

**AN EXPLORATORY ANALYSIS OF DIFFERENTLY
FOCUSED WOMEN'S ORGANIZATIONS IN
COMMUNITY DEVELOPMENT AND HEALTH**

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DECLARATION

**EXCEPT FOR REFERENCED CITATIONS IN THE TEXT, THIS IS THE
RESEARCHER'S ORIGINAL WORK.**

S.M. MOGOTLANE

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DEDICATION

**TO MY HUSBAND RAMARANKA, MY CHILDREN KONE, LESIBA
AND NKGADI AND SELINA WHO HAVE BEEN A PILLAR OF
STRENGTH FROM THE BEGINNING TO THE END**

ABSTRACT

AN EXPLORATORY ANALYSIS OF DIFFERENTLY FOCUSED WOMEN'S ORGANIZATIONS IN COMMUNITY DEVELOPMENT AND HEALTH

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Two research methods, a correlational survey and a case study method were used to explore the impact of health focused and economic focused women's organizations on community development and health. Through the study the following questions were answered: (i) Is there a difference in the health and development indicators of the households of Elim Care Group Project members, Akanani members and members of the community who do not belong to any of the organizations? (ii) What contribution have these organizations made to individuals' and/or communities' way of life?. (iii) What aspects of these organizations' structure and/or function strengthen or weaken the organization?.

For the correlational survey, quantitative data were collected from three categories of thirty households each that belonged to Care Group members, Akanani members and community members who did not belong to any organization. The analysis of the data showed that both the health focused and economic focused organizations kept

their focus even though their functioning tended to overlap. The health focused group had a greater impact on health indicators e.g. number of diarrhoea episodes, respiratory tract infection episodes, nutritional state, while the economic focused group had greater impact on development indicators e.g. housing, income and education. The improvement in the development indicators did not influence the health indicators directly.

The qualitative data collected for the case study provided an indepth information about the case studied. The health focused organization demonstrated stability in its management. This was composed of health personnel under the employment of the Department of Health Managing the Care Group was a paid job for them. The organization was established and supported by the community and therefore expressed the community's concerns. The economic focused organization provided opportunities for the rural people to establish money making enterprises. Some of the problems shown in this study in this regard relate to poor managerial and business skills that resulted in the production of products that were not readily marketable in the locality. This caused a lot of anxiety amongst members as earnings were irregular.

The differences in the structure and functioning of the groups were analysed. These influenced the effectiveness and continued viability of the organizations.

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CHAPTER 1: INTRODUCTION

The subject of this thesis is to examine the centrality of women in community development. It is an attempt to analyze the impact women's organizations have or can have on a communities' quality of life. In some instances the organizations are set up by women themselves as a response to a need or needs that affect or threaten the very existence of that community.

To meet these needs, women may engage in various activities directed at improving living conditions; sometimes with such limited abilities and resources that support and supervision from other people or organizations become necessary. In other instances the women's organizations are established by Government departments so as to extend their initiatives in that community.

The origin of community development can be attributed to education and community participation because such an initiative requires collective acquisition of skills for survival. In South Africa it also requires that action to acquire skills be prioritized as there are many more basic needs required for survival than are means. Community development also relates to health as the ability to undertake activities for development depends on the physical, social and emotional well being of the individual. In itself community development is a form of human development as it brings about positive change in a person's perception of life and behaviour. In a report on human development, *Erasmus (1994)* refers to life expectancy, adult literacy and income as indices for development in communities/societies. These indices determine capacities and opportunities people have, as they relate to their well being; health; nutrition;

access to services; education; employment and income generation. In relating women to development, reference to these indices, especially income generation, is pertinent as poverty is an issue that affects the quality of life of not only individuals but communities. In some instances poverty may indeed be the motivating factor for the establishment of an organization. In the *World Development Report (1993)* it is reported that an improvement in the country's per capita income is more likely to increase life expectancy because income enhances the potential to buy basic necessities (especially food, shelter and health) that have large health benefits that impact on longevity. The report also points out that increasing women's access to income is beneficial because much more of the women's earnings are spent on family health than is the case with men's earnings.

* **Problem statement**

The brief presented serves to introduce the issue of women's organizations in community development. Health authorities through health workers are spending substantial amounts of money and time setting up women's organizations, because it is believed that these organizations play an important role in improving the quality of life at personal and community level. To support this belief, programmes in primary health care are emphasizing community participation in preventive health care activities and involvement of other sectors for social development e.g. housing and education. Women's organizations serve as a link between health services and the community. Individuals as well as groups are met by health personnel in their own environments where they are encouraged and enabled through information dissemination, education and training to participate in identifying their own needs and formulation of solutions

that they, themselves, are able to execute to meet the identified needs using means that are available and acceptable to them.

Health authorities in collaboration with other sectors have set up health education programmes targeted at those issues most likely to arouse public interest e.g. nutrition, child survival, provision of adequate and safe water, proper disposal of refuse and waste, provision of affordable and sustainable energy source (*African National Congress 1994, 14*). In its annual review (1995) Nuttal reports that the Independent Development Trust (IDT) from its national budget of March, 1990, has allocated funds to non-governmental organizations (NGO) and community-based organizations (CBO) for education, health, rural development and micro-enterprise development programmes. Through education necessary skills relating to emergency care and self sufficiency believed to promote self-reliance have been provided. Since 1994 these programmes have been linked to the government's reconstruction and development programme (RDP) and this relationship has more than ever legitimized community development as a governmental project and has increased the central government's responsibility and spending towards this initiative.

To this effect many women's organizations under the directive of the Department of Health and government funded non-governmental organizations have been in operation for some time and it is necessary that their impact on community development in the context of health be evaluated so as to justify any time spent and expense incurred; and where possible maximize their potential.

An example of such a woman's organization is the Elim Care Group Project, in Hlanganani (commonly referred to as Elim), Northern Province, South Africa. The

organization is based in Elim Hospital. The people in the area refer to it as 'Care Group'. Two-thirds of the personnel are employed and paid by the Department of Health, the rest are paid by a foreign funder, Christoffel Blinden Mission (CBM). The Department of Health also provides for the maintenance of motor vehicles used for the Care Groups. It educates and trains these employees in the organization and management of this woman's organization. In this way the organization's activities are initiated, managed and supervised by health personnel from the hospital. Its initial aim was to eradicate and control the spread of trachoma, an infective endemic blinding eye condition in the area. The organization was established in 1976 and its focus has remained health- oriented even though over the years other activities relevant for daily living have been introduced in the organization's operation e.g. construction of water reservoirs, communal gardens, construction of latrines, knitting and sewing classes.

Even though health authorities seem to be in the lead in organizing women's organizations, there are several other non-governmental, non-health and community-based organizations that have also contributed to the establishment of women's organizations. In South Africa the focus of these institutions is multifaceted and some of the women's organizations established have developed differently from those supported by health authorities. Some of these followed the micro- enterprise development programmes and are focused on economic development. Akanani Rural Development Association (ARDA) also referred to by the local people as '**Akanani**' is an example of one of these organizations and it is engaged in purely economic activities. It is located in the same area of Hlanganani, Northern Province as is the Elim Care Group Project . It was established in 1980 as a rural producer cooperative to

initiate an income generating process under the name of Intermediate Technology for Small Industries Development Unit (ITSIDU). The name was changed in 1990 to 'AKANANI' to literally interpret the intention of the organization in the community, which is, ***let's build each other***'. Whereas the Elim Care Group Project is geared towards improvement of health in the community; Akanani aims at economically and socially empowering rural communities, especially women. As circulation of money is important for development, Akanani calls for people to support each other in their endeavours to generate money. To realize this, the organization has had to expand from focusing on a relatively small number of cooperatives to responding to requests from throughout the Northern Province and engage in other areas of work that would contribute to money generating skills such as adult literacy and technical services in planning and developing the infrastructure for community organizations and cooperatives. The organization offers a variety of programmes mainly related to training in skills for production, marketing and adult education. After training, the organization facilitates community initiated projects and in this way individuals as well as groups are assisted to establish themselves economically in the community. They are assisted and supported in planning and setting up small businesses, handling of budgets, simple book-keeping, banking, buying, selling, credit system and retrieving of money from those owing. The organization is a non-governmental institution that has to raise funds actively for its existence; and has in the past been funded by the IDT and the Development Bank of South Africa (DBSA) to advance its programmes on community development. The organization has been affected by the redirection of funds by the government from NGOs to RDP, hence its management has to be knowledgeable in the writing of proposals for government as well as private sector funding, and observe

its motto at all times: ***“Unless we organize we will be washed away just like the soil
* and rocks are washed away”***.

Of importance in evaluating the impact made by women's organizations in community development and health is also the need to identify a focus that is relevant in improving living conditions in a community. To do this; the health focus as pursued by the Elim Care Group Project and the economic focus of Akanani will be explored, analyzed and compared with a view of drawing possible conclusions.

The study will explore how each of the orientations of the two women's organizations impacts on community development and health. It will also explore the relationship of the two orientations and how individual economic benefits transfer to the community.

The Aim of the Study

The aim of the study was to explore, analyze and compare the organization, function and outcome of a health focused woman's organization, the Elim Care Group Project and the economically focused woman's organization, Akanani Rural Development Association; both located in Elim, Northern Province, South Africa.

Research Questions

To explore the issue under study three (3) research questions were asked:

1. Is there a difference in the health and development indicators of the households of Elim Care Group Project members, Akanani Rural Development Association members and those of community people who do not belong to any of the organizations?

2. What contribution have these organizations, the Elim Care Group Project and Akanani Rural Development Association made to individuals' and or communities' way of life?

3. What aspects of these organizations' structure and/or function strengthen or weaken the organization?
 - 3.1 Are there specific aspects of the organization's structure which strengthen or weaken the organization?

 - 3.2 Are there specific aspects of the organization's functioning which strengthen or weaken the organization?

Answers to these questions will provide a full description of the organization, function and outcome of these organizations' contribution to community development and health; and will provide a comparative view between the health focus and the economic focus.

Definition of Operational Terms

The terms defined hereunder applied in this study:

1. **Health indicators:** These will refer to those conditions or activities occurrence of which can be measured and controlled, and are in line with health indicators as stipulated by the World Health Organization, 1989:

- *Diarrhoea:* the number of times in the past twelve (12) months children under the age of five (5) years in a household presented to a health service i.e. clinic, hospital or private physician complaining of a watery stool expressed as an average per child.
- *Nutritional Status:* the weight for age of children five (5) years and younger; weight for height of children five (5) years and younger in a household, classified as underweight, overweight and within average parameters for each child.
- *Dental health:* the incidence of obvious dental caries in one person, adult or child, in a household.
- *Upper respiratory tract infections:* the number of times in the past 12 months children five (5) years and younger in a household have been to a health service i.e. clinic, hospital or private physician suffering from respiratory tract infection, expressed as an average per child.

- *Child survival:* Children born to this household and have survived for 0 - 10 years and more, expressed as a ratio.
- *Immunization coverage:* the number of households in which all children between the ages of twelve (12) to twenty four (24) months in a household have been fully immunized appropriately for their age as recorded in their growth chart, expressed as a ratio. Attendance of well-baby clinic and growth monitoring will also be evaluated through the review of the growth chart.
- *Antenatal clinic attendance:* The number of pregnant women who have had their first antenatal clinic attendance within the first six (6) months of their pregnancy, expressed as a ratio.

2. **Development indicators:** These are indicators that can be used to measure an individual's ability to be self sufficient as well as the community's advancement in terms of available resources.

- *Income per household:* the amount of money generated or earned by a household in one calendar month as determined by all salaries or contributions from economic activities engaged in at the time of investigation, expressed as a total per household.

- Utilization of *financial institutions available in the community*: the number of households that have a savings account with a bank, building society, stokfel, post office or any other institutions, expressed as a ratio
- *Material possessions*: the type of house; material used to build the house; its roof, windows, walls and wall painting; furniture; live stock (cattle number); vegetable garden; motor vehicle; water source. The analysis of these items is outlined in the rating scale presented in the data collection instrument (see annexure 1).
- *Adult literacy*: the ability of women aged 20 years and above to read and write a comprehensible message in a single language and make a simple calculation on addition, subtraction, division and multiplication, as tested by the instrument in annexure 1.
- *Sanitation*: The total number of households with adequate sanitary facilities for the disposal of domestic waste and sewage, expressed as a ratio.
- *Safe water supply*: The total number of households with constant access to clean drinking water, expressed as a ratio.

3. **Villages**: These are designated residential places in the Elim area. The inhabitants in these residential places in most instances do not exceed 5,000. In this study villages shall also be referred to as '**communities**'.

Elim Care Group Project members and Akanani members operating in a village/community are referred to as a '**branch**' of the organization.

Elim area: shall also refer to Hlanganani district; which is the new name given to the Elim health ward in the new dispensation of 1994. For clarity in this study the area shall be referred to as Elim with Hlanganani being used where it is considered to enhance clarity.

4. **Structure:** This relates to the organogram, formal management structures and nature of relationship within the organization.
5. **Function:** This relates to the actual activities of the organization in terms of assessment of needs, leadership, organization, resource mobilization and management.
6. **Household:** Unit/structure where people are living together having an interrelationship which is either biological or functional in nature.

Theoretical Framework of the Study

The theoretical framework is based on the interrelationship between community development and such variables as women; women's organization and their participation in activities geared towards community development. This is presented in the webbed wheel model on p. 45 in this text. The measurement of women's participation is based on a spider web or spoke-wheel model outlined by *Rifkin, Muller and Bichmann (1988)*. The model stipulates assessment of needs, leadership,

organization, resource mobilization and management as variables that are to be considered when measuring participation. The model is presented on p.30 in this text. In this study the assessment of needs was in relation to health and development indicators. According to this relationship women's participation is influenced by the women's state of health, environment and projects being undertaken.

Conclusion

Elim Care Group Project in collaboration with the health services in the area has in the past twenty (20) years dispersed a lot of energy in efforts geared at improving conditions of living in Elim, Northern Province, South Africa. Akanani on the other hand has expanded its focus and has provided technical support services to plan and develop the infrastructure for community organizations and co-operatives for the benefit of economic development in the area. Both organizations have served the community of Elim.

It is necessary to evaluate the impact that these groups as women's organizations have made or are making in community development to justify any time, efforts and money spent by public and private authorities. Also to establish which of the two foci people would like to follow.

CHAPTER 2: LITERATURE REVIEW

Introduction

In the wake of the reconstruction and development programme (RDP) and social development; concepts like community development, community participation, community involvement, community partnership and Community empowerment are increasingly being used and applied to make health personnel and the community aware of the multiple factors that contribute to good health. These terms are related and are therefore loosely applied interchangeably to mean different things to different people at different settings. Within the framework of health care provision these concepts have been integrated into development to include socio-economic conditions and dictate terms of reference for communities in exercising their right to make decisions in those matters that concern their health and therefore their lives. Government, non-governmental and community-based organizations have singularly and in collaboration been involved in activities that enhance community development through community participation and involvement. The RDP was initiated by the 1994 Government of National Unity (GNU) as an endeavour to redress the imbalances of the past especially in education, health and provision of the infrastructure. The programme was arranged such that a strategy of self help and self sufficiency would be advanced.

In their report Annet and Nickson (1991) state that already by the mid 1970's it had become evident that in spite of the advances in medical knowledge and technology, the magnitude and complexity of health problems were such that conventional medical approaches alone were inadequate. Mobilization of energies and resources of and by

communities in pursuit of their own development was a crucial but neglected pre-condition for social development. This was the beginning of a growing awareness of the potential of ordinary people to organize themselves to take responsibility for their own health and a move towards democracy. These people would work together to:

- support the functioning of all services related to social development e.g. environmental care, food production, health promotion through health education etc.
- think and act for themselves in all matters pertaining to their own individual and their community's well being (Annet & Nickson, 1991, P.3).

Community organization would also mean community development which was to become a tool for resistance to apartheid and through this, services would be provided to the underserved sectors of the population.

The literature review presented hereunder serves; firstly, to explain the interrelatedness of the concepts mentioned, and, secondly, to highlight how these concepts are related to health, society and most importantly women as the main participants in community development.

Community development

Community development has to be seen within the context of global development, which is primarily defined in economic terms that relate to economic progress and growth in the gross national product. It relates to continuous progress and change and

has to take into consideration past and present situations that impact on this progress. According to Ashton (1991) the progress referred to should provide for developmental needs of the citizens including basic needs such as food, water, shelter, sanitation, freedom from poverty, concern for ecology and a process of building the infrastructure. It also means that the progress or growth made has to be evaluated against a standard that is set.

In many instances development in the third world countries is measured against progress in Western countries. This comparison according to Addo, Amin, Aseniero, Frank, Friberg, Frobels, Heinrichs, Hettne, Kreye and Seki (1985) is referred to as Eurocentric in nature. Here the authors offer the evolution of European history and culture as models for development; and communities striving for development are to imitate and match this society economically and politically. Programmes of development are based on what the Western countries do. According to the above authors European history is presented linearly to measure progress. This they consider meaningful and propose that the presentation of the history of developing communities be presented along the same lines as that of developed western communities so as to assess progress made in these communities.

As the central concern in development is progress, it has always been the practice that all activities undertaken be targeted at those people thought of as not being progressive or progressed i.e. the illiterate adults. The first and foremost initiatives would be for mass adult literary education to improve formal education generally; followed by skill provision and mobilization of these people so that they can provide labour when projects are proposed; hence the multiplicity of rural projects in the form of physical

structures and/or artifacts. It is within this context that Addo et al (1985) integrate community development into global development and refers to it as a willingness amongst people to rise and develop above the present standard of living with a realization that in the interim others may be exploited and/or enculturated into dominant western cultures.

Community development is not a new concept. According to Woodward (1981) the concept was adopted in a conference in Cambridge in 1948, post Second World war. Even at that time development in the third world countries was related to socio-economic conditions once the West had recovered from the impact of war. In that conference a comprehensive definition of this concept was outlined and the definition related development to the interaction of the community, individual citizens and their capacity to solve problems. Community development was described as "A single programme of approaches and techniques which relies upon local communities as units of action and which attempts to combine outside assistance with organized local self determination and effort, and, which correspondingly seeks to stimulate local initiatives and leadership as primary instruments of change" (Woodward 1981, P.13). Following this conference another discussion on community development was in 1954 during the Ashbridge conference in England, in which community development was referred to as a movement designed to promote better living conditions for the whole community at their own initiative and participation. This view was shared by the World Health Organization (WHO) (1976) when it described community development as: "a progressive improvement in the living conditions and quality of life enjoyed and shared by society and its members" (WHO 1976, P.44). The indices for improved living

conditions have been stipulated by Erasmus (1994) in the report on human development as life expectancy, adult literacy and income.

Following this initial explanation of the concept of community development the idea proliferated nationally and internationally in line with each country's general social development ideology. According to Lund (1987) the usage of the concept has internationally come to mean "the processes by which the efforts of the people themselves are united with those of the government to improve the economic, social and cultural conditions of communities; to integrate these communities into the life of the nation and to enable them to contribute fully to national progress" (Lund, 1987, P.3). The processes referred to hereabove are inclusive in the participation by the people and the provision of technical assistance by the government.

Several authors have revisited the concept and all of them have either repeated or expanded on the aforementioned explanations; being either too narrow in their focus or largely theoretical in orientation. After 1970 authors tend to emphasize community development as a process and a tool for task performance and self reliance. Fendall (1985) focused strongly on the fact that where the initiative to participate is not spontaneously forthcoming from the community; techniques for arousing and stimulating this initiative must be developed and used. In this, outside inputs are recommended. Ashton (1991) specifies the active units in community development as groups or collectives of people in the form of professionals, non-professionals, politicians, volunteers, people in the public and private sectors. He further explains that in community development all these units see themselves as a group where talent can

be accessed inexpensively. Flynn, Rider, & Ray (1991) in their contribution in the explanation of the concept, stress the importance of the environment in motivating people to participate. They state that the environment together with available resources (including political management) determine compliance or non-compliance to programmes initiated, and community development increases control over the environment. Flynn et al (1991) further report that failure of projects in community development is usually related to environments that are not conducive. In the healthy cities project, Ashton (1991) supports this notion when he comments on the effects of urban migration on the human lifestyle, the environment and the necessity to collaborate with communities to reconcile with their environments.

In conclusion, the definitions and explanations of community development are varied and each author reflects this within his or her orientation. Of importance is to note the common point of departure which relates community development to the ability of a community to collectively identify its needs, address these in accordance with its capabilities and strive to improve living conditions in the community. The emphasis is on people and the support they need in organizing themselves. People who become aware of their common needs and mobilize themselves and their resources to meet these needs are participating in community development. However sometimes their self mobilization has to be facilitated. Community development relates to the history of the peoples' living conditions as determined by the availability of resources and environmental factors over a period of time. These according to Addo et al (1985) play a major role in that what was then is compared with what is now. The resources are almost always compared to those of other areas in terms of amounts, recency and

utility. As development is continuous, resources have to be dynamic so as to address the changing situations.

In many instances authors in development have linked community development with health, in that, whereas capacity to function is directly related to the health status of an individual; community development promotes health as it affords communities means to assess and promote their worth. Community development intensifies self care in enabling people to perform tasks they otherwise would not be able to do. Improvement of living conditions impacts on health. The effort of the people may be united with that of governmental agencies to improve not only the economic, social, environmental and cultural conditions; but to also introduce people to policy matters. For its inclusiveness community development is an integral part of social development as it contributes to productive life and is effected from a multisectoral approach. According to the report of the Director-general for the International Labour Office, in Geneva (in WHO, 1976) community development includes food production, education, provision of health care, improvement of the infrastructure, sanitation and safe water supply, animal husbandry, safety and security, vigorous social interactions and whatever activity is deemed necessary for the upliftment of living standards. It is not merely community involvement and participation; but a political commitment to promote self reliance amongst members of the community in terms of personal and social group capabilities.

The philosophy of community development

The underlying philosophy according to the above explanation is that; development of a society or an area has to be looked at against its history in relation to human conditions of living and those of its neighbours. As social transformation; development of a society should be measured against development or underdevelopment in other societies and/or parts of the country hence its dynamism. Addo et al (1985) argue that the measurement for development is based on political economy which in turn is an interpretation of the supremacy of Europe. In other words Europe is seen as a developed country and all forms of development have to compare with European standards. In this context, as stated before, it is believed that in development, conditions of the underdeveloped or developing communities are to be improved and made similar to those of developed societies in the context of modernization. In doing this the economy of underdeveloped and developing communities is conditioned by the development and expansion of the economy of the developed communities.

According to Rifkin, Muller and Bichmann (1988) community development concerns itself with issues of equity responsive and appropriate to local conditions. Emphasis should be on how resources and benefits of development initiatives will be allocated and distributed. To do this the basic needs approach should be used in prioritizing needs as identified by communities. Activities for daily living as basic requirements for survival must be attended to.

In South Africa it is a common assumption that people, especially blacks, in industrialized and rural areas tend to organize themselves easily due to differential

location of social classes in terms of their relationship to the means of production and facilities available to them. To support this view; first, Lund (1987) in her thesis explains underdevelopment in communities as being a result of colonization by more developed groups. In their bid for their own progress, the colonizers ensure that the developing communities do not progress to an equal level as themselves. From this it can further be debated that even though Community development is meant to be a democratising process, its programmes are administered and controlled in institutions of authority. In programmes or projects meant for community development, developed communities are almost always in administrative positions. To safeguard their interest, they continue to put emphasis on those aspects that put developing communities down, like: ignorance, lack of technology and resistance to change as causes of backwardness; avoiding the actual issues i.e. those of poor economic and political management. In their debate on eurocentrism and development Addo et al (1985) point out that in underdeveloped communities the high-handed foreign aid, usually from western communities, that carries with it high interest rates undermine self reliance and perpetuates the subordinate position of underdeveloped communities. They further report on the exploitation of these communities when those developed communities in their effort to improve and/or maintain their status usually expand geographically, socially and economically onto the underdeveloped communities. The expansion intensifies the problems of the underdeveloped communities as they in turn continue to produce exploitative conditions of capital accumulation as manifested in the deteriorating living conditions, increasing debt, conflicts and violence between and within nations and degradation and destruction of natural resources. Fair (1992), reaffirms this when he points out that in developing countries external indebtedness has

often remained at more than three times the export earnings. This he continues results in the deterioration of social conditions. while underdeveloped communities continue to grapple with the basics, developed communities compete for supremacy, thus increasing the gap even further.

To-date the European culture remains the criterion for development. In this context progress is slowed as the Eurocentric culture/s is/are often not fully understood or practised in totality in Africa.

In community development at local level outside assistance should be clearly determined such that it does not stifle spontaneous growth.

Second, Minkler (1992) sees community development as a natural expression of human solidarity. According to this view it is assumed that there is a harmony of interests amongst people in the community; and between communities and the government. It is further assumed that people share a feeling and a common social and moral responsibility for the present and future existence of the community. In this light community development seems to be a process of social organization through education and sharing of information to increase the people's power base. It is also a process whereby people come together around a shared interest or concern to collectively identify targets and resources and mobilize an action campaign and in so doing help realign power within the community. Through community development the capacity of the community to solve problems is increased. People are enabled to develop themselves and ascend to social ranks according to their uniqueness, effort

and merit; and in this way earn the deserved respect for who they are (Minkler, 1992, P.306). The interdependence inherent in community development makes it possible for individuals to appreciate own as well as other people's achievements. Activities undertaken in Community Development bring together a variety of staffing patterns composed of professionals and non-professionals that contribute a variety of skills as well.

Community participation

As already stated by Annet and Nickson (1991), as early as 1970 decision makers had already become aware of the need to make development people-centred, based on peoples own ideas and actions. The World Health Organization (1976) presented participation in decision making as a basic human right which all people should enjoy because it enhances self esteem and increases a sense of responsibility.

Given the above explanation of community development, community participation is seen as inherent in community development. It can be described as a stage in the process of development, where a community becomes involved in all activities concerned with its matters, to the point where they can select and act upon their own felt priorities, select realistic goals and take responsibility for their decisions. The idea of community participation originated in underdeveloped areas where due to lack of financial, material and human resources, members of the community were encouraged to volunteer to provide services for themselves.

An all encompassing description is given by Rifkin et al (1988) where they refer to community participation as: "a social process whereby specific groups with shared

needs, living in a defined geographic area actively pursue identification of their needs, take decisions and establish mechanisms to meet these needs" (Rifkin et al, 1988, P.933). This explanation also gives the meaning of 'community' and that of 'participation' and is important as it emphasizes the commonalities in groups and proximity of members for easy contact and action in community development. Even with this description the perception of community participation may be different to different people especially in relation to activity and meaning when compared or contrasted with terms like involvement and empowerment. Some authors refer to participation as synonymous with community involvement. Others do not. Annet and Nickson (1991) prefer to use the two concepts, community participation and community involvement, as synonyms; even though it can be argued that 'participation' implies a more active engagement of the community than does involvement. In this text the two concepts shall be used as synonyms.

Fendall (1985) sees community participation as both positive and negative. Negative, in that if professionals are involved it provides an opportunity for them to brainwash and manipulate people to accept professional guidance. Another factor is that community participation reflects organization amongst people which may serve as a threat to the professional authoritarian command because organized people gain confidence in themselves and tend to possess political power which may be used to oppose professional authority. Positive, in that it is a means of shifting financial responsibility from the national pool to the local resources that are supposedly administered by communities and therefore advancing empowerment and making these accessible for utilization by the community.

Budlender (1992) contrasts community participation with ownership. She refers to community participation as an activity where: "experts of various kinds devise solutions to a perceived problem and attempt to get people from the community involved in implementing the solution." For community ownership she refers to it as: "an incidence where the community itself decides on the project and then calls for assistance of experts in implementing it" (Budlender, 1992, P.56). This explanation tallies with one of the versions given by Shisana & Versfeld (1993) in which they refer to community participation as the people's contribution in predetermining programmes; with health officials/professionals telling them what is necessary, and invariably decide on what the people's contribution shall be. The people do not criticize this approach, but see it as assistance. However, the contribution that the people make when they determine programmes, regardless of magnitude, endows them with ownership (Shisana & Versfeld, 1993, p. 6).

Following these explanations and from experience one may argue that the professionals involve communities so as to obtain the necessary labour from them. In their article, Shisana and Versfeld (1993) indicate a definite involvement of the community in the identification of needs but no clear indication of the nature of assistance that would be provided by professionals. This may oncemore encourage the usual paternalistic approach by professionals who in the end decide on what is to be done by who and in many instances the giver-recipient relationship prevails with professionals being responsible and accountable for the project (Bichmann, Rifkin and Shrestha, 1989, P.469).

Another version given by Shisana and Versfeld (1993) describes the representation of the community in organizational structures in terms of power sharing. This requires a negotiated relationship where communities and service providers commit themselves to undertake tasks in partnership to advance stated objectives. The representation aspect indicates that the people's representatives are elected by the people, know the people's needs and have their interest at heart. These representatives are able to maintain consistency by virtue of their proximity and accessibility to the community. This type of participation indicates a greater involvement of the community in the provision of services. The partnership entered into would mean that the benefits are deemed equally important by both parties and so does commitment. This is seen as a positive approach.

Given these arguments, it still becomes necessary to point out that it is not easy to explicitly explain the concept of Community participation as the term is intricate and acceptance of its principle is not shared with the same enthusiasm by all health team members. Sekgobela (1986) reports that some conventional professionals are uncomfortable with communities participating in programmes and projects as they have biased conclusions about people and the activity of participating. These professionals allege that people in the community are ignorant, lack skills and expertise and are looking for status as the situation may be exploited by those community members with limited interest in community issues. They also see community participation as time consuming because of the need for training and dissemination of information to the community. Those professionals that are convinced about the genuineness of participation are unable to accommodate the community because of their uncertainty on

when and how to involve communities and who in the community should be involved. It is the perception of the author that professionals are not academically prepared for this task. Debates are continuing on these issues.

Vague as these concerns may seem, Sekgobela (1986) continues to sound a warning though that, if relevant people as defined by situations are not involved from the beginning, poor results of projects present. Community participation should be seen as a means of obtaining first hand information on local conditions, problems, needs, attitudes and feelings and also as a confirmation that the project is acceptable. It should give communities a direct say in shaping the social system that affects their lives.

