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**TRANSPORT ISSUES AFFECTING ACCESS TO SERVICES BY
THE ELDERLY IN RURAL AREAS: A CASE STUDY OF
MAPHUMULO DISTRICT**

By

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ABSTRACT

Transport forms an essential element of people's lives. It is transport which determines how people access important resources and it influences the mobility of people. Transport availability improves access to resources and hence fights isolation, which derives from lack of access to resources. This case study examines the influence of transport on access to state grants and health services. The study was based on sample of 170 recipients of state grants and was carried out in September 2000.

A quantitative survey through face-to-face interviews of pensioners and other recipients of state grants at two remote rural points was carried out. The results of the study showed that poor road and path infrastructure impacts negatively on old people's access to pension pay out points and health services. As a result of poor road infrastructure, people have limited access to alternative means of transport and hence have to pay too much for transport to reach services essential to their livelihoods.

In addition to the transport cost these elderly have to pay, they also have an extra burden of having to care for the orphans and unemployed adults staying with them. This puts an enormous pressure on their limited resources and hence deepens the cycle of poverty.

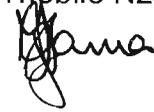
The majority of people interviewed were positive about the quality of health service they are receiving and the attitude of health workers. There was no correlation between the quality of services received and the demand for using them.

Amongst other things, it has been suggested that locating basic services particularly welfare services and health services nearer rural communities will improve the quality of life and minimize the cost of reaching such services. Furthermore infra structural intervention will impact positively on rural communities by providing them with a wider choice of transport and promoting intermediate means of transport. This will have a positive impact on rural communities by increasing the accessibility of services and improving mobility.

PREFACE

I hereby declare that this whole dissertation unless noted otherwise is my original work and has not been submitted in part or in whole to any other university.

Thobile Nzama

A handwritten signature in black ink, appearing to read 'Thobile Nzama', written in a cursive style.

ACKNOWLEDGEMENTS

I wish to thank my family for being there for me when I needed help.

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TABLE OF CONTENTS

	Page
1. INTRODUCTION.....	1
2. LITERATURE REVIEW.....	2
Mobility and accessibility.....	2
The importance of transport in accessing social services.....	3
Role of transport in economic development.....	10
Gender and transport.....	12
3. STUDY METHODS.....	14
Study Area and Population.....	14
Conditions of the service area.....	15
Research design and method	17
4. FINDINGS.....	19
Demographic and socio-economic characteristics.....	19
Health care needs and transport.....	22
Pensions and transport.....	25
5.DISCUSSION AND CONCLUSION.....	33
6. REFERENCES.....	37
7. APPENDICES.....	42
Questionnaire.....	

TABLE OF FIGURES

- Figure 1: Study area map
- Figure 2: Sitting by the fire photo
- Figure 3: Waiting on the queue
- Figure 4: Transport to the pay point
- Figure 5: Number of children under the care of the elderly
- Figure 6: Reported Ailments
- Figure 7: Time waiting for pension service

Introduction

In the past, efforts to improve rural transport focused on infra-structure with little attention given to rural accessibility, especially for certain groups of people. Transport influences the way people access various facilities, activities and services. Inadequate transport leads to limited accessibility and restricted mobility resulting in isolation. This is especially the case in rural areas where isolation is closely linked with poverty. The isolation experienced by rural communities is compounded by demographic factors, particularly sex and age. Of particular importance to rural transport is poor and inappropriate infrastructure leading to the use of services that are expensive, often unaffordable to the poor especially where there is no public transport provision.

The objective of this study is to look at the impact of transport on the welfare and health care delivery and access in rural areas especially for the aged. This is important because the disadvantages of geographical location directly impact on people who are old, people who care for others and depend on these services for their well being as well as that of their families. The local literature on the issue is scant, thus this study has drawn on a broader international literature which relates to rural transport in developing countries and issues of accessing services.

In this study, orphans are defined as children with one or both parents who have died and also those children who are abandoned by their parents and left in the care of grandparents (Whiteside C et al, 2000:5).

LITERATURE REVIEW

Generally, there is a lack of explicit literature on the role of transport on welfare and health service access and delivery in rural areas. This said, the work that has been done on the traveling patterns of rural communities in developing areas (Barwell I, World Bank Discussion Paper No.344, Creightney C, World Bank Technical Paper No.232), generally has concluded that infrastructural solutions are not enough to resolve rural transport problems as most travel occurs locally, within the village or area. Further, it is argued that the problem of transport in rural areas needs a multidimensional intervention (Booth et al, 2000). Rarely does this work directly reflect on problems experienced by elderly people in accessing services, although the issue does come out, indirectly, in the exploration of the problems of accessibility and its impact on the modes of transport chosen by rural communities.

Mobility and accessibility

Accessibility is defined as the ability or ease of reaching various destinations or places offering opportunities for a desired activity (Creightney,17). Barwel et al (in Creightney, World Bank Technical Paper No. 232:18) distinguish between three levels of accessibility - local accessibility or accessing basic needs such as health and education, accessing major centers of activity and access for personal movement for non-essential purposes. This third level is said to be least common in rural communities because most travel is undertaken to meet basic needs and for productive reasons.

The importance of transport in accessing social services

Generally, rural areas are at a disadvantage with regard to provision of basic infra-structural facilities such as roads, drinking water, electricity, schools, health facilities, police protection, transport and communication, when compared to urban areas (Howe et al, 1984:14). All these services are critical, but for the purposes of this study the focus will be on transport and its role in service access. A study at Makhabeleni Area in KwaZulu Natal (Ngubane 1999:11) found that the elderly have to spend considerable physical effort and financial resources to access their grants, which undermines the welfare system in both monetary value and social terms. The cost of poor transport provision is borne by the people who are poor and in need. Furthermore, these services are not only inadequate but they are often poorly organized and not dependable, suggesting that there is space for government intervention.

The role of transport in accessing social services has been established. Kahnert (in Creightney:14) points out that the high cost of reaching fixed facilities due to poor transportation infrastructure and unreliable services may prevent attendance and use of health and educational facilities.

