# SUPPORT IN THE FORM OF RESOURCES FROM THE MINISTRY OF HEALTH AND SOCIAL SERVICES AVAILABLE TO PRIMARY HEALTH CARE WORKERS IN ONANDJOKWE DISTRICT IN THE NORTHWEST HEALTH REGION, NAMIBIA.

**BY**

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## DECLARATION

I DECLARE THAT SUPPORT IN FORM OF RESOURCES FROM THE MINISTRY OF HEALTH AND SOCIAL SERVICES AVAILABLE TO PRIMARY HEALTH CARE WORKERS IN THE ONANDJOKWE DISTRICT IN THE NORTHWEST HEALTH REGION, NAMIBIA IS MY OUN WORK AND THAT ALL THE SOURCES THAT I HAVE USED HAVE BEEN INDICATED AND ACKNOWLEDGED BY MEANS OF COMPLETE REFERENCES

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SIGNATURE DATE

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**ABSTRACT.**

Although Primary Health care approach/system has been in place for more than 10 years, the Ministry of Health and Social Services is still experiencing problems in its implementation. Some problems experienced are lack of human resources, material, transport, financial resources, poor roads as well as poor communication between health facilities. Similar problems are also experienced in Onandjokwe district. The purpose of the study was to explore and describe the support, in form of resources, provided by the Ministry of Health and Social Services to Primary health care workers in Onandjokwe district Namibia.

Quantitative research design using self-administered questionnaire was used in the study. Questions were answered using a self-report method.

The population for this study consisted of all health care professionals working at Primary health care department, health centres and clinics in Onandjokwe district.

Data was analyzed using computer program, Micro soft excel.

The result of the study indicated the following:

- The structures of the health facilities are small to accommodate all services.
- The shortage of staff and material needed for the service provision.
- Poor communication services between health facilities as well as lack of transport to deliver material on time to health facilities were they are needed or to refer patients.
- Inadequate financial support and poor involvement of staff in budget allocation for their health facilities. Poor support supervision and training to enable human resources to render quality services

The support provided to PHC workers was relevant but not sufficient and not always available to all Primary health care workers as indicated by the findings listed in objective 1 and 2 of this study.

Recommendation was based on the findings of the study and conclusions and these include the following:

- The Ministry of health and Social Services should improve all support services provided to PHC workers in Onandjokwe district by making them efficient and available.

- The district management team should fill all post at health facilities as per staff-establishment: reconsider post and staff allocation for the health care by allocating enough staff to every health care facility

- The policies that are used to provide material to the health facilities should be improved.

- Problems relating to poor communication tools and transport that (including allocation were there is no communication tool, repair and their maintenance) should be addressed.

- Review of the budget allocation for each health facility according to the needs.

- Training of all Primary health care workers as needed to keep them updated.

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Finally I would like to thank my children for their support, understanding and sacrifices they had to make throughout the study.

DEDICATION

*I dedicate this work to my two daughters, (Shetu and Fudheni), as well as my grand daughter (Debora), who supported me throughout the study.*

## LIST OF ABBREVIATIONS

| | |
|---|---|
| AMREF | African Medical and Research Foundation |
| CBHC | Community Based Health Care |
| CES | Centre for External studies |
| DOTS | Directly observed therapy |
| FMHS | Faculty of Medical and Health Sciences |
| GRN | Government of the Republic of Namibia |
| HIS | Heath Information System |
| MOHSS | Ministry of Health and Social Services |
| PHC | Primary Health Care |
| UNAM | University of Namibia |
| UNICEF | United Nation Children Fund |
| USSR | Union of Soviet Socialist Republics |
| WHO | World Health Organization |

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# CHAPTER 1: ORIENTATION TO THE STUDY

## 1 INTRODUCTION

Health systems have taken generations to reform in accordance with the aim to improve health services. New approaches have been suggested for delivery of health care. Such attempts to improve the health of the world's population culminated in the International Conference on Primary Health Care held on 6 September 1978 in Alma Ata. At that conference the world communities committed themselves to achieving a health status that is consistent with a socially and economically productive life.

When Namibia became independent, the government of Namibia declared its commitment to the equitable distribution of resources and equitable access to basic health services for the entire nation. As a result of this commitment, the Ministry of Health and Social Services adopted the Primary Health Care (PHC) approach as a strategy to achieve health for all by the year 2000. This led to the restructuring of the Ministry of Health and Social Services. Four regional directorates that are responsible for the health programme of the respective geographical areas were designed, namely: North West, North East, Central and South. The regional health directorates are further divided into health regions, which in turn are subdivided into health districts aimed at strengthening primary health care through increased decentralization.

The North West Health Directorate is situated in the northern part of Namibia. It is composed of four (4) health regions: the Oshana, Ohangwena, Omusati and Oshikoto regions. This study was conducted in the Onandjokwe district in Oshikoto region. The population of the Oshikoto region is about 161,007. According to the 2001 census, the annual growth rate is 2.6% (NCP 2003:16).

In this chapter background information on the Onandjokwe district, and an overview and the problem statement of the study are presented.

## 1.1 BACKGROUND INFORMATION AND RATIONALE OF THE STUDY

In this section an overview of Onandjokwe Health District and the overview of the study are presented.

### 1.1.1 Overview of Onandjokwe Health District and the study setting

Onandjokwe district is one of eight districts in the North-West Health Region, covering the vast area between the Etosha Game Reserve to the south, Kavango to the east, and Eenhana and Engela to the northwest. It is a semi-arid area of savannas (especially in the southeastern part); the north and eastern-most parts have flat loose sand. Seventy percent (70%) of the population live in rural areas. There is one district hospital, three health centres, 12 clinics and several outreach points. The ratio of the population concentration to the health facilities is 3000 to 11000 per health facility (GRN 1993:8)

There has been an increasing concern among world governments and individuals about how they can ensure the health of all their people. It was at the International Conference on Primary Health Care that the concept of primary health care received prominence because it was regarded as a person's entry point into a comprehensive community health care system (Vlok 1996:26).

One of the two definitions of *Primary health care,* as defined by the International Conference on Primary Health Care, is:

> Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination (Dennill, K., King, L., Lock, M., Swanepoel 1995:2)

> It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system, bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process (Bouwer, Dreyer, Herselman, Lock & Zeelie 2001:11)

The government of Namibia has recognized health as a fundamental right and, through the Ministry of Health and Social Services, has adopted the Primary Health Care strategy as a means to achieve their goal of "Health for all" by the year 2000 (CES 2000:21). This has led to restructuring within the health services: The Directorate of Primary Health Care has been created and strong regional offices and solid structures for district management were established to ensure a stable health care delivery system and support for Primary Health Care/Community Based Health Care (CBHC) workers. With the adoption of the PHC approach in Namibia, national PHC/CBHC guidelines were developed which prescribe that all PHC should include at least the following elements: Education concerning prevailing health problems and methods to prevent and control them; promotion of food supply and proper nutrition; adequate supply of safe water and basic sanitation; maternal and child health, including family planning; immunization against major diseases; appropriate treatment of common diseases and injuries; and provision of essential drugs (GRN 1992:4; Sines, Appelby & Raymond 2001:30). Dr Mahler emphasized this by stating: ″Implementation of this new strategy of health for all depends above all on people, their commitment to social equity, their understanding of the critical issues affecting the implementation of the strategy, and their initiative to solve these issues adequately″ (Ntoane 1993:37 as sited in Iita 2000:3).

## 1.2 PROBLEM STATEMENT

Although the PHC approach/system has been in place for more than 10 years, the Ministry of Health and Social Services still experiences problems with its

implementation. The researcher has come to this conclusion because, through continuous contact with PHC workers in the health field, she has observed the following problems in the Onandjokwe district: Frustration among community members and demoralization among nursing staff; shortage of staff in most of the health facilities; overcrowding at health facilities; lack of transport to transport patients between health facilities and referral health facilities; lack of materials needed to offer services to clients; lack of knowledge and skills among some health professionals; old and unhygienic health facilities; poor communication between district hospitals which result in low quality health care. The researcher therefore questioned the support offered by the Ministry of Health and Social Services in the form of human resources, material resources, educational support, transport, communication and financial resources. Based on the abovementioned observation, the researcher realized that there was a lack of evidence on the support that was available to PHC workers in the Onandjokwe district.

In view of the abovementioned observation the researcher sought to answer the following questions: What support, in the form of resources, does the Ministry of Health and Social Services render to PHC workers in the Onandjokwe district? Is the support that they render available, relevant and efficient?

## 1.3 PURPOSE OF THE STUDY

The purpose of this study is to explore and describe the support, in the form of resources that the Ministry of Health and Social Services provide to PHC workers in the Onandjokwe district, Namibia.

## 1.4 OBJECTIVES OF THE STUDY

The specific objectives of the study are:

- To determine the support that the Ministry of Health and Social Services provide to PHC workers in the Onandjokwe district,
- To assess the availability and relevance and efficiency of the support provided to PHC workers in the Onandjokwe district
- To describe the factors that inhibit or promote the provision of support to PHC workers in the Onandjokwe district

## 1.5 JUSTIFICATION OF THE STUDY

This study is important because its findings could reveal the strengths and shortcomings of support in the implementation of PHC in Namibia. The results could also be used to work out strategies to strengthen support in PHC implementation related to support in form of resource that has been examined.

## 1.6 STUDY DESIGN AND RESEARCH METHODS

A descriptive study and non-experimental approach was used to identify and describe the support in the form of resources provided to PHC workers in the Onandjokwe district. The non-experimental study was conducted to identify and describe support in the form of resources that were available to PHC workers in Onandjokwe district; a quantitative approach was used to evaluate the availability and relevance of that support. The researcher therefore collected information regarding the types of support and evaluated the availability, relevancy and efficiency of that support.

The population for this research included all categories of health care professionals at PHC health facilities in the Onandjokwe district (medical assistants, registered nurses and

midwives, enrolled nurses and midwives, and nursing assistants) who were working in the PHC department in the hospital, health centres and clinics.

Since the population of the study was too small, no sampling was done: The whole population of 86 health care professionals was included in the main study to enable the researcher to collect sufficient information.

The data collection was done over a period of one month by means of a questionnaire that consisted of open-ended and close-ended questions.

*Data analysis* refers to the process that is used to organize, synthesize, evaluate and interpret data (Polit & Hungler 1996:2). The statistical analysis of the data was done with the help of a statistician by using the computer program *Microsoft Excel*.

Ethical aspects were observed as described in chapter 3. Permission from the Ministry of Health and Social Services, the PHC District Supervisor of the Onandjokwe district were obtained before the study was commenced (see Annexure B and C). The researcher visited the health facilities to inform the respondents about the research activities. Participation in the study was voluntary and the respondents retained the right to withdraw at any time.

## 1.7 STUDY PRINCIPLES

The study was based on some of the following PHC principles, namely availability, relevancy and efficiency.

**Availability of the support** means that the support is available when needed. Resources should therefore be equally distributed in all the health facilities in the district and should be available in correct amounts if health care workers are to perform their duties properly.

**Relevancy of support**: The support rendered to PHC workers should be correct and appropriate to enable them to render the service that is needed effectively.

**Efficiency of support**: The evaluation of the efficiency of the programme was aimed at improving implementation by comparing the results obtained with the efforts made (the latter being expressed in terms of people, time, money and health care technologies).

## 1.8 DEFINITIONS

The important concepts are defined as follow:

### Availability

Availability is been defined as: that can be gotten or had (Goldman 2002:53)
Capability of being at hand; being readily; the degree to which the appropriate care/intervention is available to meet the needs of the client (World dictionary 1996:138; Stone, Eigsti & McGuire 1998:704)

### Evaluation

The method used to determine whether a service is conducted as planned and whether the service actually helps people in need. The major goals are to determine the relevance, efficiency and availability of programme activities, leading to renewal of every aspect of the management function in a given situation (Booyens 2002:287).

### Primary Health Care (PHC)

PHC is essential health care that should be universally accessible to individual families in the community by means that are acceptable to them through their full participation and at a cost that the community and country can afford. It refers to basic care for the prevention or treatment of common acute illnesses and conditions in ambulatory settings (Stanhope & Lancaster 1996:46; McEwen 1998:34; Bouwer, Dreyer, Herselman, Lock & Zeelie 2001:11; Dennill, King, &Swanepoel 2001:2).

**Primary health care workers**

In this study PHC workers refer to all the health professionals who are working at primary health care departments, health centres and clinics.

**Relevancy**

This concept can be defined as "suitable; appropriate; fit; pertinence to important current issues" (Shorter Oxford English Dictionary 2002:2522; Goldman 2002:53).

**Resources**

This refers to everything that is necessary to do the job (that is, the actual workspace, equipment, supplies, budget and people) (Benhard & Walsh 1995:105).

**Support**

This concept can be defined as: to provide for; help; supply with the necessity of life; to supply funds or means for; 'to sustain in effort" (World Dictionary 1996:2106; Meltzer & Palau 1997:321)

## 1.9 SUMMARY

In this chapter an orientation to the study was briefly provided. The next chapter will examine the literature related to the study.

# CHAPTER 2: LITERATURE STUDY

## 2.1 INTRODUCTION

A literature study is a process that involves finding, reading, understanding and forming conclusions about published research and theory on a particular topic. It is done to determine what is already known about the topic that is being studied; to obtain clues regarding the methodology and instruments; and to assist in refining certain parts of the study. Findings from previous studies form a basis for comparison when interpreting data from a current study, and serve to inform or support the study in conjunction with data collection and data analysis (Brink 1999:76).

The concept of PHC has been recognized internationally as it was adopted at the World Health Organization (WHO) and United Nations Children's Fund (UNICEF) Conference that was held in Alma Ata, USSR, in 1978. The conference defined PHC as:

> …essential health care based on practical, scientifically sound and socially acceptable methods and technologies made universally accessible to individuals and families in the community through their full participation and at a cost the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination (WHO UNICEF 1978:16 as cited in Mbombo 1995:17).

The following principles are applicable to this study: Health service should be equally accessible to all; there should be maximum individual and community involvement in the planning and operations of health services; appropriate technology should be used (i.e. methods, procedures, techniques and equipment should be scientifically valid, adopted to the local needs, and acceptable to users and to those for whom they are used) (Mbombo 1995:17).

In this research a literature study was undertaken in order to obtain a bench mark on human resources, finances and material support; the educational support; and the transport and communication support that are available to PHC workers in Onandjokwe district.

## 2.2 SUPPORTS TO PHC WORKERS

According to WHO and UNICEF (1978, as cited in Mbombo 1995:19), the Alma Ata conference emphasized the importance of national health systems in supporting PHC through appropriate training, supervision, referral and logistical support.

### 2.2.1 Human resources

Human resources are important to render an effective health care system. Basset (1998:5) indicated that all industries should have competent human resources to be successful. Jobs are matched to individuals with specific skills, aptitudes and values. Therefore, one of the factors that influence the success and functioning of the health system is its human resources.

The type of personnel required in a district will depend on the workload and the norms the Ministry of Health and Social Services use to allocate staff. According to (Government of the Republic of Namibia 1995:29), the following ratio is used to allocate support in the form of human resources in the Ministry of Health and Social Services' health facilities:

**Table 2.1**

| **Staff/Population ratio for PHC services** | |
|---|---|
| **Staff category** | **Health worker per population** |
| Professional nurses | 1/20000 |
| Staff nurses | 1/20000 |

(GRN 1995:29)

In the field of community health human resources refer to different categories of staff members in the community and other supplementary traditional and lay health care workers (CES 2000:3). PHC healthcare workforce consists of multidisciplinary teams of health care providers who may include different categories of health care workers, for example doctors, medical assistants, professionally trained nurses, general practitioners and traditional practitioners (Vlok 1996:42). Types of health care workers vary from country to country and from community to community according to the needs and resources available to satisfy health needs. The shortage of doctors and the mal-distribution of some categories of health personnel mean that the nurses in Namibia form the backbone of the health service and of the PHC service in particular (CES 2000:3).

A study done on supportive supervision at district level in Namibia indicates increased mal-distribution of resources and a concentration of professionals such as doctors and nurses in urban and peri-urban areas due to higher technology based education and ideas imported from developed countries. This has led to insufficient manpower, work overload and job dissatisfaction among health care workers in rural areas (Mbombo 1995: 45).

According to the survey conducted in 1993 in the Onandjokwe district, staffing was very inadequate; a clinic is run by one nurse only and the situation is still the same in this district. The average number of nurses per clinic ranges between two (2) to three (3) nurses (GRN 1993:10).

### 2.2.2 Equipment and supplies

In Namibia equipment and supplies are kept in the Central Store Departments at the national level of the Ministry of Health and Social Services which are responsible for the provision of supplies for the PHC programme. The department has branches at regional and district levels. The central stores at district level require fulltime storekeepers who are experts in supervising district health teams on local storeroom management. However, members of the district should be familiar with the way in which the system

operates in order to ensure that the essential requirement for providing PHC is in regular supply. According to (Ranken & Ebrahim 1996:252) each health facility should have a storeroom and a person who runs the service of supplying materials. Overstock and fraud should be tackled immediately. If there is insufficient money to buy the necessary goods and supplies, budget allocation may need to be reviewed. It is useful to have a standard list of the minimum drugs and equipment that takes into account an epidemiological situation and the resources that are available. While certain basic items may be the same for a large number of the health facilities, they may also be adjusted to take into account local variations such as fluctuations in the incidence of certain diseases.

