

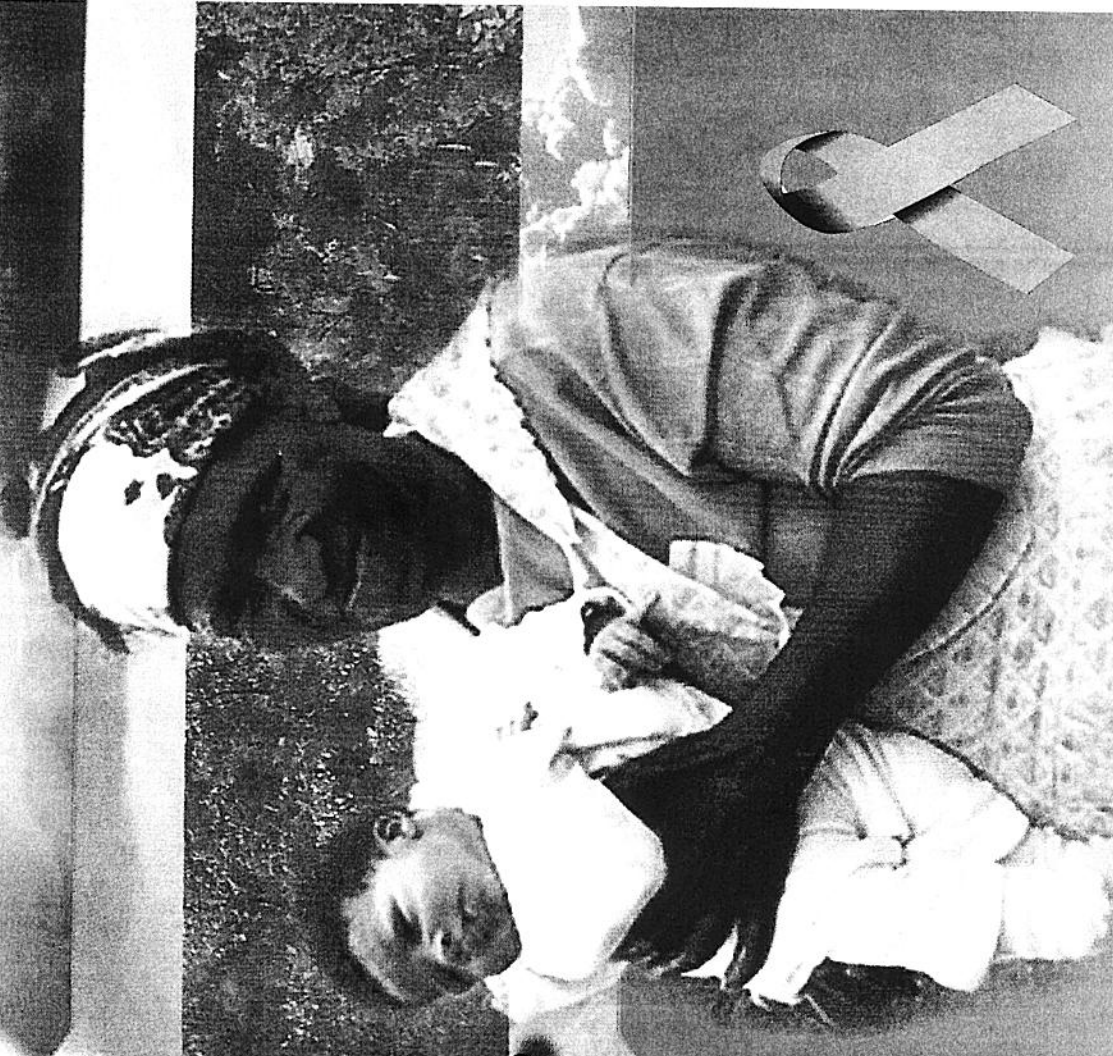
# LIMPOPO

PROVINCIAL GOVERNMENT  
REPUBLIC OF SOUTH AFRICA

"The heartland of Southern Africa - development is about people"

## Department of Health and Social Development

**An Assessment And Evaluation of the  
Birth Registration Processes in the  
Limpopo Province**



## **Acknowledgement**

The Department of Health and Social Development expresses its thanks to all who participated in this survey. Its thanks go to officials of the Department of Home Affairs (Limpopo province) both at hospital and in the various regional offices which were selected for inclusion in the study. The Department wishes to acknowledge the collaborative effort between itself and members of University of Limpopo (Turfloop and MEDUNSA campus) for their role in this study at its various stages. Last but not least the Department wishes to extend its thanks to the nurses and matrons in all provincial hospitals of Limpopo for their participation in the survey.

## FOREWORD BY THE HEAD OF DEPARTMENT

Registration of births and deaths which occur in a population is an important prerequisite for monitoring changes in a population. In Limpopo province, registration of births in government hospitals has been a collaborative effort with the Department of Home Affairs for several years. While a lot has been achieved in this regard, monitoring the progress and evaluation of the programs empirically remains a challenge. In response, the Department of Health and Social Development undertook a study to assess the vital registration processes in Limpopo provincial Government hospitals. With close to 90% of the people in Limpopo province relying on public hospitals and clinics for their health needs, results of this study provide a reflection of the state of vital registration (births and deaths) in the province.

The study reveals the use of on-line vital registration as a milestone that has transformed birth and death registration. Amidst the applause however, are challenges inhibiting the effective use of on-line vital registration, such as the naming of new born babies. The challenges revealed require further collaborative interventions for a comprehensive registration of births and deaths.

Publication of this report provides an opportunity for stakeholders to review existing programs and to take the necessary steps to address the study's recommendations.

We therefore urge all stakeholders to make good use of the report.



.....  
DR. J. DLAMINI  
HEAD OF DEPARTMENT

Date: 16/04/2007  
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## EXECUTIVE SUMMARY

This report contains the findings and recommendations of the assessment of the birth registration system in the Limpopo province from the point of view of mothers (at the maternity wards), matrons, nurses as well as Department of Home Affairs (DHA) officers who work on birth registration either in hospitals or DHA offices. A cross-sectional survey, using specific structured questionnaires for each of the five groups, was conducted in 38 health facilities and 18 DHA offices.

The study results show that at the time of the survey, birth registration system was running efficiently in most of the hospitals that were implementing the on-line vital registration system. However, technical and human resource issues were also identified as limiting factors hampering the full utilisation of the system in some of the hospitals. Even though there seems to be no uniform pattern regarding nurses' level of participation in birth registration, the close collaboration between nurses and DHA officers in birth registration was identified. Nurses generally inform mothers about birth registration when they come for antenatal care, admission or after delivery. The proactive stance of the DHA officers whereby mothers are visited at the maternity wards and are encouraged to register the babies is commendable.

Birth registration and location of offices (health facilities and DHA offices) are well known to mothers. Physical accessibility of birth registration services is not a problem to mothers. Moreover, there seems to be a willingness on the part of mothers to register their babies. However, not all babies would be registered in the hospitals before they are discharged because few mothers come with their ID card and fewer still already have a name for the baby. Among the major complaints from both nurses and DHA officers about mothers were the delay in submitting the birth notification forms and the improper completion of the forms. These could lead to delays in obtaining birth certificates.

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## **1. Introduction and background**

The Limpopo Population and Development Unit has, ever since 1998, embarked on a process of creating awareness about the importance of vital registration. This undertaking has been carried out in collaboration with the Provincial Department of Home Affairs (DHA) as well as the Health Institutions in the province. The focus was mainly on encouraging mothers to register their newly born babies within the first 30<sup>th</sup> days after birth.

Although a lot of effort was put in the process through campaigns, education, information and communication, a number of problems have been experienced. Some of the problems have been lack of parents' Identity Documents and/or babies' names, shortage of staff at health facilities where registration was supposed to take place before the mother could leave the facility, amongst others. Although some of these problems were not completely eliminated, a lot has been done to make sure that children are not deprived the right to be registered as South African citizens nor a right to receive state grants.