The costs of consuming social services such as health care and education are influenced by the costs of moving between the residence and the site of the services. (Creightney, World Bank Technical Paper No. 232:14)

In such a context, lowering the cost of access will have a positive effect on the use of the facilities and hence the quality of life.

There is consensus in the literature that rural transport forms an important component of rural access. It is held that transport *per se* is not an end in itself, but transport is used to access markets, public services, labour opportunities and household consumption items which provide benefits (SSATP Working Paper No.19:2, Creighnety). Put another way,

A large part of rural transport problems in Sub-Saharan Africa is not just due to lack of infrastructure and means of transport but the downstream effect of a lack of access to basic needs and services (Transport Technical Paper No.5, 8).

Transport planning in rural areas needs to provide a transport system that maximizes the benefits of accessing services while minimising costs as far as possible.

The Department of Transport (DoT) in South Africa recognizes the role that transport plays in accessing health, education and other key services (Department of Transport, 1989). The Department has identified the problem as an infra structural one, particularly focusing on creating new and improving old access roads and formal road networks for motorized transport as these are

believed to have a considerable impact on the social, cultural and economic life of resource poor people.

The DoT has designed a programme, which identifies roads for rural development in order to reduce the physical, social and economic isolation of rural populations (Department of Transport, 1999). To this end it has set up Rural Road Transport Forums (RRTFs), institutional arrangements designed to develop organizational capacity in rural areas through which it could channel its commitment and consultation. RRTFs are used by the DoT to determine priorities for construction of new local roads in consultation with community representatives. They also serve as a liaison between the Department and community representatives (Department of Transport, 1999).

It is held that improved road networks are likely to bring relatively greater benefits to poorer rural income groups by providing access to services and other resources (Howe et al, 1984: 15). The value of road programmes lie in their contribution to the reduction of transport costs and increased opportunity for mobility. Roads are built to carry wheeled transport in places where poverty reduces the local demand for mechanized transport to a minimum (Howe et al, 1984: 15). The impact of rural road programmes is likely to be greater where transport costs are reduced. The role played by mobility and transport in economic development is equated to a reduction in transport costs.

However, studies commissioned by the World Bank (Technical Paper 232: 1996,8) point out that rural transport problems are multifaceted, influenced as they are by diffused patterns of human settlement, limited economic activity, a dearth of means of transport and general remoteness.

Other research (Ali-Nejadfar F: 1997,2), suggests further that the provision and improvement of rural roads for motorized transport ignores the problems faced by rural communities in accessing facilities for their daily use, which range from collecting woods and fetching water to reaching health and education services provided locally as well as better jobs and better market opportunities. Peoples' inability to access these local facilities affects the effectiveness of these services (Ibid.). As a consequence rural households remain or become isolated and poor.

The critical role of pensions in rural livelihoods in South Africa is well established (Lund et al: 1996). It is a service that is delivered by the state at various rural nodes, with the intention of limiting the costs of access for rural people. Studies done by Ardington at Inkandla (Ardington et al, 1995: 4) revealed that pensions are consumed to a large extent as a household asset especially where the elderly live in three-generation families. In other words, pensions are received by the elderly, but are shared by the whole family. They are also a regular, reliable source of income and are used as the basis for securing credit facilities in local markets, and delivering cash into remote areas where there are no other institutions.

Similarly, the health system has been devised to bring primary health care access as close as possible to the users. The health care needs of the elderly are multiple, given that on the one hand, with age, their need for services become specific and increase. On the other hand, they are often caregivers of young children and infants, as well as being responsible for adults who are sickly or have disabilities. In other words they need to access services to meet their own needs as well as the health care needs of family members in their charge.

The physical location of facilities becomes very important because of the influence it has on access to and up take of services offered. Transport becomes critical to the access equation. The effectiveness of a particular mode of transport other than walking or head loading can be measured in time terms, that is how long it takes to reach a particular service and also how much more can be transported per trip (Creighney, World Bank Technical Paper No. 232:18).

Several studies (Booth D et al, 2000: 39, Humphreys, J.S 1998:5) have shown that transport availability has a positive effect on the general health status of a population. As Edmonds (in Booth 2000) points out ,

“Poor access is one of the characteristics of poverty. In the first place, it has an effect at the most basic level of living. If there is poor access to

health services, people will remain unhealthy; children will die; and any epidemic will be likely to have catastrophic results.

Therefore, the success of health service delivery is directly linked to transport availability and the ease with which people are able to reach health facilities.

The HIV/AIDS epidemic presents a new challenge to South Africa. This epidemic is most prevalent among the young adults in the age groups 15 and 49 and children under the age of 5 (Lund Committees Report 1996: 25, UNAIDS report 2000: 1). With the AIDS epidemic there has been a change in household and familial responsibilities. Under non-AIDS condition historically, the middle generation has looked after the elders as well as young. But now as Ayieko (Study Paper No.7:19) points out the elderly have to provide economic support for the orphans and sick adults. The AIDS challenge forces the older generation to compromise their own coping strategies in order to support sick and orphaned children (Ahenkora K, 2000:7). Also they are expected to generate more income for their households in order to meet these added needs. At the same time this older generation faces reduced ability to work, lack of social security and little access to income generating schemes (Ibid.) These circumstances put an enormous pressure on poor households of the elders, with resources that are both reduced and further stretched, deepening the cycle of poverty.

Evidence from literature reveals that old age pension is the sole source of income for most extended families (Heslop A, 1999:23). Streek (Mail & Guardian 1999:31) further points out that most recipients of grants are women. As it has been shown by the Lund Committee that pensions grant performs well in gender terms. It is an efficient source of regular income with redistributive effects that directly benefit children (Marcus T: 1999, Ardington and Lund cited in Streek 1999). Marcus (1999:61) further points out that with the AIDS challenge, welfare services need to reconsider the age of pension and design welfare services in such a way that they reach children effectively.

