THE 13TH CPSI PUBLIC SECTOR INNOVATION AWARDS 2015
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MESSAGE FROM THE MINISTER
FOR THE PUBLIC SERVICE AND ADMINISTRATION

Adv. Ngoako A Ramatlhodi (Dr), (MP)
Minister for the Public Service and Administration
The public sector is at the centre of what a government stands for. It is through the public sector that all the aspirations of the government are propelled. Through the Annual Public Sector Innovation Awards Programme, we are galvanising all efforts to professionalise and reorient the public sector to be more productive. This forms a part of a multi-pronged approach that we have adopted which includes to fast-track service delivery across all spheres of government.

Parallel to that, we have committed ourselves to work hard towards meeting the highly strategic targets that have been outlined in the National Development Plan (NDP), namely growing the country’s economy and ensuring broad-based and impartial access to opportunities and services. Innovation is one of the key drivers of the NDP and the Centre for Public Service Innovation (CPSI) is a critical pillar in the National System of Innovation.

Above all, against the complexity of delivering quality services to a dynamic society such as ours, government recognises the value for new, effective and efficient solutions to enhance our performance and productivity, hence our concerted call for innovation and creative thinking.

The work of the CPSI to unearth the wealth of innovation and lay the groundwork for entrenching innovative thinking in the public sector is important in solving the many service delivery challenges we face on a daily basis.

The Public Sector Innovation Awards continue to provide a platform to find innovative solutions to help improve the way in which services are delivered to our people. This programme plays a critical role in encouraging, recognising and to an extent incentivising the commendable fits of innovation and hard work by public officials who are committed to the improvement of the livelihood of the citizenry.

In conclusion, I congratulate all the finalists and winners of this year’s awards and those who took time to submit their innovations for this prestigious awards programme. To me, all of you are heroes in that you have clearly demonstrated your commitment to helping us achieve our national priority of improving the livelihood of citizens.

Well done!

ADV. NGOAKO A RAMATLHODI (DR), (MP)
Minister for the Public Service and Administration
The present day generation lives in what is often referred to as the age of technology. What characterises this generation is a fast-paced revolution in many aspects of people’s lives, including transport, communication and information exchange, service provision, amongst others. There is undeniably a revolution underway, one which emphatically declares war against the use of traditional and ineffective methods to solve modern day challenges.

Particularly in the public service delivery realm, the kinds of challenges that government continues to confront remain the same, e.g. poverty alleviation, job creation, youth empowerment and provision of vital services such as healthcare, education, shelter, water, and sanitation. However, what is needed now is a keen sense of urgency to encourage the adoption and entrenchment of innovation as a key requirement in public sector reform.

Innovation in the public sector is about discarding the obsolete, non-functioning, wasteful methods of doing things in favour of current, innovative ones. These should not only improve public sector capacity to meet the needs of citizens but also, most significantly, be current in terms of cost-effectiveness, speed and scope. Innovation is about actively exploring and optimising the use of such resources as ICT, as potential innovative solutions for service delivery challenges. Innovation in this regard is an integral part of public sector development and is non-negotiable.

Though often not taken seriously, the public sector possesses, albeit in pockets, freshness and vigour that is required to move service delivery forward. Many ordinary public servants have used various innovation approaches to address modern day complexities. It is this generation of public officials that must provide cutting-edge ideas that are essential for future social and economic change.

Many young people are joining the public sector and this will have a huge impact on how we deliver services. The unique characteristic that is only synonymous with youth is their innate entrepreneurial thirst, their tech savviness and idealism which makes this world their oyster. The public sector cannot wait any longer to explore this fountain of knowledge!

In accordance with its mandate, the Centre for Public Service Innovation has been hard at work unearthing innovation in the public sector, as well as facilitating its integration into the work environment and culture of the public sector. This is highly commendable in that it liberates the pioneering spirit in public officials to share their expertise and make a difference in people’s lives.

This has been evident in the quality of projects that have so far been unearthed through the CPSI Public Sector Innovation Awards programme.

The long wait is finally over for this year’s winners of the CPSI Public Service Innovation Awards. Now, let us savour this opportunity to celebrate the best practices and excellence of innovation as it emanates from the public sector. But, above all that, may it be that the awards programme encourages cross-pollination and replication of the ideas across the public sector for a more productive public service.

Congratulations!

MS AYANDA DLODLO, (MP)
Deputy Minister for the Public Service and Administration
MESSAGE FROM THE CEO
OF THE CPSI

Thuli Radebe
CEO: Centre for Public Service Innovation
We approach every year with renewed hope and an assurance of an even richer repository of service delivery innovative solutions for scaling up and replication, having ended the previous year on a high note with an awards ceremony.

Great honour goes to those public officials and their partners from the private and not-for-profit sectors who, every year, show trust in and give credence to the CPSI’s awards programme. Many accolades go to those who are not winners but do not let that hold them back. Come beginning of the year they are already preparing to submit new innovations. In other words, they have embraced the culture of creativity and innovation to change our citizens’ experiences for the better.

Importantly, those that participate in the awards programme have perceptively taken ownership of the programme itself and made it their own rather than the CPSI’s playing field. The programme has grown exponentially since its launch, thanks to the value our participants bring to it. We are grateful for the way they play the role of being ambassadors for our awards programme.

We keep preaching the gospel of public sector sharing of lessons in the context of life-long learning. This programme has become a critical contributor to the content for learning possibilities in the public sector for service delivery enhancement. It is a pleasure to inform you that a number of projects that are discovered through this programme not only get shared across the country but several also attract continental and international attention. Many projects that come through the CPSI Awards Programme make it through other international and continental awards programmes. For instance the Gauteng Animal Health project went on to win silver at the 2014 AAPAM Awards. Therefore they contribute to making regional integration, a reality.

In this publication we feature, and importantly celebrate winners and finalists of the 2015 CPSI Public Sector Innovation Awards. The level of commitment evident from the number and quality of projects submitted, from all levels of government, particularly from the coal face, is humbling.

I would like to take the opportunity to applaud all who submitted entries for 2015. We salute each and every one of you. Congratulations!

The CPSI will forever remain highly indebted to you for a variety of reasons.

Because of your support and the credibility you give to the programme, we have received recognition nationally, continentally and internationally. We have been invited to provide guidance to other countries. This has provided more lessons for us to continually improve our programme.

THULI RADEBE
Chief Executive Officer: Centre for Public Service Innovation
OVERVIEW OF THE CENTRE FOR PUBLIC SERVICE INNOVATION
The Centre for Public Service Innovation (CPSI) was established in 2001 by the Minister for the Public Service and Administration. In 2008 it became the first Government Component as listed in the amended Public Service Act. In its new governance form, it continues to operate as part of the portfolio of the Minister for the Public Service and Administration.

The mandate of the CPSI is located in the responsibility of the Minister for the Public Service and Administration, as reflected in the Public Service Act:

Minister [for Public Service and Administration] is “responsible for establishing norms and standards relating to transformation, reform, innovation and any other matter, to improve the effectiveness and efficiency of the public service and its service delivery to the public”.