It is against this background that the Population and Development Unit, in collaboration with the Department of Epidemiology, University of Limpopo, is undertaking this study to assess and evaluate the entire vital registration program. It is hoped that the research findings will inform new approaches and better strategies to deal with this critical population and development issue.

## **2. Problem statement**

Prior to 1997, studies revealed that most South African children were not in the country's population register. Only four of every hundred children born were registered on time. Informed by the consequent planning and developmental problems that were likely to affect the entire country, vital registration was tabled at the sitting of Parliament in 1998 and the National Population Policy was adopted later that year.

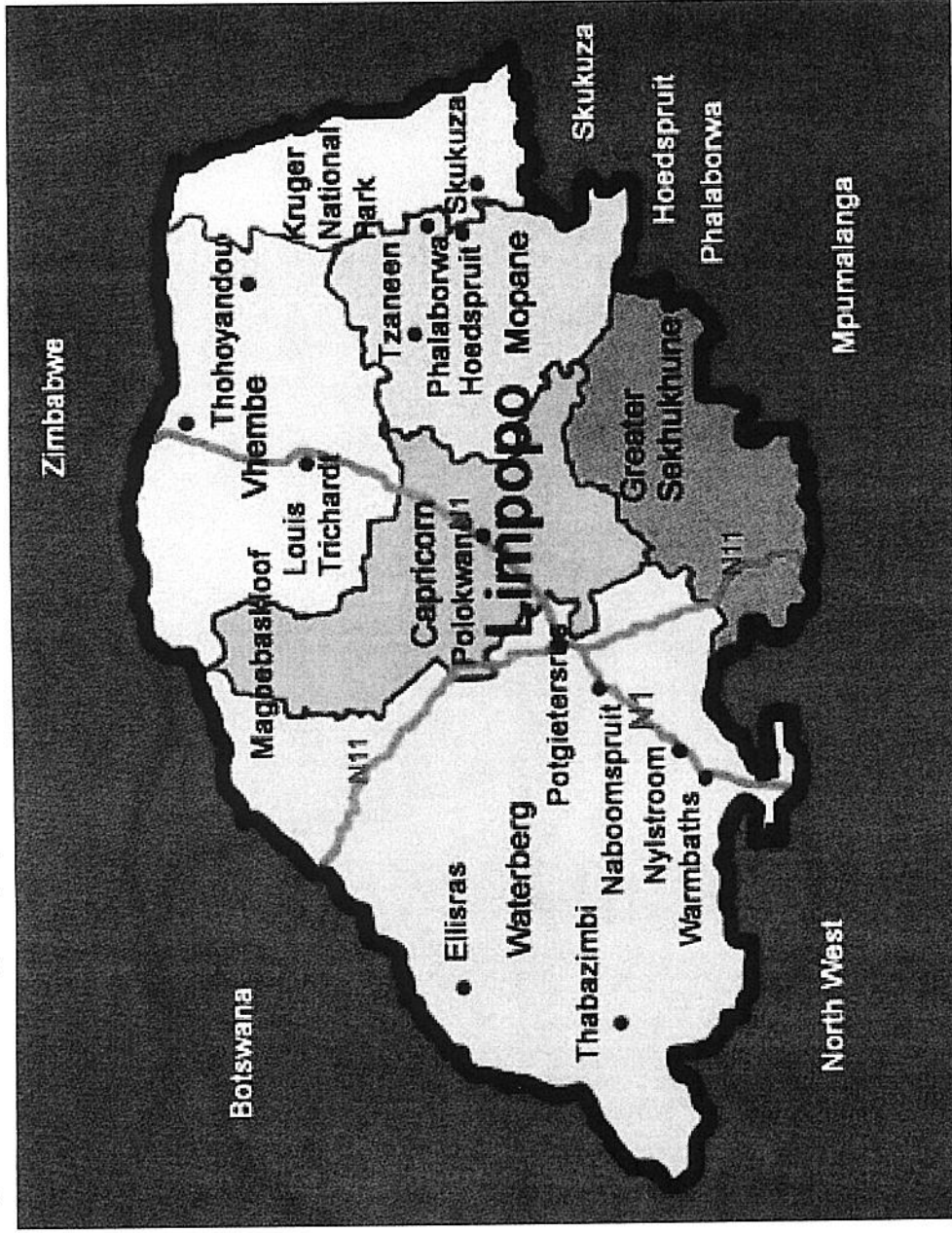
The National Population Policy identified concerns that are critical for the attainment of sustainable human development. One of these concerns is the lack of accurate and reliable population data in South Africa at large. Absence of these data makes it difficult to monitor population trends and patterns over time. Vital registration, if when working efficiently, may redress this inadequacy.

Around 1997, the departments of Health and Home Affairs collaborated nationally in developing a strategy to address the low rates of birth registration in the country. This strategy involved creating birth registration resources in all health care facilities. This would enable mothers to register their babies before being discharged from a facility where the child was born. The envisioned role of the Population and Development Unit was to coordinate the process, create awareness, organize campaigns and educate communities about the necessity of vital registration. The Department of Home Affairs would collect and capture the data received from health care facilities, issue and distribute birth certificates

Limpopo province is administratively divided into five district municipalities as indicated in Figure 1. For each of the districts, the Limpopo provincial vital registration steering committee had put in place a District steering committee. The purpose of these committees was to assist in reaching out to all communities in the province. In addition to this, independent efforts were made to collect monthly birth and death statistics but these were unsuccessful. In spite of all this the situation never improved as anticipated.



Figure 1: Showing Limpopo Province and its six districts



Source: Rocky valley country properties-South Africa. Retrieved 30 March 2007 from <http://www.rockyvaley.co.za>.

The envisaged project is not going to cover all critical vital registration aspects. However, it is hoped that all the issues that pertain to the registration of newborns shall be unearthed through the assessment and evaluation of the efforts spent and the visible outputs.

### **3. Study Aims**

The ultimate aim of this study is to improve the situation so that at the end, Limpopo province may have reliable, complete as well as accurate population statistics. It is only when such statistics are available that changes in population can be monitored through the development of appropriate indicators of change. This exercise shall provide a base for the assessment and evaluation of the vital registration exercise ever since its inception paying particular attention to the registration of children within 30 days of birth.

In particular, this study is aimed at evaluating some aspects of vital registration processes as they pertain to health care facilities. This could help registration offices of the DHA in Limpopo Province to identify inadequacies that culminate in low birth registration. Ultimately corrective measures will be put in place to achieve reliable and accurate population statistics.

### **Study Objectives**

In order to achieve the study goal, the following objectives were identified.

- To assess whether the nursing staff at the health facilities are educating mothers on vital registration issues during antenatal clinic (ANC) visits. Specifically whether nurses educate mothers of neonates what to do with the birth record form- to be taken to DHA to register the baby
- To assess whether birth records are created for each birth
- To assess the level of awareness of the importance of vital registration among mothers attending ANC and those in maternity wards.
- To identify the problems experienced in the course of the vital registration exercise.
- To review registration procedures at DHA especially with regard to mothers residing within traditional villages or areas under the control of Traditional leaders

#### 4. Data Collection and analysis

University of Limpopo was commissioned to conduct a study on Vital Registration in all Government hospitals of Limpopo province. Two institutions, namely University of Limpopo (Turffloop and Medunsa Campuses) agreed between themselves to share duties regarding the study. Data collection and capturing were done by the University of Limpopo (Turffloop Campus). University of Limpopo (Medunsa campus) analysed the data and wrote the report. Data collection took place between the 16<sup>th</sup> and 22<sup>nd</sup> August 2005.

