



POLYTECHNIC OF NAMIBIA

HAROLD PUPKEWITZ GRADUATE SCHOOL OF BUSINESS

**An Analysis of the Obstacles to Effective Emergency Medical Rescue
Services in Namibia: A Case Study of Motor Vehicle Accident Fund and
Ministry of Health and Social Services Bases**

By

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**A THESIS SUBMITTED IN PARTIAL FULFILMENT OF THE
REQUIREMENTS FOR THE DEGREE OF MASTERS IN LEADERSHIP AND
CHANGE MANAGEMENT IN HAROLD PUPKEWITZ GRADUATE SCHOOL
OF BUSINESS**

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2014

DECLARATION OF ORIGINAL WORK

I, Albertina Shifotoka declare that this thesis is my own unaided work. Any assistance that I have received has been duly acknowledged in the thesis. It is submitted in partial fulfillment of the requirements for the degree of Master in Leadership and Change Management at the Polytechnic of Namibia. It has not been submitted before for any degree or examination at this or any other University.

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DEDICATION

This work is dedicated to my best friend Ms. Julia Ndinela Malule

ACKNOWLEDGEMENT

I would like to acknowledge the following institutions and individuals for their support and guidance during the research period. These include the Motor Vehicle Accident Fund Namibia, especially (for their financial support to enable me to undergo this Masters degree programme), the Ministry of Health and Social Services (for the permission to visit the EMRS bases and use their literature), employees from the following EMRS bases, Windhoek, Usakos and Omuthiya bases (for their time and effort in responding to research questions in an honest manner).

I would also like to sincerely acknowledge the effort and time spent by my Supervisor, Dr. Lovemore Matipira providing me excellent guidance throughout the entire thesis writing process. I further acknowledge my family, especially, my husband and kids and best friend Ms. Julia Malule for their support.

A big thank you also goes to all those whose names have not been mentioned, but who contributed to this thesis in one way or another.

ABSTRACT

The study used quantitative and qualitative research methods to investigate the quality of service delivery by the MVA Fund and MoHSS through EMRS bases in Namibia. The positivist research strategy was used for the quantitative non-experimental research survey that includes the gathering and analysis of quantitative data. The sample of the study consisted of 20 respondents, of which 10 were from the EMRS bases (Windhoek, Omuthiya and Usakos bases) and 10 were key informants, representing different key institutions (MVA Fund, Ministry of Health and Social Services, Namibian Police, National Road Safety Council and Roads Authority). The study focused on the analysis of the quality of service delivery by EMRS bases in Namibia. The study also attempted to determine whether there are factors that negatively affect service delivery by the MVA Fund. The study also analysed the current management strategies and policies of the MVA fund in a bid to determine alternative management strategies needed to mitigate the current service delivery challenges.

The independent variable used in this study was service delivery and the critical dependent variables that affect service delivery were analysed. The responses to all items were classified and tabulated in different categories using the IBM SPSS 21 software. The coded data were analysed by means of the One-Way Anova at the 5% level of significance in order to determine the relationships among the variables. Significant relationships were identified and interpreted accordingly. In addition, the results of the study were compared with the findings established through literature analysis in order to find out if the current results are in line with what theory says.

The major findings indicate that there is much that needs to be done by MVA Fund and MoHSS in the management of EMRS basis so as to improve service delivery. The study concluded that lack of key pieces of legislation reduces confidence when providing services to clients, hence this may lead to poor service delivery. The study also established that the delays experienced in getting patients to medical facilities also indicate poor service delivery and this negatively affects customer satisfaction.

The research recommends that more needs to be done in order to improve service delivery by MVA Fund. It also recommends that further research should be carried out to

determine the other variables that were not covered in this study, but which may be relevant for the achievement of the objectives of MVA Fund.

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CHAPTER ONE

INTRODUCTION

1.0 Background of the study

An emergency medical service is an integral part of any health delivery system. It combines paramedical expertise (technical skills) with the ability to respond quickly to a medical emergency at a distance within the shortest possible time. The Ministry of Health and Social Services is pursuing the establishment of a National Emergency Medical Rescue Service previously known as ambulance services. Before independence in 1990, these services were fragmented along apartheid racial or ethnic lines. To date, the health service has not been re-organised, re-orientated, or consolidated into a workable national Emergency Medical Rescue Services system.

Emergency Medical Rescue Service (EMRS) is a specialized primary and secondary pre-hospital service that involves stabilization and transportation of patients from the scene of the accident or episode to the nearest health care facility with the capacity to handle the injuries or conditions at hand. However, Namibia's public health system does not have a well-organized national system for EMRS. Furthermore, despite good road infrastructure, vast and extensive distances between health facilities create a challenge when it comes to referral of patients while en route for definitive care. In an effort to improve response to medical emergencies in the country, in 2010 the Motor Vehicle Accident Fund (MVA Fund) entered into partnership with the Ministry of Health and Social Services (MoHSS). However, despite this, the timely delivery of EMRS and the effectiveness of the established EMRS Bases remains one of the public health challenges that the country faces.

EMRS program has been essential in fulfilling pillar 5 of the United Nations decade of Action, which is Emergency care. EMRS, which translates into pre-hospital care by trained emergency responders, is the first stage of rehabilitation, and it may affect the patient's length of stay in hospital, and treatment. During the three years since its establishment, the EMRS programme has also provided several employment opportunities to Namibian youths through training of paramedics at different levels, such as Emergency Care Technicians, Basic Life Support, Intermediate Life Support, Advanced Life Support, and First Aid Skills. In addition, it is due to the EMRS model that the Policy and Strategy for Emergency Care (insert date??) in Namibia was developed by the Ministry of Health and Social Services. Analysing the successes and challenges of the EMRS model will be imperative in advancing the achievements of the program.

1.1 Research problem statement

With the establishment of EMRS bases in some parts of Namibia since 2010, a large number of road crash casualties continue to perish at crash scenes and in hospitals. The current statistics collected by the MVA Fund indicate that there has been an increasing trend in the number of deaths due to road accidents, from 539 deaths in 2010 to 633 deaths in 2013 (MVA Fund, 2014). The role that EMRS plays in trying to save the lives of casualties of the road carnage is not clear given the above statistics of road casualties between the years 2010 to 2013. This remains a worrying situation to the researcher. This study, therefore, critically analyses the effectiveness of MVA Fund and MoHSS EMRS bases as far as the reduction of injury severity and deaths on the Namibian roads is concerned. The study focuses on the situation before and after the establishment of the EMRS bases, and it analyses the management, operations, and the sustainability of the programme.

1.2 Research Questions

This study seeks to provide answers to the following main research questions:

- i. What factors contribute to the effectiveness of EMRS bases in Namibia?

- ii. What are the obstacles that inhibit the effective operations of EMRS in Namibia?
- iii. What impact does the identified obstacles have on the operations of EMRS in the MVA fund?
- iv. What operational strategies can be put in place for EMRS to be efficient?

1.3 Research objectives

The objectives of the research revolve around the following:

- To determine factors that contribute to the effectiveness of EMRS bases in Namibia.
- To identify and evaluate the obstacles that inhibit the effective operations of EMRS in Namibia.
- To identify operational strategies that can be put in place for EMRS to be efficient.

1.4 Significance of the study

This study provides baseline data on the operations of MVA Fund-MoHSS EMRS Bases in Namibia. The study provided recommendations on how best EMRS bases can operate and be managed in order to effectively respond to emergency incidents in the country. In this context, the study is important to the policy makers. The study could also be useful as a source of information and references to other researchers as well as a rich source for secondary data on the subject of study. To this effect, the study could be beneficial to all sectors in the society not only EMRS Namibia but also to all road users in the country. Above all, the study contributes to the literature in this study area.

1.5 Delimitation and limitations of the study

The study focussed on the three main EMRS Bases that were set-up through a partnership between the Ministry of Health and Social Services and the Motor Vehicle Accident Fund (MVA Fund). These Bases are Omuthiya, Usakos, and Windhoek Emergency Responses. The study will not go beyond this scope.

1.6 Thesis outline

This section highlights the remaining chapters of the thesis.

Chapter 2 provides the literature review, which contains a review of both theoretical and empirical literature. The review of literature considers various areas around Emergency care, management of emergency bases, challenges to effective emergency care provisions. The review cites lessons from other parts of the world, which could be relevant to the Namibian situation

Chapter 3 outlines in the research methodology, with particular focus on the research questions, research objectives, and the research design. This chapter also highlights the research method, as well as the instruments that are used to collect the data. Lastly, the chapter summarises the systematic approach used as far as data collection, analysis, and interpretation are concerned. The chapter also tackles the issue of ethical considerations related to this study.

Chapter 4 provides details on the techniques that the researcher use to ensure the validity and reliability of the data collected. Furthermore, the chapter provides the sample description. The sample description includes the number of respondents, how the respondents were selected, and why they were selected. In addition, the method used to collect the data is also discussed and justified. Lastly, data analysis and presentation of the results is done in this chapter.

Chapter 5 In this chapter, the study objectives are revisited and a summary of the key findings is given. This chapter re-emphasises the study objectives, and the relevance of the study.

Chapter 6 provides the conclusion and recommendations of the study. This is a very important section since it outlines the overall summary of the research and highlights possibilities for future research in the same area. After this chapter, the study provides a list of references as well as appendices.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter provides the review of literature, which indicates the current views from related literature on the research topic. Furthermore, the chapter provides a theoretical framework, within which this research study was conducted. The literature review chapter is important in identifying gaps that are necessary to carry out the research. The literature review is therefore the cornerstone of any research. This chapter therefore provides a detailed review of related literature. Key concepts, theories, and empirical literature related to the study are reviewed in the current chapter.

2.2 Challenges faced by Emergency Medical Rescue Services (EMRS)

The Namibia situation analysis conducted during the period of June 2007 to March 2008 has indicated that Emergency Medical Rescue Services (EMRS) delivery and management remain a big challenge that requires immediate remedies (Ministry of Health and Social services, 2008). This analysis further revealed that the EMRS currently known as Ambulance Services is run under ordinary transport services at hospitals in various regions without appropriate structures in place. Currently, drivers, the majority of whom do not have pre-hospital care training, operate most public ambulances. These ambulances are under the transport departments of these hospitals.

Coordination and distribution of resources to cope with daily demands and mass casualty incidents that affect various regions are poorly managed. However, through a Memorandum of Understanding which came into effect in November 2010, the MoHSS in collaboration with MVA Fund set up two EMRS pilot projects in Omuthiya and Usakos town councils with the aim of increasing public access to EMRS. To complement this initiative, a Helicopter Emergency Medical Service (HEMS) was also contracted in Tsumeb town council to provide services to persons injured in crashes within a 250-kilometre radius (Ministry of Health and Social services, 2008). These services were provided by private service providers.

The City of Windhoek alongside together with its fire brigade services, also offers emergency medical rescue and response services within the city and its vicinity. Other private sectors such as ISOS, E-MED Rescue 24, St Gabriella Community Ambulance Services, Eagle Christian Ambulance and Okahandja Community Ambulance and Crisis Response are offering EMRS in some towns in Namibia. Most town councils are unable to render emergency medical response services due to limitations in management capacity and financial resources. In addition, unpaid volunteers in these towns are responding to emergencies on a standby basis. Certain mines around the country occasionally respond to crash scenes within their proximity, but these services are not guaranteed since the mines only have a responsibility towards accidents that take place within their premises.

The findings from the MoHSS situation analysis (2007/8) indicate that in most regions, drivers without training in pre-hospital care, run, and operate emergency vehicles with the exception of few trained Emergency Care Practitioners. Based on 2011 data sourced from the Health Professions Council, the country has a total of 400 qualified and registered emergency care practitioners broken down into the following categories: 277 Emergency Care Practitioner – Basic (ECP-B); 89 Emergency Care Practitioner-Intermediate (ECP-I); 12 Emergency Care Technicians (ECT) and 11 Advanced Life Support Practitioners (ALS). The Ministry of Health and Social Services has only 46 qualified and registered practitioners in its employ, consisting of 45 ECP-B's and 1 ECP-I providing services to a large population dependent on the public health sector (Ibid).

The results of the situation analysis also show that there is a need for continuous professional development of Emergency Care Practitioners in order to comply with the provisions stipulated in the Allied Health Professional Council Act. According to the Allied Health Professional Council Act No. 7 of 2004 Section 18 (1) (o) and (p) no person is entitled to practice within Namibia in the profession of Emergency Care Practitioner Basic-Intermediate without such a qualification and also without having registered with the Council.

A study by Kathry, *et al* (1997) indicated that one of the challenges facing ambulance services is the shortage of staff, which results in high levels of stress among workers. The nature of the work carried out by health workers render them particularly susceptible to stress-related illnesses. The same authors further argued that, “low job satisfaction was found to be a major symptom of stress in the ambulance services” (ibid).

Kathry, *et al* (1997) further argued that emergency preparedness is a key to success, as it enables responders to be ready for disasters. They further added that “An emergency response unit should be well equipped with a variety of equipment such as a cardiac monitor, collapsible wheelchair, paramedic uniforms, medical kits, stretchers and board, oxygen, airway management set and spinal collars.