The CPSI endeavours to fulfil this mandate by creating a climate in which innovation is prized, encouraged, rewarded, implemented and mainstreamed.

In response to the mandate set by the Act, the vision and mission of the CPSI are located within the broader strategic imperatives of the country, recognising that the public sector has a critical role to play as an enabler of economic development and that improving its effectiveness and efficiency will enhance the quality of life of the citizens. It is also acknowledging that within a developmental state, the public sector cannot only be an enabler of economic development, but must also be a partner and a strong developmental actor.

The CPSI is once again proud to recognise individuals and teams that continue to find innovative solutions in the public sector. They inspire us to improve the delivery of services through innovation.
THE RATIONALE

The Annual CPSI Public Sector Innovation Awards promote and encourage best practice in public sector and service delivery innovation and celebrate the successes of individuals and teams at all spheres of government.

The Awards also serve as a tool for expanding innovation. We hope that the recognition given to finalists and their projects will enthuse others to innovate for improved service delivery.

The Awards have become an important conduit for entry into prestigious international awards programmes such as the UN Public Service Awards, CAPAM International Innovation Awards, the All Africa Public Sector Innovation Awards (AAPSIA) and the African Association for Public Administration Management (AAPAM) Awards.

CALL FOR ENTRIES

The launch of the 2015 programme through a Call for Entries was this year held in North West Province in May 2015. The closing date for the submission of entries was 7 August 2015.

AWARDS CATEGORIES

The following categories are awarded:

- Innovative Partnerships in Service Delivery
- Innovative use of ICTs for Effective Service Delivery
- Innovative Service Delivery Institutions
- Innovative Enhancements of Internal Systems of Government

Category winners then compete for the coveted Public Sector Innovator of the Year Award.

PRIZES

All finalists receive certificates and training in the field of innovation. The category winners receive a certificate and trophy, whilst the Innovator of the Year receives a cash prize of R60 000.00 towards the project.
2015 ADJUDICATION PANEL
CHOSE CHOEU: CHAIRPERSON OF THE ADJUDICATION PANEL

Chose Andrew Kenilworth Choeu has firmly established himself as one of South Africa’s finest corporate affairs directors with a dedicated and extensive career served in world-class corporations and Fortune 500 companies. Chose is an accomplished leader whose extensive working experience, rigorous education and inherent business sense have set him apart among South Africa’s corporate leadership. He has served as president and chairman of various top tier organisations throughout the country.

Choeu is the former Director of Corporate Affairs at Microsoft South Africa. He currently serves as AN Executive Manager Corporate Services at Eskom, South Africa, where he’s responsible for corporate, regulatory and government affairs and industry relations. Before joining Microsoft, he was Executive of Regulatory and Government Relations at Telkom. He holds a Master’s degree in International Relations and in Philosophy. Chose also serves on several boards and is a member of the Institute of Directors.

Having served in government at a senior management level, Chose is well equipped to smooth and create meaningful relationships between governments and businesses. His deep knowledge of Regulatory Relations in the Information Communication Technology and Electricity Industry, Policy Making and Development, Strategy Development and Implementation, Corporate Governance, Government Relations and Advocacy, Political Science, Stakeholder Management, Media Relations, Public Relations, Strategic Marketing, Branding and Internal and External Communications add a level of detail and depth to the overall success of all the organisations that he is involved with.
McLean Sibanda (MSc. Eng.) (WITS); LLM: Commercial Law (UNISA), is an admitted attorney of the High Court of South Africa and a registered South African patent attorney. He is CEO of The Innovation Hub, South Africa’s only Science and Technology Park. With over 7 years of private sector, R&D experience with De Beers Industrial Diamonds and a wide experience in innovation, intellectual property, technology transfer and commercialisation of intellectual property.

He has served previously as Group Executive for Commercialisation at the Technology Innovation Agency, Senior Patent Attorney and Acting Executive Director of the Innovation Fund. He was involved in the establishment of technology transfer offices at higher education institutions, development of patent attorneys for the public sector, as well as drafting and finalising the legislation and associated regulations on Intellectual Property Rights from Publicly Financed Research & Development.

He has served as an IP Expert to the African Union (AU) on the drafting of the constitutive documents including situational analysis (published by the AU as “Intellectual Property Situation in Africa – A profile” Techno Africa policy monitor (4), African Union-STRC, 2009) for the establishment of the Pan-African Intellectual Property Organization, following the decision of the AU Heads of States. He tutors on World Intellectual Property Organisation (WIPO) courses on Advanced Patent Searching and Biotechnology Law and is a featured speaker on WIPO conferences on the topic of innovation and technology transfer. He has served on a number of boards of start-up companies and currently serves on the boards of the Council for Scientific and Industrial Research (CSIR), THRIP, Technifin, Ideanav (www.ideanav.co.za) and the Innovation Hub.
Dr Gunvant (Guni) Goolab, currently the Principal Officer of the Government Employee Medical Aid Scheme (GEMS), is a qualified medical practitioner, who graduated from the University of Witwatersrand Medical School (Wits) in 1985 (MBB BCH) and later completed an MBA with the University of Cape Town (UCT). He also has a Diploma in Business Management from Damelin Management School.

Dr Goolab has an extensive public and private healthcare background spanning nearly three decades, across medical, marketing, sales and general management. He has extensive executive experience having led AstraZeneca South Africa, a multinational pharmaceutical company for close on ten years. During this period, AstraZeneca was one of the fastest growing pharmaceutical companies in South Africa with the introduction of leading medicines including Nexiam, Symbicord, Atacand, and Crestor.

In addition, from 2008 to 2013, he led the expansion of AstraZeneca into Sub-Saharan Africa, with a particular focus on Nigeria, Ghana, Kenya and Angola. Since 01 August 2013, appointed as the Principal Officer for the Government Employees Medical Scheme.

He served on several boards including:

- President of PIASA (Pharmaceutical Industry Association of South Africa) 2005- 2007
- Chaired and served on the Transformation Committee as a member of PIASA in 2007
- Chaired and served on the Health Charter Working Group for PIASA, represented and negotiated on behalf of the Pharma Forum for the Health Charter in 2005
SELLINAH SITANE NKOSI

Mrs Sellinah Sitane Nkosi holds a Masters degree in Public Administration from University of Pretoria. She is currently a Commissioner at the Public Service Commission and her duties and responsibilities include:

- Promoting the values and principles in Section 195 of the Constitution
- Convener of the Integrity and Anti-corruption Specialist Team (IAC)
- Providing strategic leadership in Branch IAC Coordinating inputs of the Commission on reports produced by Branch IAC
- Change management
- Oversee public administration investigations and high profile cases
- To investigate and evaluate the application of personnel and public administration practices and report to the relevant executive authority and legislature.
- To oversee the promotion of best practice in Public Service leadership and human resource management through quality research reports and advice on all performance agreements received and Heads of Department evaluated
- To propose measures to ensure effective and efficient performance within the public service
- To investigate grievances of employees in the public service concerning official acts or omissions, and recommend appropriate remedies
- Stakeholder engagement
Nkosi also held positions as follows:

- Director (Corporate Service) at Chief Albert Luthuli Municipality in 2007-2008
- Provincial Manager at the Pan South African Language Board from 2004 - 2006
- Principal at East High College of Excellence from 2003 - 2004
- Principal at the Department of Education Mpumalanga at D & C Comprehensive Primary School from 1994 - 2002
- Principal at KaNgwane Department of Education & Culture Lochiel Primary School from 1980 - 1993
Ms Phelele Tengeni graduated from the University of Zululand in B.A with Political Science and Public Administration as major subjects. She obtained a B.A Honours Degree in Political Science (cum laude) from the same institution. She holds a M.A. Degree, with specialisation in Social Policy from University of Durban Westville. She completed a certificate course in labour Law at the University of KwaZulu-Natal.