##### 4.1 Participants/interviewees

Each hospital was visited and the following categories of officials were interviewed, namely;

- Two nurses,
- One matron,
- One DHA clerk based in the hospital
- A maximum of five new mothers.
- One official from a regional DHA office

A maximum of two nurses were interviewed from each hospital except for Messina and Witpoort hospitals. This is because the nurses who should have been interviewed were off duty during the time of data collection. Follow up interviews could not be arranged due to logistical challenges around the transport used during field work. In total, seventy four nurses were interviewed. One matron was interviewed from each of the hospitals involved in the study. One DHA clerk (based in the hospital) was interviewed from each of the 18 hospitals that participated. At the time of the survey, on-line vital registration services were available in these particular hospitals.

The study involved mothers who had given birth in the hospitals and, were waiting to be discharged. A maximum of four mothers were interviewed from each hospital, but there are exceptions where more than five mothers were interviewed. In total 158 mothers were interviewed.

As far as DHA services are concerned, the offices of the DHA are categorized into five regions in Limpopo province (see appendix). Each region consists of a number DHA offices. At least two DHA offices per region were selected for interview purposes. The selection of DHA offices was not entirely random; convenience of the field work team in contacting hospitals and DHA offices influenced the choice of the Home Affairs offices to be incorporated in the study (see the clustering of hospitals in Table 1). In total, 20 regional DHA offices were visited.

Table 1: Distribution of hospitals by cluster

<u>CLUSTER 1</u>	<u>CLUSTER 2</u>	<u>CLUSTER 3</u>	<u>CLUSTER 4</u>
<b>Bochum Area</b>	<b>Mopani Area</b>	<b>Sekhukhune Area</b>	<b>Waterberg Area</b>
Helena Franz	Evuxakeni	Jane Furse	Thabazimbi
Blouberg	Nkhensani	St. Rita's	Ellisras
	Malamulele	Mecklenburg	Witpoort
<b>Vhembe Area</b>	Duiwelskloof	Dilokong	Warmbaths
Elim	Kgapane	Groblersdal	George Masebe
Louis Trichardt	Van Velden	Philadelpha	Mokopane
Tshilidzini	Letaba	Matlala	Voortrekker
Siloam	CN Phatudi		FH Odendaal Mankweng
Hayani	Phalaborwa	<b>Lebowakgomo Area</b>	Mankweng
Donald Frazer	Maphutha Malatji	Lebowakgomo	Polokwane
Messina	Sekororo	Zebediela	
	Matikwana	Thabammopo	
	Seshego		
	Knobel		

**NB. Hospitals across the province were grouped into four clusters on the basis of their proximity**

## **4.2 Field work team**

The fieldwork team consisted of a project manager, supervisors and fieldworkers. The Head of Psychology Department was appointed as project manager in charge of field work. Each cluster of hospitals was assigned a supervisor. Supervisors were lecturers at University of Limpopo (Turfloop campus). Each cluster was allocated four fieldworkers, and they were post-graduate students from University of Limpopo (Turfloop campus).

Four psychiatric hospitals namely; Thabammopo, Hayani, and Evuxakeni hospitals were excluded from the survey because they don't offer maternity services. Mokopane hospital did not participate in the study on technical grounds. In total, thirty nine hospitals were involved in the study (a list is attached as appendix).

## **4.3 Data analysis**

The data was analysed using Statistical Package for Social Sciences (SPSS). Data analysis involved only basic descriptive statistical analysis in order to establish the status of vital registration services in Hospitals.

## **5. STUDY RESULTS**

### **5.1 MOTHERS**

#### **5.1.1 Demographic characteristics**

One hundred and fifty eight mothers were interviewed from 39 hospitals across the five districts. On average, four women were interviewed from each hospital, with numbers ranging from 1 to 9. Table 2 shows the distribution of interviewed mothers by district.

Table 2: Distribution of mothers by district

District Name	Mothers	Percent (%)
Capricorn	35	22.2
Mopani	43	27.2
Sekhukhune	27	17.1
Vhembe	25	15.8
Waterberg	28	17.7
TOTAL	158	100

The women's ages ranged from 15 to 41 years with a median age of 25 years. The majority of women (36.1%) fall in the 20-24 age category as indicated in Table 3.

Table 3: Age distribution of mothers

Age group	Mothers	Percent (%)
15-19	25	15.8
20-24	57	36.1
25-29	35	22.2
30-34	25	15.8
35-41	16	10.1
TOTAL	158	100

As far as marital status is concerned 94 women (60.3%) were single while forty eight (30.8%) were married and 14 (9.0%) indicated that they live together as married. About half the women 74 (47.1%) were first-time mothers at the time of the interview and about a quarter of the sample 39 (24.8%) were second-time mothers. The respondents had given birth to a

total of 319 children with 254 (80.0%) of these children aged below 14 years. According to the mothers, about half (49.2%) of the 319 children had birth certificates. Expectedly the proportion (61.8%) of children with birth certificates is higher among children aged below 14 years (254).

### 5.1.2 Mothers and registration

The vast majority 140 (89.2%) of the 158 mothers indicated that they have ID documents. However, only 65 (42.8%) of the 140 mothers had brought their ID documents along to the hospital. This implies that about half 63 (45.0%) of the mothers could not have their babies registered on account of not having the identity documents with them.

One of the main factors influencing early birth registration is the naming of children. (Who gives the name?) At the time of interview, 83 mothers (53.2%) had already decided on the name of the newborn while the rest (46.8%) had not yet chosen a name. There is a lot of cultural diversity with respect to the naming of the child. For example, as observed from the results given in Table 4, grandparents are as equally important as parents in naming a child. It is only in a quarter of the cases that the respondent herself was responsible for naming the newborn.

Table 4: Persons responsible for naming a child

Relation to child	Mothers	Percent (%)
Grandparents	55	34.8
Both parents	26	16.5
Father	28	17.7
Mother	37	23.4
Relatives	11	7.6
TOTAL	158	100.0



There are no cultural standards regarding the timing of the naming of the child. Thus according to 46 (29.3%) respondents, the name is decided before the child is born and for another 46 (29.3%), the name is decided on the day of birth. Nineteen (26.7%) mothers indicated that the baby is named within a week while for seven mothers (10.2%) that decision is made based on circumstances.

The study investigated mothers' knowledge of the availability of birth registration system in hospitals. According to data presented in Table 5, there were no answers from 43 respondents and only 16 indicated that they had not heard of birth registration system in hospitals until the time of the survey. However, whereas 57 (49.4%) heard of birth registration in hospitals for the first time from nurses, and 32 (20.3%) were informed by DHA officers.

Table 5: Source of knowledge about first time of hearing of the availability of health facility based birth registration for the first time

Source of knowledge	Numbers	Percent (%)
Nurses during antenatal clinic (ANC)	46	29.1
Nurses after delivery in hospitals	11	20.3
DHA officers	32	7.0
Parents / neighbours	10	10.1
Never heard about it	16	6.3
No response <sup>2,3</sup>	43	27.2
TOTAL	158	100.0

About two thirds (104 or 65.8%) of the respondents indicated that since they have been in admission for delivery nobody had told them about the possibility of registering their new born before discharge. However, results in Table 6 show that a quarter was told about the registration before they delivered.

Table 6: Source of knowledge about possibility of registering current birth in the health facility

Source of knowledge	Mothers	Percent (%)
Nurses when attending antenatal clinic (ANC)	26	16.5
Nurses when I came to give birth at this facility	15	9.5
Yes, after giving birth	11	7.0
Other	2	1.2
Never informed	104	65.8
TOTAL	158	100.0

As indicated earlier on, most of the women surveyed were found to be in possession of identity documents but the majority had not come along with them. Results have also indicated that birth registration before mothers are discharged may not happen due to circumstances surrounding the naming of the baby. Mothers who could not register their births at the hospital (152 in total) were asked as to when they intended to have the babies registered. Results in Table 7 show that around a quarter of the respondents had planned to do so within a week while a third were either not sure of the time or would do so at their own convenience.