The logistics of supplies include planning and budgeting, production or manufacture, store, distribution and control. The time needed to carry out the various steps in the purchase and distribution of different kinds of supplies should be considered. Administrative procedures should be applied that will ensure the continuity of the supply of resources (GRN 1995:25). Tarimo and Webster (1991:34) state that the following factors should be considered in strengthening health centers and clinics: the setting of the health centre, with accessibility as the key criterion; the range of services should include curative care, follow-up treatment and referral; maternal and child care; prevention of common diseases. The structure of the health facility should follow national guidelines and should take into account the services that should be provided and the availability of drugs and other supplies.

### 2.2.3 Education/Training

Nurses at district level are faced with difficulties and problems that can prevent them from performing promotive and preventative activities. These difficulties and problems result from factors such as inadequate knowledge and skills of health personnel regarding the implementation of the PHC programme, and a lack of follow-up after attending continuous education activities to reinforce what they have learned (Mbombo 1995:44). These difficulties are responsible for lowering the quality of service they render.

In many countries staffing levels are adequate but further training may be required to orientate staff to PHC. Staff is often ill-prepared for the changes current training programme require. Many health care workers, particularly in peri-urban and rural areas, work in isolation. Some have not attended refresher courses since they qualified – perhaps many years earlier. The composition of training, education and dedication of human resources are vitally important in rendering a comprehensive health service.

Mbombo (1995:19) states that the Ministry of Health and Social Services saw adequate training of health care workers (in both health sectors and other related sectors) within communities as a priority for PHC implementation. She suggested the following methods that can be used for personnel training:

- Active learning combined with in-service training seminars or workshops with regular supportive supervision.
- Districts should consider producing PHC newsletters and should establish district and health center libraries.
- In order to re-orientate health care workers to PHC, special courses should be provided as additional methods to train staff to acquire certain skills.
- Workshops, group discussions, seminars, symposiums, etc are also important methods of expanding knowledge and familiarizing staff with new developments, both nationally and internationally.

A training plan for every worker in each district is needed. Training for health care workers should cater for different categories: new health care workers should be given introductory training to equip them with the knowledge and skills required for their new responsibilities and local circumstances; staff whose work is not up to standard needs refresher courses (Ranken & Ebrahim 1996:234; Cheminais, Bayata, Walt & Fox 1998:191).

In order to create appropriate training strategies for the development and re-orientation of the various categories of health care workers, different training needs as well as long-term and short-term objectives should be identified.

**2.2.3.1 Orientation as an educational method to provide training support**

Orientation involves introducing new personnel to the environment or to the relevant policies, procedures, philosophies, purposes and personnel benefits of the organization. Its importance lies in the fact that newly appointed staff will know what is expected from them and that they will be up to date regarding their scope of practice (Dreyer, Hatting & Lock 1997:33).

In Namibia categories of health personnel at different levels of the health system vary according to the function they perform. Whatever the arrangement of their work is, orientation should be given to support and strengthen PHC. Orientation should be carried out at all service levels and should be made available to other professional people from other sectors and agencies, particularly those who are actively involved in the programme. The Ministry of Health and Social Services has committed itself to the re-orientation of existing health personnel at all levels. This is done in the form of circulars, workshops and meetings. However, the meetings and workshops are attended by some health care workers only (GRN 1992:11).

**2.2.3.2 Education and training of professional nurses**

Until the 1970s training in nursing in Namibia was geared towards registration as a general nurse and a further period of one year in midwifery meant that registered nurses could qualify in general nursing only. In the 1980s, as envisaged by the Alma Ata participants, the need arose for the development of comprehensive PHC services as the main thrust of the health services. After a lengthy discussion with the University of Namibia and health care authorities a four-year course in Comprehensive Nursing was introduced in 1986. Nursing education for registered nurses and midwives became comprehensive. Such a comprehensive approach would meet the health needs of the country, but would also be cost-effective and would prepare every nurse for optimal

service in the provision of health care. The nursing education curriculum of the University of Namibia for registered nurse education was reviewed to include the PHC approach. The content of the curriculum was reorganized in such a way that, on completion of the course, the registered nurse would be able to provide and facilitate comprehensive health care to individuals, vulnerable groups, families and communities at clinics and hospitals according to the policy guidelines on PHC and the protocols of the Ministry of Health and Social Services (F.M.H.S 1995:5).

Registered nurses and sub categories of nurses on the staff establishment are an important category in the rendering of Primary health care in clinics and hospitals. Therefore, their education and training in this regard is important. According to Matshali (2005:5) a paradigm shift from hospital based, curative focused education to PHC orientated and community-based education was marked in the early 1990's. This was to increase the number of community-oriented graduates with knowledge of Primary health care. It was also the intention in Namibia to enable nurses to serve the medically underserved areas.

**2.2.3.3 In-service training**

Orientation and basic training alone will not enable the Primary health care workers to render the service needed. Continuous education through in-service training is necessary to keep them up to date.

In-service training involves educating an employee while he or she is doing his or her job or rendering a service to clients. It implies updating training, educating and informing the person about the present requirements of the job. Since jobs in the health care service are never static and are subjected to rapid change, there is a need for continuous in-service education of health care workers (Booyens 1999:384).

Regular in-service training and education for personnel are necessary to keep them abreast of new developments and technology. Training health personnel is one of the main concerns of the Ministry of Health and Social Services in Namibia. Continuous education or in-service training programme is provided by the Ministry of Health and

Social Services, with financial and technical support from international agencies. The Directorate of Primary Health Care initiates PHC orientation and in-service training activities through its Training and Development Units that are decentralized throughout the districts (Mbombo 1995:14; Van Dyk 1997:94). However, one should ask whether all PHC workers are able to attend this training. And if not, what are the factors that prohibit them from attending the training? Nurses who work in health centres and in clinics are isolated and often have to work on their own. In-service education is therefore of great importance because it keeps them up to date on new developments in health polices, legislation and treatment regimes (Dreyer at al 1997:33).

### 2.2.4 Supervision

Primary health care workers works in isolation but they need supervision and guidance. Support should be offered to serve as a guide in what ever they are doing.

Supervision is the active process of directing, guiding and influencing the outcome of individual performance of an activity. Supervision may occur either on-site or off-site through written or verbal communication (Stanhope & Lancaster 1996:898).

In Namibia PHC supervisors are responsible for supervision at district level. Because there is a shortage of staff, most of the time they are also responsible for the programme implementation. This led to the neglect of supervisory responsibilities to support the health care workers in their districts through, for example, supervisory visits. Supportive supervision can be used as a strategy to improve the health worker's performance, to maintain and improve the quality of health care at district level. It is aimed at providing guidance, advice and help, and at teaching and motivating workers (Mbombo 1995:45).

### 2.2.5 Communication

Communication between health workers as well as with other members of other health team is of most important in PHC delivery.

Communication is essential for the accurate planning, coordination, delivery and evaluation of care, and the documentation of that care (Hill & Howlett.1997:175; Stanhope & Knollmueller 1997:195).

Based on the Onandjokwe health baseline survey that was done in 1993, the following information was collected about communication in Onandjokwe district: Only a limited number of health facilities were provided with radio communication equipment and telephones (GRN 1993:7).

Another study conducted by Mbombo indicates that in Namibia communication can take place in many ways. The most frequent channels are personal visits, by telephone, written messages and radio communication. Problems encountered with communication included difficulty in the delivery of mail, radio communications that did not work most of the time and lack of maintenance (Mbombo 1995:63).

Communication becomes more effective when people are aware of their effect on others and know how to avoid poor communication (Hill & Howlett 1997:192). Good communication ensures that there is open communication between workers, their supervisors and other members of the health team.

### 2.2.6 Transport

Transport is an important aspect of support in rendering PHC service. It is needed to transport supplies equipment and staff to deferent health facilities in general, rural areas specifically

This was also found in a study done in Mount Frere Health District, South Africa, in 2000 came up with the following important findings on transport which also applies to Namibia:

- Provision of mobile health services to people in rural and remote areas without access to fixed clinics.
- Transportation of patients to referral facilities (e.g. from clinic to hospital, or from district hospital to regional hospital).
- Provision of clinics with drugs and equipment.

- Community outreach services (e.g. support community based nutrition projects, community based DOTS, etc).
- Supervision and support visits to clinics by supervisors and doctors.
- Meeting with other role players and stakeholders such as community structures, other public sector departments and non-governmental organizations during school health services. When they attend meetings and workshops, transport is needed *(webmaster @ hist org. za.)*

### 2.2.7 Financial support

Financial support includes all the fund budgeted for supplies, transport funding, salaries as well as other medical cost. Without financial support PHC services could not be provided.

Financial resources include the percentage of the national income that is made available for health care delivery at all levels, medical funds, personal payments and insurance (CES 2000:9). In Namibia the government provides the main funds for health care services. Financial resources for health care in Namibia derive mainly from taxation, medical funds, personal payment and insurance.

As stated in Basset (1998:4), "no money no mission" sounds harsh, but financial resources are necessary to achieve an organization's mission and objectives. Budgeting at central level is a key step for financial support because it estimates required resources and allocates available resources in such a way as to transform an intention into concrete realization of the programme at the various levels of the health care system. Budgeting entails that allocation needs to be accompanied by simultaneous delegation of responsibility and authority. Sources of finance should be clearly identified.

The bulletin *Medicus Mundi* no 79 of December 2000 gives the following examples of Tanzania's sources of financial resources in the public sector: the public health service is financed by government's general revenue, while the government's resources are

complemented with external donor resources. It also states that most of the resources are used for big hospitals– thus rural health care delivery is largely neglected (*http:/medicusmundi.ch/bulletin/buletin79.htm*). This can happen in any other developing country.

### 2.4 SUMMARY

A literature review was undertaken to broaden existing knowledge on the human resources, material support, education, transport, communication and financial support that are available to PHC workers. The literature reviled information about the following: Allocation of human resources to PHC health facilities; Equipment provision procedure; education and training of professional health care workers; communication tools and transport as well as how health care system is been financed. Based on the information obtained from the literature review, a need exists to evaluate the abovementioned support in terms of availability, relevancy and efficiency.

# CHAPTER 3: RESEARCH DESIGN AND METHODS

## 3.1 INTRODUCTION

The aim of this chapter is to describe the research methodology that was applied during the study. This includes the research design, research methods, analysis and ethical aspects that were observed.

## 3.2 PURPOSE OF THE STUDY

The purpose of this study is to explore and describe the support, in the form of resources from the Ministry of Health and Social Services, that is available to PHC workers in the Onandjokwe district, Namibia

## 3.3 OBJECTIVES OF THE STUDY

The specific objectives of the study are:

- To determine the support that the Ministry of Health and Social Services provide to PHC workers in the Onandjokwe district,
- To assess the availability and relevance and efficiency of the support provided to PHC workers in the Onandjokwe district
- To describe the factors that inhibit or promote the provision of support to PHC workers in the Onandjokwe district

## 3.4 RESEARCH DESIGN

A research design is the overall plan for obtaining answers to the research question or for testing the research hypothesis. It is the construction of a study, in terms of sampling and how the data are collected, to minimize reactivity and to ensure that variables are not confounded in order to eliminate possible alternative explanations of the results (Abbott & Sapsford 1998:184; Polit & Hungler 1999:155). The research design indicates whether there is intervention and what intervention there is, the nature of the comparison to be made, the method used to control extraneous variables, the timing and frequency of the

data collection, the site and setting in which the data collection took place, and the nature of communication with the respondents (Polit & Hungler 1999:171). With every research question there is a research design that is considered the most appropriate. Researchers generally choose designs that best fit their purpose and are compatible with the resources available to them (such as time, money, subject and ethical considerations) and their preferences (Brink 1999:100).

In this study a non-experimental descriptive design was used to obtain data by means of a questionnaire. Descriptive studies are aimed at collecting accurate data on the main phenomenon that will be studied. This study is a descriptive one because it is aimed at collecting information about the kind of support available to PHC workers in the Onandjokwe district (Uys & Basson 1995:281). This study is non-experimental because no manipulation of the independent variable was done and the setting was not controlled (Brink 1999:108).

## 3.5 RESEARCH METHODS

Research methods are the steps, procedures and strategies used in gathering and analyzing the data of the research investigation (Polit & Hungler 1999:707). In this study a quantitative research method was used. A quantitative method is a formal, objective, systematic process in which numerical data are used to obtain information from the subject (Burns & Grove 2001:26). The researcher decided to use a quantitative research method because she wanted to determine the degree/extent of the support available to PHC workers and the effect of the support on health care delivery. The findings were obtained in the form of numerical data.

### 3.5.1 Population

The population refers to the entire set of respondents in a given group that form the focus of the study (Brink 1996:132). It is a set of persons or objects that possess some common characteristic that is of interest to the researcher and to whom the result could be reasonably generalized (Mason & Leavitt 1998:594; Burns & Grove 1997: 294; Sullivan & Russell 1999:114).

For this study the researcher was interested in collecting information from the health care professionals because they are the largest category of health care workers serving at PHC health facilities. The categories of health professionals that were included in the study were medical assistants, registered nurses/midwives, enrolled nurses, enrolled midwives and nursing auxiliaries who work in PHC settings in the Onandjokwe district.

### 3.5.2 Sampling criteria and sample

The researcher obtains information about the number and categories of health care professionals on the staff establishment of Onandjokwe district from the Primary health care supervisor. Because the number was to small (86) health care professionals in total, the researcher decide to include all health care professionals in the study

**(i) Sampling**

Sampling refers to the process of selecting a sample from a population in order to obtain information regarding a phenomenon in a way that represents the population of interest. It is the process of selecting a portion of the population to represent the entire population (Brink 1999:133; Devos 1998:197). In this study, because the population was too small, no sampling was done all health care professionals work at PHC health facilities and PHC departments were targeted in the study, but only 40 health professionals participated.

The researcher intended to include the whole population of 86 nursing staff allocated at the Onandjokwe PHC facilities, but this was not possible due to the following: Some health care professionals were on leave at the time when the data was collected – although they were informed about the study and the date and time of the data collection,

they never turned up. The researcher visited their facilities twice (as was agreed with the PHC workers), but they still did not avail themselves of the opportunity.

Most of the enrolled nurses were admitted to the upgrading course and were therefore not available.

**(ii) Sampling criteria**

Inclusion criteria are characteristics that should be present for an element to be included in the sample (Burns & Grove 1997:295). For this study all the respondents were health care professionals regardless of their level of training. The health care professionals were those who worked in the PHC department at the hospital, clinics and health centers at the time of study.

**(iii) Sample**

A sample is a subset of a population selected to participate in a research study (Brink 1999:133; Devos 1998:197Polit, Beck, Hungler 2001:233). In this study no sampling was done. Table 3.2 below indicates the number of health professionals who participated in the study.

**Table 3.1**

| **Number and categories of health professionals who participated in the study** | |
|---|---|
| **Category as per health professional** | **Number of respondents** |
| Registered nurses/midwives | 22 |
| Enrolled nurses/midwives | 18 |
| Auxiliary nurses | 4 |
| Medical assistant | 5 |
| Total | 40 |

The registered nurses in table 3.2 above include registered nurses and registered midwives, while enrolled nurses include enrolled nurses and enrolled midwives.

## 3.6 DATA COLLECTION INSTRUMENT

An instrument is a written device that a researcher uses to collect data, for example a questionnaire that is used to collect information. Data for this study was obtained through written responses. The questionnaire was designed after an in-depth literature study and was based on the purpose and objectives of the study.

### 3.6.1 Phases of instrumentation

*Phase 1: Literature review*

A literature review was done in order to gain knowledge and skills on how to compile a questionnaire. The following information was obtained: criteria for selecting questionnaires; structuring questions; phrasing and wording questions; arrangement and organization of questions; the overall appearance of the questionnaire; specific issues that should be investigated; what kind of information had to be solicited (Brink 1999:150).

*Phase 2: Compiling the questionnaire*

The questionnaire was compiled on the basis of the objectives that had to be covered. The questions were formulated in a simple language so that the respondents would be able to understand them. Similar questions were grouped together on the basis of the kind of support that had to be evaluated. Easier questions were asked first, and difficult and sensitive ones last, to prevent respondents from becoming de-motivated at the beginning.

*Phase 3: Pilot study*

Pilot testing was done to test the self-administration of the questionnaire and the data analysis method. After the questionnaire was drafted, it was discussed with colleagues who had completed their master's degree in Nursing. It was also sent to the study supervisor for corrections and comments. Throughout the process changes were made to the structure, phrasing and wording of the questionnaire. Pilot testing was done in the Oshakati district. Seventeen (17) nurses who worked in PHC settings participated in the pilot study.

Based on the pilot study results, the researcher came up with the following observations:

- The respondents tried to answer all the questions in part A correctly.
- In part B the respondents misunderstood the questions about the number of staff and staff post that were allocated to each health facility. They answered the questions by ticking where they were supposed to fill in the number of posts or staff allocated to the facility.
- Some of the questions were numbered incorrectly and the respondents renumbered them correctly.

*Phase 4: Finalizing the evaluation instrument*

After the pilot study, a final questionnaire was developed that took cognizance of the problems that were identified.

