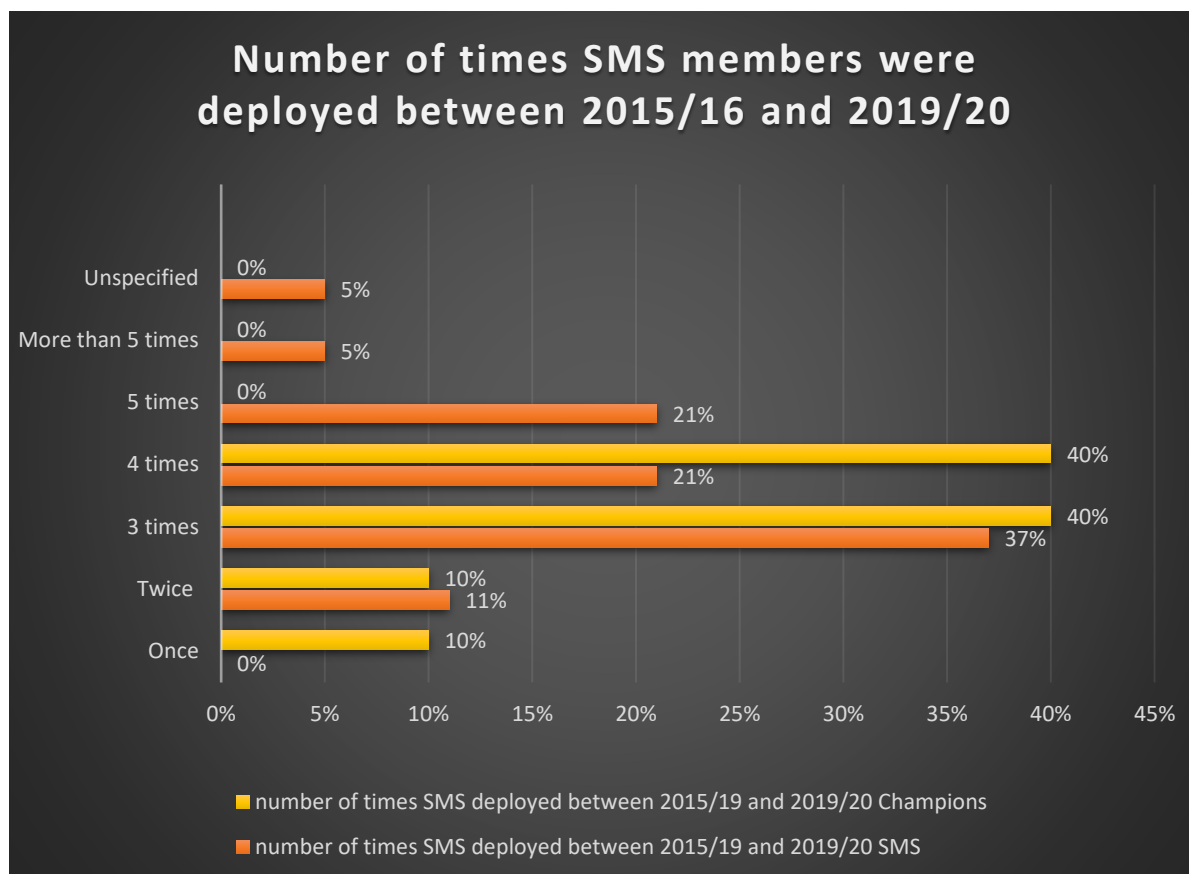


Figure 16: Number of times SMS Members were deployed between 2015/16 – 2019/20

From the Figure above, 79% (15) of the 19 SMS Members were deployed between three time to five times between 2015/16 to 2019/20 and of that 37% (7) have been deployed three times between the years 2015/16 to 2019/20 financial years, 21% (4) were deployed four times between the years 2015/16 to 2019/20 financial years, 21% (4) were deployed five times between the years 2015/16 to 2019/20 financial years, 11% (2) was deployed two times between the years 2015/16 to 2019/20 financial years, while 5% (1) was deployed more than five times between the years 2015/16 to 2019/20 financial years, only 5% (1) person did not specify. The Khaedu programme proposes that all SMS members should undergo a compulsory deployment to a service delivery point every performance cycle or year.

The Figure further depicts the Champions/ Coordinators perspective on the deployment of SMS members in their departments. The average number of times SMS member were deployed was 3 and 4 times with 40% (4) each respectively almost similar to the SMS responses while those who were deployed 1 and 2 times were 10% (1) each respectively. It can be deduced that 40% (4) of the respondents thought that SMS members were deployed for at least 3 times during the period 2015-2020 and 20% of the respondents thought that SMS members were deployed at least once during the period 2015-2020. Considering that the question posed was covering a five-year performance cycle, 71% of SMS members indicated they were deployed between 3 to 5 times while 80% of Champions indicated that SMS members were deployed 3-4 times indicating compliance to some extent to the proposal of deployment every performance cycle.

The representatives of the Monitored Facilities that were interviewed in Limpopo during the Khaedu Programme evaluation were 9. The Figure below indicates how many times the facilities were monitored through the Khaedu SMS deployment programme, about 45% (4) of the facilities were monitored twice whereas 22% (2) were only monitored once and three times respectively. None of the facilities were visited more than three times during the period under review whilst 11% (1) did not specify. This contradicts the response by SMS members and Champions above.

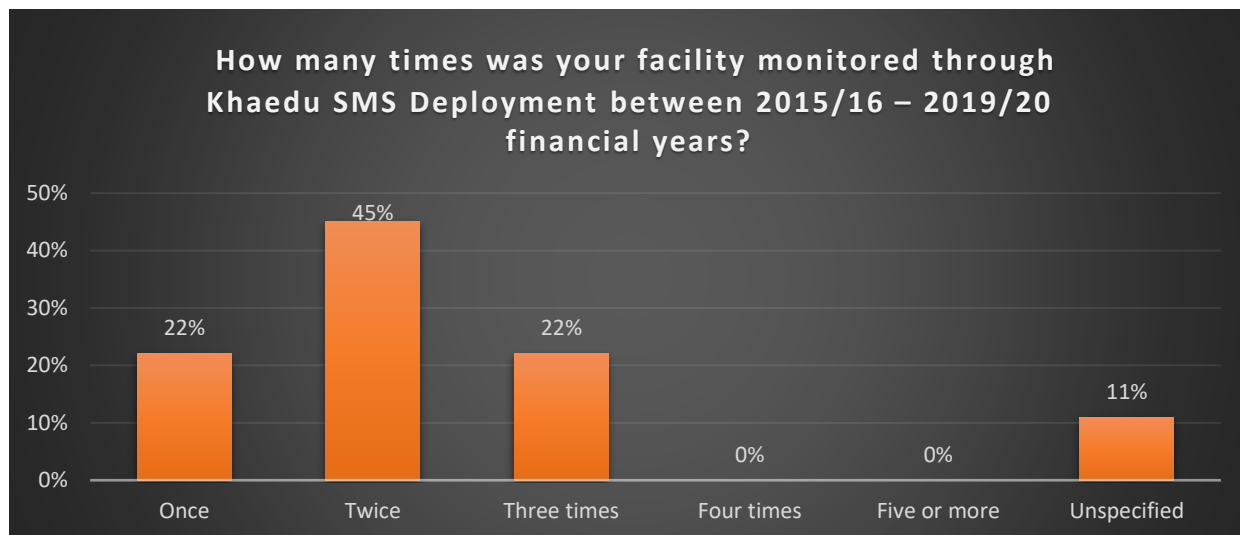


Figure 17: Management’s view of the number of times facility monitored 2015/16 – 2019/20

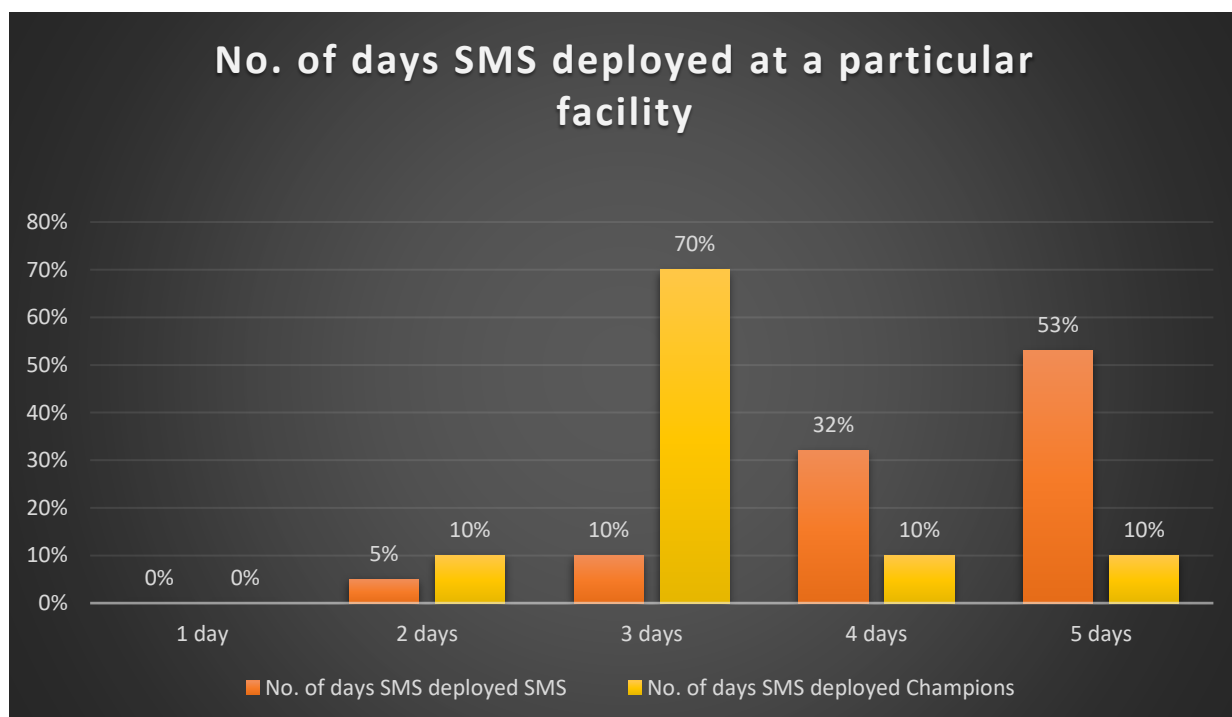


Figure 18: Number of days SMS deployed at a particular facility/ site

From the 19 SMS Members who responded, overall 95% (18 were deployed between three and five days, which translate to 53% (10) being the highest attended days with five days,

followed by 32% (6) with four days at a facility/site, 10% (2) for three days at a facility /site and 5% (1) attended deployment for two days on average whereas no one attended a deployment at a facility or site for one day. From Champions/ Coordinators perspective, the results indicate that most (90%) SMS members were deployed between three and five days which translate to 3 days being the highest at (70%) and about 10% were of the view that SMS members were deployed for 4, 2 and 5 days respectively and none were deployed for one day.

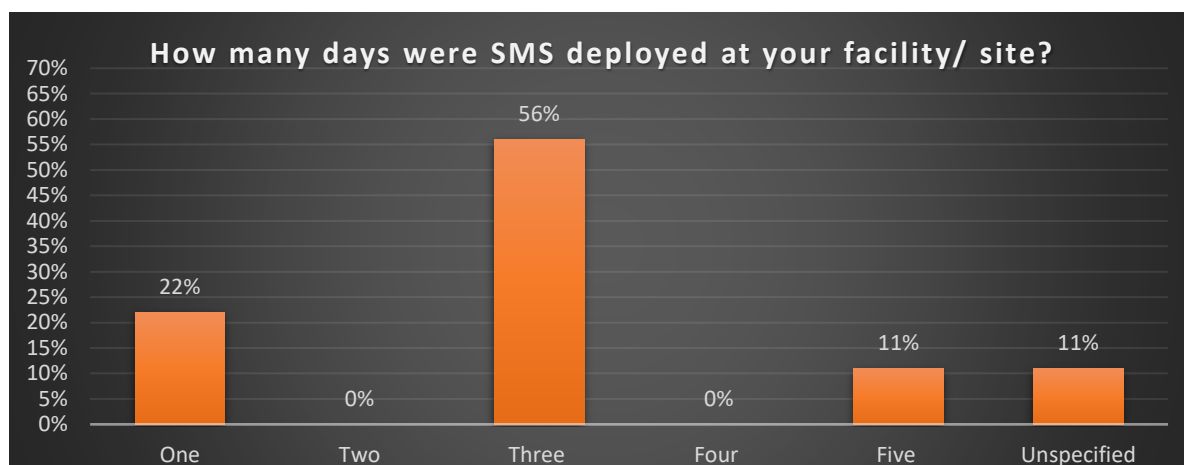


Figure 19: Facility management's view Number of days SMS deployed at your facility/ site?

The Figure above illustrates the number of days the SMS were deployed to the facilities/sites as per facility management response. About 56% (5) of facility managers were of the view that SMS were deployed for three days, 22% (2) for only a day, and 11% (1) for five days and 1 did not specify. None (0) of the facilities management indicated that SMS members were deployed for two or four days.

According to the programme design, a 5-day supervised deployment to the coalface in which, as part of a team, the participants identify and try to solve one or two critical issues that they find at a host site. About 85% of SMS members indicated that they were deployed for 4-5 days while 70% of Champions indicated that SMS members were deployed for 3 days. There seems to be some alignment with the 5-day deployment programme but there is room for improvement on the deployments. The number of days of deployment coupled with the fact that only 58% of SMS members are trained before deployment have the potential to negatively impact on the efficiency and effectiveness of the Khaedu programme in Limpopo Province.

7.3.5 Khaedu Effectiveness

The following questions were posed to Office of the Premier (OTP) Programme Managers, the National School of Government (NSG) as custodians of the Khaedu Programme, and representatives from the Department of Public Service and Administration.

1. To what extent are the objectives of the Khaedu programme achieved / are likely to be achieved in the public service?
2. What are the major factors influencing the achievement or non-achievement of the objectives of the Khaedu programme in the public service?
3. Do you think the findings and recommendations from the Khaedu deployment programme are being implemented? If not, why not?

4. Whether the objectives of the Khaedu programme are likely to be achieved?

Custodian departments (i.e., DPSA and NSG) that indicated that objectives are being achieved felt that since some facility managers and accounting officers put corrective measures in place based on deployment findings, the objective of service delivery improvement at specific service points/sites/facilities are being achieved. One champion stated that the Khaedu programme ensures that departments implement evidence-based planning and decision-making. Success stories such as the approach by the national Department of Justice and Constitutional Development, where the department ensured that deployed SMS member teams adopted the site/facility they had been deployed to for a number of years and continued their monitoring activities.