Ms Tengeni is presently the Deputy-Director-General: Corporate Services, Department of Labour. She is the former Deputy Chairperson of the South African Public Service Commission and resident Commissioner in KwaZulu-Natal Provincial Administration. She was acting Chairperson of the Public Service Commission from February to August 2011.

**In the Public Service Commission she served as a member following Specialist Task Teams:**

- Monitoring and Evaluation and Service Delivery Quality (Member)
- Institution Building and Special Operations (Member)
- Leadership and Management Practices (Member and Convener)
- Integrity and Anti-corruption (current Member)

Prior to her appointment she was a Senior Lecturer in Political Science at the erstwhile Durban-Umlazi Campus (DUC) of the University of Zululand where she had been an academic for thirteen years. She also served as Branch Secretary of NEHAWU at DUC, and volunteered her time in extra-mural activities such as Women-in-Research Coordinator for the HSRC, Provincial Coordinator for the KZN Churches’ Democracy Education project Electoral Officer for the IEC. In October 2003 she received a merit award for excellence in service from the University of Zululand.
In the 2002/03 academic year she was a Fulbright Resident Scholar at the Radford University in the Commonwealth of Virginia, USA, lecturing in Politics of the Developing World, International Relations, and International Studies. She was also involved in curriculum development for the study of women in Africa. Her work at Radford University culminated in formal linkages between the University of Zululand and Radford University.

Her research interests include policy analysis, women and gender, population and development issues. Her research pursuits have taken her to the University of California, Berkeley (1995), where she was mentored while completing her research for her Master’s Degree. She has collaborated with Prof Gillian Hart of the methodology at the University of Michigan (1997, 1998, 1999 Summer Programmes). She has received training in Managing Diversity and in Multicultural Awareness. She has worked in Human Resource Development (HRD) in the private and public sectors.

She participates in the empowerment of women and consolidation of democracy in South Africa through voluntarism. She is a member of a number of professional organisations, including the South African Political Studies Association, the International Political Science Association, the Union of African Population Studies, the Fulbright Association and SAAPAM. In 2006 SAAPAM honoured her with the award of Distinguished Practitioner in the field of Public Administration and Management.

She has presented and participated in local, national and international conferences.
SHOWCASING THE 2015 AWARDS FINALIST PROJECTS
PROJECT OVERVIEW

The Western Cape Department of Health invited all private health service providers within the Metro District with relevant skills, experience and facilities to submit their applications to render family planning and/or immunization services in partnership with the Western Cape Government. The family planning and baby immunization services project is an initiative implemented by the Western Cape Health Department as a direct response to this call. It focuses on formalizing historical partnerships between the department of health and private healthcare practitioners receiving family planning and vaccination stock in a bid to enhance access to family planning and immunization services to all citizens of the Western Cape. Through these partnerships the department was able to enhance the primary health care network.

Due to the lack of a central recording of the quantities of stock being issued, informal agreements and invalid contracts, there was a growing concern that stock was uncounted for and the distribution of the stock to the private sector did not comply with legislative requirements of the Public Finance Management Act. This project therefore addresses this challenge by allowing patients the option to access these services at private service providers including Dischem and Clicks Clinics at a reasonable cost.

THE INNOVATION

Structures to manage stock distribution and to enhance accountability for the usage of state stock by province partners were put in place through formalising partnerships formed with private healthcare providers which are monitored and audited on a regular basis. This initiative is the first of its kind in the country and has resulted in the provision of citizen-centric partnership; an improved quality health for all; increased access to family planning and immunisation services; decreased waiting times; decongestion on state facilities; appointment system for some private providers to allow effective time management; after hours service at affordable prices; patients adherence and private provider compliance with legislation and general strengthening of relationships between private and public sector.
INNOVATIVE PARTNERSHIPS IN SERVICE DELIVERY

PROJECT NAME: GP DOWN-REFERRAL MODEL
ORGANISATION: BROADREACH IN PARTNERSHIP WITH THE NORTH WEST DEPARTMENT OF HEALTH
PROVINCE: NORTH WEST

PROJECT OVERVIEW

The GP Down-Referral Model is an intervention put in place to address capacity shortage in HIV and Aids management in the North West Public Health Sector due to the growing number of patients requiring ART. The model involves providing immediate additional capacity to the public sector by leveraging on existing capacity within the private sector in a bid to meet the growing demand. It utilises private sector General Practitioners (GPs) to provide ongoing HIV and Aids care, support and management of co-morbidities to public sector patients. GPs are paid a minimal fee to see each patient on a monthly basis for ART monitoring and drug pick-up.

The GP Down-Referral Model is aimed at unlocking capacity by tapping into private sector GPs; providing easy access to treatment for patients and provide a complimentary model whilst building public sector capacity.

THE INNOVATION

The GP down-referral model has presented an opportunity to significantly reduce the growing burden of HIV and AIDS management in the public sector. Leveraging on GPs for public sector patients or marginally decreasing doctor-patient ratio could further improve treatment coverage, decongest the public sector and obtain good patient retention and treatment outcomes. Currently over 15 GPs are registered in the programme enhancing access to healthcare services.

The project has to date opened up space for public sector facilities to initiate 4 129 new patients by placing stable patients under the care of GPs. Out of the 4 129 patients enrolled on the GP Down-Referral Model since its inception in 2005, 2 759 still remain on treatment. The retention rate is at 95% and viral load suppression sits at 93%.
PROJECT OVERVIEW

Workplace service delivery is a project conceptualized to enhance systems in the hospital that speeds up delivery of much needed health services to patients. Congestion, long queues and longer waiting times in the Port Shepstone hospital resulted in patients defaulting in their medication and missing their scheduled appointments with doctors and nurses. To address these challenges and to achieve 100% collection and better compliance from patients, the workplace service delivery project was implemented.

The project is a patient focused initiative that ensures medication is delivered directly to the patient. Medicines are pre-packed according to the script of the patient and delivered for collection from their local clinic and predetermined collection points including their places of work. By so doing patients do not have to travel long distances to the hospital and take time off work for the purpose of collecting medicine. The pharmacy further sends post-basic pharmacist assistants to the collection points to address queries and give more information on medication. Currently medication can be collected at 10 collection points including Shoprite, Illovo and Marburg Manufacturers and this service benefits 402 patients who collect at these points.