Proper participation should enable people to develop skills on assessment, identification of issues, decision making and action taking not only for the specific project but for future use as well. It should assist communities to organize themselves better as it gives local people that chance to relate and provide social support for each other. The sharing of experiences and skills inherent in community participation involves dispersing of energy and enhances the community's ability to control activities that impact on their lives. This is regarded as empowerment, a concept which is cited by Minkler (1992) as "a process by which individuals, communities and organizations gain mastery over their lives" (Minkler, 1992, P. 303). In this, 'power' is seen as the ability to predict, control and participate freely in one's environment. Shisana and Versfeld (1993) see empowerment as a process of skill transmission. They state that community empowerment is "a process that is achieved through equipping people with

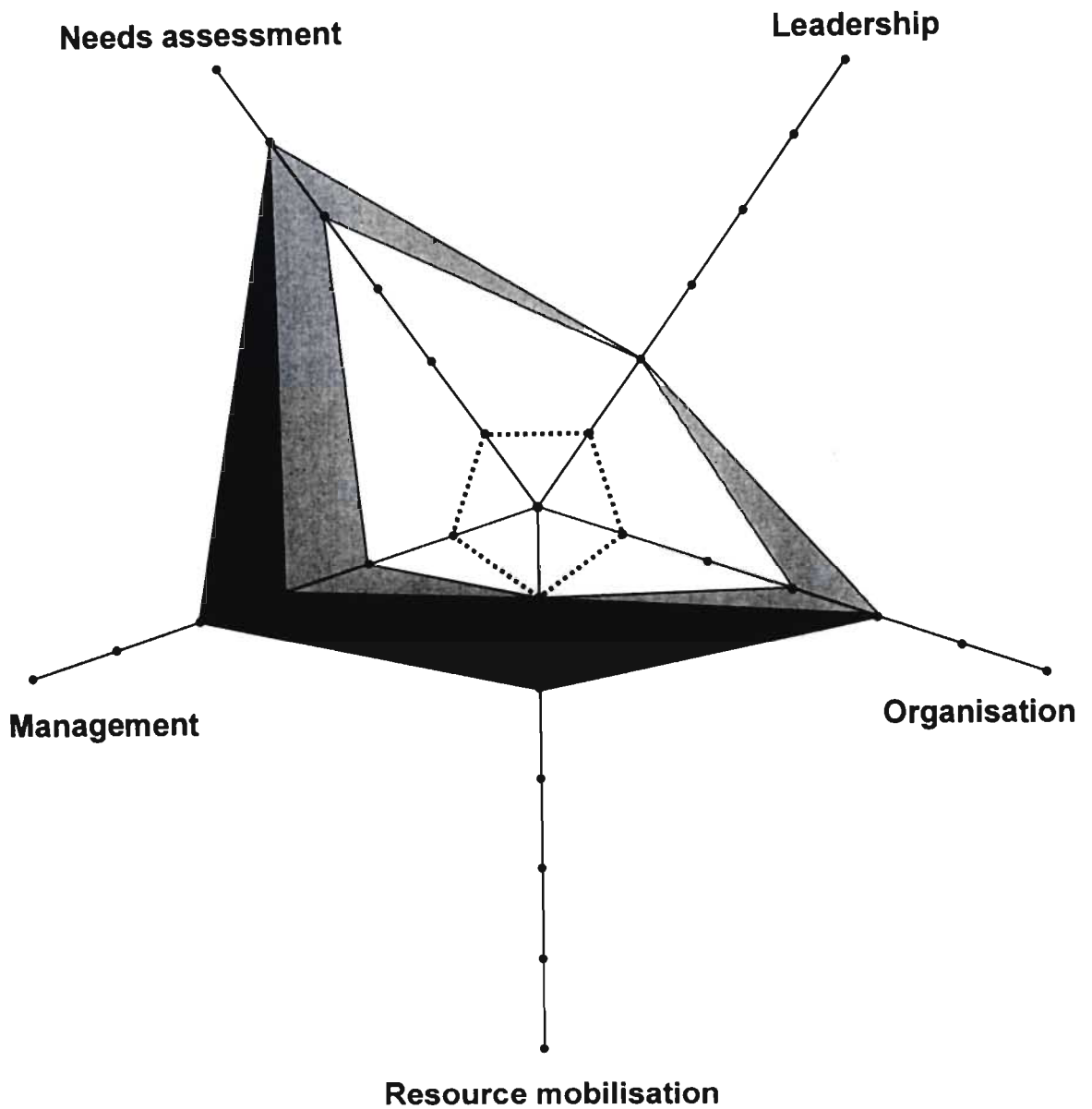
skills to take responsibility and be accountable" (Shisana & Versfeld, 1993, p. 7). Community development is a process especially applicable to the disadvantaged powerless communities whereupon these communities work together to increase their control and power base over events that determine their lives. For it to be meaningful the people must be physically engaged and in partnership with providers.

To summarize the above discussion, community participation can therefore be described as a process where local people and service providers interact actively and in partnership in those activities that will impact on and positively change their knowledge, attitude and motivation. By sharing ideas and expertise individuals and groups progress and develop to take leadership positions and make decisions for empowerment and self reliance.

For further clarity, Rifkin et al (1988) present a model that measures community participation. In this model five variables; leadership, organization, management, resource mobilization and needs assessment are identified as necessary for community participation leading to community development. Each variable is planned on a line/spoke that represents a continuum on the intensity of achievement in participation. The achievement is based on the observations made by the community itself or an outside observer. The five lines are joined together in a spoke configuration. The degree of participation is least indicated from the centre and increases towards the periphery of each spoke. The degree of participation may be different in the five variables. For an example there may be greater participation in organization than in management or while it may be easy to identify needs the availability and mobilization

of resources may present a problem thus decreasing the area which can be covered by the project. The relationship of these variables can be represented in a 'spider-web' like model (see figure 2.1).

The centre point denotes the point of relationship from which performance develop on all the five spokes. The first dotted web-line is the baseline performance that denotes some form of basic participation in the community to meet needs and as the community develop skills the web may change structure.



KEY: Initial stages of the project
 ■ Later stages of the project

FIGURE 2.1: The spider-web model for assessment of community participation (adapted from Rifkin et al 1988, 26(9), 934).

Community participation and decision making

Community participation enhances collective realization of an issue, availability of concrete facts as supplied by the wider community and a common will to tackle problems. It can take place at various levels. Of importance is that people must be involved from the beginning in decision making. Decision making by itself begets commitment and can be at central, regional and even local or community levels. At central level, national policies and strategies are formulated and adopted. Decision makers from various government sectors as well as communities both promote inter and intrasectoral coordination of activities for regional and local socio-economic development. Decision making at community level may mean that the community actually decides on who will represent them at regional and central levels, and thus make inter and intrasectoral coordination effective. It is at community level that resolutions of issues closer to the heart are decided upon.

Summary of the relationship between community participation and community development.

By its description as stated earlier community participation is crucial for community development. Community development is a product thereof and the two concepts are both processes that enhance self-reliance; with community participation being an enabler for community development. Positive development reinforces participation. The above relationship is supported by Woodward (1981) when she refers to community development as: "a progression of events that are planned by the participants to serve goals they progressively choose. The events point to changes that can be termed growth in social sensitivity and consciousness" (Woodward, 1981,

P.13).

* If one looks at the explanation of the two concepts it becomes clear that they address similar issues. Reference to the geographic area is important in both concepts. Projects undertaken by communities at their own initiatives with or without outside assistance relate to the proximity of people in the area or their natural aggregation according to social class. Similarly interests that motivate people to advance are those that are experienced in an area or country and affect the living conditions of people in the area.

Health as a product of community development and community participation.

Just as Community development is a product of community participation; health is a desirable return from community development. Community development aims at improving the economic, social, psychological and cultural conditions of communities and by implication their health as well. Minkler (1992) bases the interrelationship of community development, participation and health on the social support theory. The 'ability to do' that people gain in community development is synonymous to 'health' as individuals participate effectively in development tasks only if they are healthy. The World Health Organization Working group (1991) stated that "healthy people are productive and capable of living lives that are not only long in years but rich in quality" (WHO, 1991, 18 (1), P.5). As social beings, humans need to relate closely with one another and through community participation and development people experience increased social support as they get an opportunity to interact. This opportunity, together with the feeling of self determination and a sense of control over events promotes social justice and may in turn have positive health benefits. In principle

community participation intensifies interaction and improves individual's skills socially, emotionally, intellectually and physically. The ultimate goal of development is to improve personal confidence, individual coping capacity, selfworth, respect and life satisfaction. The body's defence system is thus improved resulting in decreased susceptibility to illness. Skills gained may mean self esteem, self sufficiency, self reliance, a change in attitude, better health practices, relief from anxieties and improved mental health in general and in some of the related physical illnesses e.g. a raised blood pressure, arthritis, indigestion. As such, health, empowers individuals and enables people to perform maximally adding quality to their lives.

Just as people need to participate in tasks for development; people must participate in the attainment of health because health is not automatic. Social support inherent in community development keeps people healthy by playing a mediating function especially in times of stress. Through participatory dialogue and actions social support helps to neutralize the depressing effects of stress that would otherwise reduce the body's resistance to illness.

The close relationship between health and community development is indicated by the nature and origin of many community development projects. Already there is an existing working relationship between the client/community and health professionals. Many Community development projects are related to health promotion and are initiated from health centres under the supervision of health personnel. Developing and developed countries are examining ways of involving communities in health activities. In the United States of America, local health departments and communities have used

various models, like healthy cities and healthy communities models, to include communities and encourage them to participate in health projects. Authors like Al-Mazroa and Al-Shammari (1991) in their study have as their objective: "to define types, patterns and levels of community participation that support primary health care and elucidate individual's attitudes about future community participation activities and their impact" (Al-Mazroa and Al-Shammari, 1991, P.44). These authors further identify growth monitoring in children as an entry point for community participation in Primary Health Care. The project was considered as one of the projects for community development; and, because parents showed interest it was also considered as a starting point for community participation.

The contribution made by health professionals represents government's input in community projects and the response of clients represents community participation. Discussions and projects initiated in this relationship usually form the basis for community development initiatives. The relationship is illustrated in figure 2.2.

Community Development

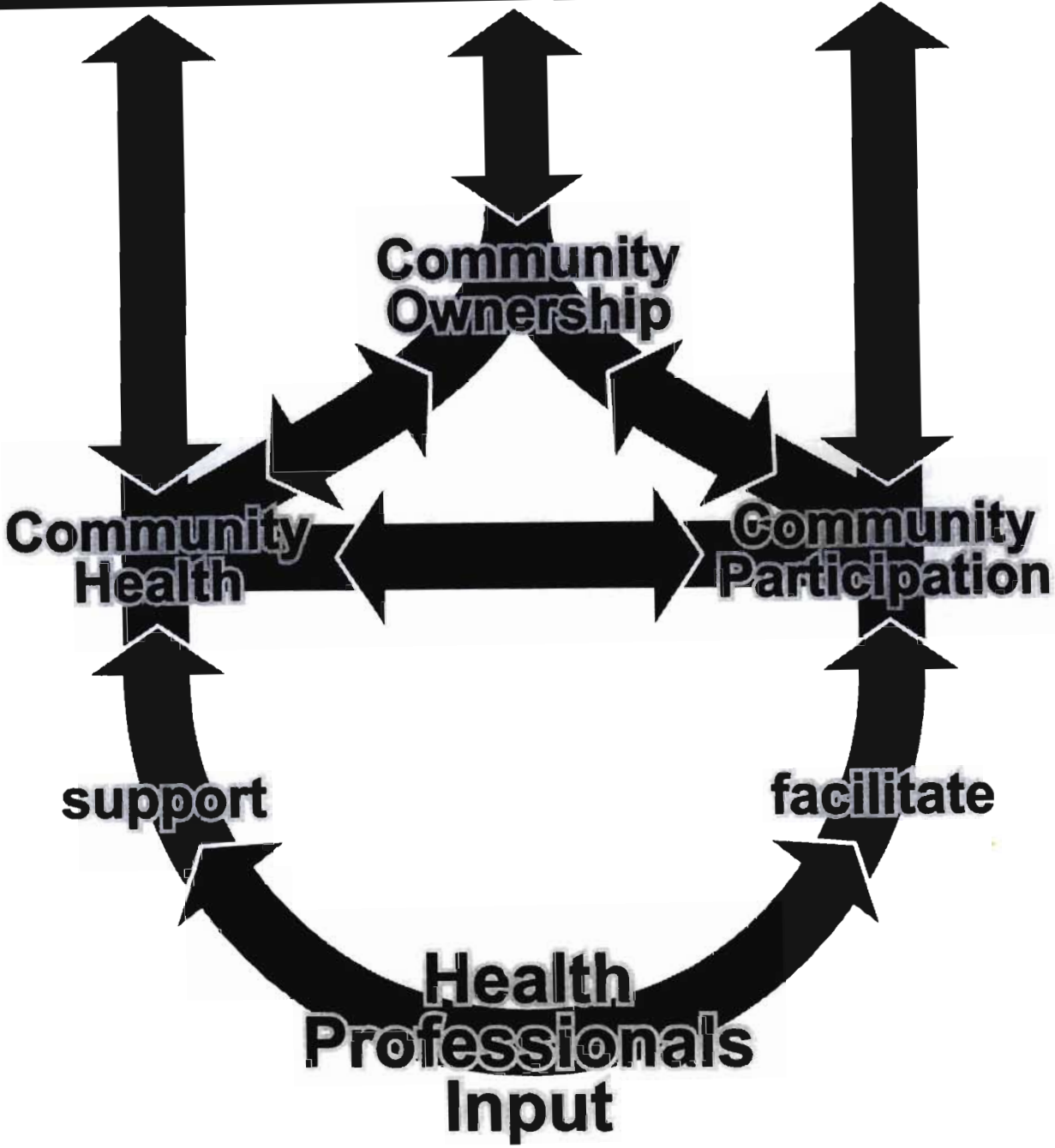


FIGURE 2.2: Relationship between community development, health, participation, ownership and the contribution of health professionals

In this diagram it is the wish of the author to emphasize the positive participation of communities in community development initiatives in the presence of health. Health professionals act as facilitators to community participation and provide support for the health initiatives of communities so that communities can meaningfully engage in community activities. Health is seen as a product of community development and also as an enabling factor for participation in activities that lead to the ownership of the process.

Community development and women

Community development and participation involves personal interaction as it refers to collective action. Personal interaction is an integral part of community life; and people, especially women, are predisposed to interacting with others such as family, child, spouse, neighbour, fellowman, etc. In projects meant for community upliftment women by virtue of their availability both physically and emotionally find themselves most accessible. Women are also most available because of social attitudes that place them in the capacity of nurturers rather than employees even at work places. The high illiteracy rate found amongst them renders them unemployable in labour markets committing them to poverty and survival is by interaction with fellowmen. Walker (1986) reported that in some developing countries in Africa adult women's literacy is as low as 6%. This affects their employability and money generating mechanisms.

In a study conducted by Mfono (1989) on women in rural development in Venda, the importance of involving women in development is highlighted. The study states that

many rural women form a large part of unpaid labour component as well as nurturers. Nurturing, child bearing, family nutrition and family health care provision remain as some of the traditionally inherent responsibilities of women that are often taken for granted. Many programme organizers have since realized that for a programme to succeed; in working with women, practical and realistic considerations in relation to their activities must be addressed. Projects likely to arouse interest amongst women should address all issues that bear upon the traditional tasks of nurturing. In this study Mfono (1989) shows that family health ranks high amongst the needs of women therefore endeavours to enhance healthy behaviours are most welcome and will be supported by women.

This notion is supported by the worldwide and almost automatic nurturant activity where women organize themselves to render necessary services to better the health of their families. In the Northern Province, South Africa, such organized groups are known as "Care Groups" (Mfono, 1989, p. 495). Their main aim is to improve the health of their families and those of communities they live in and in so doing manage to gain access to services they otherwise would not be able to e.g. adult literacy programmes. Illiteracy has been found to be the most crippling element to women's progress and Mfono (1989) refers to the illiterate as 'people without a voice'. The Care Groups enhance the health status of the community through propagating health messages relating to cleanliness, proper nutrition and management of minor ailments e.g. oral rehydration for diarrhoea.

Another aspect that relates to health practices is seen in the activities of traditional

midwives or birth attendants. These are usually small groups of women living in the same geographic area who organize themselves to assist other women during child birth especially in rural areas. The practice is common in many developing countries e.g. Zimbabwe, Botswana, Zambia and Malawi. Chipfakacha (1994) reports that over two thirds of births in the world are conducted by traditional midwives. In his study he points out that in a rural area, the Kgalagadi region of Botswana, 81.6% of the sample studied preferred home deliveries by traditional midwives because of the financial benefit thereof, ensured privacy, comfort, protection and proper disposal of the products of conception and other children in the home are not left alone unattended during the confinement period.

Women's choice to take leadership roles in community development is based on their availability made possible by their disadvantage of illiteracy and unemployability in the labour market. The most affected are those that live in the rural areas where the men folk often leave for the cities to look for employment. In these situations when the menfolk are away in the cities, women, according to MacCormack (1988) are expected to provide financial support to their families. To stress this further, Bembridge (1985) and Meer (1991) reflect on the rural situation where women are struggling for survival. Here, the land is no longer as productive from prolonged exposure to poor farming methods, increasing environmental hazards and increasingly poor weather conditions. In many instances the women organize themselves to meet the challenges of the day.

Another benefit of the free interaction common to women is that women tend to have first hand information on societal problems. They know approaches that are acceptable

and suitable for people's lifestyle and norms as they are usually left behind to maintain traditions and customs when men migrate to urban areas (Lassiter, 1992, p. 34). This makes them competent agents of change as they keep the community's traditions and know the correct approaches that will stimulate participation.

In a research report by Al-Mazroa and Al-Shammari (1991) women in Saudi Arabia are reported to be the only ones attending school meetings and well baby clinics for immunization. This situation is not different in South Africa. School meetings even in urban areas are mainly attended by unemployed parents as the times of the meetings may not accommodate working parents. In many instances the agenda and projects discussed at these meetings are related to nurturant activities. During this time organizational skills are learnt and opportunities for advancement are presented to all present. Invariably the number of women attending such meetings is usually high indicating the willingness amongst women to participate or societal expectations to fulfill nurturant tasks.

The problems that women face in their communities are pointed out by Budlender (1992) as being powerless, subordinate and without control over their lives. They work on the land they have on ownership on, have no capital and cannot make final decisions on their undertakings. This leads to bias even in ascribing tasks. Women's skills are nonmarketable and development programmes meant for women focus on welfare while those for men are directed towards monetary gains. Lack of control over their lives makes it difficult for them to plan their time and invariably find themselves not able to use available facilities maximally as they have very little free time. Lack of

capital intensifies the difficulties of managing projects. Meer (1991) comments on the South African scenario in relation to urban economy which is based on migrant male labour. This, she claims, marginalizes women and excludes them from making a contribution to the country's economy as well as entry into urban areas. In support of this view Budlender (1992) points out that for most planners, economic activity is measured by its cost value and/or remuneration. She continues to express her concern over this criterion because until some other method of measuring value is established women's roles and contributions will remain trivialised. When women's worth is not recognized Mfono refers to it as "the neglected resource" (Mfono, 1989, p. 487).

As interaction is inherent to community development, it is necessary to consider those aspects that determine the degree of women's participation in tasks meant for community development. Some such aspects are: health, education, physical environment and available time. On P.31 in this text it has been pointed out that the ability to perform tasks is a product of health. It is therefore logical to expect the health status of individual women to determine their effectiveness in tasks meant for community development. In looking at the health status of women emphasis must be put on not only their reproductive health, but their health in general and quality of life. Invariably the low educational status and the environment they find themselves in also have an impact on their general health. Many women are left in rural areas especially in times of drought by their men folks with no means and support. The lack of time that is often taken by the laborious daily domestic chores makes it difficult for women to attend to their health. For poor women Tonglet, Mudosa, Badashonderana, Beghin and Hennart (1992) equate time saving to development especially if time is saved from

"humdrum tasks" (Tonglet et al, 1992, P.717).

The Herald newspaper on September 1, 1995, gave an overview of women as presented in the Beijing Women's conference as the "poorest of the poor among the World's most deprived". In line with Budlender's comments it was further reported on how African women combine traditional chores like fetching water and firewood with modern tasks like growing food and selling it with no title to the land they toil on and no access to credit. According to MacCormack (1988) the Gambian women are intensely engaged in farming but seldom own draft animals and farming implements. The concern of the above authors is confirmed by Gregg (1990) in his article where he describes attributes of societies that are failing to develop irrespective of efforts for development. He states that societies, in an effort to enhance development tend to combine traditional and modern orientations. This practice serves to perpetuate old forms that will be consistent with modern organizational requirements. The underdeveloped aspects become acceptable and the affected societies regress in the midst of progress. These societies are said to be 'peripheral' and social development refers to men who escape from the tribal order or culture while women are entrenched in it. Women then become the least educated and always the ones to keep obsolete traditions under the cloak of culture so as to pass these from generation to generation through socialization. In this regard Gregg (1990) highlights the sedimented societal views with reference to women, their worth and capabilities whether in developed or developing communities. He finds societies to be acting as guardians in the periphery ensuring that someone (usually women) remains traditional. Adedeji, Kibuka, Isamah, Mazrui, Harrell-Bond, Steady and Selassie (1990) continued to point out that society marginalizes women by

virtue of their gender, reproductive and productive roles; and their significant contributions to positive development go unnoticed. The underutilization of women results in progressive economic deterioration and increasing dependency of the whole country, hence Addo et al's comment on the regression of third world countries due to economic debts.

The issue of Women's health is far reaching as it relates to historical expectations by societies. While society depends heavily on women for their health care, women's own health is often neglected, and their contributions to development undervalued. Delacour and Short (1992) report that patriarchal societies define women in relation to men; and women's behaviour reflect male values and perceptions of life, thus giving justice to poor representation of women in policy making forums. These authors further give an explanation for female circumcision which is an issue of great controversy. They state that historically female circumcision ('Clitoridectomy') was done to those females that showed rebelliousness in terms of exhibiting self expression, interest in reading, desire to be free and independent from men, irreligious and lack of faith in authority (Delacour and Short, 1992, P.41). At present it is general practice to render females docile and in the interim depressed.

In formalized Community development, marketable skills can be passed on to women to enable them to participate meaningfully in decision making. This is not impossible. Attempts at this have been made whereupon women's organizations have been encouraged to embark on projects that will improve conditions of living in the whole community. The Elim Care Group Project in its involvement has focused on health

information propaganda as its bid for community development. The organization like all other women's groups is beset with poverty that dwarfs all its efforts of progress. Akanani Rural Development Association focused on economic development, is another woman's organization that initiates small business co-operatives and help women to establish themselves as entrepreneurs. The organization has amongst other indices singled out income as the most important factor that determines survival, and it assists people in obtaining monetary loans and facilitates activities within these cooperatives. The self employed women's union (SEWU) in Durban is an organization established by the Durban street hawkers so as to address the problems encountered in relation to police harassment, their human rights and responsibilities as citizens in the city. These women are making a contribution to the country's economy as they are a big tourist attractions especially in the Durban's beach front.

All over the world women are asserting themselves in development. In her report on India's Self Employed Women's Association (SEWA) in Amehdabad India, Sebstad (1982) makes salient comments on how illiterate women organized themselves to contribute meaningfully to the country's economy. It is reported that in India 94% of the working women are self employed, and therefore do not appear in employment registers. This also means that because they are invisible and they are not recognized. The reason for this is that, women, the world through, do not own capital or tools for production. Most of their production is from household goods and is home-based, or sales are on a small scale from headloads. They may be selling produce from a small garden or eggs from a fowl-run. It is also interesting to note that the Self Employed Women's Association of India unlike the South African care groups has become

successfully commercialized; and; the high illiteracy rate seen as a crippling element in the South African Care Groups and Akanani has served as a critical aspect to identify and strengthen their issue.

CONCEPTUAL FRAMEWORK

The conceptual framework for community development is based on an adapted webbed-wheel causal model approach as presented by Tonglet et al, (1992). In the analysis according to this model emphasis is put on those factors that are relevant to Community development. The factors are identified and linked together to form a comprehensive whole. The adapted model represents a web of causality that depicts an interrelationship between Community development and such variables as women, their participation as influenced by their health and a conducive environment. Schematically this is represented in a model in figure 2.3. In the model the dual arrows indicate the direct impact variables have on each other. While the solid lines spread out to interlink all variables with community development.



FIGURE 2.3: The webbed-wheel causal model for community development as a model to be adopted by both communities and government.

According to this model:

- i) **Community development** is the logical product of the women's engagement in activities that are directed at the upliftment of the community's standard of living. Community development impacts positively on the health of the women as well as on the environment the women find themselves in. Improved health and conducive environment encourage participation.

- ii) *Women* represent an organized group that act in unison in performing those tasks directed towards the improvement of the community's standard of living and its development. Women form the nucleus of these activities and it is through their engagement that Community development is realized. Their participation is measured within their leadership initiatives, organizational skills, resource mobilization, ability to assess needs and management of projects. The environment in which they find themselves in and their health status are seen as strong determinants of outcomes.

The activities that women are engaged in are mainly:

- a) **food production and provision for the family**. This could be in the form of communal gardens; thus being involved in agricultural projects and/or generation of funds to provide for food. Provision of food for a family must be seen in a broad sense where the food has to be produced and/or purchased, prepared, preserved and served. The implications of adequate food production and provision should also be taken into consideration in aspects like growth especially in children, resistance to disease and repair of tissues in all age groups and general security as

experienced by people who have adequate food.

- b) **Home hygiene** which would include provision of a sanitary environment and personal cleanliness. To effect this, women would need clean and adequate amounts of water and appropriate knowledge on the disposal of human excreta and household waste.
- c) **Generation of funds** especially in the wake of economic development, is seen as a powerful tool for empowerment. As community development puts emphasis on people; economic development relies on inputs from organized local community action hence the physical projects. On an individual capacity as the ideology of payment in cash for services intensifies money is seen as vital for survival. Women generate funds by selling their meagre produce or by engaging in seasonal jobs and construction works that they undertake as groups e.g. building of latrines, water reservoirs. Once funds are generated economic management becomes imperative.
- iii) *The women's participation* is measured in terms of the five variables as described by Rifkin et al (1988) in their adapted spider-web model (figure 2.1) presented in page 18 of this text. These are needs assessment, organization, leadership, resource mobilization and management.
- For effective participation women must be involved in *the assessment of those needs* they wish to address. This will ensure that these are the real needs of the community and commitment to address these will be high.

Assessment of needs also relates to decision making as the needs are prioritized and a feeling of ownership is entrenched from the beginning.

- In Community participation there is a degree of *social organization* as people come together to share an interest or concern. For maximum participation there should be a structure to ensure that tasks are adequately and fairly delegated. The degree of organization in a group can be used as a measure of cooperation and thus a platform for togetherness which is so vital in team work. Community organizations like civics and school boards must be involved in the identification of issues that affect the community and in the planning and implementation of all activities meant to address the issues concerned.
- The group must be able to *utilize existing resources* maximally and *generate new resources* where necessary. To do this the group may need assistance as to how to generate and manage resources. *Mobilization of resources* may include identification of leadership and societal forces; influencing the thinking of those influential in shaping public policies; organizational initiatives in the community, developing these and utilizing them in community upliftment.
- In *management* the group leaders should be able to supervise projects once these are initiated so as to sustain them. The ability to manage can be demonstrated by direction and progress in projects undertaken.

- iv) In the model the health of women is an enabler as it influences the intensity of participation in those activities directed at community development. Health as discussed by nurse theorists has diverse benefits as it does not only relate to the absence of disease but is a means of gaining personal control or mastery over one's life. In this context the availability and accessibility of health services to women should also be seen as determinants of good health and vehicles for participation.
- v) *The environment* is the area in and around a person. Flynn et al (1991) and many other authors see the environment as a strong determinant for participation. The environment can facilitate participation by its very nature. A conducive environment as determined by intensity of need or desperation may be a positive stimulus for participation. The resources that are available in the environment are inclusive of physical structures, political milieu, economical position, social and cultural attributes and emotional feelings. Whereas most of the aspects listed hereabove relate to the external environment, emotional feelings are regarded as the internal environment of the person. The environment creates an atmosphere that is enabling.

Education is also an attribute of the environment as well as that of participation. Bembridge (1985) reports the findings of a research study in which women with a low standard of education were found to be disinterested in participating in those activities meant to improve their lives. Education determines the degree and manner of engagement in activities destined for Community development. It relates to relevant information about issues that affect people so as to enlighten these people and enable them to make informed decisions on the action plan.

Education is integral to participation because people come to understand the full rationale behind action. It also affects the environment in that it makes it amicable for discussions.

In this study women participate in an environment which is either positive or negative as determined by resources; their leadership, organization and management.

CHAPTER 3 : RESEARCH DESIGN AND METHODOLOGY

THE SETTING

The work of existing women's organizations, i.e. the Elim Care Group Project and Akanani Rural Development Association in the Northern Province, South Africa will be explored. To gain entry into this research setting the researcher made the initial contact by letter introducing herself and her intentions to the directors of the organizations concerned. To entrench the relationship even further arrangements were made to meet with the directors, programme/project co-ordinators and motivators of the organizations. This further enabled the researcher to meet community leaders and focus groups. During these meetings the whole study was discussed with those concerned and the issues of permission and consent to pursue the study were outlined. Clarity on the nature of the study, procedures and means of providing feedback and the form the feedback might take e.g. a written report, were provided.

According to the *Annual Report (1994)*, Elim is integrated into Venda, in the Northern Province, South Africa within the confines of a district known as Hlanganani. It has thirty seven (37) Villages. Following the new dispensation in 1994, Hlanganani district had a population of 148 200 mainly Tsonga speaking. The area is entirely rural with no towns or industries. Excepting for a few one-man owned shops that would employ 1-6 persons each, the lifestyle is very traditional, and includes waking up in the morning to look for firewood, fetch water and work in the fields during the appropriate seasons (see figure 3.1).

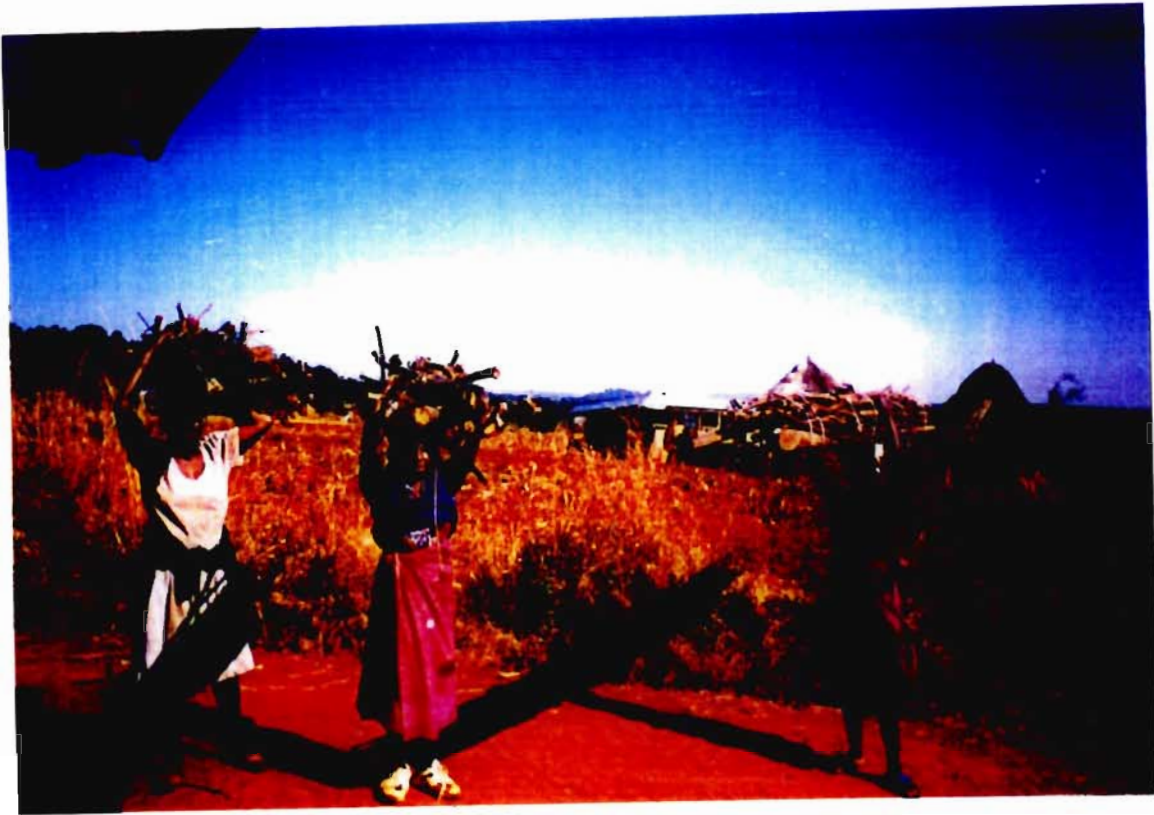


Figure 3.1: One of the common occupations of women at Hlanganani.