Recommendations were considered and corrections were made to the questionnaire with the help of the study supervisor and the information gained from the pilot study. The final questionnaire consisted of open-ended questions and close-ended questions which were divided into three (3) parts, namely:

- Part A: Personal particulars
- Part B: Particulars of the health facility
- Part C: Support available to PHC workers, which included the following: human resources, material resources, training, supervision, communication, transport and financial support

### 3.6.2 Validation of the data collection instrument

According to Brink (1996:167), an instrument is valid when it measures what it is supposed to be measuring. In order to ensure content validity, the researcher discussed the questionnaire with experts in the field of research, education and community health nursing. After the discussions, some adjustments were made to the questionnaire and some questions were rephrased. A pilot study was also conducted (as explained earlier).

### 3.6.3 Reliability of the data collection instrument

The reliability of the data collection instrument is the extent to which the tool can be relied upon to give results that are consistent (Brink 1996:167; Wood &Brink 2001:184). This means that similar results should be obtained if the same test were carried out on more than one occasion under the same conditions. This was assured by the pilot study results.

## 3.7 DATA COLLECTION METHOD

This is the process of collecting data from the respondents. Data collecting involves the use of one or several instruments or tools. This study was conducted in the following health facilities: three (3) health centers, one (1) PHC department and eight (8) clinics in the Onandjokwe district.

The data in this study was collected by means of a self-reporting technique using questionnaires. The respondents were notified of the date and time when the data would be collected. The researcher visited the health facilities were the study was conducted. She explained to individual respondents the purpose of the research and what was expected from them before the questionnaires were distributed. She also refers the respondents to the cover letter that was attached to the questionnaire explaining the procedure to follow when answers the questionnaire and their verbal consent was obtained prior to the distribution of the questionnaires. The questionnaires were delivered and distributed by hand and were completed in the researcher’s presence to enable the researcher to answer questions that arise, from the side of the respondents regarding the meaning of questions and to ensure that all respondents returned the questionnaires.

The respondents were allowed time to answered the questions in accordance with the instructions on the cover letter of the questionnaires. There after the researcher collected the questionnaires for data analysis.

## 3.8 DATA ANALYSIS

A data analysis was conducted to reduce, organize and give meaning to the data. The raw data that was collected was organized manually and was analyzed with the assistance of a computer. The focus of the data analysis was to identify the number of health care professionals received the selected support examined offered by the Ministry of Health and Social Services. The researcher organize all comments done by the respondents together on how they perceive the support offered to them in terms of relevance and availability. Descriptive statistics were used to describe the data through frequency distribution tables and graphs.

## 3.9 INTERPRETATION OF FINDINGS

> The interpretation of data refers to the process of making sense of the results of the analysis and examining the implications of findings within the broader context. The process of interpretation is essentially the researcher's attempt to explain findings in the light of the adequacy of the method used in the investigation (Polit & Hungler 1999:40).

## 3.10 ETHICAL CONSIDERATIONS

This is a main guiding principle for protecting the rights of the respondents in the research. It relates to the issues of informed consent, confidentiality and the duty to care (Twinn, Roberts & Andrew 2000:188).

The researcher conducted the research in an ethical manner. Since human beings were the sources of information in this study, the following ethical considerations were applied in order to protect both the respondents and the health facilities where the study took place.

### 3.10.1 Permission

Permission was obtained from the Ministry of Health and Social Services in Namibia to enable the researcher to conduct the research in the abovementioned district as planned (see Annexure C).

### 3.10.2 Informed consent

The respondents were informed in writing about the research. The following information was conveyed to them: the title of the study, the purpose and objectives of the study, data collection methods that would be used and the assurance that the data would not be shared with unauthorized person's (people who were not involved in the study).

*Verbal consent*: The researcher again discussed the research with the respondents and the permission that was obtained from the Ministry of Health and Social Services, and the PHC supervisor was presented to them. They were informed about the benefits of the study. The assurance of anonymity and confidentiality and the option to withdraw were also discussed. The researcher regard the study as a non risk to the respondents as no disclosure of the health facility and respondents will be done during data interpretation therefore no written consent was expected from the respondents. The respondents were informed that their participation in the research project was voluntary and that they had the right to withdraw at any time if they wished to do so. Questions that were raised were answered. After they were satisfied, they agreed to participate in the study.

### 3.10.3 Anonymity

The anonymity of the respondents and their health facilities was protected because the data was presented in such a manner that it was impossible to link specific data to a specific person or health facility. The researcher did not require the names or contact details of the respondents.

### 3.10.4 Confidentiality

Confidentiality refers to the researcher's responsibility to protect all the data gathered during the study from being divulged or made available to any person, unless the researcher has been given explicit permission to do so (Brink 1999:41; Pera & Van Tonder 1996:27).

The report would not be shared with outsiders; only people who were involved in the study will have access to it. The results of the study would be used only for study purposes. If the researcher decides to use the results for other purposes than what were indicated, she would have to get permission to do so.

## 3.11. SUMMARY

In this chapter the research methodology was discussed in-depth. Thereafter the population, sampling method, instrument development and validation of the data were presented. Information on data collection and data analysis was also presented.

# CHAPTER 4: RESEARCH FINDINGS AND DISCUSSIONS.

## 4.1 Introduction

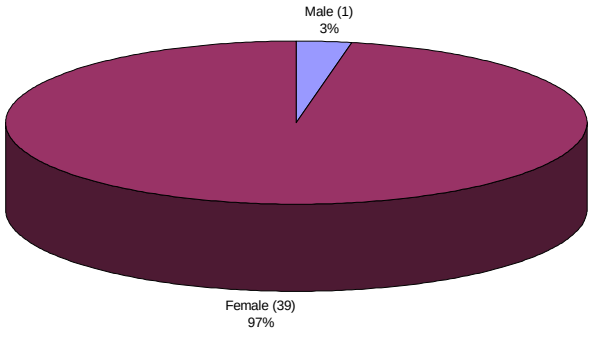
The previous chapter dealt with the methodology, which was used to achieve the purpose and objectives of the study. This chapter will focus on research findings and interpretation there of. According to Brink (1999:178) data analysis entails categorizing, ordering, manipulating and summarizing the data as well as describing the data in meaningful terms. Descriptive statistics were used to describe the data through frequency distributions tables. Findings are presented according to the three parts in which the data collection instrument was organized, namely: Part A: Personal particulars of the participants; Part B: Particulars of the health facilities in which the study has taken place; Part C Support offered to the Primary health care workers.

## 4.2 PART A: PERSONAL PARTICULARS OF RESPONDENTS

This section deals with the socio-demographic data of the respondents:

### 4.2.1 Gender distribution of respondents.

**Figure 4.1: Gender didtribution of respondnets (N=40)**



Gender distributions as indicated in Figure 4.1, 97.5% (39) of the respondents were females while only 2.5% (1) were male. This is a clear indication that there are more female nurses than males allocated at health centres, clinics and PHC departments. This is probably because there are more female nurses than males in Namibia and nursing profession is seen as female dominated sector. Even after years of nursing as a profession it continues to be considered by a vast majority of the public as a female profession (Sullivan 1999: 321). Strasen (1992:1) states that female nurses are the largest single group of professionals. Although increasing numbers of men are entering the nursing profession, more than 90% are women. This means that more of the men who are entering the profession should be allocated to primary health care facilities to ensure equal gender distribution of human resources.

### 4.2.2 Age group of respondents

**Figure 4.2: Age distribution of respondents (40)**

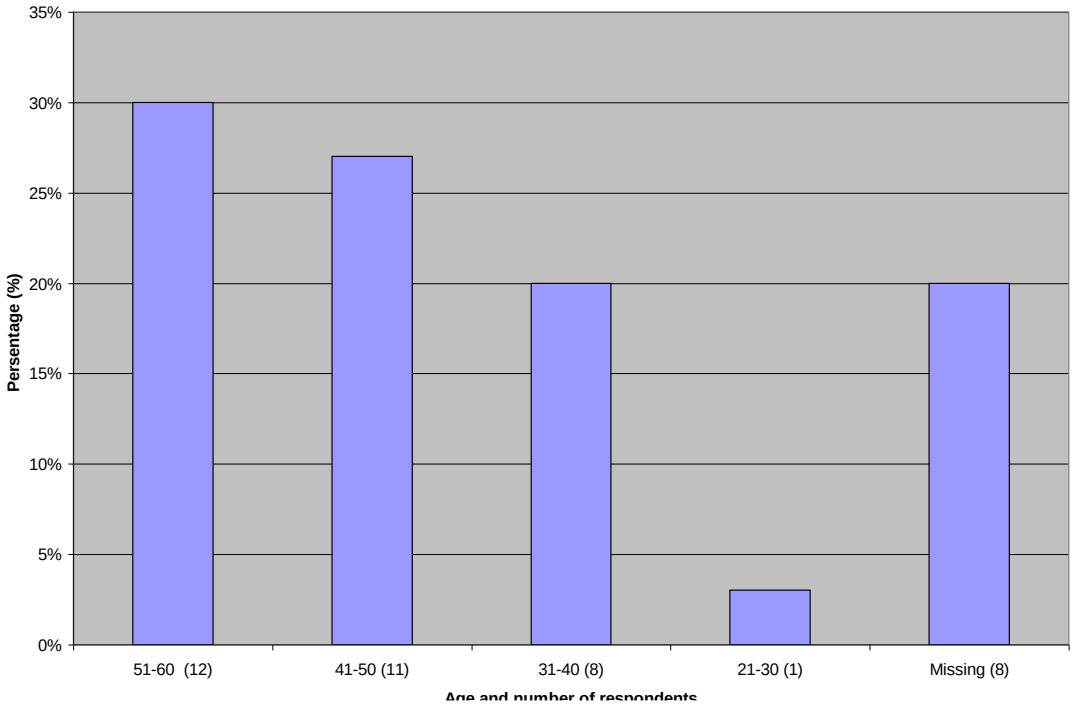
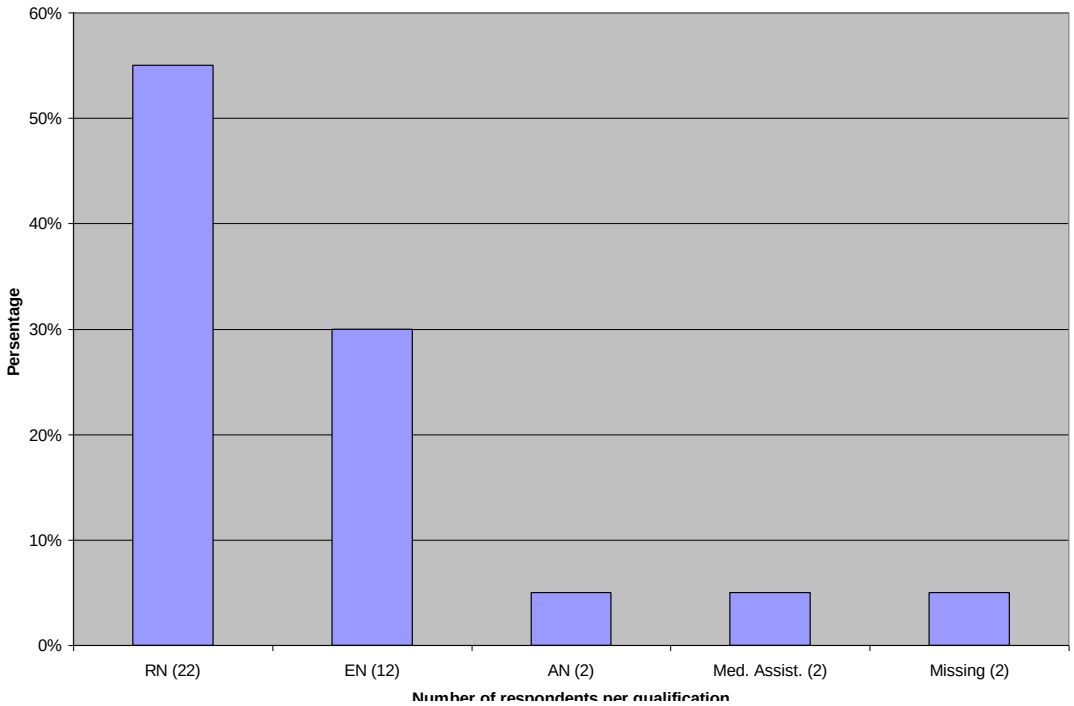



Figure 4.2 reflects that all 58% (23) respondents were from the 41-60 years age group. There were no respondents from the age group10-20 years. Most respondents are between the ages of 30-50 years, which is a significant change from the early 1980 when

the majority of health professionals, especially nurses, ranged between 25–35 years of age. The increase in the average age of nurses represents the aging society or second career nurses. (Cherry & Jacob1999:56). Data indicated above indicate that PHC health facilities in Onandjokwe district are served by mature professional health care workers those who have experiences in the profession.

### 4.2.3 Qualifications of respondents

**Fugure 4.3: Qualification of respondents (N=40)**

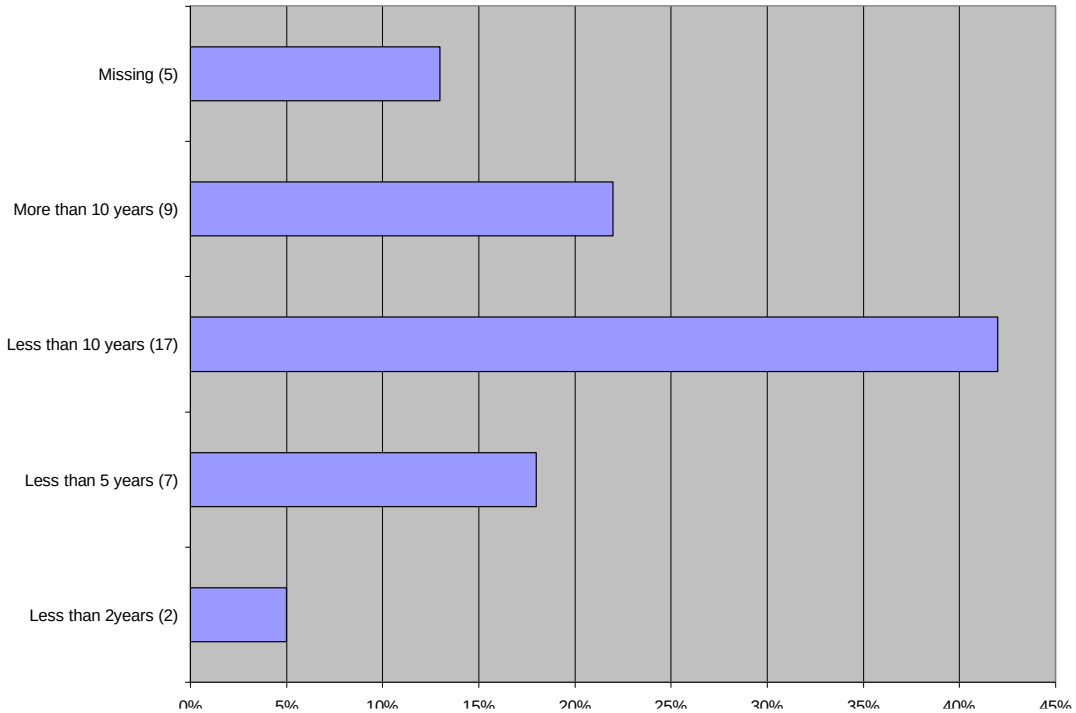



Data reflected in Figure 4.3 depicts that 55% (22) of the respondents are qualified as registered nurses, 5% (2) medical assistants, whereas 30% (12) are enrolled nurses and 5% (2) nursing assistants. Five percent (2) of the respondents did not indicate their qualifications. This is an indication that there are professionals and sub-professional nurses with different level of education at primary health care facilities in Onandjokwe District.

Therefore when support is offered this difference should be taken into consideration to provide the support that will be relevant to all categories of health professionals as stated by Mbombo (1995:44)

### 4.2.4 Duration of respondents at health facility

**Figure 4.4: Duration of the respondent's employment at present health facility (N = 40)**



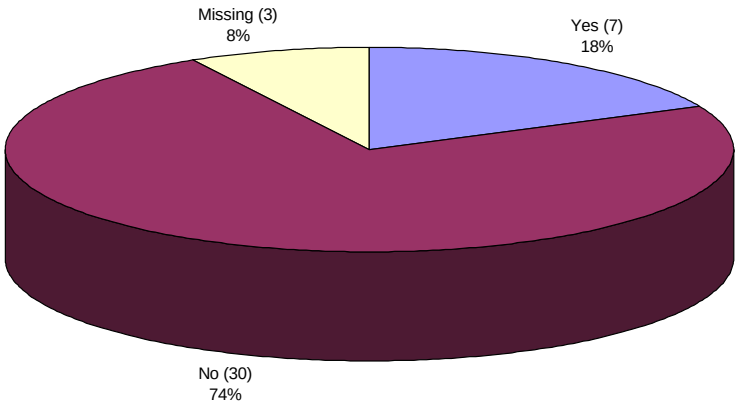

The data reflected in Figure 4.4 shows that 65% (26) of the staff worked for more than 5 years at health facilities, 22% (9) worked there fore more than 10 years while 13% (5) did not respond to this item. Based on the data information above it is clear that most of the respondents are senior health professionals at their health facilities. GRN (1995: 49) state that nurses posted to clinics and health centres should be encouraged to stay there on a permanent basis or for a period of two (2) to three (3) years before rotating back to a hospital. This ensures that they do not leave their workplaces unnecessary and cause shortage of staff.