THE INNOVATION

The innovation of the project is in taking pharmaceutical services to the patients, moving away from the norm that requires patients to travel to health facilities to collect medication. This localized distribution strategy has improved service delivery immensely and has ensured a higher medication collection compliance rate, reduced long queues that hamper hospital services, medicine wastage due to defaulters, and ultimately contributes to healthier patients.
INNOVATIVE PARTNERSHIPS IN SERVICE DELIVERY

PROJECT NAME: SCI-BONO SCIENCE CENTRE
ORGANISATION: SCI-BONO DISCOVERY CENTRE
PROVINCE: GAUTENG

PROJECT OVERVIEW

Sci-Bono is a world-class Science Centre that supports mathematics, science and technology education and offers innovative and dynamic learning experiences that contribute to building South Africa’s science, engineering and technology capacity. Aimed at addressing the shortage of critical skills in the country, the centre seeks to stimulate interest in, create awareness and enjoyment of and engagement with science, engineering and technology in a bid to improve attitudes towards careers in these fields.

The center further seeks to improve the teaching and learning in these fields, provide career education to learners and youth and provide youth focused skills development opportunities. The centre which services over 250 000 leaners, youth and members of the general public primarily services youth from previously disadvantaged backgrounds and offers a full suite of STEM related services including, housing a collection of over 350 interactive mathematics, science and technology exhibitions, conducting practical chemistry and physics teachings in fully equipped laboratories, and offering a wide range of field focused programmes and events.

THE INNOVATION

This is the only flagship science centre of its kind in South Africa sustained by its unique partnerships between the Gauteng Department of Education and various private sector institutions. Sci-Bono contributes towards service delivery by providing STEM education and awareness and closing the gap between education and industry. The uniqueness of the center is in its offerings.

The center offers a variety of science and technology focused programmes including Interactive Exhibits; Sasol Abaholi Saturdays School, National Science Week, Primary School Astronomy Quizzes, Speak to a Scientist; School support programmes and Supplementary Exam programmes, amongst others. These have resulted in a number of improvements and achievements. Most notably is the success of the Secondary School Improvement Programme (SSIP) which contributed towards Gauteng achieving the highest pass rate in the country. The programme was awarded the 2014 UN Public Service Award. More than 50 different Sci-Bono programmes aimed at improving Maths, science and technology awareness reached over 240 000 learners in Gauteng and the ICT training programme has helped youth to enter the economy because of the unique and sector relevant skillset offered through the programme.
PROJECT NAME: SHINTSHIMPILO DEVELOPMENT PROGRAMME
ORGANISATION: DEPARTMENT OF TRANSPORT ROAD TRAFFIC INSPECTORATE
PROVINCE: KWAZULU NATAL – PIETERMARITZBURG

PROJECT OVERVIEW

In 2012, the Pietermaritzburg Road Traffic Inspectorate received a Ministerial Award which was awarded during the Public Sector Innovation Awards hosted by the Centre for Public Service Innovation. As part of the Ministerial Award, the Pietermaritzburg RTI received a cheque to the value of R8000. They used this amount to kick-start Shintshimpilo Project (Changing lives), a driver development programme.

The Shintshimpilo Development Programme is a multifaceted project that provides economically marginalized scholars easy access to road transport services and training and integrate law enforcement practice. Scholars who previously travelled over 120km to the city to acquire their driver’s licenses are now, through this project, given the opportunity to access these services in their townships, therefore cutting down the costs of travelling and thereby impacting positively on affordability of getting a driver’s license. Scholars are assisted with costs for lessons, bookings and issuing of learners and drivers licenses. The training provided is legal and is aimed at instilling the correct driving methods to scholars ensuring responsibility in turn curbing road accidents ultimately saving lives.

THE INNOVATION

The project involves identifying learners with potential in deep rural schools. The learners that are identified as part of the project must have matric, with good academic potential, and be of good behaviour. Such learners are put through a driver training programme which is offered by driving schools, which are partners in the programme. The RTI manages the bookings for both Learners and Drivers Licenses for the learners which speeds up the process. Learners that excel academically are given scholarships which are provided by the private sector partners in the programme. These learners get internships during school holidays where they work for these partners to get work experience. Other learners that are part of the programme have received employment as drivers in the Extended Public Works Programme and as instructors in participating driving schools. The programme, although it was started as a road safety initiative, it has grown and is now contributing in poverty alleviation through creating employment opportunities for the youth.
INNOVATIVE USE OF ICTs FOR EFFECTIVE SERVICE DELIVERY

PROJECT NAME: MOMCONNECT
ORGANISATION: NATIONAL DEPARTMENT OF HEALTH

PROJECT OVERVIEW

The initiative forms part of the South African national government’s efforts to promote maternal and child wellbeing and reduce mortality; as well as efforts to strengthen health services. The initiative was launched to address the unsatisfactory maternal and child health indicators in South Africa. MomConnect seeks to register all pregnant women to ensure that they visit an antenatal clinic. It provides them with information about pregnancy, birth, and infant care.

MomConnect has functionalities to send pregnancy stage-based personalized short message service (SMS) texts to each mom who is registered. Furthermore it allows women to engage with the health system through help desk tools and feedback services.

The services are free to users and messages are currently available in six languages and will soon be available in all 11 official languages. MomConnect is a “point of care” system, meaning that during the interaction between the woman and the health worker at the clinic, a mobile phone is used to register the pregnancy and subscribe the women to the messaging service.

THE INNOVATION

The project includes a number of technical elements that have not previously been used in a public sector initiative in South Africa. MomConnect is the first public sector system to use cross-network free-to-user cell phone services to register people onto a service and allow them to provide feedback through the service rating survey.

It is the first Department of Health project to be aligned to the Health Normative Standards Framework which has set the foundations for interoperability between systems. The project has also implemented a helpdesk which provides support on maternal and child health issues as well as providing a way for women to compliment or lay a complaint about the services they receive. This is the first case of cellphone text based messaging being used for citizen interaction by the Department of Health.
PROJECT OVERVIEW

Like so many schools across South Africa, Sunward Park High School (SPHS), was faced with a teaching methodology and content that did not capture the learners interest. Learners were disengaged and disinterested in learning, leading to an ill-disciplined school and subsequently poor knowledge transfer. SPHS engaged in a Peermont Programme which empowered educators and learners in the use of technology as a tool in various programmes. After a consultation with all role players, the school embarked on a 100% rollout of the e-learning project in 2010.

The challenge was to have a one-on-one solution that would enable learners to engage in a 21st century experience using technology as a learning tool. Other challenges were the sustainability of the project and affordability for the school and parents to replace textbooks with E-books loaded on tablets and whether or not the rollout would take place in one grade or all the grades. The school also migrated from printed textbooks to a digital platform with over 1250 learners simultaneously accessing offline digital resource library using their android tablets. Consultations resulted in securing digital textbooks with publishers and ensuring that the cost fits into the parents’ budget.