Factors influencing the non-achievement of the Khaedu objectives:

Custodians (DPSA and NSG) indicated that since some of the recommendations and corrective measures require resources, both financial and human, some service sites/facilities/points/departments might not have the required resources to implement recommendations from deployment reports. A lack of buy-in from leadership or management may imply that they do not see any value and confidence in the programme, therefore management is not allocating resources to implement recommendations. It was therefore, suggested that the coordinating department/unit should ensure that it involves executives /senior management and key stakeholders in the planning phase of the deployment (e.g. NSG, DPSA, OTPs & sector departments), especially in the selection of sites to be monitored/assessed during a specific deployment to improve achievement of the objectives.

Are objectives of the programme being timeously achieved as intended?

Officials from the Custodian departments (DPSA & NSG) also indicated that for those recommendations that do not need financial resources, objectives are achieved on time, but those that need additional financial resources might take a bit longer to be implemented, and in some instances they 'fall-within-the-cracks' and do not get implemented at all, thus compromising the achievement of the programme objectives.

7.3.6 Khaedu Efficiency

The following questions were posed to OTP Programme Managers, the National School of Government (NSG) as custodians of the Khaedu Programme, SMS Members, Champions, and Monitored Facility Managers:

- Is the Khaedu programme being implemented in the most efficient way compared to alternative programmes/interventions in the public service?
- Are the activities and outputs of the programme consistent with the overall goal and the attainment of its objectives?
- Are the activities and outputs of the programme consistent with the intended impacts and effects, i.e. improving service delivery to the citizens?

Reflections: Programme implemented in the most efficient way:

Programme managers and custodians that reflected on whether the programme was implemented in the most efficient way indicated that some SMSs had not been trained or retrained and further asserting that some deployments were without training. Programme managers and custodians also indicated that budgetary constraints negatively affected implementation; with custodians stating that the lack of legislation to enforce implementation and the lack of prioritisation of recommendations during the planning and budgeting phase added to the problem.

Implementation design: alignment of activities and objectives**Programme activities aligned to objectives:**

Results indicate that individual SMS felt that there is alignment between programme objectives and activities because the programme enables integrated planning and collaborative efforts in addressing service delivery challenges (n= 6), enables SMS to exchange knowledge through the collaborative design of the programme (n=2). They also indicated that senior managers acquire management and problem-solving skills (n= 2) and that the programme reinforces Batho Pele principles, the implementation of service delivery standards and sharing of best practice (n= 2).

Champions that indicated alignment, stipulated that, what illustrates alignment, is that the programme identifies service delivery needs (n= 2), enables SMS to share best practice (n= 1), learn from each other and collaborate (n= 2) in problem solving and implementation; with one champion further emphasising the importance of ongoing support and the ability of the programme to facilitate the sharing of best practice and reinforcement of service delivery standards.

A monitored facility manager felt that alignment between the activities and objectives/impacts was resembled by the fact that service delivery had improved as a result of the programme. *Custodians* on the other hand, felt that there was alignment because SMS were exposed to the coalface to identify service delivery challenges and were also capacitated in problem solving.

Reflections: Programme activities not aligned to objectives:

Three individual SMS, two champions, a programme manager, and a monitored facility manager indicated that the lack of implementation or the lack of change yielded by monitoring activities, illustrates misalignment between activities and objectives of the programme. A monitored facility manager highlighted the absence of long-term recommendations in deployment reports, and an individual SMS highlighted staff shortages as compromising the achievement of the programme objectives, therefore illustrating misalignment.

Implementation design: alignment of activities and impacts

Reflections: Programme activities aligned to impacts:

Two *champions*, a *monitored facility* manager and a *custodian* that indicated that the programme activities were consistent with the impacts, highlighted that the ability of deployments to resolve backlogs and bring about change or achieve service delivery goals, illustrates alignment. The custodian further expanded by stating that quick wins that were not budget dependent were addressed, s/he however highlighted challenges at district or head office level that were not addressed. Some of the *champions' reflections to illustrate alignment of activities and impacts are as follows:*

... [the Khaedu programme] recognises areas in need of change.... allows facilities to implement changes and apply a systems approach to decision making to improve management skills for delivering Batho Pele [and] serve the public with pride.

... the programme involves problem diagnosis (service delivery challenge is identified); 2. Planning (all relevant stakeholders get involved in providing solutions/proposals); 3. Implementation (all stakeholders get involved in implementing solutions); 4. M&E (assessing the solution is working/solving the challenges).

...the communities were walking long distance more than 100km to access basic services such as ID documents, birth/death certificates, and those who wanted to register their business also. The intervention by the Khaedu was able to bring all these services closer to the people in less than 1km distance. This will help alleviate the inequalities and poverty.

Some of the champions that stated that there was misalignment between activities and intended impacts stated that "I do not know if it is consistent as members deployed are querying what happens after they submit the report, who makes sure that findings are addressed"; others stated that "... objective is to monitor service delivery but at the end of the day there is nothing done about the challenges faced. Even if members recommend improvement on site, nothing will force the management of the institution to implement because there is no follow up". I don't think there is impact".

There were those champions that pointed out that alignment of activities and impacts depended on whether the right skills and/or sector were deployed. One champion stated that "*deployed teams should be knowledgeable about the activities of the visited sites in order to engage appropriately, i.e., for the co-ordinator to check or verify the skills and the know-how of the deployees for a particular site. e.g., deploying SMS members from Education, COGHSTA, SAC to Health – may not yield the real results....*" and another stated that "*they are consistent only if... recommendations are being implemented positively*".

Conclusion on whether the Khaedu programme is being implemented according to the design in Limpopo?

Overall, all respondents have demonstrated a good understanding of the programme design. A high number of respondents at 74% agreed that the programme works as per design however there were challenges regarding implementation of recommendations from the reports and implementation plans due to lack of resources and monitoring or follow-up visits are not

undertaken, deployment reports are not disseminated, and deployments are either not conducted or conducted for compliance purposes.

Of the 19 SMS Members respondents, about 84% (16) of SMS Members were trained on the Khaedu deployment programme whereas only 16% (3) were not trained on the programme which is not in line with the programme design where all SMS members that are part of the programme should be trained before deployment.

Out of the 19 responses from SMS members, 68% (13) went for training before the deployment and 16% (3) went after the deployment whilst 16% (3) were not trained. This translates to 32% SMS members not trained or trained after deployment which is not in line with the programme design where SMS members are to be trained before deployment. About 50% (5) of the champions indicated that training of SMS members was prioritised in their departments, while the remaining 50% (5) indicated that training was not prioritised in their respective departments.

About 90% (9) of the Champions/ Coordinators further indicated that deployed SMS members from their departments did not receive training before deployment. Only 10% (1) of the Champions indicated that all their deployed SMS members did receive training before deployment. This is a huge cause for concern because some SMS members are not subjected to the 5-day training before deployment.

Out of the 19 SMS, 42% (8) were trained 1 to 5 years ago, 32% (6) were trained 6 to 10 years ago, 10% were trained 11 to 15 years ago while 16% (3) did not specify. This is indicative that refresher courses might be required for the 42% SMS who were trained 6-15 years ago and the 16% who did not specify. The reason for not specifying might be that the training was conducted too long ago that respondents cannot remember the years.

Out of the 19 responses from SMS Members, 58% (11) indicated that they have attended the training for 5 days, 16% (3) did not specify the number of training days, while 26% attended training between 1 and 3 days with 5% (1) attended for three days 11% (2) attended for two days, 10% (2) attended for one day, whereas no one attended for four days. Furthermore; 50% (5) Champions indicated SMS members were trained for 5 days, 20% (2) were trained for a day and 10% (1) were trained for 3 days. There was 0% of those trained for 2 days and 4 days respectively and 20% (2) did not specify.

Only 58% of the SMS respondents attended a five-day training and the rest either attended less days or were not trained. This is against the programme design which indicates that a 4.5-day intensive core skills development programme forms part of Khaedu programme and exposes participants to practical exercises and case studies or the realities of the situation in the South African public service. Furthermore, participants are required to apply the core skills to analyse a set of service delivery challenges during deployment, produce a report, and make a presentation on their findings and recommendations. Based on the above findings, it can be concluded that the province does not fully comply with the 5-day training of SMS Members before deployment.

Approximately 71% of SMS members indicated they were deployed between 3 to 5 times while 80% of Champions indicated that SMS members were deployed 3-4 times indicating compliance to some extent to the proposal of deployment every performance cycle.

According to the programme design, a 5-day supervised deployment to the coalface in which, as part of a team, the participants identify and try to solve one or two critical issues that they find at a host site. About 85% of SMS members indicated that they were deployed for 4-5 days while 70% of Champions indicated that SMS members were deployed for 3 days. There seems to be some alignment with the 5-day deployment programme but there is room for improvement on the deployments. The number of days of deployment coupled with the fact that only 58% of SMS members are trained before deployment have potential to negatively impact on the efficiency and effectiveness of the Khaedu Programme in Limpopo Province.

Based on the above facts it is concluded that the Khaedu programme is not implemented per design in Limpopo Province.

7.4 How is the Khaedu Programme Contributing to service delivery at monitored/assessed service delivery facilities/sites?

The Figure below shows SMS members, champions and facility management’s response to the question whether the Khaedu Programme is contributing to improved service delivery at monitored service delivery sites. The results will be presented per respondents’ categories.

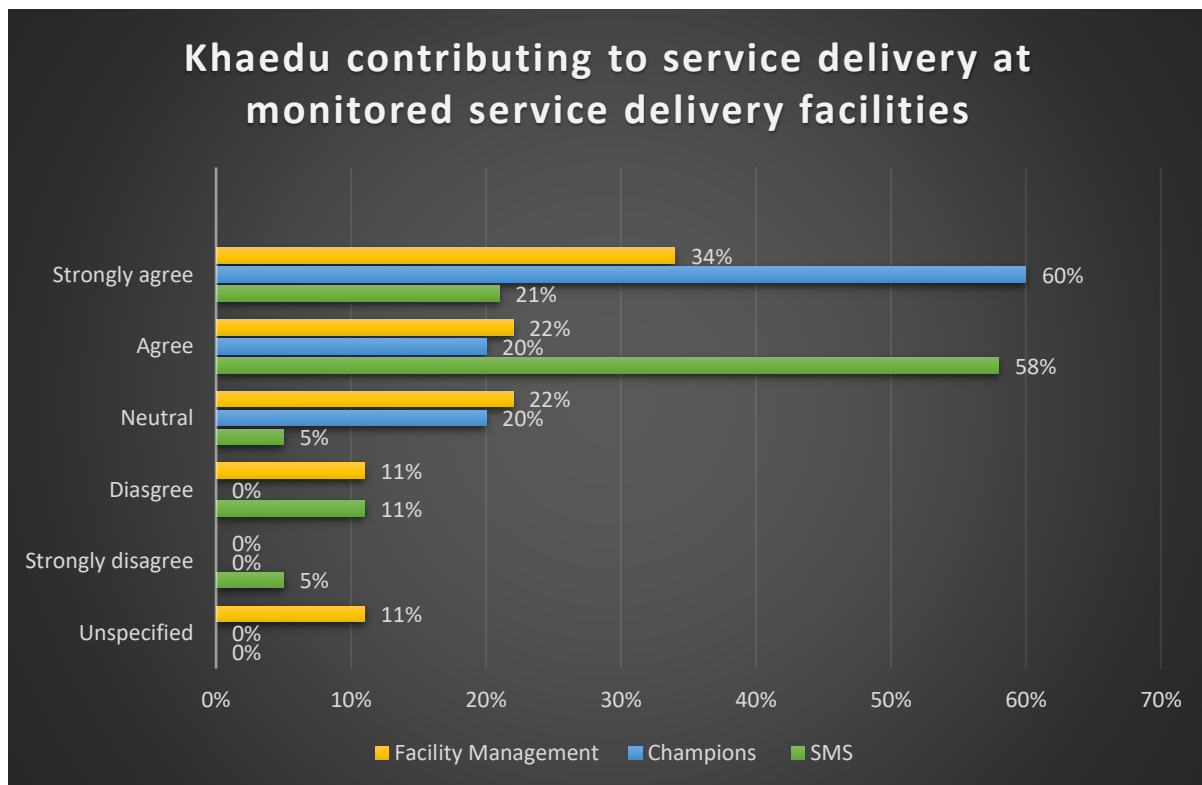


Figure 20: Khaedu contributing to service delivery at monitored service delivery facilities

SMS members' perspective:

The Figure above depicts that 58% (11) of SMS members agreed and 21% (4) strongly agreed that Khaedu Programme contributes to improved service delivery at monitored service delivery sites. The SMS members who agreed and strongly agreed translated to 79% (15).

Some of the reasons provided by individual SMSs (n= 8) that supported the claim that improvements were observed after deployment included statements that the programme facilitated the use of clean linen from storage, rapid dispensation of medication, improvements in nursing, laundry management and queue management and also in compliance with pharmacy standards. Some participant indicated that they received testimonials from service site managers that improvements in facilities were influenced by the reports, feedback and recommendations provided during deployments.

One respondent highlighted that deployed SMSs had suggested that “the Department of Health consider an opportunity which was available for a building donated to the Department of Health by Mediclinic. [The] Department of Health was not interested to occupy the building until Khaedu Team recommended the building”, and another respondent further highlighted that a budget to procure infrastructural requirements was provided as a result of the recommendations made during deployments. It was also indicated that deployed SMS “keep contacts with [service delivery sites] and sometime when they experience challenges they contact us to assist; sometimes we refer them to OTPs to assists or address their issues”. It was further argued that sustenance of these relationships, monitoring activities and non-rotation of the deployed has the potential to sustain positive effects of the Khaedu programme.

Some of the concerns raised by individual SMS included that there was a lack of feedback provided on implementation (n= 3), lack of follow-up monitoring visits (n= 1) and failure of facilities and management to implement recommendations and the action plan (n= 2), which was claimed to have resulted in the persistence of the status quo and no adherence to service standards. This is in contradiction with the way the programme is supposed to work where the deployed team is supposed to generate a report that exposes out the situation, challenges and resolutions. The reports are to also be presented to the management of the department, unit or institution so that it becomes part of the overall change effect

About 8 of the individual SMS respondents that indicated that they had observed improvements since deployment stated that they had observed improvements in school results, pharmacy services, and hospital management, with one specifically indicating that express services and another indicating that clinic renovations were observed in the service delivery sites after deployment. Other improvements such as queue, records and time management were highlighted. The following improvements were also listed by some respondents: *record keeping, queues management, signage and communication, time management, regular update of leave registers, servicing and maintenance of equipment and proper packing and checking of medicines.*

Some respondents also indicated that some of the gaps identified during deployments were addressed when they returned for their monitoring visit. “The institution has introduced a better queue management system to ensure that clients are served as quickly as possible; patients with chronic illnesses who come for repeat medication collection have an express line where

their medicines are prepared in advance based on prescribed dates... and they just come in [and] and collect their medication and [are] out within 30 to 40 minutes”, stated one individual SMS whilst another stated that “some of the concerns raised at Odendaal Hospital in the financial year 2017/18 were attended to [and] observed in the second redeployment that was in September 2020”.