## 4.3 PART B: PARTICULARS OF HEALTH FACILITIES FOR RESPONDENTS

Part: A deals with the demographic data of respondents. In Part B the personal views of respondents and their comments on the structure of the health facilities are discussed

### 4.3.1 Views of the respondents on the structures of their health facilities

**Figure 4.5: Views of respondents on the structure of the health facility (N = 40)**




According to Figure 4.5 the structures of the health facilities in which the Primary health care workers operate in Onandjokwe District do not allow them to offer the service required because material support (which includes health facilities) are not adequate. This is what most (74%) of the respondents indicated. Only 18% (7) of the respondents indicated that the structure of the health facilities allow them to offer the services

required, to serve as a motivation factors for retention of staff and to ensure that quality care was rendered.

The design of the facility can improve or impair the acceptability of the health facility. A design of a health facility should provide space for multipurpose service delivery (Tarimo 1991:35) The structure of the health facility should follow national guidelines taking into account services to be provided, staffing and availability of resources. Both the outer appearance of the building, and to the greater extent, the inner layout should be related to, and be in conformity with the cultural environment of the community to be served. The same holds good for the waiting space and the treatment (screening) rooms (GRN 1995:49; Tarimo 1991:35). Reasons why the structure does not allow provision of the service required are listed under table 4.1 below.

### 4.3.2 Comment of respondents on structure of the health facilities.

**Table 4.1 Comments of respondents on the structure of the health facilities.**

| **Kind of response** | **Frequency** |
|---|---|
| Health facilities are too small no space to accommodate all services | 28 |
| Building too old; difficult to clean; the hygiene level is low | 21 |
| No telephone; no tap water; no electricity available in the health facility | 1 |
| Missing data / No responses | 2 |

The responses listed in table 4.1 above are the reason why the PHC health facilities in Onandjokwe District do not allow the PHC health care workers to run their service smoothly. Because of the reasons listed above support is needed and whenever any budget or planning is been done those reasons should be considered, to serve as a motivation factor for retention of staff and to ensure quality of care rendered.

## 4.4 PART C: SUPPORT AVAILABLE TO PRIMARY HEALTH WORKERS

Part C deals with support available to PHC workers during the health care delivery as related to human resources, material, training supervision communication as well as transport and finance.

### Item 4.4.1 Human resources

The following information were collected about human resources at PHC health facilities in Onandjokwe District

### Item 4.4.1.1 Staff establishment post per health facility

**Table 4.2 Staff establishment post per health facility (N = 40)**

| | H1 | H2 | H3 | H4 | H5 | H6 | H7 | H8 | H9 | H10 | H11 | H12 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Reg. nurses | 2 | 1 | 4 | 5 | 4 | 3 | 2 | 1 | 1 | 1 | 1 | 3 |
| Enrolled nurse | 4 | 3 | 7 | 9 | 16 | 2 | 2 | 2 | 2 | 1 | 3 | 9 |
| Assistant nurse | 0 | 0 | 0 | 0 | 2 | 1 | 0 | 1 | 1 | 0 | 0 | 0 |
| Total | 6 | 4 | 11 | 14 | 22 | 6 | 4 | 4 | 4 | 2 | 4 | 12 |

Table 4.2, indicates posts allocated to the health facilities of the respondents as per staff establishment. Based on the data depicted by this table (4.2) all health facilities are allocated post were the health facility with the most posts allocation is the one with 22 posts (PHC department inside the hospital), while the one with least posts has only two (2) posts (smallest clinic) The allocation of staff post per health facilities in Onandjokwe district meet the requirement of the Ministry of Health and Social Services as indicated in Table 2.1 on page 11.

### 4.4.1.2 Actual number of staff per health facility

| Table 4.3 Actual number of staff per health facility | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | H1 | H2 | H3 | H4 | H5 | H6 | H7 | H8 | H9 | H10 | 11 | 12 |
| | | | | | | | | | | | | |
| Registered nurses | 2 | 2 | 2 | 5 | 4 | 4 | 2 | 1 | 1 | 1 | 1 | 3 |
| Enrolled nurses | 4 | 2 | 3 | 9 | 8 | 0 | 2 | 1 | 0 | 0 | 3 | 3 |
| Assistant nurses | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |
| Medical assistants | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| Total | 6 | 4 | 11 | 14 | 14 | 4 | 4 | 3 | 1 | 2 | 4 | 6 |

** Registered nurse include general nurses and midwives*

Table 4.3 indicates that out of 12 PHC health facilities 33% (3) health facilities each of them one (1) of the post allocated to those facilities is not filled. For health facilities number 9 is only one (1) post allocated to that facility which is filled. Only 41.6% (5) health facilities have a full complement of staff. Although the allocation of post to health facilities meet the requirement of the Ministry of Health and Social Services is not all the allocated post that are filled. This is an indication of inadequate support of human resources that can influence the service provision of PHC workers negatively. Adequate staff is important in rendering health care services

### 4.4.1.3 Comments on staff support

| **Table 4.4 Comments on staff support** | |
|---|---|
| **Responses** | **Frequency** |
| Staff are not enough there is shortage of staff | 28 |
| Additional staff is needed to provide all services required. | 10 |
| Some programs are not carried out due to shortage of staff | 2 |
| Total | 40 |

Table 4.4 shows that most of the respondents 70 %( 28) indicated that the numbers of staffs were not enough and there is a shortage of staff. Twenty five percent (10) respondents indicated the need for additional staff. A small number of respondents 5%

(2) said that some programme were not performed because of the shortage of staff. All responses listed in Table 4.4 above said that there is shortage of staff in Onandjokwe PHC health facilities.

In order to meet all health care requirements of the population, support should be offered in form of human resources as well as material resources and others. When support is offered in a form of human resources the following should be taken into consideration: the number of health personnel, sufficient to provide adequate coverage of the population; the national norms; percentages of the established posts to be filled; their distribution /concentration within the district by type category; staff job distributions; training and in-service orientation programme. (Tarimo 1991:14)

### 4.4.1.4 Preparation of health workers before placed at PHC health facility

**Table 4.5 Preparation of health workers before placed at PHC health facility**

| **Response** | **Frequency** | **%** |
|---|---|---|
| Oriented orally | 5 | 12.5% |
| Oriented through training and job attachment | 6 | 15% |
| Not prepared | 23 | 57.5% |
| No responses | 6 | 15% |
| Total | 40 | 100% |

Table 4.5 shows that 57.5% (23) were not prepared at all. Twelve point five present (5) of the respondents were prepared through oral orientation and another 15% (6) were prepared through trainings and job attachment. Although preparation for PHC health workers is done in Onandjokwe District, this support is not available and equally distributed to all, which is an indication of poor support of human resources

Preparation for Primary health care workers is done through workshops as well as on the job training to enable them to provide PHC services. Basic Diploma in Comprehensive Nursing offered to nursing students as well as their placement at rural clinics before completion of the course serve as another preparation. (GRN 1992:65; FMHS 2004:4)

### 4.4.2 EQUIPMENTS AND SUPPLIES

Respondents were also asked about the support in the form of material resources and the results are as follow:

#### 4.4.2.1 Frequency of ordering supplies.

**Figure 4.6: Frequency of ordering of supplies at health facility (N =40)**

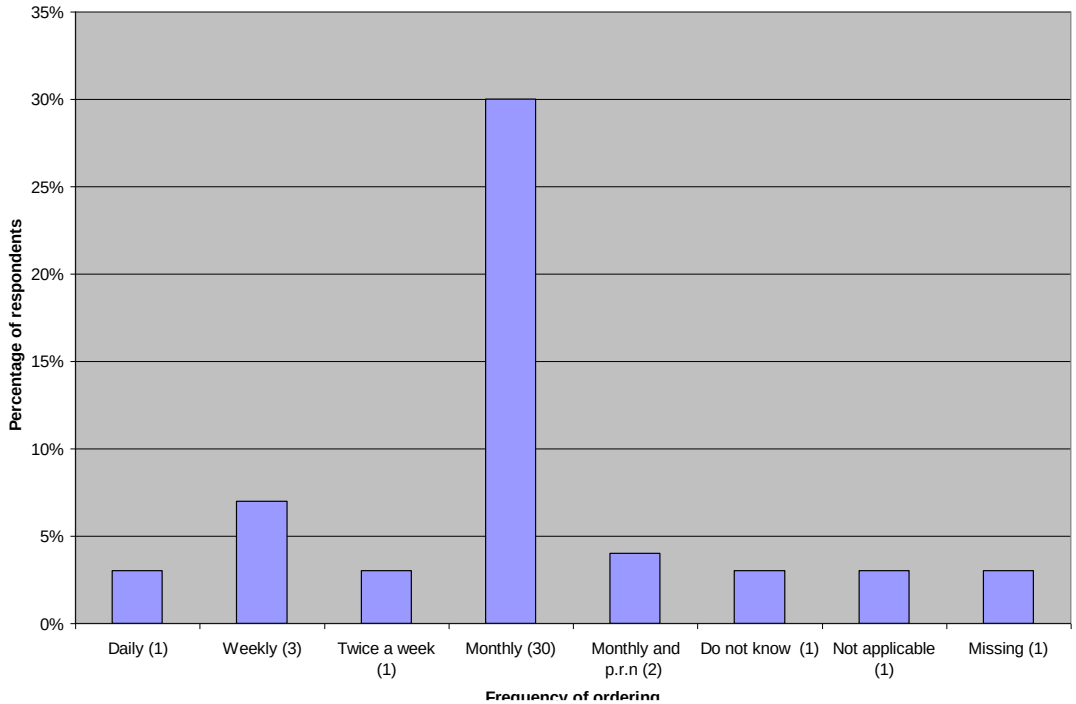



Figure 4.6 indicates variation in ordering time of respondents. Most of the respondents 74% (30) order their supplies on a monthly basis or monthly and as needed 5% (2). Other respondents order either weekly 7.5% (3) or twice a week and daily 2.5% (1) each. These difference in ordering time can influence supplies provided to the PHC health workers because those who wait for a month to order could run out of their resources but because of the administrative procedures of ordering per month they can not order any more if

need arises. It could possibly influence the availability of supply. Administrative procedures have to be applied that will ensure continuity of supply (GRN 1995:25).

### 4.4.2.2 Place were supplies are ordered

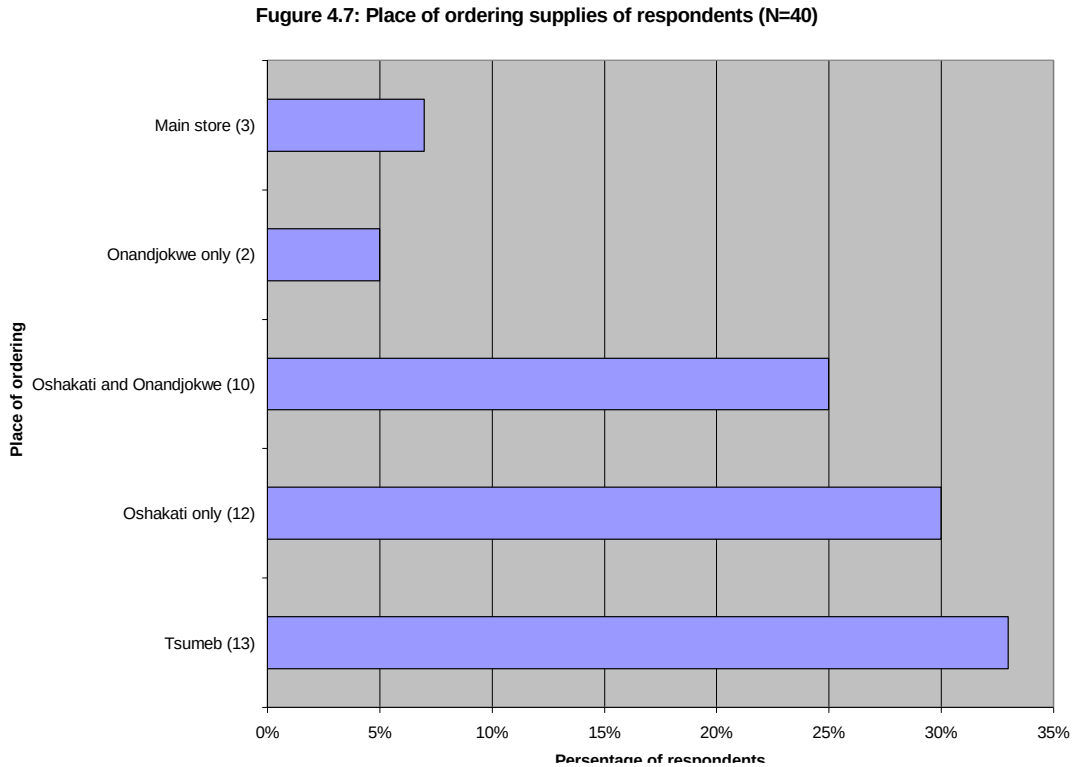
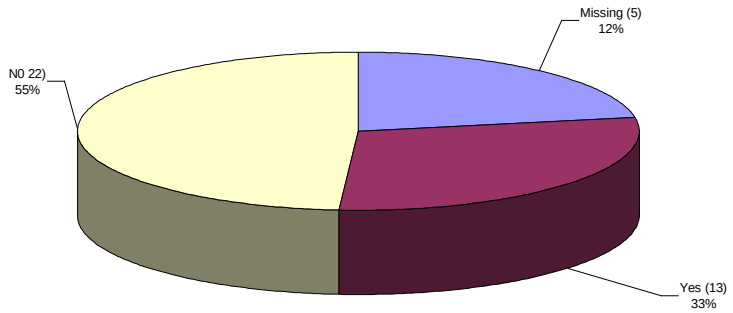



Figure 4.7 reflects the place were respondents order their supplies. Twenty five percent (12) order their supplies from Oshakati, 33% (13) from Tsumeb and 25% (10) from Oshakati and Onandjokwe while 5% (2) order from Onandjokwe only and the rest 7% (3) order from the main store. This data is an indication that Primary health care workers in Onandjokwe district have different places were they order their supplies. This differences can have both good or bad effects on material support, good effects in the sense that ordering from different places could help to prevent the depletion of stock because only a small number of health workers who are ordering from that particular place but it can also have bad influence since all places might not provide this services equally as required. To order from one place is also having good and bad effects. For instance it could be that the place where supplies are ordered from is not supplying the required

material as planned or something happens that prevents the system to operate smoothly in which case the health workers obtain his or her materials from this place will suffer

### 4.4.2.3 Availability of all supplies at health facilities

**Figure 4.8: Availability of all supplies at health facilities. (N = 40)**




Data reflected in Figure 4.8 indicates responses regarding the availability of supplies. Fifty-five percent (22) of the respondents indicated that supplies are not always available whereas 33% (13) of them indicated the opposite. The big number of respondents who indicated that supplies were not always available could mean that supplies are not adequate to PHC health workers in Onandjokwe District. This will affect obviously their service provision. The PHC workers could not work if they do not have equipment and supplies needed (Mbombo 1995:44).

### 4.4.2.4 Reasons why all supplies are not available at health facilities.

This item sought to determine the reasons why supplies are not always available at health facilities. Data reflected in Table 4.6 are the responses from the respondents why supplies are not available:

| Table 4.6 Reasons why all supplies are not available | |
|---|---|
| **Reasons** | **Frequency** |
| Resources are not in stock at time of ordering | 22 |
| Supplies not arriving on time | 9 |
| Supplies received not enough | 5 |
| No money to order material | 1 |
| No transport to fetch supplies | 1 |
| No response | 2 |

According to data reflected in Table 4.6 above the main reason why supplies were not available. Fifty five present (22) of the respondents indicated that material were out of stock at the time of ordering, 22.5% said that supplies did not arrive on time other respondents (12.5%) indicated that supplies received were not enough whereas 2.5% indicated that there is no money to buy material or another 2.5% said that there is no transport to fetch them. Five percent did not respond to this item. Problems related to resources, such as money, personnel facilities transport are known scare commodities and affect performance. The district supervisor has the mayor role to play in assisting health workers to function within the given constrains and difficulties, by learning to adjust to these constrains and to handle them better while maintain the quality service (Mbombo 1995: 46).

## 4.4.2.5 Supplies regarded as a “must have” at PHC health facilities

| **Figure 4.7: Supplies regarded as a “must have” at PHC health facilities** | |
|---|---|
| **Response** | **Frequency** |
| Medications | 25 |
| Stationery | 18 |
| Medical equipments | 21 |
| Transport | 1 |

Most of the respondents come up with more than one reason for this item. Most respondents (62.5%) regarded medicine as a “must have” material while medical

equipment were regarded as such by more than a half of the respondents (52.5%). Less than a half of the respondents (43%) said stationary were a “must have” material. Some respondents (8%) did not respond to this question. This data indicate that medicine stationary and medical equipment are the highly regarded as “must haves” for Primary health care.