The Northern Province in which Elim is located generates only 3.1% of South Africa's gross domestic product. Unemployment is very high with nursing, teaching, clerical duties and policemen/women as the main lines of employment. The three departments i.e. health, education and correctional services would then also be the main sources of employment for the unskilled labourers. A large proportion of the 60 - 70% of the able-bodied men of working age drift to Johannesburg and Pretoria towns in Gauteng Province about 600 km south to seek employment. The rest are employed in the neighbouring industrial areas and government offices of Louis Trichardt, Tzaneen and

Pietersburg in the Northern Province, South Africa. Family income is generally low and unpredictable, depending on money sent by husband/father/brother and on occasional seasonal employment of women on surrounding agricultural farms. Summer rains are by far the main source of water; and if these rains are late people in the community are late or not able to plant crops. In general summers are extremely hot with temperatures ranging between 29°C - 32°C. Winters are fairly cold but dry. Drought, as is a common phenomenon in South Africa, often affects food production negatively making it necessary that food be purchased. Subsistence is mainly on agriculture, with maize and ground nuts being the main crops. Farmers who have installed irrigation schemes grow a variety of vegetables. As the bulk of these are produced by commercial farmers, local people have to buy them from the shops or farm stalls.

There is one community hospital, Elim Hospital, which has 530 beds, eight (8) clinics, two health centres and twenty two visiting points for mobile health services. The disease pattern is typical of that in developing countries throughout the world. Preventable conditions such as infectious communicable diseases and malnutrition are predominant. Elim is also known for the prevalence of trachoma, a blinding infective eye condition. Inadequate and poor education especially of women, poor farming methods, poor unreliable water source/supply and no sanitation are also the order of the day. The community is caught in a vicious cycle, with poverty reinforcing ill-health, vice versa. The lack of industries also means a lack of cash circulation in the area.

Homesteads are characterised by usually more than one thatched rondavels connected by a short wall enclosure known as *lapa*. Those that have means and can afford also

have brick and cement houses usually with self designed plans; many of which have flat roofs. Some households keep livestock and other domestic animals like cats and dogs. The maintenance of these animals ranges from good to worse as there is no animal health clinic in the vicinity and the nutritional state depends on the availability of food to human beings.

There is a single tar road that runs through the entire area. This is the main road and in-roads are all underdeveloped, making access to the big road very difficult.

According to the educational inspectorate of the area; for 1996 there are 86 schools i.e. 2 pre-primary schools, 58 primary schools and 26 post-primary schools that accommodate 631 pre- primary children, 32 491 primary children and 19 275 post-primary pupils. The total number of children enrolled in schools for 1996 is 52 379 (see table 3.1).

TABLE 3.1: SCHOOL ENROLMENT 1996

Category of School	No of schools in each category	Enrolment per category
Pre-primary	2	631
Primary	58	32 491
Post primary	28	19 275
Total	86	52 379

The establishment of the Elim Care Group Project in 1976 by Dr Erica Sutter, came about initially as a campaign to treat and control trachoma, a blinding eye condition

endemic in the area. During the campaign it became apparent that all other development issues needed to be addressed if the one health issue was to be overcome. There were no latrines and human excreta was contaminating the soil and the limited water sources. Litter was strewn all over the countryside and flies were breeding actively in these unhygienic situations. Scarcity of water and general poverty made it impossible for people to maintain conducive standards of hygiene and also to produce any food to overcome malnutrition.

Elim is chosen as the area of study because the idea of care groups originated from here in 1976 and Care Groups have been seen as an extension of health education efforts from the hospital to the community through community participation. Many areas have tried to emulate this example with difficulty. Twenty years later the Elim Care Group Project is still viable. It is necessary to assess the impact this organization has made or is making in its effort to advance this community. The results of the study will highlight the contribution made by health focused women's organizations to community development.

Similarly the establishment of the micro- enterprise development organization sixteen years ago (1980), the International Technology for Small Industries Development Unit (ITSIDU) by Mr R. Collins was with an aim of helping people to help themselves by making them economically viable. This he proposed to achieve, by establishing a rural producer co-operative as well as providing training, technical and financial support through a revolving money lending scheme and assisting with fund-raising for income generating projects in order to achieve full utilization of the available infrastructure and

economic development in the area. Establishing an organization in Elim would mean that the clientele would be mainly women as able men are in Johannesburg, Pretoria, Louis Trichardt, Tzaneen and Pietersburg as migrant workers. The organization trained women on skills for production and marketing and established Tiakeni and Twananani textiles co-operatives. As the organization gained momentum; in 1990 the name changed to Akanani Rural Development Association which refers to *'building each other in a rural setting'*. The local community refer to it as *'Akanani'*. The aim of Akanani is the same as that of the original organization, ITSIDU. The organization is economic in its focus. It trains and offers literacy programmes to enable individuals to be self sufficient and benefit from the production and marketing skills. It assists its trainees to establish small enterprises and offers technical and financial support whenever and wherever necessary and possible. The organization generates funds and also gets financial support from foreign and local private funders.

RESEARCH DESIGN

This study included both a correlational survey to answer research question 1 and a case study design to answer research questions 2 and 3 all on ^{p.7} p.5 in this text.

Correlational survey

Using an interview schedule and observation, a correlational survey of three categories of households was done to explore the women's organizations' contribution to community development. The households interviewed were those of members of Elim Care Group Project, Akanani Rural Development Association and community members who do not belong to any of the aforementioned organizations. The purpose of this

survey was to explore the relationship between the characteristics of women's organizations and health and development indicators as depicted in the three categories of households. For the study, thirty (30) households were sampled from each category and only the most responsible female in the household (mother, grandmother, sister, aunt, daughter) present at the time of the visit and aged twenty (20) years of age or older in the household was interviewed.

Sampling for the correlational survey

The inclusion criteria for selecting households were:

- a. A female respondent of twenty (20) years old or above must be available in the household to respond to questions asked.
- b. The respondent must belong to either the Elim Care Group Project, Akanani or nothing.
- c. The presence of at least one child aged five years or younger in the household.

The sample of households was obtained through two stages of sampling. First, villages in Elim were identified according to geographic proximity, magisterial administration and representation in community development activities. Twelve such clustered villages were identified. The villages were then numbered numerically, and a randomized sample of five (5) villages was selected. As the size of the villages was not necessarily the same, larger villages automatically yielded a higher number of households. Secondly, within each village systematic sampling of households was done. Starting

from the direction of entry every 15th household was interviewed provided it complied with the criteria as set out until thirty households from each organization were included. In this way the researcher travelled within a village in a particular period of data collection.

Case study design

A case is an entity or phenomenon for study. According to Yin (1994) it could be an event, an organization, a programme, a community, an institution or even a process. A case on the other hand is described by Woods and Catanzaro (1988) as an empirical enquiry into a contemporary rather than historical phenomenon within real life context. It provides a good source of descriptive information which enhances understanding of phenomenon under study. One or several cases may be the focus of the study and multiple data collecting methods are used. Where several cases are used each case is usually studied as an entity on its own and if the cases studied are about a single aspect there's usually a main case under which the other cases fall. These other cases are referred to as embedded cases.

In the quest for information on how women's organizations contribute to community development the case study design was used and qualitative data collected to provide the needed information.

For this study a case was a woman's organization. There were two main cases to be studied; the one was a woman's organization that had a health focus, Elim Care Group Project and the other was Akanani Rural Development Association, a woman's

organization that had an economic focus. The organizations were composed of 'branches' which were subgroups that operated in given villages. The organization's branches usually assumed the names of villages they served. In this study the branches served as multiple-embedded cases, whereupon each was regarded as an entity to be studied within each case. For external validity of the study, branches of a particular woman's organization i.e. Elim Care Group Project and/or Akanani were used to demonstrate literal replication within cases; and the difference in foci between the organizations was demonstrated by the contrast that existed across cases referred to as the theoretical replication. In each embedded case there were subunits for analysis, results of which demonstrated the impact of women's organizations' activities in community development. Five embedded cases were selected from each organization.

The two main cases were selected because of them being exemplary in character (Yin, 1983, p.11). In many instances women's organizations are people-centred as their activities are determined and respond to community needs. Therefore the reasons for their establishment need to be explored within the context of the functions they do as their activities dictate events that take place in real life. The case study is appropriate as it allows for exploration of these initiatives. In this instance both organizations had demonstrated resilience and their persistence in community work was seen as positive. The women's organizations shared a locus and had similar ethnic, cultural, educational and economic constraints. Conditions of membership were similar in that it was open to all community members regardless of gender. The only difference was in the focus of activity investigated.

Selecting cases for the study

For the case studies, five (5) active branches were selected from each organization as embedded cases. The inclusion criteria to select the embedded cases were that the branches must:

- a. be engaged in progressive projects,
- b. have a history of success and
- c. demonstrate increasing membership.

This was done to ensure that the outcomes of well-functioning branches of each organization were evaluated to allow for a valid reflection of the organizations' activities and impact thereof.

The five active branches of each organization were identified for the researcher by executive members of each organization by consensus.

Pilot study

A pilot study mainly applies to data collection to test the procedure to be followed; the tools to be used for data collection and the content of the data to be collected. The pilot enquiry also evaluates the validity of the initial design and improves the researcher's conceptualization of the whole study. The pilot study usually precedes the main data collection procedure.

The pilot study for this study consisted of:

- a. six households i.e. two from each category. Households selected for the pilot study were not included in the main study.
- b. one branch from each of the organizations. The branches selected were not included in the main study.

The results of the pilot study were analyzed so as to adapt the research procedure accordingly. The report from the pilot study resulted in a few alterations in the household interview schedule.

INSTRUMENTS FOR COLLECTING DATA

Two instruments i.e. an interview schedule for the correlational survey and a case study protocol for the case studies were used to collect data from various respondents.

Correlational survey instrument

Household interview schedule (Annexure 1)

This was an easy to administer interview schedule which was used to collect quantitative data on health and development indicators as they manifest in individual households. The schedule was divided into four sections: demographic information, health indicators, development indicators and perceptions about the organizations. The last section was to give personal views on the contribution of the organizations under

study (see annexure 1). In the first three sections the questions were mainly close-ended, a few were open-ended. The fourth section had open-ended questions to explore individual views about the organizations. The interview schedule is summarized as follows:

Section 1: This section has six items. The first four items help to identify the village, the household, the date the interview was conducted and if there was a need to revisit a household the researcher would then indicate the time when this could be done. The fifth item identifies the respondent in the household and the sixth item indicates the composition of the house occupancy in terms of number, age and sex.

Section 2: This section consists of five items which deal with health indicators as they relate to children five years old or younger. The items address antenatal clinic attendance, child health as indicated by diarrhoea and respiratory infection episodes in a year; nutritional status as indicated by present weight and height and dental hygiene; immunization coverage and child survival.

Section 3: This section assesses development indicators especially those related to income and literacy. It consists of six items. The items address the state of the house; the environment in and around the house including space in the house; availability or accessibility of clean water and sanitary facilities; presence of livestock and vegetable gardens; availability of funds; knowledge and utilization of financial institutions and ability to read, write and calculate (see annexure 6).

Section 4: This section has two parts. The first part of four open-ended questions is directed at those people that belong to women's organizations to explore the benefits of the organizations. The second part has two questions that are directed at people who do not belong to any of the women's organizations to assess the impact of the organizations through their views.

INSTRUMENT FOR COLLECTING DATA FOR CASE STUDY DESIGN

Case protocol (Annexure 2)

A case study protocol was used to collect data for the case studied. The case study protocol is essential to increase the reliability of data collection and to enhance convergence of evidence in cases of triangulation. Its areas for data collection reflect the concerns of the study and are based on probable sources of evidence. These considerations categorize the items that are contained in the protocol into different areas.

In this study the case study protocol together with other multiple sources of evidence were used to collect qualitative data about the organizations (see annexure 2). The protocol was divided into three sections: the section for the key informants i.e. directors, programme/project coordinators and motivators; the section for the focus groups and lastly that of community leaders. The sections are summarized as follows:

Section 1: This section addresses specific topics that relate to specific interviewees like the executive of the organization; supervisors; project coordinators; secretaries;

treasurers and sponsors. The topics cover specific information that only key informants can provide. Enquiries are straightforward. Access to these interviewees was easy especially because contact had already been made by the researcher during an earlier visit to the place.

Section 2: This section of the protocol addresses individual cases i.e. the branches of the Elim Care Group Project and those of Akanani, Northern Province, South Africa. This includes the nature, history, organization, management and functions of these branches. In some instances the information from section 1 may still be addressed even at this juncture where attitudes of individuals are sought. Information from this section will also be used to compare the two differently focused cases to indicate similarities and/or differences between them.

Section 3: This section of the case protocol seeks information that relates the study to communities' activities by assessing the relevance of the women's organizations' functions against community's needs. The issues raised here will be answered by community leaders in giving their views about women's organizations and their activities in the communities they serve.

The use of the protocol described above assisted the researcher in:

- specifying the minimum amount of data to be collected

- identifying the respondents and informants to be interviewed

- ensuring that parallel information in all cases is collected

- ascertaining triangulation, whereupon evidence from different sources corroborate and converge on a similar set of facts. This practice once more served to increase the construct validity of the study.

The multiple sources of evidence included:

- (i) Interviews that were conducted with key persons in the organizations and villages, focus groups and community leaders. Information elicited varied from fact to opinion. Respondents, sometimes referred to as 'informants' due to the quality of the information they gave, added personal insights to issues and made suggestions on the type of corroborating evidence to be obtained. The interview consisted of open-ended questions, answers of which led to narratives, conversation, discussions and sometimes structured questions. Information from the interview was used in conjunction with that from other sources of evidence to increase validity and reliability of the study.

- (ii) Project documents that were reviewed. These were: project proposals; memoranda; interim/progress and annual reports; newsletters; agendas; correspondence between organization and sponsors; newspaper clippings; local statistics; publications that form part of the organization's history; on-site observation reports and sometimes participant observation field notes; reports and records of

completed, ongoing and contemplated projects; photographs; video viewing and listening to audio tapes. The documents augmented information obtained from other sources and provided the correct spelling on some of the spoken words in the interview.

(iii) Archival records like old records; personal records; certificates; diaries; maps and charts. These records verified the history of the community and that of the organizations as stated by informants.

(iv) Direct observation as is the case when visiting the sites during fieldwork. This provided relevant behaviours as determined by the immediate environment. It also provided environmental scenes that gave reason for some of the activities.

(v) Physical artifacts and tabular material in the form of completed projects; general communal productions; ornaments and natural occurrences that were observed or established during field visits. These were related to information collected. Physical artifacts and tabular material in many instances helped to explain the nature and reason for activities communities engaged in.

All evidence was documented; first, in the form of notes from interviews, observations and document analysis, and finally, as a retrievable report. The notes reflected the events in each site and in each case. The notes also cited the sources of evidence. A database was established to particularly assist with the replication of the study.

Ethical consideration

Permission to conduct the study

Having outlined the research design to be followed, permission to conduct the study was sought and obtained from relevant authorities, organizations and key persons in the community. This enabled the researcher to gain access to the communities and organizations to be studied.

Once permission was secured and the proposal accepted by the Higher Degrees Committee at the university, the researcher travelled to Elim in the Northern Province, South Africa to do fieldwork. Another aspect that had to be attended to was that; at the site respondents had to be assured of confidentiality and respect so that information could be given freely. Anonymity had to be maintained, and informed verbal consent had to be obtained. Participants were also informed that participation was voluntary and as such could refuse to participate or withdraw from the interview and/or study at any time without penalty.

* **Data collection**

The researcher travelled to Elim, Northern Province in July 1996 to conduct interviews and observe activities that women's organizations engage in. As the community spoke Tsonga an experienced interpreter who resided in the area had to be employed to assist especially with the household surveys where occupants and researcher were likely to have difficulty in communication. The interpreter had worked with many research groups coming to the area and as such had a good knowledge of research principles. Household interviews took a considerable amount of time because:

- (i) the interpretation had to happen within a normal pace, and
- (ii) the undulating escarpment and bad roads in some instances compelled the fieldworkers to leave their motor vehicle at a distance and walk up and down on foot to reach households. Time between interviews ranged between one and two hours.

Both the researcher and interpreter had gone through the interview schedule and the case protocol during the pilot study and were therefore familiar with the contents of both instruments and were known to each other. Before the actual fieldwork could start, there was another demonstration on how the interview shall proceed. Excepting in those households or groups where people understood english, northern sotho and/or southern sotho the interpreter was to interpret sentences as they were put to him by the researcher ensuring that the meaning of such sentences was not distorted or lost. Because he understood the culture of the people he also made access into the

households much easier and enhanced the progress of data collection.

CONDUCTING INTERVIEWS

Households

For the household survey each interview lasted for about thirty minutes. Respondents who were reluctant to participate were not interviewed; but due to the manner in which households were approached only one household was reluctant to participate and was therefore not interviewed.

Cases

Key informants: Talking to key informants i.e. directors, project managers, coordinators and motivators took long as these people provided much more detail. A morning was put aside for each organization and at the end of the interview lengthy documents were reviewed to verify information obtained from the people.

Focus groups: It took on the average three hours to complete the section on the focus groups in the case study protocol. Appointments were made well in advance with the selected branches of the organizations. Time was therefore put aside for the interview. Because of the nature of the discussions only one group could be interviewed in a day; the rest of that day was spent observing these women go about their activities in the branch, collecting artifacts, inspecting completed products and reviewing available documents at the site.

Community leaders: Discussions with community leaders took at least one and half hours. The people expressed their observations, knowledge about the activities of organizations, appreciation and concerns. As some of these were from the tribal authority offices their contribution was pertinent because it also expressed the government's view.

Data analysis

Data analysis consists of examining, categorizing, tabulating and recombining information in order to establish and maintain a chain of evidence and address the initial aim of the study. Using Epi6 info and statistical packages SAS and Genstat 5 both quantitative and qualitative data were analysed. The following techniques were used to compare the focus for the two organizations:

1. Pattern-matching technique

In this technique collected empirical data was compared with the initial aim of the study. In the first instance the researcher focused on the health and development indicators in the households, then on the activities of the branches of the two women's organizations in their villages. This included identifying, explaining and relating all events and characteristics in each activity such that the results formed a pattern that could compare to the initial aim. In this way activities as performed by the branches and members at household level of the Elim Care Group Project were compared with those

of Akanani branches and those of members of the community thus making a theoretical replication across cases.

2. Explanation-building technique

During the phase of data analysis evidence collected was examined and elaborated upon such that explanations could be given on how and why activities take place and in the way they take place. During this time inferences were made to explain activities that were not observed directly. In this way new perspectives that lead to recommendations on issues raised may arise.

3. Time-series analysis technique

Using especially indicators for development i.e. life expectancy, adult literacy and income; changes in the quality of life of communities served by women's organizations in the last five years were analyzed. The sequence of events that relate to the various changes were carefully traced as some event precede or are subsequent to others.

In the analysis of data care was taken that all the relevant evidence was considered and related so that continuity in the occurrence of events was maintained.

GENERALIZABILITY OF FINDINGS

Because of the intensity of the study and the careful selection of cases, the results should be able to support a theory of community development and provide a basis for the organizers of women's organizations to make a decision as to which focus is best suited for community development at Elim. The inclusion of variant cases and the availability of the database will increase the external validity of the study making replication possible. Generalization of results outside Elim will not be possible; but the report will be made available to the Department of Health, Northern Province for reference.

CHAPTER 4: RESULTS

To describe the case studied and explore the impact differently focused women's organizations have on community development and health, quantitative and qualitative data was collected and will be analyzed.

CORRELATIONAL SURVEY

Considering health and development indicators, a correlational survey of ninety households was done. An interview schedule and observation were used to provide quantitative data. The last section of the interview schedule provided for qualitative data from the households. The information from this section was analyzed such that the views of women and community members about the organizations were presented broadly from individual households. The ninety households comprised of three categories of thirty households from each organization and from community members who did not belong to any of the organizations. Adhering to the inclusion criteria, the ninety households were selected randomly from five villages that were themselves randomly selected from twelve villages in Hlanganani/Elim. The villages are listed as village 1 Mahonisi, village 2 Mbokota, village 3 Shirley B, village 4 Mabedengwa and village 5 Kuruleni. In the discussion to follow the villages shall be referred to numerically as village 1 to 5. (see table 4.1), and the three categories of households as organization or group with the names of Care Group, Akanani, Non-members (see table 4.3).

✦ Data was entered and cleared using Epi Info. For further analysis statistical packages SAS and Genstat 5 were used.

Household sample description

The demographic data will provide background information about respondents and the villages they come from. As stated in an earlier chapter larger villages had a relatively higher number of respondents. (See table 4.1).

Table 4.1: Distribution of members of organizations in villages.

1	6	4	4	14
2	6	12	2	20
3	5	10	7	22
4	5	1	15	21
5	8	3	2	13
TOTAL	30	30	30	90

The correlation between organization and village was significant ($X^2 = 29.52$ on 8 d.f $P < 0.001$) and clearly shows that women from certain villages tended to belong to certain organizations. For instance in village 5, women were more likely to belong to Elim Care Group Project; in villages 2 and 3 they were more likely to belong to Akanani, while in village 4 there tended to be more non members than members. It is also necessary to point out the consistency of presence of Care Group members in all the

villages.

Respondents

Most of the respondents were biological mothers of at least one of the children in the family. In village 4 and 5 though, there was almost as many persons other than biological mothers responding. These were mostly grandmothers. (see table 4.2).

Table 4.2: Type of respondents according to village

1	13	1	14
2	14	6	20
3	17	5	22
4	11	10	21
5	6	7	13
Total	61	29	90

$$X^2 = 10.0 \text{ on } 4 \text{ d.f } P = 0.04$$

There was a significant difference in the type of respondents according to village. According to the result there was a higher number of other people other than the mother responding in village number 4. In those instances where other people other than the mother responded, the biological mother was at the time of investigation either involved in the organizations' activities or house chores.

Table 4.3: Type of respondents according to organization

Care Group	21	9	30
Akanani	21	9	30
Non member	19	11	30
Total	61	29	90

$$X^2 = 0.41 \text{ on } 2 \text{ d.f } P=0.82$$

Even though not significant, more of the non members tended to leave their children in the care of other people. The Care Group and Akanani members brought their children to work.

The age of respondents

The number of younger women responding in the non-member group was higher than in the other two organizations. This was also found to be statistically significant (see table 4.4).

Table 4.4: Age of respondents according to organization

	1	2	3	4
Care Group	1	4	25	30
Akanani	2	1	27	30
Non Member	10	4	16	30
Total	13	9	68	90

$$X^2 = 16.3 \text{ on } 4 \text{ d.f } P=0.026$$

House occupancy and composition of occupants

The number of house occupants ranged from 4 to 17 with a mean of 8.9 and a median of 8. This was quite high when one looks at the size of the average house in a home. Most of the families were composed of two female adults and children of varying ages.

HEALTH INDICATORS

The difference between the health indicators for the different groups was calculated using SAS and Genstat 5 statistical packages.

Antenatal clinic attendance

All women indicated that they had attended antenatal clinic. The majority, 66.67%, had started to attend by 6 months; 21.11% started to attend after 6 months and 12.22% of the respondents who were not the biological mothers did not know when the mothers had started to attend the ante natal clinic (see figure 4.1).

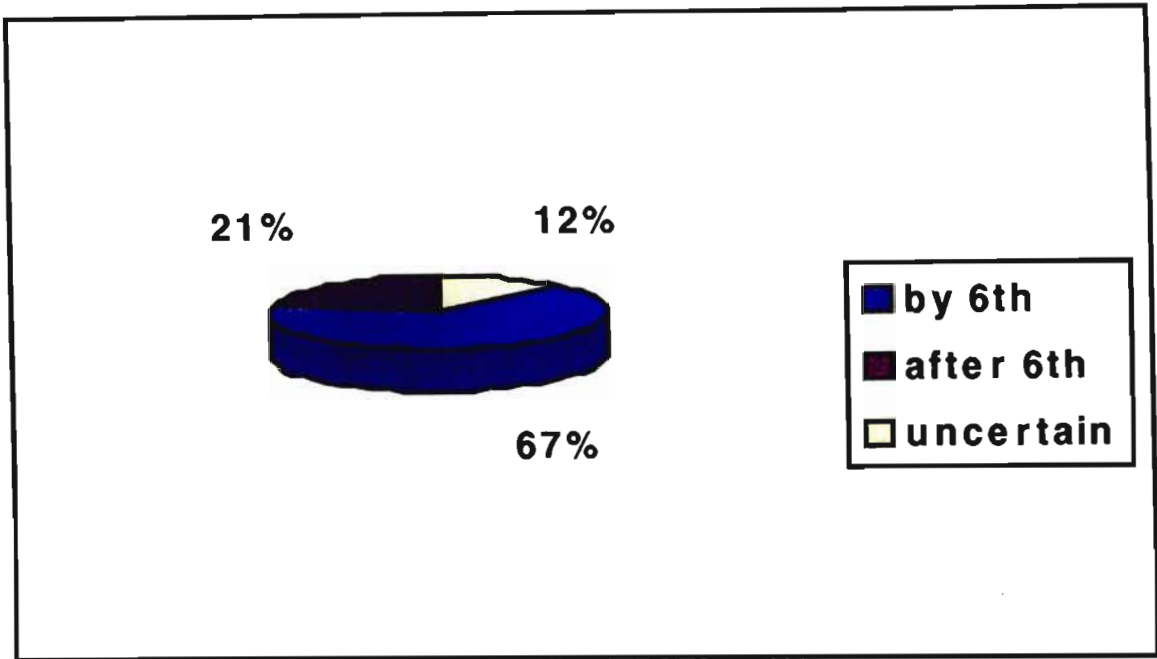


Figure 4.1: Antenatal clinic attendance

Further analysis of this variable showed some evidence that non members tended to start late to attend antenatal clinic. This could be attributed to the reported younger age of respondents in this category, who may also have been biological mothers. In the study only 53% (16) of non-members had reported to the antenatal clinic by 6 months compared to 77% (23) of Akanani members and 70% (21) of Care Group (See Figure 4.2).

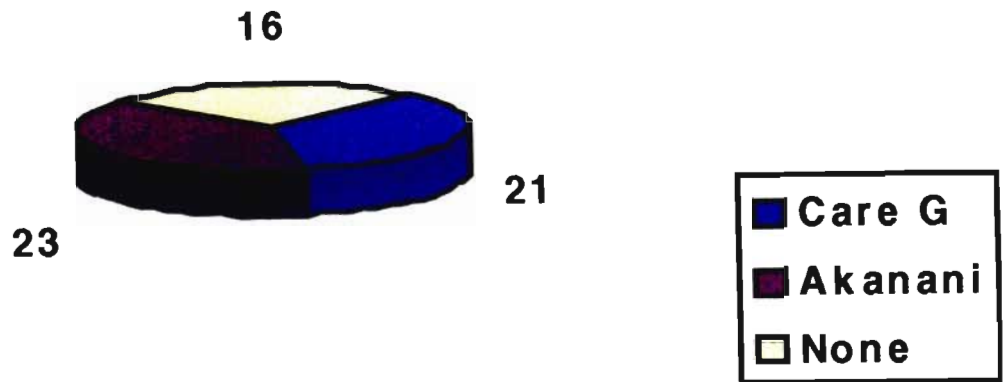


Figure 4.2: Number of respondents who had started to attend antenatal clinic by the 6th month

The attendance of antenatal clinic by different groups of women, showed no statistical significance (see table 4.5).

Table 4.5: Antenatal clinic attendance according to organization

Organization	< 6 months	> 6 months	Uncertain	Total
Care Group	21	5	4	30
Akanani	23	5	2	30
Non Member	16	9	5	30
Total	60	19	11	90

$$X^2 = 4.3 \text{ on } 4 \text{ d.f } P = 0.37$$

Diarrhoea episodes

The following table, (table 4.6), shows the number of diarrhoea episodes per organization as well as the mean per child. In comparing means, differences between groups were tested using an analysis of variance and an F- test.

Table 4.6: Number of diarrhoea episodes

Care Group	18	0.633
Akanani	51	1.667
None	27	0.9

$$F= 3.63 \text{ on } 2, 87 \text{ d.f } P=0.031$$

According to the result presented there was evidence of significant group difference, with Akanani experiencing more diarrhoea episodes than the other two groups.

A further analysis of this variable showed a summary of the mean number of diarrhoea episodes per child aged 5 years or younger as compared between groups and villages (see table 4.7).

Table 4.7 : Mean number of diarrhoea episodes per village, per group/organization

1	0.167	0.5	0	0.214
2	0.167	2.083	0.5	1.350
3	1.0	1.2	0.57	0.955
4	1.4	3.0	1.2	1.33
5	0.625	2.667	2.0	1.308
Mean	0.633	1.667	0.90	1.067

$$F = 3.63 \quad \text{on } 2, 87 \text{ d.f} \quad P=0.031$$

From this table it again shows that at the time of investigation, Akanani group on average experienced more diarrhoea episodes per child than the other groups.

As diarrhoea is a product of other factors other than health, the variable was further examined by fitting a series of general linear models as presented by Aitkin, Anderson, Francis and Hinde (1989) and Dobson (1990), that examined differences in the mean number of diarrhoea episodes per child between groups by adjusting for the effect of the following potential confounders that are presented in this study:

- a. village
- b. respondent (classified as: mother, grandmother or other)

- c. age group of respondent (classified as: 20 - 25 yrs, 26 - 30 yrs or >31 yrs)
- d. income group (classified as: none, R50 - 200, R201 - R500 or >R500)
- c. literacy (classified as: yes or no)

In the case of diarrhoea episodes, it was found necessary to adjust for village, respondent, income groups and literacy. Age group did not improve the fit of the model.

The results of the model fitting are summarised in Tables 4.8 (a, b and c).

Table 4.8 (a): Model for diarrhoea episodes per child:

Parameter Estimates:

Constant	0.083	0.721	0.11
Village 2	0.783	0.563	1.39
Village 3	0.669	0.553	1.21
Village 4	1.655	0.604	2.74*
Village 5	1.331	0.665	2.00*
Respondent mother	0.678	0.434	1.56
Respondent other	0.646	0.725	0.89
Income 2	-0.270	0.507	-0.53
Income 3	-0.602	0.406	-1.31
Income 4	-0.274	0.498	-0.55
Literacy 2	-0.677	0.413	-1.64
Group Akanani	1.141	0.430	2.65*
Group none	-0.126	0.453	-0.28

(NB! Village 1, Care group and income category 1 are arbitrarily used as the baseline for parameters to measure the difference between groups).

Table 4.8 (b): Model for diarrhoea episodes per child:

Analysis of Variance:

Source	d.f	sum of squares	mean square	F-ratio	P
Villages	4	13.886	3.475	1.46	
Respondent	2	1.473	0.736	0.31	
Income group	3	4.043	1.348	0.57	
Literacy	1	3.844	3.844	1.61	
Group/covariates²		22.062	11.031	4.63	0.013*
Residual	77	183.414	2.382		
Total	89	228.722			

group/covariates= adjusting for covariates

Table 4.8 (c): Diarrhoea episodes per group

Adjusted group means:

Care Group	0.717	0.296
Akanani	1.858	0.310
None	0.591	0.321

F - 4.63 on 2 , 77 d.f P = 0.013

Thus it can be seen that adjusting for confounders, the significant difference between groups in the mean number of diarrhoea episodes per child remained; with the Akanani group experiencing on average a larger number of episodes than the other two groups. The difference between the care group and those women not belonging to any organization was not statistically significant.

Respiratory tract infection episodes

Respiratory tract infection, '*mukhuhlwani*' was reported as a common ailment in the area. The number of respiratory tract infection episodes as experienced by households per group is presented in table 4.9 and the mean number of respiratory tract infections per child per group/organization in villages is presented in table 4.10.

Table 4.9: Number of respiratory tract infection episodes experienced per group:

Care Group	66	2.3
Akanani	79	2.63
Non Member	71	2.18
Total	216	2.37

F= 0.40 on 2 , 83 d.f P=0.67

Table 4.10 shows a summary of the mean number of episodes of upper respiratory tract infections by village and group.