2.3 Conceptualisation /Theoretical framework

This study concentrates on analysing Disaster Management Framework in Namibia. Literature has linked disaster management to preparedness, response, and recovery with the intention of lowering the impact of a disaster. The World Health organisation and the United Nation define a disaster as “the result of a vast ecological breakdown in the relationships between man and his environment, which results in a sudden serious disruption on such a scale that the stricken community needs extraordinary efforts from outsiders and international aid to cope with it.” According to this definition, what is key about managing the impact of a disaster on society?

The following concepts are defined since they play a significant role as far as this study’s data collection and data analysis are concerned.

- Ambulance Service
- Emergency response
- Emergency care

2.4 Service delivery

Kotler and Armstrong (2008, p. 218) define services as a form of product that consists of activities, benefits or satisfactions offered for sale that are essentially intangible and do not result in ownership of anything. Unlike tangible products, services are produced and consumed at the same time in the presence of the customer and the service producer (Ramseook-Munhurrin, Lukea-Bhiwajee & Naidoo, 2010, p. 37). Services are intangible and are provided mainly by human beings, unless otherwise the machine, which is either directly or indirectly controlled by human beings as with vending machines and automatic teller machines (ATMs) (Ramseook-Munhurrin, Lukea-Bhiwajee & Naidoo, 2010, p. 37), dispenses them. Generally, individuals and organizations provide and deliver services to their customers who are the consumers of such services. The consumer of the service is the customer whose satisfaction is dependent on a variety of attributes based on perception, expectations, and opinions of the anticipated service (Ramseook-Munhurrin, Lukea-Bhiwajee & Naidoo, 2010, p. 38).

Service delivery is the provision of the promised service by an individual or organization to the customer or client. The provision or delivery of a service is characterized by service inseparability, which means that services cannot be separated from their providers (employees or members of staff) who are part of the service (Kotler and Armstrong, 2008, pg. 268-269). Service delivery involves a human interaction, which is described as provider-customer interaction where both the provider and the customer affect the service outcome (Kotler and Armstrong, 2008, pg. 268-269). The service outcomes in this case being the benefits or satisfaction from the customer's perceptions on the EMRS bases service delivery.

2.5 The Public Service Charter in Namibia

A Public Service Charter is a brief public document in which a government entity explains the services it delivers, which the citizens can expect and the complaint mechanisms to use if the service standards are not being fulfilled (Forum for Rights and Diversity (FORDI)). This is called the Service Charter model. The aim of Service Charters

is to ‘translate’ constitutional and legal obligations into practical and technical standards for service provision. Danish Institute for Human Rights (DIHR) (2012) supports the definition by stating that a Public Service Charter can be described as a social contract between the state and the citizen, as it explains the rights the citizens are entitled to. The DIHR approach to Public Service Charters can be perceived as rights-based in the sense that the definition of service standards takes its point of departure in the relevant human rights documents and national policy. According to Thomassen, Ahaus, Van de Walle and Nabitz (2012), many organizations have introduced service charters to improve service quality and customer satisfaction.

Generally, Public Service Charters outline and explain the mandate of the public sectors principles and guidelines to be followed in public service delivery. In realizing this and the need to deliver the promised mandatory functions, African countries adopted the Charter for the Public Service in Africa at the Third Biennial Pan-African Conference of Ministers of Civil Service on 5 February 2001 in Windhoek (African Public Service Ministers, 2001). The major provision of the Charter for the Public Service in Africa states that, “public services must be able to discharge, in optimum conditions of equity and effectiveness, their vital mission of safeguarding the fundamental values of the public service, protecting the public interest, and promoting human and sustainable economic and social development” (African Public Service Ministers, 2001, p. 1).

Namibia was the host country where the African Ministers of Civil Service at the Third Biennial Pan-African Conference of Ministers of Civil Service adopted the Charter for the Public Service in Africa in 2001. Namibia adopted the charter for Public service the in 2002 after the adoption of the Charter for the Public Service in Africa by the African Ministers of Civil Service in 2001. The former President of Namibia, Doctor Sam Nujoma launched the Namibian Service Charter in 2002, and hoped that parastatals and the private sector would follow the example and help to make the delivery of services in Namibia as efficient, cost-effective and consumer-based as possible (Namibian Public Service Charter, 2002). In an effort to improve service delivery through adoption and application of the principles of the 2002 Namibian Service Charter, MHAI (2005)

contracted the Southern African Migration Project (SAMP) to conduct a systematic survey of the quality of services offered to citizens and non-citizens (Nickanor, 2008). To this end, the questions are (a) to what extent are the provisions and principles of the Namibian Public Service Charter being implemented in MVA Fund and MoHSS? and, (b) why is the public service perceived to offer poor services, especially, the EMRS bases in Namibia?" (Nickanor, 2008, p.1).

2.6 Service Delivery in the Public Sector

Public sector services are responsible and accountable to citizens and communities as well as to their customers (Ramseook-Munhurrin et al., 2010, .p40). Service provision is more complex in the public sector because it is not simply a matter of meeting expressed needs, but about finding out unexpressed needs, setting priorities, allocating resources, publicly justifying, and accounting for what has been done (Gowan, Seymour, Ibarreche & Lackey, 2001, p. 278). Unlike, private sector organizations, public organizations have a broad spectrum of needs satisfaction that include both expressed and unexpressed needs that call for service delivery. Customer needs and expectations are changing when it comes to governmental services and their quality requirements (Ramseook-Munhurrin et al., 2010, p. 37). This means that the public sector should keep itself abreast with the dynamism of customer needs and expectations when it comes to service delivery. In support of this, Caron and Giauque (2006, p. 546) pointed out that public sector employees are currently confronted with new professional challenges arising from the introduction of new principles and tools inspired by the shift to new public management. Flexible, proactive approach and ability to change with the times are some of the ingredients that can be used to improve the public sector service delivery for the satisfaction of both expressed and unexpressed public needs (Caron and Giauque, 2006, p. 546). The MVA Fund and MoHSS can adopt the change management strategies and apply principles of flexibility and proactive management principles to enhance their service delivery for the satisfaction of their customers at EMRS bases in Namibia.

The situation on the ground in terms of service delivery and the public perception on the quality of service delivery appear different, as the criticism to the public service delivery has of services becomes a global phenomenon. Public sector services are responsible and accountable to citizens and communities as well as to their customers (Ramseook-Munhurrun, Lukea-Bhiwajee, & Naidoo, 2010, p. 40). Traditionally, the public sector has been seen as a passive vehicle for executing social policy mandated by legislation. However, service quality practices in public sector organizations are slow and this is further exacerbated by difficulties in measuring outcomes. The difficulty mainly comes from the greater scrutiny from the public and the press, lack of freedom to act in an arbitrary fashion and a requirement for decisions to be based on law (Teicher, Hughes & Dow, 2002).

2.7 Factors that Contributes to Poor Service Delivery in the Public Sector

A study by Wild, Chambers, King, and Harris (2012, p. 1) provided evidence for common constraints and problems with incentives in service delivery based on three public sectors (education, health, water and sanitation) in various countries. The following were discovered to be the major factors:

- Political market imperfections, in terms of disruptions in the relationships between politicians and citizens. These include a lack of credibility in the political promises politicians make to citizens, lack of information among voters about the politicians' performance, and forms of social fragmentation among voters (often manifested as identity politics) (Wild, Chambers, King and Harris, 2012:1).
- Policy incoherence, or contradictions (both within and across sectors) in policy design, structure and roles causing some part or the entirety of policy design to become implementable or unimplemented. This can be horizontal, with overlapping mandates and confused responsibilities among co-providers and other public bodies, or vertical, where policies do not have clear implementation plans or funding (Wild, Chambers, King and Harris, 2012, p. 1)
- Lack of effective performance oversight, where formal processes for monitoring and supervision are not followed or enforced and informal processes are insufficient.

This includes cases where monitoring and supervision processes are not clearly defined or understood. Crucially, this includes both top-down and bottom-up monitoring or supervision forms (Wild, Chambers, and King, and Harris, 2012, p.1).

- Collective action challenges, which result in groups failing to act in their collective self-interest, even where individual members stand to benefit if the group achieves its objectives. This is particularly relevant for the effective delivery of public services, which often requires contributions from different actors, including frontline providers, service users, local and central government authorities, non-state actors and others (Wild, Chambers, King and Harris, 2012, p.1)
- Moral hazard, in which actors are protected in some way from the risks associated with their actions or inaction. The study findings suggest that it is necessary to pay particular attention to cases where the availability of aid or other resources (e.g. derived from natural resources) reduces incentives to develop service delivery systems over the long term (Wild, Chambers, King and Harris, 2012, p.1)

From the above literature, it can be deduced that factors affecting public service delivery may include identity politics, poor performance control measures or systems, uncoordinated operational activities and moral hazard associated with incompetence protection.

2.8 Globally used Management Strategies for Strengthening Service Delivery in the Public Sector

Humphreys, who wrote a book entitled ‘Improving Public Service Delivery’ based on its international experiences up to that time (cited by the OECD in 1987) suggested that the key components of responsive service delivery are transparency, participation, satisfying user requirements, and accessibility. In revisiting these key elements nine years later, the OECD stressed their continuing validity, but restated them as follows (OECD, 1996, p. 18):

- Clients participate in or are consulted about decisions on what level and type of service is to be provided;

- Clients are informed as to what level and type of services are to be provided;
- Clients can reasonably be expected to receive this level of service; and
- Clients have rights to complain and seek redress if the appropriate level of service is not provided. In addition, service delivery agencies are required to set service quality targets and to report their performance against them' (OECD, 1996, p.18).

The origins of service quality initiatives in the member countries appear to vary substantially (OECD, 1996, p.20). In some countries, budget pressure was the determining factor, in others it was general dissatisfaction with government services. Some countries had a combination of the two factors. In the UK, the initiative was developed and promoted by political leaders. In Canada, it was initially developed and promoted by civil servants. In a number of countries, for example, Australia, New Zealand, and Sweden, management and staff of individual government organizations initiated service quality improvements as part of internal management reform in the absence of a centrally driven initiative. Service quality initiatives reflect a general acceptance of the importance of responsive and efficient government to economic and social progress, within a general context of budgetary constraints. Governments of various political persuasions are promoting them. Service quality initiatives are not necessarily part of 'smaller government' initiatives, although they may be when competition in service delivery is introduced. They are also consistent with an ongoing role for the public sector and with defending and instilling confidence in the public sector (OECD, 1996, p.20).

The adoption of the Charter for the Public Service in Africa by the African Ministers of Civil Service at the Third Biennial Pan-African Conference of Ministers of Civil Service in 2001 was a way of trying to improve public service delivery through an agreed set of principles and guidelines for a common Pan-African goal. Namibia adopted the Public Serviced Charter in 2002. As a counter to public outcry and motivation for transformed service delivery, the Government of Mauritius introduced the Public Service Excellence Award for the Public department in 2006. This award is given to the Public Service

Department, which excels in all spheres of its operations and thereby increases productivity and efficiency (Government of Mauritius, 2006, p.2).

2.9 Summary

In summary, this chapter provides the review of literature that is related to the research problem. It must be noted that there is limited literature on the current topic. However, related literature is available in the areas of air emergency, fire emergency and disaster relief and disaster recovery. The chapter also highlights the theoretical framework on disaster management, which guides the execution of this research study as well as service delivery. The chapter also chronicled some of the similar studies that have been carried out in other countries, which also have a bearing on the current study.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

The term methodology refers to a systematic, theoretical analysis of the methods applied to a field of study. Alternatively, methodology is defined as the theoretical analysis of the body of methods and principles associated with a branch of knowledge. This chapter covers the following issues: research design, population of the study, sample size determination, sampling procedure, research instrument, data collection, data analysis reliability and validity and the ethical considerations to be taken into account.

3.2 Research design

The research adopts a mixed method and it is descriptive and interpretive in nature. The research is rooted in the **abduction** approach, which is a common characteristic of a mixed method. The research also adopts a subjective approach, which is rooted in ontological philosophy. The interpretivist research strategy is used and it employs a descriptive qualitative approach. Myers (2009) argued that the premise of interpretive research is the access to reality and this can be constructed through social constructions such as language, consciousness and shared meanings. Interpretive paradigm is underpinned by observation and interpretation, thus, to observe is to collect information about events, while to interpret is to make meaning of that information by drawing inferences or by judging the match between the information and some abstract pattern. This approach allows the description of the situation qualitatively. Interpretivism research strategy enables the researcher to gain new insights about a particular phenomenon, develop new concepts or theoretical perspectives about the phenomenon, and discover the problems that exist (Leedy and Ormrod, 2010 p.136). In this case, the phenomenon explored is the emergency medical service in Namibia.

By using descriptive research strategy, the researcher intended to describe and interpret the characteristics of the existing phenomenon on the emergency medical service in Namibia. The researcher sought to discover answers to questions relating to the

fundamental characteristics that define the research subject of the factors that influence the emergency medical service quality in Namibia. Saunders, Lewis, and Thornhill (2003, p.97) indicate that the objective of descriptive research is to portray an accurate profile of persons, events and/or situation. Collis & Hussey (2003, p. 113) defined research design as a science or art of planning procedures for conducting studies so as to get the most valid findings. A Case study is an interpretivist methodology that looks in depth on a particular event or situation. This is the method that was applied in the current research.