The technology is accessible 24/7 to all learners; they all have equal access to unlimited educational resources to improve their standard of education. The SHPS solution represented a plug and play mode that is scalable on a national level and represents an opportunity to bring out National Education up to international levels, driven by students themselves.

THE INNOVATION

Delivering textbooks to schools is a logistical nightmare. Replacing the textbooks with E-books did not only solve the logistics but also provided a green footprint in content delivery. Unlike some private schools that introduced e-learning pilot projects per grade, the SPHS became the first public school to do a 100% migration. The Gauteng MEC of Education, Mr Panyaza Lesufi has now recognised SPHS to be the blueprint for the rollout of e-learning to 21 schools in Gauteng.

SPHS negotiated with (Macmillan & Pearson) to become part of the education revolution by providing four year licenses for textbook at a fraction of the cost of printed books. Parents have saved approximately R4300 on textbooks over the five year school cycle. SPHS also has a Wi-Fi infrastructure that could stream video to 1500 children simultaneously without imploding at an affordable cost to the school. This project has motivated government to revise and improve on their e-learning strategy, SPHS has become a training centre for hundreds of other educators.
An estimated 80 percent of all blindness is preventable or curable and in the majority of cases blindness can be prevented or cured through simple, effective and inexpensive procedures like cataract operations. The main cause of blindness is not a lack of treatment options, but rather a lack of access to decent health care. The Vula Mobile Application makes it easier for health-care workers in rural areas to carry out eye tests and connect with specialists and make referrals.

With the mobile app, rural health-care workers can look up eye conditions, capture patient information and carry out eye tests using a smartphone. The app’s chat function also allows the health-care workers making referrals to send photographs and chat directly with an experienced medical specialist. Vula mobile is named after the “Vula Amehlo” Eye clinic in Swaziland which inspired its creation in 2011. This concept was developed and tested in the Eastern Cape at Uitenhage District Hospital.

The Vula mobile health app literally puts an ophthalmologist’s knowledge and expertise into a non-specialist health worker’s pocket.

Vula is small in terms of data use, below 6Mb which means it is quick to download. It can be used offline and then referrals made when reception is obtained. The file size of the images can be decreased if reception is poor. The eye message system requires very little data transfer: much less than an SMS and similar to Whatsapp. The cost of using an ‘eye message’ is minimal.
INNOVATIVE USE OF ICTs FOR EFFECTIVE SERVICE DELIVERY

PROJECT NAME: TSHWANE FREE WIFI
ORGANISATION: CITY OF TSHWANE
PROVINCE: GAUTENG

PROJECT OVERVIEW

In order to facilitate informal learning, provide access to information, encourage entrepreneurship, enhance social cohesion and facilitate e-Government, the City of Tshwane embarked on the Tshwane Free WiFi project. The project provides free access to a wireless internet connection and encourages the use of constructive online content and tools. In a technology-centred world those with access to the internet have a significant advantage with regards to education, employment and social cohesion. The project strives to provide Internet access and Video-on-Demand services to the citizens of the City of Tshwane who cannot afford a traditional internet connection. The project aims to close the digital divide and will help grow South Africa socially and economically.

Project Isizwe also offers WiFi in the A Re Yeng buses which allows commuters using public buses on routes within the City of Tshwane to connect to free WiFi services which allows them a limited amount of data per day per device to use while they travel to their various destinations.

THE INNOVATION

The project focuses on access to free WiFi around schools in low-income communities providing access to both learners and staff as well as supporting the respective surrounding communities. Providing free WiFi around learning institutions and promoting educational content, learners and educators can access online libraries including Wikipedia, Siyavula and Khan Academy to supplement the formal curriculum.

This allows users who generally cannot afford internet cost to enjoy educational content, entertainment as well as providing information directly about their area and community. It allows the government to have a channel where it presents pertinent information fast and efficiently with over five million views.
The Youth FabLab School Programme is a youth based programme with a strong focus on entrepreneurship and business skills development. The programme, targeted at previously disadvantaged youths, aims to inspire grade 9 - 11 leaners from schools around Tshwane to adopt an entrepreneurial mindset, which will propel to adopt an entrepreneurial mindset from an early age.

The programme introduces learners to the world of science and technology and all the opportunities that exist in that space. It further assists them to realise their unexplored potential in these fields whilst sharpening their entrepreneurial aptitude and awakening their ability to be innovators. This structured programme which follows a class room approach, presents learners with the opportunity to engage with local entrepreneurs that have carved their mark in the different rivulets of business. These are people who grew up under circumstances very much like their own, people they can identify with and ordinary people who have managed to turn their lives into success stories. This is done in the hope that learners will realise that their background does not determine how far they can go in life.

The programme is ICT-based and learners are trained in computer literacy; introduction to graphic design; art of pitching; entrepreneurship 101/business analysis; equipment exploration and application; electronics, and web and mobile application development.

Unemployment and the shortage of innovative, skilled entrepreneurs remains one of the biggest challenges facing South Africa. FabLab seeks to respond to these challenges by creating a culture of entrepreneurship in township and breed a new crop of black industrialists who will positively influence and shape the economy of the country and create jobs for a future generation of beneficiaries.

Programmes such as FabLab are in generally offered in the form of business incubation to promising entrepreneurs and start up business entities in the bid to enhance their skillset and business profiles. The FabLab programme approach is unique in that it targets a younger audience. The programme capacitates learners with high potential in ICT and entrepreneurship with the necessary skillset required to drive business development. By the time the learners leave the classroom they are ready and equipped to explore the world of business or go into institutions of
higher learning to pursue qualifications that will harness and polish their entrepreneurial capabilities.

Emphasis is placed on innovations that will have high impact on the society where participants come up with projects that will address societal challenges. Projects borne out of the FabLab programme amongst others include the **Homework Assist Mobile App** - a learning app that test learners knowledge through a variety of exercises and assists learners clarify classroom concepts learnt earlier in class; **Skital Aptitude Mobile App** – an app that links upcoming artists with potential investors and potential employers in the arts sector and **Agri-Catalysts** – a business model that addresses the reduction of waste by turning it into compost and selling it. Proceeds of the sales are used to fund school fees for the underprivileged.
INNOVATIVE SERVICE DELIVERY INSTITUTIONS

PROJECT NAME: SAVING BLOOD, SAVING LIVES
ORGANISATION: EDENDALE HOSPITAL, DEPARTMENT OF HEALTH
PROVINCE: KWAZULU NATAL

PROJECT OVERVIEW

Blood products are scarce and very expensive but essential to the success of the health care system as they contribute largely to saving the lives of many people who need blood transfusions to survive. These products are however misused and wasted if mismanaged. The “Saving Blood, Saving Lives” project is a management mechanism focused on reducing the ordering and misuse of blood products and cut down on blood product expenditure at in the Edendale Provincial Hospital.