Table 4.10: Mean number of respiratory tract infection episodes per village per group/organization

1	4.50	3.50	3.25	3.857
2	1.833	2.417	1.0	2.10
3	1.0	2.50	1.571	1.864
4	3.60	5.0	2.267	2.714
5	1.0	2.0	2.75	1.50
Mean	2.30	2.633	2.183	2.372

F = 0.40 on 2.83 d.f P = 0.67

From the tables there was no significant difference between the three groups in the mean number of upper respiratory tract infections per child.

This variable was further examined using a general linear model approach and the same potential covariates as for diarrhoea episodes. In the case of upper respiratory tract infections, the respondent did not improve the fit of the model, so the effect of group/organization was found in adjusting for village, age group, income group and literacy of respondent.

The results of the model fitting are summarized in tables 4.11 (a, b and c).

After the adjustment there was significant evidence that the group of women who belong to no group experienced fewer episodes of upper respiratory tract infections per child than the other two groups. There was no significant difference in the mean number of episodes per child between the Akanani women and the care group women.

Table 4.11(a): Model for respiratory tract infections per child

Parameter estimates:

Constant	5.45	1.01	5.42
Village 2	-2.384	0.636	-3.75
Village 3	-2.051	0.622	-3.30
Village 4	-0.767	0.645	-1.19
Village 5	-2.807	0.730	-3.85
Age group 2	-0.989	0.783	-1.26
Age group 3	-0.916	0.604	-1.52
Income 2	0.182	0.545	0.33
Income 3	-0.627	0.506	-1.24
Income 4	0.066	0.549	0.12
Literacy 2	0.588	0.444	-1.32
Group Akanani	0.490	0.487	1.01
Group none	-0.963	0.520	-1.85

Table 4.11 (b): Model for respiratory tract infection per child

Analysis of Variance:

Source	d.f	sum of squares	mean square	F-ratio	P
Villages	4	55.473	13.868	5.05	
Respondent	2	3.382	1.691	0.62	
Income group	3	8.963	2.988	1.09	
Literacy	1	1.494	1.494	0.54	
Group/covariates	2	18.961	9.481	3.45	0.037*
Residual	73	200.610	2.748		
Total	85	288.884			

Table 4.11 (c): Model for respiratory tract infection per group.

Adjusted group means:

Care group	2.491	0.331
Akanani	2.981	0.335
None	1.527	0.366

F = 3.45 on 2 , 73 d.f.

P = 0.037

Knowledge about respiratory tract infections

This was presented to assess the health knowledge women had about this common ailment generally referred to as "mukhuhlwani." According to the results in this variable Care Group members were much more knowledgeable about the signs of respiratory tract infection. This would enable them to take action timeously in comparison to the other groups that would not have been able to associate respiratory infection with other signs other than the obvious fever, coughing, running nose and lethargy. Women who gave three or four of these signs were regarded as having an average knowledge. Those that added other signs like; blocked nose, changes in breathing, headache, loss of appetite, vomiting, watery eyes were credited as either having a good or very good knowledge depending on the number added.

The rating on knowledge of respiratory tract infections (classified as poor, average or good) was compared between groups. Table 4.12 shows the ratings cross classified by groups.

Table 4.12: Knowledge about respiratory tract infections

	1	2	3	4
Care group	5	14	11	30
Akanani	6	24	0	30
No group	8	22	0	30
Total	19	60	11	90

$$X^2 = 25.5 \text{ on } 4 \text{ d.f } P < 0.001$$

There was significant evidence that the rating depends on the group, with the Care Group having a better knowledge than the other two groups. Since all 11 women with good knowledge were in the Care Group, there was no need for any further analysis to adjust for confounders.

Immunization coverage

The immunization coverage was 96.66% across all groups with the one (1) defaulter coming from the non members. This demonstrated the high rate of health awareness amongst the people especially in relation to the prevention of communicable diseases in children.

Nutrition of children under 5 years of age

This was considered one of the important variables. In the study there were 188 children under 5 years of age. It was important to evaluate the feeding practices so as to assess the growth pattern in these children as indicated by weight and height.

To evaluate the feeding practices, mothers were asked on the duration of breast feeding and the nature of supplements given. For the supplements the mother could give plain porridge; porridge with additives like milk, peanut butter, vegetables, meat; or nothing (see table 4.14).

Duration of breast feeding: there was no significant difference in the length of breast feeding between groups. The majority of the women, 83.33%, breast fed their children for longer than 12 months (see table 4.13).

Table 4.13: Duration of breast feeding in months

Care group	26	1	3	30
Akanani	25	2	3	30
No group	24	2	4	30
Total	75	5	10	90

$\chi^2 = 0.48$ on 2 d.f. $P = 0.79$ (pooling of classes was done due to small numbers in cells).

Supplements and additives

The use of supplements and additives was compared between groups.

Table 4.14 shows the use of supplements cross classified by group.

Table 4.14: Use of supplements and additives

	Porridge	Porridge Plus	None	
Care group	2	30	4	36
Akanani	5	24	4	33
No group	8	20	4	32
Total	15	74	12	101

$$\chi^2 = 5.4 \quad \text{on } 4 \text{ d.f.} \quad P = 0.25$$

Thus there was no statistical evidence that the use of supplements and additives differed between the three groups.

Growth pattern

To assess the growth pattern, children from the three categories were weighed and their height measured and compared.

Evaluation of weight

Table 4.15 shows the proportions of underweight and normal children by group.

Table 4.15: Weight of children

Care Group	7	61	68	10.3%
Akanani	10	51	61	16.4%
Non members	10	49	59	16.9%
Total	27	161	188	14.4%

$$X^2 = 1.4 \text{ on } 2 \text{ d.f} \quad P = 0.497$$

Thus there was no statistical evidence that the proportion of underweight children differs between groups.

This was however, examined further by fitting multiple logistic regression models as presented by Collett (1991), these examined whether the proportion of underweight children differed between groups, adjusting for the effect of the following potential confounders:

- a. village
- b. respondent (classified as: mother, grandmother or other)
- c. age group of respondent (classified as: 20-25yrs, 26-30yrs, >30yrs)
- d. income group (classified as: none, R50-200, R201-500 or >R500)
- e. literacy (classified as: yes or no)
- f. age group of child in months (0 - 6, 7 - 12, 13 - 18, 19 - 24, 25 - 30, 31 - 36, 37 - 42, 43 - 48, 49 - 54, 55 - 60)

In the case of the proportion of underweight children, the respondent and the age group of child did not improve the fit of the model, so were omitted. The results of the model fitting are summarised in tables 4.16 (a, b and c)

Table 4.16 (a): Model for proportion of underweight children

Parameter estimates:

Constant	-1.38	1.18	-1.16
Village 2	-0.173	0.852	-0.20
Village 3	0.516	0.808	0.64
Village 4	0.756	0.802	0.94
Village 5	0.923	0.882	1.05
Age group 2	-1.80	1.27	-1.42
Age group 3	-0.922	0.678	-1.36
Income 2	-0.578	0.758	-0.76
Income 3	0.301	0.626	0.48
Income 4	0.391	0.671	0.58
Literacy yes	-0.572	0.541	-1.06
Group Akanani	0.658	0.623	1.06
Group none	0.128	0.691	0.19

Table 4.16 (b): Model for underweight children:

Analysis of deviance			
Source	d.f	deviance	P-value
Villages	4	2.57	
Respondent	2	3.34	
Income group	3	1.86	
Literacy	1	0.90	
Group/covariates	2	1.19	0.55
Residual	170	139.73	
Total	182	149.59	

Table 4.16 (c): Adjusted percentage of underweight in each group

Care group	11.7%	4.4
Akanani	19.6%	6.5
None	13.0%	4.8

$$X^2 = 1.19 \quad \text{on 2 d.f.} \quad P = 0.55$$

Thus there was no evidence of any statistical difference between groups in the proportion of underweight children.

Evaluation of height

Table 4.17 shows the proportion of stunted and normal children by group.

Table 4.17: Height of children

	Stunted	Normal	Total	Proportion
Care Group	10	58	68	14.7%
Akanani	19	42	61	31.3%
Non-members	19	40	59	32.2%
Total	48	140	188	25.5%

$$X^2 = 6.6 \text{ on } 2 \text{ d.f. } P = 0.037$$

There was strong statistical evidence that the proportion of stunted children differs between the groups, with fewer stunted children in the Care Group. This was further examined by fitting logistic regression models to examine whether the proportion of stunted children differed between groups adjusting for the same potential confounders that were used for the proportion of underweight children. The results of the model fitting are summarised in Table 4.14 (a, b and c).

According to the result it can be seen that there was strong evidence that, adjusting for confounders, resulted in a significant difference in the proportion of stunted children between the three groups, with fewer stunted children in the Care Group, compared to the Akanani group and to those women belonging to no group.

It should be noted that the parameter estimates in the fitted model can be interpreted

as log. odds ratios, relative to the Care Group as baseline (Collett, 1991). Thus, compared to a Care Group child, the odds of an Akanani child being stunted were $\exp(1.188)$ or 3.28, and the odds of a child of a woman who belongs to no group being stunted were $\exp(1.011)$ or 2.75.

Table 4.18 (a): Model for proportion of stunted children

Parameter estimates:

Constant	-1.74	1.15	-1.52
Village 2	0.666	0.704	0.95
Village 3	0.658	0.690	0.95
Village 4	0.962	0.716	1.34
Village 5	0.796	0.816	0.98
Respondent mother	0.458	0.516	0.89
Respondent other	-1.222	0.952	-1.28
Age group 2	-1.68	1.02	-1.65
Age group 3	-0.522	0.649	-0.85
Income 2	-0.737	0.593	-1.24
Income 3	0.351	0.523	0.67
Income 4	-0.878	0.608	-1.45
Literacy yes	-0.422	0.483	-0.87
Group Akanani	1.188	0.529	2.25*
Group none	1.011	0.581	1.74

Table 4.18 (b): Model for proportion of stunted children

Analysis of deviance:

Source	d.f	deviance	P-value
Villages	4	2.69	
Respondent	2	1.93	
Age group	2	4.98	
Income group	3	6.79	
Literacy	1	0.98	
Group	2	6.46	0.0396*
Residual	168	182.53	
Total	182	206.36	

Table 4.18 (c): Adjusted percentage of height in each group

Care Group	14.6%	4.6
Akanani	33.4%	6.8
None	30.0%	7.4

$X^2 = 6.46$ on 2 d.f. $P = 0.0396$

Dental caries

The mean number of dental caries per household member was compared between groups.

Table 4.19 shows a summary of the mean number of dental caries by village and group.

Table 4.19: Mean number of dental caries

1	0.163	0.252	0.439	0.268
2	0.149	0.537	0.084	0.375
3	0.226	0.496	0.236	0.352
4	0.323	0.700	0.294	0.320
5	0.234	0.079	0.302	0.208
Mean	0.216	0.445	0.286	0.316

F = 4.80 on 2.83 d.f. P = 0.011

From this table it appears that the Akanani group significantly experienced more dental caries per household member than the other groups.

This was examined further using a general linear model and the same potential covariates as for the analysis of diarrhoea episodes. In the case of dental caries, literacy did not improve the fit of the model, so the effect of group was found adjusting for village, respondent, age group and income group.

The results of the model fitting are summarised in table 4.20 (a, b and c).

According to the results there was significant evidence that households of women who belonged to Akanani experienced more dental caries per household member than the households of Care Group women. There was no significant difference in the mean number of dental caries per household between the Care Group women and the women who belong to no organization.

Table 4.20 (a): Model for dental caries per child

Parameter estimates:

Constant	0.298	0.180	1.66
Village 2	-0.017	0.113	-0.15
Village 3	0.007	0.110	0.07
Village 4	0.046	0.116	0.40
Village 5	-0.086	0.133	-0.64
Respondent mother	-0.112	0.0833	-1.34
Respondent other	0.054	0.137	0.40
Age group 2	0.148	0.139	1.06
Age group 3	0.069	0.108	0.64
Income 2	-0.0724	0.0983	-0.74
Income 3	-0.1124	0.0878	-1.28
Income 4	-0.0317	0.0973	-0.33
Group Akanani	0.2156	0.0855	2.52*
Group none	0.0349	0.0905	0.39

Table 4.20 (b): Model for dental caries per child

Analysis of variance:

Source	d.f	sum of squares	mean square	F-ratio	P
Villages	4	0.2047	0.0512	0.61	
Respondent	2	0.3350	0.1675	1.98	
Agegroup	2	0.0250	0.0125	0.15	
Income group	3	0.2611	0.0870	1.03	
Group/covariates	2	0.5750	0.2875	3.40	0.039*
Residual	72	6.0892	0.0846		
Total	85	7.4899			

Table 4.20 (c): Adjusted group means

Care group	0.237	0.058
Akanani	0.452	0.062
None	0.272	0.064

F = 3.40 on 2 , 72 d.f. P = 0.039

Deaths of children 0 - 10 years

Seventy two children were reported to have died. A higher number was from the Care Group and Akanani. Some families had lost more than one child. There were nineteen (19) neonatal deaths and thirty four (34) infant deaths. The causes of death ranged from definite acute infections to unknown causes. A large proportion of the respondents (42%), did not know the cause of death (see table 4.21).

Table 4.21: Causes of death per organization

Respiratory Infections	2	4	4	10
Diarrhoea	6	6	4	16
Infectious diseases	1	3	1	5
Don't Know	12	10	9	31
Miscellaneous	5	3	2	10
TOTAL	26	26	20	72

$$X^2 = 4.2 \quad \text{on } 8 \text{ d.f} \quad P = 0.84$$

Statistically there was no significant difference in the knowledge of causes of death between organizations.

It must be pointed out that most of the children that died were from older women in all groups. Some of these had occurred before 1976. This could have been an aspect that motivated women to belong to an organization especially because the inception of Elim

Care Group Project was based on health issues including mortality from diseases like diarrhoea.

Summary of the analysis of health indicators

An overview of the analysis of health indicators is presented in a table form (See table 4.22). There were five health indicators which showed significant differences between groups, with Akanani groups being significantly worse off in three of these and care group and non members being significantly better off in one each.

Table 4.22: Summary of the analysis of health indicators

1. Antenatal care attendance by 6 months	-	-
2. Diarrhoea episodes	X	Akanani †
3. Respiratory episodes	x	non member †
4. Knowledge relating to URT	X	Care group †
5. Immunization	-	-
6. Breast feeding	-	-
7. Suppl. and additives	-	-
8. Underweight	-	-
9. Stunting	X	Akanani †
10. Dental caries	X	Akanani †
11. Child mortality	-	-

Key: - not significant

X significant

x significant after confounders were considered

DEVELOPMENT INDICATORS

These were listed in terms of material possessions people had and the state of maintenance the possessions were kept in. A development score was calculated for each household in accordance with the scores outlined in the interview schedule (Annexure 1).

House and its surrounding

In this instance, materials used to erect the walls, the roof, window and doors; preparation of floors; degree of cleanliness of house; the state of the toilet; nature of drinking water; furniture and the vegetable garden were scored. People who used traditional means, i.e. grass for roofing and mud for the floor were credited equally with those who used cement for the floor and corrugated iron sheets for roofing; but the latter i.e. those who used cement and corrugated iron sheets, were seen to have financial means to buy the material. Tables 4.23 to 4.30 display the data thereof.

Table 4.23: Material used to erect walls

Care Group	15	15	30
Akanani	10	20	30
Non members	17	13	30
Total	42	48	90

$$X^2 = 3.5 \quad \text{on 2.d.f.} \quad P = 0.17 \quad (\text{pooling classes})$$

According to the result there was no significant evidence of difference between groups.

Table 4.24: Condition of walls

Care Group	7	17	6	30
Akanani	4	14	12	30
Non members	14	7	9	30
Total	25	38	27	90

$$\chi^2 = 12.5 \quad \text{on 4 d.f.} \quad P = 0.014$$

Non members tended to have a significantly higher number of walls that were not well maintained in terms of cleanliness and cracks, while Akanani had a significantly higher number of well kept walls.

Table 4.25: Material used for the roof

Care Group	0	12	17	1	30
Akanani	1	6	22	1	30
Non members	0	11	17	2	30
Total	1	29	56	4	90

$$\chi^2 = 2.1 \quad \text{on 2 d.f.} \quad P = 0.35$$

There was no significant difference between groups

Table 4.26: Condition of roof

Care Group	6	16	8	30
Akanani	4	15	11	30
Non-member	16	8	6	30
Total	26	39	25	90

$$X^2 = 14 \quad \text{on 4 d.f.} \quad P = 0.007$$

There was a significant difference evidenced between groups with non members presenting with a higher number of ill-kept roofs than the other two groups.

Windows

There were twenty seven (27) traditional houses i.e. rondavels with thatched roofs that either had a small hole the size of a standard glass pane or no windows at all (see figure 4.3).

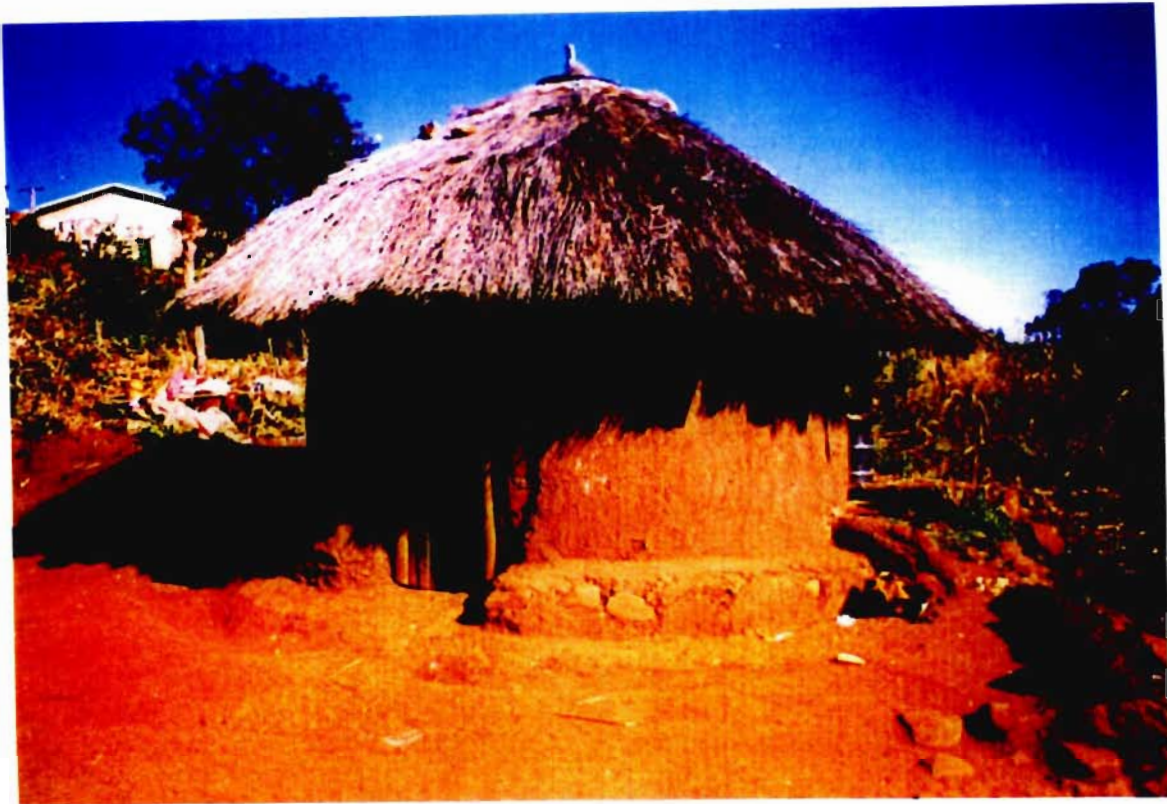


Figure 4.3: A traditional house with no windows

Where windows were present these tended to be well established with at least four or more glass panes. (see table 4.27).

Table 4.27: Window size

Care group	10	3	17	30
Akanani	4	3	23	30
No group	13	3	14	30
Total	27	9	54	90

$$X^2 = 7 \text{ on } 4 \text{ d.f.} \quad P = 0.14$$

Some of the windows had frames with no glass panes while others had the glass panes. (See table 4.28).

Table 4.28: Presence of window frame and glass panes

Care group	10	20	30
Akanani	4	26	30
No group	13	17	30
Total	27	63	90

$$X^2 = 6.7 \quad \text{on } 2 \text{ d.f.} \quad P = 0.035$$

As indicated in table 4.28, the houses with the most panes belonged to members of Akanani, and the difference is significant.

Doors

Most of the doors were made of plank. In some instances the plank sheets were joined together with brackets or nails. In other instances ready-made doors were used. (see table 4.29).

Table 4.29: Type of door

Care Group	9	21	30
Akanani	5	25	30
Non members	14	16	30
Total	28	62	90

$$X^2 = 6.3 \quad \text{On 2 d.f} \quad P = 0.043$$

Members from Akanani were significantly more able to purchase ready made doors than were members from the other two groups. non members had more home-made doors.

Table 4.30: Condition of door

Care Group	4	8	18	30
Akanani	3	11	16	30
Non members	4	13	13	30
Total	11	32	47	90

$$X^2 = 2.2 \quad \text{on 4 d.f.} \quad P = 0.70$$

There was no significant difference in the capability to maintain doors.

Floors

Mud or cement were used as floor materials. (see table 4.31).

Table 4.31: Floor material

Care Group	10	19	30
Akanani	3	26	30
Non member	15	14	30
Total	28	59	90

$$X^2 = 11.3 \quad \text{on 2 d.f.} \quad P = 0.035 \quad (\text{pooling classes})$$

The majority of cement floors were in the houses of Akanani members and the difference is significant.

Size of house

There seemed to be no significant difference in the size of homes. There was adequate sleeping place in 67 homes with a room set aside for cooking. In twenty three (23) homes, sleeping rooms were also used for cooking. (See table 4.32)

Table 4.32: Homes with separate cooking rooms

Care Group	23	7	30
Akanani	22	8	30
Non member	21	9	30
Total	66	24	90

$$X^2 = 0.3 \quad \text{on 2 d.f.} \quad P = 0.86$$

Cleanliness of the house

Although the difference between groups was not significant, there was some indication that Akanani members kept their houses cleaner than the other two groups, as they had less houses that were not so clean (see table 4.330. The trend might relate to them having floors which are easier to keep clean.

Table 4.33: Cleanliness of the house

Care Group	7	15	8	30
Akanani	3	23	4	30
Non members	10	17	3	30
Total	20	55	15	90

$$X^2 = 8.4 \quad \text{on 4 d.f.} \quad P = 0.078$$

Availability and condition of latrines

There were nineteen houses that did not have latrines. Nine of these were houses of Akanani members. Sixty one (61) of the latrines were standard pit latrines and the rest were the VIP pit latrines. There was no statistical difference in the condition of the latrines of the different groups; but on observation non members had a higher number of poorly kept latrines and therefore much more likely to pose a health hazard than an asset. (see table 4.34)

Table 4.34: Condition of latrines according to organization

Care Group	5	5	15	5	30
Akanani	9	5	12	4	30
Non members	5	12	11	2	30
	19	22	38	11	90

$$\chi^2 = 8.1 \quad \text{on 6 d.f} \quad P = 0.23$$

Drinking water

With the implementation of the reconstruction and development programme, almost all the villages had public water taps installed at strategic points. This made access to piped water by all sampled households possible.

Availability of furniture in the home

There was no significant difference in the availability of furniture in the households. Sixteen households did not have furniture at all. Sixty seven households had more than three pieces. These consisted basically of a table and chairs (See table 4.35). The condition of the furniture varied from satisfactory to very good in all the households (See table 4.36).

Table 4.35: Availability of furniture in households per group

Care Group	6	1	23	30
Akanani	5	1	24	30
Non member	5	5	20	30
Total	16	7	67	90

$$X^2 = 5.1 \quad \text{on 4 d.f} \quad P = 0.28$$

Table 4.36: Condition of furniture

Care Group	6	11	13	30
Akanani	5	19	6	30
Non member	5	19	6	30
Total	16	49	25	90

$$X^2 = 6.7 \quad \text{on 4 d.f} \quad P = 0.15$$

Live Stock

Presence of livestock especially cattle was seen as an indicator for wealth. The data that follows shows the number of households that had two or more cattle indicated as having cattle or none in the table (see table 4.37).

Table 4.37: Number of households that kept cattle per group/organization

Organization	Households that had cattle	Households that had no cattle	Total
Care Group	3	27	30
Akanani	5	25	30
Non member	2	28	30
Total	10	80	90

$$X^2 = 1.6 \quad \text{on 2 d.f.} \quad P = 0.456$$

There was no significant difference between groups in the possession of cattle.

Vegetable gardens

There were thirty six households that did not have a vegetable garden. The Care Group had more gardens than the other two groups even though this did not show statistically (see table 4.38).

Table 4.38: Presence of vegetable gardens

Organization	Yes	No	Total
Care Group	22	8	30
Akanani	17	13	30
Non members	15	15	30
Total	54	36	90

$$X^2 = 3.6 \quad \text{on 2 d.f.} \quad P = 0.17$$

The vegetable gardens belonging to the Care Group members were significantly better kept than were those of the other two groups (See table 4.39).

Table 4.39: Condition of garden per group/organization

	Good	Fair	Poor	Very Poor	Total
Care Group	8	8	9	5	30
Akanani	13	12	1	4	30
Non member	15	10	1	4	30
Total	36	30	11	13	90

$$X^2 = 14.8 \quad \text{on 6 d.f.} \quad P = 0.022$$

Motor vehicle

Only four households had motor vehicles with two of these belonging to Akanani members and being the only two that were in the best condition.

Financial upkeep

As unemployment is high in the area, fifty six (56) households did not use any financial institution; seven (7) did not know whether there was any banking account for the family. Only twenty seven (27) had a banking account, and all households with the exception of three (3) used the bank. The three used the building society. There was no significant difference between the three categories in relation to banking of money.

Literacy

Even though people could not read and write; the majority, 95,5%, of them were able to count, especially money. The reading and writing of Care Group and Akanani members was better than that of non members. This could be attributed to the adult literacy programmes that were provided for these groups in the organizations (see table 4.40).

Table 4.40: Literacy in relation to reading and writing

Organization	Yes	No	Total
Care Group	22	8	30
Akanani	23	7	30
Non-member	20	10	30
Total	65	25	90

$$X^2 = 0.8 \quad \text{on 2 d.f.} \quad P = 0.67$$

Summary of the development indicators

As indicated in tables 4.23 to 4.40, each respondent was given a 'development score' based on her response to the questions in section 3 of the interview schedule (Annexure 1) and observations made. This score had a possible range from 0 (least developed) to 40 (most developed). The calculation of the score is detailed in annexure 5. According to this score there were significant group differences, with Akanani having higher scores and non members lower scores.

Table 4.41 shows a summary of the mean development score by village and group.

Table 4.41: Development score.

Village	Group			Mean
	Care group	Akanani	None	
1	24.83	28.00	15.25	23.00
2	24.83	23.08	23.50	23.65
3	19.40	19.40	16.57	18.50
4	8.40	22.00	15.73	14.29
5	19.25	17.33	19.50	18.85
Mean	19.70	21.90	16.63	19.41

F = 3.43 on 2.87 d.f. P = 0.037

The mean development score was highest in the Akanani group and lowest in the women who belonged to no group. This was examined further by fitting general linear models to compare the mean development scores between groups adjusting for the same potential covariates as for the mean number of diarrhoea episodes.

In the case of the development scores, age group of respondent and literacy did not improve the fit of the model, so the effect of group was found by adjusting for village, respondent and income group.

The results of the model fitting are summarized in table 4.42 (a, b and c).

According to this result there is no evidence that the mean development score differed between groups after adjusting for village, respondent and income group.

Table 4.42 (a): Model for development score

Parameter estimates:

Parameter	Estimate	S.E.	T-statistic (78)
Constant	24.89	3.23	7.70
Village 2	0.04	2.64	0.02
Village 3	-3.76	2.59	-1.45
Village 4	-7.43	2.81	-2.65
Village 5	-3.49	3.10	-1.13
Respondent mother	-2.79	1.93	-1.45
Respondent other	-0.14	3.28	-0.04
Income 2	-1.89	2.37	-0.79
Income 3	-2.39	2.06	-1.16
Income 4	3.03	2.34	1.29
Group Akanani	1.03	2.02	0.51
Group none	-1.14	-1.14	-0.54

Table 4.42 (b): Model for development score

Analysis of variance:

Source	d.f	sum of squares	mean square	F-ratio	P-value
Villages	4	1113.76	278.44	5.30	
Respondent	2	139.97	69.98	1.33	
Income group	3	349.20	116.40	2.22	
Group/covariates	2	50.06	25.03	0.48	0.62
Residual	78	4098.80	52.55		
Total	89	5751.79			

Table 4.42 (c): Adjusted group means

Group	Mean	S.E. (mean)
Care Group	19.45	1.39
Akanani	20.48	1.45
None	18.31	1.49

F = 0.48 on 2. d.f P = 0.62

Apparent significant group differences were due to village differences, and the fact that villages do not have equal proportions of the 3 groups.

From the data presented for development indicators, Akanani members tended to be in

possession of more material things than the other two groups. There was a tendency for the members to restructure their houses using baked or cement formed bricks, larger steel framed glass windows and corrugated iron sheets for roofing. Whereas almost all the women were enumerate, 27.77% were illiterate. The implications were that these women were sort of trapped in their familiar environment.

There were six development indicators which showed significant differences between groups. Akanani was significantly better off in four (4) of these, Care Group in one of these and non members worse off in one indicator (see table 4.43).

Table 4.43: Summary of development indicators

Indicators	Significant difference	Organization
1. Wall material	-	-
2. Cond. of walls	x	Akanani
3. Roofing	-	-
4. Cond. of roof	x	non member
5. Framed windows	x	Akanani
6. Size of windows	-	-
7. Door material	x	Akanani
8. Cond. of door	-	-
9. Flooring	x	Akanani
10. Size of home	-	-
11. House cleanliness	-	-
12. Cond. of latrine	-	-
13. Furniture pieces	-	-
14. Cond. of furniture	-	-
15. Live stock	-	-
16. Cond. of veg. garden	x	Care Group
17 Literacy	-	-
Total	6	

DISCUSSION OF RESULTS

The results of the correlational survey demonstrated the commitment of the women's organizations to their focus.

The house occupancy of 4 to 17 was not unusual, because in the area families, tended to include at least one of the grandparents and therefore the extended type of family was common. About a third (25.55%) of the households did not have enough room to have a separate cooking place. The implications thereof were that occupants were at risk of hazards and illnesses that could result from smoke inhalation and open fires.

The health focused organization had the advantage of health knowledge and health practices that promote good health in their houses and in the community they live in. Seventy percent of households belonging to Care group members that were interviewed reported having attended antenatal clinic before 6 months. While only 53% of those that did not belong to any organization had started attending antenatal clinic by six months. The care group women were therefore more likely to keep healthy during pregnancy and also to give birth to healthy children than are the non-members.

Analyzing information on diarrhoea episodes, Akanani members reported a higher number of episodes amongst their children when compared to Care Group members. In the meantime Care Group members also showed a high awareness of diarrhoea as a cause of death in children aged 0 to 10years. This could be attributed to the care

group's special efforts as the organization was founded, amongst other reasons, for the reduction of diarrhoea which was a killer in the area. The awareness for diarrhoea could also be regarded as the motivating factor for these women to belong to the organization.

Information on respiratory tract infection episodes is also an indication of the degree of awareness Care Group members have about the condition. Their high score on the knowledge of other associated signs of common colds bears testimony to this. The results on nutrition showed less stunting amongst children belonging to care group members. Stunting is a critical measure of development because it helps to diagnose chronic malnutrition that may compromise the health of a child. It may also be a measure of knowledge on multiple factors like chronic low grade infection, nutrition and early diagnosis of illness that interfere with feeding. Stunting in children of Akanani and non-members could indicate chronic poor nutrition which may further reduce the resistance of these children to infection and /or undiagnosed infection. Information on dental caries could be indicative of poor nutrition amongst Akanani members e.g. consumption of sweets and/or poor knowledge on dental care.