There were, however, concerns amongst individual SMSs. Even those that stated that the programme had contributed to improvements were still concerned about the lack of follow-up monitoring visits (n= 3) which, they felt help track implementation of recommendations. Some of the reasons for this, were lack of resources and high vacancy rate. “*The monitoring process [is] almost impossible as you find that management are losing hope on the programme, and this renders them to be not eager to participate as they feel that the process is not assisting*”. One participant indicated that they found that the facilities had dilapidated during their monitoring visits and another stated that the lack of improvements in service sites negatively affects enthusiasm and support for the programme.

Respondents from a focus group discussion that had indicated that the programme was not contributing to service delivery improvement at monitored facilities stated that amongst other things, the lack of funds to implement proposed recommendations and interventions compromised the programme. It was felt that the programme is implemented for compliance purposes by both Office of the Premier and sector departments, hence post deployment, no follow-up monitoring activities were made with implementing departments and not resources were availed to implement action plans. This can be attributed to lack of adequate support of decision-making structures of government, including the provincial Executive Council, especially with regarding to availing funds to implement the programme to its totality.

At least 16% (3), that is 11% (2) strongly disagree and 5% (1) disagree that the programme contributed to service delivery. The main reason stated as challenge was failure to implement the findings by provincial governments as management of most of the facilities monitored take this monitoring by SMS members as a compliance matter. Other reasons were that SMS members deployed raises many issues but fail to implement the action plan that the team develops with them, while issues that are raised instead of being solved at the centre they are addressed and need intervention at another level, e.g., at the District/Region or Province. In most cases SMS members lack decision making powers and sometimes interventions proposed are not supported by management. Nevertheless, the respondents who disagreed did acknowledge that the programme will help institutions to always check themselves for compliance and to ensure that all clients visiting their institution are served with dignity which is not always the case.

Overall, 79% of SMS members were of the view that the programme is contributing to service delivery at monitored sites.

Champions' perspective:

Out of the 10 champions interviewed, about 60% (6) indicated that they strongly agree while 20% (2) agree that Khaedu SMS Deployment Programme is contributing to service delivery in monitored facilities, translating to 80% (8) agreeing while 20% (2) were neutral.

The champions were of the view that behavioural change is also realised by the conduct of both 'deployees' and officials in the institution. It brings hope to the resolution of the challenges they might be experiencing. Currently with the feedback given to EXCO there is no way that changes will not be made. From Limpopo Provincial Office the inputs were taken because it was suggested that the Head of Department from Treasury should be part of the feedback to facilitate funding allocation for those recommendations that require additional funding. Through constant follow-ups at the identified centres challenges are being addressed and service delivery improvement is restored.

In addition, sites requiring urgent assistance were also assisted by deployment teams on the spot. Two champions highlighted that the intervention made by the programme improved staff attitudes and one further added that in some of the facilities, staff members (i.e., nurses, doctors, etc.) are motivated and eager to execute their responsibilities.

One champion pointed out that assessments and monitoring reports not shared with decision-making structures of government defeats the intended objective of the programme since service delivery challenges remain unresolved in these facilities leading to poor service delivery.

Two champions stated that the Khaedu programme brought some improvements at monitored facilities. For instance, some renovations were done in some hospitals based on the recommendations of the deployment teams. There was, however, a general sentiment from champions that the unavailability of financial resources to implement most of the recommendations is still a challenge.

Two other champions highlighted that lack of a concerted effort and strategy to make follow-up with facilities makes it impossible for the coordinating office (Office of the Premier), to track progress on implementation. In certain situations, deployment reports were not shared with implementing departments (e.g., Department of Health) and other key decision-making structures of government. As a result, some champions indicated that some SMS members refuse to be deployed in subsequent deployments since they do not see the value adding elements of the programme.

Facility management perspective:

The section depicts the level at which Khaedu SMS deployment programme contributes to services delivery improvement at monitored facilities as per facility management perspective. A total of 34% (3) of facility management strongly agreed and 22% (2) agreed translating to a total of 56% (5) of managers with the view that Khaedu SMS deployment programme contributes to service delivery at monitored facilities. Contrary to that a total of 11% (1) disagreed that Khaedu SMS deployment programme contributes to services delivery at monitored service delivery facilities.

The reasons the 56% agreed that Khaedu SMS deployment programme contributes to services delivery at a monitored service delivery facility is that the programme identified service delivery gaps used for planning purposes and enables facilities to improve service delivery through quality improvement plans and monitoring of progress. As for those who disagreed (11%) with the contribution of the programme to service delivery indicated that there were no monitoring

reports produced after the assessment and some of the challenges identified were still prevailing due to budgetary constraints.

Programme manager's perspective:

A programme manager indicated that though some key recommendations and interventions are not implemented as expected by the provincial/head offices, some improvements in the frontline service points of some of the facilities had been observed, including some quick-wins proposed by deployed teams such as, queue management, segregation of duties at procurement, access controls, cleanliness/hygiene, etc. It was also stated that some of the improvements were sustained by the management facilities as witnessed during follow-up visits by OTP coordinators. In some instances, critical vacant posts were filled as a result of interventions made by SMS members.

7.4.1 Programme facilitating improvements in values and attitudes of the staff

Three monitored facility managers were of the opinion that the Khaedu programme has brought improvements in general attendance and staff attitudes, morale, and commitment to work. Some stated that some managers have developed a problem-solving orientated attitude in the execution of their responsibilities, which had contributed to improved delivery of health care services as managers are now more so motivated to implement the Batho Pele Principles. Two facility managers however stated that there are still complaints regarding staff attitudes in some facilities, where patients are not treated with the necessary courtesy and respect.

7.4.2 Programme facilitating improvements in waiting time in the facilities

One monitored facility manager highlighted that in their facility there were significant improvements in waiting time, even though the hospital experiences a high influx of patients. This was attributed to improvements in the patient filing system. Most (n=7) facility managers highlighted that due to staff shortages, especially nurses and doctors, the waiting time exceeds the set target since patients have to wait for long periods to be assisted by nurses and doctors. In some facilities it was indicated that delays in the retrieval of patient files and high patient volumes contribute to the long waiting times and this calls for improvements – modernisation, digitisation and integration of the patients' filing system across health facilities.

7.4.3 Programme facilitating improvements in patients' safety and security

Three monitored facility managers indicated that patients' safety and security was enhanced as a result of the Khaedu deployment programme since access control measures were implemented in their facilities, in collaboration with the provincial (head) office after the deployment teams have identified security breaches. For in instance, secured doors and windows were installed. One facility manager also stated that *'patient safety and security improved after the deployment, especially because Covid-19 protocols [meant] everyone had to be screened and registered at the point of entry'*.

7.4.4 Programme facilitating access to basic medicines and supplies

A facility manager that felt that the programme facilitates access to basic medicines and supplies indicated that the availability of medicines has improved, and patients were able to get all prescribed medications as a result of the Khaedu programme. Another facility manager however, highlighted that in some instances the hospital borrows from neighbouring hospitals for supplies and then make follows-up with depots, a recommendation that was facilitated through the programme. There were also sentiments that in other hospitals shortage of essential medicines and supplies is dependent on stock at depots, and the long intervals for stock collection, which consequently poses a risk to patients.

7.4.5 Programme facilitating improvements in management and problem-solving skills

A programme manager indicated that the Khaedu programme is not achieving its intended objective of improving the delivery of services at facilities since the programme seems to be implemented for compliance purposes during the June Public Service Week (PSW) and the September Public Service Month (PSM). There were also concerns that departments do not prioritise implementation of recommendations from the deployments, and as a result, most service delivery gaps remain unaddressed. In addition, it was highlighted that sector departments do not prioritise Khaedu training, as a result, some SMS members are deployed without training, leading to ineffective implementation of the programme.

Overall, 80% of champions were of the view that the programme is contributing to service delivery at monitored sites. This is also similar to the 79% of the SMS members who were also of the view that the programme is contributing to service delivery at monitored sites. Only 56% of facility management agreed the programme is contributing to service delivery at monitored sites. Despite some concerns that were raised by those who did not agree that the programme is contributing to service delivery at monitored sites, it can be concluded that the programme did contribute to service delivery at monitored sites.

7.4.6 Improvements in the facilities as result of the Khaedu Programme

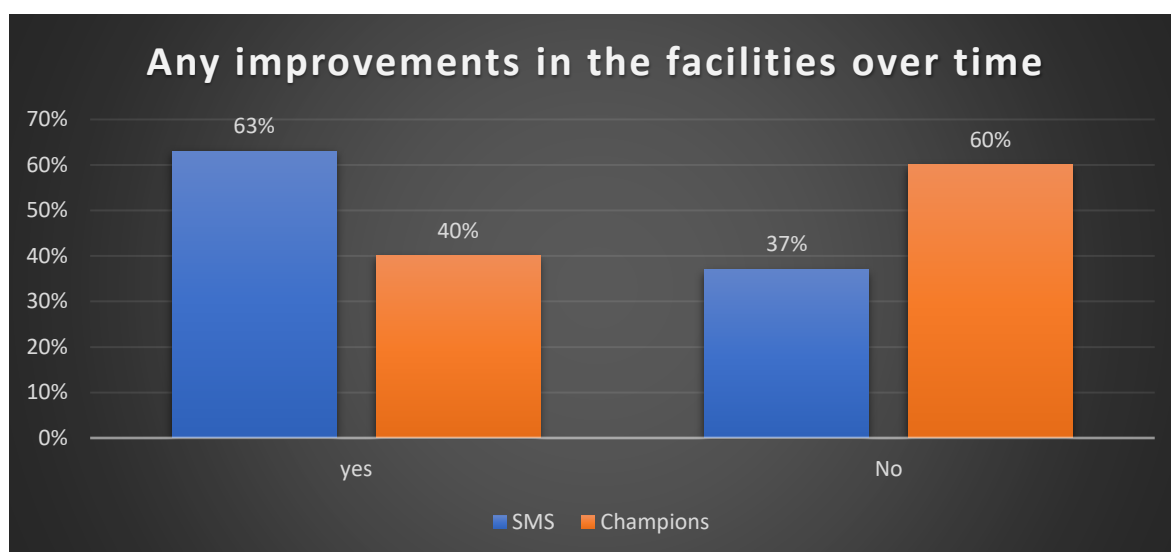


Figure 21: Improvements in the facilities over time

Both SMS and champions were asked whether they have seen or heard of any improvements in the facilities over time. From the Figure above, 63% (12) of SMS indicated that they have seen improvements at the sites and their reasons were that the institutions have introduced a better queue management system to ensure that clients are served as quickly as possible. Record keeping has improved, communication with clients has improved and maintenance of equipment has improved. On the other hand, about 37% (7) who indicated that they do not see any improvement in the facilities stated the main reasons/challenges being failure to implement the findings by provincial governments due to lack of or insufficient of resources, lack of consistent deployment and high vacancy rates.

Furthermore, the Figure above, shows that 60% (6) of the Champions said they have not seen nor heard of any improvements in the facilities over a period of time, while 40% (4) agreed that they have seen improvements in facilities. Some of the reasons for those who said they have seen or heard of improvements are that some of the rural clinics are opened 24 hours. In terms of municipal IDP programme (Polokwane Municipality), there is development of infrastructure at city centre taxi rank that has been completed. Services are brought closer to the people, people were able to register for the ID document, birth certificates, and elders apply for their social grant and register their businesses. There were hospitals that were under renovation because of the programme.

For those who said they have not seen or heard of any improvements stated that no reports are shared as feedback; some of deployed members refuse to be deployed as they too do not know what happens after submitting the findings, deteriorating facilities in Waterberg and Vhembe Districts where some facilities have no water, toilets, no phones, etc., lack of consistent follow up by previously deployed SMS to track progress and non-implementation of recommendations due to budgetary constraints.

There seems to be contradicting views between the SMS (63%) and Champions (40%) regarding whether they have seen improvements at the sites or not. This might also be attributed to the fact that the champions do not visit the actual sites but coordinate SMS to be deployed while SMS members are deployed to the actual sites.

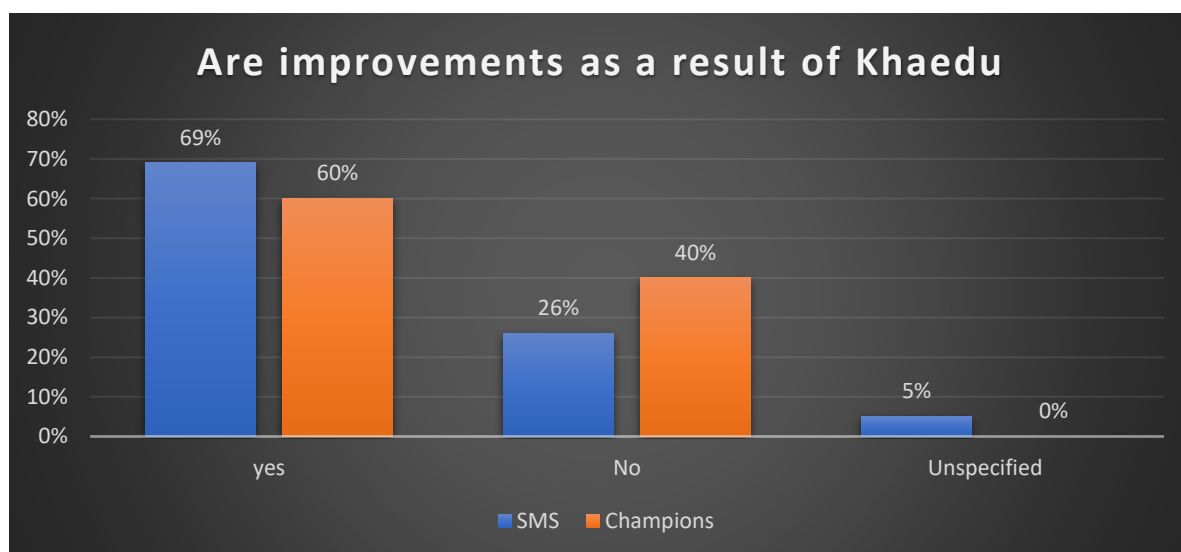


Figure 22: Perspective on whether the improvements are as a result of Khaedu

The Figure above represent the respondents' view of whether the improvements were due to Khaedu programme. About 69% (13) of the SMS members agree that the improvements were as a result of Khaedu Programme whereas 26% (5) does not agree. The majority however indicated that in many cases the improvements were not as significant due to lack of resources, while management of facilities reported that after the Khaedu SMS deployment team visited the facility, they were given adequate budget which enabled them to procure infrastructure for the facility.

Those who disagreed indicated that they are unable to indicate if there were any developments since last deployment date because there is no feedback provided on the implementation of the recommendations, the deployment reports are sent to Office of the Premier, and the reports are not presented to the respective Accounting Officers of the various Departments thus no improvement has resulted from Khaedu project.