Demographically, the trend is for women to outlive men (Heslop A, 2000:4) but this does not mean that they live a healthy life. Amongst one of the frequently cited factors contributing to women's poor health is transport, especially where distances are great and services are few. According to a World Health Day review article (1998) one in three women lives more than 5 kilometers from the nearest hospital, which means that reaching health care centers requires physical effort. Often their own health status or that of those in their care means that they are forced to use expensive transport.

High costs and perceptions about the quality of treatment predispose old people to risk behavior. Studies conducted in Cambodia show that these influence health seeking behavior (Heslop A, 2000:28). Because of the limited resources

the elderly worry about the financial burden that illness might impose upon families often hiding their ill-health in order not to drain limited family resources. Equally important, older people are faced with the hard choice of weighing up availability of services, support available to access those services and their knowledge of the nature of and suitability of treatment in relation to specific health problems (Ibid, 28). Evidence from a number of studies show that their first inclination of the elderly is to apply home remedies and to visit traditional healers when they feel ill.

Role of transport in economic development

The evolution theory of transport holds that in most developing countries roads were built according to the needs of the areas endowed with valuable primary commodities (World Bank Working Paper No.400: 13). Those areas received first priority with regard to the construction of highways. But in the mid-70's there was a shift away from the construction of highways towards construction of secondary and feeder roads. This was due to a shift in focus, where priorities were directed to agricultural production and rural development where the primary purpose of rural roads is to enable producers to ship their produce to the market (MSA). As Howe put it

“the road selection criteria was based on the objective of increasing physical access to farmers and the need to earn income through agriculture (Howe et al,1).

As a result of associating transport needs with agricultural production, transport interventions contributed to rural polarization and dualism, where modern methods of transport were available but only to limited areas and accessible to minority of people. This dualism was particularly exacerbated in South Africa where the Apartheid regime physically designated land space and use by race, concentrating resources and services in the white commercial agricultural countryside in particular. For black, poor and elderly people this focus on commercial agriculture aggravated their disadvantaged position, not least of all because no attention was paid to their transport needs. Dimitrou (in Mashiri 1995:4) argues that to attend to these needs is the minimum that is acceptable for rural development programme.

Studies in different parts of Sub-Saharan Africa, have shown that the dominant mode of transport in rural areas is walking, with most trips done within the village. These trips involve the collection of water and firewood, the transport of small amounts of goods, social leisure and children's school travel (World Bank and Economic Commission for Africa, SSATP Working Paper No.19). Moreover, 75 per cent of time is spent on essential travel and transport to attend to domestic tasks (Ibid.). Other travel that is regularly undertaken but not with the same frequency is related to agricultural production and marketing, travel to local markets and paid employment, travel to health facilities and last and least frequently, long distance travel.

Barwell et al sum up the argument around local use of transport by pointing out that

“ The overall impression of the village studies is one of rural isolation. People in rural of Sub-Saharan Africa inhabit a largely walking world, moving on foot along paths and tracks to local places and rarely traveling long distances from the village “ (Cornerly, Ed, SSATP Working Paper No.19).

Given the nature of rural travel patterns in developing areas the intervention needed require more than the provision of privately owned motorized transport.