### 4.4.2.6 Supplies regarded as a “must haves” received always by respondents

**Table 4.8 Supplies regarded as a “must haves” received always by respondents**

| **Supplies** | **Frequency** |
|---|---|
| Medication | 19 |
| Stationary | 14 |
| Medical instruments | 9 |
| No response | 8 |

Data reflected in Table 4.8 above indicate that respondents received only the material which they regarded as “must have” material for PHC. Thirty five percent (35%) received stationary and (22.5%) received medical equipment separately. No respondents indicated that he/she received all the material regarded as ” must haves” required for PHC, although data in Figure 4.8 shows that the material regarded as “must haves” are the same as that promote PHC indicated in Table 4.9 with the exception of transport.

### 4.4.2.7 Resources regarded by respondents as promoting Primary health care

**Table 4.9 Resources regarded by respondents as promoting Primary health care**

| Response | Frequency |
|---|---|
| Medicine | 15 |
| Stationary | 12 |
| Medical equipment (thermometers, baumanometers, stethoscope etc) | 15 |
| Transport | 8 |
| Staff | 2 |

Data reflected in Table 4.9 shows that, medicine and medical equipments are still regarded as promoting Primary Health Care most. This indicates that there is a correlation between what the health workers regarded as must have" resources and material what they receive when they ordered.

### 4.4.2.8 Resources regarded as inhibiting Primary health care services

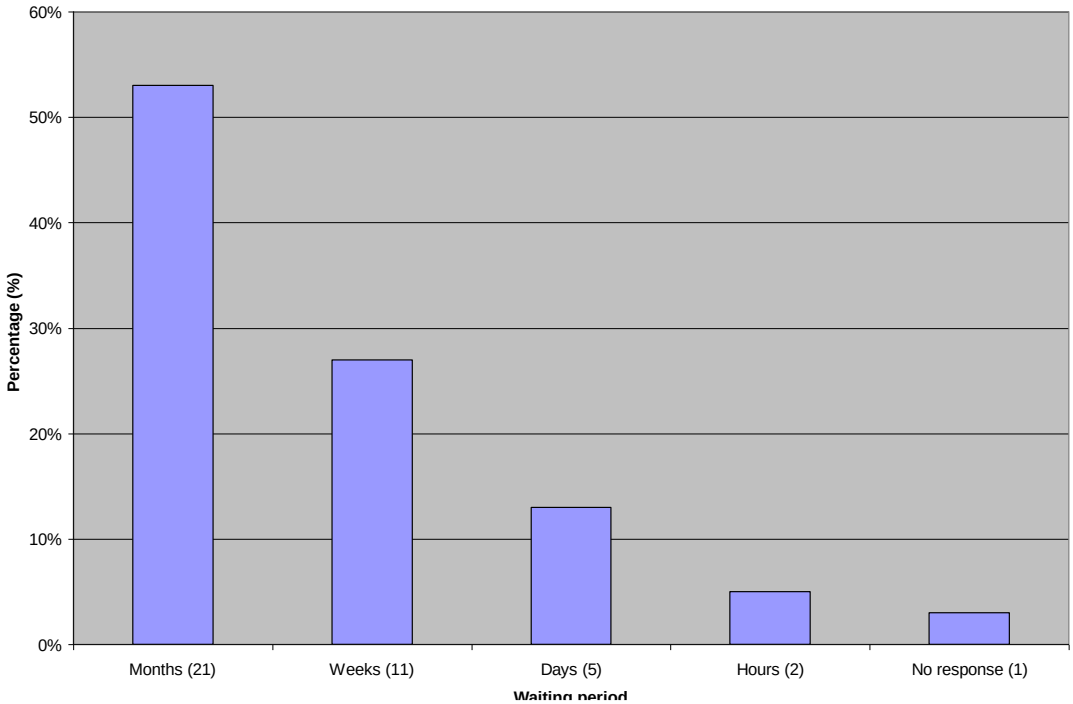
| **Table 4.10 Resources regarded as inhibiting Primary health care services** | | |
|---|---|---|
| **Responses** | **Frequency** | **%** |
| Shortage of staff | 17 | 42.5% |
| Lack of stationary | 15 | 37.5% |
| Shortage of medication | 2 | 5% |
| Not enough medical equipments | 6 | 15% |
| Total | 40 | 100% |

In Table 4.10 are responses regarding materials seen by respondents as inhibiting the smooth running of Primary Health Care. Nearly half of the respondents (42%) indicated that shortage of staff inhibit the smooth running of PHC whereas lack of stationary were indicated by 37.5%, not enough medical equipments by (15%) while shortage of medication by (5%). Data reflected in table 4.9 and 4.10 if those materials are not provided they inhibit the provision of services required. Resources are essential for a health care system functioning. Availability of essential drugs and other supplies must

correspond to the prevailing pattern of health problems in the area (Tarimo & Webster 1991:79).

### 4.4.2.9 Waiting period for supplies to arrive at the health facilities

**Figure 4.9: Waiting period for supplies to arrive at health facilities (N = 40).**




About the question on how long the respondents have to wait for their supplies to arrive, most respondents (55%) said that they waited for months, 27.5% of the respondents waited for weeks, all this indicate a delay on supply provision for those who are in remote areas. Some (12.5%) are waited for some days whereas 7.5% of the respondents said that they waited only for some hour those who are in PHC Department.

### 4.4.2.10 Comments of respondents on supplies

**Table 4.11 Comments of respondents on supplies**

| **Response** | **Frequency** | **%** |
|---|---|---|
| Sometimes material are not enough | 20 | 50% |
| Need improvement in ordering system | 2 | 5% |

| | | |
|---|---|---|
| Supplies do not arrive on time | 12 | 30% |
| Transport to be allocated to health facilities to collect supplies | 2 | 5% |
| No answer | 4 | 10% |

Based on Table 4.11, 50% (20) of the respondents indicated that the material they received were not enough and 30% felt that the supplies did not arrived on time. Five percent (2) each indicated that there is a need of improvement in ordering system and transport should be allocated to the health facilities to collect supplies.

It is necessary to make supplies available to health facilities on a priority basis (Ranken at al 1996:250).

Overstock and fraud need to be tackled immediately. If there is insufficient money to buy necessary goods and supplies, budget allocation may need reviewing

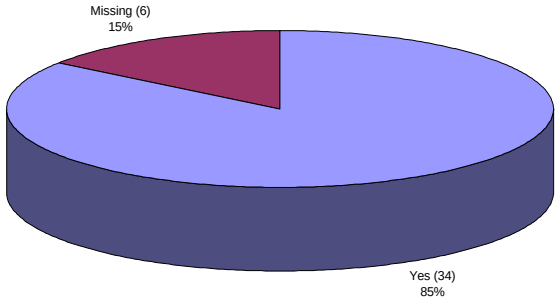
Rendering of effective PHC services depend on the availability of essential equipment as well as adequate building and reliable transport.

### 4.4.3 Education/Training

The availability of education and training to PHC workers are determined under the following topics: availability, frequency, ability to attend, type of training, benefits and relevance of the training.

## 4.4.3.1 Availability of in-service training to respondents

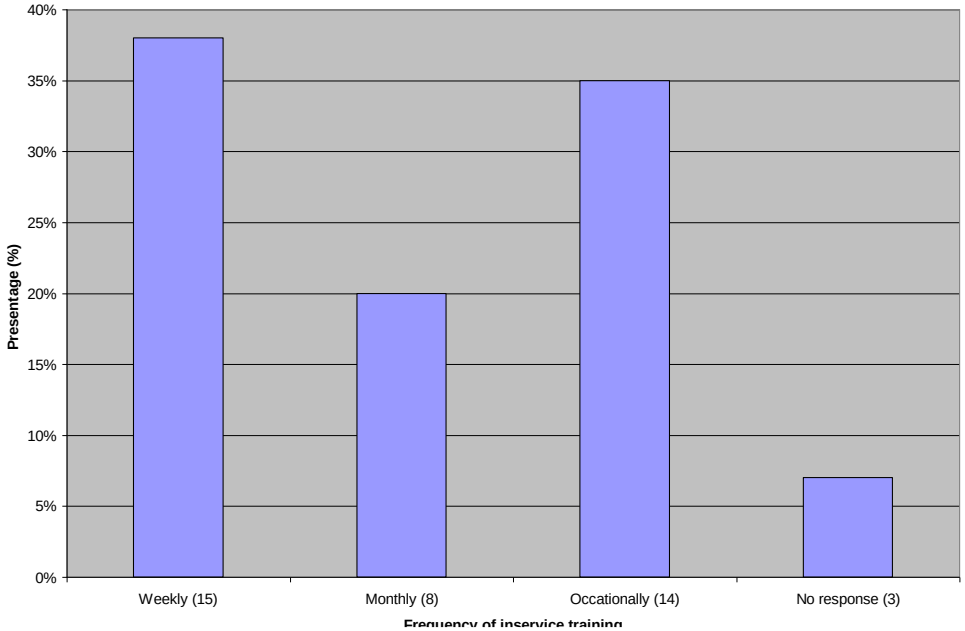
**Figure 4.10: Avaialbility of inservice training in the health facility or else where (N = 40)**




Eighty five percent (34) of the respondents indicated that in-service training is offered in their health facilities but the rest (15%) did not respond to this question.

## 4.4.3.2 Frequency of in-service training

**Figure 4.11: Frequency to offer in-service training in health facility or else where (N=40)**



This item was to determine how often the in-service training was offered. Most respondents indicated that in-service training was offered weekly (37.5%) while 34% of the respondents said occasionally and 20% responded that it was offered monthly. The rest (7.5%) of the respondents did not respond to this item.

Training refers to the extension of knowledge for the specific purpose of filling a given position and to ensure that the work involved can be performed effectively. It is aimed at practical application of knowledge as well as at the development of specific behavioral patterns attitude and motives with the view to achieving relevant goals (Cheminais et al 1998:79).

Health workers also have to see their work as training task (Ranken 1996:234).

When a new employee is placed in a new work situation whether as a result of appointment, promotion transfer or re-assignment, he should be introduced formally to the officials with whom he/she will work (i e his/her colleagues) as well as to the new environment. The reception which new staff receives will determine his/her attitude towards her employer/supervisor and colleagues. Supervisors should be prepared to receive new staff (Cloete 1998:239).

### 4.4.3.3 Ability for respondents to attend in-service training.

**Fufure 4.12: Ability for respondnets to attend in-service training (N=40)**

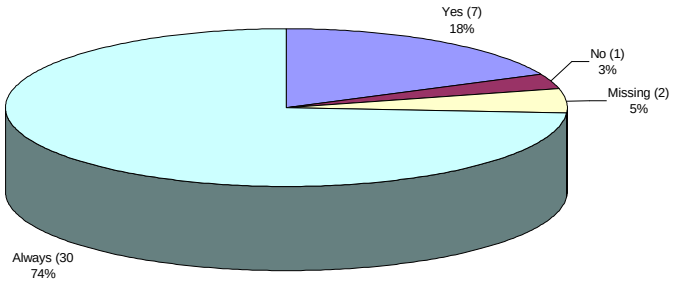


Figure 4.12 indicate that the majority of the respondents (74%) are always able to attend in-service training although 18% of the respondents only sometimes when they are invited or their work programme allows them to attend. Three percent (1) respondent indicate that he is not able to attend and 5% (2) did not answer this question. Although 74% of the respondents said they are attended in-service training always this does not reflect adequate support because of a significant number of the subject (2.5%) who indicated that they were not able to attend whereas 5% did not answer this question. It is important that all health care workers are able to attend in-service training to gain the necessary knowledge and skill they need during service provision For quality care there needs to be a training plan for every worker in the district as well as ideas of which aspect of the work they need to learn as well as skill they need to develop (Amonoo-Larston et all 1996:232).

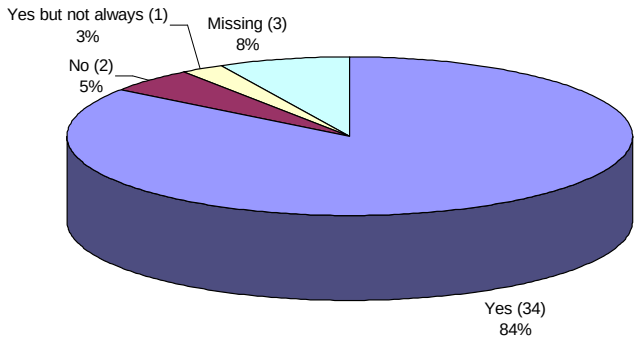
### 4.4.3.4 Types of training offered to respondents

| . **Table 4.12 Types of training offered to respondents** | |
|---|---|
| **Responses** | **Frequency** |
| Diseases prevention and management | 32 |
| Health service management | 2 |
| Disease surveillance | 22 |
| Health information system (HIS) | 1 |
| No response | 2 |

As reflected in Table 4.12 most of the respondents (80%) were trained on diseases prevention and management, while 55% received training in diseases surveillance, 5% in health service management and 2.5% in HIS.

## 4.4.3.5 **Relevancy of in-service training to PHC health workers**

**Figure 4.13: Relevancy of in-service training for PHC workers (N = 40)**




The data in Figure 4.13 indicates that the training offered to the respondents is relevant indicated by 84% of the respondents and therefore it is likely that the training offered will enable the rendering of quality care. For 8% of the respondents, the training offered to them was not always relevant. Although it could be difficult to offer relevant training to all health workers it is only relevant training that serve as support to PHC worker and those are training that suppose to be offered

### 4.4.3.6 Why in-service training is relevant

| **Table 4.13 Why in-service training is relevant** | | |
|---|---|---|
| Response | Frequency | % |
| Improve knowledge and skill to render quality care | 28 | 70% |
| Improve work organization | 8 | 20% |
| Serve as community mobilization | 2 | 5% |
| No response | 2 | 5% |
| **Total** | **40** | **100%** |

In Table 4.13 above are responses to why respondents say that the training offered is relevant. All (70%) indicated that training provided them with knowledge and skills that enable them to render quality care. People work more effectively if they have clear notions of areas of responsibilities and have been trained or given the opportunities to learn about the task they have to carry out (Amonoo-Larston at, Ebrahim, Lovel, Ranken 1994:119).

### 4.4.3.7 Benefit respondents receive from in-service training.

**Table 4.14 Benefit respondents receive from in-service training.**

| Benefit | Frequency | % |
|---|---|---|
| Knowledge and skills | 20 | 50% |
| Self development | 16 | 40% |
| No response | 4 | 10% |
| **Total** | **40** | **100%** |

Table 4.14 indicates that 50% (20) of the respondents benefit increased knowledge and skills from in-service training they attended whereas (40%) of the respondents benefit self development although 10% (4) did not respond to this item. Based on the findings above, most in-service trainings offered to Primary health care workers in Onandjokwe District served as a support although not the same kind of support to all. In-service trainings for nurses should be strengthened and expanded to ensure that nurses get adequate input from training to improve their clinical skills. (GRN1995:50).

### 4.4.3.8 Workshops

### 4.4.3.8.1 Availability of workshop-lists at health facilities.

**Figure 4.14: Presence of workshop list in the health facility (N = 40)**

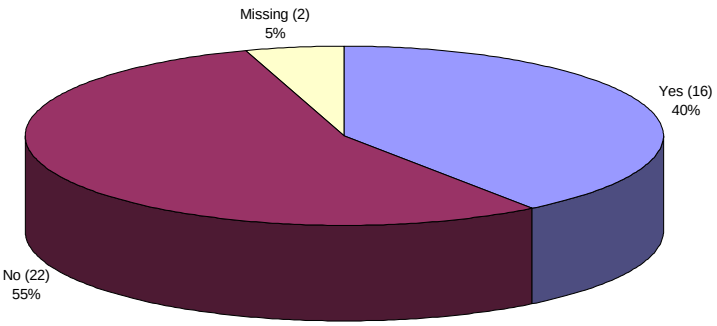


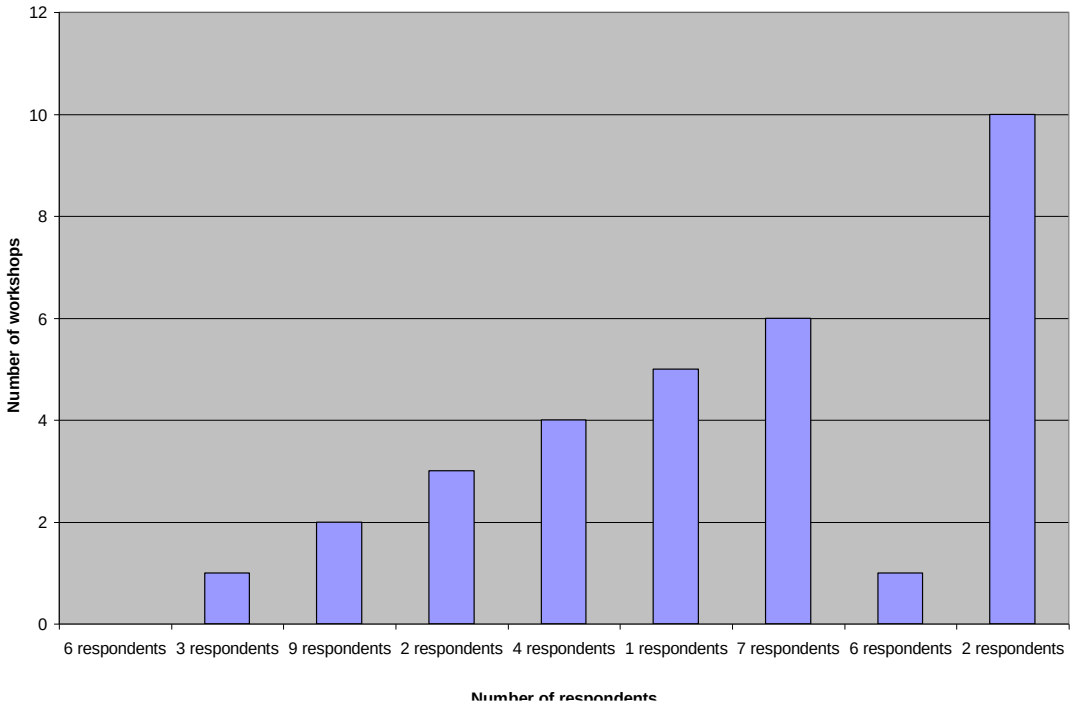

Figure 4.14 above, reflects that 55% (22) does not have any list. The notice for workshops attendance is only available to 40% (16) respondents whereas 5% (2) did not answer this question.