The economic focused organization had contributed to its members' quality of life through processes that enabled them to generate income. The development indicators and score showed statistical significant differences between the organizations. Akanani members' ability to generate money had increased their buying power and therefore their ability to participate in activities necessary for improved health. Members through their earnings were transforming to eurocentric values e.g. building 'modern' houses,

wearing trendy clothes, obtaining housekeeping equipment like paraffin or coal stoves in some instances indeed electricity and electric appliances that would provide energy source readily.

Supposedly Akanani members should have been in a better position to purchase the necessities for health than the other two groups; but from the data it would seem that the presence of money does not necessarily transform into improved health. Even with more money, eleven households belonging to Akanani members did not have toilets. There seems to be two possible reasons why improved developmental status do not translate into improved health. Firstly, Akanani members may lack the knowledge that would lead them to health practices, secondly, their economically focused activities may take all their time, leaving none for health focused activities.

From the data collected non-members could perform better if they had the added advantage of belonging to any of the organizations. The impact of the women's organizations at village level is evidence in the comparative observations made on cleanliness in the households and villages. A higher number of houses belonging to non members was found to be dirty and village number 4 that had a higher number of non-member also presented with fewer toilets, more dirt and few viable vegetable gardens.

The importance of sanitation seems a priority with care group members especially in relation to toilets; an attribute that shows that they can relate cause to effect.

PERSONAL VIEWS ABOUT ORGANIZATIONS

This section provided qualitative information within a quantitative research data collecting method. The first part was for the respondents to express their views about the organization they belonged to. The second part, was for the non-members to give their reasons for not belonging to any of the organizations. The response of non-members in essence gave their views about the organizations.

Elim Care Group Project

Personal benefits from the organization

Respondents were positive about the organization. They all expressed their appreciation of the knowledge and skills gained especially in relation to:

- the diagnosis, treatment and prevention of common ailments like diarrhoea, respiratory tract infections, rashes, trachoma

- the keeping of their houses and homes clean. This, they stated, had reduced the incidence of diseases notably.

- production and provision of nutritious food for their families.

- child and family care.

The women had also gained cooperation and friendship from their neighbours. The very needy families had been brought to the attention of the social workers and were receiving assistance from the social services. One of the women commented that now that her place was clean, children healthy and well nourished, her relationship with her husband had improved greatly and the husband came home often from Johannesburg.

Contribution of the organization to community development

Almost all the women started their comment with: ***“Before the care groups were established, the village was dirty and had no toilets. Now, the place is clean and almost every home has a toilet.”*** The organization, they explained, had encouraged people to keep their homes and localities clean. Members had gone on to dig rubbish ditches for those who did not have these and assisted them to build toilets so as to improve sanitation. This had reduced flies and the incidence of trachoma and cholera in the villages. The organization had fostered good nutrition by encouraging community members to establish vegetable gardens at household and community levels and keep easy to maintain domestic animals like chickens and goats whose products provided them with the necessary proteins. The organization also served as a strong community representative in the government structures.

Due to its efforts, the community was health conscious. Expectant mothers reported early at the antenatal clinic and delivered their babies under the supervision of a health worker. Almost all the children were fully immunized by their second birthday.

Weaknesses of the organization

From their responses some women had thought that the organization would provide employment opportunities for its members. The inability of the organization to fulfill this expectation was viewed as a weakness; and because of this the organization actually lost membership. The other contention was the poor financial support received from the organization to sustain projects. This often caused frustration and abandonment of projects. Members especially those involved in communal gardens were keen to form meaningful industries so as to address the issue of monilessness. Women also expressed concerns about their poor literacy that impedes progress as they depended on the hospital motivators to attend to any matter that needs intense reading and writing.

Strengths of the organization

The strength of the organization was in the provision of skills to its members to make them self reliant.

AKANANI

Personal benefits from the organization

In response to this question members stated that they had acquired several skills that they would not have had, had they not joined the organization. They could produce and market their goods; read and write; calculate and budget. In this way they felt better prepared to look after their families as self sufficient individuals. Because they could generate money they also were more confident as their power base was better recognised.

Contribution of the organization to community development

The organization had provided facilities that the government before 1994 had not been readily providing. In its establishments the organization provided boreholes; the water from these was available to the community. It also provided crèches, post office services and telephone which enhanced communication between residents and the world. The organization through its literacy programmes was attracting young and old, and assisted pupils in the learning of science subjects as these were poorly provided for in the local schools.

Products produced by members were meant to improve the quality of life of the community e.g. brick-making helped replace the dangerous mud walls that tended to collapse in heavy rains; cement floors were found to be easy and cheap to clean and less dusty; clothes produced in the neighbourhood tended to be cheaper than those in town in relation to transport and time spent in acquiring these. Clothes improved the looks and esteem of people. Pots and containers were used for cooking and storage of household items.

The organization had also provided for employment to some local residents and its production and marketing projects had to a certain extent improved on the cash flow in the area.

Weaknesses of the organization

Members were keen that the organization succeeds and were therefore free in stating the weaknesses and wished that these could be attended to.

Organization: Members felt that the organization within the organization was not satisfactory. This they related to the internal competition whereupon members were not encouraged to form consortia and function from this basis. Individuals did their own thing or the few that got together did not get adequate support from the main organization.

The poor market for the goods produced discouraged members. The poor sales resulted in frustrations and uncertainty as it meant fluctuating earnings making it difficult to plan. Members felt that the organization could assist them in the marketing of their goods.

The organization's inability or unwillingness to financially support projects was seen as a weakness.

Strengths of the organization

Six people did not see any strengths in the organization; but the rest saw the ability of the organization to enable people to acquire skills as its greatest strength; because from skills gained, people, even though on a limited scale, became financially liberated.

The introduction of a telephone and facility for sending, receiving and distributing mail

connected the residents with the rest of the world.

NON-MEMBERS

Reasons for not belonging to any of the organizations

In the discussions around this topic, while people gave a variety of reasons like: no time, not knowledgeable about the organization (12 people did not know about Akanani compared to three for Care Group), no information, organization not well organized and a waste of time; non-members seemingly had an image problem as their main reasons were that the organizations were meant for the unemployed, illiterate, desolate and old. Some of the young women were annoyed at the audacity of the researcher to even ask the question of why they were not members of any organization when it was so obvious that they were young, married to gainfully employed husbands and therefore not needy.

Contribution of the organization to community development

Even with the views as stated above the non-members acknowledged that the organizations had provided their members with valuable skills which members shared with the community. The introduction of the NNSDP in the area was commended as a worthy effort on the part of the organizations as they became liaison agencies between the executive of the programme and the people.

SUMMARY

In comparing the personal views in the three categories of households it was evident that members that joined the organization had motivating circumstances. These could be an illness in the family or lack of means. There was growing realization though that the two foci were complementary to each other. The women from the both organizations had experienced the need for money as well as that of treating or preventing illness.

Non-members on the other hand exhibited ignorance in relation to the functioning of the organizations. As community members they acknowledged the positive contribution the organizations had made towards health and development.

CASE STUDY

To describe the case studied, qualitative data collected from the management structures of the main cases and their respective embedded cases i.e The Elim Care Group Project and Akanani Rural Development Association was presented and analyzed. The comments that are made are from interviewees unless otherwise stated.

The first case to be analyzed was the Elim Care Group Project together with its embedded cases and the second case was Akanani and its embedded cases.

THE CASE NUMBER 1: ELIM CARE GROUP PROJECT

The Office of this organization was situated in the Community Health Department at Elim hospital. The key informants i.e. the Director, project coordinator and motivators were health personnel employed by the Department of Health. These were the people who responded to this section of the protocol.

SECTION 1: FACTUAL INFORMATION

History of the organization: when, how and why the organization was started.

To respond to this enquiry, the key informants stated that: The organization started in February 1976, initiated by Dr. Erika Sutter who was continuing to see an increasing number of people in the eye clinic at Elim Hospital suffering from trachoma. She had realized that the hospital could not do much to control the eye infection as children and adults were infecting and re-infecting each other at home. The repeated infection caused blindness. Dr. Sutter, according to her videotape, states that she came to know

that grandmothers and children were sleeping together on one mat at night and shared washing cloths for bathing. She then aimed at improving hygienic conditions of living in villages by motivating mothers and grannies to change their hygiene habits.

She reports; ***"We realized that living conditions have to change. We realized that overwhelming poverty was the cause of disease. We also realized that clean areas were found where people with income lived.***

Dr Sutter together with Selina Maphorogo, a nursing assistant working in the eye clinic and Andrew Radebe, a hospital social worker, decided to go out to the community to inform them about the causes of diseases especially trachoma. The first thing they did was to contact chiefs from three villages, who were to arrange mass meetings with the community. In these meetings the three health persons made a plea that they needed volunteers who would come forward to take the eye medicine and apply it into the eyes of those affected as there just were far too many people suffering from trachoma to can be reached by three people. The three would also teach the volunteers how to diagnose, treat and prevent trachoma.

During these visits the health personnel also discovered that there was a lot of dirt in the villages; with papers and plastic bags littering the area, and no latrines for the disposal of human excreta. Flies also carried infection from person to person and from rubbish to people. Together with teaching how to diagnose and treat trachoma was a need to improve the general hygiene.

The team was pleasantly surprised with the response from the communities. This was

overwhelmingly positive. Soon there were groups of 15-20 women from each of the three villages coming forward to take the initiative to fight trachoma in the community. Mass meetings were conducted, with the groups of women taking the lead; and because almost everybody had had an experience with trachoma, it was not difficult to communicate preventive measures.

What also came out in this experience were the reasons why people accepted trachoma in the area. There were traditional beliefs that made trachoma to be accepted in the area. Dr Sutter in her videotape outlines these. She states that:

1. ***In the area it was believed that young children must have had discharging eyes in their early life to can see better at a later time. When young children had discharging eyes the mothers thought that this was a natural means of improving their eye-sight.***
2. ***Young women must immediately tell their mothers-in-law about their pregnancy once they are aware of it. Failure to do so may result in the child or the grandmother or both becoming blind.***

The doctor, nurse and social worker formed a formidable team. Selina the assistant nurse, made friends with the women in the community and worked with them as a community person, not as a nurse.

In no time the women could examine the eye efficiently, apply the ointment well, and had themselves decided to visit homes in groups to give health education. This meant

that the move was self initiated.

To propagate the intentions even further, each of the 15 women in a group, were allocated ten families to look after; and from this emerged the name '**CARE GROUP**'.

As the Care Group movement became strong in the three villages, people from other villages would stop the hospital car on its way to check on the three villages to ask the team to come and help them start a group in their village. By the end of 1976 there were 24 groups in 24 villages.

The groups had advanced from diagnosing, treating and preventing trachoma to cleaning their environments by digging rubbish ditches (*magoji*) and were building toilets for each other and for the other community people who did not belong to the group.

The groups were also listing other needs and debating means of meeting these. The issue of water and food provision were high on the agenda. The extension of interests and needs put new meaning to this endeavor; that of community development.

Soon the other health wards in the Gazankulu and Venda homelands emulated Elim and formed their own care groups.

Mission of the organization

At the beginning, the Organization's mission was to get everybody knowledgeable about prevention of disease especially trachoma and promotion of health. That way knowledge of hygiene would be enhanced.

But what was gained was community involvement in a big way as people started to make demands of the team in terms of knowledge and skills outside health education.

The organization was initially managed from the eye clinic in Elim Hospital. When other aspects of development were initiated and undertaken, financial assistance soon became a problem as there were activities that needed money, e.g. garden implements, cement to build water reservoirs etc. As the organization was functioning under the Department of Health it took very long to get government to fund these other projects as motivations had to go through government protocol for approval. It was at this stage that Dr Erika Sutter started asking for donations. To do this effectively, the movement had to be registered as a non-governmental organization (NGO) under the National Welfare Department. It was requested that Selina Maphorogo the assistant nurse be seconded by the Department of Health to the project.

The Department of Health soon realized that this was a powerful organization that can actually assist in relieving manpower shortages and poor community service provision. To this effect more nursing assistants were allocated to the project, transport was provided and Care Groups were linked to the clinics or health centers in their areas. Recruitment was simply by contacting the chiefs who would then call mass meetings.

In these meetings health personnel would outline ways in which living conditions could be improved. They would also offer support and assistance to those wishing to form groups in their areas. Membership was and still is free and constituted mainly of women. There were no categories of membership e.g. life membership. Members of a group received tutorials on: how to keep healthy; management of minor ailments e.g. diarrhoea; provision of food for good nutrition through vegetable gardening; construction of water reservoirs and toilets; how to negotiate for funds; how to conserve energy through wonder boxes and mud stoves; group dynamics and communication skills, especially communicating information to neighbours without policing them. At the end of the training session the women were initially given certificates and pins at a graduation ceremony. They had to purchase a head scarf which initially cost R3.00. At the time of the investigation the head scarf cost R16,00. This head scarf is viewed as a symbol of identity for the members. By 1980 the manufacturing of the pins had become very expensive and the organization could no longer afford these. The head scarf comes in two colours, green for local groups, while the blue is a provincial colour for all the care groups.

The vision of the organization

The vision of the organization was to have a healthy nation with women achieving skills that would make life easy for them in relation to activities for daily living and be able to generate money when not employable in the labour market.

Management Structure

The Elim Care Group Project is a non-governmental organization that has a management structure at provincial level at time of investigation. This consisted of a :

Director - who was the community health doctor based at Elim hospital. This they explain was a very effective measure as the director has authority over health activities in the hospital and in the health district; and has a strong influence in the Department of Health. Because of his position he is also influential in fund raising.

Project coordinator: This was usually someone who was knowledgeable about the area, its geographical outlay, ethnic and cultural aspects of the communities.

The previous coordinator was a teacher. The position was at that time vacant. The Project coordinator was responsible for ensuring that projects were undertaken, proposals for funding were written and reports about these projects written. The coordinator has to plan for training sessions for management and Care Group members.

Motivators: These were enrolled nursing assistants who had special training in health education and community development strategies. They basically motivated communities to form their own care groups and facilitated this process.

They worked with the groups directly and helped plan, initiate, support and sometimes supervise programme activities. There were seven motivators, with each having to look after six branches.

Administration clerks: There were two of these. Their responsibilities involved allocation of funds, arranging meetings, ordering supplies, forwarding correspondence to the relevant persons in the organization.

The above, were in posts and therefore stayed in these portfolios as long as they were employed.

Added to the above management structure were five care group members who formed the top executive for Care Groups. Their term of office was three (3) years.

Funding

There was a standing foreign funder from Switzerland, Christoffel Blinden Mission (CBM). The fund provided for transport whenever needed and assisted in paying salaries for three of the (3) workers in the project. The three workers could be any of the employed people in the management structure.

The government paid salaries for the director, project coordinators, and six of the motivators, provided office space and maintenance of vehicles. The department of agriculture and education provided the services of the agricultural extension officer (*Murimisi*) to help guide people on agricultural activities. The Independent Development Trust (IDT) and other small industries also made a contribution to the project on request.

Number of branches of the organization

At the time of investigation there were forty two (42) branches operating in thirty seven (37) villages.

Meetings

Individual branches met weekly and whenever necessary. Meetings with motivators were held fortnightly and whenever necessary. The purpose of these meetings was to evaluate progress made on projects undertaken, discuss issues that may have arisen and share in the suggestions to be made.

The director, coordinator and motivators met every month to discuss activities and needs in the branches that impacted on the office; shared experiences and issues encountered in the field and in the office, and also to be at par with developments in the organization.

There was an annual council meeting that was attended by the management as outline, the top executive of the Care Groups and two members from each branch. At this meeting aspects discussed included issues encountered in branches, solutions reached and evaluation of decisions made on the solution of problems encountered. Projects and activities undertaken by various groups in the year were reviewed, new members were introduced and decisions made about when and where the graduation of new members will be held and how it will be organized.

Conferences and seminars

At least once a year members of the Care Group and motivators attended a refresher course. In-service education sessions are arranged regularly to equip especially the motivators with skills to facilitate Care Group programmes and projects. An annual conference was held for members and management.

Environment

This relates to the environment in which the organization operated. The physical environment, population demographics and resources have been addressed in the description of the setting in which the study was undertaken. The political environment did not really affect the organization and its functioning. The organization worked with the civics in the community to gain the cooperation of communities. The people could be described as being conscious of the politics of the country and area, but not really knowledgeable.

Social control

Members of the organization had measures for social control included in the constitution. In the event of any misconduct, management allowed the members and their committee within the branch to attend to disciplinary measures.

What has changed in the past ten years

It was unanimously agreed that in the past ten years:

- i) Family sizes had decreased because children had left home to start their own homes as dictated by changes in society such as accepting single parenthood, nuclear families, and the emphasis on money as a necessary resource. Youngsters felt that large families were too demanding financially. This had decreased living in extended families and had instead increased homesteads and residences in the area.

- ii) Roads had to a certain degree improved as there was a tractor that scrapes the roads now and then. This activity made the roads at least accessible especially in winter. During summer, rains made these roads very muddy at places.

- iii) Schools had increased, but this had not necessarily improved the education of the people in the area.

- iv) Way of life : To this there were positive as well as negative comments. Respondents felt that people were positive about life in view of the few improvements; like installation of public water taps at strategic points as water used to be a problem in the area. With water being available, the cleanliness of homesteads and individuals had improved in the community. They also felt that school attendance had improved and with time the children would be better educated.

The respondents also described negative trends, such as, poor communication

between children and parents . As a result conflicts in families were an emerging concern.

- v) Cash flow was still low especially with increasing unemployment nationally.

Retrenched men were returning from the cities to be a burden to women and violence against women was increasing.

- vi) The health, health care and nutrition of the people was reported to have improved remarkably.

Strengths and weaknesses of the organizations

The strengths of the organization were its ability to:

- Give health education to the community.
- Function together as a group. Sometimes this group would function on its own without the supervision of motivators.
- Access assistance from organizations like the National Nutrition and Social Development Programme (NNSDP) to provide food for the needy.

The main weakness of the organization was the inability of the organization to provide for employment so that the general poverty in the community resulted in a difficulty in prioritizing needs and sometimes activities.

Concerns of the organization

Even though the organization was satisfied with the way in which it was functioning, the respondents felt that the functioning could be better if the coordinator could also be a health oriented person; who would then appreciate the impact of using a health perspective in involving communities.

The respondents were also concerned about the amalgamation of regions in the new dispensation of the Northern Province; as this resulted in a diversity of programmes that were difficult to coordinate.

Contributions of the organization to the development of the community

The respondents felt that the organization had contributed in the improvement of the health status of communities served through:

- i) health education and environmental hygiene. Availability and the use of toilets and rubbish ditches, the use of individual face cloths, improvement of nutrition through cultivation of communal and individual vegetable gardens were some of the achievements,
- ii) physical skill development : This enabled the members of the organization to learn skills that would help them survive and generate money. These included water reservoir and toilet construction; brick making and laying; gardening; sewing; cooking and energy conservation through wonder boxes and mud stoves. The acquisition of skills made the women self-reliant.

- iii) literacy : As women attended night school they became able to read, write and calculate. Through these skills they could be able to communicate better with their near and far relations and could even participate in the budget plans.

- (iv) child care at home improved because of health education and the establishment of creches by the branches.

Way forward

Respondents saw as the way forward:

- Ability by everybody at Elim to prevent common diseases by the year 2000.

- Ability of the community to independently initiate and run projects without the help of motivators. ■

SECTION 2: THE FOCUS GROUPS OF CASE NUMBER: 1

In this section the responses of the embedded cases of case number 1 are presented and shall be referred to as branches.

BRANCH 1.1: VALDEZIA CARE GROUP

When, how and why the branch was established

The branch was established in 1976. It was started because the number of people suffering from trachoma and diarrhoea in the village was very high; and at that time Dr Sutter, Selina Maphorogo and Andrew Radebe were going around villages, visiting families whether they had a sick person or not, informing them about the causes of trachoma and diarrhoea. The people of Valdezia had heard that this team helps people to get rid of these diseases. They invited them to come and assist them in forming a group to fight against illness in their village.

Membership

At the time of investigation they had a total membership of three hundred (300). Because this was an old group; the symbol of identity in some members was marked by a pin and a green colour head scarf whilst amongst other members that joined after 1986 the head scarf was the only means of identity. Membership was free; but once a member, a sum of R0.50 was paid twice a year. This was kept as petty cash.

Management

The branch had an executive committee. Members were elected into the committee by a show of hands in a special meeting for the election of the executive or an executive member when the need arose. The portfolios of the committee members were as follows:

Chairperson *(Mtshamaxitulo)*

Vice Chairperson

Secretary *(Mantsalane)*

Vice Secretary

Treasurer *(Mukhomi wa xikwama)*

two (2) additional members

Functions of committee members

The chairperson called, conducted and addressed all meetings, excepting those called by other members. She prepared the agenda for the meeting in consultation with the secretary and other members. The agenda was usually not elaborate because meetings were held weekly. The agenda was usually not written. Most of the issues were raised at the meeting. In her absence the vice chairperson took over, and in the absence of both members, the meeting would elect a chairperson for the day.

The secretary kept the minutes of the meetings and any other records with the exception of the treasurer's report which was given monthly at the meeting by the treasurer. The secretary documented the report as it was given by the treasurer

in that meeting. The treasurer attended to all financial matters and gave a report pertaining to the financial statement at the first meeting of every month.

The term of office of the committee was three years.

Objectives of the branch

The objective of the branch was to enable people in the community to be healthy and to look after themselves by equipping them with skills on:

- i) health information and how to utilize this.
- ii) how to budget not only for money but even for sharing what they had; be it material or intellectual capabilities.
- iii) how to do gardening as individuals and as a group to address nutritional issues.

Meetings

The branch met weekly, while its executive committee met once a month. The branch also met fortnightly with the motivators to discuss projects; their nature, initiation, progress and issues around these.

Relationships

There was a good relationship between the Valdezia branch and other branches in the province and between the branch and the community and amongst

members. There was a certain degree of competition between branches but this was positive competition. Each member of the branch was allocated ten families which she had to visit and motivate towards healthy living.

Community support was indicated by the cooperation the care group members received in the villages they work in. The local or tribal authority indicated their support by allocating land to these women for their garden and by making the agricultural extension officer's services available to them to help them divide the garden into plots, provide them with garden implements, assist them with irrigation tactics and provide seed for the crops to be planted.

Social control

There usually was no need for discipline; but any member thought to be behaving untoward was visited at home and issues of concern discussed in familiar surroundings.

Funding

The branch had no specific funder; but there were ways in which the branch generates money.

- i) As stated earlier the group contributed a sum of R0.50c twice a year.
- ii) The members sometimes undertook contractual engagements in the community; e.g. they made bricks for people to build house with;

cleaned the fields of weeds. The money earned went to the coffers of the branch. At the time of investigation the branch had a contract with one of the primary schools to provide it with uniforms.

- iii They have had donations. The latest of these was from Medunsa Institute for Community Outreach Services (MEDICOS) that had a project called "Mvula", and MEDICOS had given money to this branch to help it improve its water source for irrigation in their garden.

Where proposals for funding were needed, motivators, in their fortnightly meetings, usually carried the request to the director and project coordinator; who would then write a proposal.

The money generated was kept in a banking account with the South African Permanent building society. It could only be withdrawn if there were three signatures of the designated people. The purchase of equipment was done by the director and the coordinator. Receipts were kept in a safe place where they could be reproduced on request.

Benefits for belonging to the organization

By belonging to this organization the branch members had been taught how to:

- diagnose, treat, prevent and control trachoma and diarrhoea
- prevent malnutrition by producing vegetables, cooking these in the most

nutritious manner

- establish a clean sanitary environment by building toilets and digging rubbish ditches
- make bricks, sew, knit and preserve energy in cooking through making wonder boxes and mud stoves
- look after children such that they are well nourished, safe from accidents and protected from communicable and non-communicable diseases
- establish and maintain a vegetable garden. This helps to improve the nutritional state of community members.
- women have also been made aware of ways in which they can make their workload lighter and are equipped with literary skills.
- women also gained recognition therefore status in the community.

Projects

The branch had undertaken three main projects.

1. The communal vegetable garden

The group felt that if the community can have fresh vegetables their nutritional state will be improved. The communal garden was open to everyone in the community. The agricultural extension officer has allocated plots to all those that needed to plant vegetables; be they members or not.

Problems with this project

The group did not have enough funds, as a result the fencing was incomplete, the water pipes were not adequate and although there was a borehole and a water pumping machine the water tank had not been built as yet.

2. Needlework

The group had attended sewing and knitting classes. They had contracted to sew school uniforms and knit school jerseys in one of the schools in Valdezia. Through this project they were able to sew clothes for their families to keep them neat at all times.

3. Building of a training centre

This was a provincial project for the Care Groups. It was housed at Valdezia and members had to weekly hold site meetings to assess the progress of the project. The project had provided employment opportunities for the local people.

It was envisaged that the training center will be a learning centre and would be hired out to people needing accommodation for workshops, seminars, conferences, etc. thus bringing in money for the Care Groups. It would also be used by care groups for their in- service and continuing education sessions. In this way the Care Groups would save money as they need not hire halls for conferences or any such activities.

The three projects met the basic needs of communities served as they provided for nutrition, shelter, security and education.

To ensure that projects progressed there was an ad hoc committee that ensured that there were resources to carry out the necessary tasks. This committee would also draw time tables. In the garden there was the garden secretary who kept a record of the number and names of people allocated plots. She also kept minutes of the garden meetings held fortnightly.

How do these projects link with the basic needs of the community?

Respondents pointed out that the projects were based on the needs of the communities and they, the members, regarded themselves as part of the community. What they felt as a need could be translated as a community need. In their interpretation; health education, food, water and cash flow were some of the needs of the community.

Legal Protection for projects undertaken

The director had engaged hospital lawyers to work on the building of the training centre because this was one of the big projects Care Groups were engaged in.

Strengths and Weaknesses of the branch

Strengths

The main strengths of the group were cited as the support obtained from

members by members, acquisition of skills and health education.

Weaknesses

As there was no specific funder for the branch, projects were sometimes halted while there was no money to carry them through.

Skills acquired

Organization

The organization ability was remarked upon by the branch members and noticed by the researcher. The executive committee delegated tasks, scheduled meetings and allocated resources. Within the branch other committees were formed and all members were given an opportunity to be in leadership positions. For example some members belonged to the building committee while others belonged to the garden committee.

Leadership

In response to the question of : who makes decisions in a group? The group stated that it was the whole group.

At all times the chairperson had to be guided by the feeling of the group. This was viewed as a very good strategy because it avoided autocracy. The group also stated that this type of decision making was always acceptable to them.

Needs assessment

The group responded that under the directorship of the chairperson, needs assessment and prioritization of needs was done by the group through brainstorming.

Resource mobilization

This was once more done by the executive committee following consultation with members. Allocation was according to need.

Contribution of the branch to development in the community

The branch had improved:

- i) the nutritional status of the community through the communal vegetable garden.

- ii) the community's health by:
 - introducing rubbish ditches where rubbish was dumped, thus keeping homes clean and providing a fly-free environment.
 - improving sanitation by building toilets so that human excreta can be safely disposed of.
 - providing health education so that people can be knowledgeable on how to prevent ill health, promote good health and treat common diseases like diarrhoea.
 - making health services available by home visits.

iii) child care by teaching the community about:

- common diseases in childhood and how these could be managed, prevented and controlled, e.g. communicable disease including diarrhoea.

Future plans

The branches future plans included:

- completing the construction of the training centre.
- building of the dam for the garden and completing the fencing so that they could produce vegetables all year round.
- improving vegetable production to an extent where contracts with establishments and institutions could be entered into and vegetable production became a viable industry.

OTHER BRANCHES OF THE ELIM CARE GROUP PROJECT

The other four branches that were interviewed were similar in organization, function and outcome to the Valdezia branch and will therefore be summarized.

The establishment of the branches was based on health motives, with the health personnel playing a pivotal role in their establishment and maintenance. Membership and management structure were the same in all branches. Branch members met weekly, while meetings with motivators were scheduled fortnightly.

All branches were experiencing problems with funding and this impacted on the viability of projects undertaken. In all groups the organizational structure seemed well in place with a sound understanding of group dynamics. For an example, decisions were made through broad consultation in the branch.

The benefits to the community were similar and all projects were based on community needs, which were; better health through health education, good nutrition and acquisition of skills.

A brief description of these branches is presented .

BRANCH NUMBER 1.2: SHIRLEY B

This branch was established in 1983 at Shirley B village. Its establishment was based on an already existing relationship amongst the women in the village. The women in the area used to assist each other on those activities that impact on family upkeep e.g. collecting firewood, hoeing in the fields, building of enclosures around the houses.

The women invited the motivators from the hospital to their group gathering to teach them about disease prevention. Although at the time trachoma was rarely seen in the area, other diseases like diarrhoea and respiratory tract infection were still rife and the women felt inadequate in providing a healthy environment for their families. The invitation of motivators was with an intention to form a Care Group in the village. It was not difficult to form a Care Group as the women were already cooperating well. As was the case with the earlier groups, soon the health education provided for by the motivators was only going to be effective if all other aspects of good healthy living were addressed i.e. sanitation, safe water supply, nutrition.

Because of the problems experienced with funding; in this branch, members contribute R2.00 monthly. This money was used for contributions to the provincial project at Valdezia (the building of the training centre) and for sponsoring small garden projects in individual homes. This would include the

buying of seed and garden implements.

For its future plans the branch hoped to establish a vegetable garden that will serve everybody in the community.

BRANCH NUMBER 1.3: NYENYANI

The branch was established in 1981. At the time the village of Nyenyani was ravaged with trachoma and diarrhoea. The branch was established to help teach women how to diagnose, treat, prevent and control in particular trachoma and diarrhoea.

Even though the objectives were similar with those of all other branches, the branch also had as its objective generation of income through selling garden produce and products from the poultry farm.

To date, the members are finding it difficult to realize this objective as sales are very poor.

Relationship between the main organization and the branch was reported to be good. The group had a competitive spirit and the relationship between branches was maintained at always working hard to do better. The relationship between the branch and the community was somehow strained in that members were refusing community member's being allocated plots in the garden. They reported that :

"This place where the garden is established was a thick bush with trees. We cleared the veld and dug out all the tree trunks with our bare hands. We cut the grass and with the help of the agricultural extension officer we dug trenches, bought and laid water pipes. We built the dam and fenced the area in. We also bought taps. We are willing to have the garden extended We will gladly share the water from the dam; but they also must clear the veld".



Figure 4.4: *The Care group's garden at Nyenyani*

Even with this dispute, the community supported the branch in that it bought their produce and the branch in return offered credit to who did not have ready cash.

BRANCH NUMBER 1.4: NWA'XINYAMANE B. MATIMU BRANCH

This was one of the youngest branches to be established. It was established in 1995 as a sub branch of the main branch of Nwa'xinyamane village. The initial branch was established in 1976 in another part of the village and this group has been traveling to the meeting place which tended to be far for them as they lived on the other side of the village. When the time was ripe they then formed another branch and referred to it as Nwa'xinyamane B.

Due to the difficulties experienced with funding, members in this new branch contribute R2.00 as a joining fee. Thereafter, the generation of money was similar as in the other branches i.e. members undertook contractual jobs like hoeing the fields, making and selling bricks, building toilets and digging rubbish ditches for a fee.

BRANCH NUMBER 1.5: KURULENI

This was one of the initial groups that were established by Dr. Sutter in 1976. The reason for its establishment was to try and control trachoma which at the time had reached epidemic proportions in the village. As the very first group, Dr. Sutter, Selina and Andrew Radebe approached the chief of the place, explained to him their intentions and requested him to call a mass meeting with the people of the area. This, the chief did and at the meeting the hospital team explained in

the most simple manner the etiology and prognosis of trachoma and that the number of people that could be saved could increase if they could be reached early. They also pointed out that the three of them were just far too few to contain this disease and were requesting for volunteers to take the medicine and apply it into the eyes of those affected by trachoma.