The project involves a number of strategies that were implemented at the hospital in a bid to save blood and reduce costs. These include revitalization of the hospital transfusion committee developing and putting to use a new blood accountability form. This form facilitates clinical governance holding health practitioners accountable for their actions in relation to blood products. Furthermore a video presentation of the revised blood management protocol was created, distributed and presented at departmental meetings on a regular basis and finally monthly meetings. This was aimed at auditing blood accountability forms, identify new problems and giving reports on blood utilization in the hospital.

THE INNOVATION

The innovation is in the type of strategies employed in the Edendale hospital to address the challenges relating specifically to blood products. These interventions including the audiovisual presentations, monthly blood audits, blood product request and blood accountability form are all the first of their kind in addressing the problem that existed in Edendale.

Since the implementation of the “Save blood, Save Lives” initiative, the following improvements have been noted in the hospital.

- 152 units of blood are saved per month;
- Reduction in the workload at the hospitals blood bank, resulting in faster processing times for emergency blood;
- More blood is available to patients, which means more lives are spared and
- Over R6 million has been saved.
INNOVATIVE SERVICE DELIVERY INSTITUTIONS

PROJECT NAME: PRIMARY ANIMAL HEALTH CARE MOBILE CLINIC
ORGANISATION: DEPARTMENT OF RURAL DEVELOPMENT AND AGRARIAN REFORM
PROVINCE: EASTERN CAPE

PROJECT OVERVIEW

Primary Animal Health Care Mobile Clinic is a comprehensive clinical veterinary services project aimed at providing world-class primary animal health care to remote communal farming areas in the Eastern Cape. Historically the distribution of clinical veterinary services and the provision of effective and efficient animal health care significantly favoured commercial farming areas leaving rural farmers to seek animal health care services at government centers which are situated far from their homes, making it next to impossible to transport sick animals for treatment.

Founded in 2009, the project has for the past 5 years addressed persistent challenges in the delivery of primary animal health care to communal farming areas through the provision of mobile animal care services. Mobile clinics are fully equipped to conduct minor and major clinical and surgical operations and attend to emergency cases like difficult cattle births (dystocia) in remote areas. Moreover the mobile clinics have succeeded in ensuring food security through the provision of disease surveillance and control, mobilizing animals for vaccinations ultimately protecting people against zoonotic and other state controlled diseases.

THE INNOVATION

Primary animal health care services were almost non-existent in the indigent communal farming parts of the Eastern Cape. This solution closed this gap by taking animal health care closer to the people who need it most. Given the poor infrastructure in these areas, mobile-based services are the only practical method of providing comprehensive and modern animal health care services in the rural farming areas. This solution is unique in that it is also cost effective for the farmer who no longer has to incur travel and animal transportation costs to city based animal clinics. The mobile clinics are also adequately equipped to respond to various medical conditions both surgical and clinical and also ensure that safety of the communities who feed on the animals through the provision of regular vaccination services as well as disease control mechanisms and interventions.

The Primary Animal Health Care Mobile Clinics has since its inception in 2009 been rolled out in the Alfred Nzo, Amathole, Chris Hani, Joe Gqabi and O.R Tambo district municipalities.
INNOVATIVE SERVICE DELIVERY INSTITUTIONS

PROJECT NAME: HIGH VOLUME CATARACT SERVICE
ORGANISATION: EYE CLINIC EERSTE RIVER HOSPITAL  DEPARTMENT OF HEALTH
PROVINCE: WESTERN CAPE

PROJECT OVERVIEW

The high volume cataract service is a high turnover theatre system that enables hospitals to conduct cataract surgeries more effectively and efficiently through a unique two-bed system that has made it possible for cataract surgeries to be conducted minutes apart from each other.

Two theatre beds are placed next to each other and whilst the surgeon is operating on patient A, patient B on bed 2 is being prepared for surgery. A second doctor (ophthalmic medical officer) prepares the eye of patient B and the patient is draped for surgery. As soon as the surgeon finishes with patient A, he/she then changes gloves and starts operating on patient B immediately.

This system has cut turnover time and dramatically increased the number of patients that can be operated on one slate with one surgeon. To date, the Eerste River Hospital 2-bed system has produced a significant increase in cataract surgeries, noting 2600 cataract surgeries per year with 2 ophthalmologists, 1 full time medical officer and 1 operating theatre in comparison to the Tygerberg hospital (1000) and Groote Schuur Hospital (1200).

THE INNOVATION

The High Volume Cataract Service at Eerste River Hospital is the first of its kind in country. The innovation is its time saving ability between operations that results in higher rates of cataract surgeries conducted per day. The hospital, through this project, has dramatically decreased waiting periods for patients resulting in patients being helped much sooner. Moreover a patient does not have to be completely blind before cataract surgery is done, this therefore improves the quality of life of patients drastically. The project has been hugely successful and has had significant impact in the Cape Town Metropole overall cataract surgery rate. The overall rate currently sits at 5200 cataract operations a year and the Eerste project has contributed 2600 to that number, which indicates the success rate of the 2 bed system.
The "one stop shop" project is focused on decreasing inefficiencies that hamper service delivery in the GOPD clinic at the Leratong Hospital through the development and implementation of a new GOPD protocol and various other mechanisms to improve delivery of service. Service delivery challenges included allocation of inadequate days to attend to all gynaecology-related problems, limited space in the facility, amongst others.

THE INNOVATION

A number of innovations were introduced in the unit. Firstly, patients were only allowed to come to GOPD per appointment following referrals by clinics and General Practitioners. A standard protocol was also introduced so that when patients are referred to GOPD, they already have test results for Pap smear, HIV and Aids amongst others. The next innovation was the diversion of gynecology patients from the general X-Rays department to the GOPD for sonar examinations. The Doctor-in-charge taught medical interns and medical officers to do specialist sonar and biopsy procedures in GOPD without referring patients to the general X-Ray department. Now 98% of sonar are done “in-house”.

The next innovation was to admit patients on weekends and make sure that their contact numbers are recorded. The department also introduced a “standby list” of patients should the scheduled patients cancel at the last minute. This was introduced to enhance the use of operating beds and maximize the use of existing resources. Another innovation that was introduced was the white board where all scheduled operations are recorded for all to see, including the cleaners, food aids and porters. They used to ask the nurses or give patients who are scheduled for surgery food and this would cause delays and take away nursing time from the nurses to address queries. With this small innovation the food aids, cleaners and porters now know how to read the “white board” and proceed to the patients without asking the nurses to guide them. Another innovation that was introduced is to ask patients for consent to operate during their first appointment so that by the time the come to the hospital they already have given consent to be operated on. This saves time for both doctors and patients and it has reduced last minute cancellations.
PROJECT OVERVIEW

Due to the high levels of decentralisation of the Department of Health, budgets are managed at various levels of the organisation. The department faced a challenge of providing tools to assist facilities and managers to understand projects and manage their budget, especially for “funded” posts. Facility managers are not accountants; they are often doctors and need easy to use and effective tools. The tool consists of large Excel databases that combine information from the procurement, personnel administration and general ledger (LOGIS,BAS,PERSAL).