Table 7: Intended time for birth registration

Time	Mothers	Percent (%)
Within a week	40	26.3
Within 30 days	57	37.5
Within a year	4	2.6
Convenient time	28	18.4
Not sure	23	15.1
TOTAL	152	100.0

The study sought information around the ease with which mothers can access services from the offices of the DHA. Table 8 shows the results in respect of the distance respondents have to cover to get to the offices of DHA. According to the results, 19.0% of the respondents indicated that the DHA offices are within walking distance while two thirds require public transport to get to the offices. Nine respondents (5.7%) indicated that they did not know where the DHA offices were situated. This is a clear indication that most of the respondents have physical access to registration offices.

Table 8: 'Distance' from respondent's home to Department Of Home Affairs' offices

'Distance'	Number	Percent (%)
A walking distance from home	30	19.0
I can take a taxi/bus to these facilities	104	65.8
It is far away <sub>a</sub>	15	9.5
I do not know where the offices are situated	9	5.7
TOTAL	158	100.0

This study also inquired about whether mothers considered themselves to be in need of the child support grants (CSG) and if they have ever applied for a CSG. Results show that most of the mothers 132 (84.6%) considered themselves as in

need of the child support grant. However, only 69 mothers (43.7%) indicated that they have ever applied for CSG for any of their children. Seven mothers applied for the grant but were unsuccessful. Apparently these mothers did not get the grant because they did not have a birth certificate for the baby.

## 5.2 NURSES

### 5.2.1 Background characteristics of nurses

A total of 74 nurses were interviewed from 38 hospitals across the five districts. Table 9 shows the distribution of nurses by district. No nurse was interviewed in Witpoort hospital because the nurses who work on vital registration were off-duty. On average, two nurses were interviewed from each hospital. Three nurses were interviewed in Musina hospital while one nurse was interviewed in Elim hospital.

Table 9: Distribution of nurses by district

District Name	Nurses	Percent (%)
Capricorn	16	21.6
Mopani	18	24.3
Sekhukhune	14	18.9
Vhembe	14	18.9
Waterberg	12	16.2
TOTAL	74	100

The length of time for which the respondents had been working in their respective hospitals ranges from one to forty-four years with a median of 8.5 years. One in five nurses interviewed had been working at a particular hospital for one year.

### 5.2.2 Nurses and birth registration

Respondents were asked as to whether vital registration took place in their hospitals. Out of the 74 nurses, 57 (77.0%) reported that birth registration is conducted in their hospitals. Of the 17 respondents who reported that birth registration is not taking place in their hospitals, eight indicated that vital registration was never conducted in the respective hospitals in the past while the remaining nine reported that it was previously done but at the time of the survey it was no longer in use.

Sixty-three nurses responded to the question on whether they had received training on birth registration. As presented in Table 10 at least half of the respondents (35) reported that they had not received any training while the rest had received informal (24) and formal (4) training.

Table 10: Training in birth registration (nurses)

Type of training	Nurses	Percent (%)
Never received training	35	56.2
Informal training	24	38.1
Formal	4	6.3
TOTAL	63	100.0

At the time of the survey, at least 16 Government hospitals could register births within the hospitals themselves (referred to as on-line birth registration). In the current study, nurses were asked about the type of birth registration conducted in their respective hospitals. Thirty-nine nurses (65%) of the 60 nurses who responded to the question indicated that registration is done manually while 11 (18.3%) reported that they use on-line registration alone. For the remaining 10 (16.7%) respondents, both manual registration and on-line registration are applied to register births in their hospitals.

This survey attempted to establish whether hospitals have some form of institutional arrangements regarding birth registration, in situations where births cannot be registered within the hospital. Of the 63 nurses who responded to this question, 46 (73%) indicated that their health facilities have institutional arrangements whereby birth registration forms from hospitals are sent to the offices of the DHA for processing and issuing of certificates. Twelve (19%) nurses did not know about the existence of such arrangements.

Respondents were asked whether there are specific nurses in their hospitals who assist with vital registration. Thirty six (61.0%) of the 59 nurses who responded to this question indicated that any nurse is allowed to assist with birth registration in their respective hospitals while 14 nurses (23.7%) indicated that there were specific nursing staff that provide assistance in this regard. In nine cases (15.3%) the response was that only DHA officer does birth registration. These results depict inconsistencies in the handling of the vital registration process in Government hospitals.

When asked about the role nurses play in making mothers aware of birth registration, several responses were provided as indicated in Table 11. According to the results nurses are regularly communicating with mothers regarding the need to register their babies. Of the 62 nurses who responded on the question on the role they play in the vital registration process, the majority 25 (40.3%) of them reported that they talked to mothers about registration after they have delivered while 16 nurses (25.8%) reported educating the mothers when they have been admitted. Fifteen nurses (24.2%) indicated that they educated mothers about birth registration when they came for ANC visits.

Table 11: Timing of communication on birth registration by nurses with mothers

Response	Mothers	Percent (%)
Educating mothers about birth registration when they come for ANC	15	24.2
Educating mothers about birth registration when admitted for delivery	16	25.8
Educating mothers about birth registration after giving birth	25	40.3
All of the above	3	4.8
Advise mothers to go to nearest DHA Office	3	4.8
TOTAL	62	100

Respondents were asked as to how often they come across births by non-South African mothers in their hospitals. Half of all the 74 nurses interviewed reported that they often came across births by non-South African mothers in their health facilities. Thirty one nurses (41.9%) indicated that they rarely encounter such events while six nurses (8.1%) said that they had never come across such births.

Birth registration is not without challenge. Nurses were asked about the challenges they encounter during the process of facilitating birth registration. Table 12 provides some of the common challenges encountered by nurses during birth registration in hospitals. A variety of issues are encountered which could be broadly grouped as follows: (i) identity of the child; (ii) mother specific issues and; (iii) infra-structure shortcomings.

Table 12: Challenges nurses often encounter with regard to birth registration

Challenge	Number	Percent (%)
Under-age mothers do not having ID	8	10.8
Foreign mothers have only passport	3	4.1
Baby has no name yet	7	9.5
No one is in-charge of registration	1	1.4
Clerk not available on weekends	1	1.4
Road to Health Chart lost	3	4.1
Immunization cards scratched	1	1.4
Parents have different surnames	4	5.4
Cultural problems: name give after 1 week	2	2.7
Mother forgot ID at home	4	5.4
Shortage of staff	1	1.4
Mothers do not understand need for vital registration	1	1.4
Mothers' delay in returning forms	1	1.4
Nurses need training in VR or DHA clerk should be provided	1	1.4
Delay in collection of certificate by parents	1	1.4
Incorrect information given in the form	2	2.7
Computer being off-line	2	2.7
No response	31	41.9
<b>TOTAL</b>	<b>74</b>	<b>100.0</b>



## 5.3 DEPARTMENT OF HOME AFFAIRS OFFICERS

### 5.3.1 Home Affairs officers at regional offices

#### 5.3.1.1 Background Characteristics of officers

A total of 20 officers from the DHA were interviewed. These officers came from all over the province. They work from a variety of offices ranging from service points, district offices to regional offices. Table 13 shows the distribution of DHA officers who participated in the survey by local municipality.

Table 13: Distribution of officers from the Department of Home Affairs by Local Municipality

Local Municipality	Officers	Percent (%)
Bela-Bela	1	5
Blouberg	2	10
Giyani	1	5
Greater Letaba	1	5
Greater Sekhukhune District	1	5
Greater Tzaneen	1	5
Lephalale	1	5
Makhado	2	10
Makhuduthamaga	1	5
Modimoue	1	5
Mogalakwena	1	5
Musina	1	5
Phalaborwa	1	5
Polokwane	2	10
Thabazimbi	1	5
Thulamela	2	10
<b>TOTAL</b>	<b>20</b>	<b>100</b>

The period for which officials had been working in the DHA varies between two and twenty-five years with a median of ten years. With the exception of two officers, all the officers had been working in their current positions for at least three years.