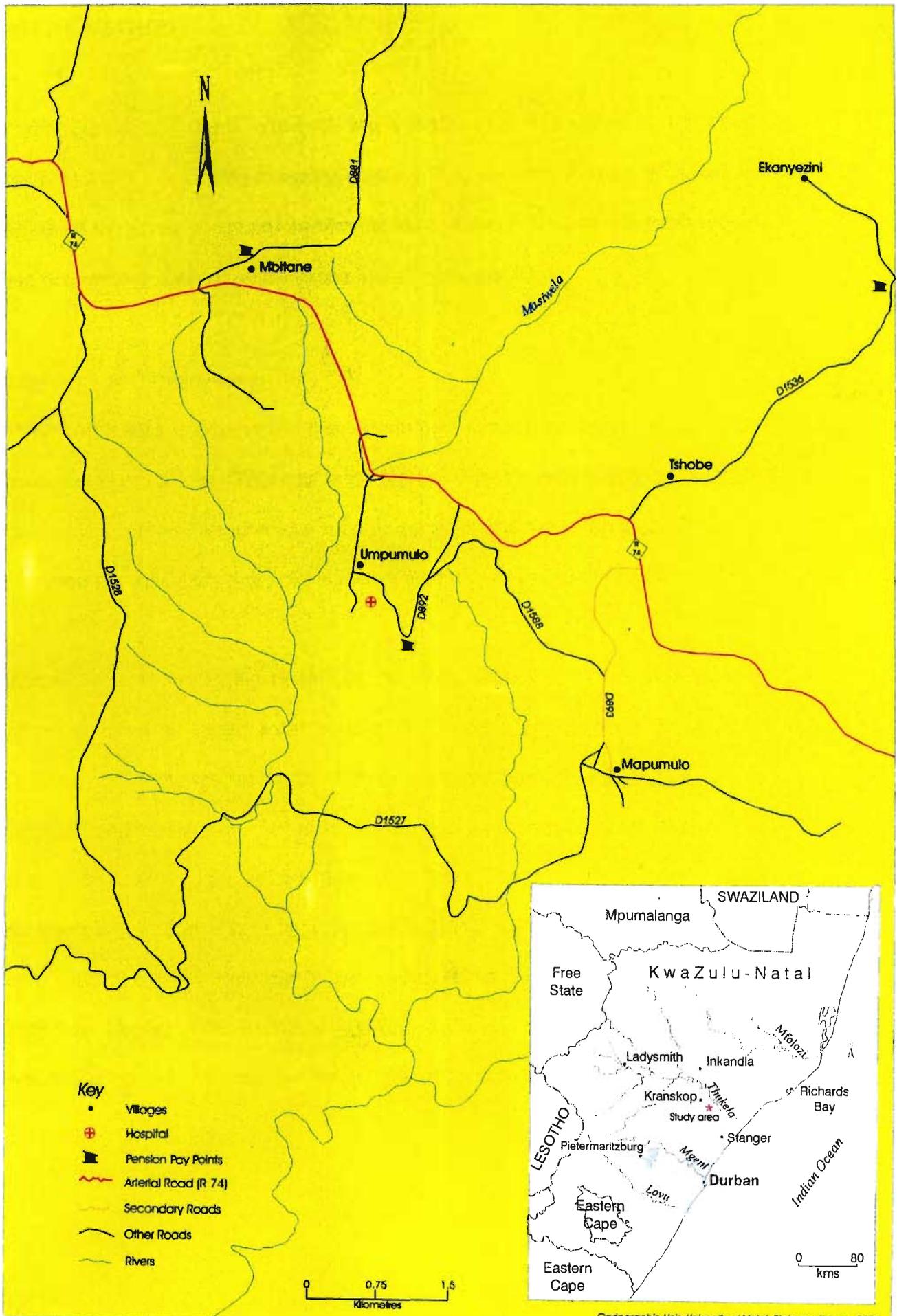
Gender and transport

In the countryside in many rural areas, men and women have different tasks and responsibilities, which in turn impacts on their transport needs. Transport provision is also gendered, with women bearing most of transport burden. Women's transport burden seems to be related to their reproductive and domestic responsibilities. Studies conducted in Makete district in Tanzania revealed that women spend over 30 hours a week on transport tasks while in Beira, Mozambique women spend 3.6 hours on transportation of water and fuel wood (Hook 1994 in IFRD). These womens' tasks are related to household survival and take up so much of their time that women are kept from the market economy.

Men and women are said to have different transport needs and the patterns of their transport use differ as a consequence. Women generally generate multiple purpose trip journeys. As Guitink (1998) points out,

“trip chaining is the prominent feature amongst women. Women have an added responsibility for headloading goods, crops, water and fuel while carrying children on their back .”

The gendered nature of transport allows men to have better access to superior modes of travel whether this be access to motor vehicles or walking without loads or children on their backs. Gendered transport need and usage is directly linked to the social organization of gender roles. It is also a consequence of different access to economic, time and other resources. Women have greater household responsibilities, which directly impact on their transport and travel status. Generally, women from lower income groups are more vulnerable to greater transport deprivation (Bainster cited in Guitink). Evidence from the literature shows that transport provision fails to recognize gender differences in access, use and control of transport, the different transport needs. Overall they tend to prioritise men’s transport needs at the expense of the needs of women’ (Elson D, 1999:2). By incorporating gender issues into transportation planning processes some of these inequities could be addressed.



3. STUDY METHOD

Aim

Pension grants and health services are integral to rural wellbeing. Transport plays a key role in ensuring effective delivery. The aim of this study is to look at the role of transport in remote service access, through a case study of people using two pension payout points in Maphumulo district.

Study Area and Population

The research was conducted in the Maphumulo District, focusing especially on two pension pay points - Thokoza and Majuba. These villages were selected to capture the degree of remoteness to basic services and the level of use. It should be pointed out that one pay point serves different villages.

Maphumulo is an area lying more than hundred kilometers to the North West of Durban. It has one tarred main road (R74) that crosses through the area to Kranskop and many feeder roads. With its with scattered homesteads Maphumulo is typical of rural localities in the traditional authority areas of KwaZulu Natal. The area also is characterized by hills and rivers, which makes it some areas inaccessible by road. There is only one hospital servicing people from both settlements and no primary health care clinic. While there are homesteads from Umpumulo Mission that are within walking distance from the hospital, people living at Ekunqobeni have to use two modes of transport to reach it.

Conditions of the service area

The conditions at the pay points are very bad.



Sitting by the fire Thokoza Trading Store, 20/09/00

The elderly wait in long queues to keep their places. There are no shelters provided at the pay points and they are exposed to the elements, however extreme. On cold days pensioners make fires to keep themselves warm and because they say if their hands are cold the machine will reject them and they will not get their money.



Waiting on the queue Majuba Trading Store 20/09/00

Also, they do not have anywhere to sit so they sit on anything that is available, ranging from empty containers of soft drinks to blankets that they bring themselves to simply sitting on the bare ground.

They use various means of transport to reach the pay points, ranging from walking, to being pushed in a wheel barrow, as the picture below shows, to taking motorized transport in the form of taxis and bakkies. In conversation with an elderly person being transported by wheel barrow have to pay for these services, which they use because their homes are inaccessible to the kinds of vehicles used for passenger transport.



Transport to the pay point Majuba Trading Store 20/09/00

Research design and method

In designing the research, the first assumption was that it would be possible to get a list of payees at the specific pay out points. The company servicing the area (Cash Paymaster Services) refused to speak to us and would not allow us onto their premises on the grounds of security. As a result it was decided that people would be interviewed as they were leaving the area. This proved difficult because the weather was inclement, hawkers were there competing for pensioners' attention and respondents themselves were wanting to go about their business and return home as quickly as possible.

The study was finally carried out by using a physical map of the area, obtained from the Department of Transport, and drawing a transect line in opposite directions for each pay point, through settlements to the outer perimeter of the pay points service areas.

170 people participated in this study, the sample size being determined largely by the willingness of respondents to speak to interviewers. Of the people interviewed 95 came from Ekunqobeni and 75 from Umpumulo. All respondents are Zulu speaking and mostly women (82%).

Field work was carried out by calling on all households along the transectline and interviewing all pensioners and people receiving grants of some sort in each settlement who were willing to respond. Interviews were conducted in *isiZulu*

using a structured questionnaire with open and closed ended questions, administered face-to-face by four field workers, including the researcher. The survey covered demographic and socio-economic information, including health status and the transport issues that influence access to health and pension services. The survey was administered at the beginning of September 2000.

Data was pre and post coded and subsequently captured and analysed using the Statistical Package for Social Sciences (SPSS 9.0).