About 60% of the champions agree that the improvements were as a result of the Khaedu programme while 40% disagrees. Three champions indicated that during follow-up briefing sessions with management of facilities they received testimonies and detected progress in the service sites and health care services, given the challenges experienced before. Some champions stated that Khaedu reports opens doors at district and provincial levels and opens up funding based on report findings. In other words, they rely on such programmes to raise their frustrations and concerns and possibly receive support.

Some champions (n= 3) identified challenges with deployment reports and follow-up monitoring visits, asserting that some deployed managers were not sharing deployment reports with relevant decision-making structures of government and not conducting follow-up monitoring activities, which they argued that this defeats the objective of the programme and make it difficult to assess if the programme is adding value. A champion also argued that the advent of the Covid-19 pandemic worsened the situation since funds that could have been used to implement recommendations, were redirected to government response programme to manage the pandemic.

The management team of the Department of Health indicated that reports were not formally presented to the department and other key decision-making structures of government. They however, indicated that in certain instances, they conducted informal discussions and in partnership with monitored facilities, they developed improvement plans and implemented some recommendations, especially those without financial implications (quick-wins).

There seems to be consistent views between the SMS (69%) and Champions (60%) regarding whether the improvements are as a result of the Khaedu Programme or not.

7.4.7 Programme assisting in improvement of knowledge and skills in management after Khaedu SMS Deployment

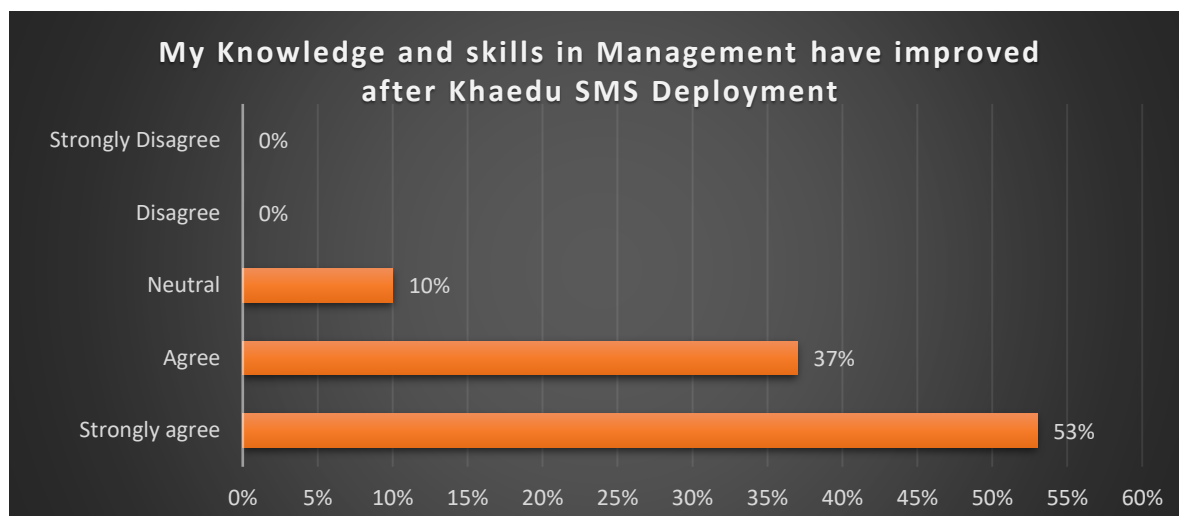


Figure 23: Improvement of knowledge and skills in management after Khaedu SMS Deployment

As depicted in the Figure above, about 90% (17) SMS Members agree that their knowledge and skills in management have improved after their deployment. The 90% (17) translate from 53% (10) strongly agree and 37% (7) agree. Only 10% (2) of the SMS members were neutral and no reason was stated as to why they feel that way.

Nine individual SMS indicated that the Khaedu Programme improved senior management skills such as change management, problem solving *“particularly on the analysis and resolving existing and anticipating problems in order to reach solutions in a timely manner”*, with others stating that *“I am able to trouble shoot and intervene accordingly to improve service delivery [since] the application of the Khaedu methodology is guiding my daily endeavours to resolve challenges”*. One participant even stated that she had been shortlisted for a senior management post after exposure, *“I was even shortlisted for a senior post because it has enriched my CV”*.

They also highlighted that the monitoring rounds conducted through the programme enhances skills/knowledge and provides exposure to what happens in the coalface thus enabling them to understand different situations and their dynamics and be more aware or observant of those aspects that are not in place such as *“Batho Pele posters, charters, cleanliness on the institution, the time they take to assist [citizens], signage, etc.”* and other necessary things. Other participants indicated that the programme enables them to learn from the different skills and knowledge possessed by other deployed managers and others felt that the programme not only improves skills of deployed management but also the service sites, with others indicating that through the programme, public engagement has improved.

One respondent highlighted that *“I have learned that it is important for leader to sometimes step out of their position and look at the situation from outside in order to see some issues objectively. Through the teams that are created during deployments one was able to learn from other colleagues at similar level. My confidence level, interpersonal relation has also improved”*

over the years. " Another indicated that "My interaction with management of the different facilities and fellow SMS members has assisted me in problem solving as well decision making [and] capacitated me in terms of communicating with other stakeholders to address service delivery issues affecting my department directly. I have learned not to make 'excuses' but to act decisively", and another highlighted that "...deployment was an eye opener as one realises the reality of being at the coalface of service delivery and not being in the comfort of one's office...", which has enabled them to relate and also "initiate, support and advocate for transformation and change [to be] enforced to the monitored facilities in order for them to implement initiatives and deliver on services".

There were participants that indicated that they now better understand the importance of "breaking the long chain of communication or approval of the requests by officials and communities, other things that should be available to the institutions such as directional arrows, signage, que management, etc."

Five (5) individual SMS indicated that the programme is a reminder of the mandate and responsibility of the public service, that enables them to empathise, and that deployments have assisted them to have more knowledge of service delivery challenges experienced by the public sector, with one participant stating that they were deployed in a municipality which "exposed me to understand the local government sphere, its challenges and bottle necks".

A number of the Management Teams of Monitored facilities respondents indicated that the programme is able to assist monitored facilities, with most participants (n=6) indicating the Khaedu deployment programme enables the identification of root causes of, as well as gaps in the delivery of (health care) services. A few Management Teams (n=2) indicated that this can be attributed to the fact that identified service delivery gaps are presented and discussed at EXCO for monitoring and reporting purposes. It was also indicated that the programme assists monitored facilities and the 'mother' departments in strategic and annual planning since some recommendations are included in planning and implementing instruments.

The above responses are in line with phase 1 of the Khaedu programme which aims to improve SMS members' problem identification, analysis and solving skills; and gives empirical content to the experiential and action learning.

7.4.8 Programme assisting monitored facilities in planning, service delivery improvement and in improving financial and resource management

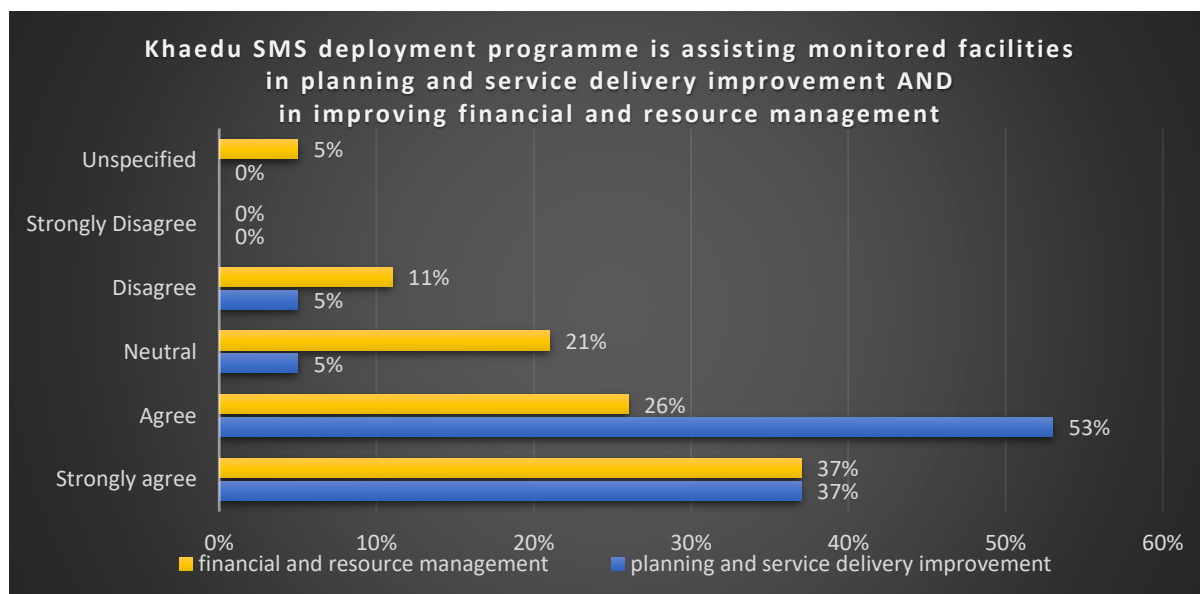


Figure 24: Programme assisting monitored facilities in improving planning, service delivery improvement and financial and resource management

The figure above represents the level at which Khaedu SMS deployment programme contributes to service delivery improvement at monitored facilities and financial and resource management. A total of 37% (7) strongly agreed and 53% (10) agreed. This translates to a total of 90% (17) whom are of the view that Khaedu SMS deployment programme contributes to planning and service delivery improvement at monitored facilities. Contrary a total of 5% (1) disagreed that Khaedu SMS deployment programme contributes to planning and service delivery improvement at monitored facilities. Lastly, 5% (1) neither agreed nor disagreed to the statement. While a total of 37% (7) strongly agreed and 26% agreed. This translates to a total of 58% whom are of the view that Khaedu SMS deployment programme contributes to planning and financial and resource management. On the contrary, a total of 11% disagreed that the Khaedu SMS deployment programme contributes to financial and resource management at monitored facilities. Lastly 21% neither agreed nor disagreed to the statement and 5% unspecified.

Khaedu Programme facilitating planning and services delivery improvement:

Individual SMS that indicated that the programme assists monitored facilities in planning and service delivery improvement highlighted certain improvements such as improvements in compliance aspects (i.e., signage, suggestion boxes, etc.). Most participants (n= 4) indicated that findings, problems, gaps, and bottlenecks identified and shared during the deployments and recommendations and implementation plans provided to facilities and executive management during deployments have assisted monitored facilities plan and improve service delivery. One respondent stated that “...the findings and recommendations are presented to the executive of the institution and this assists with the improvement of the service delivery. The executive is also advised that they should filter through the recommendations to their APP’s and Strategic Plans at the institutional Level, District and Provincial levels”, and another

respondent indicated that once recommendations are provided, the “*relevant departments and HOD’s are expected to follow up on those issues and report progress to Office of the Premier*”.

There was also a claim from one respondent that some of the facilities acknowledged the contribution made by the programme and another respondent indicated that ‘pockets of excellence’ were identified during monitoring visits. Some of the reflections made by participants include that “*In one facility the bottleneck identified related more to under budgeting which made it impossible for the facility to reach its targets. The programme assisted as the management was advised to do a plenary session before a budget proposal can be submitted... having considered the previous year’s expenditure and trends.*”

Some of the bottlenecks that impede the programme from effecting improvements were resource constraints, which were deemed to discourage facilities. There were assertions that some recommendations are not implemented since “they require an in-depth analysis and change of internal policies such as the allocation of cell phones to nurses” and assertions that the adoption of the Khaedu programme and integrating the programme with plans and budgets of departments by the executive could help improve the impact of the programme.

Regarding the level at which Khaedu SMS deployment programme assists in improving financial and resource management at monitored facilities, 26% (5) of the respondents agree whereas 37% (7) strongly agree which translates to a total of 63% (12) agreeing that the programme does assist in improving financial and resource management at monitored facilities. On the contrary, 11% (2) of the respondents disagreed while none strongly disagreed. A total of 4 respondents which is 21% of the sample had neutral response whereas 5% of the sample did not respond to the question.

Khaedu Programme facilitating financial and resource management:

Three monitored facility managers indicated that the Khaedu programme is assisting monitored facilities in improving financial and resource management since it is able to identify financial management gaps and has contributed improvements in cost centre expenditure, creditor payment, correct allocations, timely submissions, and improved procurement processes. For instance, a facility manager stated that “*the programme assisted in improved expenditure per cost centres; improved payment of creditors within 30 days, as well as timeous submission of correct allocation and procurement processes*”. However, there was a concern from one facility manager that the assessment tool did not have the financial aspects, thus making it difficult for deployed teams to conduct a thorough assessment in this area.

A few (n= 3) facility managers indicated that since budgets are allocated centrally at the provincial office, finance management is not within their control. They also indicated that allocated budgets are always not adequate due accruals and payables, as well as continuous budget cuts, as a result, key accounts remain not fully funded. They also attributed the weaknesses in financial management to high attrition that leads to high vacant posts.

Participants that indicated that the programme is contributing to improved financial and resource management indicated that a number of improvements such as budget allocation, procurement plan, 30day pay, financial records, and enhanced budget prioritisation (n= 3) were observed.

Sometimes it is found that there is a wastage in managing the resources, for an example, overstocking, expiry of stock, payment of goods and services without delivery, or procurement of inferior goods, too many staff members in one unit where there is less job to be done, leakages of stem and water pipes where water bill is very high, etc. Such things are normally detected by the Khaedu project teams.

One respondent indicated that sites acknowledged financial management improvements and others (n= 7) asserted that advises provided by the deployed teams enabled improvements such as guidance with supply chain management (SCM), financial policies and related matters, “advise on how to prioritise and manage resources effectively and efficiently”, guidance where there was a lack of knowledge in revenue collection, and guidance on how “to produce more with the little they have regardless of the challenges they might have [been] experiencing”.

One respondent stated that "...deployed SMS members are from different sections varying in terms of expertise such that the HR SMS meets with the HR personnel of the facility and understand their way of operation with intent to give proper guidance and advice. The same applies with the Finance Division... This approach assists Management of the site facility with prioritisation when it comes to budgeting, particularly considering austerity measures which are in place", and another respondent stated that “in some instances SMS would pick up that budgets are utilised for non-essentials which had no bearing in service delivery [hence] budget spend is monitored to assist management of an institution to improve on financial management”.

Other individual SMS respondents that indicated that they did not observe improvements in financial and resource management (n= 3) stated that “only managerial and operational skills were improved after monitoring but the financial and resource management haven’t improved in most hospitals”, and that there were “little or no improvement recorded [because of] functional and financial delegations [which] can be stabling block of progress” and also because “financial and resource planning and allocation of most government institutions is done at Head Office. Districts are only allocated resources and most of the time they do not have much input on what gets to be allocated at districts and service centres”. Other reasons were related to budget decreases and non-implementation of recommendations (n= 2).