### **5.3.1.2 DHA officers and birth registration**

The study sought to find out if the offices sampled issued birth certificates for applications received from local health facilities. Fourteen (70.0%) officers indicated that their offices did issue birth certificates for such applications. Respondents were asked as to how requests for birth certificates come to their offices. Fifteen out of the twenty officials involved in the survey responded to this question and the majority (11) indicated that they receive birth certificate applications from local health facilities manually. Two officials indicated that requests for birth certificates were received both manually and via on-line. One respondent indicated that requests for birth certificates were received through the on-line system only.

As to the frequency of receipt of applications for birth certificates, eleven officers indicated that applications are received on a daily basis while six indicated that applications come through on a weekly basis. Two officers indicated that their offices receive applications for birth certificates on a fortnightly basis.

With respect to the return of printed birth certificates to the health facilities, nine officers deliver the printed birth certificates on a daily basis to the hospitals of origin while seven officers deliver on a weekly basis. Two officers indicated that the applicants come on their own to collect the birth certificates while one officer indicated that staff from the hospitals did collect the birth certificates from the DHA office.

When asked about the impact of on-line registration on the productivity of their work, 12 out of the 14 officers who answered the question indicated that on-line registration had improved their productivity. Two respondents felt that on-line registration had made no difference to their productivity.

In spite of the effect on-line birth registration has had as indicated by the majority of respondents above, a number of challenges are experienced by DHA officers as observed from Table 14. The challenge experienced most stems from staff shortages as indicated by a quarter of the respondents. Other common challenges relate to issues around the technology used by the Department and situations where cards without click stamps are encountered. Otherwise seven out of the twenty offices involved in the survey reported no major challenges.

Table 14: Problems associated with birth registration applications from health facilities

Suggest Problems	Numbers	Percent (%)
No major challenges	7	35
Technology - related problems	2	10
Problems related to shortage of staff	5	25
No response from public	1	5
Wrong information, forms incorrectly completed	1	5
Cards without click stamps	2	10
Wrong spelling	1	5
Change of names	1	5
TOTAL	20	100

When asked about how the problems are dealt with, fifteen officials provided responses with six of them indicating that they act on the problems immediately while three respondents said that they report the problems to the Head office and wait for a response. The response from two other officials was that they take note of the problems and they are addressed in the next meeting while in other cases, problems are discussed with the respective health facilities. Among issues discussed with health facilities is the issue of having the babies named before birth registration takes place.

### **5.3.2 Home Affairs officers in hospitals**

#### **5.3.2.1 Background Characteristics**

As indicated earlier, on the survey incorporated officers DHA who deal with the registration of births and deaths in hospitals. A total of 18 respondents on behalf of the DHA were interviewed. This is recorded as such because a close scrutiny of respondents in relation to the number of hospitals with on-line vital registration showed some inconsistencies. At the time of the survey, sixteen hospitals were found to possess operational on-line vital registration services. The two additional respondents happened to be employees of the hospitals who were assisting with vital registration; they are and were not DHA officers located in hospitals. Table 15 shows the distribution of hospitals with DHA officers by district. One officer was interviewed from a hospital. With the exception of one officer, the rest (17) had been working in the respective hospitals for two years or less.

Table 15: Distribution of Department of Home Affairs' officers among the hospitals

District	Hospital						Total
	Helena Franz	Knobel	Lebwakgomo	Polokwane	Maphuta Malatji		
Capricorn							5
Mopani	Kgapane	Nkhensani	Sekororo	-	-		3
Sekhukhune	Dilokong	Matlala	Mecklenburg	St. Rita's	-		4
Vhembe	Donald Frazer	Luistrichard Memorial	Tshilidzini	-	-		3
Waterberg	Bela-Bela	Mokopane	Witpoort	-	-		3
TOTAL	5	5	5	2	1		18

### 5.3.2.2 Birth registration and DHA officers in the hospital

The study inquired about the human resources available in respect of vital registration in hospitals. In this context, DHA officers working in hospitals were asked whether they are the only ones who deal with vital registration in the hospitals. Seventeen out of the 18 officials responded to the question. Results reveal that in 13 (76.5%) cases or hospitals one officer deals with vital registration while in the remaining four cases more than one officer handles vital registration issues. In situations where a particular DHA officer is not around, results show that in nine out of 15 hospitals (15 officers responded), another officer from the main office handles vital registration while no one deals with vital registration in six hospitals.

Respondents were asked about the functions they perform as far vital registration is concerned. Thirteen (72.2%) officers indicated that they register both births and deaths in their respective hospitals while three officers registered births only. With respect to the type of registration used in the hospital, results presented in Table 16 show that more than half (13) of the hospitals with on-line vital registration services exclusively use one type of registration.

Four hospitals combine on-line registration with the manual system to register births and/or deaths. Incidentally four officers reportedly register births and deaths manually only.

Table 16: Type of registration conducted in hospitals

Type of registration	Officers	Percent (%)
On-line only	9	50.0
On-line and manual	4	22.2
Manual only	4	22.2
No answer	1	5.6
TOTAL	18	100.0

Enquiry into the functioning of on-line registration in the hospitals reveals that this system is working well in most of the hospitals where it has been installed. Whereas 11 (64.7%) out of 17 officers reported that on-line registration was working well, one officer indicated that on-line registration was working but not so well. Furthermore, five (29.4%) officers reported that the system was not working at the time of the survey.

The survey also investigated whether DHA officers in hospitals are pro-active regarding birth registration. The results given in Table 17 reveal that a number of officers had taken upon themselves to encourage birth registration either by visiting the maternity wards and talking to the mothers or going through the nurses to reach out to the mothers. However, in four cases, the officers took a passive approach whereby they waited for the mothers to come to the office to register their babies.

Table 17: Steps taken by Department of Home Affairs' officers to encourage birth registration in hospitals

Activity	Officers	Percent (%)
Visit mothers in maternity wards	5	27.8
Speak to nurses	5	27.8
Wait for mothers	4	22.2
No answer	4	22.2
TOTAL	18	100.0

The study's results show that capturing of data on births and the issuing of birth certificates are routine daily activities in virtually all hospitals. The number of certificates printed per day range from 5 to 70 depending on the size of the hospital.

## 5.4 MATRONS

### 5.4.1 Background characteristics of matrons

As indicated in section 4.1, matrons hospitals were part of the target group constituting the interviewees. A total of 38 matrons - one per hospital - were interviewed. Table 18 shows the distribution of matrons by district, which follows the distribution of hospitals themselves. The length of time matrons had been working in their respective hospitals varies from one to 29 years with a median of ten. About a quarter of the matrons (25.7%) have worked for between 10 and 17 years and the rest for 18 years and over.

Table 18: Distribution of matrons by district

District	Matrons	Percent (%)
Capricorn	11	28.9
Mopani	6	15.8
Sekhukhune	7	18.4
Vhembe	7	18.4
Waterberg	7	18.4
TOTAL	38	100

#### 5.4.2 Birth registration and matrons

This study attempted to establish independently whether people who are likely to influence vital registration, know about services like on-line registration. As a result the question addressing knowledge of the existence of on-line registration services in hospitals was put to the various categories of interviewees. In the case of matrons, 12 matrons (31.6%) reported that on-line registration services did exist in their hospitals. This is in spite of the fact that on-line registration services were operational in at least sixteen hospitals at the time of the survey. This implies that at least four matrons worked in hospitals where on-line registration services are operating without their knowledge. Twenty five of the remaining 26 matrons reported that there were no on-line registration services in their hospitals while one matron did not know whether such services existed anyway.

The matrons who said that there were no on-line registration services, were asked as to why these services were not available. The response from 15 of the 24 (62.5%) matrons was that on-line registration has never been initiated while five (20.8%) matrons said that the equipment was available but not yet connected. In the case of two hospitals, the matrons indicated that the equipment is available but there is no DHA officer to operate – a capacity issue.



Indications from this study are that the inception of on-line registration services varies in time between 2002 to date, with most hospitals having had these services popularized in 2005. Government hospitals in Limpopo province differ in size and of course, in the range of functions they perform. Accordingly as far as maternity wards are concerned, the matrons indicated that the number of nurses working in maternity wards ranges from 4 in Groblersdal hospital to 96 in Tshilidzini hospital with a median of 14 nurses. In the same breath the average number of live births delivered per day, reportedly varies around one to twenty-five.