### Item 4.4.3.8.2 Means of being informed about workshops

On this item respondents came up with different answers regarding invitations to attend workshops. From all the respondents (34%) are informed verbally/in person by their supervisors. (14 %) of the respondents were informed telephonically 40% are lists of workshops in their health facilities. Five percent received invitation letters and 2% each received faxes. The differences in the methods used to invite the health workers to the workshops could have effect on the workshop attendance and in turn this will affect the support they could get from workshops.

## Item 4.4.3.8.3 Number of respondents and workshop they attended within the last 2 years

**Figure 4.15: Number of respondents and workshops attendend in the last 2 years**




Data in Figure 4.15 indicates that some of the respondents (10%) had attended 6 workshops in two years time. There are two respondents who had attended 10 workshops; while another 15% (6) had not attended any workshop within the last two years i.e. 2002/2003.

## 4.4.3.8.4 Benefits from attending workshops.

| **Table 4.15 Benefits from attending workshops.** | | |
|---|---|---|
| Response | Frequency | % |
| Knowledge and skills on how to deal with diseases and health problems | 38 | 95% |
| Encouragement and motivation | 2 | 5% |
| **Total** | **40** | **100%** |

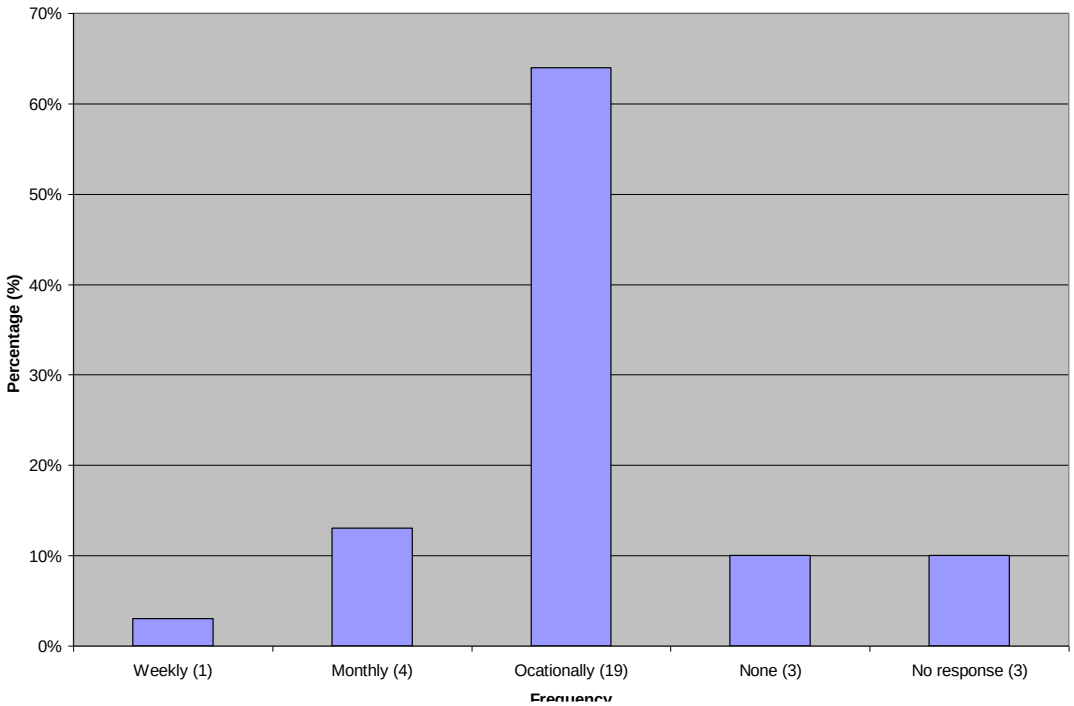
Ninety five percent (38) of the respondents indicated that they were benefited increased knowledge and skills from attending workshops while 5% benefited by been encouraged and motivated. Based on the responses above workshop attendance is an important support that strengthening the knowledge and skill of the Primary health care workers and serve as encouragement and motivation to do better.

### 4.4.4 Supervision

Another support which was evaluated was supervision and was done under the following headings: Supervisory visits, Support offered during supervisory visits and kind of support the health workers get from supervisory visits.

## Item 4.4.4.1 Supervisor visits

**Figure 4.16: Frequency of supervisory visits recieved at health facility**



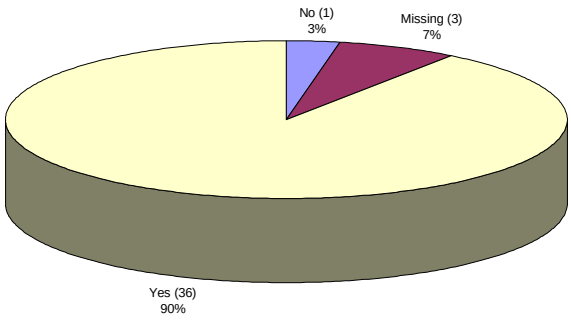

As indicated in Figure 4.16 about 48% (19) of the respondents got supervisory visits occasionally (only when there was time). However 35% (14) received supervisory visits monthly, 3% (1) weekly while 7% (3) indicated that they did not receive such visits at all

another 7% (3) did not answer this question. It is an indication that supervisory visits are done on a irregular basis. The need arise to identify the causes of this poor supervision that could be investigated so that this support can reach all PHC health workers in the district

Supervision should be regular, planned collectively at the RHMT level and should be done using a checklist provided by the Ministry of Health and Social services (GRN 1995:50).

## Item 4.4.4.2 Support offered during supervisory visit

**Figuire 4.17: Responses whether support is offered by supervisory visits (N=40)**




This item was identifying whether the respondents receive any support from supervisory visits. Ninety percent (36) of the respondents indicated that they were getting support from those visits which are a good achievement, while 3% (1) said they did not get any support from supervisory visits and 7% (3) did not respond to this question.

A supportive approach to supervision should include strategies to improve the nurse's performances and maintain and improve the quality of health care at district level. Support supervision is aiming at providing guidance, advice help and to teach and motivate workers in the field with a view to enhancing their performance and thereby improving the delivery of health services. (Mbombo1995: 45; Booyens 2002:26).

### 4.4.4.3 Kind of support respondents get from supervisor visit.

| **Table 4.16 Kind of support respondents get from supervisor visit.** | |
|---|---|
| **Response** | **Frequency** |
| Encouragement and motivation | 27 |
| Information on new development | 14 |
| Discuss problems | 8 |

On this item more than one respondent came up with the same response

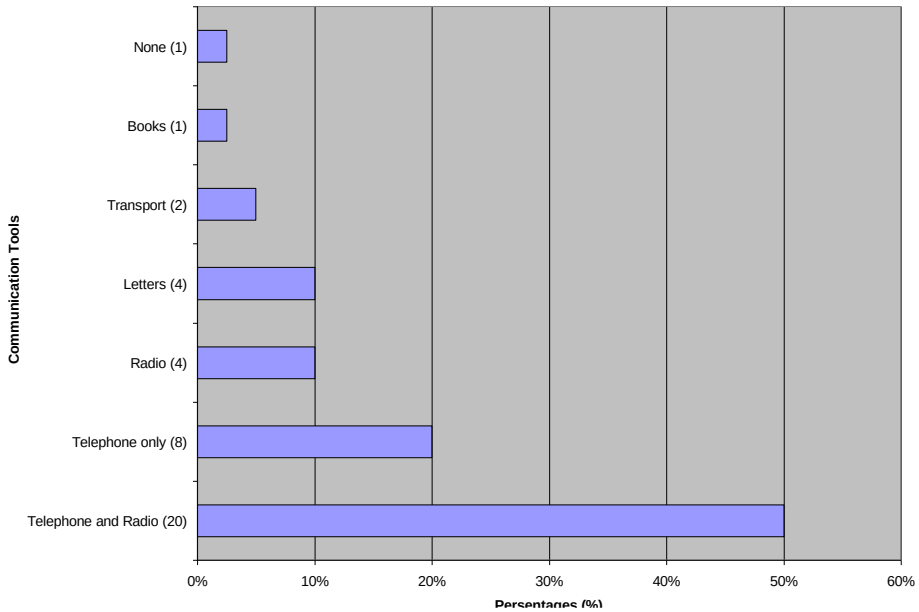
Table 4.16 above indicate the kind of support the respondents get from supervisory visit Most indicate that they are getting encouragement 67.5% (27) as well as information on new developments 35% (14) respondents. Although the study was concentrated on material support respondents came up to indicate supervisory support offered them with social psychological support but on the other hand it can be that material they receive from supervisory visit make them to feel socially or psychologically supported.

## 4.4.5 Communication tools

Item 4.9 dealt with the collection of data on the means of communication which the Primary health care workers in Onandjokwe district and the responses are indicated in Figure 4.18 below:

## 4.4.5.1 Communication tools.

**Figure 4.18 Communication Tools (N = 40)**




As indicated by Figure 4.18 most of the respondents 80% (32) communicate through telephones and radio 49% (20). This indicates that the main communication tools available for primary health care workers are radios or telephone. However, some health workers use letters (10%) and messengers with transport office (5%) respondents. Primary health care workers should be supported even if they are a distance away from their supervisors or other people involved. This is only possible if the have means of communication this is what Vlok (1996:34) has stated that health centres and clinics should be connected by telephone or radio and the transport systems to referral hospital with which it is affiliated.

### 4.4.5.2 Working capability of communication tools

On the question as to how the communication means work, most respondents (57%) indicated that the communication was available sometimes. More than half of this number (35%) said that they did not have a problem with their communication while 2.5% said communication was not available at all. were as 5%(2) did not respond to this question.

### 4.4.5.3 Comments of PHC workers on their communication tools.

**Table 4.17 Comments of PHC workers on their communication tools (N= 40)**

| Comments | Frequency | % |
|---|---|---|
| Radio communication is were not always available | 27 | 67.5%% |
| Telephone communication were regarded as the best communication and needed at all the health facilities | 14 | 35% |
| Transport is needed | 1 | 2.5% |
| **Total** | **40** | **100%** |

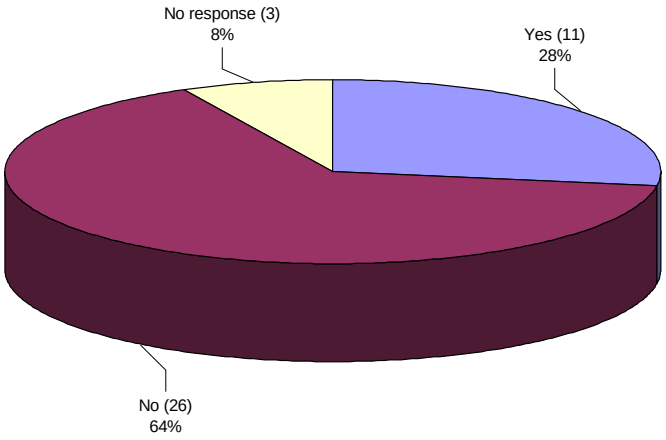
Table 4.17 reflects the comments of the respondents on the means of communications. Radio communication is commended as weak and not always available by 67.5% of the respondents while 03% said telephone communication was necessary at all health facilities. Some of the respondents 2.5% need transport as mean of communication. This is an indication that support in terms of communication tools is not readily available in Onandjokwe District and need attention because health workers are working in isolation and they should to communicate as needs arise during their service provision.
Health centres should have radio contact with a referral hospital (base) hospital to which cases could be referred and should have a 24 hours emergency service (Vlok 1996:34).

## 4.4.6 Transport

Transport was one of the resources looked into in this study as discussed below under the following headings: Transport availability, how services that need transport are been carried out and the views of respondents on transport support.

### 4.4.6.1 Transport availability

**Figure 4. 19: Availability of transport at health facilities (N = 40)**




For most of the respondents 64% (6) there is no transport available, transport is only available for 26% (11) of the respondents. This is inadequate support that could affect the service provision of the Primary health care workers. The reason should be determined and solution is needed to solve this problem.

### 4.4.6.2 How services that need transport are being carried out

Most of the respondents 60% rely on transport from Onandjokwe hospital, 13% rely on any nearest health facility for transport and 2.5% of the respondents use community transport and tell client to get private transport to take them to the referral facility. There seems to be no reliable transport for all health facilities. Lack of transport can have bad consequences such as delay of supply delivery and inability to provide referral services.

### 4.4.6.3 Views of respondents on transport support

| Table 4.18: Views of respondents on transport support | | |
|---|---|---|
| **View** | **Frequency** | **%** |
| Transport is essential | 27 | 67.5% |
| Transport take long time to arrive | 12 | 30% |
| Financial support is needed together with the transport | 1 | 2.5% |
| Transport is most of the time broken and not repaired on time | 6 | 15% |

Table 4.18 indicates that (67.5%) of the respondents said there is need of transport while 30% said that transport take long time to arrive. Support in form of transport in Onandjokwe District is inadequate. It is difficult for the primary health care workers to cope in such a situation. It also raises questions whether there is something that is been done to improve this support.

It is self -evident that it will never be feasible to make PHC service accessible to all inhabitants of Namibia without relying heavily on a fairly extensive transport and communication system. Every PHC health facility should therefore have a telephone or radiophone to enable it to call for ambulance, obtain clinical advice and other emergency supply.

The number and type of vehicle depends on factors such as: the population requiring PHC services; number of health workers rendering the service; population density; number of health facilities and size of district to be covered as well as type of roads to be used. (GRN1995:25).

Transport should be available even at night at health centres to cater for serious ill patients who need to be sent to the referral hospital (Vlok 1996:34).

## 4.4.7 Financial support

The last item that was evaluated was financial support. This support was indicated as available by 5% of the respondents. For 52% of the respondents there was no financial

support. 17% lack information on this support while 13% indicate that it was not applicable to them. Responses to this item made the researcher to think that respondents have regarded financial support as support in form of money to be allocated to each health facility only. The answer need still further study.

### 4.4.7.1 Other means of funds available for the PHC health facility

This item was to determine other means of fund available to the PHC health facilities, 47% (19) respondents indicated that there was other fund available for their health facilities and 5% (2) indicated that there were donors for their health facilities. Seventeen percent (7) of the respondents indicated that it was not applicable to them to know about it, while 5% (2) does not have any idea about any fund available to their health facility. and 17.5% did not respond to this question.

### 4.4.7.3 Comments on financial support

**Table 4.19: Comments on financial support**

| **Response** | **Frequency** | **%** |
|---|---|---|
| Financial support is not enough | 23 | 57.5% |
| There is a need for own budget for each health facility | 10 | 25% |
| No idea about the financial support | 7 | 17.5% |
| Total | 40 | 100% |

Table 4.19, above, reflects the comments on financial support where the majority (57.5%) indicated that financial support is not enough while 17.5% does know how much and the nature of financial support they receive The financial support offered to primary health care workers in Onandjokwe District is not adequate

There is a lack of information about financial support among the primary health care workers in Onandjokwe District that need to be addressed to enable them to know whether they are receiving financial support or not.

According to WHO, approximately 5% of financial resources of health care should be spent on Primary health care (CES 2000:10). Other non-governmental sources of income in the form of grant from aid and development agencies. Missions can be an important source of finance perhaps related to individual or special projects. These sources of income should be maintained or secured by having specific goals, action plan, and resources needed and financial budged (Amonoo-Larston, Ebrahim, Lovel & Ranken 1996:242).

## 4.5 Summary

This chapter consists of series of tables and graphs representing the results of the study as well as comments on the findings as per each kind of support and include the following: Part A was about the valuation of personal particulars of the respondents. They were both males and females. Age distribution of respondents ranging between 20years to 60 years . Their qualifications were registered nurses/ midwife enrolled nurse/ midwives medical assistants and nursing assistants. They duration at present health facility range between less than two years and more than ten years

Part B is about the particulars of the health facilities were the study was conducted and data on the views of respondents on the structure of the health facilities were collected

Part C included the data about the availability, relevance and efficiency of the following support offered to Primary health care worker: human resources their education, equipment and supplies, supervision, communication tools and financial support

# CHAPTER 5: CONCLUSIONS, RECOMMENDATIONS AND LIMITATIONS

## 5.1 INTRODUCTION

In the orientation chapter (chapter 1) a number of problems were discussed which raised doubt about the support that is provided to PHC workers in the Onandjokwe district. These problems can be extremely dangerous or risky where the provision of PHC services in the Onandjokwe district and the region at large is concerned. However, problems can also be an advantage because they can encourage professionals to investigate the problems and come up with recommendations on how to solve them.