3.3 Population of the study

Akpo (2006, p.169) defined a research population as the entire group of persons or set of objects and events of interest to the researcher. In other words, these are the people and organisations that are instrumental in ensuring that there is quality in the service provision of emergency medical rescue services. Blanche et al, (2006) argues that the population selected should such that it helps the researcher to address the research objectives and answer the research questions. The population of this study is, therefore, made up of the Motor Vehicle Accident Fund (MVA Fund) and its partners, namely, the Ministry of Health and Social Services (MoHSS) and the established EMRS Bases in Namibia.

3.4 Sample size

The sample size is generally determined by the population of the research subjects to be surveyed. According to Leedy and Ormrod (2010, p.213), if the population is less than 100, do not sample, survey the entire population. If the population size is around 500, sample 100. Leedy and Ormrod (2010, p.213) further argued that, there are two general indicators used to determine whether a sample is of sufficient size, namely representativeness and redundancy of information. Redundancy of information can only be ascertained after collection of field data, this is at the data analysis stage. For the current study, the sample size of 20 interviewees was selected, which consisted of 10 employees from the bases (Windhoek, Omuthiya and Usakos bases) as well as 10 Key

informants from the following institutions: Ministry of Health and Social services, MVA Fund, Roads Authority, Namibian Police and the National Road Safety Council.

3.5 Sampling Procedure

There are two main types of sampling methods that include probability sampling and non-probability sampling (Leedy and Ormrod, 2010, p.205). In this study, simple random probability sampling technique was used to select the sampling frame from The Ministry of Health and Social Services, Motor Vehicle Accident Fund Namibia, Emergency Assist, Local Authorities, Namibian Police, National Road Safety Council and the Roads Authority.

Simple probability sampling was used to select 20 respondents to the survey who are quite conversant with the subject matter of the current thesis. Welman et al. (2005, p.59) stated that random probability sampling enables each member of the population to have the same chance of being included in the sample. Names from the target population were listed numerically up to the last name on the list. Each of study population officials on the list had a chance of being included in the study. However, the random number selection was applied to choose a sample of 10 respondents from the bases using an Excel software spreadsheet until the desired sample size was selected. This procedure was used to ensure that each official has an equal chance of being included in the sample. In addition to this, a purposefully sampling procedure was used to select 10 Key informants from the key institutions (The Ministry of Health and Social Services, Motor Vehicle Accident Fund Namibia, Emergency Assist, Local Authorities, Namibian Police, National Road Safety Council and the Roads Authority).

3.6 Research Instrument

A questionnaire was used to collect the data for the study and it was delivered to the members included in the sample in person. Maree (2000, p.157) emphasises that if the questionnaire is short and to the point questionnaires many respondents can complete it within a short space of time. It was therefore not difficult and time consuming when the

respondents answered the questionnaires that I delivered to them. The research instrument is designed to follow the Likert Scale Model format. This is a universally accepted scientific model used to construct questions for collecting data.

3.6.1 Questionnaire Construction

The questionnaire used for this research consists of structured questions. The type of questions allowed easy computer analysis of data using IBM SPSS 21 software packages.

The questionnaire used in this research consisted of a list of 22 questions divided into three sections as follows:

- Section A: Had four structured questions on biographical and personal data of respondents.
- Section B: Had fourteen semi-structured questions on Service delivery at EMRS bases in Namibia
- Section C: Working environment and conditions at EMRS bases in Namibia

The Likert rating scales used allows the rater to assess the perception of participants (Welman, et al., 2005, p.159). This is also supported by Leedy and Ormrod (2010, p.189) who argued that rating scales are more useful when behaviour, attitude, perception, or other phenomenon of interest needs to be evaluated on a continuum basis. Since the services of EMRS constitute service delivery and customer satisfaction, which are behavioural aspects of operations and strategic management, the researcher found it necessary to use the Likert scale in some of the questions in the questionnaire.

3.6.2 Administration of the Questionnaire

The questionnaires were handed personally to individual respondents at their work places. Face to face administration of the questionnaire, in cases where the respondent completes the questionnaire in the presence of the researcher, helps to give a chance to the researcher to clarify some questions that the respondent may have. In addition, this may also help to increase the response rate of the respondents. Each respondent was educated about the purpose and benefits of the research before being asked to respond to

the questionnaire. Ethical issues of participants' rights, privacy, and confidentiality of information were explained to the respondent during the data collection process.

3.7 Data collection

The questionnaires were collected personally from respondents at least 30 minutes after being handed over. A checklist was used to make sure that all questionnaires distributed were collected. Each questionnaire collected was checked in the presence of the respondent to find out if all the questions were answered. In cases where some of the questions were not answered, the researcher sought some clarification and this helped in that almost all the respondents ended up answering all the questions on the questionnaires.

3.8 Data Analysis

Leedy and Ormrod (2010, p.257) stated that the important tool for organizing data is the electronic spreadsheet, a software program that allows a researcher to manipulate data displayed in a table where Microsoft Excel and Lotus 1-2-3 are widely used. The responses to all items were classified and tabulated in different categories using the IBM SPSS 20 software. The coded data were analysed by means of One-Way Anova at the 5% level of significance in order to determine the relationships among the variables. Significant variables in the study were identified and interpreted accordingly, and, where possible links for the relationships with literature review identified. The findings are presented in chapter four of the research report.

3.9 Reliability and Validity

Two experts were identified and asked to rate the reliability of the questionnaire. The degree of agreement of the two experts determined the reliability of the questionnaire. Welman et al. (2005, p.142) stated that if the research is replicated does it produce similar results. If this is the case, then the study can be deemed to reliable. On the other hand, Maree (2009, p.: 215) described reliability, as the extent to which a measuring instrument

is repeatable and consistent. The inter-rater reliability technique was used to rate uniformity of the questionnaire.

Maree (2009, p.216) defined content validity as the extent to which the instrument covers the complete content of the particular construct that it is set out to measure. One widely accepted classification consists of three major forms of validity, such as content validity, criterion-related validity and constructs validity. Face validity and content validity are the two forms of validity that were used to measure what were to be included in the questionnaire. The questionnaire was empirically tested for validity and reliability using IBM SPSS 20 software package. A Chrome Bach's Alpha reliability and validity tests were used to test the reliability and validity of the questionnaire. According to this test if the Chrome Bach's Alpha coefficient is equal or greater than 0.7 then the questionnaire results are overallly reliable and valid.

3.10 Ethical Considerations

Leedy and Ormrod (2010, p.101) stated that researchers should not expose research participants to unnecessary physical or psychological harm. Leedy and Ormrod (2010, p.102), further argued that researchers must keep the nature and quality of participants' performance strictly confidential. This means that ethical issues of participants' rights and privacy need to be considered in the research. The identity of the respondents for this study is treated with outmost confidential and on the basis of anonymity. This means the names and positions of the specific individuals that were interviewed is not be disclosed anywhere in the report. The researcher acquired permission from the relevant authorities to conduct the study, and approval was granted well before the study commenced. Communications between the researcher and participating institutions were done using e-mails, and authorities to conduct the research was granted via the same mode of communication (e-mails), hence no official letter on appendix. Consent was obtained from participants through a signed form, which highlights the aspect of voluntary participation in the study and anonymity of their identities (see appendix 3). .

3.11 Conclusion

This section dealt with the methodology used in this study. The type of the research, the research design, the population, the sample size, reliability and validity and ethical issues were discussed in the current section. In addition, the sampling procedures, data collection methods, and data analysis approach employed in this study were discussed in this chapter. The chapter also explained the fact that the mixed research method is the one used in the current study. Lastly, the need for ethical considerations when collecting data was also explained.

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS

4.0 Introduction

This study focused on the situation before and after the establishment of EMRS bases, the management, operations and the sustainability strategy of the programme. The independent variable used in this study was service delivery and the critical dependent variables that affect service delivery:

- MVA Fund Charter
- Work ethics
- Staff moral and motivation

This chapter focuses on the presentation and analysis of the results. In discussing the research findings, we compare the results of the current study with the results from empirical literature analysis discussed in Chapter 2 to identify the similarities and differences between the two.

4.1 Objectives of the Research

The objectives of the research revolve around the following:

- To find out the factors that contribute to the effectiveness of EMRS bases in Namibia.
- To identify and evaluate the obstacles that inhibit the effective operations of EMRS in Namibia
- To identify operational strategies that can be put in place to make EMRS efficient

4.2 Primary Data Analysis

The aim of collecting primary data was to establish the respondents' views on the quality of service delivery by EMRS bases in Namibia and use the data gathered to determine patterns and ultimately draw conclusions pertaining to the service delivery quality. The data was captured and analysed using the SPSS computer statistical programme and some of the responses are based on the Likert- scale coded as follows:-

Table 1: Likert Scale

4.2.1 Response Rate

A response rate of 100% was achieved. The high response rate was attributed to the fact that the researcher personally distributed and collected the questionnaires. Additionally, the researcher was also accorded the opportunity to give explanations to the respondents before they completed the questionnaires.

The covering letter accompanying the questionnaires assisted in explaining that the study was not only beneficial to the researcher's academic requirements, but that the recommendations from the study may also assist the organizations in their endeavour to embrace effective management strategies and reap the benefits associated to strategizing.

4.3 ANALYSES OF FREQUENCIES

This section provides an analysis of the information collected with regards to the biographic data of the study respondents. These includes information on gender, age and educational level.

4.3.1 Biographic data of respondents

4.3.1.1 Gender variable

Table 1: Gender Distribution

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Male	12	60.0	60.0	60.0
Female	8	40.0	40.0	100.0
Total	20	100.0	100.0	

Source: Survey Data

Frequency table 1 above shows that 60% of the respondents who participated in this research are male. The remaining 40% of the respondents are females.

4.3.1.2 Age group

Table 2: Age Distribution

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Less than 20yrs	1	5.0	5.0	5.0
21 -30 years old	7	35.0	35.0	40.0
31 -40 years old	11	55.0	55.0	95.0
41 - 50 years old	1	5.0	5.0	100.0
Total	20	100.0	100.0	

Source: Survey Data

The age distribution of the respondents depicted in Frequency table 2 above shows that 55% of the respondents who participated in this research are between the ages of 31-40 years. The results show that 35% of the respondents were between the ages of 21-30 years. The remaining 10% of the respondents were between 41-50 years (5%) and less than 20 years (5%), respectively. The result shows a well-balanced gender distribution across the board.

4.3.1.3 Educational level of participants

Table 3: Education Level

	Frequency	Percent	Valid Percent	Cumulative Percent
Grade 11 - 12 (metric)	2	10.0	10.0	10.0
Certificate	4	20.0	20.0	30.0
Diploma	14	70.0	70.0	100.0
Total	20	100.0	100.0	

Source: Survey Data

Frequency table 3 above depicts the level of education of the respondents. The table shows that 70% of the respondents have diplomas. The results also show that 20% of the respondents have certificates whilst the remaining 10% of the respondents has Grade 11-12 (certificate). The results show that the respondents have at least a good level of education relevant to their field.

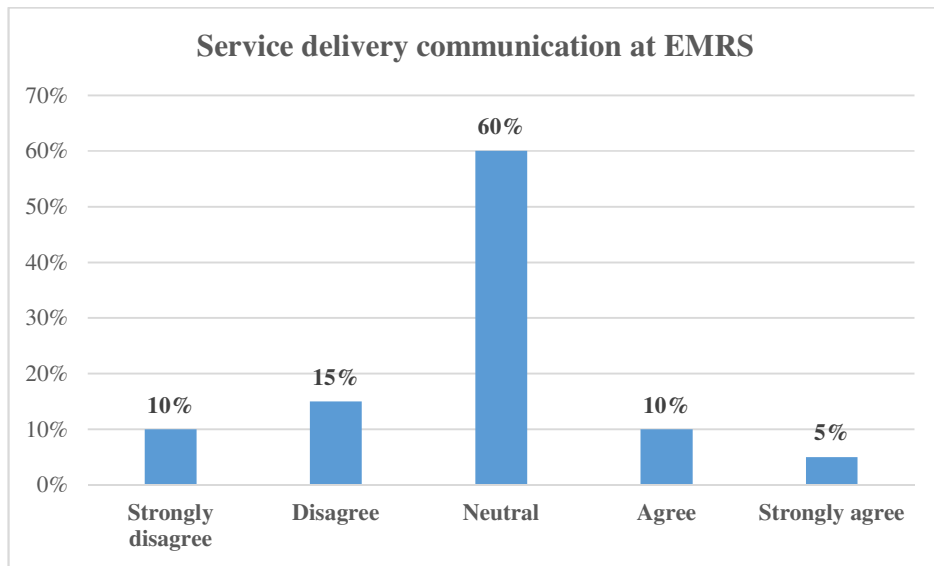


Figure 1: Service delivery at EMRS

Source: Survey Data

Figure 1 above shows that 60% of the respondents are not sure as to whether they agree or disagree with the statement that service delivery excellence to clients is well communicated to members of staff at EMRS bases, hence they indicated neutral. At least

(10%) of the respondents strongly disagree that service delivery excellence to clients is well communicated to members of staff at EMRS bases. Their sentiments were echoed by 15% of the respondents who also disagree that service delivery quality to clients is well communicated to members of staff at EMRS bases. Only 10% of the respondents agreed that service delivery quality to clients is well communicated to members of staff at EMRS bases. This is supported by only 5% of the respondents who strongly agree that service delivery excellence to clients is well communicated to members of staff at EMRS bases. The results show that service delivery excellence is not well communicated to clients and members of staff at EMRS bases.