FINDINGS

Demographic And Socio-Economic Characteristics

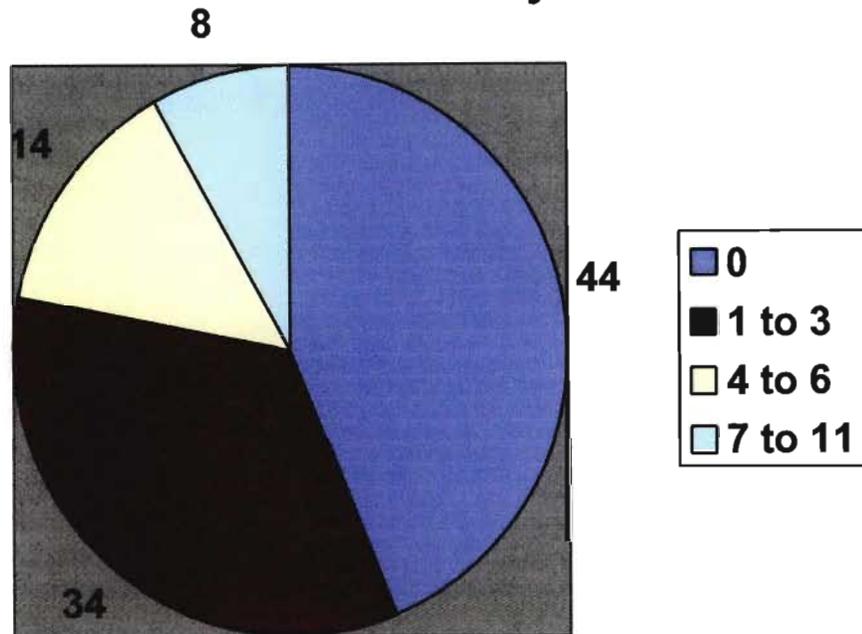
The 170 respondents who participated in this study come from two settlements in Maphumulo district –95 are from Umpumulo Mission and 75 are from the Ekunqobeni area. All are Zulu speaking and most are women (82%).

Most respondents (85%) are over 60 and are of an age to receive pensions. A sizeable minority (14%) are notably aged – 80 years old or more. Similarly, 14% are younger than 60, with some (n=4) being children. There are 18 females and six males receiving disability grants and eight females are collecting child support grant and also receiving old age pension grant. Although this is a small number but it shows that people are aware of other means offered by the government to try and ease the burden of looking after children.

In terms of educational levels, most respondents (76%) are not functionally literate with either no formal education or with standard four or less. The remainder (24%) have completed primary or incomplete secondary education, with 4% (n=6) having matric. Only three respondents have some form of tertiary education, these being retired teachers from Umpumulo Mission. The impact of the mission on functional literacy is clearly evident from the 37% of respondents with completed primary or higher levels of education there when compared with those at Ekunqobeni

Most respondents (56%) have children in their care and the majority of those looking after children (n=95) are looking after more than one child, as the graph below shows.

Fig 2: Number of children under the care of the elderly



34% of the respondents care for between one and three children, 14%(n=23) care for between 4-6 children and the remaining 8% (n=14) have between seven and eleven children at their care. Of those looking after children, (n=14) just under a tenth are caring for orphans although none receive a child support grant for the children in their care. As to the reasons for the death of the parents of these children, respondents report several causes particularly motor vehicle accidents, bewitchment and natural death. Some say they don't know the cause of death and only one attributed her child's death to AIDS.

Aside from caring for children, many respondents (60%) also have mostly out of work adult dependents who live with them.

Most respondents (90%) report financial support from the state in the form of grants as the main source of regular income in their households. 60% (n=109) describe themselves as the sole breadwinners of their households and a further 22% are the main breadwinners in their families. The remaining 10% describe themselves as secondary breadwinners because there are other family members who generate regular income from formal and informal employment.

In addition to grants and wages, more than half of the respondents (58%) have their own fields, 21% have communal vegetable gardens and 22% had livestock. However, for most, agriculture is not seen as an income generating strategy. Only 11% of respondents reported receiving income from agricultural activities but they could not answer how much agriculture generated because what they get is lost in buying food.

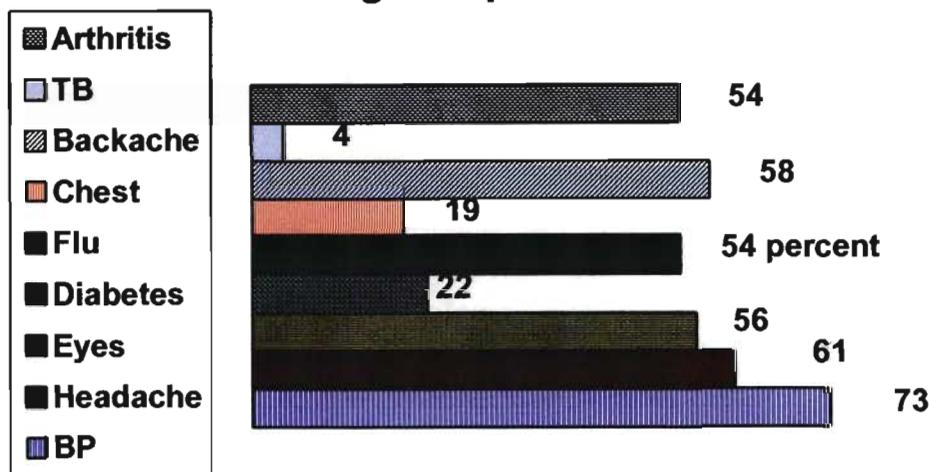
Having established the importance of state grants to the elderly and their families, what of their health status?

Health Care Needs And Transport

Only 12% of respondents describe themselves as being in good health and a further 28% (n=47) say that their health is average, that they are only sick sometimes. The majority (60%) describe themselves mostly as being sick or very sick.

For the most part, respondents report suffering from high blood pressure, back, head and eye aches and arthritis as the chart below shows.