The Khaedu programme was found to be contributing to service delivery improvement and financial and resource management at monitored facilities.

7.4.9 Khaedu Programme is assisting monitored facilities in improving Supply Chain Management (SCM) processes and in Human resources management

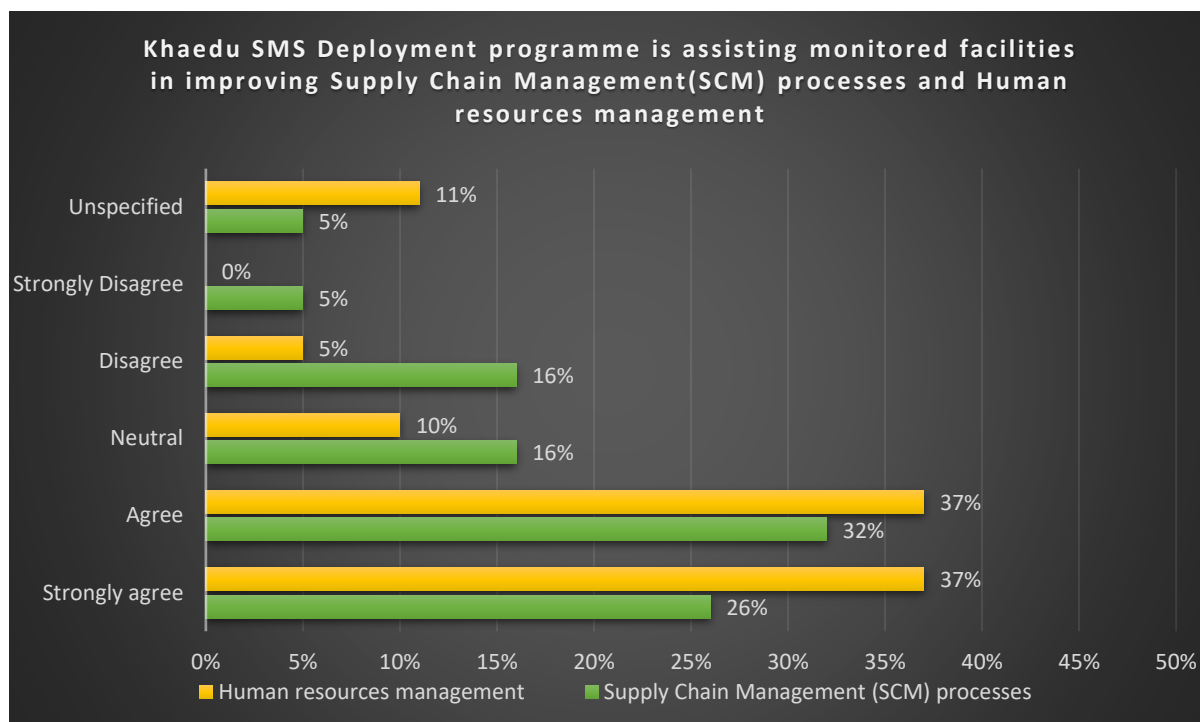


Figure 26: Programme is assisting monitored facilities in improving Supply Chain Management (SCM) processes and in Human resources management

The Figure 26 above presents the level at which Khaedu SMS Deployment programme is assisting monitored facilities in human resources management and supply chain management (SCM) processes. The figure illustrates that about 37% (7) of respondents agree while 37% (7) strongly agree translating to 74% of respondents agreeing. 5% (1) of respondents disagree that the programme assists in human resource management, with 10% (2) being neutral, whereas 11% did not provide any response to the question.

A total of 32% (6) respondents do agree while 26% (5) strongly agree which translate to a total of 58% (11) of the respondents that agree the programme does assists SCM processes at monitored facilities. On the contrary, respondents who disagree and strongly disagree that the programme does assists in SCM processes at monitored service delivery facilities equates to 16% (3) and 5% (1) respectively, translating to a total of 22% for both. Out of 19 respondents 16% (3) provided neutral responses whereas 5% did not provide any responses to the question.

Khaedu Programme facilitating human resource management:

Most (n= 7) monitored facility managers indicated that though the Khaedu programme assists in identifying gaps related to human resources, there are no additional human resources recruited as a result of the deployment, except only for EPWP temporary employees, hence key HR concerns remain unresolved. Another challenge raised by facility managers was that critical posts continue to be vacant even after deployments and filling of vacancies continues to be centralised at the Head office, for even lower-level posts such as cleaners, clerks, groundsmen, etc.

Four (4) individual SMS that indicated that the programme assists monitored facilities in human resource management (HRM) indicated that *“the capacity of the facility together with the staff establishment are analysed for better recommendations”*, and that *“shortages and duplication are identified, and recommendations made either for new posts or reorientation, or reskilling of excess personnel to perform new responsibilities, especially in cases where certain positions have become redundant due to [the] introduction of information technology solutions...”* and the *“flow of services [is revised to ensure] improved processes”*. *It was asserted that these improve human resources allocations “... as less personnel is clustered at one function, [enabling] each official [to] have clear operating and reporting lines”*.

Four (4) of the individual SMS respondents indicated that HRM is a critical focus area that is prioritised and included in the monitoring or assessment tool. *It was also indicated that “training of staff is also monitored and encouraged for better results and productivity” and that “...sites are advised to share human resources for effective service delivery”*.

Two respondents also indicated that HRM processes such as *“proper filing for staff information is in place, open advertisement of post after approval as per the approved structure is implemented [and that] leave registers are recorded and filled”* in the facilities where they were deployed. One individual SMS also highlighted that some of the *“facilities acknowledged the contribution made by Khaedu in improvement of personnel management systems”*.

Some of the concerns regarding HRM which some participants felt that the programme was not able to address included shortage of staff (n= 2). This was argued to lead to overburdening staff members with more duties, which resulted in the compromise of other duties and high mortality rates in hospitals. One participant argued that whilst the programme contributes to change through its monitoring activity, *“centralisation of processes like HR Management is still a challenge”*.

Khaedu Programme facilitating supply chain processes:

Three monitored facility managers highlighted that the Khaedu programme made it possible for them to hire more personnel, and as a result enabling them to ensure segregation of duties in procurement and supply chain management. They also indicated the programme led to improvements in procurement systems and processes, leading to better supply chain operations.

On the contrary, half (n= 5) of the monitored facility managers indicated that the assessment tool does not cover procurement matters, making it difficult to assess procurement. In addition, some (n=4) facility managers indicated that the main problem with regard to the programme is that implementation of recommendations is not monitored since most of the recommended interventions cannot be implemented as facility level.

Some of the reasons provided by individual SMS to support the claim that the programme contributes to improved SCM processes (n= 5), included that monitored facilities have a *“procurement plan, SCM committees, approval of purchase orders, etc.”* and that stock levels are ascertained during deployments and also that SCM compliance issues such as duty segregation, interest and storage are monitored during deployments. A few respondents (n= 2) highlighted that through the programme, improvements in SCM processes for consumables

such food and improvements in turn-around times have been observed. It was also indicated that the “team that is deployed in SCM is able to detect things like delays in issuing orders to procure goods and services, fraudulent activities, overstocking, expiry of stock, payment of goods and services without delivery, or procurement of inferior goods, expiry of contracts without appointing a new provider where service is continuously needed...”

The two individual SMS that provided explanations to support claims that the programme does not contribute to improvements in SCM stated that “SCM processes are centralised at Head Office or National Office [and that] only operational issues are attended to at the institutions” and that “most managers/directors have not attended the Khaedu and therefore find it difficult to apply SCM processes”.

The Khaedu programme was found to be contributing to human resource management and supply chain processes to some extent at monitored facilities. There is room for improvement on the supply chain processes.

7.10 Khaedu Programme facilitating information management and quality improvements

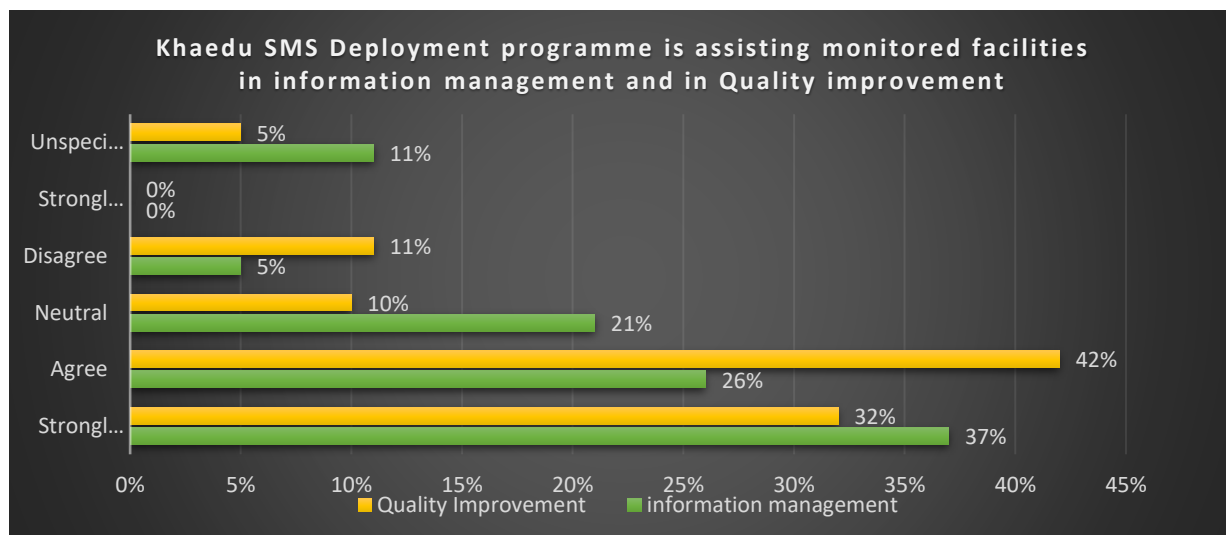


Figure 27: Programme facilitating information management and quality improvements

The Figure 27 above presents the level at which Khaedu SMS deployment programme assists in information management and quality improvement at monitored facilities. A total of 26% (5) respondents agrees while 37% (7) strongly agree, translating to a total of 63% (12) of the respondents agreeing that Khaedu assists in information management. Those who disagree were 5% (1). Only 21% (4) of the respondents were neither agreeing nor disagreeing (Neutral) whereas 11% of the respondents did not provide any response to the question. The Figure above further presents the level at which Khaedu SMS Deployment Programme is assisting monitored facilities in Quality Improvement at monitored service delivery facilities. About 42% (8) of the respondents do agree whereas 32% (6) strongly agree which translate to a total of 74% (14) of the respondents that are of the view that the programme does assist in quality management at monitored service delivery facilities. Contrary, respondents who totally disagree that the programme does not assist in quality management were only 11% (2). There was 10% of neutral respondents whereas 5% did not provide responses to the question.

Khaedu Programme facilitating information management:

One monitored facility manager indicated that the programme helps identify gaps and weaknesses that enables service sites to implement corrective measures. Another facility manager highlighted that the assessment tool does not cater for assessment of this area therefore, Khaedu deployment reports do not provide substantial information management related recommendations. Two other facility managers mentioned that some facilities experience IT-related and records management challenges.

Three participants that indicated that the programme was contributing to improved information management in monitored facilities highlighted that the information management is one of the critical areas that are monitored during deployments, with two other respondents further asserting that “the generation, processing and storage of information is core in this programme” and “also helps to improve auditing of information” and that the “Khaedu programme is able to see communication breakdown where ICT infrastructure is compromised or not available at all...”

One monitored facility manager indicated that the programme helps identify gaps and weaknesses that enables service sites to implement corrective measures. Another facility manager highlighted that the assessment tool does not cater for assessment of this area therefore, Khaedu deployment reports do not provide substantial information management related recommendations. Two other facility managers mentioned that some facilities experience IT-related and records management challenges.

Three participants that indicated that the programme was contributing to improved information management in monitored facilities highlighted that the information management is one of the critical areas that are monitored during deployments, with two other respondents further asserting that “the generation, processing and storage of information is core in this programme” and “also helps to improve auditing of information” and that the “Khaedu programme is able to see communication breakdown where ICT infrastructure is compromised or not available at all...”

Khaedu Programme facilitating quality improvements:

With regard to quality improvements, seven management facility managers that indicated that the programme facilitates quality improvement highlighted that most of the questions in the assessment tool focus on issues such as signage, cleanliness, queue management, waiting time, etc. There was also an assertion that the programme facilitates the development of improvement plans based on gaps identified in service delivery sites, such as hygiene and patients' safety. The concern about non-implementation of improvement plans contributed to the assertion by a facility manager that quality improvements are compromised as some interventions require the intervention of the provincial (head) office. The lack of administrative and political will, and in some instances, the lack of funding was also felt to minimise quality improvements.

Three participants that indicated that the programme contributes to quality improvements in monitored facilities highlighted that quality improvement is core to the programme and a critical focus area (n= 4). One added that service standards such as information sharing, queue

management and time spent by patients at health Institutions are monitored during the deployment period. Some of the quality improvements noted by participants included improvements in patients’ safety, patients’ record filing, filing storage, queue management and observance of the Covid-19 protocols. It was also highlighted that the programme helped identify service delivery gaps and enables visited facilities strive to implement recommendations made during deployments, which contribute to quality improvements (n= 2).

Some of the concerns from individual SMSs that stated that the programme did not contribute towards quality improvement included concerns that cases of complaints were on the increase (n= 2) and that improvements were also based on the buy-in and willingness of the executive to implement recommendations (n= 2). Some participants (n=2) further stated that it is not just about provision of a service but that the service is of the right standard, with one participant stating that “It does not assist to provide dirty water to the community. Provision of clean running water is called quality water provision and that is what every citizen wants”, and another contending that “members of the public receive sub-standard treatment such as standing in long queues, lack of directional arrows and signage, staff being rude to clients, staff not paying attention to their work, closing offices during lunch, opening service station very late and closing very early, etc.”

The Khaedu programme was found to be contributing to information management and quality improvement at monitored facilities.