THE INNOVATION

The tools are unique in government and have undergone a process of trial and error using feedback from users. The BMI and APL tools were both developed in-house, and are maintained by staff. The tools were initially enhanced over the first years based on feedback from both support and operation staff. The department has been enjoying a stable and credible financial management system for the past five years. The APL is a multi-facet tool that assists with strategic staff planning at departmental level. It is also to assist at institutional level with which posts and how many to fund and monitoring and controlling monthly staffing expenditure by regulating the posts that are filled. It integrates data from both BAS and PERSAL and services both the needs of Finance and People Management. It is also a key factor to Medium Term Expenditure Framework (MTEF) Budget Model and is reported monthly at the Budget Sector and Departmental Financial Monitoring Meetings. BMI is primarily used for the monitoring of current financial year expenditure for approximately 360 budget entities as well as around 70 consolidated budget sectors/groups. It is innovative in a sense that it integrates data from various sources (i.e BAS, APL, various supplier generated data etc. ) and serves as a valuable tool to budget entity managers to identify expenditure red flags, interrogate reasons for under/over budget as well as to implement steps to curb under/over expenditure. The projection is also a key input for the MTEF Budget Model as well as the basis for Financial Management oversight carried out at the monthly Budget Sector and Departmental Financial Management oversight carried out at the monthly Budget Sector and Departmental Financial Monitoring Meetings.
INNOVATIVE ENHANCEMENTS OF INTERNAL SYSTEMS OF GOVERNMENT

PROJECT NAME: ONLINE PAYROLL CERTIFICATION
ORGANISATION: GAUTENG PROVINCIAL TREASURY
PROVINCE: GAUTENG

PROJECT OVERVIEW

The Online Payroll Certification was established in response to the Treasury Regulations 8.3.4 & 5 which requires all pay-point heads to ensure that the province pays valid employees for services received. The TR further requires that certified payrolls be submitted to the department CFO before pay date. This allows CFOs to act on potential financial losses and ensure deserving employees are paid. The Auditor General has raised findings that with departments failing to comply with the requirement over the years, the trend will continue resulting in failure to achieve OPCA targets. Weak Internal controls and non-adherence to legislative requirement have led to the province losing an average of R4 million each month over salary payments.

THE INNOVATION

In response to non-compliance by GPG departments to Treasury Regulations 8.3.4 & 5, which requires all departments to pay accurate salaries to valid employees for services received. This system allows the Gauteng Provincial Treasury to enforce compliance whilst assisting paymasters in the province to comply. The project has eliminated a paper based, manual process which was cumbersome process and converted it to an online platform where payrolls are uploaded for paymasters to certify and comment. The process allows audit trail of events.

The Department has further created an Employee Self-Service (ESS) platform for leave management, distribution of payslips and IRP5’s and Payroll Certification has been included as one of the online services on ESS.
INNOVATIVE ENHANCEMENTS OF INTERNAL SYSTEMS OF GOVERNMENT

PROJECT NAME: CHRONIC DISPENSING UNIT (CDU)
ORGANISATION: WESTERN CAPE DEPARTMENT OF HEALTH
PROVINCE: WESTERN CAPE

PROJECT OVERVIEW

The Western Cape Province is encountering a significant burden of chronic diseases such as asthma, diabetes and high blood pressure which negatively affects people’s quality of life leading to high expenditure on medicine to treat them. Access to medicines needed to be increased to promote adherence to treatment.

The pressure on health resources was projected to increase because pharmacy personnel was a scarce resource. Another system of dispensing and providing care within the legislative framework needed to be found, where the routine workload would free up professional staff to counsel and motivate patients. The outsourced centralised service collects prescriptions from health facilities, dispenses into tamper-evident patient medicine parcels identified with outer labels, and delivers them to the facilities where patients collects them. By using sophisticated technology in a factory-type environment, the service performs a repetitive process for a large number of chronic prescriptions at speed, using efficiencies only available in the private sector. Enabling the Department’s staff to focus on their core business which is patient care.

THE INNOVATION

Technology was devised for automated dispensing, as the bulk medicines available on state tender are supplied in packaging which is not compatible to existing dispensing machines available on the market. The project has provided prescribing information indicating lack of adherence to rational prescribing guidelines, which is used to manage prescribing patterns, which has saved expenditure on over-prescribes and inappropriately prescribed medicines.
INNOVATIVE ENHANCEMENTS OF INTERNAL SYSTEMS OF GOVERNMENT

PROJECT NAME: REVENUE INFORMATION MANAGEMENT SYSTEM (RIMS)
ORGANISATION: GAUTENG DEPARTMENT OF ROADS AND TRANSPORT
PROVINCE: GAUTENG

PROJECT OVERVIEW

Revenue is the lifeblood of government and government cannot deliver on any service without first generating revenue. The key challenge in revenue management in ensuring that procedures are in place to accurately and timely account for revenue receipts to support efficient and effective service delivery. Accuracy and certainty is required in order to ensure the cash flow needs are met and borrowing which carries an interest price, is minimised.

THE INNOVATION

Before the inception of RIMS, the Department would prepare invoices totalling billions of Rands manually using Excel spreadsheets. The Department would pull data from eNatis on all transactions done by each agent. This data would then be used as the basis to prepare invoices. This process took at least three days to complete. In return, municipalities (31 municipal centres) were also preparing the same. The two will then be matched. Agents will then make payments into the department’s bank account which is managed by the Provincial Treasury. The Revenue Management Unit would then request bank statements bi-monthly to do the reconciliations and allocations. A statement would then be manually prepared.

The system is web-based and can be accessed any time and anywhere and can manage office performance remotely. Key features includes automation of the eNatis data into the system and invoices including the automation of bank statements. The system which has been conceptualised by the Gauteng Department of Road and Transport, Revenue Management unit, has simplified and improved the revenue management processes.
AWARDS IN RETROSPECT:
2014 WINNERS
The Limpopo provincial roads infrastructure is about 70% gravel roads and almost 30% tarred road and therefore graders used to travel long distances eg +60 km single trip from their stations to site whereas the required norm is less than 35km. The long distance travelled by graders caused delays in the normal blading and re-gravelling of roads and also caused transmission failures and engine overheating which ultimately led to high expenditure and maintenance cost of graders. There were challenges of fuel contamination and spillage experienced when using used oil drums. The department had an alternative of purchasing a Diesel Tanker Trucks that had to travel to fill up graders on different sites which ran at a cost of an estimated R2,4m per truck, although some graders could not be utilised because it takes time to drive around filling up diesel. Each truck was estimated at 15 000 km p/m which would result in quick deterioration and shorter life span.