Fig 3:Reported Ailments



Only few respondents mentioned that they had TB and diabetes. Respondents suffering from BP, arthritis and backache reported to have such ailments on a constant basis. The prevalence of ailment detected the type of medical help sought by the respondents. 48% of the respondents suffering from BP, 44% with arthritis and 30% with backache sought medical help from either the hospital or doctor. On the other hand, respondents with common ailments such as flu do self help care such as using traditional herbs, with the exception of both eyes and

headache although, the prevalence of such ailments is not on a constant basis but respondents sought biomedical help for them.

The study shows a correlation between poor health and age. A sizable amount of respondents (n=96) who reported being sick or very sick were forty years and over. Of the young respondents (between the ages of twelve but less than thirty five), only six reported poor health. The question of health status of the respondents highlight the importance of health services needed.

Turning to experience of available services, a little under half (48%) say they are satisfied with the health facilities in the area. Many however, complained about health care services, particularly the distances they had to travel and for some (39%), the level of care and service. Of the latter, most complained about being given the treatments that they had found did not work, or else finding that there were no medicines available to treat them. A few respondents (4%) reported being treated badly by health workers, two complained of corruption in the health services, especially around charges and seven felt that it was unfair for pensioners to be charged at all.

Most respondents (78%) use motorised transport in the form of taxis, hired and private cars to access health care services. In this context, the costs of travel are their biggest concern, especially when they are forced to hire cars, because these are the only vehicles available to them. In one instance, for example, a

pensioner said she paid R200 for transport to cover a distance of less than 10kms. The poor road network to peoples' houses means that access to taxis is limited to those who are able to walk to the main roads.

Generally, people feel that if health care facilities can't be provided closer to where they stay, then the main alternatives would be to improve the rural road networks and/or to make health care itself free to pensioners and grant holders.

Respondents having orphans in their care, complained about having to pay for transport when they are taking orphans to the hospital and not only that, but also to pay the hospital itself. None of the respondents staying with orphans are receiving child support grants and hence the respondents are facing an extra burden of having to take care of orphans through their pension grant and two respondents have to work in others field in order to supplement their income.

For a fair minority, the costs of transport and health care services are compounded by the fact that they do not only have to attend to their own health needs. The people in their care too have medical needs, incurring as they do associated transport costs. Thus for example, 16 respondents reported that they had taken orphans in their care for medical attention – either travelling to the health centre, to the doctor or to the traditional healer and in one instance, the child was referred to another site of treatment.

Referrals to other health care sites are not particularly common. 75% have never been referred on for other or further treatment. The remainder had been referred, with two exceptions who were too scared to follow through and two who felt the referral was not helpful at all. 37 (22%) found the further attention they received helpful. One respondent even mentioned that she had complications after doing an operation and after the referral the complications were corrected. Whilst respondents had to pay for transport to get to the initial site of treatment, ambulance services took them when they were referred.

Aside from health care, old people particularly are entitled to and depend on pensions for their and their families' livelihoods.

PENSIONS AND TRANSPORT

Most of the respondents (84%) are collecting their own pension grant with the exception of one respondent who is collecting pension on behalf of the other person. 26 respondents are collecting disability grants and 8 respondents are collecting child support grants. However the study failed to establish any correlation between child support grant and orphans hence respondents staying with orphans were complaining that they do not get any help because of the age restriction.

All respondents are receiving their grants once a month. More than half of the respondents (57%) have been collecting their pension grant for more than five

years while 29% have been collecting their grants for less than five but more than a year. Only 8 respondents have been receiving grants for less than a year.

Most respondents cited having no difficulties while applying for the pension (64%). The reason being they were in a pensionable age. Just above the third of the respondents (35%) reported having difficulties in getting their social security. They attributed their difficulties to inefficiencies within the system. Of these, seven were of qualifying age but they experienced some problems and took more than the normal time to get their pension (normal time being three months-waiting period). One mentioned that she had to bribe the doctor for medical certificate before she could get her grant.

Most respondents (88%) have had no problem getting their grants. The remaining 12% of the respondents have had some difficulty of having to go home without money. Of the respondents having difficulties, various reasons were given for their bad experience. Some problems are attributed to inefficiencies within the system like people were told the government did not deposit money, the pension just stop after re-registering and one respondent say they thought she was dead. They also mentioned criminal activities like the car got hijacked.

When asked about the costs involved during the application process, about two thirds of the respondents complained about having to pay for transport to and from the registration centre. The rest said they had paid nothing during the application. Those who incurred transport said they could not remember how

much they had to pay for transport because it was a long time ago and also they kept going to and from the place and cannot remember how many times they had to go.

Grants are normally paid out between seven in the morning and three in the afternoon on a single day of the month. One car from Cash Payments Services, a private service provider, serves four pay points on the same day making their arrival time unpredictable. For instance, on the pension day at Thokoza, respondents were told to come at seven to collect their grants but they were only served at three in the afternoon.

In this study most respondents collect their grants in Maphumulo district. 38% of respondents got the pay out point at Majuba Trading Centre, 24% collect theirs at Thokoza Trading Store and most of the remainder collect their grants at other pay points. Thirteen however, have to travel outside the district to Kranskop, Ladysmith and Nkandla and even as far as Durban and Stanger to get their grants. For these latter respondents who collect their pensions outside Maphumulo District, transport costs are a source of considerable dissatisfaction but they are afraid to change their points of payment because the clerks have warned them that if they do so their grants will stop. Thus, one respondent has to borrow R200 from neighbours for transport, which she then has to pay back. She is the only breadwinner in her family.

In order to reach the pay points in time, two respondents leave their homes the day before payments are made, about half (46%) wake up between three and five in the morning on the day of payment and the rest wake up at a more reasonable hour -between six and eight o'clock. Time of waking up is determined by factors such as distance from the pay point, transport availability and health of the person involved. Of the respondents waking before five, most (n=63) live within a radius of 5km, while 13 live further than 10 km from the point of payment. Most of those who wake at six or later are within 5km of the pay points.

