THE EFFECTS OF THE TRANSFORMATION PROCESS ON THE HEALTH SERVICE IN LIMPOPO PROVINCIAL GOVERNMENT OF SOUTH AFRICA

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THE EFFECTS OF THE TRANSFORMATION PROCESS ON THE HEALTH SERVICE IN LIMPOPO PROVINCIAL GOVERNMENT OF SOUTH AFRICA

BY

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PROMOTER: PROF. MODIMOWABARWA HENDRICK KANYANE
DEDICATION

This thesis is dedicated to my late mother, Vho Nyamunzhedzi Madzivhandila, whose love and support were magnificent, superb, amazing and enriching and my youngest daughter, Ampfarisaho Madzivhandila, to whom I am still serving as an inspiration on the basis of my academic success.
DECLARATION

I hereby declare that this thesis submitted to the University of Fort Hare for a doctoral degree in the School of Public Management and Development has not previously been submitted for degree purposes to this or any other University and that is my own work in design and execution and that all references contained herein have been duly acknowledged.

____________________________
Dr  M.W. MADZIVHANDILA
NOVEMBER, 2010
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LIST OF TERMINOLOGY

The main objective of this section is that it seeks to define some core terms which have been used in the thesis so that readers of this thesis derive more or less the same understanding of the data contained herein:

- **Histograms and bar diagrams**: Histograms and bar diagrams are both graphical representations of frequency distributions. Bar diagrams in particular are, in fact, graphical representations of frequency distributions for nominal data (Huysamen: 1997:25).

- **Hypothesis**: According to Brynard and Hanekom (1997:5) the concept “transformation” is “… a suggested, preliminary, yet specific answer to a problem which has to be tested empirically before it can be accepted as a concrete answer and incorporated into a theory … It is a relationship between two or more variables.”

- **Imbizos**: It is a Xhosa concept which refers to a special type of a summit, meeting or gathering convened by the King or Chief for his or her senior subjects and some members of the local community to discuss certain communal issues of interest in his or her geographical jurisdiction.

- **Khoro**: It is a Venda term which refers to a special type of a gathering convened by the King, Chief or Headman for his or her senior subjects and some of the local people to discuss certain communal issues of interest in his or her geographical jurisdiction.

- **Σ² test**: It is the Chi-square test and ‘Σ’ is pronounced ‘sigma’. It is a summation sign. ‘Σ’ is the summation sign which indicates that several individual score values are added together to give a certain specific value.

- **Metropolitan areas**: “Metropolitan areas are large urban settlements with high population densities, complex and diversified economies, and a high degree of
functional integration across a larger geographic area than the normal jurisdiction of a municipality” (http://www.thedplg.gov.za/subwebsites/wpaper/wp4.ht.3).
LIST OF ACRONYMS

In order to have a better and common comprehension of certain acronyms as used in the context of this thesis, the present researcher considered it appropriate to provide detailed explanations of those listed below:

- **ACDP**: African Christian democratic Party
- **ANC**: African National Congress
- **ANV**: Antecedent variable
- **AO**: African Organization
- **APA**: American Psychological Association
- **Asymp.Sig.**: Asymptomatic Significance
- **BAAB**: Bantu Affairs Administration Boards
- **BLA**: Black Local Authorities
- **CA**: National Assembly
- **CCLO**: Chief Community Liaison Officer
- **CLO**: Community Liaison Officer
- **CHC**: Community Health Centre
- **CODESA**: Convention for a Democratic South Africa
- **COPE**: The Congress of the people
- **COSATU**: Congress of South African Trade Union
- **CPRC**: Coloured Persons’ Representative Council
- **<**: Less than
- **>**: Greater than
- **$\Sigma^2$ test**: Chi-square test
- **@**: Alpha
- **DA**: Democratic Alliance Party
- **df**: Degree of freedom
- **DoHSD**: Department of Health and Social Development
- **DP**: Democratic Party
- **DV**: Dependent variable
- **EDL**: Essential drug list
- **EPSEM**: Equal probability of selection method
- **EV**: Extraneous variable
- **FF**: Freedom Front
- **FF Plus (VF plus)**: Freedom Front Plus
- Freq.: Frequency
- FIFA: Federation Internationale de Football Association (French)
  (Federation of International Football Association)
- FIFO: First In and First Out
- GNU: Government of National Unity
- HDBP: historically Disadvantaged Black People
- HDBSA: Historically Disadvantaged Black South Africans
- HDI: Historically disadvantaged Individuals
- HSRC: Human Sciences Research Council
- ID: Independent Democrats
- IEC.: Independent Electoral Commission
- IFP: Inkatha Freedom Party
- INV: Intervening variable
- IV: Independent variable
- Km.: Kilometre
- LRA : Labour Relations Act of 1995
- MAC: Ministerial Advisory Committee
- MC: Member of the community
- MEC: Members of the Executive Council
- MV: Moderating variable
- N: Total number of respondents
- NA: National Assembly
- NCOP: National Council of Provinces
- NECC: National Education Crisis
- NHS: National Health Council
- NIH: National Health Insurance
- NHIM: National Health Insurance Model
- NHS: National Health System
- NIHCE: National Institute for Health and Clinical Excellence
- NP: National Party
- NPO: Non-profit Organization
- NPSA: National Patient Safety Agency
- NV: Nuisance variable
- OAU; Organization of African Union
- OHS: Occupational Health and Safety
- PAC: Pan African Congress
- Perc.: Percentage
- PHC: Primary Health-Care (Clinic)
- PI: Performance Instrument
- PS: Public Servant
- QCC: Quality Care Consumers
- RDP: Reconstruction and Development Programme
- RUDI: Rhodesia’s Unilateral Declaration of Independence
- SABC: South African Broadcasting Corporation
- SACP: South African Communist Party
- SAMDI: South African Management Development Institute
- SAQA: South African Qualifications Authority
- SPSS: Statistical Package for the social Services
- SRS: Systematic Random Sampling
- SSD: Significant Statistical Difference
- SWAPO: South West African People’s Organization
- TBVC: Transkei, Bophuthatswana, Venda and Ciskei
- TPA: Transvaal Provincial Administration
- VHD: Vhembe Health District (Municipality)
- UDF: United Democratic Front
- UDI: Unilateral Declaration of Independence
- UDM: United Democratic Movement
- UN: United Nations
- USAID: US Agency for International development
- ZANU: Zimbabwe African National Union
- VHD: Vhembe Health District (Municipality)
- WHO: The World Health Organization
- WPTPS: White Paper on Transformation of the Public Service
EXECUTIVE SUMMARY

The main rationale of the present study was, first, to implement the recommendation made by Madzivhandila (2006:135-136) in order to gain a better understanding of the effects of the process of transformation on the standard and quality of health-care services in the three subdistricts of Vhembe Health District (VHD), excluding Mutale subdistrict, ever since democracy was attained in 1994; second, to determine the extent to which the transformation process had been implemented in the entire Vhembe Health District in Limpopo Province since 1994 in order to improve the lifestyles of the historically disadvantaged black people (HDC) of this country; third, to establish whether or not Vhembe Health District was in compliance with the set norm by the government that health-care facilities must be within 5 kilometres reach of the citizens of the Republic of South Africa; fourth, to determine the attitude of public servants towards the implementation of the transformation process and their knowledge regarding the correlation between transformation and service delivery processes and fifth, to make recommendations to the government for implementation in order to address any outstanding gaps and challenges that might have been detected by the present study in order to resolve all imbalances of the past in the whole of the Republic of South Africa.