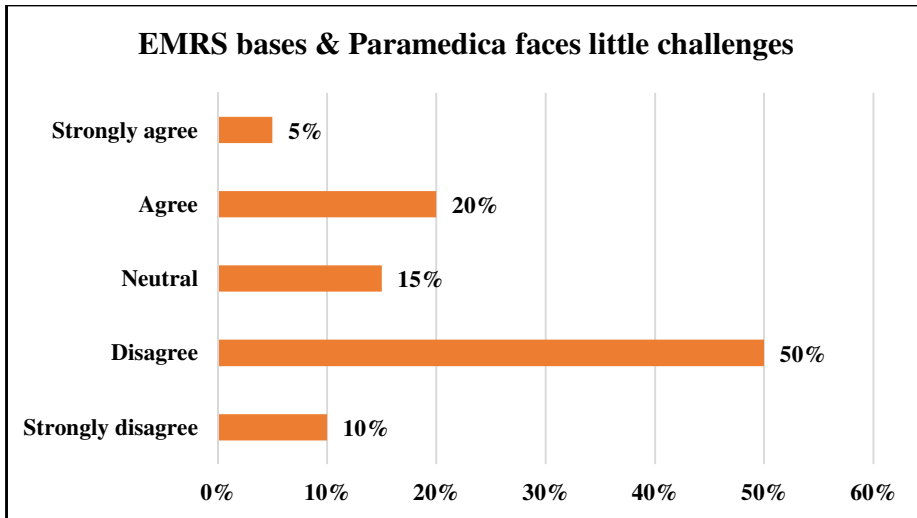


Figure 2: Challenges faced by EMRS and Paramedics in Namibia

Source: Survey Data

The results depicted in Figure 2 above show that 50% of the respondents disagreed that EMRS bases and Paramedics face a few challenges in their operations. Their sentiments were supported by 10% of the respondents who strongly disagreed that EMRS bases and Paramedics face few challenges in their operations. However, 15% of the respondents chose to remain neutral, as they did not express their opinion. The other 20% of the respondents agreed that EMRS bases and Paramedics face few challenges in their operations. Their sentiments is supported by the remaining 5% of the respondents who strongly agree that EMRS bases and Paramedics face a few challenges in their operations. The results show that the majority of the respondents who participated in this study disagreed that EMRS basis and Paramedics face a few challenges in their operations.

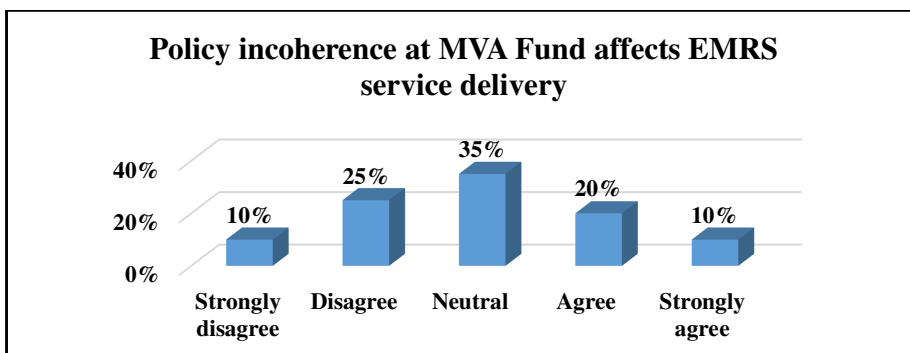


Figure 3: MVA Policy Inconsistencies

Source: Survey Data

Figure 3 above show that 25% of the respondents disagree that policy incoherencies or contradictions at MVA Fund towards EMRS bases affects service delivery. Their sentiments are supported by 10% of the respondents who strongly disagreed that policy incoherencies at MVA Fund towards EMRS bases affects service delivery. The other 20% of the respondents agreed that policy incoherencies at MVA Fund towards EMRS bases affect service delivery. These sentiments are supported by 10% of the respondents who strongly agreed that policy incoherencies at MVA Fund towards EMRS bases affect service delivery. The remaining 35% of the respondents decided to remain neutral since they did not express their opinion.

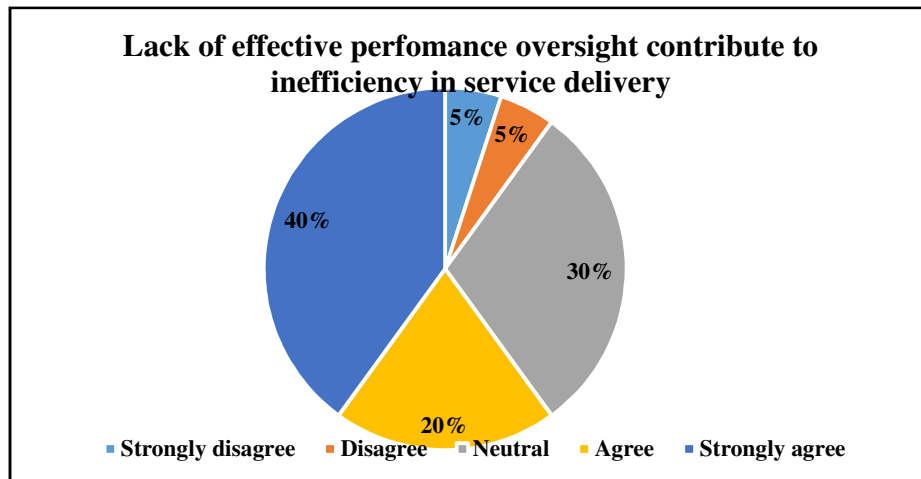


Figure 4: Performance Oversight

Source: Survey Data

Figure 4 above shows that 40% of the respondents strongly agree that lack of effective performance contributes to an inefficient delivery system at EMRS bases in Namibia. The same sentiments are supported by 20% of the respondents who also agree that the lack of effective performance contributes to an inefficient delivery system at EMRS bases. Only 5% of the respondents strongly disagree that lack of effective performance contributes to an inefficient delivery system at EMRS bases. The remaining 30% of the

respondents did not express their sentiments as to whether lack of effective performance contributes to an inefficient delivery system at EMRS bases in Namibia.

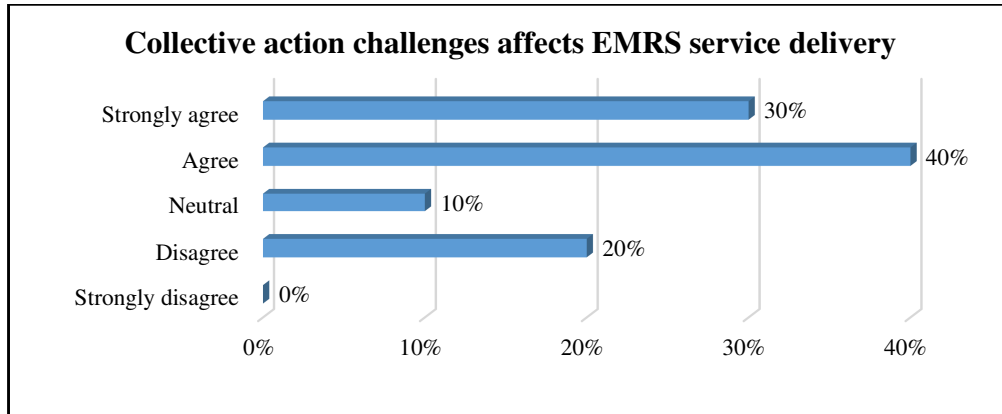


Figure 5: Collective Action

Source: Survey Data

The results show that 40% of the respondents agree that collective action challenges affect quality of service delivery to the entire EMRS bases in Namibia. The same sentiments are supported by 30% of the respondents who also strongly agreed. However, 20% of the respondents disagree that collective action challenges affects EMRS operations concerning the quality service delivery. The remaining 10% of the respondents were neutral as far as this question is concerned.

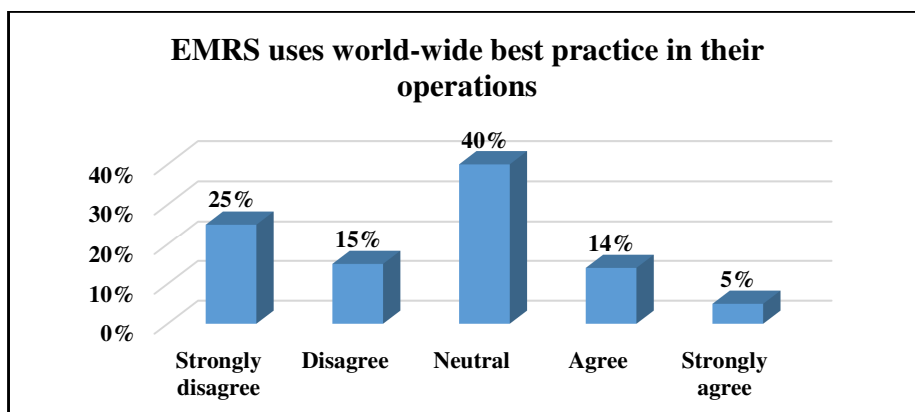


Figure 6: Best Practices in place

Source: Survey Data

The results depicted in figure 6 above show that 40% of the respondents remained neutral. The other 25% of the respondents strongly disagree that EMRS bases in Namibia use worldwide best practices in their operations. The same sentiments were echoed to by 15% of the respondents who also disagree that EMRS bases in Namibia uses worldwide best practices in their operations. On the other hand, 15% of the respondents agree that EMRS bases in Namibia use worldwide best practices in their operations. The sentiments were supported by 5% of the respondents who strongly agree that EMRS bases in Namibia uses worldwide best practices in their operations.

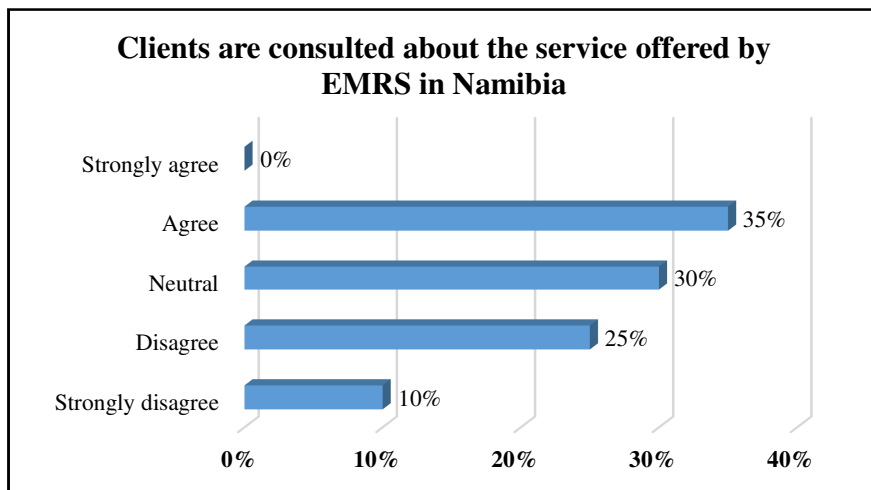


Figure 7: Clients Consultations

Source: Survey Data

The results show that 35% of the respondents agree that clients are consulted about decisions on the level and type of services to be provided by EMRS bases. The other 10% of the respondents strongly disagree that clients are consulted about decisions on the level and type of services to be provided by EMRS bases. Thirty percent of the respondents are neutral. The other 25% of the respondents disagreed with this sentiment.

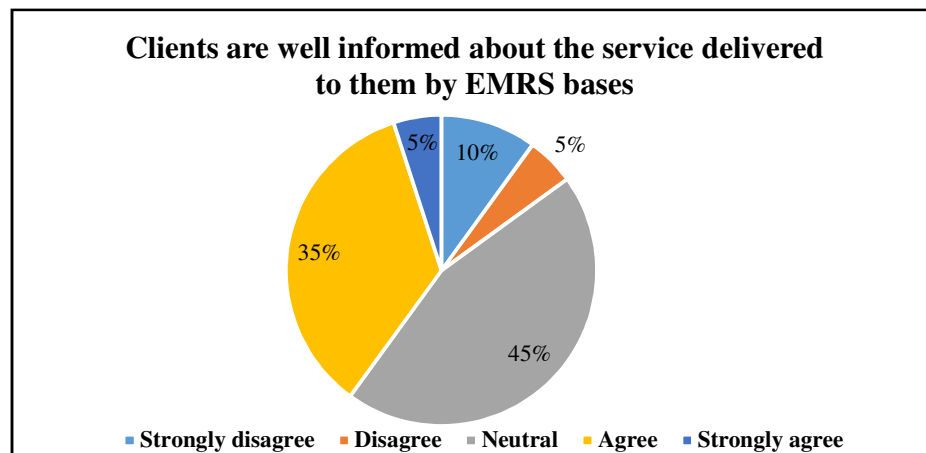


Figure 8: Information to clients

Source: Survey Data

The results show in Figure 8 show that 35% of the respondents agree that clients are well informed as to the level and type of services they are to be provided by MVA-Fund and MoHSS bases. This was supported by 5% of the respondents who also strongly agree that clients are well informed as to the level and type of services they are to be provided by MVA-Fund and MoHSS bases. Forty five percent of the respondents remained neutral. The remaining 10% of the respondents strongly disagree that clients are well informed about the level and type of services they are to be provided by MVA-Fund and MoHSS bases. This was supported by another 5% who disagreed with this sentiment.

