Community Partner

TSHWANE NORTH OUTREACH





Tshwane North Outreach is an inter-denominational organisation, developed out of initiative of the directorate of housing service of the City of Tshwane Metro Council. It started May 1996 in cooperation with volunteers. This initiative resulted in a registered NPO known as Wolmer Community Project, which runs mainly on the efforts of the volunteers out of the community and churches around Tshwane. Tshwane North has been actively participating in monitoring of government facilities.

The monitors for this project are

- Lettie Mahlangu
- Gomolemo Mashao
- Kedibone Kgofelo
- Tshepo Mashigo
- Joyce Makgolego
- Sharon Mampane
- Pinky Mokgobola
- Mahlogonolo Marumo

CONTACT DETAILS

422 Block C, Winterveld Central view, Mabopane

Tel: 012 725 8196 / 083 319 5529 **Email:** mahlangu.mishack@gmail.com

BLACK SASH Black Sash National Office Elta House, 3 Caledonian Road



+27 21 686 6952

www.blacksash.org.za info@blacksash.org.za



CITIZEN MONITORING

Tshwane North Outreach Community Development Project

MAKING ALL **VOICES COUNT**

JUNE/JULY 2015

B L A C K S A S H
MAKING HUMAN RIGHTS REAL

Health Clinic: Tshwane

Soshanguve Block X Health Clinic, City of Tshwane District, Pretoria, Gauteng

WHAT IS CITIZEN-BASED MONITORING (CBM)?

Citizen-based monitoring seeks to give citizens a voice in how public services are managed

The Black Sash and Community Partners have been promoting citizens' monitoring for a number of years. In this project we are working with the Department of Planning, Monitoring and Evaluation (DPME) to learn and demonstrate how government can make citizen voices an integral part of the way public services

We hope that this report will be useful to the citizens / users, staff and management of the facility and that it helps them to see where citizens think they are performing well and were they could improve

We hope that citizens / users will discuss and make sense of this report. We also hope that the facility staff and management will discuss this report and together with citizen representatives explore solutions to improve service delivery.

We hope that it will help facility staff become more responsive to citizen needs, and encourage citizens to become more confident to use and get actively involved in how services are delivered in their

We hope that these citizen-based performance reports together with frontline staff feedback reports as well as the Improvement Plans developed and adopted at the Dialogues, will help District Provincial and National managers to act quickly to fix problems that citizens and staff identify. We invite comments and suggestions from everyone on how this can be improved so that together we can contribute to better services and better relationships between government departments and the people they serve.

HOW DATA WAS COLLECTED

In each community, members of a community partner were recruited and trained how to conduct a micro-survey of citizens' and frontline staff's perceptions and

Survey respondents were not identified, so they could express their opinions freely. The questionnaire was developed by the Black Sash based on its own work and the DPME's tools. The surveys try to highlight the VOICES of poor people and in particular that of women and girls.

The first survey was conducted in 2014. The second survey was done in June / July 2015.

HOW TO READ THIS REPORT There are three types of questions

Demographic questions. Information about the participants, for example their sex and age.

Questions about specific aspects of their experience at the facility. The answers to these questions are shown in simple bar graphs that show the number

Questions on how positively or negatively they rated aspects of their experience at the facility. In these graphs, respondents are classified into three

Positives are people who give a satisfaction score of 4 or 5 on a 1-5 scale. These people think that the facility performs its work well or very well.

Neutrals are those who gave a score of 3 – who felt that performance was not good, but also not bad. They do not have major complaints, but believe there is

Negatives are those who scored I or 2. They feel that the facility does not perform its work as well as it could. They have moderate to serious criticism of the facility.

Clustering the scores in this way lets us easily understand the range of citizen views

CYCLE I AND CYCLE 2 COMPARISONS:

It is important to be able to track the changes coming from the CBM surveys, over time. In order to do so, we need to compare the results of Cycle 1, to Cycle 2. It is important to remember that the number of people surveyed differs for each cycle.

What this means is that when we analyse these two results, we always make sure that it is relative to the number of respondents from the previous cycle.

Based on feedback we received, percentages have been removed and instead, the number of participants is shown.

Cycle I (the narrower slice on the bar graphs) will not show the numbers as these have been adjusted to be relative to Cycle 2. It is important to understand that the bar will always show this relative comparison.



Health Clinic: Tshwane

Soshanguve Block X Health Clinic, City of Tshwane District, Pretoria, Gauteng





TOTAL: 290
Male: 100
Female: 190

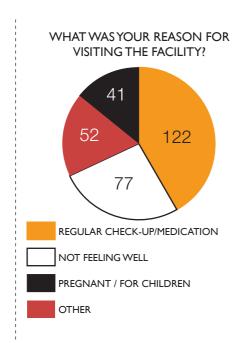
AGE

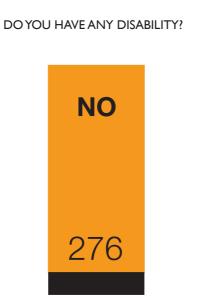
41 - 60

77

26 - 40

134

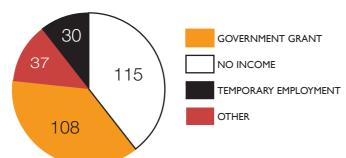




IS THIS CLINIC THE NEAREST HEALTH FACILITY TO YOUR HOME?



FROM WHERE DO YOU EARN MOST OF YOUR INCOME?



SOMETIPS FOR DEVELOPING THE IMPROVEMENT PLAN

- Performance results of the monitoring exercise are presented by the Community Partner leading the monitoring exercise.
- Facilitated discussions are held to understand the results and validate the findings.
- Participants now discuss and decide what the Key Improvement Issues are for the government service being monitored.
- Starting with small group discussions help to get everyone involved and easier to hear everyone's voice.
- It is important to prioritise / rank the Key Improvement Issue to be tackled: choosing what the key issues are and to be tackled immediately.
- Key Improvement Issues can be ranked from numbers I to 5. Number I is the issue participants feel need the most urgent attention, then 2 and so we go down to number 5.
- All participants at the Dialogue get the opportunity to contribute numbering their key challenges from I to 5.
- · Each small group agree on one set of 5 key challenges and present them to the big group in plenary.
- A final list of 5 key challenges are compiled from the presentations of the small groups and adopted by all the participants in the Dialogue.
- Be very clear about the Key Challenge / Issue. Write it in the way as it is on the poster report. That way
 we know what is being worked on. Ensure that others will clearly see or understand what is being
 addressed.
- Spend a little bit of time to do some problem analysis gather ideas of what the real problem is and how it can be addressed.
- A Joint Monitoring Committee (JMC) is selected, made up of the Community Stakeholders and management of the government service.
- The IMC takes responsibility for ensuring that the Improvement Plan is implemented.
- The JMC may have to do more work on the Improvement Plan actions to be taken and will have to meet regularly to get plan activities and get progress reports.
- If there is an aspect on this report you wish to understand or investigate further, please include it in your plan and together with Black Sash's support, you can work on it.

IMPROVEMENT PLAN TEMPLATE

	KEY IMPROVEMENT ISSUE	ACTION TO BETAKEN	WHO WILL LEAD	WHO WILL SUPPORT	RESOURCES NEEDED	COMPLETION DATE
•		 				
e				 		
•						
4						
6				1 		