On the question of how many nurses assist in vital registration, results show that irrespective of the number of nurses working in maternity wards, no clear policy exists in this regard. For instance of the two hospitals with the least number of nurses, one matron indicated that none of the nurses assists with vital registration issues. In the case of the other hospital with the least number of nurses, the matron in question reported that a number of nurses in maternity ward assist with vital registration issues. On the contrary, the response from Tshilidzini hospital - with the biggest number of nurses in the maternity ward – was that all nurses working in the maternity ward assist with vital registration.

The study intended to establish whether there exists an established system through which mothers have their newly born babies registered within hospitals. Table 19 shows the response from matrons regarding this issue. According to these results, nurses play a substantial role in facilitating birth registration within hospitals (17 out of 33 or 51.6%). In two other cases, nurses facilitate birth registration by completing the notification forms and having them sent to DHA offices to effect registration. Of concern though is the relatively large number of cases (13 or 39.4%) where mothers are left on their own to decide when to have the babies registered.

Table 19: Matrons' responses on how mothers get to Department of Home Affairs office (within hospital) to register their babies

Response	Matron	Percent (%)
A nurse shows them the direction and they go there on their own	12	36.4
A nurse accompanies them	5	15.2
Mothers are left on their own to decide when it suits them to register their babies	13	39.4
Nurses complete / send birth notification forms to DHA; mothers collect birth certificates	2	6.0
Clerk goes to the ward and register births.	1	3.0
TOTAL	33	100

The survey intended to establish whether information officers play a role in vital registration particularly in hospitals. In seven of the 36 cases (19.4%), the response was that information officers play no role at all in vital registration while they participate in the registration of vital events in six hospitals. In the majority of cases (15 or 41.7%) information officers are reportedly involved in the management of the entire hospital data.

## 6. Conclusion

This study aimed at evaluating aspects of the birth registration process in Limpopo Province. The study's findings show that a lot has been achieved in addressing the objectives as initially set out. Results have demonstrated for instance that mothers are informed about the possibility of registering their babies before being discharged. Of concern though is the timing of the passing of information to the mothers in certain instances. Informing mothers about birth registration during antenatal visits gives them an opportunity to bring along the required documents to register the babies. In situations where mothers are informed at the time when they have come to deliver, it is too late for them to have the required documents. This needs to be revised.

Equally of concern is the issue of mothers not coming along with the documents in spite of knowing that they could register the babies before they are discharged. Results of this study have revealed this as an unfortunate situation which defeats the motive of providing vital registration services in hospitals.

A finding that has a bearing on the effectiveness of on-line vital registration evolves around the naming of children. The study has found that a substantial number of births could not be registered before the mothers are discharged because the names are unavailable for various reasons. Instances of this nature need to be minimised if on-line vital registration services are to serve the purpose they are intended for.

The study has identified a number of challenges from various service points. One challenge that deserves mentioning here relates with the DHA in its quest to deliver on-line vital registration services. The DHA faces a challenge of having to synchronise the provision of personnel for on-line vital registration with the demand for such services. The ideal situation should have required that every hospital with on-line vital registration services has a dedicated DHA official stationed in the hospital. The reality however is that hospitals differ in terms of capacity which to a fair extent influences the occurrence of vital events (births and deaths). In situations where vital events in hospitals vary on account of hospital capacity, providing a dedicated DHA official might result into some personnel being rendered underutilised. This is likely to be the reality in hospitals with relatively small maternity wards and/or attending to relatively fewer patients.

## **7. Recommendations**

In line with the study's findings, the following recommendations are made as part of the corrective measures intended to improve vital registration in the Government hospitals of Limpopo province.

### *Recommendation 1*

There is a need to inculcate a culture of pro-activeness among on-line vital registration officials. Rather than waiting for mothers or clients to knock on the office where on-line vital registration takes place, DHA officers who still act this way, should emulate the proactive stance adopted by their counterparts who reach out to the mothers in maternity wards. This will improve the efficiency of registering births in hospitals while enhancing service delivery at the same time.

### *Recommendation 2*

A common approach on vital registration in hospitals should be encouraged. This could be achieved by orienting all nurses who work in maternity wards as far as birth registration is concerned, to avoid a situation where nobody assists mothers in this regard as picked up in certain hospitals. This approach will complement the proactive position embraced by DHA officers. In a similar breath clarity needs to be made with regard to the role of information officers when it comes to birth and death registration. Since vital events occur within the domain of health practitioners (nurses and doctors) in particular professional spaces, the role played by information officers could be best utilised in coordinating birth and death statistics once the events have been registered with a DHA officers. This could eliminate the possibility of omission or double counting.

### *Recommendation 3*

Communication needs to be improved between the management of the departments of Home Affairs and Health and Social Development on issues around on-line vital registration.

That on-line vital registration could take place in certain hospitals without the matron's knowledge is problematic. Improved communication is likely to encourage the participation of health personnel (nurses) in vital registration, a move that will improve the efficiency and effectiveness of on-line vital registration.

#### *Recommendation 4*

A concerted effort should be taken by all stakeholders to rationalise cultural issues around the naming of babies if on-line birth registration is to achieve its objective. Since the intention is to minimise births which are not registered in the population register, challenges involving late birth registration need to be dealt with. This requires intervention by numerous role players at various levels of government. At the provincial Government level, information, advocacy and communication (IEC) programs need to be intensified as a means of sensitising parents around the issue of identifying babies' names before birth. Interaction of the implementation of these programs with local authorities at community level is imperative in reaching out to the people concerned.

#### **Reference**

Statistics South Africa, 2007. **The coverage and quality of birth registration data in South Africa, 1998-2005**. Report No. 03-06-01 (2007). Pretoria: Statistics South Africa.

Appendix : Distribution of Department of Home Affairs Offices by region

Place and contact person	Postal address	Street address	Telephone number	Fax number	E-mail address
<b>WATERBERG REGION</b>					
<b>WATERBERG REGIONAL OFFICE (MOKOPANE)</b> Mrs Maripane (DD)	Private Bag X2498 Mokopane, 0600	90 Nelson Mandela Drive <b>MOKOPANE</b>	(015) 491 3111/2/6/7	(015) 491 3768	<a href="mailto:Dopotgietersrus@dbs1.pwv.gov.za">Dopotgietersrus@dbs1.pwv.gov.za</a>
<b>MOOKGOPHONG SERVICE POINT</b> Ms M J Lekota (AC II)	Private Bag X308 Mookgophong, 0560	47 5 <sup>th</sup> Street <b>Mookgophong, 0560</b>	(014) 743 0872	N/A	N/A
<b>MODIMOLLE SERVICE POINT</b> Ms S S Erasmus (SAC III)	Private Bag X1011 Modimolle, 0510	13 <sup>th</sup> Van Emmeners Modimolle, 0510	(014) 737 8677	N/A	N/A
<b>BELA-BELA SERVICE POINT</b> Ms J N Bvuma-Mahlori (SAC II)	P.O Box 48 Bela-Bela, 0480	1 Moloto Street Bela-Bela 0480	(014) 737 8677	N/A	N/A
<b>BAKENBERG VISITING POINT</b> Mr M S Kgatla (CAC)	Private Bag X2498 Mokopane, 0600	Bakenberg Tribal Authority Bakenberg, 0611	N/A	N/A	N/A
<b>MAPELA SERVICE POINT</b> Ms M K Gama (AC III)	Private Bag X2498 Mokopane, 0600	MPCC Building <b>MAPELA</b>	N/A	N/A	N/A
<b>TAUYATSWALA VISITING POINT</b> Mr M S Kgatla (CAC)	Private Bag X2498 Mokopane, 0600	Tayatswala Tribal Authority <b>MAPELA</b>	N/A	N/A	N/A
<b>BAKONE VISITING POINT</b> Mr M S Kgatla (CAC)	Private Bag X2498 Mokopane, 0600	Bakone Tribal Authority	N/A	N/A	N/A
<b>BATLOKWA VISITING POINT</b> Mr M S Kgatla (CAC)	Private Bag X2498 Mokopane, 0600	Batlokwa Tribal Authority	N/A	N/A	N/A
<b>LEPHALELE DISTRICT OFFICE</b> Mr. N E Rakhadani (SAO)	Private Bag X212 Lephalale, 0555	C/N NICOLETTE AND STROH STREET, <b>LEPHALELE</b>	(014) 763 4446	(014) 7635144	N/A
<b>PORT CONTROL ZANZIBAR</b> Mr B S Mabita (C/O)	P.O Box 13 Maasroom, 0623	Zanzibar Port Control <b>MAASROOM</b>	(014) 767 1024	(014) 767 1085	N/A