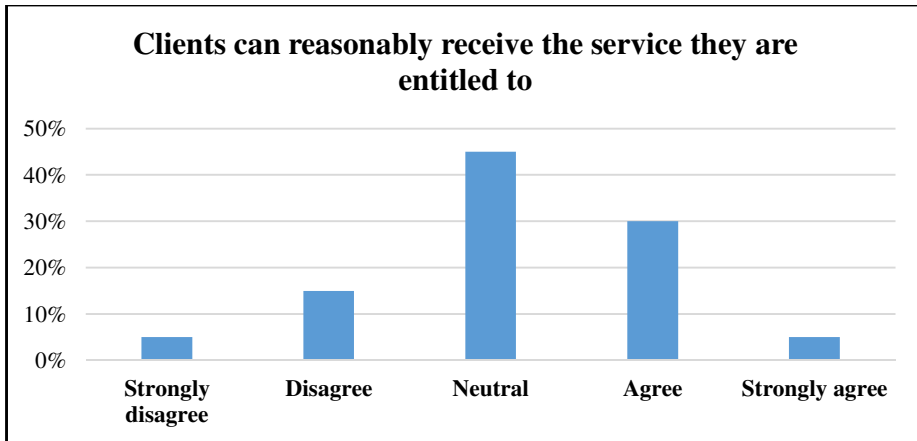


Figure 9: Clients Receiving Services

Source: Survey Data

Figure 9 above shows that 45% of the respondents remained neutral on the issue of whether clients are receiving reasonable services. The results also show that 30% of the respondents agree that clients are receiving reasonable services that they are entitled to. The same sentiments are supported by 5% of the respondents who strongly agreed with this sentiment. However, 15% of the respondents disagree that clients are receiving reasonable services that they are entitled to. In addition, another 5% of the respondents strongly disagreed with the notion.

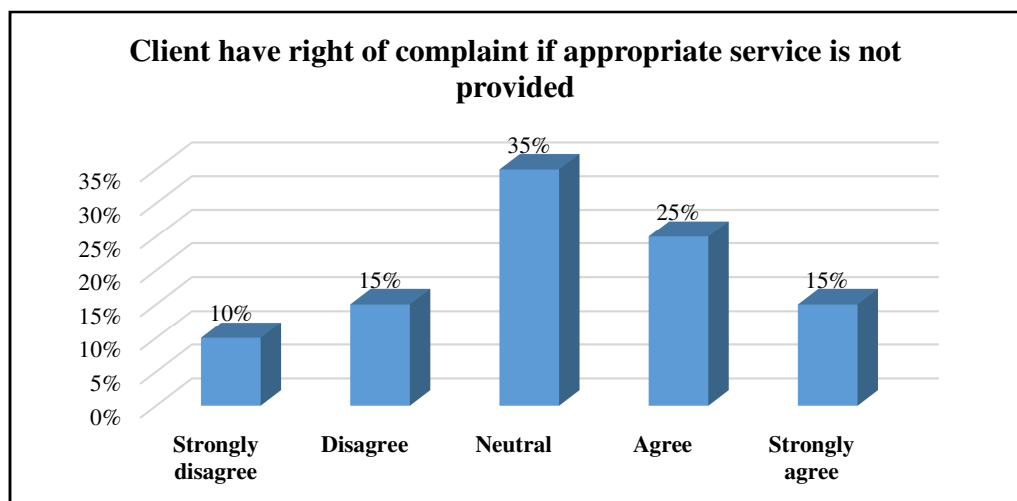


Figure 10: Rights of Complaint and Redress

Source: Survey Data

Figure 10 above shows that 35% of the respondents remained neutral on the issue of whether clients have the right to complain and seek redress if the appropriate service is not provided to them. The results also show that 25% of the respondents agree that clients have the right to complain if the service that they receive does not meet their expectations. Additionally, 15% of the respondents strongly agree with the notion. However, 15% and 10% of the respondents disagree and strongly disagree, respectively, that clients have the right to complain if inappropriate service is rendered to them.

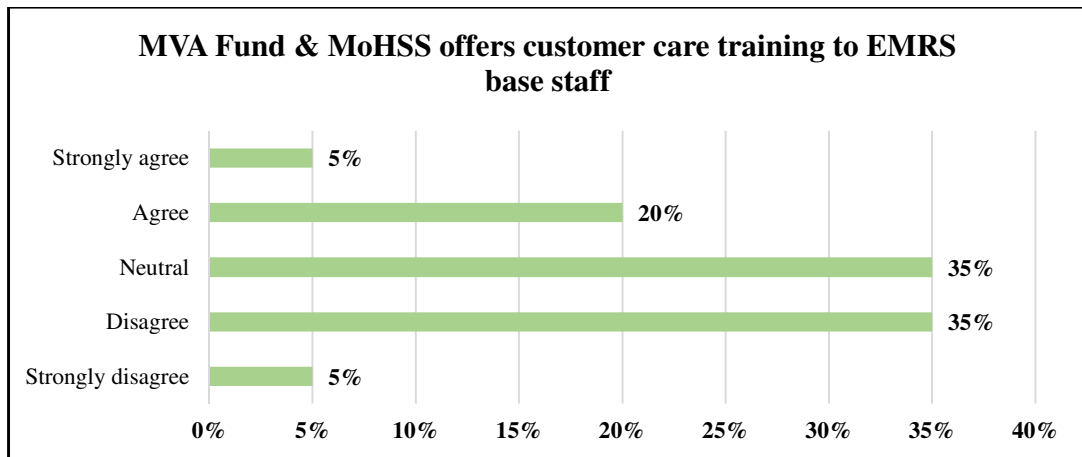


Figure 11: Customer Care Training

Source: Survey Data

The results shown in figure 11 above indicate that 35% of the respondents disagree that MVA Fund and MoHSS offer customer care training workshops to members of staff of EMRS bases. The same sentiments were shared by 5% of the respondents who also strongly disagree that MVA Fund and MoHSS offer customer care training workshops to members of staff of EMRS bases. The other 35% of the respondents chose to remain neutral. In addition, 20% of the respondents agree that MVA Fund and MoHSS offer customer care training workshops to members of staff of EMRS bases. Another 5% of the respondents strongly agreed with the notion. Overall, 25% of the respondents affirm that

customer care training workshops are conducted while 40% disagree. Those who disagreed are more than those who agreed.

Environmental and Working Conditions at EMRS

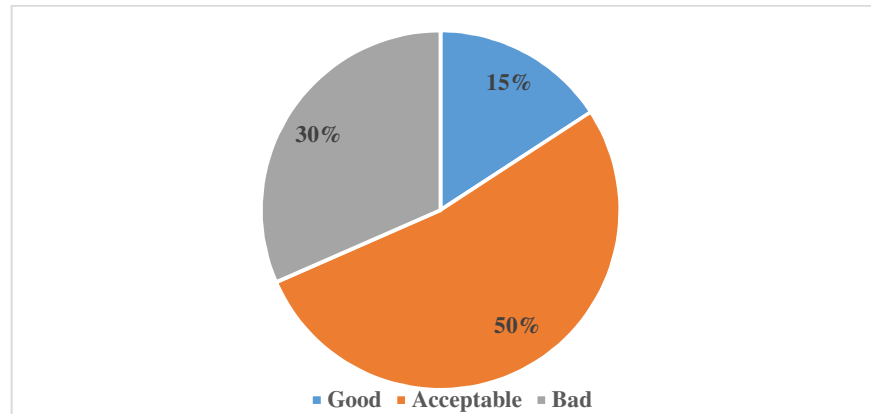


Figure 12: Infrastructures, facilities and offices at EMRS base

Source: Survey Data

The results in Figure 12 show that 50% of the respondents believed that the infrastructure and offices at EMRS bases in Namibia are at an acceptable level. The other 20% of the respondents said that infrastructure, facilities, and offices at EMRS bases in Namibia are good. The remaining 30% of the respondents said that infrastructure facilities and offices at EMRS bases are not good. This means that the majority of the respondents (70%) are satisfied with the quality of the infrastructure and offices available.

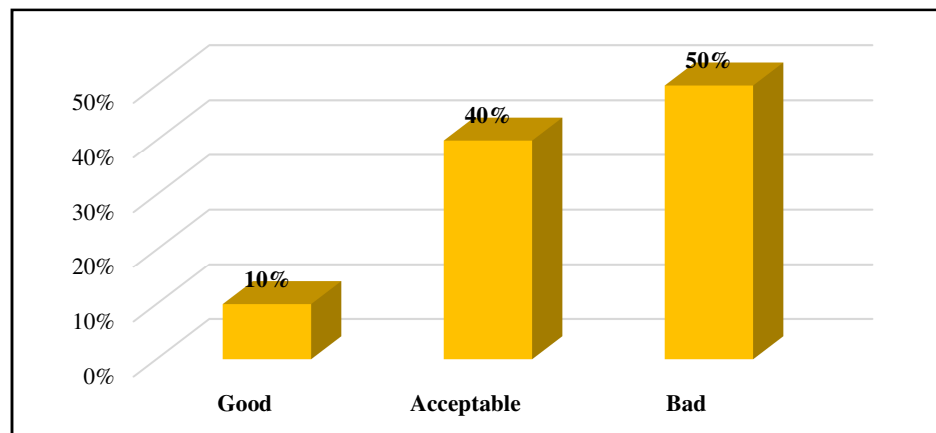


Figure 13: Management Style

Source: Survey Data

The results shown on figure 13 above show that 50% of the respondents express their opinions that EMRS bases management style is poor. Moreover, 40% of the respondents believe that EMRS bases management style is acceptable. The remaining 10% of the respondents also believe that EMRS bases management style is good. This means that 50% of the respondents are happy with the management styles of the EMRS bases while the other 50% is not happy.

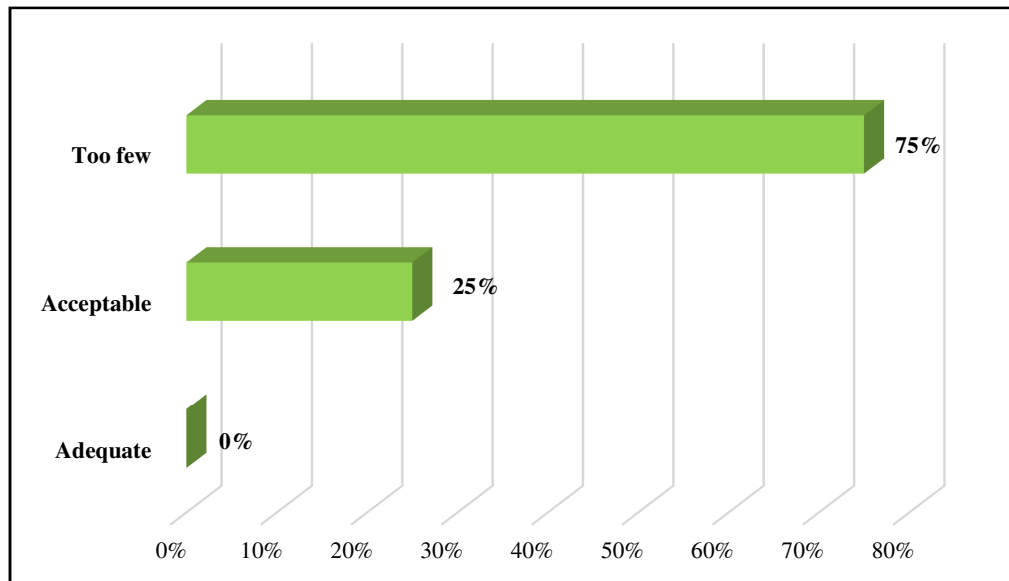


Figure 14: Staff Complements

Source: Survey Data

The results depicted from figure 14 above show that 75% of the respondents said that the staff complement at EMRS Bases is not adequate. The remaining 25% of the respondents said that the staff complement at EMRS Bases in Namibia is acceptable. The results suggest that EMRS bases need to improve their levels of staff compliments at the bases as nobody indicated that staffing was adequate.

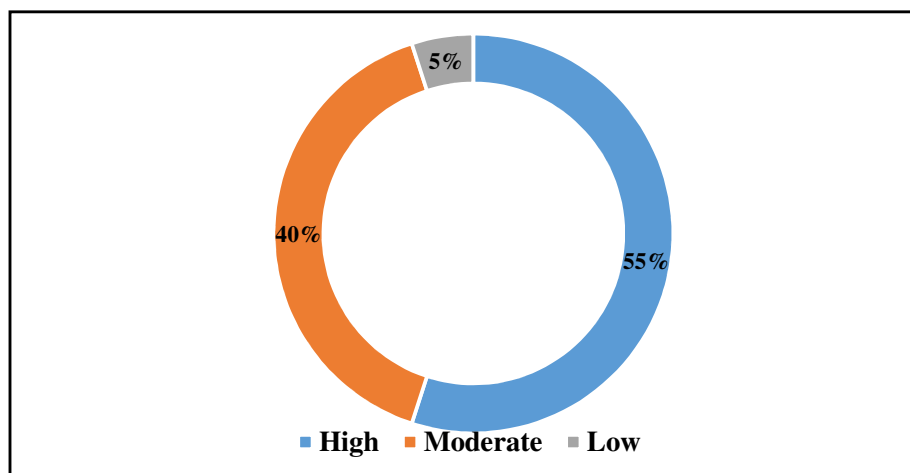


Figure 15: Public Pressure

Source: Survey Data

The results reflected in figure 15 above show that 55% of the respondents said that from the public pressure on the services offered by the bases is high. The other 40% of the respondents indicated that public pressure on services is moderate. The remaining 5% of the respondents said that public pressure on the services offered by the bases is low.