PHC is an integral part of a country's comprehensive health care system and has been an inspiration to many people in the world. The momentum that has to be maintained in achieving the goal of health for all is more relevant than ever before (Ntoane 1993:36 as cited in Iita 2000:31).

## 5.2 CONCLUSIONS BASED ON THE OBJECTIVES

Several objectives were set to investigate aspects that could contribute to achieving the objectives:

- To determine the support that the Ministry of Health and Social Services provide to PHC workers in the Onandjokwe district,
- To assess the availability and relevance of the support provided to PHC workers in the Onandjokwe district
- To describe the factors that inhibit or promote the provision of support to PHC workers in the Onandjokwe district

The specific objectives of the study and the conclusions on each objective are presented as follows:

**Objective 1**

- To determine the support that the Ministry of Health and Social Services provide to PHC workers in the Onandjokwe district,

**Human resources**

PHC workers in the Onandjokwe district are predominantly female. They are registered nurses, enrolled nurses, nursing assistants and medical assistants. Based on the requirement of the post allocation to health facilities for The Ministry of Health and Social services as the allocated posts per health facilities are enough. The additional situation of the fact that there was no staff to fill all vacant posts is an indication of inadequate support in human resources. Staff preparation before placement was found to be inadequate. Of the number of respondents (40) who answered this question, 17% indicated that they were not prepared. Others, who indicated that they were prepared, said no standard method of preparation was used for all the health workers. There was no induction programme for PHC workers who were allocated to PHC settings. It is important to prepare staff before placement at a health facility because if they are unprepared, they will be unfamiliar with the health facility itself and the activities that should be carried out in the particular facility. All this will have a negative influence on their performance.

**Equipment and supplies**

Although all the PHC workers had a schedule for ordering supplies for their health facilities, it did not cater for emergencies. Respondents indicated that most of the time supplies that had been ordered were out of stock and this led to insufficient supplies being received. Only some health care professionals were able to order their supplies means that those who are not able to do so are not equally supported as the others from different places, depending on which place was closest to the health facility. Ordering was done on a monthly, twice a week or weekly basis. Most of the PHC workers were only able to order their supplies monthly from Oshakati, Onandjokwe and Tsumeb. Based

on the data in figure 4.7, 7.5% of the respondents were able to order supplies weekly, 2.5% twice a week and the majority of the respondents (30%) ordered monthly. Standard guidelines for ordering put in place does not serve all health care workers equally and would lead to differences in provision of the service depending on the availabilities of supplies and these should therefore be put in place.

**Education and training**

Eighty-five percent (34) of the respondents indicated that no in-service training was available in their health facilities or elsewhere where they could attend. The in-service training that was offered took place on an irregular basis or only sometimes. The training that was offered was relevant to the PHC activities and included case management, health service management, and disease prevention and surveillance. PHC workers were invited to attend workshops (although not all of them). The methods that were used to invite them to attend the workshops were: workshop lists, oral invitations, invitations conveyed over the telephone or by fax, and invitation letters. Supervisory visits took place occasionally. However, 92% (36) of the respondents indicated that they benefited from those visits. Although in-service education existed, it was done on an ad hoc basis and the strategy of extending invitations left much to be desired. Unscheduled supervisory visits should be organized to serve all health care workers regularly and frequently as needed. in quantity (Mbombo 1995:32).

**Communication tools**

The following communication tools were made available to the PHC workers in the Onandjokwe district. Telephone communication was always available to 49% (20) of the respondents and others communicated either by radio or by letter. These kind of communication is inadequate and can delay the message to reach the receiver on time If messages are delayed than it has bad influence on the service provided

**Transport**

Transport was shared among the facilities, was not always available, was often delayed and was not always in a good condition. Inadequate transport support delays the services and can cause harm to the clients and health care workers in particulars

**Financial support**

The study concluded that PHC workers did not have enough information about the financial support that was available to them. Thirteen percent (5) of the respondents had no idea of the financial support of their health facilities, 10% (5) thought it was irrelevant to have knowledge about the financial support offered to them and 47% (19) indicated that their facilities had no other means of funding than government funds (only two respondents indicated that their facilities had donors). If professional health care workers do not have knowledge about the financial support provided to them they would not be able to plan collectly.

**Objective 2**

- **To assess the availability relevance and efficiency of the support provided to PHC workers in the Onandjokwe district**

**Human resources**

Staff allocation was also not satisfactory because there was a shortage of staff. There was no staff to fill vacant posts at five of the twelve (12) health facilities, which is an indication of inadequate support in the form of human resources. Staff preparation before placement was inadequate. The answers to this question show that 17% of the respondents indicated that they were not prepared. Others who indicated that they were prepared also indicated that no standard method of preparation was used for all the health care workers.

**Supplies**

The supply of material was very poor. Forty nine percent (22) of the respondents indicated that supplies they ordered were often not available. Most of the PHC workers were only able to order their supplies monthly from Oshakati, Onandjokwe and Tsumeb. Seven point five percent (3) of the health workers were able to order weekly and 2.5% (1) twice a week. The waiting period was too long and could take months or weeks. All this contributed to the fact that supplies were often out of stock at health facilities, especially if a limited number of supplies was ordered each time This also limited PHC workers in obtaining additional supplies when they found themselves without sufficient stock.

**Education and training**

Education and training were inadequate. Although 85% of the respondents indicated that they could attend in-service training at the health facilities or elsewhere, in-service training was offered occasionally.

Eighty four percent (34) of the respondents thought that the training was relevant and therefore it was only necessary to make it available to all the PHC workers who were supposed to receive it. The respondents indicated that they had been invited to attend workshops; although not to all the health care workers were invited. Some of the methods used to invite them were unreliable and sometimes they were unable to attend.
Supervisory visits took place occasionally. However, 92% (36) of the respondents indicated that they benefited from those visits. Supervisors should have a schedule for their visits because scheduled supervisory visits allow supervisors to plan their activities and give them time to offer the required support. If the PHC workers know that they will be visited, it will motivate them and they will feel supported.

**Communication**

Communication was poor. Although communication by telephone was seen as necessary, only 49% of the respondents had telephones and others communicated by radio, fax or letter. It is difficult to ask for support or to support each other by means of

communication if no communication tools are available. There should be proper planning for the provision of communication tools and improving communication by maintaining tools and providing those who do not have any means of communication.

**Transport**

Transport was inefficient and was not always available when it was needed: 64% of the respondents indicated that they had no transport. The only available transport was shared among the facilities, was not always available, and was often delayed and not in a good condition. This means that support in the form of transport was inefficient and was not always available when needed. Insufficient support in the form of transport can delay the provision of service by PHC workers and if it is not in a good condition, it can also be a danger. Ways to get additional transport, how transport should be distributed among the health facilities, and maintenance of all transport and transport finance should be planned.

**Financial support**

The financial support facilities received was very poor. PHC workers did not have enough information on financial support. Thirteen percent of the respondents did not have sufficient information, 10% (5) did not view this knowledge as relevant and 47% (19) indicated that their health facilities had no other means of funding than government funds (only two respondents indicated that their health facilities had donors). PHC workers should therefore be provided with information on what financial support is and what their responsibilities are in this regard.

**Objective 3**

- To describe the factors that inhibit or promote the provision of support to PHC workers in the Onandjokwe district

The following factors were identified as inhibiting the support PHC workers receive in the Onandjokwe district.

**Human resources**

The nursing posts that were allocated per health facility were not enough; some were still vacant and this led to a shortage of staff in some facilities. Poor policy implementation regarding the preparation of health care workers prior to placement at health facilities cause PHC workers to be unfamiliar with their environment and this can affect their performance.

**Equipment and supplies**

Most of the health facilities where the PHC workers worked their structures that prevented them from rendering the required service because they were either too small or too old, or not in a good condition. Facilities lacked the necessary infrastructures (e.g. electricity and telephones). Un-availability of supplies and equipment, and delays in the arrival of supplies, often prevented PHC workers from rendering the services. Lack of consistency in policy implementation in terms of ordered equipment and other supplies inhibited support in the form of equipment and supplies. Equipment and supplies may not be available to PHC workers all the time because they have to follow and adhere to the policy even if they are in urgent need of that support.

**Supervisory visits**

Supervisory visits were poor. This can cause PHC workers to feel isolated and they did not perform well because they have to work with unsolved problems.

Distance was an inhibiting factor, especially to supervisors who were not be able to conduct supervisory visits and return to the office to do other managerial activities on the

same day. Long distances between health facilities also lend to supervisory visits not be carried out frequently because it might took many day to finish one round of visits.

**Communication**

Communication was inadequate. If there is no reliable communication tools, PHC workers are not able to neither ask for help nor support each other when there is a need to do so. This has affected their performance because are able get advice on how to carry out their service. Inadequate communication tools resulted in a delay of messages to reaching PHC workers.

**Transport**

Transport was poor. Lack of transport delay provision of service by PHC workers and if it is not in a good condition, it is dangerous to the users.

If there is not enough transport support, there will be a delay in the delivery of supplies. PHC workers waited too long time for supplies to arrive and this delays them to carry out the service they would have carried out with the required support. Supervisory visits were not be carried out as planned, especially if the health facilities are a distance from each other.

**Financial support**

Financial support was very poor. Budget allocation was not always enough to facilitate the support PHC workers required. If facilities operate on a restricted budget, there will not be enough funds to pay for all the staff required at the health facilities. A restricted budget results in inadequate and poor physical structures which mean that health facilities will have inadequate space to accommodate all the required services, and inadequate human resources, transport, equipment and supplies. An inadequate budget will not enable PHC workers to maintain the transport allocated to them or to use it as required

because sometimes the amount of money allocated for fuel will not be enough. From the findings of this study, it is clear that PHC workers do not have enough information on the financial support that is available to them from the government or other sources; therefore they cannot priorities their needs. By excluding PHC workers from budgeting for their health facilities, they are prevented from generating other funds that can supplement government funds allocated to the health facilities.

The following factors were identified as promoting the support that is available to PHC workers:

**Human resources**

Adequate staff to provide the required services to the population they serve will enable PHC workers to provide quality care. This is only possible by allocating staff to fill all the post as per the staff establishment. Orientation programme for all new staff and orientation on all new developments should be provided through on the job training and workshops.

**Equipment and supplies**

There should be enough supplies to enable PHC workers to provide the required service. Policies regarding ordering procedures should be developed to allow PHC workers to order the needed supplies. Reliable transport should be provided to ensure that the supplies are delivered on time.

**Education and training**

Although 85% (34) of the respondents indicated that in-service training was offered in their health facilities or elsewhere where they could attend, it was not done according to the requirements indicated in the previous chapter. Eighty four percent (34) of the respondents regarded training as relevant and therefore it is necessary to make it available to all PHC workers. Although workshop lists were only available to 40% of the respondents, the rest of the respondents indicated that they had also been invited to the workshops – even though the methods of informing or inviting them to the workshops differed. Workshop lists should be made available to those who are invited. The methods that are used to invite the PHC workers to attend the workshops should not delay the invitations.

**Communication**

Reliable communication tools should be made available to PHC workers so that they can contact their supervisors if they need help. The communication tools should be serviced regularly to ensure that it works properly all the time.

**Financial support**

A budget that is adequate should cover all the costs and PHC workers should be involved in the budgeting process because they can offer their views on the budget and try to work according to it.

## 5.3 RECOMMENDATIONS FOR REMEDIAL ACTION

It is important to note that the support in form of resources from the Ministry of Health and Social Services provided to PHC workers was not regarded as available and relevant. The identification, description and evaluation of the support provide information that the management of the Onandjokwe district and other relevant stakeholders can use to improve the support provided to PHC workers in the Onandjokwe district to enable them to render quality care. The following recommendations should be used to improve the situation:

**Human resources**

In order to meet all the health care requirements, support should be offered in the form of human resources and also material resources, education and training, communication support, transport and financial support. All posts allocated to health facilities should be filled. This means that new staff should be employed, although staff allocation should be done on the basis of the population that has to be served and the services that are provided by each facility. The number of health workers per health facility should be increased and education and training, communication support, transport and financial support should be provided. The PHC workers themselves should always remind the district management about the problem of staff shortages at their health facilities. They should apply for additional posts and staff members so that whenever there are health workers available who are able to fill the posts, their requests will be considered. This issue should also be discussed with the supervisors of the health facilities so that they could assist in providing motivations for the applications.

**Supplies**

The structure of the health facilities should be improved. Additional rooms should be provided for health facilities that are small in size and old buildings, which have holes and is difficult to clean, should be renovated. The size of the clinic or health centre should depend on the range of services provided at the health facility (GRN 1995:31). The district supervisor should inform the district management about this and the issue should be discussed and included in the budget.

An effective supplies system is essential for the smooth running of each health facility. The range of goods and equipment that are needed is not so important, but the confidence that the right goods will be in the right place at the right time is crucial. Supplies should be made available to communities on a priority basis (Ranken & Ebrahim 1996:250).

Supplies should always be available in the medical stores. Materials that are regarded as "must haves" should be provided. Materials regarded as inhibitive should be taken care

of either by providing them if they are not available, improving them if they are inadequate or removing them if they are not needed. PHC staff should indicate what they need in writing to the supervisor and should suggest what is best for them to solve a particular problem so that it can be discussed. If it is relevant, it can be followed as a way of material supply.

The PHC workers should use the material that is supplied economically and should prevent wastage.

**Training**

The quality of the services provided at PHC facilities that are managed by nursing staff can be very good if the nurses are properly trained to meet the demands of their extended roles (Vlok 1996:33).

In-service training should continue on a regular basis in all the health facilities and should be provided to all the health care workers as needed.

Lists of workshops should be made available at all the health facilities to all the health care workers who are invited to attend and all the health care workers should be given a chance to attend workshops by taking into account the level of their qualifications.

When the district training coordinator committees invite or plan training or workshops, they should make sure that invitations are sent to all the districts and health facilities concerned.

Support supervision is aimed at providing guidance, advice and help. It should teach and motivate workers in the field with a view to enhancing their performance and should thereby improve the delivery of health services (Mbombo 1995:45). Supervisory visits to all health facilities should be done on a regular basis. A supportive approach to supervision should include strategies to improve the nurses' performance and should

maintain and improve the quality of health care at district level. All supervisors should come up with a schedule of their supervisory visits and should make it available to the health care workers under their supervision. They should plan this by taking into consideration the transport that is available to them in order to minimize having to postpone their visits. This can be done together with other visits.

**Communication**

Channels of communication through which messages are conveyed include verbal channels, one on one conversations, telephones, radios, dispatch interviews, meetings and conferences (Bennet & Hess 2001:82). All health care workers should have means of communications that always function. Vehicles that are broken should be repaired and health workers should be trained on how to maintain them. The district management committee should work together with the district supervisor to solve this problem. This will include the following: budgeting for new communication tools; arranging for technicians to repair tools that are broken and training PHC workers on maintenance.

**Transport**

Transport should be allocated to the health facilities. Health facilities which share transport should be nearer to each other and not all of them should use the transport of the referral facility. In this case only additional transport is required and should be budgeted for. This includes action that has to be taken by the person in charge of the health facility, the supervisor, the district committee and the regional committee. If vehicles are broken, they should be repaired on time. All available vehicles should be maintained and should be kept in a good condition. All services and repairs should be done on a regular basis. The drivers should be monitored by the transport committee members and they themselves should follow the rules and regulations for the use of vehicles.

**Financial support**

According to the WHO, approximately 5% of the financial resources allocated for health care should be spent on PHC (CES 2000:10). Other non-governmental sources of income in the form of grants from aid and development agencies, and missions can be important sources of finance – perhaps related to an individual or special project (Amonoo-Larston et al 1996:242).

It is the duty of all health care workers to be informed about the financial support that is available for their health facilities and what role they should play in the financial support offered to them by district management committees or district supervisors. If they are involved in budgeting, this could motivate the government to follow the WHO recommendations on finance allocation because every year the government budget allocated to the Ministry of Health and Social Services is cut.

## 5.4. LIMITATIONS OF THE STUDY

According to Burns and Grove (2001:47), limitations are restrictions in the study that may decrease generalizations of the findings. The fact that this study was done with PHC workers in a selected region in Namibia can be regarded as a limitation because generalizing the findings to all the PHC workers in the whole of Namibia may be questionable. The findings can only be generalized to PHC workers in the selected district in which the study was conducted.

The study population was too small because of the reason given in chapter 3. The researcher wanted to collect more information but this was not possible because some of the health care workers did not turn up. The researcher wasted time when she visited the health facilities again in the hope of meeting the individuals who did not get the questionnaire. Some respondents did not answer all questions which cause that some data were missing.

## 6. CLOSING REMARKS

The results of this study indicate the shortcomings in the support offered to PHC workers, which influence the provision of health services offered in the Onandjokwe district.

It is the hope of the researcher that the results of this study will not be viewed as criticism but as an indication that there are areas that should be improved in the provision of support in the form of resources offered to PHC workers in the Onandjokwe district. This calls for all the relevant stakeholders and district managers to be involved.

It is also hoped that the findings of this study will ensure that PHC workers will receive the necessary support to enable them to render quality care to the communities they serve.