2.2.11 Khaedu Programme facilitating marketing and communication and Risk management

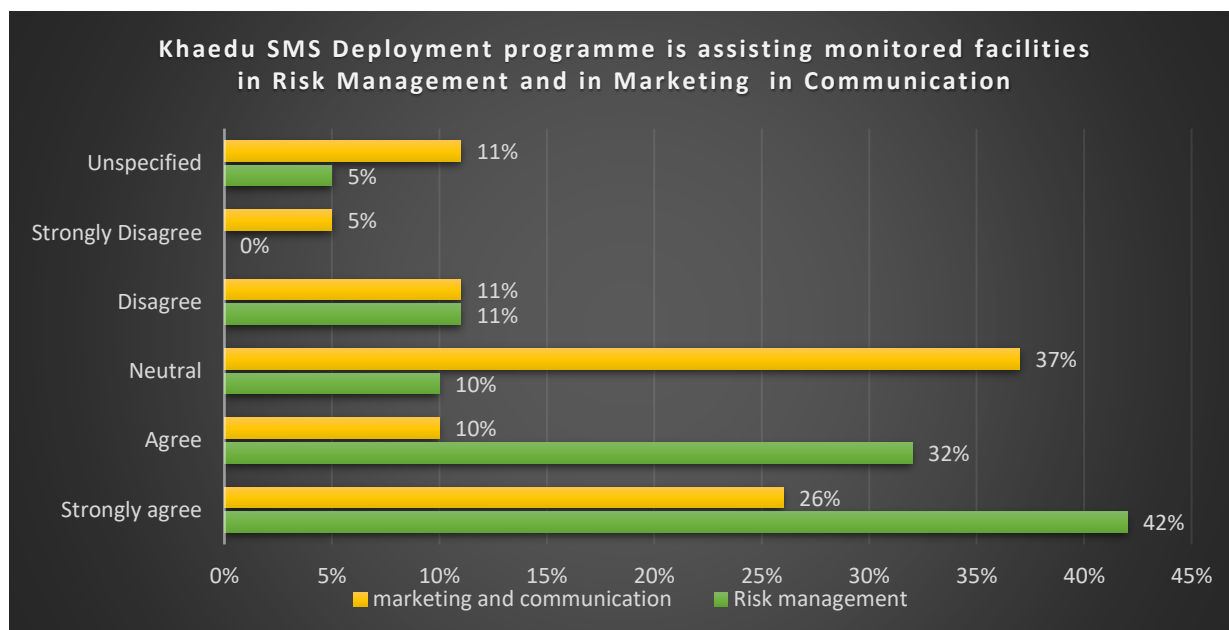


Figure 28: Programme facilitating marketing and communication and Risk management

The Figure 28 above presents level at which Khaedu SMS deployment programme assists in risk management at monitored service delivery facilities. There was 32% (6) of the respondents agreeing whereas 42% (8) strongly agree which translates to a total of 74% (14) of the respondents that are of the view that the programme does assist in risk management at monitored facility. On the contrary, respondents who disagree that the programme does not

assists in risk management at monitored service delivery facilities was only 11% (2). The Figure above further illustrates the level at which Khaedu SMS deployment programme assists in marketing and communication of the monitored service delivery facilities. A total of 10% (2) of the respondents do agree whereas 26% (5) strongly agree, which translates to a total of 36% (7) of the respondents that are of the view that the programme does assist in marketing and communication at monitored facilities. On the contrary, respondents who disagree and strongly disagree that the programme does assist in marketing and communication were 16% (3). Those who were neutral were 37% (7) whereas 11% of the respondents did not provide responses to the question.

Khaedu Programme facilitating risk management:

A number of the monitored facility managers indicated that the programme was able to assist monitored facilities in risk management, with most participants (n= 5) highlighting that risk management gaps such as vacant posts, inadequate risk management meetings and other risk management gaps were identified and addressed. Some (n= 3) also indicated that through the programme's intervention, risk officers were appointed, risk facilities established, and a risk strategy developed and implemented. Other risk management improvements included improvements in security access control. A monitored facility manager indicated that the assessment tool caters for risk management, making risk management a critical aspect of Khaedu programme monitoring.

About eight (8) individual SMS that indicated that the Khaedu programme assists monitored facilities in risk management stated that risk management is one of the **critical focus areas that is monitored during deployments**. "...Deployees check the risk assessment document and assist management and where corrections are required, it is done immediately together with management and risk officers", stated one respondent. Respondents also indicated that deployed SMS identify, analyse and evaluate risks in the service delivery sites and also recommend and discuss proposals and ensure that the risks are recorded, and the risk register is updated regularly (n= 5). One respondent indicated that the Khaedu Team must request for the risk register and implementation of risks mitigations and track progress on the action plan. Risk management was therefore, regarded as a management tool that assists service delivery sites to identify problems that may hinder them from meeting their objectives.

A respondent argued that since "...institutions are advised [to] consider high risks, develop and implement risk mitigation strategies", s/he can "confidently say Khaedu assist in improving risk management in government institutions". Another respondent provided an example of how deployments assisted one hospital, stating that "the Khaedu SMS Deployment does assist the facilities with risk management... At Malamulele Hospital, it was identified that the security company at the gate searches the members of the public when they get in but when they leave the premises, they are not searched, [and] that officials are not searched at all. This poses a risk that the members of the public can leave with their files, unfortunately the hospital will not have records to substantiate their case which will result in the Department losing the case in court not because they did not have a watertight case but due to lack of evidence by way of patient files".

Khaedu Programme facilitating marketing and communication:

Two monitored facility managers that indicated that the programme facilitates marketing and communication indicated that the assessment tool assisted monitored facilities to identify communication gaps/weaknesses in service delivery sites. One of these respondents indicated that the assessment tool helped establish that signage, communication posters and pamphlets were not displayed as per required standards. It was also highlighted that a lack of a communication budget at facility level makes it impossible for management teams to implement improvements with regard to communication and marketing of facilities.

Two (2) individual SMSs indicated that marketing and communication are critical focus areas that form part of the assessment tool used during deployments. Four indicated that the programme emphasises the importance improving accessibility and the importance of signage in facilities and notice boards to direct citizens to the facility or guide patients to service points, and also share and communicate important information's to clients or the public. Some indicated that Covid-19 information is clearly communicated and displayed for beneficiaries and staff and Covid-19 protocols such as social distancing markings are clear.

The "programme emphasises [the] importance of signage and access to information (i.e. directional arrows, signage, queue management, flyers and magazines, pasting important information on walls [to] promote government services and Batho Pele Principles for members of the public" and "where there are challenges of communication, we [deployed SMS] intervene by encouraging management to adhere to the policies and procedure".

Three (3) respondents stated that they were not aware of the role of the Khaedu programme in marketing and communication, with one participant arguing that "generally, most of the hospital they don't concentrate on marketing and communication but only on the core services" and another stating that s/he "cannot attest to marketing but communication".

The Khaedu programme was found to be contributing to risk management and quality marketing at monitored facilities, however marketing was found not to be relevant for the health facilities.

Conclusion on how the Khaedu Programme is contributing to service delivery at monitored/ assessed service delivery facilities/points:

Overall, 80% of champions were of the view that the programme is contributing to service delivery at monitored sites. This is also similar to the 79% of the SMS members who were also of the view that the programme is contributing to service delivery at monitored sites. Only 56% of facility management agreed the programme is contributing to service delivery at monitored sites. Despite some concerns that were raised by those who did not agree that the programme is contributing to service delivery at monitored sites, it can be concluded that the programme did contribute to service delivery at monitored sites.

A programme manager indicated that the Khaedu programme is not achieving its intended objective of improving the delivery of services at facilities since the programme seems to be implemented for compliance purposes during a particular week and month. There were also concerns that departments do not prioritise implementation of recommendations from the

deployments, and as a result, most service delivery gaps remain unaddressed. In addition, it was highlighted that sector departments do not prioritise Khaedu training, as a result, some SMS members are deployed without training, leading to ineffective implementation of the programme.

Despite some concerns that were raised by those who did not agree that the programme is contributing to service delivery at monitored sites, it can be concluded that the programme did contribute to service delivery at monitored sites.

There seems to be contradicting views between the SMS (63%) and Champions (40%) regarding whether they have seen improvements at the sites or not. This might also be attributed to the fact that the champions do not visit the actual sites but coordinate SMS to be deployed while SMS members are deployed to the actual sites.

There seems to be consistent views between the SMS (69%) and Champions (60%) regarding with regard to the improvements as a result of the Khaedu Programme.

About 90% (17) SMS Members agree that their knowledge and skills in management have improved after their deployment. The 90% (17) translates from 53% (10) strongly agree and 37% (7) agree. About 90% (17) SMS Members agree that their knowledge and skills in management have improved after their deployment. The 90% (17) translates from 53% (10) strongly agree and 37% (7) agree.

The Khaedu programme was found to be contributing to the following at monitored facilities: Planning and service delivery improvement and financial and resource management.

- Human resource management and supply chain processes to some extent and there is room for improvement on the supply chain processes.
- Information management and quality improvement.
- Risk management and quality marketing, however marketing was found not to be relevant for the health facilities.
- Values and attitudes of the staff.
- Improvements in waiting time in the facilities.
- Improvements in patients' safety and security.
- Improved access to basic medicines and supplies.

The contribution to service delivery could be greater if the programme was implemented as designed and there was consistent monitoring of visited sites and resources were allocated to implement the recommendations emanating from the site visits.

7.5 What are the overall benefits of the programme (Intended and Unintended)?

7.5.1 Short-term benefits

Some of the short-term benefits identified by monitored facility managers were the ability of the programme to identify and address gaps, some of which did not require budgets (n= 6) such as the display of communication posters, queue management, weekly monitoring of PPEs, improvements in hygiene and safety (cutting of trees and installing security gates), some of

which were asserted to have assisted in improving the corporate image of service sites. Other benefits included training of staff on essential skills (n= 2), the purchasing of essential medical equipment (n= 2) and the establishment of a Risk and Quality Management Offices and response teams (during the Covid-19 pandemic).

According to individual SMS, some of the short-term benefits of the programme were that the programme's emphasis of visibility of provincial officials in facilities, integration and shared resources in innovative service delivery, increased awareness of individual shortcomings, provision of reports, recommendations and constructive feedback to management of service delivery sites assist in prioritising initiatives, addressing and resolving service delivery challenges on site (n= 4), especially non-budgetary dependent or quick fixes requiring immediate attention and within the institution's control. For others, short-term benefits include capacity development of SMS to understand government systems, improve management and administration skills, increase managements' awareness of the continuous need to identify, improve, manage and devise ways to address and resolve service delivery issues (n= 12) such as process issues, queue management, backlogs, patient care, putting up signage, managing registers, daily maintenance, turnaround times, fixing equipment and infrastructure, all of which assist in improving service delivery and citizens experience. It was also indicated that the programme enlightens citizens about the quality of services expected.

Some of the short-term benefits identified by custodians were that SMS skills were developed, and staff morale improved.

7.5.2 Medium-term benefits

Some of the medium-term benefits identified by individual SMS were that senior management's commitment and will to identify and provide solutions had improved, with some indicating that SMS not only now understand the importance of service delivery but also learn how to improve and find solutions to addressing service delivery challenges and 'overcome' (n= 11). Some of the identified challenges that were addressed were improvements in pharmaceutical stock levels, reduced complaints, minor infrastructural repairs and sharing of IT equipment. Some individual SMS also indicated that medium term benefits of the programme were that skills are transferred, with others indicating that senior managements skills (n= 4) in governance, planning, budgeting, and record management had improved. It was highlighted that reports and recommendations provided through the deployments and monitoring visits assist service delivery sites in prioritising, budgeting for action plans requiring funds and empowering management to address service delivery gaps.

Improvement in skills, compliance to Batho Pele Principles and service delivery standard, and the ability to address service delivery challenges was asserted by some individual SMSs to assist in improving quality of services, turn-around times, and citizen access. Two individual SMS however, felt that there were still aspects that were lacking, with one stating that there is still resistance to share findings and accept shortcomings. One SMS suggested that deploying SMS only during the Batho Pele week is insufficient, further suggesting that deployments should be done throughout the year.

Some of the medium-term benefits identified by monitored facility managers included the fixing of leaking toilets, training of staff on OHS, improvement of staff and patients' safety, the

establishment of a sub-district command council and improvements in waiting time. Monitored facility managers also highlighted that they received essential medical equipment and a tent for screening and that a temporal storage was created for PPEs. Medium-term benefit for custodians was the fact that service delivery for citizens and the public at large has relatively improved.

7.5.3 Long-term benefits

Some of the long-term benefits identified by monitored facility managers were the development of long-term plans, addressing of citizens' complaints and improved service delivery in hospitals, improved access to the building as a result of the signage, and improved access to care for citizens. They also highlighted that staff were trained in Occupational Health & Safety (OHS) principles, senior management and staff at procurement were appointed and medical equipment was also provided. One of the participants in the monitored facilities however, indicated that infrastructure challenges were still not addressed.

Some of the long-term benefits identified by individual SMS were the inculcation of management skills that assisted management to address organisational challenges, improvement of turnaround times and the ability to deliver on their mandate based on the reports, recommendations and implementation plans drawn during the deployments. Some of the wins identified by some individual SMS were the establishment of performance standards and monitoring systems, filling of vacant posts, acknowledgement of the importance of service delivery amongst managers, better managed facilities, and improved management skills. Individual SMS also indicated that other long-term benefits included improved relationships with citizens and stakeholders and increased citizen satisfaction (as service delivery improves), trust (as their living standards improve) and also reduced service delivery protests. Long-term benefits according to custodians were improved confidence in government and its services.

7.5.4 Positive unintended benefits

Some of the positive unintended benefits identified by individual SMS were that the programme enabled the identification of poor performers to enable government to prioritise them as focus areas for deployments. Individual SMSs also indicated that the programme increased expectations of improvements in management, performance of facilities and the work environment, and that government integration was a possibility. Individual SMS also indicated that positive unintended benefits of the programme are that facility officials during deployments are keep staff on their toes; with one participant stating that staff were kept on their toes because they were *“scared that head office officials can come unannounced thereby treating patients with utmost respect in accordance with Batho Pele principles”* and another indicating that *“... sites [were] aware they will be monitored and held to account for non-implementation.”* Some of the unintended benefits also included the installation of proper signage in service delivery sites, improvements in turn-around times, improved staff relations, morale, and senior management skills (i.e., communication, interpersonal, teamwork, openness, flexibility and being accommodative in problem solving). The deployment was deemed by some SMS to have increased accountability, time conscientiousness, and leading by example. One SMS however, felt that deployments were a waste of resources if the monitoring visits and recommendations are not implemented.

Some of the positive unintended benefits of the programme according to monitored facilities were that the programme helps identify service delivery challenges, enables the development of improvement plans, enables hospitals to self-evaluate and become aware of service delivery improvements in health care. Other unintended benefits identified by monitored facilities were that more support was advocated for primary health care, improved systems and operations were observed as well as improvements in staff commitment and attitudes.

7.5.5 Negative unintended benefits

Some of the negative unintended benefits of the programme according to one monitored facility manager included no follow-up monitoring visits, absence of feedback on implementation of recommendations, and extended time intervals or lag between deployments. A third of individual SMS that responded to the question were of a view that the programme creates unrealistic expectations, increase facilities expectations for immediate interventions and makes management “...feel inferior and useless as though they are incapable of managing because of finding [the] same situation every time we visit the facility”. One individual SMS also criticised the manner in which the programme is coordinated, arguing that it affects deployments. Another SMS felt that the lack of follow-up visits and poor implementation of recommendations make this activity a waste of resources.