4.4 ONE WAY ANOVA

The analysis of variance in statistics is popularly known as **ANOVA** and this can be used in cases where there are more than two groups of variables. It is used to compare means of more than two samples to determine whether a significant relationship exists between the variables (Kothari, 2011, p. 256).

Table 4: One Way Anova Statistics Summary Results

ONE- WAY ANOVA					
Parameter	Sum of Squares	df	Mean Square	F _{calculated}	Probability
MVA Fund Charter	10.414	2	5.207	7.293	0.005
Service Delivery Excellence	4.985	2	2.493	3.664	0.043
Staff Morale, Motivation	2.036	2	1.018	3.028	0.005
Work Ethics	8.871	2	4.436	5.414	0.015

Source: Survey Data

Table 4 above is a summary of the variables that are significant at the 5% level. The Figure for service delivery excellence is shown here because it is the dependent variable in this study, and it should therefore be given prominence in the results.

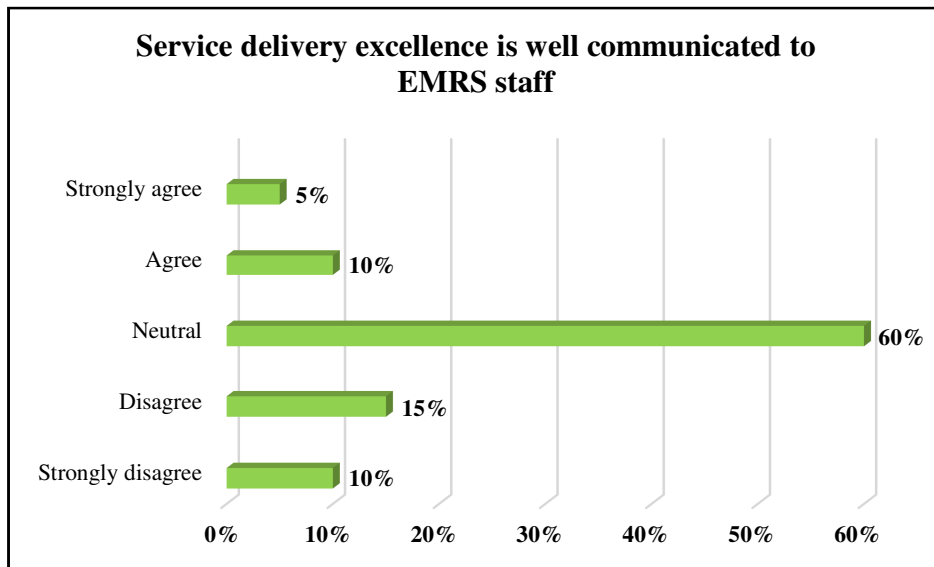


Figure 16: Service Delivery Excellence

Source: Survey Data

Service delivery excellence is critical to the study because it is the dependent variable in the current study. Figure 16 indicates that 10% of the respondents agreed that service delivery excellence is communicated to clients and members of staff at EMRS bases. However, 60% of the respondents remained neutral. Five percent of the respondents strongly agree that service delivery excellence is communicated to clients and members

of staff at EMRS bases. Furthermore, 15% and 10% of the respondents disagreed and strongly disagree with this sentiment, respectively. The negative results are indicators that much needs to be done to improve service delivery in EMRS bases.

Service delivery at EMRS bases in Namibia is critical to the study since the one way ANOVA of the variable is significant at the 1 percent level. Ramseook-Munhurrun et al. (2010, p.40) argue that the public sector services are responsible and accountable to citizens and communities as well as to their customers. Service provision is more complex in the public sector because it is not simply a matter of meeting the expressed needs, but of finding out unexpressed needs, setting priorities, allocating resources and publicly justifying and accounting for what has been done (Gowan, Seymour, Ibarreche & Lackey, 2001, p.278). Unlike, private sector organisations, public organisations have a broad spectrum of needs to be satisfied which includes both expressed and unexpressed needs. Customer needs, expectations, and quality requirements are changing when it comes to governmental services (Ramseook-Munhurrun et al., 2010, p.37). This means that the public sector should keep itself abreast with the dynamism of customer needs and expectations when it comes to service delivery. In support of this, Caron and Giauque (2006, p.546) pointed out that public sector employees are currently confronted with new professional challenges arising from the introduction of new principles and tools inspired by the shift to new public management. Flexibility, proactive approach, and ability to change with the times are some of the ingredients that can be used to improve the public sector service delivery for the satisfaction of both expressed and unexpressed public needs. EMRS bases in Namibia can adopt change management strategies and apply principles of flexibility and proactive management principles to enhance their service delivery for the satisfaction of their customers.

The situation on the ground in terms of service delivery and the public perception on the quality of service delivery appear different, as the criticism to the public service delivery has become a global phenomenon. Public sector service providers are supposed to be accountable to the citizens and communities as well as to their customers (Ramseook-Munhurrun, Lukea-Bhiwajee, & Naidoo, 2010, p.40). As a public service

organisation committed to providing emergency services, it should develop mechanisms and strategies that can foster responsibility and accountability for it to be rated among the best in the world.

Traditionally, the public sector is considered a passive vehicle for executing social policy mandated by legislation. However, service quality practices in the public sector organizations are slow and it is further exacerbated by difficulties associated with measuring outcomes, scrutiny from the public and the press, lack of freedom to act in an arbitrary fashion and the requirement that decisions be based on law (Teicher, Hughes & Dow, 2002).

Literature reviewed also indicates that Kotler and Armstrong (2008, p.218) define services as a form of product that consists of activities, benefits or satisfactions offered for sale that are essentially intangible and do not result in ownership of anything. Unlike tangible products, services are produced and consumed at the same time in the presence of the customer and the service producer (Ramseook-Munhurrun, Lukea-Bhiwajee & Naidoo, and 2010, p.37). Services are intangible and are provided mainly by human beings, unless a machine, which is either directly or indirectly controlled by a human being as with vending machines and automatic teller machines (ATMs), otherwise dispenses them. Generally, individuals and organizations provide and deliver services to customers who are the recipients of such services. The consumer of the service is the customer whose satisfaction is dependent on a variety of attributes based on perception, expectations, and opinions of the anticipated service.

Service delivery is the provision of the promised service by an individual or organization to the customer. The provision or delivery of a service is characterized by service inseparability which, according to Kotler and Armstrong (2008, p. 240) means that services cannot be separated from their providers (employees or members of staff) who are part of the service. Service delivery involves a human interaction which Kotler and Armstrong (2008, p. 240) described as a provider-customer interaction where both the provider and the customer affect the service outcome. The service outcomes in this

case being the benefits or satisfaction from the customer's perception of EMRS bases in service delivery.

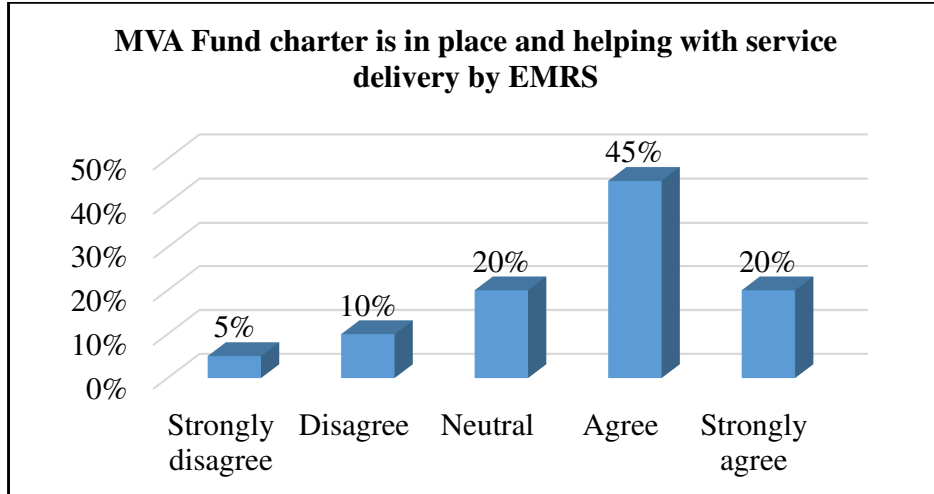


Figure 17: MVA Fund Charter

Source: Survey Data

The MVA Fund Charter One Way ANOVA is also significant at the one percent level and this suggests that the variable is important in the current study. In addition, Figure 17 indicates that 45% of the respondents agree that the MVA Fund Charter is in place and helping as far as service delivery at EMRS bases is concerned. Another 20% of the respondents strongly agree that the MVA Fund Charter is in place and helping as far as service delivery at EMRS bases is concerned. However, 10% of the respondents disagree that MVA Fund Charter is in place and that it is helping with service delivery at EMRS bases. A further 5% of the respondents strongly disagree with this sentiment. This means that the majority of the respondents that is 65% affirm that the MVA Fund Charter exists and the EMRS bases are using it.

Literature reviewed reflects that MVA Fund Charter is a brief public document in which the organization explains the services it delivers, which the citizens can expect and the complaint mechanisms to use if the service standards are not fulfilled. This is called the Service Charter model. The aim of Service Charters is to 'translate' constitutional and legal obligations into practical and technical standards for service provision. Danish

Institute for Human Rights (DIHR) (2012, p.2) defined a Public Service Charter as a social contract between the state and the citizens, as it explains the rights citizens are entitled to. The DIHR approach to Public Service Charters can be perceived as rights-based in the sense that the definition of service standards is derived from the relevant human rights documents and national policy. According to Thomassen, Ahaus, Van de Walle and Nabitiz (2012, p.13), many organizations have introduced service charters to improve service quality and customer satisfaction.

Generally, Public Service Charters outline and explain the mandate of the public sectors principles, and guidelines to be followed in public service delivery. In realizing this and the need to deliver the promised mandatory functions, the major provision of the Charter of the Public Service in Africa states that, “public services must be able to equitably and effectively discharge their vital functions of safeguarding the fundamental values of the public service, to protect public interest and promote human and sustainable economic and social development”.

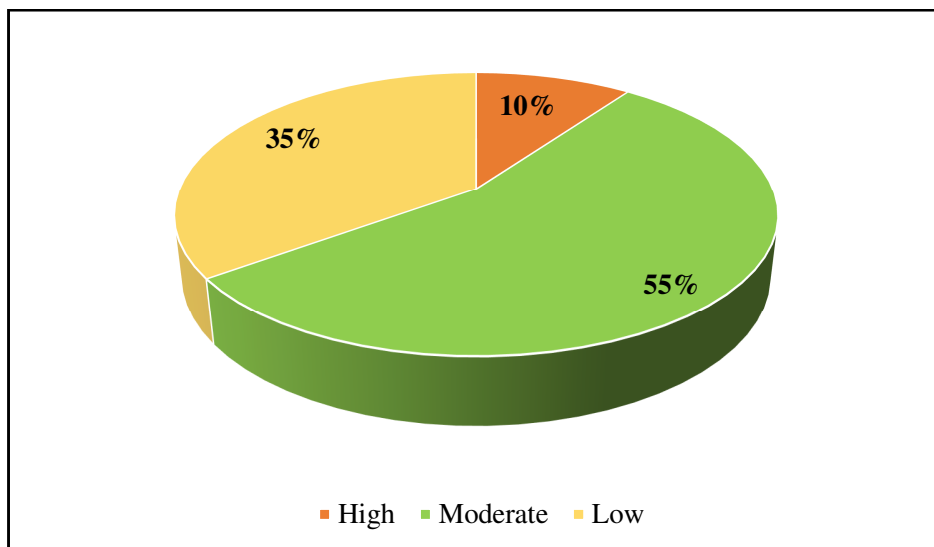


Figure 18: Staff Motivation

Source: Survey Data

Staff morale has a strong bearing to the study since its One Way ANOVA is significance at the 1 percent level. The results in Figure 18 show that 55% of the respondents said that

staff morale is moderate whilst 10% of the respondents said that staff morale is high. The remaining 35% of the respondents said that staff morale is low. This implies that staff morale is considered satisfactory and high by 65% of the respondents and 35% feel that staff morale is low.

The work ethics variable has a strong bearing on the study since its One Way ANOVA calculated value of 5.414 is significant at the 5% level. Figure 19 below shows that 30% of the respondents agree that the work ethics they are subjected to are good. In addition, 15% of the respondents strongly agree that work ethics in their organisation are good. The remaining 10% of the respondents strongly disagreed with the idea that the work ethics are good in their organisations.