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# ANNEXURE A

# COPY OF A QUESTIONNAIRE

**RESEARCH QUESTIONARE**

**TITLE:** SUPPORT IN FORM OF RESOURCES FROM THE MINISTRY OF HEALTH AND SOCIAL SERVICES AVAILABLE TO PRIMARY HEALTH CARE WORKERS IN ONANDJOKWE DISTRICT IN THE NORTH WEST HEALTH REGION, NAMIBIA

COMPILED BY: NESHUKU HANNA

STUDENT NUMBER: 961319

COURSE: MASTER IN NURSING SCIENCE

INSTITUTION: UNIVERSITY OF NAMIBIA

SUPERVISORS:

1. Prof. A. S. B. van DYK

2. DR S. IIPINGE

Dear participant,

The purpose of this questionnaire is to collect information for the purpose to explore and describe the support, in the form of resources that the Ministry of Health and Social Services provide to PHC workers in the Onandjokwe district, Namibia**.**

## 1.4 OBJECTIVES OF THE STUDY

The specific objectives of the study are:

- To determine the support that the Ministry of Health and Social Services provide to PHC workers in the Onandjokwe district,
- To assess the availability and relevance and efficiency of the support provided to PHC workers in the Onandjokwe district
- To describe the factors that inhibit or promote the provision of support to PHC workers in the Onandjokwe district

**INSTRUCTIONS**

1) Do not write you name on the questionnaire
2) Please answer all questions
3) Be open, honest and objective as this will determine the result of this study
4) The result will be available towards the end of (2004)

Your participation in this research is highly appreciated

Thank you

Yours faithfully

…….....

Hanna Neshuku

**RESEARCH QUESTIONNAIRE**

## PART A: Personal Particulars

**Number 1.1-1.5.make a cross in the appropriate column or fill in the necessary information in the space provided**

1.1. Your sex:

| | |
|---|---|
| Male | |
| Female | |

1.2. Your age group in years:

| | |
|---|---|
| 51-60 | |
| 41-50 | |
| 31-40 | |
| 21-30 | |
| 10-20 | |

1.3.1. Your qualifications:

| | |
|---|---|
| Registered nurse/midwife/community/psychiatry nurse | |
| Registered nurse/midwife | |
| Registered nurse | |
| Registered midwife | |
| Enrolled nurse/Enrolled midwife | |
| Enrolled nurse | |
| Nursing assistant | |
| Other nursing qualifications | |

1.3.2. If others specify……

1.4. Years working at your health facility:

| | |
|---|---|
| Less than 2 years | |
| Less than 5 years | |
| Less than 10 years | |

## 2. PART B: Particulars of the health facility

**Fill in the necessary information in the space provided or indicate if** yes **or** no

2.1.1. Does the physical structure (buildings) of your health facility allow you to perform your service as required?

| | |
|---|---|
| Yes | |
| No | |

2.1.2. If no why not?

……

……

……

## 3. PART C: Support:

## 3.1. HUMAN RESOURCES

**Number 3.1.1 and 3.1.2, make fill in the number in the appropriate column**

3.1.1. Post allocation according to the staff establishment of your health facility

| Post | Number |
|---|---|
| Registered nurse/midwife/community/psychiatry nurse | |
| Registered nurse/midwife | |
| Registered nurse | |
| Registered midwife | |
| Enrolled nurse/midwife | |
| Enrolled nurse | |
| Nursing assistant | |

3.1.2. Post filled according to the staff establishment of your health facility.

| Post filled | Number |
|---|---|
| Registered nurse/midwife/community/psychiatry nurse | |
| Registered nurse/midwife | |
| Registered nurse | |
| Registered midwife | |
| Enrolled nurse/midwife | |
| Enrolled nurse | |
| Nursing assistant | |
| Others | |

**Number 3.1.3 to 3.1.4 fill in the necessary information in the space provided**

3.1.3. What are your comments on the numbers of staff allocated to your health facility?

……

……

……

……

……

3.1.4. How were you prepared for your placement to this health facility

……

……

……

……

……

……

**3.2. MATERIAL RESOURCES**.

**Fill in the necessary information in the space provided.**

3.2.1. How often do you order your supplies? ……..……

3.2.2. From where do you get your supplies? ……..

3.2.3.1. Do you have all supplies you need in stock? Indicate if yes or no in the column provided

| | |
|---|---|
| Yes | |
| No | |

3.2.3.2 If no why not?

……

……

……

……

……..

3.2.4.1. Which material resources do you regard as a "must" have for PHC (place were you are working)

……

……

……

3.2.4 2. Which support in form of resources regarded as a "must" have (material or resources that should always be in your facility) are you getting?

……

……

……

……

……

3.2.5. Which support in form of resources do you regard as promotive in PHC activities?

……

……

……

……

3.2.6. What factors do you regard as inhibitive in PHC activities

……

……

……

……

3.2.7. How long do you wait for your supplies to arrive?

*Tick in the appropriate column*

| | |
|---|---|
| Months | |
| Weeks | |
| Days | |
| Hours | |

3.2.8 Provide your comment on material supplies in your health facility?

……

……

……

……

**3.3. EDUCATION/TRAINING.**

3.3.1. Is there in service training offered in your health facility or else where in your district

| | |
|---|---|
| | |
| | |

**Number 3.3.2 make a cross in the appropriate column**

3.3.2. How often are in-service training offered?

| | |
|---|---|
| Per week | |
| Per month | |
| Occasionally | |
| None | |

3.3.3. Are your able to attend in-service training that is offered in your health facility or else where?

| Yes | No |
|---|---|
| | |

3.3.4. What type of training is being offered? Fill in necessary information below

……

……

……..

3.3.5.1. Is the in-service training that has been offered relevant to you?

*Tick yes or no*

| | |
|---|---|
| Yes | |
| No | |

*For 3.3.5.1 to .3.3.6 fill in necessary information*

3.3.5.1 If no why not?

……

……

……

3.3.5.2. If yes why yes?

……

……

……

3.3.6. What do you benefit from the in-service training offered to you?

……..……..

……

……..

3.3.7.1. Is there any available list of the workshops to be held during the year in your health facility?……

*Tick yes or no*

| | |
|---|---|
| Yes | |
| No | |

3.3.7.2..If not, how do you get to know about it ……..

……

……..

3.3.8. How many workshops did you attend in the last two years……..

3.3.9. Which benefits do you get from attending those workshops that enable provision of quality PHC services?

**……**

**……**

**……**

**3.4. SUPERVISION**

**Number 3.3.5 and 3.3.6.make a cross in the appropriate column**

3.4.1. How often do you get supervisory visits?

| | |
|---|---|
| Per week | |
| Per month | |
| Per year | |
| Occasionally | |
| None | |

3.4.2. Do you get any support from those supervisory visits?

*Tick yes or no*

| | |
|---|---|
| Yes | |
| No | |

3.4.3. Name those support you get from supervisory visits

……

……

……

……

……

## 3.5. COMMUNICATION

3.5.1. Name any tool of communication available at your health facility

……

3.5.2. Are they in working order? ……..

*Tick in appropriate column*

| | |
|---|---|
| Always | |
| Sometimes | |
| Never | |

3.5.3. What are your comments on the means of communications available in your health facility

……

……

**3.6. TRANSPORT**

3.6.1. Do you have transport at your health facility?

……

……

3.6.2. If there is no transport service, how do you carry out services that need transport?

……

……

……

……

3.6.3. What are your views regarding transport support offered to your health facility?

……

……

……

……

**3.7. Financial support**

3.7.1. Is there any budget allocated to your health facility?

……

……

……

3.7.2. What are the other means of funds available for your health facility?

……

……

……

……

3.7.3. What are your comments on financial support available to your health facility?

# ANNEXURE B

# Application letter to the Permanent Secretary asking permission to conduct research study in Onandjokwe District, Oshikoto Region

**Ms. Hanna Neshuku**

**P.O. Box 1489**

**Ondangwa**

**13 February 2003**

**The research Committee of**

**The Ministry of Health and Social Services**

**Private Bag 13198**

**Windhoek**

**NAMIBIA**

**Sir/Madam**

***REQUEST FOR PERMISION TO CONDUCT A RESEARCH STUDY IN ONANDJOKWE HEALTH DISTRICT***

***TOPIC: EVALUATION OF SUPPORT AVAILABLE TO PRIMARY HEALTH*** **CARE WORKERS IN ONANDJOKWE DISTRICT IN THE NORTH WEST HEALTH REGION, NAMIBIA**

Here by I would like to ask permission to conduct the abovementioned study in Onandjokwe district

I am a registered nurse, currently employed by the University of Namibia: Faculty of Medical and Health Sciences as an assistant lecturer

I would like to further my study by following a course: Masters in Nursing Science through the Universality of Namibia

It is required to carry out a research project as part of my study
The study population will be all:
Registered nurses and midwives
Medical assistants
Enrolled nurse/Midwives
Enrolled nurses
Nursing assistant

This letter serves to ask permission to be allowed access tot all PHC health facilities for this study and also to collect data using questionnaire as an evaluation tool
The estimated period for data collection is as from 01 August 2003 to 30 January 2004

I enclosed (1) a copy of a letter from Prof A. van Dyk, Dean – Faculty of Medical and Health Sciences: UNAM that authorized me to register for a course

(2) a copy of the research proposal

I thank you in advance for your consideration
Yours faithfully

……
Hanna Neshuku

# ANNEXURE C
# Permission letter from the Permanent Secretary to conduct research study in Onandjokwe District, Oshikoto Region

REPUBLIC OF NAMIBIA

*Ministry of Health and Social Services*

**Private Bag 13198** **Ministerial Building** **Tel: (061) 2032538**
**Windhoek** **Harvey Street** **Fax: (061) 272286**
**Namibia** **Windhoek** **E-mail: mzauana@mhss.gov.na**
**Enquiries:** Ms. M. Zauana **Date:** 14 April 2003

**OFFICE OF THE PERMANENT SECRETARY**

**Ms. Hanna Neshuku**
**P.O.Box 1489**
**Ondangwa**

Dear Ms. Neshuku

***EVALUATION OF SUPPORT AVAILABLE FOR PRIMARY HEALTH CARE WORKERS IN ONANDJOKWE DISTRICT IN THE NORTH WEST HEALTH REGION, NAMIBIA***

1. Reference is made to your application to conduct the above-mentioned study.

2. The proposal has been evaluated and found to have merit. However, some issues in the proposal need to be revisited. Please find attached comments/recommendations for consideration.

3. Kindly be informed that approval has been granted under the following conditions:

   3.1 The data collected is only to be used for purpose of your Masters degree;
   3.2 A quarterly progress report is to be submitted to the MoHSS Research Unit;
   3.3 Preliminary findings are to be submitted to the Ministry before the final report;
   3.4 Final report to be submitted upon completion of the study;
   3.5 Separate permission to be sought from the Ministry for the publication of the findings.

Wishing you success with your project.

Yours Sincerely,

MINISTRY OF HEALTH AND SOCIAL SERVICES REPUBLIC OF NAMIBIA

**DR. K. SHANGULA**
**PERMANENT SECRETARY**

*Forward with Health for all Namibians by the Year 2000 and Beyond!*

# ANNEXURE D
# Letter of approval by the post graduate committee of the University of Namibia

**UNIVERSITY OF NAMIBIA**

Private Bag 13301, 340 Mandume Ndemufayo Avenue, Pionierspark, Windhoek, Namibia

**THE UNIVERSITY OF NAMIBIA**
**FACULTY OF MEDICAL AND HEALTH SCIENCES**

*LETTER OF APPROVAL*

**TO:** Ms. H. Neshuku

**FROM:** Prof. A. van Dyk

**DATE:** 27th January 2003

The Post-Graduate Studies Committee has approved your research proposal. You may now register for the Masters degree in Nursing Science

**TITLE:** *Support in the form of resources from the Ministry of Health and Social Services available to primary health care workers in Onandjokwe District, Northwest Health Region in Namibia.*

You may now proceed with your fieldwork and data collection.

It may be required that you need to apply for additional permission to utilize your target population. If so, please submit this letter to the relevant organizations involved. It is stressed that you should not proceed with data collection and fieldwork before you have received this letter. It may also be expected that these organizations require some additional information from you.

Please contact your supervisor, Dr S N Iipinge.

We hope you have satisfying research experience.

Thank you

Van Dyk

**PROF. A. VAN DYK**
**UNIVERSITY OF NAMIBIA**

# ANNEXURE E

# Permission letter from the PHC supervisor of Onandjokwe District to conduct a research study in Onandjokwe District

9 - 0 / 0001

REPUBLIC OF NAMIBIA

*Ministry of Health and Social Services*

**O S H I K O T O  R E G I O N**

PHC – Office
Onandjokwe District

Ms. Hanna Neshuku
P.O. Box 1489
Ondangwa

Dear Madam

Re: Permission to conduct a research in Onandjokwe District.

A permission to conduct a research on evaluation of support available for Primary Health Care workers in Onandjokwe District is granted to you.

Wishing you success with your project

Yours sincerely

PRIMARY HEALTH CARE
ONANDJOKWE DISTRICT
P/Bag 2016, ONDANGWA
2003 -05- 0 8
Tel. 06756-40111 - Fax 40688
NAMIBIA

S.M. MBANDEKA
PHC SUPERVISOR (ONANDJOKWE DISTRICT)

*Forward with Health for all Namibians by the Year 2000!*

# ANNEXURE F

**Permission letter from the Medical Superintendent of Oshakati Intermediate hospital to conduct pilot study in Oshakati District, Oshana Region**.

9 - 0 / 0001

*REPUBLIC OF NAMIBIA*

*Ministry of Health and Social Services*

## NORTH WEST HEALTH REGION

Tel. No. (065) 2233143
Fax. No. (065) 221390

Intermediate Hospital Oshakati
Private Bag x 5501
**OSHAKATI**

**Enquiries:** Dr Korbinian V. Amutenya **2 May 2003**

Ms Neshuku Hanna
P. Box 1489
Ondangwa
Namibia

Dear Madam

In accordance with the Permanent Secretary of the Ministry of Health and Social Services of the 14 April 2003, permission is hereby granted to collect data at Oshakati Hospital PHC and Ongwediva Clinic.

This permission is granted with the understanding that you will comply with the conditions as spelled out by the Permanent Secretary.

We wish you all the best in your work

Yours Sincerely

.....
**DR KORBINIAN V. AMUTENYA**
**SENIOR MEDICAL SUPERINTENDENT**

MINISTRY OF HEALTH AND SOCIAL SERVICES
PRIVATE BAG 5501
06 MAY 2003
OSHAKATI 9000
NAMIBIA
OSHAKATI HOSPITAL

cc: Mrs L. S. Nunes
Ms Shipushu

*Forward with Health for all Namibians by the Year 2005!*

**ANNEXURE G**

Letter for recruitment of participation for the study.

**To All Health care professionals**
**……. Department/clinic/health centre**
**Onandjokwe district**
**North West Health Region**
**Oshikoto**

**From: Ms. Hanna Neshuku**
**P.O. Box 1489**
**Ondangwa**
**7 May 2003**

**Sir/Madam**

***REQUEST FOR PERMISION TO CONDUCT A RESEARCH STUDY IN ONANDJOKWE HEALTH DISTRICT***

***TOPIC: EVALUATION OF SUPPORT AVAILABLE TO PRIMARY HEALTH*** **CARE WORKERS IN ONANDJOKWE DISTRICT IN THE NORTH WEST HEALTH REGION, NAMIBIA**

I hereby would like to ask permission to conduct the abovementioned study in Onandjokwe district

I am a registered nurse, currently employed by the University of Namibia: Faculty of Medical and Health Sciences as an assistant lecturer

I would like to further my study by following a course: Masters in Nursing Science through the Universality of Namibia

It is required to carry out a research project as part of my study

The study population will be all:
Registered nurses and midwives
Medical assistants
Enrolled nurse/Midwives
Enrolled nurses
Nursing assistant

This letter serve to ask permission for the above mention health care professionals to take part in the study and to serve as respondents during data collect using questionnaire as an evaluation tool

The estimated period for data collection is as from 01 August 2003 to 30 January 2004

I enclosed (1) a copy of a letter from Prof A. van Dyk, Dean – Faculty of Medical and Health Sciences: UNAM that authorizes me to register for the course.

(3) a copy of permission letter from the office of the Permanent Secretary - Ministry of Health and Social Services

I thank you in advance for your co-operation
Yours faithfully

……
Hanna Neshuku

# Annexure H
# Letter to all health facilities in Onandjokwe district informing the health professionals about the date for the visiting

Inquiries: Neshuku Hanna
UNAM Oshakati

TO: Supervisors and in charge
All clinics in Onandjokwe district
All health centres in Onandjokwe district
PHC department Onandjokwe Hospital

Date: 22.05 2003

## Study issues

Dear colleague

I am a master student at the University of Namibia distance education and I am busy with a project in Primary Health Care for fulfillment of my study. The Ministry of Health and Social Services as well as the Superintendent of the Onandjokwe hospital and the PHC supervisor of Onandjokwe district has granted me the permission to do my study in the all PHC health facilities.

The aim of this correspondence is to make an appointment for me to come and explain the issue and possible agreed upon the date when to come and collect the data for the above mentioned study. I have suggested the following day for me to come and visit you.
Date……Month …….2003.

Thank you for your understanding and consideration.
Yours
Hanna Neshuku.