7.5.6 Overall benefits

Overall benefits of the programme according to the focus group responses were that the Khaedu programme trains and exposes senior management to ‘real issues on the ground’ where they share best practices and equips them in identifying challenges or ‘where problems lie’, which forms the basis for deriving solutions to those challenges in service delivery sites by instilling and encouraging a spirit of teamwork amongst management teams. Focus group responses also highlighted that the programme also equips SMS members with monitoring and problem-solving skills, further asserting that “where recommendations are implemented, service delivery improves”, and subsequently benefiting citizens. The discussions also indicated that the programme has the potential of increasing management accountability to own up to reports and recommendations presented during deployments.

7.5.7 Strengths

Strengths of the programme as identified by custodians was that training and the recommendations provided through the programme capacitate senior management with tools and skills to execute service delivery improvements. Three champions highlighted that the programme brings hope, and not only exposes and helps management identify service delivery challenges (n= 5) but also brings about changes and improvements to the facilities (n= 7), which helps increase cooperation, care, support, communication, and the motivation of employees. Champions also highlighted that the programme enables the identification of critical sites, brings about multiple expertise, departments, and other stakeholders to participate in inculcating change through the reports and recommendations shared during the deployments (n= 2). One of the champions also stated that the programme enables cost-savings since the work is done internally by public servants as compared to being outsourced.

Some of the strengths of the programme according to monitored facilities managers were that it assists facilities and SMS to identify gaps (also in management) and root causes and guides management to conduct assessments which helped improved health care services and reinforced standards of care, which ultimately help reduce complaints and litigations. Other strengths were that the programme assists in improving access to the facilities, focuses on and assesses patients’ safety, quality management and has also assisted with the implementation of the Charter on Children’s Right. The programme is also said to facilitate teamwork, improve internal and external communication, improve staff commitment and empower managers to solve problems.

7.5.8 Intended beneficiaries

Intended beneficiaries according to custodians included front-line staff/host sites who are guided to resolve or address service delivery challenges on sites and SMS members who acquire problem-solving skills during training and deployment. Programme managers identified citizens as intended beneficiaries of the programme. The programme has had some short, medium- and long-term benefits both intended and unintended

7.6 Is the Khaedu Programme still relevant in Limpopo Province?

7.6.1 Relevance of the Khaedu programme

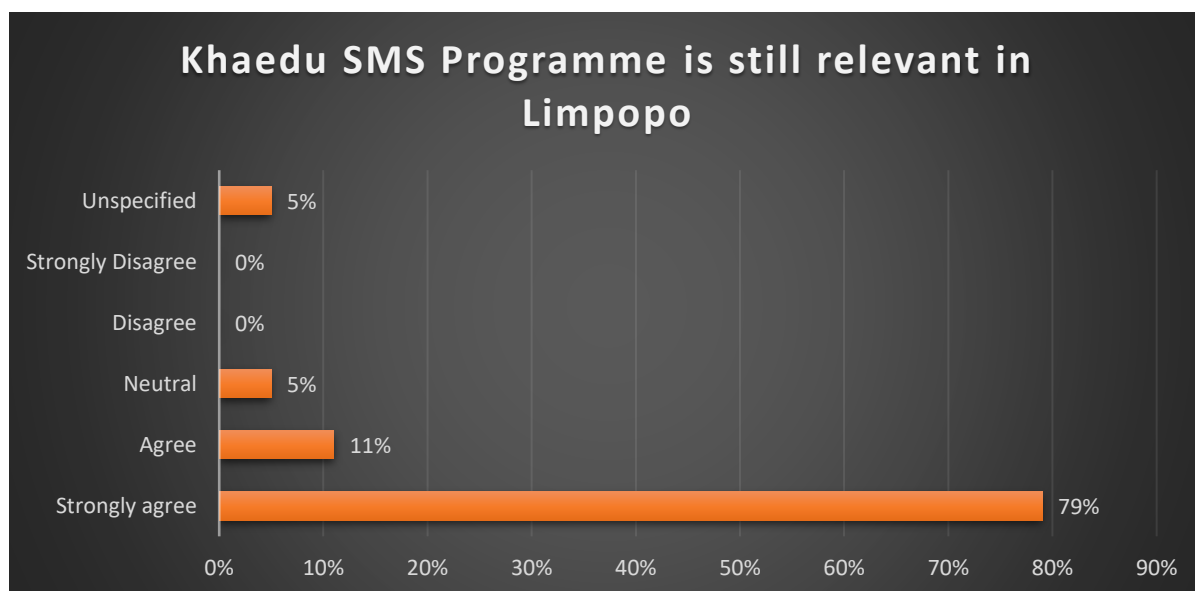


Figure 29: Khaedu SMS Deployment programme still relevant in Limpopo

A total of 90% (17) of SMS members agree that the programme is still relevant in Limpopo as indicated in the Figure above. The 90% (17) agreeing translates from the 79% (15) strongly agree and the agree 11% (2). Their reasons for the programme to be still relevant in Limpopo is because the intentions/objectives of the programme are very good, but the biggest challenge is the non-implementation of the recommendations, lack of follow ups in terms of monitoring implementation as well as management of the facilities failing to take responsibility for what

should happen after the monitoring. They also stated that the programme serves as a bridging gap between spheres of government, it is seen as an assessment tool which acts as a catalyst in unblocking the service delivery blockages especially in rural areas. Only 10% of the respondents are not sure of what to make of the programme.

The different targeted groups for the study were asked to provide insight on why they thought the Khaedu programme was still relevant. Four (4) SMS and 4 Champions indicated that the programme was relevant because it exposes management to the coalface, and thus contributes to improved service delivery. Three individual SMSs, a monitored facilities manager and a custodian indicated that deployments enable managers to understand areas requiring attention (i.e., lack of resources, staff morale, infrastructure improvements, etc.), and help managers understand dynamics and challenges experienced in service delivery sites. Some senior managers (n= 2) indicated that the programme has good intentions and has enlightened service delivery sites through findings and recommendations from deployment reports. Two SMS members, 2 champions, and a custodian also felt that the ability of the programme to reach, strengthen and enlighten service delivery sites in the outskirts that need attention makes the programme relevant. “... *it is highly relevant as most of the institutions are in deep rural areas and if not assessed, they might stay without resources ...*”, stated one SMS.

Some SMSs further added that monitoring during deployments keeps officials on their toes (n= 1) and others also indicated that implementation of recommendations not only improves outcomes for the sites but also reduces service delivery complaints/concerns (n= 2). Two SMS, a monitored facility manager, and a custodian indicated that the programme is relevant because it enables participation, an exchange of skills and a collaborative way of resolving issues. It was felt that the programme capacitates senior managers to apply learning proactively and apply problem solving skills and other skills derived from the programme in their own working environments. This is because the programme encourages participation of SMS members with multiple skills-set and experiences from various departments, as well as staff and clients and in so doing, staff and clients (i.e., patients) become open and motivated to communicate and share their challenges.

Two (2) SMSs indicated that the programme is relevant because it serves as a monitoring or oversight tool and a mirror that reflects performance and enables sites to have an idea of the level of services rendered, which helps in being responsive. One individual SMS indicated that the programme is relevant for facilities rendering service to clients, with another SMS indicating that it motivates clients to voice their challenges, keeps officials/managers on their toes and alerts decision makers of challenges in service sites (n= 3) based on the assessments done during deployment, which then ensures that resources are availed to respond to challenges, and that recommendations are escalated to Heads of Departments (HODs). There was a general sentiment that the programme makes a difference in areas where managers in monitored/assessed service sites embrace inputs, ideas, and experiences from other managers and that this tends to improve staff morale, especially if follow-up are done and feedback on implementation is provided.

One senior manager indicated that the programme has the potential of improving relations between provincial offices and service delivery sites and can assist government to know and measure service levels against service standards of the department or sector. Responses from SMS focused group highlighted that the programme enables adherence, and measurement of

service delivery standards and Batho Pele Principles, and also assists in the management service delivery site challenges.

Some individual SMS that stated that the programme lacked relevance highlighted the lack of monitoring (n= 1), poor use or ineffectiveness of reports and recommendations (n= 1) and poor implementation. Poor implementation was associated with a lack of buy-in from executives and site managers to take responsibility and implement recommendations as well as a lack of funds/budgets/resources/finances to implement action plans. *"The reports accumulate dust and are forgotten, which will render this programme useless and a waste of time and money"*, stated one manager.

Three SMSs were of the view that the programme does not necessarily lead to service delivery site improvements since service delivery blockages/bottlenecks/concerns still exist. One of the three SMS added by attesting that there are increasing community protests and uprisings/complaints even after the deployments *"... not all municipalities are visited during Khaedu and community uprising for service delivery are continuously taking place"*, stated the SMS. One Monitored Facilities respondent also stated that the programme is not relevant because it is failing to achieve intended objectives. This was attributed to the fact that implementation of proposed recommendations and interventions can take time for various reasons, such as budget constraints and lack of alignment of the Khaedu programme to the planning cycle.

7.6.2 Khaedu programme designed to respond to beneficiary needs

Respondents were also asked to reflect on whether the Khaedu programme is designed to respond to beneficiary needs. The findings of the evaluation study indicates that SMSs (n= 5), champions (n= 3) and a custodian attributed responsiveness to the ability of the programme to identify and address service complaints. Two SMSs and one champion also felt that the programme is to ascertain the level of client satisfaction, which leads to quality and improved service delivery. A senior manager felt that the programme is responsive to the needs of the beneficiaries because of its interactive approach, which enables the exchange of skills and information and because the core modules of the programme address major organisational and management aspects such as human resources, finance, strategy and organisational effectiveness, which not only improve senior management skills but indirectly improve services for beneficiaries, which also improves staff morale and commitment that benefits citizens.

One SMS member, one monitored facility manager and two champions indicated that the programme is responsive because it helps instil and enforce the application of Batho Pele Principles, which improves service delivery standards. One champion indicated that the focus on front-office and back-office operations, as well as internal and external communications elements of facilities contributes to the responsiveness of the programme. Another champion indicated that the programme enables one to monitor all components of an institution and a senior manager asserted that the programme addresses quick-wins, such as queue management.

A champion, a monitored facility manager and two individual SMSs indicated that the lack of implementation of recommendations and accountability by senior management (in terms of providing feedback and implementing) compromise the positive impacts of the programme. The

champion further stated that even though the programme is a good intervention, poor implementation of recommendations compromises its effectiveness, and a monitored facility manager further qualified the statement by asserting that the recommendations that require budgets take time to implement and compromise benefits for intended beneficiaries of the programme.

7.6.3 Validity of the Khaedu programme

Participants from the different groups were also requested to provide insight on the validity of the programme for the public sector. Five monitored facility managers, two champions and a custodian indicated that the programme is valid because it provides a platform of sharing best practices, enables service delivery gaps to be identified, encourages effective participation of all role players and stakeholders in finding solutions and interventions, and reduces service delivery backlogs, which serve as an area of motivation and encouragement for senior management. It was argued that the programme is valid because it not only improves staff satisfaction but also client satisfaction.

Two monitored facility managers indicated that health services had improved, making the programme valid. A monitored facility manager, champion and custodian also indicated that the programme is valid because it provides a good platform for sharing best practices, helps improve senior management skills, capacitates them in problem solving and enables them to apply these skills in their day-to-day work. Some of the skills identified included skills in process analysis, organisation design, people diagnostic/management, budget analysis, communicating for results, generic management skills (i.e., procurement, project management, monitoring, problem-solving, etc.). *“... the objectives of the programme are still very valid as the programme’s ultimate goal is to improve the delivery services and to capacitate senior managers in problem-solving skills during deployment and in their respective areas of work”, asserted one champion.* Another champion and programme manager however nullified this, arguing that the programme is not valid because there is a lack of funds to implement recommendations and that service delivery challenges are still experienced by the province even after several deployments.

The above responses have demonstrated that the programme is still relevant as evidenced by the 90 % of SMS members who agreed that the programme is still relevant in Limpopo and addresses beneficiaries’ needs and also remains valid.

7.7 What are the challenges facing the implementation of the Khaedu programme and How can the programme be strengthened in Limpopo and the Implications of for the Programme nationally?

The section presents findings to respond to the following two key evaluation questions:

- What are the challenges facing the implementation of the Khaedu SMS Deployment Programme?
- If the programme is still relevant, how can it be strengthened in Limpopo and the implications for the programme nationally?

To improve programme implementation, efficiency, and effectiveness:

Some of the challenges identified by SMS focus group discussions, monitored facilities management (n= 4), one programme manager and custodian included the lack of human and financial resources to implement recommendations and long-term capital project plans. The focus groups attributed this to the fact that the *“programme is implemented in the middle of a financial year when departments have already committed budgets”*. The province should ensure that the programme is not only implemented for compliance purposes during the June Public Service Week (PSW) and the September Public Service Month (PSW) but consistently implemented throughout the year. This will improve budget allocation to address recommendations emanating from the deployment monitoring reports.

SMS focus group discussions and individual SMS further attributed poor implementation of recommendations to the lack of political and executive buy-in (n= 2) and inadequate sharing and/or communicating of report findings with government decision-making structures (n= 4). Monitored Facilities (n= 6) and champions (n= 3) also identified poor communication of deployment reports as their main challenge. A programme manager also highlighted that the deployment of different teams to the same institutions, as well as resignation of knowledgeable and experienced SMS members contributes to the lack of ownership of the programme and lack of buy-in from top management and thus hinders the achievement of key objectives of the programme.

It was thus recommended that instead of deploying teams once, the suggestion to adopt a facility for two to three years be explored to ensure continuity. *“Each team should adopt a service site, and not only end [by] submitting a report – but conduct follow ups and register positive progressive inputs thereof – not to wait for the next deployment- with [the] assistance of [the] OTP”*.

It was further suggested that the coordinating department/unit should ensure that it involves executives /senior management and key stakeholders in the planning phase of the deployment (e.g., NSG, DPSA, OTPs & sector departments), especially in the selection of sites to be monitored/assessed during a specific deployment to improve achievement of the objectives.

It was also recommended that all departments, including the OTP, should ensure that SMS deployment becomes a standing agenda item in executive/senior/top management meetings of departments and other relevant stakeholders.

The province should ensure that there is political and executive buy-in for the Khaedu Programme. The province should also improve the sharing and communication of the monitoring reports with relevant heads of departments and other decision-making structures. The management team of the Department of Health, for example, indicated that a new team that joined the department in 2016 had not received feedback reports for the Khaedu deployments, and this meant that outcomes and findings that emanated from the deployments were not acted upon. It was therefore, recommended that instead of producing PowerPoint presentation report formats, deployment teams be encouraged to produce formal and structured reports. It was further suggested that reports be shared with all relevant decision-makers; including but not limited to the Department of Health, the HODs Forum, the Social Cluster Committee, and the provincial Executive Council (EXCO).