THE INNOVATION

The team at Modimolle Mechanical Workshop designed a tank which would be compatible to a bakkie and submit such to the Jojo Tanker Company to address the problem. The Jojo tanker was fitted on eight bakkies with a diesel pump, a gauge which led to reduction if running costs amounting to 2m, diesel spillage was eliminated and one bakkie was able to service three graders carrying 600 litres of diesel which saved time. To overcome the challenge of fuel contamination and spillage that was used when using used oil drums, quicker response to refuel graders on site using LDVs instead of trucks. Recycled material like angle iron bar and square tubing is used to build the frames to secure the tank and pump system.
WINNER : INNOVATIVE USE OF ICTS FOR EFFECTIVE SERVICE DELIVERY

PROJECT NAME: DIGITAL PEN FOR HEALTH
ORGANISATION: DEPARTMENT OF HEALTH
PROVINCE: KWAZULU-NATAL

PROJECT OVERVIEW

A Community Care Giver (CCG) may be defined as any health worker delivering health care services with no formal clinical education. Various electronic data entry devices including computers, cellphones were explored but the adaptation of the Digital Pen for health use was found to be the best option. The solution was the most convincing choice because it does not take the writing away from community care givers thus minimising human errors. The information gathered by the CCGs using paper based method had backlog of more than six months for capturing.

THE INNOVATION

The Digital Pen for mHealth project is a tool used to collect information from households. It is used to assess health status of all family members to ensure a better health response. It allows the CCGs to have a structured approach to data collection and it has fast turnaround times, it takes less than 30 seconds to submit health data. The tool requires minimal data capturing – it has accurate writing recognition and it is integrated into existing systems for reporting. It is used to generate reports out of the database for different programmes. It takes only 2 hours training to train the CGs to use the tool.

The field workers submit forms and GPS coordinates via cellphones and because rural houses do not have house numbers, the field workers plot the households using the GPS coordinates. The tool also enables monitoring of movement of community care givers.

The nurse practitioner based at the clinic does not have to wait for the Friday meetings to take action on the information received from the field workers but can react to a case of a TB suspect in a particular household and visit the house using GPS coordinates and attend to the patient speedily. The tools enables the health care givers
to screen communicable and non-communicable diseases at an early stage thereby helping the patient and also reducing the cost of treating diseases at an advanced stage. The information is also shared with other departments like Social Development, Education, Agriculture, Transport, Local Government, etc. This tool has help improve reporting by CCGs as they are aware that they are being monitored.
WINNER: INNOVATIVE SERVICE DELIVERY INSTITUTIONS

PROJECT NAME: COMMUNITY FOOD PRODUCTION UNITS
ORGANISATION: DEPARTMENT OF AGRICULTURE AND RURAL DEVELOPMENT
PROVINCE: GAUTENG

PROJECT OVERVIEW

The Gauteng Food Security sub-programme started in 1997 and one of the projects identified as Government’s response to poverty, hunger and malnutrition was the Community Food Gardens Project. The project would not only mitigate household level food insecurity, it would also improve the nutritional status of families through own food production. The income generated through sales of produce would contribute to the household income which could be allocated to other family needs. The project targets women, youth, people living with disabilities, orphans and child-headed homes.

THE INNOVATION

Gauteng is highly urbanised with a high population – 12.3m people (STATSA, 2014). Pre-1994 Government planning left a legacy of economically poor townships and informal settlements where agricultural development was limited. GDARD introduced modern and intensive methods of food production to improve food security and livelihoods. Rooftop Gardening was introduced in high rise buildings in the Johannesburg CBD. Crops are planted in recycled materials such as tyres using compost as a growth medium. The garden also provides insulation for the building, delays storm water runoff, improves air quality and reduces CO₂ emissions.

The use of tunnel production, a modern farming technique was introduced to mitigate the effects of weather and climate conditions allowing all year production. These techniques increase yield and quality.

Instead of relying on expensive municipal water to irrigate crops, GDARD introduced the use borehole water, irrigation systems, water harvesting and water saving techniques so that crops could be irrigated throughout the year. In Phaphamang Environmental Organisation vegetable and tree seedlings are produced regularly through
“Adopt a Stream Project” which was made possible through partnership with Department of Water Affairs and Sanitation.

To save costs on organic fertilizers and chemicals and protect natural resources, organic farming was introduced in the food production units. Some food production units produce vermi-liquid in earthworm farms. This is after feeding the earthworms with organic waste from the project.

Food production units contribute to the reduction of climate change effects through greening of previously fallow land, producing crops organically, recycling tyres for production purposes, reusing crops and animal waste by making compost and liquid fertilizer and planting in tunnels and shade-net structures.

The project has improved service delivery by improving food production, creating jobs, generating income, skills development, improving the environment and donating food to schools, orphanages, child headed homes, etc.
PROJECT OVERVIEW

The Department of Revenue and Budget Administration was faced with a huge over expenditure on voted budget which necessitated a mind shift towards an aggressive and strategic approach to generate revenue in public hospitals. The current management practices did not meet compliance expectation and there were challenges in areas of patient registration, administration, IT systems, billing procedures and systems that ultimately compromise the effectiveness and efficiency with which revenue-related operation is executed. The audit findings were as follows:

- Incorrect patient classification, capturing of patients pertinent data including private foreigners without proper documentation
- Foreigners move from one place to another/ province to province without proper address and made tracing impossible, thus debt could not be settled
- Knowledge deficit: relating to classification, processes and procedures of patients enrolled on medical aids after funds have been depleted or exhausted, from private clinics patients are then transferred to public hospitals and classified as H1 or H2 (paying R45 daily) instead of being classified as private medical aid patients and be charged as per Uniform Fee Schedule tariffs and according to level of care.

The escalation of health care costs demands that health care providers develop processes at minimising health financial risks

- Gauteng Department of Health in line with the National Department of Health established Case Management Services at public hospitals to facilitate, communication and coordination of services between the service provider, the patient and funders to promote quality, safe and cost effective health outcomes for individual patient
- Guidelines have been developed in line with National Core Standards for Establishments in South Africa
• To facilitate efficient, quality care
• To provide a mechanism to continuously review delivery processes

The second main aim is to generate revenue by minimising the average length of hospital stay hence innovative ideas came into being to create awareness in Community Empowerment. The focus is to follow-up patients in hospital and to manage the event by minimising the length-of-stay (LOS) and the cost of the event. Case managers do ward rounds daily and during visiting hours and would then have a health talk, to enlighten community on the hospitals resources available in Tembisa Hospital.

THE INNOVATION

The innovation lies in the implementation of the case management approach as it is used by the private sector to ensure patients are correctly classified and charged. The second innovation is that the approach also advocates for patients to ensure that they are referred appropriately and that their medical funds are not exhausted unnecessarily. Case management is a new concept in public health sector and Tembisa Hospital is the first public sector hospital to implement a case management approach.

Collection of revenue has improved dramatically since the inception of this approach. Revenue collection target for 2013/2014 financial year was R18 000 000.00 and this target was exceeded and the revenue collected was R19 127 241.35. Through the building of trust, payments from SAPS, RAF and others are better.

Medikredit reports indicate a reduced number of rejected claims based on the ICD 10 coding. 99,99% of submitted claims are correct.

A total of 233 staff members ranging from medical doctors, to nurses and ward clerks have been trained to ensure correct billing.

The average length of stay in the hospital has been reduced from 27,8 days to 10 days (Medikredit report).
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