Place and contact person	Postal address	Street address	Telephone number	Fax number	E-mail address
<b>WATERBERG REGION</b>					
<b>PORT CONTROL GROBLERSBRIDGE</b> Mr. R E Seleka (SIO)	P.O Box 104 Groblersbridge, 0621	Port Control Groblersbridge <b>TOM BURKE</b>	(014) 767 1019	(014) 767 1264	N/A
<b>LEPHALALE DISTRICT OFFICE</b> Mr. N E Rakhadani (SAO)	Private Bag X212 Lephalale, 0555	C/N NICOLETTE AND STROH STREET, LEPHALALE	(014) 763 4446	(014) 7635144	N/A
<b>PORT CONTROL OFFICE STOCKPOORT</b> Mr. N W Kgang (CIO)	Box 199, Lephalale, 0555	<b>STOCKPOORT BORDER POST</b>	(014) 763 4586	(014) 763 4586 Ask for faxline	N/A
<b>PORT CONTROL OFFICE PLATJAN</b> Mr. A Wepener (CIO)	Box 96, Alldays, 0909	<b>PLATJAN BORDER POST</b>	(015) 575 1040	(015) 575 1032	N/A

Place and contact person	Postal address	Street address	Telephone number	Fax number	E-mail address
<b>CAPRICORN REGION</b>					
<b>Pietersburg (Polokwane)</b> Mrs M M Segole (DD)	Private Bag X9426 <b>Polokwane, 0700</b>	C/O GROBLER AND SCHOEMAN STREET, <b>POLOKWANE</b>	(015) 290 4600	(015) 291 5104	<a href="mailto:Ropietersburg2@dbs1.pww.gov.za">Ropietersburg2@dbs1.pww.gov.za</a>
<b>GATEWAY INTERNATIONAL AIRPORT</b> Mrs M J E de Bruin (CIO)	Private Bag X9426 <b>Polokwane, 0700</b>	International Airport Kareebase <b>Polokwane, 0699</b>	(015) 288 0083	(015) 288 0446	N/A
<b>SESHEGO SERVICE POINT</b> Ms M M Madiba (SAC III)	Private Bag X4007 <b>Seshego, 0742</b>	Magistrate Offices Next to Police Station, <b>Seshego</b>	(015) 223 4534	(015) 223 4534	N/A
<b>MANKWENG SERVICE POINT</b> Mr M E Rakabe (SAO)	Private Bag X1114 <b>Sovenga, 0727</b>	Magistrate Complex, <b>Mankweng</b>	(015) 267 1161	(015) 267 1161	N/A
<b>BOCHUM SERVICE POINT</b> Ms M R Manthata (SAC III)	Private Bag X5001 <b>Bochum, 0790</b>	Magistrate Complex, <b>Bochum</b>	(015) 505 0112	(015) 505 0112	N/A
<b>MASHASHANE VISITING POINT</b> Mr M P Maja (SAC III)	Mashashane Tribal Office, Box 1, <b>Mashashane</b>	<b>MASHASHANE TRIBAL OFFICE</b>	N/A	N/A	N/A
<b>MATOPO TRIBAL OFFICE</b> N R Motapo (Kgoshi)	N/A	<b>MOTAPO TRIBAL OFFICE</b>	082 4533 808	N/A	N/A
<b>SEGOPYE TRIBAL OFFICE</b> M M Thamagana / M C Mafeto	N/A	Sekgopye Tribal Office	(015) 2677 144	N/A	N/A
<b>DIKGALE TRIBAL OFFICE</b> M J Maditsela	N/A	Dikgale Tribal Office	083 507 1740	N/A	N/A
<b>MOKOTOPONG TRIBAL OFFICE</b> R R Ramaru	N/A	<b>MAKGOTOPONG TRIBAL OFFICE</b>	(015) 267 7168	N/A	N/A
<b>MAMABOLO TRIBAL OFFICE</b> M J Motimele	N/A	<b>MAMABOLO TRIBAL OFFICE</b>	082 212 8715	N/A	N/A
<b>MOLEPO TRIBAL OFFICE</b> Emma Molepo	N/A	<b>MOLEPO TRIBAL OFFICE</b>	084 272 6536	N/A	N/A
<b>MATLALA VISITING POINT</b> Mr M P Maja (SAC III)	Bakone Local Authority <b>Ga-Matlala A Thaba Selumong Village</b>	<b>BAKONE LOCAL AUTHORITY</b>	(015) 227 0024 073 422 0522	N/A	N/A



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<b>ELDORADO MPCC</b> Ms M R Manthata (SAC III)	N/A	N/A	N/A	N/A	N/A
<b>ALLDAYS VISITING POINT</b> Ms M R Manthata (SAC III)	Former Municipality Offices	FORMER MUNICIPALITY OFFICES	N/A	N/A	N/A
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<b>KGAUTSWANE MPCC</b>	N/A	<b>KGAUTSWANE</b>	(013) 231 8027	N/A	N/A
<b>ATOK MPCC</b>	N/A	<b>ATOK</b>	083 981 5131	N/A	N/A

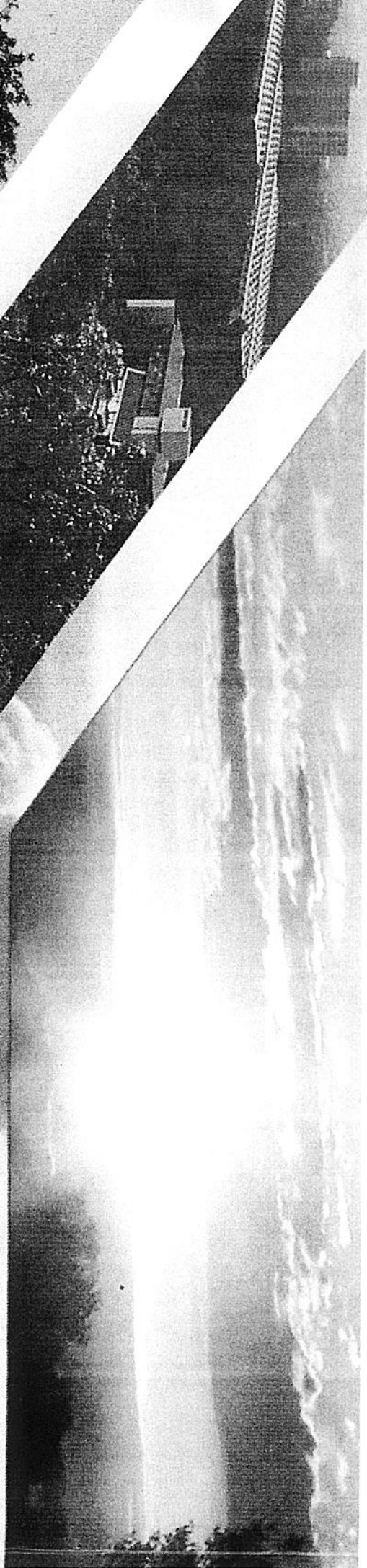
Place and contact person	Postal address	Street address	Telephone number	Fax number	E-mail address
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<b>MOKWAKWAILA SERVICE POINT</b> Mr. M.D Makondo (AO)	Private Bag X9666, Giyani, 0826	TLC OFFICE	N/A	N/A	N/A
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<b>MKHUHLU SERVICE POINT</b> Mr S H Khoza (AO)	Private Bag X1340 Thulamahashe, 1365	Bushbuckridge Municipality, Mkhuhlu	(013) 773 0046	(013) 773 0590	<a href="mailto:Mhala@dbs1.pwv.gov.za">Mhala@dbs1.pwv.gov.za</a>
<b>TZANEEN DISTRICT OFFICE</b> Mr J S Baloyi (SAO)	Private Bag X4007 Tzaneen, 0850	North Block Office, Tzaneen Mall, Danie Joubert Street, 0850	(015) 307 4473/4	(015) 307 4262/1875	<a href="mailto:d.oliza@dbs1.pwv.gov.za">d.oliza@dbs1.pwv.gov.za</a>
<b>NAPHUNO SERVICE POINT</b> Mr J S Baloyi (SAO)	Private Bag X4007 Tzaneen, 0850	Public Works Building, C/n Police Station and Magistrate Street	(015) 355 3462	(015) 355 3459	<a href="mailto:d.oliza@dbs1.pwv.gov.za">d.oliza@dbs1.pwv.gov.za</a>