Following this meeting fifteen women volunteered. The fifteen were taught how to diagnose and treat trachoma. They were also trained on how to inform people about prevention of same like not sharing face cloths, sleeping in separate blankets at night, cleaning the premises so that flies can be controlled. The project expanded to include sanitation and nutrition as marked by the establishment of a big communal vegetable garden (see figure 4.5).



Figure 4.5: *The communal garden founded by the Care Group at Kuruleni*

The branch was funded by IDT and the former Gazankulu government to establish the communal garden. The money obtained from these two sources was used for a borehole, water reservoir, garden implements and fencing. This was a once only type of funding. To raise funds, members contribute a sum of R20.00 whenever the water pump machine needs servicing. Other contributions were made when there was a need,

In summary the strengths of the branches of the Elim Care Group Project were

- health information which was propagated to the community.
- the communal gardens that provided for nutrition in the community.
- the support members got from other members and the community.

CASE NUMBER 2: AKANANI RURAL DEVELOPMENT ASSOCIATION. (AKANANI).

Section 1: Factual information.

The information was provided by the director and the management team of the organization

History of the organization: when, how and why established

To respond to this question the management team stated that:

The organization was established in 1980 by Mr Robert Collins as a non-governmental organization under the name of Intermediate Technology and Small Industries Development (ITSIDU) on Shirley farm; to explore the viability of rural producer cooperatives as tools for development. Mr Collins provided the necessary funding through his own endeavors and registered the organization with the National Welfare Department so that it could solicit support from the public. The initial project was spear-headed by his wife, Anne Collins, who in her survey to assess the needs in the community found that women in the area were very artistic as demonstrated by the decorations on the inside and outside of the walls of their rondavels. She then introduced cloth painting, translating the patterns from the walls onto cloth. Under this initiative two textile cooperatives, Tiakeni and Twananani and other craft cooperatives were initiated as models for this development. Mr & Mrs Collins donated the buildings for the textile industries. Mr & Mrs Collins developed moulds for patterns and painted these on

the cloth. From the painted cloth women were taught how to read patterns, cut, sew and sell clothes to the public. The money generated from these sales was used to purchase equipment for the activity. This included furniture to store cloth, dye; wax; stoves; pots and cloth. It was envisaged that the industry would develop to such an extent that it would be eventually self sustaining and provide employment for the community. By 1985 other areas of need had become apparent if development was to take place. In response to these needs the organization expanded its focus to include literacy tutor training programmes, skills in brick making and laying, weaving, gardening and pottery. The organization recruited people from the community to train so that these could train others. Following this initiative it changed its name to AKANANI; meaning:

'build one another'.

Mission of the organization

This reads: *To empower deprived and disadvantaged rural communities in the Northern Province for their social and economic development.*

Constitution governing the organization

This was based on the aim to provide education and services that build self-reliance, self-sufficiency and democratic organization of the people for economic, social and political transformation in the Northern Province. (see Annexure 4).

Membership

The organization did not have a system of membership. It was loosely organized around training programs and projects. To this effect there were about 900 people, who had been trained by the organization. Some of these were being assisted to manage their own businesses.

There was no active recruitment of trainees; the organization did not advertise its services; but periodically, projects run by Akanani were put on radio. The operation of the organization was mainly known through people who had been to Akanani talking about what they were doing and how they came to do what they were doing. Based on this, interested people usually present themselves for more information and training at the centre.

The initial training was free of charge; but subsequent in-service training and workshops were charged.

Motto

The motto of the organization placed emphasis on organization of human and non-human resources. The motto stated that: ***unless we organize we will be washed away just like the soil and the rocks are washed away.***

Vision

The organization had a vision of educating the people of the Northern Province especially the women and the youth so that these people were able to sustain themselves through development of activities that they could manage.

Trainees got certificates for courses attended.

Management structure

This consisted of two bodies: the council and the executive committee of council.

The council was composed of: the director, secretary, treasurer, two project coordinators, two management assistants, two civic representatives and two additional members.

The functions of the council included: determining policy and attending to policy issues, approving budgets, personnel administration and attending to disciplinary issues.

The executive committee consisted of: a chairperson who was also the director, the administrator who acted as secretary, a treasurer and two additional members. The executive was also referred to as the management of the organization. Its function was to ensure the daily functioning of the organization.

Joint functions of both the council and the executive were:

- to attend an annual assembly which was an official meeting attended by community members and Akanani management and council.
- reflect and report on all activities of the year.
- monitor the financial statement of the organization.
- elect council members.

Excepting for the director, administrator and treasurer who were in posts; the term of office of the other people in the executive committee was two years.

All staff employed were required to at least hold a standard ten (10) certificate.

Funding

The director acted as an overseer of all funds. He/she was also responsible for raising funds, and the funds were allocated according to the wishes of funders. Organizations like IDT and DBSA had been providing consistent funding ; but requests had to be forwarded for every specific project undertaken. There were conference and hotel facilities in the premises of the organization. The organization generated funds by hiring out the conference centre to those needing accommodation to hold seminars, workshops, refreshes courses and conferences. Hotel facilities were also used to house visitors for a fee. meals were prepared in the premises and were sold or charged to the employees accounts.

The organization also offered technical and technological consultancy at a fee.

Funds generated went towards supporting projects initiated and facilitated by the organization.

Projects

The organization was at the time of investigation supporting nineteen (19) projects. These included brick making, pottery, weaving, textile cooperatives, hawkers, gardeners, bakery, poultry farmers and adult literacy programs. The main function of the organization was to train community people in technical skill and literacy. Those enrolled for literacy skills registered with the Independent Examination Board (IEB).

The objective of the organization

The objective of the organization was to:

Develop and implement people-driven programs in adult and basic education for women, men and the youth in rural areas in a sustainable way.

Meetings

There were a variety of meetings held. Management meets once a month and whenever necessary. The council met once every two months and staff meets twice a month. There was an annual general assembly that was open to community members and when possible to sponsors.

There were small committees that had to attend to issues needing attention on a

daily basis. These met whenever necessary and reported to management. They were; the finance committee, accommodation committee, tutors consultation forum, and the learners forum.

Open meetings with trainees were called from time to time to get reports on their progress.

Conferences and seminars

The frequency of conferences, seminars, workshops and refresher courses was determined by need and availability of funds.

Employment

The organization provided employment to the director and all management personnel. Temporary employment could in turn be provided to labourers and technicians from the community.

The recruitment, hiring and firing of any employee was done by management and reported to council.

Difficulties that arise with employment

There were technical problems that were sometimes experienced whereupon funds promised did not materialize, or when available were not enough, or there was a delay in transferring them to the organization. This resulted in targets not being met on time, or abandonment of projects or failure to pay workers.

Because of the remoteness of the physical office of the organization it was difficult to attract appropriately qualified managers. As a result the people in management were not equipped for the tasks they were employed for. This often resulted in difficulties being experienced. Because there were no members as such, nobody was willing to take responsibility for activities. Meetings were poorly attended even though transport was usually paid for. The Labour Relations Act often hampered or interfered with the management of activities in the organization. For instance, employees could demand a 40 hour working week and/or weekends off when the work could be best done through weekend meetings.

Is the operation of the organization satisfactory?

To this question the director stated that the operation of the organization was not completely satisfactory, because in his view outcomes were not yet visible. He also felt that focus had to be on the local needs before extending services to other areas; and the organization and its services were to be marketed and publicized much more effectively than was the case at the time.

ENVIRONMENT

Political environment

The director reported that the politics of the day had affected the funding of the organization. Before 1994, the organization received much favour from funders as it was pro-democracy and actively supported the African National Congress. With the National Government of Unity (NGU) coming into power in 1994, funding for non-governmental organization had been redirected to the RDP and cash flow had decreased as there was no longer preference given to organizations that served people of different affiliations.

In relation to knowledge of politics he felt that the community was conscious of politics and political issues in the country and area.

Government support

At the time of investigation there was no direct support from the government; but indirectly this support was through the RDP which supported their literacy programmes and supplied learning and stationery materials for the pupils.

Relationships

The organization trained individuals, facilitated those projects that were initiated under their guidance and evaluated same. The organization therefore looked after its projects.

Where the organization was known, the relationship with the community was

good; but it was the perception of the director that the community was not well informed about the organization and its activities.

Social control

This did not apply because trainees were released after training, and, what they did thereafter was not of concern to the organization.

Cultural effects on the leadership and management of the organization

In the organization, employees were from a variety of cultural backgrounds; but this had not had any effect on the functioning of the organization.

Strengths and weaknesses of the organization

Strengths

Because of its credibility the organization had been able to attract local funders to support its programmes. Its physical location was relevant for its activities as it was accessible to the community. Its ability to sustain itself from funds generated stood in its favour and showed that even with limited outside funding it could go on functioning. Within itself the organization had a lot of expertise, and international support provided for technical and technological assistance.

Weaknesses

There were some weaknesses though that affected its functioning and progress. As stated earlier, the organization was not well marketed, as a result people in its vicinity did not know about it. The present management structure was not well equipped for management functions and as such failed to implement strategies that would enhance the organization's existence. Within the principles of affirmative action, the organization had decided to contract local people in advancing their projects. In some instances these people had neither the capacity nor the interest to deliver the goods. This resulted in targets not being met on time.

The organization had no effective record of all the people that had been trained at the establishment and therefore found it difficult to make a follow up on these. The organization was also not able to monitor projects because management does not know where the people were.

What has changed in the past ten years?

The director of Akanani pointed out that there were some positive changes in the area. He commented that people were able to look after their families because of the skills they had in brick-making, sewing, weaving, moulding pots and many other things. There was a bit of money circulating in the community, the health status had improved, trachoma and diarrhoea had decreased and people were better nourished.

The organization had contributed in providing skills for the activities that generated money. The organization was also assisting in improving the literacy rate of adults in the area.

Way forward

It was the wish of the organization to intensify its campaign for literacy as there were many people who were illiterate. Furthermore, should they get funds, the organization intended to contract science teachers to assist students with these subjects and help students proceed onto tertiary institutions.

SECTION 2: THE FOCUS GROUPS OF CASE NUMBER 2

In this section the branches of Akanani provided information as it applied to them.

Unlike the branches of the Elim Care Group Project that had a similar pattern of organization, function and outcome; the branches of Akanani tended to differ and therefore necessitated individual mention in the text.

BRANCH NUMBER 2.1: ELIM WOMAN MARKET

When, how and why the branch was established

The branch was established some time ago in 1946 with women selling bananas, oranges, cabbage and '*vet koeks*' to men returning home from the mines in Johannesburg (referred to locally as *JONI*). At that time police used to harass the women, beat them up, confiscate or scatter their products as they claimed that it was illegal to sell in the streets. In some instances the money collected would also be lost. This harassment continued until 1980 when Mrs. Tlakula, one of the hawkers, decided to form an association that would make representation to the tribal authority to complain about the police harassment. The association also demanded that the place outside the gate of Elim Hospital be designated for hawkers. The then Gazankulu government gave them the place at a price of R20.00 a table per year.

In the same year the group approached Akanani to assist them build a shelter so as to conduct their business safely. Akanani assisted in the drafting of a funding proposal for a construction of a building for the market place in the same area where the women were selling; outside the gate of Elim Hospital. Akanani also assisted them in putting out draft plans for the building envisaged. The project only started to materialize in 1994; and construction work had, at the time of investigation, just commenced. Akanani also introduced these women hawkers to money handling skills; whereupon women were assisted with skills to run businesses and money saving mechanisms.

Membership

At the time of investigation there was a total of one hundred (100) women enrolled in the branch. They each paid R20.00 per annum for levy and R4.00 monthly to the management committee. The R4.00 was to pay a salary for the woman who cleaned the place. There was no uniform or certificates for members; but for identity, members knew one another.

Management structure

There was a committee that was composed of ten people with the following portfolios: chairperson, vice chairperson, secretary, vice secretary, treasurer and five additional members. Four of the additional members also formed the building construction committee and were responsible for monitoring the progress of the erection of the new building.

The term of office was three years; but at the time of investigation the committee had been in office for much longer because of the national transformation activities that were taking place, especially in government. These activities also affected Akanani's management and the envisaged construction project.

The objective of the branch

The branch had one main objective: to provide fresh vegetables and fruit to the people of Hlanganani.

Meetings

The building committee held weekly meetings with builders to discuss and assess the progress of the construction work. Members held monthly meetings ; but were free to call for a meeting whenever a need arose. In these monthly meetings the main discussions were about the selling space; how this could be protected from unregistered hawkers.

Relationships

Akanani was at the time of investigation assisting the branch in the erection of the market place building . The relations were good.

The branch enjoyed the support of the community as it was the only source for fresh vegetables and fruit in Hlanganani.

Social control

Every member understood that each person was to stay within her own area. Irregularities were dealt with by the committee.

Funding

Funding for the building of the market was initially raised by the branch aided by the former Gazankulu government. Akanani also made a substantial input in the raising of funds for the erection of the new market. It was especially helpful in raising funds from outside sponsors. Members contributed R4.00 monthly to cover costs for salaries for the labourers to clean the place. this money was kept and managed by the branch.

Projects

The women were involved in the building of the market place so that they could have a proper shelter and storage place for their goods and function in a hygienic environment. They also had a creche that they ran for their children and those of the community.

How do these projects link with the basic needs of the community

The projects provided income, food and child care for the community and this impacted on the health of society.

Time frames were difficult to stick to as these depend on the availability of funds.

There were legal statements attached to the building of the market place; but the women had no idea about the meaning of these as Akanani was attending to them.

Strengths and weaknesses of the branch

Their main strength was the market that provided vegetables and fruit to the people of Hlanganani. The weakness of the branch was in the organization of activities within the branch. The women spend lots of money to transport their stock from the neighboring vegetable farms because they individually hired vehicles to deliver their stock. Transport expenses were in some instances more than the stock purchased or sales conducted.

Benefit for belonging to the branch

The women were able to earn some money.

Skills

Management was made up of older women who by virtue of their age commanded respect from the rest of the group. The chairperson delegated tasks; but of importance was the fact that each member had to organize herself and make decisions regarding her activities to ensure that her business succeeds.

The women did not realize that the issue of stock delivery could be better contained if they collectively organized themselves into a group or groups and have their stock delivered. This way it would be cheaper and would enhance cohesion in the branch.

Contribution of the branch to the development of the community

The contribution of the branch included the provision of fresh vegetables and fruit to the community at a location that was accessible and this meant that people could eat well on a daily basis. The project served as a means of generating income thus increasing money circulation in the area.

Future plans

The branch was looking forward to the time when the market building would be completed and could have storage place to can increase the variety of products presented to the community.

BRANCH NUMBER 2.2: TIFUXENI SHIRLEY GARDENERS

When, how and why the branch was established

The branch was established in 1992. Initially it was a literacy project; but the attendants decided to establish a garden where they would meet or wait for their tutor or work when the class was over. The establishment of a garden necessitated that participants be allocated plots and registered as gardeners. A garden committee had to be formed to regulate activities.

Members decided on the site and they each contributed R10.00 and purchased the land from the tribal authority.

Membership

The garden had twenty five members. They had no specific symbols of identity but were well known to one another.

Management structure

There was a committee that had seven people that served in the office for two years. The chairperson called meetings, distributed notices, prepared the agenda and conducted meetings called by her. In her absence the vice chairperson carried out these responsibilities. The secretary kept minutes and any other records. She also had a deputy who would take over her duties in her absence. The treasurer was responsible for the upkeep of finances in the branch. The two additional members were useful in relieving the chairpersons and secretaries

when necessary as well as undertaking duties allocated to them by the executive.

Objectives of the branch

The objectives of the branch were to establish a vegetable communal garden and start a vegetable market at Shirley, and to improve the literacy of the adult community at Hlanganani.

Meetings

Members met once a week for literacy classes. The executive met whenever necessary. The group also met once a week to review the progress in the garden, but members were free to work in the garden at any time.

Relationships

Members did not think that there was any relationship with the main organization as the organization did not offer any assistance even though requests for funding had been submitted to the organization.

The relationship amongst other branches was good because other literacy groups periodically visited the garden and in some instances offered assistance. The community had showed support because the people had come to be allocated plots and were working in these.

Social control

There had been no need for this as members had not yet had any untoward behaviour.

Funding

The gardeners had a once only donation from the National Nutrition and Social Development Programme (NNSDP) for the purpose of purchasing a fence and garden implements. The donation was managed by Akanani and was the only financial input made by the organization.

Projects

At the time of investigation the branch had two main projects; the literacy project and the communal vegetable garden.

How do these projects link with the basic needs of the community

As the community in Shirley was illiterate and poor the projects helped the people to learn how to read and write and also to affordably improve on their nutritional state as they would have grown the vegetables themselves.

Time frames were difficult to set as these tended to be determined by the availability of funds, people's ability to learn and their intensity in participation.

There was no legal protection on the project. The executive committee had no legal documentation to verify ownership of the land they purchased. The people just believed that nobody would evict them from the place.

Strengths and weaknesses of the branch

Their main strengths were cooperation and determination to learn; while their weaknesses were poor participation and lack of funds to carry the project through.

Benefit of belonging to the branch

The ability to read had been of great benefit to most.

Skills

Organization in the group was mainly by the people themselves volunteering or deciding on tasks to be done. The garden and meeting place had been bought by members; so there were no rentals to be paid. Decisions as stated before were made by the group even though the chairperson endorsed these. The people were not knowledgeable of politics.

The garden was established because the people felt the need. There was no formal needs assessment done and the allocation of resources in the form of money donated for the fence and other garden implements was done by Akanani.

Contribution of the branch to the development of the community

The contribution was twofold. Members had information about literacy disseminated in the garden, thus improving adult literacy and food produced,

thus improving nutrition.

Future plans

These included getting the garden well established to provide vegetables for the community throughout the year and generation of income from the sales of the garden produce.

BRANCH NUMBER 2.3: TWANANANI

When, how and why the branch was established

The branch was established in 1983 by Anne Collins who had noticed with appreciation the traditional decorations on the walls in the village homesteads. She called a meeting with the women of the area to say that she could help them design patterns on cloth which they in turn could make clothes from and sell to the community. This could also create employment opportunities for local people. The training of women to paint cloth was started towards the end of 1983. The first group was known as *'Tiakeni'* translated to mean *'build yourselves'*.

As the group increased in number twenty two (22) members left Tiakeni to form an opposition group *'Twananani'*, meaning *'to cooperate'*. This marked the beginning of the textile cooperatives in Hlanganani.

Membership

There were twenty two members.

Management structure; its election, portfolios, term of office and function were the same as that of the previous branch.

Objectives of the branch

The objectives of the branch were : to make clothes and sell these in the community as well as provide employment opportunities for people in the community.

Meetings

Members and the executive met once a month and whenever necessary.

Relationship

The relationship between the branch and the main organization was not good. Members felt that Akanani was not helping them to get funds and as such were always low on materials. They also felt that Akanani was not helping them to get sales as such members went for long periods without any income. The branch did not relate with other branches, and the community did not support them as their products were deemed expensive and not affordable.

There had been no need for social control as members related well amongst themselves.

Funding

There had been no funding provided for as long as they could care to remember. On its own, the branch had replenished paints and cloth and were making clothes to sell. The business depended on tourists and often got contracts from overseas tourists. When the goods were completed and payment effected; the members shared some of the money and supposedly bought material with the rest. The contracts referred to hereabove were not so frequent, so much so that, sometimes it would be six or more months before the people could earn from the branch's activities.

Projects

The branch, apart from making clothes had a borehole with a water tank that augmented the village water supply. The branch also had a creche where members looked after their own children and those of other people in the village. They provided a postal service for the community.

How do these projects link with the basic needs of the community

All projects undertaken by the branch were of importance to the community. The availability of clothes in the community reduces traveling expenses into town to buy clothes. The water is always a necessary commodity in the village and on those occasions when the usual village water supply could not cope with the demand, the water tank came in handy. The creche provided for child care and the postal service enhanced communication inside and outside the village.

Time frames for projects were dependent on the availability of resources, especially funds.

There was no legal protection for the clothing industry run by the branch. There wasn't even insurance. In one incidence the women related that: "***once the people broke into the building and removed cloths, clothes, dyes, movable sewing machines and stoves. We lost almost everything and couldn't be compensated because we were not insured. Insurance companies are reluctant to insure us. They say our building is not secure, as you also can see we have no burglar guards on the doors and windows***".

Strengths and weaknesses of the branch

The strength of the branch was that members had a hope that one day the textile industry would become successful. Some of the members wished for the industry to be taken over by the government, while others did not. The main weakness is that they did not have a market for their clothes.

Benefit for belonging to the branch

Members knew how to sew and make clothes. Sometimes the sales were good and members made good money.

Skills

The organization of members was good as they had divided themselves into various groups: i.e. for drawing designs, waxing, painting, cutting, sewing, pressing and packing.

There were no rentals as the building was donated to them by Mrs. Collins.

There were no obvious leadership qualities as the people had no guidance about how to solve their problems with the main organization. The people had not progressed; they were still making patterns they made 10-12 years ago. They had not developed new moulds or improved on the variety of clothes made.

The ability to do needs assessment was lacking as indicated by the production of articles that were not bought in the community, whereupon community preferences were not considered.

Resource mobilization was also poor because members tended not to distribute funds appropriately; as a result they, sometimes, after sharing the gains, had insufficient funds to buy material.

Contribution of the branch to the development of the community

The ability to make clothes and the presence of the industry in the community had provided employment opportunities for at least twenty two people in the community. The availability of a creche had improved child care as well as making children ready for formal schooling; and the postal system had enhanced communication with the areas inside and outside Hlanganani.

Future plans

It was quite strange to learn that the branch hoped to establish a communal vegetable garden and a poultry farm because these were activities Care Group members were engaged in. This then meant that to a certain extent Akanani members were comparing themselves to those branches that had communal gardens and poultry farms. They stated that the monetary rewards of these activities seem more readily available than theirs.

BRANCH NUMBER 2.4: PFANANANI WEAVERS

When, how and why the branch was established

The branch was established in 1973 by the Roman Catholic missionaries, teaching people to spin and weave floor and wall rugs for sale. The missionaries thought they could improve the cash circulation in the area. Initially this was conducted in a house; but when the community showed interest the tribal officer allocated a site and in 1984 Akanani helped the women to put up the building they were operating in at the time of investigation. Akanani also assisted them to get the necessary equipment for this activity.

Membership

There were forty six members when the project started. At the time of investigation there were twenty three members.

There was no specific identity; but members knew one another .

Management structure

There were four committees i.e. building, marketing, finance and production. Each of these had five members and a person could serve in more than one committee.

The chairperson prepared the agenda for the meetings, called the meetings, conducted these and if there were notices she distributed these. When not available the vice chairperson replaced her. The secretary kept records and minutes of all meetings and was assisted by the vice secretary. The treasurer kept records of the financial state of the branch. She organized sales that took place outside the branch's premises. She kept a book for sales and dispatches, as most of their products were sold in Johannesburg. The committees could co-opt anyone of the members.

Objective of the branch

The objective of the branch was to provide technical skills to the community so that people could financially look after themselves.

Meetings

These were not regular. People met if and when there was a need.

Relationships

The relationship between Akanani and the branch was indifferent because even though the project manager was supposed to monitor the production, he was not always available .

As the branch had no counterpart it did not relate or coordinate with any other branch. There wasn't much support from the community as sales were almost absent. The products were expensive for the local people. Periodically people in the community would buy jerseys for infants. The branch depended largely on tourists for sales.

Social control

This was not necessary as everyone had to ensure that she attended to her article ensuring that it was perfect otherwise it would not be bought.

Funding

There had been no funding coming forth; but in 1994 the government had provided the women with material to produce articles. In many instances the branch could be considered self sustaining. The National Craft Association of South Africa had also offered assistance in identifying a market for them in Johannesburg and provided accommodation for those women that went to attend the Johannesburg market.

Other ways of generating funds included a creche and a pre-school where

children paid a fee for rent and rates for water and electricity. The money collected was handled and managed by the treasurer who gave a financial statement at every meeting held.

Projects

The main project was that of weaving mats. There was a creche and a preschool that catered for children in the community.

How do these projects link with the basic needs of the community?

The production of mats was an endeavor to address the lack of cash flow in the area. It also provided employment for women in the area. Child care was attended to by the provision of the creche and the preschool, thus making children better prepared for schooling when the time came.

It was difficult to stipulate and stick to time frames as progress was determined by resources.

There was no legal protection or insurance that the branch or branch members had in relation to their production or premises. The building had been broken into several times during the past year and machines, food from the creche and preschool removed. There had been no compensation for the losses as neither the building nor the contents were insured.

Strengths and weaknesses of the branch

The branch provided some employment for the women in the community. The poor market was a big weakness. In some instances it took up to three months for people to realize any payment and the fact that the main sales were in Johannesburg required money for transport. This and the time constraints depleted the already staggering financial gains. The other weakness was that of lack of insight by members; whereupon they depended on the Johannesburg market and had not set up any other markets even at the most attractive tourist places like the Kruger National Park and the Venda Sun which were nearer by comparison to Johannesburg.

Benefit of belonging to the branch

The great benefit was the skill of weaving that members learnt and the money they earned.

Skills

Much more than organization the women were disciplined as each member had to decide on what she will do when. The ability to make decisions also showed leadership qualities as the women were free to make own decisions even in a group setting.

Contribution of the branch to the development of the community

As the members were from the community it was felt that their ability to produce articles of such high quality was progress in the community. Before now there were no creches and preschools in the area. This development had encouraged school attendance. There was a telephone in the building; which had enabled people in the area to communicate important messages faster to their relatives and friends in and outside the area.

Future plans

This included improving the market locally.

BRANCH NUMBER 2.5: MASHAMBA POTTERIES

When, how and why the branch was established

This was a unique project in that it was run in a family. The mother of the family stated that the activity was started in 1947 by her mother who taught her how to treat clay and make pots from it. As she grew up she got married to a traditional man and was the eldest of the four wives. She in turn taught the other wives, their daughters and daughters-in-law the skill of making pots. In 1983, Akanani, in its endeavor to facilitate economic empowerment in rural areas introduced their services to the potteries and offered assistance in facilitating their sales. The Potteries then registered with Akanani and were to be taught skills in production and marketing.

Membership

There were fifteen (15) members made up of mothers, daughters and daughters-in-law. There was no identity in the form of uniform; members knew one another.

Management structure

There was no management structure, the eldest wife was in charge of all activities.

Objectives of the branch

The objectives were to make pots for the family and community for cooking, water storage and drinking as well as generate enough money to support own family.

Meetings

There were no formal meetings amongst members; but members met occasionally with Akanani project manager to discuss sales and how these can be improved.

Relationships

Akanani had really not done much for the branch except telling visitors to Akanani about the potteries and just coming round to see the products. Akanani had promised the women transport to move their products to a better market; but had not as yet fulfilled this promise. Most of their support was from the community who bought their pots.

Funding

The project was self sustaining and did not need much in the form of funds. The clay was obtained from the river near the homestead. The oxide powder and lead cost less than R6.00 to make ten (10) big pots. The pots were baked in the fire used for cooking. Money was generated by selling pots to the community and to occasional travellers that came by. There had been no outside assistance.

Project

The branch made pots for a variety of purposes like cooking, fetching and storing water, drinking, flower pots and ornaments.

At the time of investigation there were over 500 pots of different sizes that were completed and ready for sale.

How do these projects link with the basic needs of the community served?

Because the community is in a remote rural area the pots were used quite a lot to fetch and store water, storage of other things like dry mealies and beans, Cook and eat food and drink whatever was available for drinking.

Members had no time frames; but if there were orders to be delivered there was no problem as the clay was always available.

There had been no need for any legal protection or involvement in the business, as sales were usually cash for sale and the money was kept in the house and

used whenever needed.

Strengths and weaknesses of the branch

The main strength of the branch was the ability of members to survive on the sale of these pots. The weakness at the time of investigation was the poor sales as the local market was exhausted and over the years people in the village had learnt the trade and were also making pots for sale. Another handicap was the fact that because of their location and lack of transport they were not able to expand their clientele.

Benefit for belonging to the branch

The acquisition of the skill and generation of income from this were aspects of great benefit for members. The eldest wife who was also the founder member of the branch reported that she had been able to put two of her sons through teacher training with the money earned from pots.

It was very difficult to assess organization and leadership skills as only one person was in charge of the operation and this was also based on the traditional respect of the elder. The fifteen members had to each work at their own places, decide on their own designs and bring finished products to the one yard for display and sale.

There was no assessment of needs; as a result overproduction was evident.

None of the members had an idea or was affected by the politics of the country.

Contribution of the branch to the development of the community

The branch had been able to generate money to improve on the education of their children; thus setting an example in the village that, it was possible to get children sent to school if you try. At the time of investigation there were four teachers in the community who were a direct result of pot sales.

Future plans

The future plans included investigating the market for the pots and enrolling with Akanani for literacy programmes as none of the women could read and/or write.

SECTION 3: THE PERCEPTION OF COMMUNITY LEADERS ABOUT THE ORGANIZATIONS

The following was the response of community leaders in relation to their perception about the organizations in their midst. The community leaders interviewed were recommended by consensus by the management structures of both the cases.

COMMUNITY LEADER NUMBER 1

This was the chairperson in the community civic association and in one of the communal gardens.

Community leaders opinion about:

Elim Care Group Project: The leader's opinion was that the organization had contributed a lot to the development of the community. It had played a major role in improving the health of the community by its campaign on health education especially in relation to sanitation and family planning. It had also made people aware of other organizations like IDT that could help in the general upgrading of the community. IDT had contributed a lot to the provision of adequate safe water supply for households and irrigation purposes in the communal gardens. The respondent showed his support by being a member and a chairperson of a communal garden in his area.

The establishment of communal gardens had helped improve the nutritional status of the community. Other activities like the establishment of creche and brick-making had not only addressed issues of unemployment; but had also introduced positive aspects on the quality of life.

Akanani: The leader had heard about the organization; but was not able to comment on its contribution as he had no idea of what the organization had done or was able to do for the community.

Contribution made by the organizations to the development of the community

The Elim Care Group Project had taught people cleanliness, skills in poultry farming and establishment and maintenance of communal and household vegetable gardens. These activities were also a source of income as products and/or produce were often sold to the community. In this way the issue of poor cash circulation was being addressed.

What more would the leader like to see the organizations do for the community?

The respondent would have liked to see the Elim Care Group Project empower its members to form cooperatives especially in agriculture and take contracts with big establishments so that the community could, through their own efforts increase cash circulation in their midst. He would have liked to see Akanani being more visible in the community and doing more for the people so that people could benefit from what it had to offer.

COMMUNITY LEADER NUMBER 2

This was the secretary for the tribal office.

Community leader's opinion about:

Elim Care Group Project: The leader stated that the organization had been very helpful to the people of Hlanganani and must if possible receive government's assistance. He stated that it was through the organization that the health status of the area had improved. Before 1976 there were no toilets at all in the area and diarrhoea episodes were rife. The Care Groups had motivated people to build and use toilets and where this was not possible had themselves assisted in building these. He had found this very helpful indeed.

Akanani: The leader did not know much about the organization except that it was located on the hill at Shirley village.

Contribution made by the organizations to the development of the community

The Elim Care Group Project had contributed in the improvement of the health status of the community. The establishment of communal gardens had addressed the problem of malnutrition in the area. The organization had been able to identify families that qualify for food parcels and had made the government's task easier in distributing these.

What more would the leader like to see the organizations do for the community?

The leader would have liked to see the organizations assist and support youth organizations so that the youth organizations could have direction. This would also mean that the organizations may need to change their structure, organization and activities to include the youth.

COMMUNITY LEADER NUMBER 3

This was the secretary to the tribal office.

Community leaders opinion about:

Elim Care Group Project: The organization could be more effective if the members were also active in other community issues. The leader was of the opinion that members of this organization did not liaise with the tribal office. The only time members came to the office was when they were applying for the allocation of land for their activities.