Respondents mainly use three modes of transport to access pay points - walking, motorized transport in the form of taxis and hired cars and wheel burrows. More than half of the respondents (55%) walk to the pay point while 40% use motorized transport. Of those using motorized transport, 49 use taxis, 17 use hired cars while one respondent uses the bus. The remaining 5% use wheel burrows to access pay points.

The cost of travel to the pension pay point for a return trip ranges widely- from R4 to R200, with type of vehicle rather than distance determining the cost, for the most part. Most respondents pay R69 or less a return trip, with an average of R20. Four respondents pay R70 or more, with two of them paying some R200 a return trip!

The preferred mode of traveling for most of the respondents (77%) is walking if they live within 10km radius. Their preference is conditioned by several factors such as proximity to the pay point, road conditions, availability of transport but especially, the costs of motorized transport. Most respondents walk because it is the cheapest option, and those who take motorized transport, do so out of necessity rather than choice.

Aside from those who pay for cars to fetch and take them from their homes to the pay points, those who use motorized transport also have to walk, more often than not, in order to access the service. For more than half of those using taxis, 83 (49), this walk is fairly short taking less than an hour, but for the rest, in addition to taxi travel time, including waiting for the taxi itself, this means walking for an hour at least to the stop.

When asked about their journey to the pay point, most respondents (72%) are positive about their journey to the pay point despite the dangers of being robbed on their way back. Most describe the trip as pleasant and quick, although many (41%) also find it tiring, especially if they have to walk a lot or have traveled far. Poor pathways connecting homes and the pay point or transport stops negatively affect the journey to and from the pay point. Bad weather is also a concern for respondents, be they pedestrians or passengers as the pathways and roads become slippery and the rivers flood. This particularly puts them at risk of accidents and makes it especially difficult to transport those who are sick and

cannot walk. Respondents are less anxious about availability of transport (5%) or the poor condition of vehicles (13%).

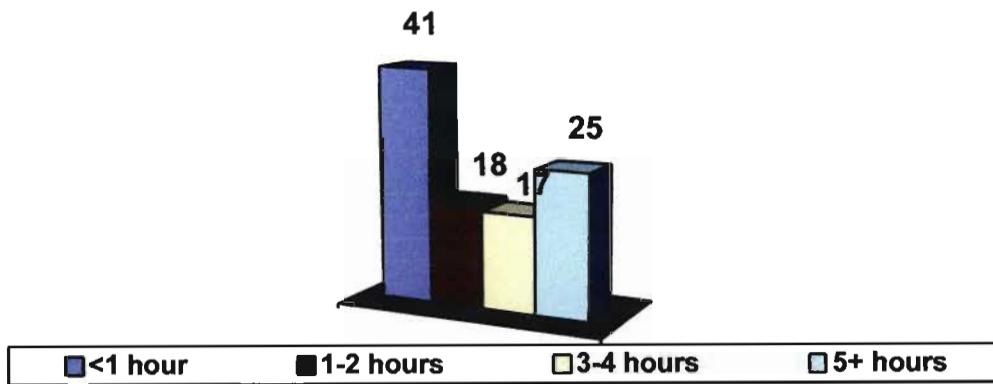
In general, conditions at the pay points in Maphumulo are bad. There are no basic services such as seating and shelter or toilets and water. The elderly are forced to stand in the queues to keep their positions, whether the sun is hot or it is pouring with rain. Security guards manage the queues, and some respondents report “paying” in beers to be moved nearer the front, to wit “if you have asked them you have to return the favour”.

Another issue that came out is that of councilors. These councilors are taking R2 from each pensioner after pension payment. There are various reasons given for such payment. Some say councilors are paid for properline control during pension payments while others say they are paid to solve nonpayments problem by the state. However, what became clear is that pensioners were not happy about it because one of the pensioners mentioned that she did not get any help from councilors when her pension was stopped. This scenario shows extra costs that are incurred by the pensioners and how people use the system for their own benefit.

The only facility available is the shop, where they can buy food, or else they buy from the itinerant hawkers who come to the pay point on pension day. While both of the main pay points lack basic services, there are also some differences

between them. For instance the Thokoza pay point is not as crowded as that at Majuba.

Fig 4: Time waiting for Pension Service



Respondents spend anything from less than one hour up to nine hours waiting in the queue, with 42% waiting for three or more hours, as the chart above shows.

Most respondents (67%) are satisfied with the quality of service they receive despite the fact that they have to wait in inclement conditions for long periods. Some respondents say that they have a good relationship with the payments people because they treat them well, are kind to the disabled and the sick who they attend to first. They also highlighted the value of new technology, which speeds up the process of payment although they say in cold weather the machines play up. Paradoxically, only eleven respondents mentioned long queues and uncertain payment time. Five respondents complain that the money they are getting is not enough for them, although this is not because of the service.

Respondents view crime as the worst risk facing them when collecting their grants, especially on their return home. Several are talking from personal experience, while some witnessed crimes committed against others.

Nearly all the respondents said they did not worry about leaving children unattended since most either attended school or there was someone in the house to look after them. Two respondents did express some concern, particularly, they feared that their children might get raped or the danger of fire.

From the above findings one can deduce that the full cost of inadequate transport and poor infrastructure is borne by people who are the poorest. And further, that the provision of welfare without affordable transport undermines the very system designed to help the poor and this suggests further intervention on the part of government.

Discussion and conclusion

This case study clearly shows the influence that transport has over the modes of traveling by the elderly and the relationship between transport and service access. It further shows that the existing transport provision and infrastructure is inadequate to the needs of grant recipients most of whom are pensioners.

There are three main modes of travel that are used by the elderly to access service points- walking, motorized transport in the form of taxis or hired cars and wheel barrows. The choice of the mode of travel is related to the costs of motorized transport, proximity to the pay point, road conditions and availability of transport. These findings concur with research carried out elsewhere in rural communities. But they also show that the costs of rural transport are forced upwards by ill-health, age or disability. This finding underscores a weakness in the provision of dispersed welfare without adequate and affordable transport because what is gained from the welfare (which is itself inadequate) is lost in paying for expensive transport.