As the present study focused mainly on the determination of the effects that the transformation process had on the quality of health-care service delivery in the remaining three subdistricts of Vhembe Health District, namely, Makhado, Musina and Thulamela, it is worth mentioning that 293 respondents actively participated in the survey study. The sample comprised of 2 subsamples, namely, public servants with 145 respondents on the one hand and on the other hand 148 members of the communities. The services of 2 trained enumerators were secured from the District Executive Manager of the VHD to assist the present researcher to distribute and collect the questionnaires to and from the respondents.

The lecturer of the University of Limpopo Province, who was also a statistician, assisted in the capturing and analyses of data as well as the presentation of the findings in graphical form so as to enable readers to have a better comprehension of the study findings. The bulk of the items in the questionnaires were quantitative and a few were qualitative. The quantitative method was more preferred over the qualitative one because most data were presented in the form of frequencies and percentiles, thereby making it possible to analyze them by application of the chi-square test. The recommendations for implementation by the provincial
government were made based on the analyses of the responses provided by the various participants during the survey study conducted in the course of 2009.

According to the survey findings it appears that the present transformation process in terms of the availability of additional new clinics was sadly deficient in Vhembe Health district, first, largely due to the revelation in Appendix D that only 6 clinics were built in Vhembe Health District between 1994 and 2009 taking into consideration that Vhembe Heath District is comparatively a vast area in Limpopo Province, which is poorly resourced and, second, that some of the patients in the rural communities were still travelling a distance of more than 5 kilometres to reach the nearest health-care facility as evidenced by the 19.6% in Figure 6.67 of respondents who pointed out that they had clinics located more than 5 kilometres away from their homes. The norm of 5 kilometres has not been accomplished in certain villages in some subdistricts since 1994, and this scenario is supported by the observations made by the researcher while visiting villages within all 3 subdistricts. It was confirmed that certain villages are without clinics within their geographical jurisdiction and the attention of the government is now being drawn to the fact that the objectives of the transformation process have not as yet been fully met or attained after 15 years of democracy possibly due to the prevailing constraints in terms of the limited availability of resources.

Both the national and the provincial governments are obliged and expected to ensure that health-care facilities are made available, hence it is brought to the attention of the provincial government in particular to ensure that during the following financial years the outstanding needs in terms of the provision of clinics be addressed as soon as possible in order to reduce the long distances between clinics and also between clinics and the homes of the patients. The most affected areas as revealed by the findings of the present study that were still situated more than 5 kilometres away from the homes of the patients were in Musina, Makhado and Thulamela subdistricts and these need to be given urgent and unconditional attention by the government to equally benefit all members of the communities in South Africa. It is, therefore, of paramount importance to have additional clinics built to comply with the norm of 5 kilometres within reach of all patients. In order to ensure that transformation process materializes with ease, the Department of Health and Social Development of Limpopo Province in South Africa should be given a reasonable budget allocation during the subsequent financial years to be able to build enough number of health-care facilities since the transformation process could not be possibly implemented without the availability of the
necessary and indispensable required resources, especially in the deep rural communities of Vhembe Health District.

The findings of this study in terms of Item 18 in Figure 6.44 of chapter six revealed that in the event drugs were out of stock at the health-care facilities like clinics and Community Health Centres (CHC’s), patients were advised by health-care providers to buy same from the local private pharmacy or chemist. 48,0% of the respondents in Musina, Makhado and Thulamela answered the question in the affirmative, indicating that if the drugs were out of stock at the health-care facilities, the health-care providers would advise them to obtain them from other service providers such as the local private pharmacy or chemist. 51,0% of the respondents in Musina, Makhado and Thulamela argued that they were not advised to purchase them from other service providers such as the local private pharmacy or chemist. 2,0% of the respondents in Makhado and Thulamela did not express their views with regards to the question dealing with whether or not patients were advised to buy drugs from the local private pharmacy or chemist and this group of respondents represented by 51,0% was supported by the responses of a certain category of respondents as per Item 17 in Figure 6.43, and instead the patients were told to come back the following day to collect the same drugs.