On the contrary the organization was doing good in assisting needy families and propagating health information. The organization provided vegetables to the community, an activity most valued as it addressed issues of poor nutrition.

Akanani: The officer knew that Akanani was involved in literacy programmes and nothing else. He did not know how people enrolled into these programmes.

Contribution made by the organizations to the development of the community

The Elim Care Group Project with its vegetable gardens had made a difference in the nutritional status of the community.

What more would the leader like to see the organizations do for the community?

The leader would have liked to see the organizations liaise more with the government especially in bringing forward the needs of the communities. He also felt that the health education campaign had now lost its momentum and the villages were again starting to be dirty. He would have liked to see the Care Groups re-kindle the enthusiasm of doing home visits and calling meetings about environmental cleanliness.

COMMUNITY LEADER NUMBER 4

This was the chief in one of the villages.

Community leader's opinion about:

Elim Care Group Project: The chief was in favour of care groups; but felt that there wasn't enough communication between his office and the organization. The only time the organization contacted his office was for the allocation of land for activities and when there were problems with the distribution of food parcels. He felt that the success of the care groups could be maximized if the chieftain was involved continuously. He was prepared to support their efforts fully and

could even make recommendations for the allocation of RDP funds to the Care Groups because he believed that their contributions were already community-based and well understood by people at grassroots level.

Akanani: The chief had no knowledge of the organizations activities.

Contributions of the organizations to the development of the community

The gardens that the Elim Care Group Project established addressed the nutritional status of the community. The organization was also making bricks that were rapidly replacing the mud walls of houses built. These were durable and safe.

What more would the leader like to see the organizations do for the community?

He would have liked to see the both organizations function in close liaison with his office because it was already in their tradition to assist such organizations. He would also have liked to see the distribution of food parcels revised whereupon criteria understood by all could be used; because at the time of investigation there was great dissatisfaction in the way this was done.

LITERAL REPLICATION OF EMBEDDED CASES.

CASE NUMBER 1: ELIM CARE GROUP PROJECT

Comparative analysis of the five branches of the organization was done to establish similarities and/or differences in the organization, function and outcome within the branches of the organization.

When, how and why branches were established?

The five branches of the Elim Care Group Project were established at various times from 1976 to 1995. Two branches were established in 1976 one of these being one of the initial branches. The 1995 branch was an off-shoot of the 1976 branch; so even though the group was established in 1995, the thinking was as old as 1976 as members brought with them those ideas.

All five groups were well established. Membership had been fluctuating; but the original members had held on and were continuing to function. All branches were established from a health perspective with the health personnel supervising their functioning and motivating their progress.

Membership

According to the constitution, membership in all branches was free. Only one branch had decided that it will charge membership fee; reasons being clearly stated for the charge and deviation from the norm.

Table 4.44 : A summary of the total membership of the Care Group branches interviewed and when these were established

Branch	Membership	When Established
Valdezia	300	1976
Shirley B	32	1983
Nyenyani	15	1981
Nwaxinyamane	46	1995
Kuruleni	20	1976

Identity

All members wore a blue head scarf for provincial meetings and a green head scarf for local and regional meetings. The symbol seemed to play an important role in making the organization visible in the community. It also gave members a feeling of belonging.

(iv) Management structure

In all the branches the management structure consisted of a committee of seven members as: chairperson, vice chairperson, secretary, vice secretary, treasurer and two additional people. The people had the same functions as those described in the text. The uniformity in the management structure of branches contributed to the ease of management of the organization as a whole.

Objectives of the branches

On the whole the objectives were directed towards improving the quality of life of communities through good health. The objectives were indicative of health promotion as well as income generation (see table 4.45)

Table 4.45 : Analysis of objectives as stated by the branches

Branch	Objective	Orientation	
		Health	Income
Valdezia	Propagate health information	●	
	Teach them about budgeting	●	●
	Teach about gardening	●	●
Shirley B	Improve nutrition	●	
	Skills in brick making and laying		●
Nyenyani	Improve nutrition	●	
	Generate income through sales from the garden and poultry farm		●
Nwaxinyanawne	Establish communal gardens for nutrition and sales	●	●
	Create jobs		●
Kuruleni	Improve the quality of life of the community	●	●
	Total	7	7

Meetings

All branches met weekly and their activities were closely monitored by motivators.

Relationship

Relationship with the main organization, other branches and community was good. Branches enjoyed the support of the main organization in the form of providing motivators to supervise their activities, arranging for in-service education, seminars, workshops and refresher courses; assisting in requesting funding and attending to any problem experienced within the branches. Through the tribal offices the community supported their activities by allocating those resources that they needed to realize their activities.

(viii) Funding

This was reported as a big problem by all branches; but four of the branches did get funding to initiate garden projects and were therefore expected to sustain themselves. All five branches experienced problems with the generation of funds because:

Households had limited access to cash and membership numbers were low.

In the branches with high numbers, participation was poor.

Projects

All five branches tended to engage in many projects simultaneously with the main projects being health education campaigns and communal vegetable gardens. Other projects that seemed to be gaining importance were brick making, creches, poultry farming and sewing. The multiplicity of projects engaged in tended to

make it difficult to prioritize needs.

(x) Linking of projects with basic community needs

As the Care Group members are community members projects were based on what they felt was the need and relevant. The needs as seen by them were mainly related to health, nutrition and employment.

Legal protection

Excepting for one branch that was building a learning centre there was no knowledge or application of the legal system in projects undertaken. Most agreements were on a personal level and based on trust.

Strengths and weaknesses of the branches

The members stated that the strength of the branches was the acquisition by its members of the life-long skills which made them confident, self-sufficient and self-reliant. With the changing focus in the environment where importance was placed on employment and earnings, the inability of the organization to provide this for the members was seen as a drawback hence the loss of membership. Another weakness was that of ignorance. Because members cannot read and write they depended on the agricultural extension officer and/or motivators to write requests and proposals for them. Members wished they could be able to write motivations and proposals and not depend on the agricultural extension officer and hospital personnel.

The benefit of belonging to the branch

Participants stated that the acquisition of skills and the support one got from the members, were the main benefits. They also stated that from these associations people developed life-long friendships.

Skills

The leadership skills of members were rated as high because members used the participatory type of leadership whereupon all members took the initiative in decision making. Group consultation was priority. All branches had not done a needs assessment yet all projects undertaken were endorsed as relevant to community needs. This would suggest that the branch members used experiential knowledge of the community to identify needs. All branches experienced difficulty in securing resources especially money. This was attributed to the members inability to substantially read and/or write.

In line with Rifkin et al's adapted spider web model for assessment of community participation (as presented on p.30 in this text), needs assessment and resource mobilization can be rated low while leadership and organization high because of the approach used to manage branches (see figure 4.6).

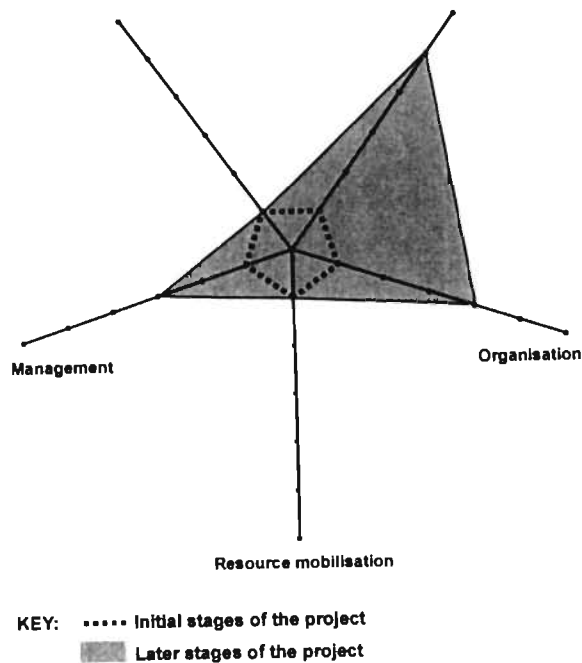


Figure 4.6: The spider web model as it applies to Care Group members

Contribution of the branches to the development of the community

This was mainly in the provision of knowledge and skills to other community members. Other aspects related to the improvement of the quality of life as demonstrated by physical and observable changes, like cleanliness of the environment, increasing number and use of toilets and a change in the disease pattern e.g. reduced incidences of trachoma and diarrhoea.

Future plans

Each of the five branches had as its future plan the establishment of a viable communal vegetable garden that can provide nutrition and generate money for the whole community.

In summary, the branches operated almost always along the same lines. The objectives were the same, constraints were similar and these revolved around funding. All branches depended on other people for proposal writing. The poor literacy of members increased dependency. With the exception of one branch there was no legal protection on projects. All were undertaken on trust. This made the branches' activities vulnerable to failure.

CASE NUMBER 2: AKANANI RURAL DEVELOPMENT ASSOCIATION

Hereunder follows a comparative analysis of the five branches of Akanani.

When, how and why the branches were established?

The five branches were established differently at different times. Some as early as 1946 while others as late as 1992. Before 1980 there were no organized structures and action was individualized. The branches only registered with Akanani after 1980 to gain recognition and technical assistance from the organization and increase their capacity to generate money.

(ii) Membership

Excepting for the weavers, membership had either increased or remained unchanged. Even though membership was free for all the branches, conditions of maintaining this varied. The women at the market had to pay a sum of R20.00 to the government as levy for the selling space. Membership is summarized in table 4.46.

Table 4.46: A summary of the total membership of the Akanani branches interviewed and when these were established.

Branch	membership at present	when established
Elim Woman Market	100	1946 and registered with Akanani in 1980
Tipfuxeni	25	1992
Twananani	22	1983
Pfananani	23	1973 and registered with Akanani in 1984
Mashamba	15	1947 and registered with Akanani in 1983.

Identity

Members in all the five branches had no formal identity symbol. Members knew one another well.

Management structure

The management structure was different in all the branches as each had a structure that met its requirements. This made it difficult for the main organization to keep track on the activities of the different management structures as each had its own constitution.

(v) Objectives of the branches

These were mainly directed towards generating money to facilitate cash circulation in the community. A summary of the stated objectives is given in table 4.47.

Table 4.47: Objectives and their orientation as stated by the branches

Branch	Objectives	Orientation	
		Health	Income
Elim Women Market	Provide fresh vegetables and fruit	☺	☺
Tipfuxeni	Provide a fresh vegetable market	☺	☺
	Improve adult literacy	☺	☺
Twananani	Make and sell clothes		☺
	Provide employment opportunities		☺
Pfananani	Provide technical skills to the community so that people can be financially self-reliant		☺
Mashamba	Generate enough money to support own family		☺
	Total	3	7

Meetings

These were not regular; members met whenever there was a need.

(vii) Relationships

Relationship with the main organization was reported to be indifferent. Apart from the initial training programmes four of the branches reported that the organization had not

done much for them; yet they believed that Akanani was capable of doing more than it was prepared to.

Funding

Funding was reported as a big problem with all the branches. From the discussions it seemed members had been made to understand that they would be funded all of the time so that they could produce products, sell and earn the money. Some had initially thought that they were employed by the organization. That there would be initial funding and where possible projects should be self sustaining was not well understood by the members. The Woman market branch expected Akanani to give them the money to build the market building; and relations began to be strained when the money was not forthcoming at the rate they expected it to. The textile branch also expected the organization to provide them with material while they made clothes and sold these for their benefit.

(vii) Projects

The five branches presented different projects; vegetable market, vegetable garden, textiles, weaving and potteries. Three of these also provided for child care.

Linking of projects with community needs

Even though the nature of the presentation of outcomes was beyond community's reach in terms of expense; the projects were still relevant to community needs as they provided employment and generation of income.

Legal protection

None of the branches knew about the legal activities to protect their establishments. The legalities in the Woman market project were attended to by Akanani and the women did not know if there were any legal aspects for their attention. The textile and the weavers projects had experienced breakings into; but had no knowledge of how the legal system could be incorporated to safeguard them.

(xii) Strengths and weaknesses of the branches

The branches provided a source of income for the members. The weakness was that the sales were very slow and the income generated very low.

(xiii) The benefit of belonging to the branch was the acquisition of skills which would otherwise not be accessible to members if they had not joined the branch.

Skills

Members had organization and leadership skills because they individually had to apply themselves so as to make an impact on their production. Skills for assessment of needs and mobilization of resources were lacking as indicated by the over production, poor variety and pricing of products. Most of these products were very expensive and not within the norms of the society.

(xv) The branches contribution to development

Even though the branches seemed to think that they were worse off in terms of income generation; they were introducing new perceptions and motivations amongst the people

in the community.

(xvi) Future plans

The five branches were looking forward to a time when they could be industries in their own right and provide employment for the community to combat unemployment, monilessness and poverty.

In summary, the branches needed to realize that the initial funding was to get them started and must from thereon sustain themselves.

In line with Rifkin et al's model, organization and leadership amongst members could be rated high; while needs assessment and resource mobilization could be rated low based on the people's continuation to produce products that were not bought by the local community and failure to budget correctly such that they have enough money left to purchase stock to ensure continuity of projects.

CROSS CASE ANALYSIS

Having analyzed the characteristics and activities of the branches in the two cases it became important to make a cross case analysis.

From the investigation both cases had maintained their focus even though their activities tended to overlap. This was also obvious in the household correlational survey. Care Group members had better knowledge on health issues and practices even though they still needed money to be able to be in the mainstream of life. Akanani individual members tended to have some money to buy items that could indicate their

awareness of the other world out there; but did not use the money for health activities.

History of the organizations

The Elim Care Group Project was established two decades ago. Initially it was an endeavor to address a health issue, trachoma. The activities had since expanded to include other activities for daily living. Similarly Akanani was officially established nearly two decades ago to economically empower communities by introducing cooperatives. Soon after its inception it had to expand its services to address the issue of literacy. Some of the branches interviewed had been in operation long before Akanani was in existence. This was perceived as a negative aspect in that their long existence outside Akanani may have influenced their relationship with the organization as they may already have developed set ways of doing things; hence the organization was not as strong as the Elim Care Group Project which started from the beginning with no prior experience in the activities it was at the time engaged in.

From the household survey many members of Akanani started as individuals not groups. The positive aspect was that these people had learnt the difficulties and failures of operating as a single member and were therefore willing to cooperate.

Both organizations were initiated by outsiders who identified a need and involved the community in confirming and addressing the identified need. This was in line with the explanation of the concept of community development as presented by Woodward (1981) and Fendall (1985). Once the need was identified, the community organized itself into manageable groups referred to as '**branches**'.

As stated from their original missions, the organizations expanded their initiatives to address issues of daily living.

From the start the health focus of the Elim Care Group Project received much support from the Community because, at the time of its inception it was addressing a concrete problem, and the initiators of the project went to the people and allowed them to experience the need. Even as it expanded its focus, it gave attention to diarrhoea, nutrition, water supply and conservation of energy; issues very pertinent to the life of a woman and have an impact on the community as a whole. Akanani on the other hand did not market itself adequately. The initiators did not introduce their intentions through the acceptable channels, i.e., the chiefs. They bought a plot from a white farmer during the apartheid period and set their offices on the farm. Because the people were not in the habit of entering the whiteman's premises without permission the organization was already inaccessible to the ordinary person. During the 1985 political uprisings, politically active youths sought refuge in the offices of Akanani. This made the organization to be politically associated with the African National Congress (ANC) party, which was, at the time, a deadly enemy to the ruling National Party and at that time the building was periodically raided by government forces. The older folk were therefore afraid to associate with it. This was evidenced by the response of community leaders who tended to be older people around the age of 50.

Mission of the organizations

Both organizations focused on people and their activities were people-centered. Within this mission, people's right to good life both physically and economically was acknowledged.

Objectives of the organizations

Through their branches, the Elim Care Group Project had as its objective the improvement of the health status of the community; whereupon health was envisaged as an index for development, and reduction of disease as a step towards improving the quality of life. Income generation inclusive in economic empowerment and as an objective for Akanani does not necessarily spell out good life; but presents a potential to access services. Akanani therefore enabled individuals to realize their aspirations for good health and a better quality of life. But according to the household survey there was no evidence of good health by virtue of possessing money. Knowledge on how to use the money is important.

Management structure and its impact

The Elim Care Group Project had a well organized uniform management structure at national level. This made functioning, supervision and control easy as it was the same in all branches. The presence of an identity symbol, that of green or blue head scarf seemed to be a unifying factor that also gave members recognition and status in the community.

In Akanani, the loosely arranged management structure made it difficult for the main organization to control the branches. In the community, members were seen as individuals and members did not see themselves as a group. This, in some instances resulted in members being in competition with one another.

The manner in which the Care Groups function, that of voluntarily giving up their time to perform tasks in the community; motivates participation, earns members respectability nationally and internationally and makes the organization to be visible.

Funding

Both organizations were experiencing major problems with generating funds. The re-direction of the funds from non-governmental organizations to the RDP had greatly affected the organizations.

Here again, before 1994, Akanani got most of its funds from anti-government groups that supported its bid for democracy. The Elim Care Group had some of its supporters as being religious and philanthropic e.g. CBM, as its activities promoted self-help. Other funders identified with the organization's health focus e.g. MEDICOS. These tended to be stable sponsors.

The issue of generating income was pertinent to both organizations. Members of both organizations needed money to meet their needs. All the interviewed branches expressed a wish to engage in projects that could provide them with money. Members indicated that their membership numbers had been greatly reduced when it became

apparent that :

- (i) In the Elim Care Group Project, people were not going to be paid a salary as all activities were on a voluntary basis.
- (ii) In Akanani, people had to bring up results before they could earn money, and any money earned had to be put back into the project.

The Akanani people had especially misunderstood the intentions of the project; that they would only be supplied with the initial resources and the projects should be self sustaining.

Relationships

The relationship in the organizations could be described as good with the Elim Care Group Project motivators supporting the branches throughout and being knowledgeable of the branches needs. This could not be said about Akanani. During the investigation some of the Akanani branches expressed dissatisfaction with Akanani and would not talk to the project organizer. Branches felt that they were not getting adequate support from the organization.

With the exception of a few people, Akanani had very little support from the community. This was mainly because people were not informed about its activities.

Culture

From the researchers observations, the culture of the people had both a positive and a negative influence in the people's way of life. The people were uneducated by western standards and therefore tended to be bound to their poverty stricken environment. However they tended to accept the environment and were relatively content with their situation even while trying to improve it.

Weaknesses

The researcher saw the weakness of both organizations as being that of illiteracy. Because the people could not read and / or write they depended on motivators and the agricultural extension officer (*murimisi*) to provide assistance. In this way some of their needs may have held low priority in the eyes of the motivators and murimisi resulting in presentations not being strong enough to warrant action.

SUMMARY OF RESULTS

The quantitative and qualitative data presented in this study supports the focus of each organization. The quantitative data from the correlational survey has positively identified the impact of women's organizations. From the narratives and other sources of information in the case study the researcher was able to visualize the improvement in the environment and in the living conditions in the area.

Villages with fewer organization members were not as advanced as those that had a sizable number of members of any of the two organizations. Another outstanding feature was the stability of the Care Group. The weekly meetings that were held

provided a good setting for interaction. The similar management structure in the branches made it easy for the executive management to control the organization, function and outcome of individual branches. The engagement of Akanani women provided them with something to do and therefore relieved them of the boredom of their daily house chores.

The women's organizations also formed a strong pressure group that usually expressed genuine community concerns in the most practical way.

✦ CHAPTER 5: SUMMARY, CONCLUSION AND RECOMMENDATIONS

The study was undertaken to explore the impact women's organizations have made to community development and health. To do this two differently focused women's organizations were studied. The one organization was focused on health as a strategy for development while the other on economic growth. Both organizations were located at Hlangamani, in the Northern Province, South Africa. Of importance was to assess which of the foci was likely to positively improve conditions of living in a community.

Two research methods were employed:

- (i) The correlational survey that provided quantitative data from households. Health and development indicators were used to explore the benefit gained by individuals from belonging to an organization.

- (ii) The case study method that provided an indepth study of each organization. For this method a case protocol was used to collect qualitative data to assess the organization, function and outcome of the organizations in relation to community development and health.

MAJOR FINDINGS

5.

In line with the three research questions, it is important to report that there was an overlap on the functioning of the organizations. The health focused organization was combining health promotion efforts with those of income generation as stated in table 4.45. Most of the tasks undertaken in branches such as gardening, would aim at providing enough vegetables to feed families and sell the surplus to the community at large. Other popular undertakings in this organization included chicken farming and brick making. The economic focused organization had as its motive a need to generate money so that members could purchase facilities directed at ensuring a healthy life style for their families (see table 4.47). The money generated was used to build brick and cement houses which were secure and safer than the traditional mud-brick houses that easily collapsed in heavy rains. The big windows provided for better ventilation and lighting. With the available money and knowledge on budgeting and nutrition, members could buy enough food to improve the nutrition and therefore the health of their families.

To respond to the research questions:

- 1. Is there a difference in the health and development indicators of the households of Elim Care Group Project members, Akanani Rural Development Association members and those of community people who do not belong to any of the organizations.***

It can be said that according to the findings the two organizations maintained their focus as a point of reference and departure. The health indicators showed

a higher awareness of health matters by the health focused organization. Members of the Elim Care Group Project had a better knowledge of signs indicative of respiratory infection; their children were less prone to stunting and members had less dental caries in comparison to Akanani members and members of the community that did not belong to any organization.

Similarly Akanani members were favoured by the development indicators. They had more and better material possession than Care Group members, which was an indication of having more money. Akanani members were also more eloquent as they tended to expand their horizons as they moved out of Hlanganani, sometimes out of the Northern Province, to find markets for their products. The expansion of their horizons provided a potential for social growth.

The non members on the other hand did not seem worse off as they compared fairly with both the organizations. For instance, in the analysis on the knowledge about respiratory tract infections and stunting in children they compared similarly with Akanani members. In the analysis of the development scores, their mean score was comparable with that of the Care Groups. The maintainance of houses was poorer even though they were younger and should have been physically more able to maintain their houses. This leads one to speculate that any group membership leads to positive competition in terms of visible indicators e.g. good housekeeping.

2. ***What contribution have these organizations, Elim Care Group Project and Akanani Rural Development Association, made to individuals and/or communities' way of life.***

Both individuals and communities attributed improved sanitation, nutrition and health to the organizations' efforts. In the study people stated that the construction and use of toilets, and the digging of rubbish ditches had greatly reduced flies which we know are agents of disease. The establishment of home-based and communal vegetable gardens; poultry farming and awareness campaigns on the importance of nutrition and immunization and the improvement in the construction of dwelling houses from mud walls and floors to cement walls and floors had all contributed to the reduction of the incidence of disease. In accordance with Addo et al (1985) it could be stated that the history of Hlanganani was unfolding as the people were gradually being acculturated and transforming from what they were to the western standards.

3. ***What are the specific aspects of the organization's structure which strengthen the organization.***

For the Elim Care Group Project, the organization had a stable well organized structure. It had a director, who was also a hospital superintendent and a community based doctor. This position gave the director stability and was easily accessible and credible to the community. When in hospital he was stationed in the outpatients and medical departments. He rotated in the community clinics on

a weekly basis. The director had great influence on health policies and decisions on aspects that impact on health in the area and indeed in the province. Because of his authority he was able to persuade the previous Department of Health and Welfare to second seven nursing assistants as health motivators to the Project. The motivators were still retained by the Department and were trained in health promotion and community development by the Department of Health. The director, coordinator and motivators formed the executive management committee of the organization. In their functioning the motivators assisted communities in villages to establish branches. This structure ensured continued existence of the organization as it was supported by the government. Motivators gently monitored the growth of the organization by conducting health awareness campaigns motivating people for self help activities. To ensure adequate coverage each village had a branch of the organization operating in it. The seven management committee team was maintained in all the branches. Committee members were: the chairperson, deputy chairperson, secretary, vice secretary, the treasurer and two additional members. This committee ensured that the efforts of the branch were realized by calling meetings, communicating members' ideas, proposals and concerns to the director of the organization.

Akanani Rural Development Association had a management structure that consisted of the executive Committee of Council, and it had the: director, secretary, treasurer, two project co-ordinators, two management assistants, and two additional members. This management committee determined policy and

attended to the administration of the organization. The director was a member of the ANC Youth League in the area during the turbulent years 1990 - 1994. This had made him a known figure in the political arena and had strengthened the stand of the organization as a community-based type of establishment. The position of its director also placed the organization in good standing for philanthropic support by other non-governmental, community based organizations.

4. ***Aspects of the organization's structure which weaken the organization.***

The very close relationship Elim Care Group Project had in its structure with the government affected the organization negatively. As the top management was formed by Government employees, the conditions for service for public service employees and as outlined by the Labour Relations' act in the new constitution applied. These tended to interfere with the charitable functioning of the organization. The element of government involvement also retarded progress in project undertakings as there was a rigid protocol to be followed. During the investigation it was also observed that members of the Care Group tended to be older people who for some reason or other also lacked means. Because of this, the younger people who did not belong to any organization tended to associate the both organizations with old age and poverty thus ascribing some stigma to the organizations.

With Akanani, the previous political involvement of the director had made older

members of the community reluctant to join the organization; thus depriving the organization of the wisdom of the older folks.

5. *Aspects of the organization's functioning that strengthen the organization.*

By virtue of being organizations, functioning under well constructed organograms with visions and missions; the organizations have presented a strong front for collective bargaining especially with political authorities in matters relating to community upliftment.

For the Elim Care Group Project the group interaction and cohesiveness of the branch members in carrying out tasks served as a great strength. Members tended to rely on group functioning and this enhanced relationships and promoted mental health. The support and guidance that members got from the motivators, the agricultural officer and community were important in providing motivation to pursue projects undertaken.

For Akanani the ability of members through the organization to generate funds through own productions served as a great strength for the organization. The organization provided training and support for its members; in this way community people were empowered and became self-reliant.

6. ***Aspects of the organizations' functioning which weaken the organization.***

The inability of the Elim Care Group Project to provide or secure employment for its members was seen as a weakness, especially in the light of the of economic depression experienced at the time of investigation.

The management structure of the organization tended to cloud communities initiatives, because, as employees they had to present a full days engagement to be able to earn a salary. In some of the activities the motivators in the their effort to occupy a day, a week, a month tended to dictate to communities whatever was to be done.

In Akanani as stated earlier that some of the managerial staff did not have the adequate managerial experience; their involvement in tasks became inhibitive rather than progressive. For an example in the management of projects the coordinator was not completely knowledgeable on what he was to do, as a result he was very irregular in visiting action sites.

Another aspect that affected the functioning of Akanani was the organization's poor marketing strategies. From the study Akanani was not actively informing the community and its leaders about itself, its mission and objectives. The result was that people did not know about it and its existence. They were therefore not eager to participate. The reluctance to participate was intensified by the obvious inability of some of the members to generate funds from their initiatives. Once

more Akanani's Management had failed to provide enough information to its members in relation to funding and self sufficiency. Relating the above scenario to Rifkin et al's spider-webbed model the level of needs assessment and that of leadership to guide members could be rated low.

CONCLUSION

In looking at the research questions and research methods used to address these questions the major findings have been that the organization of the health focused organization and that of the economic focused organization needed to be based on a management structure that could be accountable to the community for activities undertaken. Funds were identified as crucial for the existence of especially the economic organization. This meant that there was a great need for financial management skills. For the health focused organization, money, although necessary did not determine the existence of the organization, but the health status of members did as they needed to engage in activities like gardening, brick making and erection of toilets which required physical effort.

The functioning of organizations was dependent on the management of activities within the organizations. The Elim Care Group Project advocated for group performance while Akanani did not have mechanisms put in place for group work, this resulted in Akanani groups lacking that oneness. What often happened was that Akanani members would congregate in a place with each person producing her articles. Members soon became in competition with each other and this inhibited growth within

the organization.

The outcome or impact of the organizations' activities in communities has been found to be positive in relation to development and health. In line with Addo's description of development within the health focus; the health focused organization had enabled its members to attain health that in return enabled them to engage in tasks that enhanced their development. Good nutrition increases resistance to disease and provides the necessary energy for physical labour.

According to community leaders, the womens' organizations, especially the health focused organization, had made a positive impact in the development and health of their communities.

RECOMMENDATIONS

In view of the findings, the recommendations presented are mainly for service and research. For service the following recommendations are made:

1. Communities should be encouraged to support women's organizations. Education about voluntary work and the benefits thereof must be propagated. People should be encouraged to come forward to participate especially in those activities that are of necessity to them. People must be provided with proper skills to enable them to proceed with progress initiated. In philanthropic activities the role of the philanthropist and that of the benefactor must be clearly stated so that people do not

misinterpret a one off donation as payment for work done. Women should be encouraged to view development as a process so that expectations are realistic. Development programmes, especially rural development programmes need to be wide-ranging, integrated, long-term and not aimed at short-term gain. Development approaches must therefore be both top-down, characterized by not only less government but by better government, and bottom- up to allow especially the rural people to take charge of their own lives.

2. Women's organizations should be focused on activities that enhance both economic development and health improvement, because the study has shown that the two are interrelated and positively impact on each other.

3. It is imperative that the image of these organizations be upheld. For this to be achieved it is recommended that the government through the RDP should support programmes and maximize success for all participants. The government, private sector and non governmental organizations must create an enabling environment within which women's organizations can prosper. The environment should provide a capacity for people to work the land, manage their affairs and be self-reliant. Professionals should be encouraged to participate so that organizations are not seen as entities for a certain sector of the population e.g. the poor, old and illiterate. Organizations must be for everybody in that community. Formalized strategies should be devised to disseminate information and people must be taught meaningful skills that will allow them to take charge of their lives for always.

For research it is recommended that:

1. Once government and communities have taken the responsibility to serve in these organizations regular evaluation of projects should be done to ensure that these remain focused and effective.
2. Further research studies should be done to develop or explore feasible models that can be used to relate development to health and vice versa.

It can be concluded that the research showed an overlap and interdependence in the functioning of the two organizations. It also demonstrated that a combination of efforts can be of benefit not only to the members of the organization but to the community at large. In response to one of the questions in the case protocol, one of the focus groups for Akanani expressed a wish to take on the communal garden concept and develop it into a more business entity than a health entity. Taking the webbed-wheel model into consideration the government needs to support projects undertaken by women's organizations; because women have a potential for development. Of importance is to ensure that the health of women is maintained so that they can participate actively in education. The government through the RDP must consider sponsoring projects that are meaningful and community based. In rural areas there is a high level of illiteracy as evidenced in the study. The government needs to invest in programmes that will improve literacy. Akanani already has these programmes in place; but the organization is not always able to realize its objectives due to financial constraints. At this point in time the government has to show commitment to rural development to put it at a stage where it can be effectively taken up by the willing women of the nation. Without this

support the difficulty in mobilizing resources may be too great, even for the women.

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1.5.1 Category of female respondents:

Grandma	Mama	Sister	Aunt	Other: Specify
1	2	3	4	5

1.5.2 Age in years of respondents:

20 - 25	
26 - 30	
31 - > specify	
not sure	
don't know	

1.6 House occupancy

1.6.1 Total number of inhabitants per household:

1.6.2 Composition in age, number and sex

Age in years	Number	Sex	
		Female	Male
0 - 5			
6 - 10			
11 - 15			
16 - 20			
21 - 25			
26 - 30			
31 - >			
not sure			
don't know			

SECTION 2 : HEALTH INDICATORS

2.1 Pregnancy history:

2.1.1 Did the respondent attend antenatal clinic during her pregnancies:

Yes

No

- if yes to 2.1.1 at what stage in months of her pregnancy did she attend antenatal clinic:

0 - 3	
4 - 6	
7 - 9	
Not sure	
Don't know	

- if no to 2.1.1 probe for reasons of non-attendance

.....
.....