There were also sentiments from the focus group discussion that the Office of the Premier (OTP) as a coordinating institution does not have established mechanisms to enforce implementation of recommendations by relevant departments and other role players. Some of the major gaps in the programme identified by custodians and monitored facilities management included the absence of mechanism, legislations or policies that ensure accountability, enforce uptake of recommendation, and ensure that follow-up monitoring activities are done to authenticate if interventions were being implemented in service delivery sites. The province should develop mechanisms to enforce the implementation of recommendations and improve follow up monitoring visits to monitored sites.

There were also sentiments that the rotation of senior managers into different sites within the same financial year negatively affects continuity of the programme within service sites. Monitored facilities (n= 2) identified inconsistencies of onsite monitoring visits and the rotation or changing of deployment teams as a problem. It was therefore suggested that same deployment teams should make follow-ups on challenges identified in previous deployments. The province should further develop a deployment strategy which will ensure that same SMS members that were deployed to a particular site are the ones doing the follow up visits to check if past recommendations have been implemented.

Custodians also identified the absence of a government wide monitoring and evaluation strategy, the lack of collaborative efforts (silos) in implementing service delivery improvement programmes across government and the lack of guidelines/ policy/legislations/SOPs to guide the implementation of the Khaedu programme across government. *“It’s [a] by the way programme and not taken seriously”*, asserted one programme manager. There was thus a feeling that the programme is implemented for compliance and deemed by a few respondents as a waste of time and misuse of state resources since there is no strategy in place to ensure that the programme is implemented successfully. The importance of integrating government monitoring programmes (i.e., Frontline Service Delivery Monitoring (FSDM), Khaedu deployment programme, etc.) was therefore emphasised by custodians.

To improve phase 1: Theoretical component of Khaedu programme:

Other challenges identified by the SMS individual interviews and focus group discussions, custodians, and a programme manager, included the deployment of senior managers that had not undergone theoretical training. There was a perception that untrained officials may not add value to the deployment team and compromise implementation of the programme.

Furthermore, responses on the questions relating to training have revealed that only 58% of the SMS respondents attended a five-day training and the rest either attended less days or were not trained.

The province and sector departments to prioritise Khaedu programme training and ensure that all SMS members that are deployed have been trained to contribute to effective implementation of the programme. The province should ensure that all SMS are subjected to (before deployment) the 4.5-day intensive core skills development programme which exposes participants to practical exercises and case studies or the realities of the situation in the South African public service. The theoretical phase should comprise a mix of teaching, exercises and

case studies that are completed by SMS members to improve their problem identification, analysis and solving skills; and give them empirical content to the experiential and action learning.

To improve phase 2: Practical and technical component of Khaedu programme:

Monitored Facilities (n= 3) also identified challenges regarding deployments. Some of these challenges included the time allocated to assess/monitor service sites, the number of senior managers deployed per site (3 days, instead of 5 as stipulated in the programme documents) and the deployment of senior managers without the necessary expertise. It was therefore recommended that training of new SMS be prioritised before deployment to ensure added value value-add in the implementation of the programme. The province should ensure that SMS members are subjected to a 5-day supervised deployment to the coalface in which, as part of a team, the participants identify and try to solve one or two critical issues that they find at a host site. Participants are required to apply the core skills obtained from the theoretical phase to analyse a set of service delivery challenges, produce a report, and make a presentation on their findings and recommendations.

Some of the challenges identified by the Department of Health (DoH) included not being afforded sufficient time to nominate senior management to participate in the programme, which negatively affected the department's ability to adequately consult and brief management on the importance of the Khaedu deployment programme. The province should improve on the planning and implementation of the programme by developing an annual implementation plan and widely communicate the plan to afford departments to plan accordingly.

Exclusion of components such as human resource development, finance, infrastructure, and supply chain management in the assessment tool were also highlighted (n= 2) as weaknesses of the programme. These were asserted not only to make it difficult to adequately assess these areas but also make it difficult for deployment teams to come up with credible recommendations related to these areas. The assessment tool should be revised to include all the key areas / themes covered in the training phase of the Khaedu Deployment Programme to ensure a comprehensive assessment and recommendations to improve service delivery at the monitored sites.

There were also concerns about the lack of commitment of some of the deployed managers within the focus group discussion and by champions and programme managers. "... *some SMS members vanish/disappear once they append their signatures on the attendance registers*", stated one SMS. "... *SMS members do not take the project seriously; they participate when they feel like and management is forcing them to participate...*" stated another. There was also the perception that "*some SMS members [are] refusing to be deployed due to work commitments, so departments are forced to deploy same members who are willing to be deployed.*" Champions also felt that deployed SMS are not dedicated, they do not prioritise the programme since junior officials are sometimes deployed. "*Some SMS Members are there for a short while not [and] until the last day of the report writing*", stated one champion.

There was therefore a sentiment that the absence of the Khaedu programme in performance agreements of SMS members may contribute to the lack of commitment during deployments. One senior manager stated that due to some of these challenges, the objective of improving

services at the coalface remains a pipedream. A suggestion was thus made for the Khaedu programme to be included in senior managers' performance agreements. It is also envisaged that training of SMS members will also improve their understanding of the importance and objective of the Khaedu Programme thereby improving participation in the programme.

Seven (7) champions identified failure to do follow-up visits and poor implementation of recommendations (n=7), as well as a lackadaisical approach to the programme (n= 9) as major concerns. Six (6) monitored facilities highlighted that recommendations that were not forwarded to the head office of the department at provincial level, and in cases where they were forwarded, follow-ups were not done to authenticate implementation of action plans. These subsequently meant that action plans/recommendation were not included in the planning and implementation instruments of departments and not acted upon. It was therefore suggested that the OTP should ensure that reports are presented to management, and that strategic planners be involved in the programme to ensure that recommendations find expression in planning instruments of departments. It was also suggested that the OTP enforce the development and implementation of improvement plans for each monitored facility, in collaboration with the management of the service delivery sites since there was a concern that there is poor communication between site personnel and the deployed. A programme manager also emphasized the importance of escalating recommendations to decision-makers such the Director-General (DG) of the Limpopo, Heads of Departments (HODs), Cluster Committees and the provincial Executive Council (EXCO) to improve programme outcomes.

To improve service delivery on sites:

The province should ensure that findings identified by SMS members for most of the facilities monitored are implemented and implement the action plans developed by the deployment teams and management of facilities. Office of the Premier, as the coordinating office, should also improve on sharing of the deployment reports with relevant stakeholders to ensure uptake and implementation of recommendations. In addition, there is need to ensure consistency when deploying members to sites to ensure that issues that were raised during past deployments are monitored and reported on.

CHAPTER EIGHT: CONCLUSION AND RECOMMENDATIONS

8.1 Conclusion

The evaluation findings have demonstrated that the Khaedu programme is not implemented as per design in Limpopo Province, and consequently, it is not achieving its intended objective of improving the delivery of services to the citizens. For instance, some SMS members were being deployed without being trained on the theory part of the programme, and the recommendations of the assessment and monitoring reports were not being implemented and followed-up for various reasons. Nonetheless, the programme was found to be contributing to the following at monitored facilities:

- Improvements in planning and service delivery improvement and financial and resource management.
- Improvements in human resource management and supply chain processes to some extent and there is more room for improvement on the supply chain processes.
- Information management and quality improvement.
- Improved risk management and quality marketing, however marketing was found not to be relevant for the health facilities.
- Values and attitudes of the staff.
- Improvements in waiting time in the facilities.
- Improvements in patients' safety and security.
- Improved access to basic medicines and supplies.

The evaluation also established that the contribution to service delivery could be greater if the programme was implemented as designed, and there was consistent monitoring of assessed sites, and resources were allocated to implement the recommendations emanating from the assessment reports of deployed teams.

The findings of the evaluation also indicated that Khaedu programme has had some short, medium- and long-term benefits, both intended and unintended. The programme was also found to be still relevant and addresses the needs of beneficiaries and remains valid for the public sector.

Some respondents further made some concrete recommendations to strengthen the programme in Limpopo Province. The evaluation further demonstrated that some of the contextual and programmatic assumptions that have been made about the programme and the Theory of Change (ToC) are not holding, and these are:

- That there is sufficient funding for the training and the implementation of the recommendations;
- That all SMS members are trained in the theory part of the programme;
- That all trained SMS members participates in other elements of the programme;
- That deployment managed professionally so exposes public servants and helps them to process their learnings;
- That improvement plans are used, implemented and followed-up; and
- That good corporate governance/systems and processes are in place.

8.2 Recommendations

Based on the findings, the following recommendations are made per the following key evaluation questions (KEQ):

1. How is the programme contributing to service delivery at monitored/assessed service delivery facilities/points? [Achievements]
2. Is the Khaedu deployment programme being implemented in Limpopo according to the design? [Implementation]
3. What are the challenges facing the implementation of Khaedu SMS deployment? [Challenges]
4. Is the Khaedu programme still relevant in Limpopo? [Relevance]
5. How can the programme be strengthened in Limpopo and the implications for the programme nationally?

From the above five (5) key evaluation questions (KEQ), five (5) Improvement Objectives were developed that will be the key thematic areas of recommendations that have been outlined hereunder.

Improvement Objective 1	To improve the programme's contribution to service delivery at monitored/assessed service delivery facilities/points
Recommendation 1	To ensure achievement of objectives of the Khaedu programme, the coordinating office and relevant departments should ensure that post-deployment, follow-up on the implementation of recommendations is made.
Recommendation 2	The coordinating department/unit should ensure that it involves executives /senior management and key stakeholders (e.g., NSG, DPSA, OTPs & sector departments) in the planning phase of the deployment, especially in the selection of sites to be monitored/assessed during a specific deployment to improve achievement of the objectives.
Recommendation 3	The province should ensure that the same deployment teams make follow-ups to monitored/assessed facilities on challenges identified during deployments. The province should further develop a deployment strategy which will ensure that same SMS members that were deployed to a particular site are the ones doing the follow up visits to check if past recommendations have been implemented.
Recommendation 4	That OTP should ensure that deployment teams make follow-up visits and adopt them for a prescribed period until recommendations are implemented. That is, deployed SMS members must remain in touch with the facility for an extended period (e.g., a year or two) to monitor whether recommended interventions are implemented and also provide any other required support and intervention post deployment.
Recommendation 5	The province should ensure that the programme is not only implemented for compliance purposes during the June Public Service Week (PSW) and the September Public Service Month (PSM) but consistently implemented throughout the year.

Recommendation 6	The assessment tool should be revised to include all the key areas / themes covered in the training phase of the Khaedu Deployment Programme to ensure a comprehensive assessment and recommendations to improve service delivery at the monitored sites.
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Improvement Objective 2	To improve the programme's implementation according to the design
Recommendation 7	The province to ensure that all SMS are trained before deployment to ensure value-add during deployments.
Recommendation 8	There is a need to solicit the provincial Executive Council (EXCO) buy-in and support pre-and post-deployment to ensure accountability in terms of implementation of recommendations/interventions through improvement plans.
Recommendation 9	The relevant Accounting Officers (AO) of departments should be held accountable for non-implementation of recommendations/interventions.
Recommendation 10	The Limpopo Office of the Premier, as the coordinating office, should improve the sharing and communication of findings and recommendation through reports that are presented to the decision makers such the top/executive management teams of relevant or affected departments, Cluster committee, EXCO, Heads of Departments (HODs) Forum.
Recommendation 11	The departments should ensure that they foster cooperation and partnerships with other relevant parties/partners, especially on infrastructure development and maintenance when implementing Khaedu recommendations.
Recommendation 12	The province should develop mechanisms to enforce the implementation of recommendations and improve follow-up monitoring visits to monitored facilities. Some of the major gaps in the programme identified by custodians and monitored facilities management included the absence of mechanisms, procedures, legislations, or policies that ensure accountability, enforce uptake of recommendations, and ensure that follow-up monitoring activities are done to authenticate if interventions were being implemented at service delivery facilities.

Improvement Objective 3	To improve the challenges facing the implementation of Khaedu Programme
Recommendation 13	The Head of Department (HOD) of the Provincial Treasury or his/her representative should be present during all feedback sessions to decision makers to enable him/her to be able to avail and allocate required financial resources to implement interventions and recommendations.

Recommendation 14	The departments should ensure that they do forward planning and spent allocated capital budgets, especially in building and maintenance of infrastructure and procurement of equipment, to avoid returning money to both the provincial and national treasuries at the end of the financial year.
Recommendation 15	There is a need to enhance central coordination by Office of the Premier to ensure that recommended interventions are implemented by relevant stakeholders.
Recommendation 16	That there is a need for quarterly reporting on progress made around the programme, especially in respect of implementation of improvement actions plans of recommended interventions.
Recommendation 17	That OTP should ensure that deployment teams make follow-up visits to monitored/assessed facilities and adopt them for a prescribed period until recommendations are implemented. That is, deployed SMS members must remain in touch with the facility for an extended period (e.g., a year or two) to monitor whether recommended interventions are implemented as well as to provide any other required support and intervention post deployment.

Improvement Objective 4	To improve Khaedu Programme relevance in Limpopo
Recommendation 18	To ensure that the Khaedu programme remains relevant, efforts should be made to integrate the programme with other monitoring programmes/ activities service delivery in the province towards ensuring a coordinated approach towards improving the delivery services across sectors and in assessed/monitored facilities
Recommendation 19	The province should address lack of collaborative efforts (silos) in implementing service delivery improvement programmes across the province.
Recommendation 20	There is a need to strengthen the Khaedu programme, as well as reviewing its monitoring instruments/tools, towards ensuring its relevance to current/prevaling service delivery issues/challenges/needs, as well as determine its relationships to other related monitoring programmes in the public service.
Recommendation 21	That there is a need for the Khaedu programme to be reconceptualised and re-launched/ re-introduced through roadshows across the country and provinces.

Improvement Objective 5	To strengthen the Khaedu Programme in Limpopo
Recommendation 22	The province and sector departments should prioritise Khaedu training and ensure that all SMS members that are deployed have been trained to contribute to effective implementation of the programme. The province should ensure that all deployed managers are subjected to the 4.5-day intensive core skills development programme (before deployment).
Recommendation 23	The training/theoretical part of the Khaedu programme should be prioritised, included in skills development plans for managers and made compulsory and/or a pre-requisite for deployment to the coalface of service delivery, i.e., at the facilities/ sites.
Recommendation 24	That to ensure commitment of deployed managers, Khaedu deployment programme should be included to be one of the Key Performance Areas (KPA) performance instruments/agreements of all the SMS members to enable them to commit their time to the programme during and post-deployment.
Recommendation 25	The Office of the Premier should implement deployments to the coalface of service delivery for five (5) days, instead of three (3) days to provide sufficient time for assessment and monitoring.
Recommendation 26	The deployment teams should draft and compile both narrative and power point reports for facilities after each deployment.

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