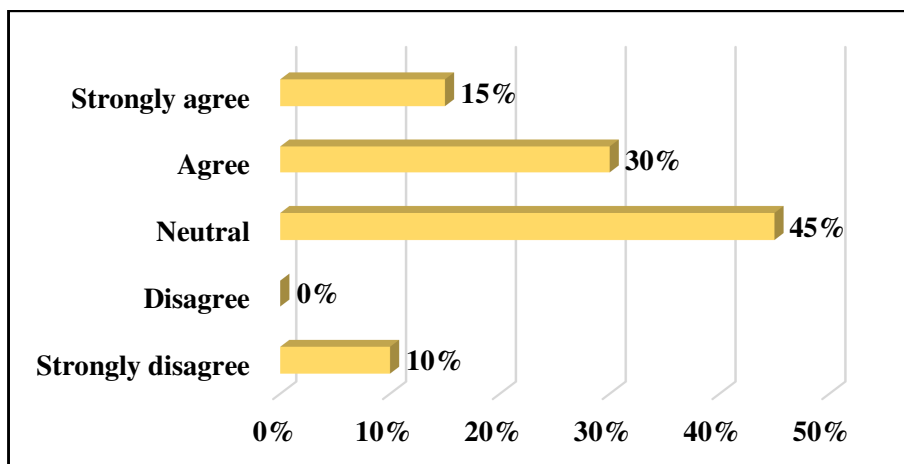


Figure 19: Work Ethics

Source: Survey Data

CHAPTER FIVE

DISCUSSION OF FINDINGS

5.1 Introduction

This chapter focuses on analysis and discussion of findings. The study looked at the situation of EMRS bases performance in Namibia. The study determined:

- the factors that hinder service delivery at EMRS bases in Namibia.
- the current management strategies and policies that are meant to strengthen the service delivery system.
- the alternative management strategies that can mitigate the challenges that relate to service delivery in EMRS bases in Namibia.

5.2 Objectives Revisited

The objectives of the research are:

- To find out the factors that contributes to the effectiveness of EMRS bases in Namibia.
- To identify and evaluate the obstacles that inhibit the effective operations of EMRS in Namibia
- To identify operational strategies that can be put in place for EMRS efficient

5.3 Analysis of the Findings

The findings analysed in this chapter were established in Chapter 4.

5.3.1 Service Delivery Excellence

There is a need to improve service delivery at MVA Fund and MoHSS, EMRS bases in Namibia. Management has an uphill task to drive this process. The employees who offer the services need to boost their competency to ensure that the services are delivered in an excellent manner as expected. It only takes proper management and employee training to remedy this problem.

5.3.2 MVA Charter

In an effort to improve service delivery through adoption and application of the principles of the 2002 Namibian Service Charter, the MVA Fund adopted a service charter aimed at improving service delivery at EMRS bases. To this end, the questions that come to mind include: (a) To what extent are the provisions and principles of the MVA Fund Charter being implemented in EMRS bases, and, (b) Why is service delivery in the organization regarded as poor?" Much needs to be done to improve on the MVA Fund Charter.

5.3.3 Lack of Effective Performance

Lack of effective performance occurs, where formal processes for monitoring and supervision are not followed or enforced and informal processes are insufficient. This includes cases where monitoring and supervision processes are not clearly defined or understood. Crucially, this includes both top-down and bottom-up forms of monitoring or supervision. A lot still needs to be done in this area to help improve service delivery.

5.3.4 Clients are well informed

This study found out that clients are not always informed and a lot of work needs to be done to see to it that systems are put in place to create public awareness. The public, as the consumers of services should be made aware of the services they should expect to get. It is the duty of MVA Fund and MoHSS to create public awareness of their services.

5.3.5 Clients can Reasonably Receive the Service

Clients need to receive the services through an excellent service delivery system and need to be delighted through the consumption of the service delivered. This, to some extent is lacking at EMRS bases. A lot of work needs to be done to ascertain the availability and delivery of services in a way that satisfies the consumers.

5.3.6 Customer Care Training

Customer care training is essential at MVA Fund and EMRS bases as it helps the staff to expedite the service delivery and work towards satisfying the customers. There is need to improve in this area through the provision of training to staff so that they are fully aware of the proper ways to handle clients.

5.3.7 Infrastructure

There is a need to improve infrastructure to enable staff members to discharge their duties efficiently and effectively. Good working space is required for efficiency and effectiveness. Inadequate working space, sometimes contributes to inefficiency on dissemination of duties by staff, and hence this would end up affecting clients.

5.3.8 Management Style

Management styles also need to change in line with the customers' expectations. In service training for management is needed if they are to cope with the changing dynamics and are to help towards satisfying customers. Efficient and effective Managers are needed to direct the operations of the organizations in a transparent and effective manner.

5.3.9 Pressure from the Clients

Sometimes pressure from the clients is caused by staff incompetency as they fail to effectively service clients on time. At times staff members are too slow and are incapable of discharging their duties in an effective manner. Many improvements are needed if customers are to receive a worthwhile service.

5.3.10. Research Question 1

What factors contribute to the effectiveness of EMRS bases in Namibia?

This study determines the factors that hinder service delivery of EMRS bases in Namibia; and these are lack of customer care training for staff members and management, lack of effective performance as well as unchanging management styles. There is a great need for the organisations to embrace current changes and move with the times in order to satisfy their customers.

5.3.11 Research Question 2

What are the obstacles that inhibit the effective operations of EMRS in Namibia?

The study established that MVA Fund Charter and Service Delivery in the Public Sector are in place to help strengthen the EMRS bases service delivery system. Although the management strategies and policies are in place, they are not effectively utilized to

strengthen the service delivery system. There is a lot that needs to be done to make the service delivery system work effectively.

5.3.12 Research Question 3

What operational strategies can be put in place for EMRS to be efficient?

Effective strategic management planning, staff training and development as well as management training on strategic management planning and implementation would be tools that the management might need to spruce up EMRS bases. Effective rewards and compensation systems would help to motivate top performers.

CHAPTER SIX

SUMMARY, CONCLUSION AND RECOMMENDATIONS

6.1 Introduction

This chapter focuses on conclusion and recommendations of the study. The study looked at the performance of EMRS bases in Namibia. The study determined that

- There are factors that hinder service delivery at EMRS bases in Namibia.
- There are management strategies and policies that can strengthen the service delivery system.
- There are alternative management strategies to EMRS bases in Namibia needed to mitigate the service delivery challenges.

6.2 Summary of Major Findings

Generally, much needs to be done by MVA Fund and MoHSS in the management of EMRS bases in order to improve service delivery. Literature review has pointed out the need for the organizations to create public awareness of the services the public should expect to get. The study established that much needs to be done to ensure the development of this sector so that service delivery is effectively improved. The major findings of this research are summarized below:

- Ninety percent of the respondents highlighted that service delivery at EMRS bases in Namibia is poor.
- Sixty percent of the respondents disagreed that EMRS bases and Paramedics face few challenges in their daily operations.
- Thirty percent of the respondents agree that policy incoherencies at MVA Fund affect service delivery EMRS bases.
- Sixty percent of the respondents agree that lack of effective performance oversight contributes to an inefficient delivery system at EMRS bases in Namibia.
- Forty percent of the respondents disagree that EMRS bases in Namibia use worldwide best practices in their operations.

- Thirty five percent of the respondents also disagreed that clients are consulted about decisions on the level and type of services to be provided by EMRS bases.
- Forty percent of the respondents agree that clients are well informed as to the level and type of services they are to be provided by MVA-Fund and MoHSS bases.
- Twenty percent of the respondents disagree that clients are receiving reasonable services that they are entitled to.
- Forty percent of the respondents agree that clients have rights to complain and seek redress if the appropriate service is not provided or is improperly provided.
- Forty percent of the respondents disagree that MVA Fund and MoHSS offer customer care training workshops to members of staff of EMRS bases.
- Fifty percent of the respondents believed that infrastructure, facilities, offices at EMRS bases are acceptable.
- Seventy five percent of the respondents affirm that staff compliments at EMRS Bases Are thin.
- Fifty five percent of the respondents said that pressure from the public about the services offered by the bases is high.
- Lack of key pieces of legislation reduces confidence when providing services to clients, hence may lead to poor emergency rescue service delivery.
- Delays experienced in getting patients to medical facilities also indicate poor service delivery as it is associated with customer dissatisfaction.

6.4 Recommendations

6.4.1 What MVA Fund and MoHSS must do?

MVA Fund and MoHSS should embrace best practices of delivering the type of services they render (Thompson & Strickland, 2003) and these include:

- Providing attractive rewards and benefits.
- Making sure that the suggestions of employees are valued and respected. This does not mean that such suggestions are always correct and should be implemented, but rather it means that the employer should consider the suggestions of employees and provide in-depth feedback on them.

- Creating a work atmosphere where there is sincerity, caring and mutual respect among workers and between management and employees.
- Providing inspiring leadership that makes employees feel that they are a part of something worthwhile in the social sense.
- Sharing information with employees about financial performance, strategy, and operational measures.
- Being flexible on how organizations approach people management.

6.4. 2 Key recommendations

Based on the findings, the following recommendations are made:

1. MVA Fund should give careful attention to the entire strategic management processes, that is:-

- Environmental scanning
 - Strategy formulation
 - Strategy implementation
 - Strategy evaluation and control
- 2 The organization should provide strategic management training through seminars and workshops to empower employees to be good decision makers.
 - 3 Top management needs thorough training on strategic management for them to train others and be able to initiate strategic action and lead by example in their organizations.
 - 4 Careful attention should be given to strategy implementation. Strategies that are not implemented no matter how brilliant they are constitute nothing more than an academic or intellectual exercise. They should build the capacity to implement strategic plans at all levels.
 - 5 The organization should have clear set measurable objectives, which should be reviewed periodically for corrective action.
 - 6 Organizational culture should be mentored to facilitate effective dissemination of services.

- 7 Leadership has a major role to play and can initiate strategic planning actions by giving vision and direction. Total commitment by management should be expected if strategies are to be successfully implemented.
- 8 Training and staff development is something, which MVA Fund needs to tackle to improve the performance of its employees.
- 9 Compensation and reward systems should be put in place to ensure that strategies are successfully implemented.
- 10 Effective communication channels have to be created to enable a smooth flow of information between top management and their employees and to speed up the service delivery process.
- 11 Teamwork building has to be encouraged. There should be interdependency between management and the employees if effective delivery of the service is to be realised.
- 12 MVA Fund needs to embrace best practices for the organization to flourish.

6.4.3 Directions for Future Research

Many scholars have argued that research is an on-going process. This research study recommends that further research should be undertaken in order to find out related variables that are not covered in the scope of this study, but which are relevant and contribute to the achievement of the objectives of MVA Fund.

- Similar research may be conducted in areas not covered by this research.
- It is further recommended that new methodology and population be considered for further research.

6.5 Conclusion

This research had a worthwhile contribution to MVA Fund and MoHSS and other government organizations, since most of the government institutions fall short in terms of service delivery. This research contributes positively to organisations that want to improve their service delivery. This research also contributes to literature on service

delivery, which is very useful in the Namibian context given the fact that very little work has been done on service delivery in Namibia.

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Appendix 1

Frequency Table

gender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	12	60.0	60.0	60.0
	Female	8	40.0	40.0	100.0
	Total	20	100.0	100.0	

Age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than 20yrs	1	5.0	5.0	5.0
	21 -30 years old	7	35.0	35.0	40.0
	31 -40 years old	11	55.0	55.0	95.0
	41 - 50 years old	1	5.0	5.0	100.0
	Total	20	100.0	100.0	

Highest level of education

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Grade 11 - 12 (matric)	2	10.0	10.0	10.0
	Certificate	4	20.0	20.0	30.0
	Diploma	14	70.0	70.0	100.0
	Total	20	100.0	100.0	

Service delivery excellence

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly disagree	2	10.0	10.0	10.0
Neutral	7	35.0	35.0	45.0
Agree	11	55.0	55.0	100.0
Total	20	100.0	100.0	

Mva fund charter

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly disagree	1	5.0	5.0	5.0
Disagree	2	10.0	10.0	15.0
Neutral	4	20.0	20.0	35.0
Agree	9	45.0	45.0	80.0
Strongly agree	4	20.0	20.0	100.0
Total	20	100.0	100.0	

Service delivery atemrs

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly disagree	2	10.0	10.0	10.0
Disagree	3	15.0	15.0	25.0
Neutral	12	60.0	60.0	85.0
Agree	2	10.0	10.0	95.0
Strongly agree	1	5.0	5.0	100.0
Total	20	100.0	100.0	

EMRS bases and paramedics

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly disagree	2	10.0	10.0	10.0
Disagree	10	50.0	50.0	60.0
Neutral	3	15.0	15.0	75.0
Agree	4	20.0	20.0	95.0
Strongly agree	1	5.0	5.0	100.0
Total	20	100.0	100.0	

Policy incoherence

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly disagree	2	10.0	10.0	10.0
Disagree	5	25.0	25.0	35.0
Neutral	7	35.0	35.0	70.0
Agree	4	20.0	20.0	90.0
Strongly agree	2	10.0	10.0	100.0
Total	20	100.0	100.0	

Lack of effective per

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly disagree	1	5.0	5.0	5.0
Neutral	7	35.0	35.0	40.0
Agree	4	20.0	20.0	60.0
Strongly agree	8	40.0	40.0	100.0
Total	20	100.0	100.0	