2.2 Acute conditions in children under 5 years of age:

2.2.1 Diarrhoeal episodes:

From the household how many diarrhoeal episodes in children < 5 years were reported in the past 12 months at the clinic, hospital, doctor or other health worker

2.2.2 Respiratory tract infections:

From the household how many episodes of respiratory tract infections in children <5 yrs in the past 12 months were reported to the clinic, hospital, doctor or other health workers

2.4 Nutrition:

2.4.1 Nutritional status of children < 5 years of age:

0 - 6 months				
7 - 12 months				
13 - 18 months				
19 - 24 months				
25 - 30 months				
31 - 36 months				
37 - 42 months				
43 - 48 months				
49 - 54 months				
55 - 60 months				

2.4.2 Presence of dental caries: Yes No
if YES; Number of teeth affected

2.5 No. of deaths of children 0 - 10 year in the family

History on deaths in 2.5

SECTION 3 : DEVELOPMENT INDICATORS:

3.1 Type of house in relation to:

3.1.1 Walls:

a. Material used:

1	2	3	4	5	6
Cardboard	Mud	Mud & Paint	Brick	Brick & Cement	Brick, Cement & Paint
0	1	1	2	3	3

b. Condition of walls in terms of maintenance:

1	2	3	4	5
Very poor	Poor	Reasonable	Good	Very good
0	0	1	2	2

3.1.2 Roofing:

a. Material used:

1	2	3	4	5
Plastic cover	Grass	Zinc/Alu	Asbestos	Tile
0	1	2	2	3

b. Condition of roof:

1	2	3	4	5
Very poor	Poor	Reasonable	Good	Very good
0	0	1	2	2

3.1.3 Windows:

a. Material used:

[Redacted]		
0	1	2

b. Size:

1	2	3	4	5
1 small hole no frame	2 small holes no frame	Frame 4 std glass panels	Frame 6 std glass panels	Frame >6 std glass panels
0	0	1	2	2

3.1.4 Doors:

a. Material used:

1	2	3	4	5
Glass weave	Cloth curtain	Jointed wood	Ready made wooden/steel door	Glass door
0	0	1	2	2

b. Condition of door:

[Redacted]				
0	0	1	2	2

3.1.5 Floor:

a. Material used:

[Redacted]				
1	2	3	3	3

b. Condition of the floor:

1	2	3	4	5
Very poor	Poor	Reasonable	Good	Very good
0	0	1	2	2

3.1.6 Size of house/home:

a. Number of sleeping rooms

b. is the cooking area separate? Yes No

3.1.7 Cleanliness of the house:

1	2	3	4	5
Very poor	Poor	Reasonable	Good	Very good
0	0	1	2	2

3.2 Facilities in/around the house:

3.2.1 Latrine/Toilet:

a. is this available: Yes No

- if YES to (a) above state:

(i) Type:

Pit privy st

Pit privy VIP

Water system

(ii) Condition of Latrine/Toilet:

0	0	1	2	2

3.2.2 What is the source of drinking water:

0	0	1	2	2

3.2.3 Distance of source of water from household:

1	2	3	4	5
Don't know	< 5000	5000 - 10000	> 50000	Other/Specify:
0	1	2	3	3

3.3 Income per month:
 (It is recognised that there is no guarantee that the response will be reliable or valid; but in the researchers view it is important to ask the questions)

3.3.1 Source of income:

Salary	Self-employed	Soc. security	Specify

3.3.2 Amount per month:

3.4 Material possession in the home:

3.4.1 Furniture:

a. Available: Yes No

b. if YES how many pieces:

0	1	2	2	2

c. Condition of furniture:

0	0	1	2	2

3.4.2 Live stock:

Animals	Number	Condition	
		Well	No well
Goats			
Cattle			
Chicken			
Pigs			

3.4.3 Vegetable garden:

- a. Available: Yes No
- b. Condition of garden if available:

Very poor	Poor	Reasonable	Good	Very good
0	0	1	2	2

3.4.4 Motor vehicle that works:

- Available: Yes No

Condition of motor vehicle:

Very poor	Poor	Reasonable	Good	Very good
0	0	1	2	2

3.5 Financial upkeep:

- a. Has the family got a banking account:

Yes No Don't know

- b. if YES to (a) which banking institutions is used:

--	--	--	--	--

3.6 Literacy:

3.6.1 Can the female respondent read and write?

Yes

No

if YES prove this by producing a message on a paper for the respondent to read

3.7 Numeracy:

3.7.1 Can the female respondent make simple calculations:

Yes

No

if YES: produce a simple sum to be worked out

SECTION 4 : PERSONAL VIEWS ABOUT THE ORGANIZATIONS BY MEMBERS AND NON-MEMBERS

PART I : MEMBERS

4.1. What are the personal benefits from the organization?

.....
.....
.....

4.2 How has the organization contributed to the development of the community?

.....
.....
.....

4.3 What is/are the weakness/es of the organization?

.....
.....
.....

4.4 What is/are the strengths of the organization?

.....
.....
.....

PART II : NON MEMBERS

5.1 Reasons for not belonging to any of the organizations

.....
.....
.....

5.2 What do you see as the contribution of these organizations to community development

.....
.....
.....

CASE PROTOCOL

TITLE : AN EXPLORATORY ANALYSIS OF DIFFERENTLY FOCUSED WOMEN'S ORGANIZATIONS IN COMMUNITY DEVELOPMENT AND HEALTH

This interview guide serves to assist the researcher in collecting information from key informants, community leaders and women focus groups in the Elim Care Group Project and Akanani Rural Development Association so as to elicit the impact these groups have made on community and personal development and health.

Aspects not listed in the guide may be observed in the real life setting and reported in the field notes. Additional information will be obtained from written documents available in offices of organizations or branches or individual members.

The protocol has three (3) sections

SECTION 1: KEY INFORMANTS

1. *FACTUAL INFORMATION*

The information elicited herein serves to introduce the organization and its branches such that its focus, mission and organization can be understood.

The following information can be provided by office bearers and tribal authorities and verified by annual reports, minutes of meetings, correspondence between organizers, funders and tribal authorities as well as observations made.

1.1 ORGANIZATION

1.1.1 Name of the organization

1.1.2 Geographical Location

.....
.....
.....

1.1.3 Head Quarters

Physical Address

.....
.....
.....

Tel no

Fax no

Email

Contact person

.....
.....
.....
.....

1.1.4 History of the organization

When, how and why started?

.....
.....
.....
.....

1.1.5 Mission of the organization

.....
.....
.....

1.1.6 Constitution governing the organization at national and regional level

.....
.....
.....
.....
.....

1.1.7 Membership

- Total compliment:

- recruitment

.....
.....

- criteria for initial membership e.g. marital status, age, sex, profession, ethnicity, locus

.....
.....

- composition of membership

.....
.....

- types of membership e.g. life membership

.....

- How membership is maintained

.....

1.1.8 Identity

Motto (state)

.....

Vision (state)

.....

Other specify:

Card

Pin

Scarf

Hat

Uniform (specify)

1.1.9 Management structure

- How constituted

.....
.....
.....
.....

- Term of office

.....

- Functions of officers

.....
.....

- How does the executive as indicated contribute to the organization's functioning

.....
.....
.....

- Educational level of officers

.....
.....
.....
.....

1.1.10 Funding

- How does the organization generate and or obtain funds

.....
.....
.....

- How are these funds managed

.....
.....
.....

1.2 NO. OF BRANCHES OF ORGANIZATIONS

- a. Elim Care Group Project
- b. Akanani Rural Development Association

1.3 FUNCTIONS AND PROJECTS

This section will explore the functions and projects of the organization and its branches. Office bearers will be most suited to answer the questions.

1.3.1 Objectives of the organization

.....

1.3.2 Meetings

- What type of meetings are held

.....
.....
.....

- How often are meetings held

.....
.....
.....

1.3.3 Conferences, Seminars

- How often are conferences/ seminars held
at local level
at national level
at regional level

1.3.4 Employment

Does the organization provide employment

YES

NO

If yes - what kind of employment does it provide

.....

- **who gets employed**

.....

- how are the employed people paid and who provides the funds for salaries

.....

- who is responsible for the recruitment, hiring and firing of personnel

.....

What are the difficulties that arise from the employment (i.e. employer - employee conflict)

.....

.....

.....

1.3.5 Are you satisfied with the way the organization is operating?

.....

.....

1.3.6 What programmes and projects is the organization presently involved with?

.....

.....

.....

1.4 SOCIAL ASPECTS

1.4.1 Nature of relationships:

- * between the main organization and branches

.....

- * within the branches of the organization

.....

.....

* between branches of the organization and communities served

.....
.....

* nature or support, branches get from the community

.....
.....

* perception of the community in relation to branch

.....
.....

1.4.2 Social Control

* discipline of members

.....
.....

* how effected?

.....
.....

* by who?

.....
.....

1.4.3 Culture

* Which effects of culture on the leadership, managerial and organizational aspects of officers?

.....
.....

1.4.4 Strengths of the organization

.....
.....

.....
.....

1.4.5 Weaknesses of the organization

.....
.....

.....
.....

1.4.6 What has changed in the past ten years?

- | | | | | |
|---|-------------|-----------|---------------|--------------|
| - | Family size | increased | decreased | no change |
| - | Homestead | increased | decreased | no change |
| - | Residences | increased | decreased | no change |
| - | Roads | improved | degenerated | no change |
| - | Schools | increased | not increased | |
| - | Way of life | positive | negative | non descript |
| - | Cash flow | improved | not there | no change |
| - | Health | improved | deteriorated | no change |
| - | Health care | improved | deteriorated | no change |
| - | Nutrition | good | bad | no change |

Other: specify

.....

.....

Comments

.....

1.4.7 What contribution did the organization make in these changes?

.....

.....

.....

1.5 HEALTH PERSONNEL

1.5.1 What is the contribution of health personnel to the existence and functioning of this woman's organization?

.....

.....

1.5.2 Meeting with organization

* how often do health personnel meet with the organization and/or its branches: daily, weekly, monthly, quarterly, half yearly, annually.

.....

.....

.....

- * duration of each meeting:
 - * nature of discussions
-
-
-

1.5.3 Activities supervised by health personnel.

.....

.....

.....

- * Category/ies of health personnel involved in the supervision

.....

.....

1.6 HOW HAS THE ORGANIZATION CONTRIBUTED TO THE DEVELOPMENT OF THE COMMUNITY?

.....

.....

.....

1.7 WAY FORWARD

.....

.....

SECTION 2: FOCUS GROUP

The focus group members will consist of branch members and will be most suited to answer these questions.

2.1 Name and address of branch

.....
.....
.....
Tel. no.:
Fax no.:
Email:
Contact person:

2.2 When, how and why branch established

.....
.....
.....

2.3 Total membership

.....
.....
.....

2.4 Branch identity

.....
.....
.....

2.5 Management structure committee:

- Total membership

- how elected

- portfolios within the committee

- term of office

- functions of committee members

.....
.....
.....
.....

2.6 Objectives of the Branch

.....
.....

2.7 Meetings

- * how often are meetings held:

2.8 Nature of relationships:

- * between the main organization and branch

.....
.....

- * within branches

.....
.....
.....

- * between branch and community served

.....
.....

2.9 Support from community

.....
.....

2.10 Social control

2.10.1 Discipline to members

- * type

.....
.....

- * how effected?

.....
.....
.....

- * by who?

.....
.....
.....
.....

2.11 Strengths of the branches

.....
.....
.....

2.12 **Weakness of the branch**

.....
.....
.....

2.13 **BRANCHES ACTIVITIES**

2.13.1 **Funding**

* How is funding obtained

.....
.....
.....

* Who writes proposals for funding

.....
.....
.....

* Who are the funding agencies

.....
.....
.....

* Type : official allocation or donations

.....
.....
.....

2.13.2 **Generation of funds**

* How is this done

.....
.....
.....

* By whom

.....
.....
.....

2.13.3 **Management of funds**

How are these managed and allocated for various tasks

.....
.....
.....

2.13.4 **Other assistance**

* Outside assistance

.....
.....
.....

* Nature of assistance

.....
.....
.....

* How elicited

.....
.....
.....

* How managed

.....
.....
.....

* How does it reach the community at large

.....
.....
.....

2.13.5 **Projects**

* What type of projects are undertaken

.....
.....
.....

* Initiation of projects: Who decides on Projects to be undertaken.

.....
.....
.....

* Nature of projects. Projects completed/projects in process/projects contemplated.

.....
.....
.....

* How do these projects link with the basic needs of communities served.

.....
.....
.....

- * How are these managed in terms of regulations: to see to it that time frames are adhered to; resources are properly utilized.

.....

.....

.....

2.14 ASSISTANCE TO MEMBERS

- * Legal protection available for member.

.....

.....

.....

- * Assistance with activities of the organization

.....

.....

.....

2.15 BENEFIT FOR BELONGING TO THE GROUP

- * What do members benefit from belonging to the group

.....

.....

.....

2.16 SKILLS

This section will assess the skills that the women have so as to be able to make a contribution in community development or to be meaningfully engage in those activities meant for community and personal development and health. Some of these have already been elicited in the previous sections. The focus groups will be able to answer the questions that follow on:

- Organization
- Leadership
- Needs assessment
- Resource mobilization
- Management including conflict management

2.15.1 Organization

How are the activities within the branch organized i.e. number of people to be engaged in a task/project, allocation of resources for the project, delegation of individuals for tasks/projects, meetings, schedules; evaluation of tasks.

.....

.....

.....

.....

.....

- * Rentals for office space or social drop-in space: how much are the rentals if any, how was the office or drop-in space obtained and

* How are these allocated, by who and why

.....
.....

2.15.5

Management skills

* How are group matters managed on a day to day, month to month basis, i.e. communications, meetings, agendas

.....
.....
.....

* Conflicts : conflicts are a natural phenomenon in a group

- What are the causes of these

.....
.....
.....

- How are these resolved

.....
.....

- Who is instrumental in the resolution of conflicts and why?

.....
.....
.....

- What are the issues within the organization

.....
.....
.....

- Record Keeping: how does the organization/branch keep track of their activities e.g. membership, affiliations, types of services rendered monthly, completed projects, etc.

.....
.....
.....

2.16 **How has the group contributed to the development of the community?**

.....
.....
.....

2.17 **What are the groups future plans:**

.....
.....
.....

2.18 **What are the groups' future plans:**

.....
.....
.....

SECTION 3 : COMMUNITY LEADERS

The following questions can be answered by community leaders

3.1 What is your opinion of the women's organizations

(i) **Elim Care Group Project:**

.....

.....

(ii) **Akanani:**

.....

.....

3.2 How have each of the organizations contributed to the development of this community?

.....

.....

3.3 What would you like to see the organizations do for the community?

.....

.....

.....

DRAFT OF THE CONSTITUTION FOR GAZANKULU CARE GROUP

1. NAME

The name of the organization shall be the ELIM CARE GROUP herein after referred to as an organization, which shall be a body corporate entitled to sue or be sued in its own name.

2. MISSION STATEMENT

The organization emerged in 1976 following an outbreak of trachoma during which the hospital was overcrowded.

Dr Sutter organised a team of nurses; and three villages were chosen to try and combat this disease. Health Education Programmes were designed which among others included good personal hygiene especially the use of individual face cloths, pit latrines and refuse pits. This spread to other villages and districts. As it spread the health education included prevention of other communicable and non communicable diseases and also community development at grassroots level.

3. OBJECTIVES

The objectives of the organization shall be :-

- 3.1 To prevent communicable and non communicable diseases especially trachoma.

- 3.2 To promote family health based on the GOBIFF approach to health education :
G - Growth and development; O - Oral rehydration; B - Breastfeeding; I - Immunisation; F - Food supplements; F - First Aid; F - Female education and Family planning.
- 3.3 To develop skills and exchange of ideas among women through involvement.
- 3.4 To promote self responsibility and self initiative among community members.
- 3.5 To develop a philosophy of self help.

4. DISTRICTS

The organization functions under the following districts.

Giyani - Nkhensani Health Ward

Malamulele - Malamulele Health Ward

Mhala - Tintswalo " "

Ritavi - Letaba and Shilubane Health Ward

Hlanganani - Elim Health Ward

5. STRUCTURES

5.1 Management committee

5.1.1 The committee comprises of 1 senior motivator from each health ward, chairman, secretary, co-ordinator, editor and treasurer.

5.1.2 Powers of the committee.

5.1.2.1 Assess needs for care group motivators in all health wards.

5.1.2.2 Plan meetings for care group motivators.

5.1.2.3 Plan refresher courses according to identified needs.

5.1.2.4 Invite persons with special knowledge or experience to aid the committee in its deliberations.

5.1.2.5 Attend seminars and other courses.

- 5.1.2.6 Receive, administer and apply the monies of the organization.
- 5.1.2.7 Do all such other things as, in its opinion, are conducive to the attainment of the objectives of the organization.
- 5.1.2.8 Recruit and appoint workers.
- 5.1.2.9 Delegate workers for courses.
- 5.2 Care group council committee
 - 5.2.1 The committee comprises of 7 members. They are elected by a health ward committee and serves for 3 years.
 - 5.2.2 Powers of the committee
 - 5.2.2.1 Assess the needs of the Care Groups at health ward level and give report to management committee.
 - 5.2.2.2 Draw yearly programme for meetings.

5.2.2.3 Plan refresher courses.

5.2.2.4 Plan small projects for the groups.

5.2.2.5 Attend seminars and courses.

5.3 Care group and health ward council committee

5.3.1 The committee is composed of 2 members from each care group elected by care group members and serve for 3 years.

5.3.2 Powers of the committee

5.3.2.1 Plan meetings for the groups.

5.3.2.2 Give report to care group council committee.

5.3.2.3 Attend seminars and courses.

5.3.2.4 Responsible for the smooth functioning of the groups.

6. FINANCIAL PROVISIONS

- 6.1 All monies recieved by the organization shall be paid into its banking account and all disbursements shall be made by cheque signed by not less than two persons authorised to do so by the management committee. No disbursements may be made without the authorisation of the management committee.
- 6.2 The management committee shall cause full and true account of the organization to be kept, such accounts shall be balanced and audited yearly.

CONSTITUTION

THE AKANANI RURAL DEVELOPMENT ASSOCIATION

1. NAME
2. OFFICE
3. CORPORATE STATUS AND LIABILITY OF MEMBERS
4. AIM
5. OBJECTIVES
6. PRINCIPLES
7. POWERS
8. MEMBERSHIP
9. MEETINGS OF THE MEMBERS
10. COMPOSITION OF THE COUNCIL
11. POWERS OF THE COUNCIL
12. MEETINGS OF THE COUNCIL
13. CO-ORDINATOR
14. NOTICES
15. PROXIES
16. ALIENATION OF IMMOVABLE PROPERTIES
17. AMENDMENT OF THE CONSTITUTION
18. DISSOLUTION

1. **NAME**

The name of the association is the Akanani Rural Development Association, herein after referred to as Akanani.

2. **OFFICE**

The office of the association is situated on Shirley farm, Portion 1 of Styldrift 46 LT.

3. **CORPORATE STATUS AND LIABILITY**

The association shall be a corporate body, having perpetual succession and existence independent of its members, capable of suing and being sued in its own name, and no member shall have any right to its assets. The liability of a member shall be limited to the amount of the members contribution which may be owing at any time.

4. **AIM**

The aim for which the association is established is to provide education and services that build self-reliance and democratic organisation for the economic, social and political transformation of the society in the northern and eastern Transvaal.

5. OBJECTIVES

Towards the fulfillment of its aim Akanani has the following objectives:

- 5.1 To encourage the establishment of social movements with the capacity to take forward development initiatives to transform social relations in our society.
- 5.2 To carry out adult basic education programmes.
- 5.3 To design appropriate curriculum for the teaching of literacy and other life skills.
- 5.4 To carry out training programmes and consultations that will strengthen community and development organisation.
- 5.5 To utilise popular education methods in the carrying out of training and education programmes.
- 5.6 To carry out training that is necessary for the effective running of community organizations and village enterprises.
- 5.7 To provide supporting infrastructure for rural industries through production, management and marketing assistance, until such time as such industries are viable and independent.
- 5.8 To provide business place and feasibility studies for the establishment

and running of rural enterprises.

- 5.9 To provide loans or guarantees for loans to projects and enterprises provided this will assist in furthering the objects of Akanani.
- 5.10 To advise community organizations and associations on developments and planning issues.
- 5.11 To assist communities and community projects in the planning and building of appropriate infrastructure.
- 5.12 To gather and make available educational resources to the community.
- 5.13 To establish and run programmes aimed at assisting students and scholars with their studies.
- 5.14 To lobby and motivate for rural development issues in relevant forms.
- 5.15 To engage with state, para statal organizations and other relevant institution and groupings around rural development issues.
- 5.16 To initiate, promote, or assist community, social or educational programmes and projects calculated to further the objects of Akanani.
- 5.17 AKANANI provide the above services according to the available person power, time and finances.

5.18 Internally to work on the basis of consultation, transparency and personal development of members.

6. **PRINCIPLES**

6.1 Akanani in its work is committed to the following key development principles. Development must:

- Address the causes of under-development;
- Be sustainable (economically, environmentally, socially etc.);
- Be controlled by the beneficiaries of the development.

6.2 Akanani and members of Akanani are committed to anti-racism and anti-sexism.

- Consulting and networking with other progressive democratic development and mass based organisation.
- Religious freedom;
- Freedom of expression;
- Opposing all forms of prejudice and discrimination and addressing imbalances presently in our society through affirmative action policies and programmes.

7. **POWERS**

7.1 To receive donations from any sources and make donations and contributions, and affiliate with, such organizations and associations as Akanani may from time to time deem fit.

7.2 To acquire movable and immovable property of every description whatever, to

hold, sell, donate and alienate such property, to borrow monies, to mortgage or pledge assets as surety therefore, to maintain, lease, hire, insure, lend and exchange assents, to erect, demolish and alter assets, to invest its fund in any manner as may be appropriate, and to open and operate banking and savings accounts in its own name.

- 7.3 To employ, pay and discharge servants, agents and advisers, appoint delegates and representatives.
- 7.4 To engage in any legal proceedings.
- 7.5 To undertake investigations of any matters connected with Akanani or its objects.
- 7.6 To enter into any contracts as may be necessary for the aforesaid purposes, and to take over the assets, liabilities and operations, of associations or bodies, in order, to further the objects of Akanani.

8. **MEMBERSHIP**

- 8.1 The members shall be partner projects, development organizations, regional organizations of civil society and local civic organizations which fall within the following criteria:
 - Committed to democracy and people centered development.
 - Are based within the northern and eastern Transvaal.
 - Accept and abide by the Aim, Objectives and principles of Akanani.
 - Whose application for membership shall have been accepted the Council

of Akanani.

- 8.2 The Assembly has powers to overturn the decision of Council on membership and shall be informed of all new members.
- 8.3 The members of Akanani present at the time of adoption of this constitution shall be deemed to be members in terms of this constitution.
- 8.4 Should any member fail to attend two consecuting Assemblies without good reason their membership shall automatically lapse and should they wish to be a member they will have to re-apply.

9. MEETINGS OF MEMBERS

- 9.1 The Assembly of all members shall be convened on written notice being dispatched to members at their registered addresses not less than 21 (twenty one) days prior to the meeting.
- 9.2 In addition to the members all staff of Akanani and other individuals invited by the Council for the assistance they can give will be present with speaking but not voting rights.
- 9.3 More than 50% of registered members shall constitute a quorum.
- 9.4 An Assembly shall be held every six months for the following purposes:
 - (a) To receive and consider the Chairperson's report on the activities of the

Council for the previous six months and other reports as may be appropriate.

- (b) To receive and consider reports from the Co-ordinator of Akanani.
- (c) To receive and consider all resolutions proposed by members of which not less than 21 days notice has been given to the secretary.
- (d) To consider any other business which the meeting may consider proper.
- (e) To make any constitutional amendments that are deemed necessary.

9.5 In addition to the above points the Assembly will annually:

- (a) Receive and consider the audited financial statements for the preceding year.
- (b) Elect the Chairperson, Secretary and Treasurer of Akanani and 8 additional members to sit with the Chairperson, Secretary and Treasurer in the Council. Of these 11 Council members at least 4 should come from projects, at least 2 from local civics and at least 2 from regional organizations.
- (c) Review and set broad aims, objectives and principles for Akanani.

9.6 Extraordinary Assembly may only be called to consider matters of importance which by their nature require the approval of an Assembly of members, and

which are of sufficient urgency to require attention before the next Assembly. An Extraordinary Assembly shall be convened by the Secretary, Chairperson or Co-ordinator within 30 days of:

- (a) a decision to that effect by two-thirds of those present at a meeting of the Council
- (b) a written requisition delivered to the Secretary, Chairperson or Co-ordinator signed by not less than 1 third of registered members specifying the purpose for which the meeting is required to be called.
- (c) a written requisition delivered to the Secretary, Chairperson or Co-ordinator signed by not less than 2 thirds of full time Akanani staff members.

10. COMPOSITION OF THE COUNCIL

- 10.1 The Council shall be elected annually at an Assembly and be composed of 11 members as explained in point 9.5.b.
- 10.2 All members of Management Team of Akanani shall be members of the Council and participate in all meetings unless asked to absent themselves for specific reasons. The Management Team will have one vote as a team on the Council.
- 10.3 The Council may co-opt such other person not exceeding four, as the Council may decide to fill casual vacancies, or because of their special knowledge or talents which could be of value to the associations.
- 10.4 A Deputy Chairperson, Deputy Secretary and any other portfolios as the Council may deem necessary will be filled by additional members nominated by the Council. The Chairperson shall be entitled to a casting as well as a deliberative vote.

10.5 A staff representative must be present at Council meetings. This staff representative will have one vote on the Council.

11. POWERS OF THE COUNCIL

The Council shall administer the affairs of Akanani in terms of this constitution, and shall give effect to the aims, objects, and policy of Akanani, including the following:

11.1 To ratify and terminate the employment, to fix the emoluments and conditions of employment and duties of staff, including the Co-ordinator of Akanani.

11.2 To engage the services of auditors, advisers and other professional persons.

11.3 To directly supervise the Co-ordinator on a regular basis.

11.4 Approve annual plans and budgets.

12. MEETING OF THE COUNCIL

12.1 The Council shall meet at least once during every two months at such time and place as may be decided by the Chairperson or Secretary, and additional meetings shall be convened by the Secretary as decided by the Council or on the requisition of any five members of the Council.

12.2 The quorum of the meeting of the Council shall be more than 50% of its members. Where no quorum is available, those present may deal with the business for which the meeting was called, provided that it shall refer any matter

considered at the meeting for the opinion or decision of the members of the Council at the next meeting.

13. CO-ORDINATOR

The Co-ordinator shall be the Executive and Administrative Officer of the Council who shall carry out such duties and perform such functions as may be stipulated by the Council. She/He shall be responsible to and she/he shall report fully to the Council. She/He shall give effect to the decisions of the Council.

14. NOTICES

Except where otherwise provided, all notices of meetings shall be sent in writing by ordinary post or delivered by hand to the address of the member as reflected in the records of Akanani. No proceedings shall be invalidated by reason of written notice not having been received by a member.

15. PROXIES

Proxies are permitted at Assemblies except where specifically excluded, and shall be in writing and delivered to the Chairperson, or failing him, the Secretary not later than an hour prior to the commencement of the meeting. The Chairman shall decide on the validity of the proxy, and his decision shall be final.

16. ALIENATION OF IMMOVABLE PROPERTY

No sale, mortgage or other alienation of immovable property held by Akanani shall be valid unless approved by resolution of two-thirds of the Council present at a Council

meeting.

17. **AMENDMENT OF CONSTITUTION**

17.1 A motion for the amendment of the constitution may be proposed at an Assembly of Akanani by:

- a) Ten representatives of members.
- b) The Council by a decision of a majority of two-thirds of its members present at a meeting of the Council.

17.2 Notice of any proposed amendments to the constitution shall be posted to members not less than 21 (twenty one) days before the Assembly at which the proposal is to be considered.

17.3 A two-thirds majority of those members represented shall be required to effect an amendment to the constitution. No proxy votes shall be allowed for any amendment to the constitution.

18. **DISSOLUTION**

18.1 Akanani may be wound up or dissolved if at least two-thirds of members are represented and voting at a properly constituted General Meeting of Akanani, convened for the purpose of considering such a matter, are in favour of such winding or dissolution. Written notice of the proposed resolution and the reasons therefore, shall be posted to all members not less than 21 (twenty-one) days before the meeting. No proxy votes shall be permitted, and the Chairperson shall

not have a casting vote in respect of such a resolution.

18.2 If upon the winding up or dissolution of Akanani there remain any assets whatsoever after the payment of all its debts and liabilities, such assets shall be given to such associations, bodies and institutions, having objectives related to those of Akanani, as must be decided by the majority of members present and voting at the Assembly which agrees to the dissolution of Akanani.

SIGNED BY MEMBERS OF COUNCIL ON ADOPTION BY ASSEMBLY

POSITION	SIGNATURE	NAME	DATE
Chairperson			
Secretary			
Treasurer			
Additional Members:			
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

SCORING OF THE DEVELOPMENT SCORE

The score is used to rate the individual scores for the type of house/ home in relation to: walls, roof, windows, door, floor, size, other facilities like; toilets, furniture, availability of water and garden.

1. The individual score is based on observations made by the researcher as rated in the interview schedule (see annexure 1). e.g.

one (1). point is allocated if the score was in the categories of 2 or 3

two (2). points if the score was in the category of 4

three (3) points if the score was in the category of 5 or 6

OR

taking the Question on the material used to build a wall.

2	3	
Mud	Mud & Paint	= 1
1	1	

4	
Brick	= 2
2	

5	6	
Brick & Cement	Brick , Cement & Paint	= 3
3	3	

the scores for all the variables are as follows:

Material used for the Wall: = 1. point for categories 2 or 3
= 2. points for category 4
= 3. points categories 5 or b

Condition of wall : = 1. point for category 3
= 2. points for category 4 or 5

Material used for roofing: = 1. point for category 2
= 2. points for categories 3 or 4
= 3. points for category 5

Condition of roof: = 1. point for category 3
= 2. points for categories 4 or 5

Material used for windows: = 1. point for category 2
= 2. points for category 3

Size of window: = 1. point for category 3
= 2. points for categories 4 or 5

Material used for door: = 1. point for category 3
= 2. points for categories 4 or 5

Condition of door: = 1. point for category 1
= 2. points for categories 2
= 3. points for categories 3, 4 or 5

Condition of floor: = 1. point for category 3
= 2. points for categories 4 or 5

Cleanliness of house: = 1. point for categories 3
= 2. points for categories 4 or 5

Condition of toilet: = 1. point for category 3
= 2. points for categories 4 or 5

Source of drinking water: = 1. point for category 3
= 2. points for categories 4 or 5

Distance of source of water:	=	1.	point for category 2
	=	2.	points for category 3
	=	3	points for categories 4 or 5
Number of pieces of furniture:	=	1.	point for category 2
	=	2.	point for categories 3, 4 or 5
Condition of furniture:	=	1.	point for category 3
	=	2.	points for categories 4 or 5
Condition of vegetables garden:	=	1.	point for category 3
	=	2.	point for categories 4 or 5
Condition of motor vehicle:	=	1.	point for category 3
	=	2.	points for category 4 or 5
TOTAL	=	40.	

TEST FOR NUMERACY

1. ADDITION

TAKING THE PENSIONERS EARNINGS = R410.00 AS THE BASIC AMOUNT

THIS MONTH THE GARDEN SALES WERE R40.00

HOW MUCH MONEY IN TOTAL DID THE HOUSEHOLD HAVE FOR THE MONTH?

2. SUBTRACTION

FROM THE MONEY GENERATED IN THE MONTH

A BAG OF MEALIE MEAL WAS PURCHASED AT A COST OF R80.00

HOW MUCH MONEY WAS LEFT FOR OTHER HOUSEHOLD COMMITMENTS?

3. MULTIPLICATION

A SUM OF R16.00 IS EARNED WEEKLY FROM THE VEGETABLES SOLD

HOW MUCH MONEY WILL BE EARNED IN THREE WEEKS?