Place and contact person	Postal address	Street address	Telephone number	Fax number	E-mail address
<b>MOPANI REGION</b>					
<b>RITAVI SERVICE POINT</b> Mr J S Baloyi (SAO)	Private Bag X4007 Tzaneen, 0850	Town Managers Building, Nkowanokwa, next to Muhlaba hall	(015) 303 3263	N/A	<a href="mailto:d.otza@dbs1.pwv.gov.za">d.otza@dbs1.pwv.gov.za</a>
<b>BOLOBEDU SERVICE POINT</b> Mr J S Baloyi (SAO)	Private Bag X4007 Tzaneen, 0850	TOWN MANAGERS BUILDING, GA-KGAPANE	(015) 328 3768	N/A	<a href="mailto:d.otza@dbs1.pwv.gov.za">d.otza@dbs1.pwv.gov.za</a>
<b>Duiwelskloof Service Point</b> Mr J S Baloyi (SAO)	Private Bag X4007 Tzaneen, 0850	COURT HOUSE BUILDING BOTHAS STREET, DUIWELSKLOOF	(015) 309 9803	N/A	<a href="mailto:d.otza@dbs1.pwv.gov.za">d.otza@dbs1.pwv.gov.za</a>
<b>PHALABORWA DISTRICT OFFICE</b> Mrs S van Rooyen (SAO)	Private Bag X01010 Phalaborwa, 1390	23 Potgieter Ave. Phalaborwa	(015) 781 0981/2	(015) 781 2985	<a href="mailto:dophalaborwa@dbs1.pwv.gov.za">dophalaborwa@dbs1.pwv.gov.za</a>
<b>MAKHUVA MPCC</b>	Correspondence can be directed to Regional manager: Giyani	N/A	(015) 812 5601	(015) 812 5601	N/A
<b>SEKORORO SERVICE POINT</b> Ms S van Rooyen (SAO)	Correspondence can be directed to the District Office: Phalaborwa	SEKORORO HOSPITAL	083 531 3522	N/A	<a href="mailto:dophalaborwa@dbs1.pwv.gov.za">dophalaborwa@dbs1.pwv.gov.za</a>
<b>MASHISHIMALE MPCC</b> Ms S van Rooyen (SAO)	Private Bag X01010, Phalaborwa, 1390	MASHISHIMALE VILLAGE	N/A	N/A	<a href="mailto:dophalaborwa@dbs1.pwv.gov.za">dophalaborwa@dbs1.pwv.gov.za</a>
<b>MHALA DISTRICT OFFICE</b>	Private Bag X1340, Thulamahashe, 0365		(013) 773 0046		

Place and contact person	Postal address	Street address	Telephone number	Fax number	E-mail address
<b>VHEMBE REGION</b>					
<b>THOHOYANDOU REGIONAL OFFICE</b>	Private Bag X2249, <b>SIBASA</b> , 0970	Makwabela Government Complex, Shumela Street, <b>Sibasa</b> , 0970	(015) 9631137/1134	(015) 963 1195	<a href="mailto:rosibasa@dbs1.pwv.gov.za">rosibasa@dbs1.pwv.gov.za</a>
Mr Z G Maluleke (DD)					
Beit Bridge Port Control Office	Private Bag X604, <b>Musina</b> , 0900	<b>BEIT BRIDGE BORDER POST</b>	(015) 530 0070	(015) 530 0070 Ask for fax-line	<a href="mailto:visabth@dbs1.pwv.gov.za">visabth@dbs1.pwv.gov.za</a>
Mr R C Hartman (CIO)					
<b>PONDRIFT PORT CONTROL OFFICE</b>	P. O Box 95 <b>Alldays</b> , 0909		(015) 575 1056	(015) 575 1047	N/A
Mr A Wepener					
<b>DZANANI DISTRICT OFFICE</b>	Private Bag X1016, <b>Dzanani</b> , 0855	MAGISTRATE'S OFFICE, MAKHADO LOCATION, 0855	(015) 970 4348	(015) 970 4348	<a href="mailto:dodzanani@dbs1.pwv.gov.za">dodzanani@dbs1.pwv.gov.za</a>
Mr S G Ramabulana (SAO)					
<b>MAKHADO DISTRICT OFFICE</b>	Private Bag X2404, <b>Makhado</b> , 0920	103 Munnik Street, <b>Makhado</b> , 0920	(015) 516 0258/9	(015) 516 0258 Ask for fax-line	N/A
Mr M J Ramphaga (SAO)					
<b>HLANGANANI DISTRICT OFFICE</b>	Private Bag X340, Elim Hospital, <b>Elim</b> , 0960		083 365 9067		N/A
Mr T R Shivambu (SAC)					
<b>MALAMULELE DISTRICT OFFICE</b>	Private Bag X9116, <b>Malamulele</b> , 0982		(015) 851 1443		N/A
Mr H N Raphaelalani (SAO)					
<b>MUSINA DISTRICT OFFICE</b>	Private Bag X631, <b>Musina</b> , 0900	MAGISTRATE'S OFFICE NO. 1 Fox Avenue, <b>Musina</b> , 0900	(015) 534 3232	(015) 534 2886	N/A
Mr Y S Shiviti (SAC)					
<b>MUTALE DISTRICT OFFICE</b>	Private Bag X1259, <b>Mutale</b> , 0956	MUTALE MAGISTRATE'S OFFICE, <b>MUTALE</b> , 0956	(015) 967 0583	(015) 967 0583	N/A
Mr N A Mbengeni (SAC)					
<b>VUWANI DISTRICT OFFICE</b>	Private Bag X1204, <b>Vuwani</b> , 0952		(015) 961 4591/4912	(015) 961 4591	N/A
Mr M Maringa (SAO)					

Place and contact person	Postal address	Street address	Telephone number	Fax number	E-mail address
<b>VHEMBE REGION</b>					
M W Muthabi (CAC)	Private Bag X113 MASISI 0983		(015) 966 5568	(015) 967 0004	N/A

Place and contact person	Postal address	Street address	Telephone number	Fax number	E-mail address
<b>PROVINCIAL MANAGER: LIMPOPO PROVINCE</b>					
Mr M V Mabunda	Private Bag X9517 Polokwane, 0700	BONITAS BUILDING, 1 <sup>ST</sup> FLOOR 22 Hans van Rensburg Street, Polokwane 0699	(015) 295 5220/1/	(015) 291 4455	victorm@dbs1.pwv.gov.za Personal Assistant: sanette@dbs1.pwv.gov.za



**Limpopo Provincial Government  
Population & Development Directorate**

**Private Bag X9302  
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**18 College Street  
POLOKWANE 0699  
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