Collective action challenges

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	4	20.0	20.0	20.0
Neutral	2	10.0	10.0	30.0
Agree	8	40.0	40.0	70.0
Strongly agree	6	30.0	30.0	100.0
Total	20	100.0	100.0	

Worldwide best practices

	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly disagree	5	25.0	25.0	25.0
Disagree	3	15.0	15.0	40.0
Neutral	8	40.0	40.0	80.0
Agree	3	15.0	15.0	95.0
Strongly agree	1	5.0	5.0	100.0
Total	20	100.0	100.0	

Clients are consulted

	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly disagree	2	10.0	10.0	10.0
Disagree	5	25.0	25.0	35.0
Neutral	6	30.0	30.0	65.0
Agree	7	35.0	35.0	100.0
Total	20	100.0	100.0	

Clients are well informed

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly disagree	2	10.0	10.0	10.0
Disagree	1	5.0	5.0	15.0
Neutral	9	45.0	45.0	60.0
Agree	7	35.0	35.0	95.0
Strongly agree	1	5.0	5.0	100.0
Total	20	100.0	100.0	

Receive the services

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly disagree	1	5.0	5.0	5.0
Disagree	3	15.0	15.0	20.0
Neutral	9	45.0	45.0	65.0
Agree	6	30.0	30.0	95.0
Strongly agree	1	5.0	5.0	100.0
Total	20	100.0	100.0	

Rights of complaint and redress

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Disagree	2	10.0	10.0	10.0
Neutral	6	30.0	30.0	40.0
Agree	8	40.0	40.0	80.0
Strongly agree	4	20.0	20.0	100.0
Total	20	100.0	100.0	

Offers customer care training

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly disagree	1	5.0	5.0	5.0
Disagree	7	35.0	35.0	40.0
Neutral	7	35.0	35.0	75.0
Agree	4	20.0	20.0	95.0
Strongly agree	1	5.0	5.0	100.0
Total	20	100.0	100.0	

Work ethics

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly disagree	2	10.0	10.0	10.0
Neutral	9	45.0	45.0	55.0
Agree	6	30.0	30.0	85.0
Strongly agree	3	15.0	15.0	100.0
Total	20	100.0	100.0	

Infrastructure facilities offices

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Good	3	15.0	15.0	15.0
Acceptable	10	50.0	50.0	65.0
Bad	6	30.0	30.0	95.0
4.00	1	5.0	5.0	100.0
Total	20	100.0	100.0	

Management style

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Good	2	10.0	10.0	10.0
Acceptable	8	40.0	40.0	50.0
Poor	9	45.0	45.0	95.0
5.00	1	5.0	5.0	100.0
Total	20	100.0	100.0	

Staff

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid acceptable	5	25.0	25.0	25.0
too few	15	75.0	75.0	100.0
Total	20	100.0	100.0	

Pressure from the public clients

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid High	11	55.0	55.0	55.0
Moderate	8	40.0	40.0	95.0
Low	1	5.0	5.0	100.0
Total	20	100.0	100.0	

Staff morale motivation

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid High	2	10.0	10.0	10.0
Moderate	11	55.0	55.0	65.0
Low	7	35.0	35.0	100.0
Total	20	100.0	100.0	

[DataSet1] C:\Users\user\Desktop\MVAfund.sav

ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
gender	Between Groups	.358	2	.179	.686	.517
	Within Groups	4.442	17	.261		
	Total	4.800	19			
age	Between Groups	.358	2	.179	.361	.702
	Within Groups	8.442	17	.497		
	Total	8.800	19			
Highest level of education	Between Groups	.540	2	.270	.556	.584
	Within Groups	8.260	17	.486		
	Total	8.800	19			
Mva fund charter	Between Groups	10.414	2	5.207	7.293	.005
	Within Groups	12.136	17	.714		
	Total	22.550	19			
Service delivery atemrs	Between Groups	4.985	2	2.493	3.664	.048
	Within Groups	11.565	17	.680		
	Total	16.550	19			
Emrs bases and paramedics	Between Groups	1.858	2	.929	.754	.485
	Within Groups	20.942	17	1.232		
	Total	22.800	19			
Policy incoherence	Between Groups	4.508	2	2.254	1.875	.184
	Within Groups	20.442	17	1.202		
	Total	24.950	19			
Lack of effective eper	Between Groups	1.177	2	.588	.442	.650
	Within Groups	22.623	17	1.331		
	Total	23.800	19			
Collective action challenges	Between Groups	1.090	2	.545	.419	.664
	Within Groups	22.110	17	1.301		
	Total	23.200	19			
Worldwide best practices	Between Groups	4.871	2	2.436	1.888	.182
	Within Groups	21.929	17	1.290		

	Total	26.800	19			
	Between Groups	4.391	2	2.195	2.422	.119
Clients are consulted	Within Groups	15.409	17	.906		
	Total	19.800	19			
	Between Groups	3.226	2	1.613	1.717	.209
Clients are well informed	Within Groups	15.974	17	.940		
	Total	19.200	19			
	Between Groups	3.199	2	1.600	2.037	.161
Receive the services	Within Groups	13.351	17	.785		
	Total	16.550	19			
	Between Groups	.304	2	.152	.163	.851
Rights of complaint and redress	Within Groups	15.896	17	.935		
	Total	16.200	19			
	Between Groups	4.284	2	2.142	2.552	.107
Offers customer care training	Within Groups	14.266	17	.839		
	Total	18.550	19			
	Between Groups	8.871	2	4.436	5.414	.015
Work ethics	Within Groups	13.929	17	.819		
	Total	22.800	19			
	Between Groups	.627	2	.313	.479	.628
Infrastructure facilities offices	Within Groups	11.123	17	.654		
	Total	11.750	19			
	Between Groups	1.390	2	.695	.868	.438
Management style	Within Groups	13.610	17	.801		
	Total	15.000	19			
	Between Groups	.399	2	.200	1.013	.384
staff	Within Groups	3.351	17	.197		
	Total	3.750	19			
	Between Groups	.058	2	.029	.072	.931
Pressure from the public clients	Within Groups	6.942	17	.408		
	Total	7.000	19			
	Between Groups	2.036	2	1.018	3.028	.075
Staff morale motivation	Within Groups	5.714	17	.336		

Total	7.750	19		
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Appendix 2: Research Questionnaire



POLYTECHNIC OF NAMIBIA

HAROLD PUPKEWITZ GRADUATE SCHOOL OF BUSINESS

OBSTACLES TO EFFECTIVE EMRS OPERATIONS IN NAMIBIA: A CASE STUDY OF MVA FUND-MoHSS BASES QUESTIONNAIRE

Section A: Demographic Data

1. Gender (Tick the appropriate box to show your choice)

Male	
Female	

2. Age (Tick the appropriate box to show your choice)

Less than 20 years	
21 – 30 years old	
31 – 40 years old	
41 – 50 years old	
51 – 60 years old	
61 years and above	

3. Organization and position (**Fill in your Organization and job position**)

Organization	
Position	

4. What is your highest level of education? (**Tick the appropriate box to show your choice**)

No schooling	
Grade 1 – 7 (primary level)	
Grade 8 – 10 (JSC)	
Grade 11 – 12 (Matric)	
Certificate	
Diploma	
Bachelors/First degree	
Post graduate	
Master’s degree	
Doctorate (PhD)	
Other (Specify)	

Specify other

Section B: Service delivery at EMRS bases in Namibia

5. Service delivery excellence to clients is well communicated to members of staff at EMRS bases in Namibia (**Tick the appropriate box to show your choice**)

Strongly disagree	
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Disagree	
Neutral	
Agree	
Strongly agree	

6. MVA Fund Charter is in place and helping towards service delivery at EMRS bases in Namibia

(Tick the appropriate box to show your choice)

Strongly disagree	
Disagree	
Neutral	
Agree	
Strongly agree	

7. Service delivery at EMRS bases in Namibia is effective.

(Tick the appropriate box to show your choice)

Strongly disagree	
Disagree	
Neutral	
Agree	
Strongly agree	

8. EMRS bases and Paramedics face little challenges in their operations on daily basis.

(Tick the appropriate box to show your choice)

Strongly disagree	
-------------------	--

Disagree	<input type="checkbox"/>
Neutral	<input type="checkbox"/>
Agree	<input type="checkbox"/>
Strongly agree	<input type="checkbox"/>

9. Policy incoherence or contradictions at MVA Fund towards EMRS bases affects service delivery

(Tick the appropriate box to show your choice)

Strongly disagree	<input type="checkbox"/>
Disagree	<input type="checkbox"/>
Neutral	<input type="checkbox"/>
Agree	<input type="checkbox"/>
Strongly agree	<input type="checkbox"/>

10. Lack of effective performance oversight contributes to an inefficient delivery system at EMRS bases in Namibia

(Tick the appropriate box to show your choice)

Strongly disagree	<input type="checkbox"/>
Disagree	<input type="checkbox"/>
Neutral	<input type="checkbox"/>
Agree	<input type="checkbox"/>
Strongly agree	<input type="checkbox"/>

11 Collective action challenges affect the entire EMRS bases in Namibia towards service delivery

(Tick the appropriate box to show your choice)

Strongly disagree	<input type="checkbox"/>
Disagree	<input type="checkbox"/>
Neutral	<input type="checkbox"/>
Agree	<input type="checkbox"/>
Strongly agree	<input type="checkbox"/>

12 EMRS bases in Namibia uses world-wide best practices in their operations

(Tick the appropriate box to show your choice)

Strongly disagree	<input type="checkbox"/>
Disagree	<input type="checkbox"/>
Neutral	<input type="checkbox"/>
Agree	<input type="checkbox"/>
Strongly agree	<input type="checkbox"/>

13 Clients are consulted about decisions on the level and type of services to be provided by EMRS bases in Namibia

(Tick the appropriate box to show your choice)

Strongly disagree	<input type="checkbox"/>
Disagree	<input type="checkbox"/>
Neutral	<input type="checkbox"/>

Agree	<input type="checkbox"/>
Strongly agree	<input type="checkbox"/>

14 Clients are well informed as to the level and type of services they are to be provided by MVA-Fund and MoHSS through EMRS bases in Namibia

(Tick the appropriate box to show your choice)

Strongly disagree	<input type="checkbox"/>
Disagree	<input type="checkbox"/>
Neutral	<input type="checkbox"/>
Agree	<input type="checkbox"/>
Strongly agree	<input type="checkbox"/>

15 Clients can reasonably receive the services they are entitled to receive

(Tick the appropriate box to show your choice)

Strongly disagree	<input type="checkbox"/>
Disagree	<input type="checkbox"/>
Neutral	<input type="checkbox"/>
Agree	<input type="checkbox"/>
Strongly agree	<input type="checkbox"/>

16 Clients have rights of complaint and redress if the appropriate service is not provided

(Tick the appropriate box to show your choice)

Strongly disagree	<input type="checkbox"/>
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Disagree	
Neutral	
Agree	
Strongly agree	

17 MVA Fund and MoHSS offers customer care training workshops to members of staff of EMRS bases in Namibia

(Tick the appropriate box to show your choice)

Strongly disagree	
Disagree	
Neutral	
Agree	
Strongly agree	

18 Work ethics are strongly communicated and enforced to members of staff at all EMRS bases in Namibia

(Tick the appropriate box to show your choice)

Strongly disagree	
Disagree	
Neutral	
Agree	
Strongly agree	

Section C: Work environment and Working conditions at EMRS bases in Namibia

19 In your own opinions, how do you rate the following environmental and working conditions at EMRS bases in Namibia

(Circle the appropriate word to show your opinion)

Feature/Condition	Ratings		
Infrastructure/facilities/Offices	Good	Acceptable	Bad
Management style	Good	Acceptable	Poor
Staff	Adequate	Acceptable	Too few
Pressure from the public/clients	High	Moderate	Low
Staff morale/motivation	High	Moderate	Low

20. In your opinion, what do you think are the major factors that are contributing to the ineffectiveness of EMRS bases in Namibia?

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21. Please state the challenges that you think EMRS bases in Namibia are currently facing

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22. Please feel free to include any other information that you think might be important.

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Thank you very much for taking part in this research.

Appendix 3: Consent letter for participation



POLYTECHNIC OF NAMIBIA

HAROLD PUPKEWITZ GRADUATE SCHOOL OF BUSINESS

Study Title: An Analysis of the Obstacles to Effective Emergency Medical Rescue Services in Namibia: A Case Study of Motor Vehicle Accident Fund and Ministry of Health and Social Security Bases

You have been selected to participate in a research study as an interviewee, which is conducted by myself Albertina Shifotoka, a student at the Polytechnic of Namibia. The purpose of the study is to enable me (the student) to fulfil the requirements for obtaining a degree of Master in Leadership and Change Management. The information gathered in this study will be used for a research study, which includes recommendations for effective management of EMRS bases in Namibia.

Your participation in this study is **voluntary**. You can choose whether or not to participate in the study and can stop at any time. Your responses will remain **anonymous** and no name will be mentioned in the report.

You will not receive any payment or other compensation for participating in this study. There is also no cost to you for participation.

There are no right or wrong answers in responding to the questions as set out in the questionnaire. I would like to hear your opinion and hope you can be honest in your responses.

I understand this information and agree to participate fully under the conditions stated above

Signed: date:

(full name & signature)