With high unemployment and the HIV/AIDS epidemic these elderly women are faced with an extra challenge of having to look after sick adults and orphans. Although this case study could not establish that children were orphaned because of HIV/AIDS but the point to emphasize is that orphans are left in the care of the elderly putting pressure on their already limited resources and who

have scant chances of generating additional income, given their structural and social exclusion.

Accessing health services has never been easy for rural communities and it depends on the modes of travel available, location of those services and the ease at which they could be reached. Problems associated with accessibility and mobility in rural areas leads to isolation because it limits access to social and economic activities. Evidence from the literature and from this case study, reveals that such services are purchased at a high cost. Poor infrastructure combined with private transport solutions to public transport needs forces the aged to use expensive hired cars and taxis to reach health care. Because of scarcity and people's needs these private services are often extremely exploitative. Anecdotally, it costs as much as R200 to hire a car to travel 10km to hospital.

Transport costs, together with the location of the health facility and the kinds of service expected, significantly influence health seeking behavior, increasing rural people's vulnerability to disease and general ill health.

As found elsewhere, the transport burden is gendered, unevenly distributed between men and women with women bearing most of the transport burden. From the case study it became clear that most grantees are women who also happen to be caregivers to other members of their families. These elderly women

have to see to the transport costs of other family members when they are taking them to health care services, effectively imposing a double transport cost on them. At the same time, as primary care givers, pensions perform well in gender terms in that they help these women meet their needs and commitments and thus act to empower them, as noted by Lund (Lund Committee report, 1996: 15:)

The conditions at the pay points are bad. The elderly have to wait at the pay points in all kinds of weather without seating, shelter, water and toilets until the service arrives. Under such conditions, government initiatives to improve conditions and speed of service delivery are likely to significantly contribute to grant holder well-being.

For most families their pensions are largely the only source of regular income confirming the findings of others (Ngubane S, 1998, Heslop A, 1999:23).

Problems experienced by rural communities in accessing essential services, requires a change through proactive intervention. Given the significant role that transport plays in this, especially in rural communities, there is a critical need for some rethink on what is needed. Barwell (World Bank Discussion Paper No.344) argues for the improvement of intermediate transport system that combines both formal and informal sectors of transport (Mashiri cited in Ngubane 1999). Clearly gendered needs have to be taken into consideration, as do the transport service needs of a public that is poor, vulnerable and marginal.

The influence that transport has on the mode of travel chosen in accessing grants and health care services has been established but the problem has not been given much attention. The physical effort and substantial financial resources that the elderly spend in order to reach pay out points and health care services impact negatively on them by undermining the delivery of those services both monetarily and socially. The saddest thing is that these costs are borne by the poorest people who could least afford it.

Finally, what this study shows is that to leave transport out of planning the structure of service delivery is to undermine the redistributive effects intended by such programmes, with grave consequences for the least advantaged people in our society.

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APPENDICES

Interviewer Name.....

Date of Interview.....

Place of Interview.....

Introduction

We are carrying out a survey for the University of Natal to find out about transport issues affecting your access to pension/grant and health services. We have some questions that we would like to ask you. The interview will last about x minutes. The information from the survey will be useful not only to government departments but also for transport sector. Whatever you say in the interview is confidential and you will not be named in the research.

1. DEMOGRAPHICS

CODE BY QUESTION

1.1 Sex

GENDER _____

Male 1
Female 2

CODE BY QUESTION

1.2 Please tell me how old you are:

AGE _____

AGE: _____ years

1.3 Where were you born (District, Town Province)?

------(District) **BornD** _____
------(Town) **BornT** _____
------(Province) **BornP** _____

1.5 Do you have the following, (READ OUT)?

	Yes	No	Number	
Children under 18	1	2	___	NoChild _____
Unemployed adults	1	2	___	Adults _____
Disabled adults	1	2	___	Disable _____
Orphans	1	2	___	Orphan _____
Other (specify)	1		___	

1.6 Which of these best describes your position in the household

EarnM _____

Only Breadwinner 1
Principal Breadwinner 2
Secondary Breadwinner 3

1.7 How many people in your family bring in regular income into the household?

Earnfrml ___

.....(write number)

1.8 Do you or any member of your family do any of the following activities

	Yes	No	
Make craft (weaving, crocheting and bead work)	1	2	MAKECRAF _____
Sell craft	1	2	SELLCRAF _____
Do thatching	1	2	THATCH _____
Hairdressing	1	2	HAIR _____
Make and sell clothing or shoes	1	2	M&SCLT _____
Sell fruit and veg	1	2	SELLVEG _____
Work in somebody else's fields	1	2	FIELD _____
Do some domestic work	1	2	DOMESTW _____
Other (specify).....			

1.9 Do you have any of the following

	Yes	No	
Communal vegetable garden	1	2	COMGARD _____
Fields	1	2	OWNFIE _____
Livestock(cattle, sheep or goats)	1	2	OWNLIVES _____
Other (specify).....			

1.10 Do any of the above activities contribute towards your income?

Yes	No	
1	2	GENINCO _____

1.11 If yes, can you tell me how much do you get from time to time?

.....

1.12 Leaving aside pension/grants you might be receiving , can you tell me how much is your monthly household income?

.....(write number) **HHINCOM**_____

1.13 Can you tell me the highest level of education completed **EDUC**_____

No schooling	1
Std 4 or less	2
Std 5	3
Std 5-9	4
Std 10	5
Tertiary-non university	6
University	7

PENSION AND GRANT

Now I would like to ask you about the type of social security you are receiving and issues surrounding your pension/grant

2.1 What type of social security grant you are receiving?

	Yes	No	
Own pension	1	2	OWNPEN _____
Disability Grant	1	2	DISABLE _____
Child support grant	1	2	CHILD _____
Another's disability grant for parent/in law or child	1	2	OTHERDIS _____
Other (specify).....	1	2	

2.2 How much do you get?

.....(write number) **TOTALPE** _____

2.3 How would you describe the application process?

Very easy 1 **APPLICPRO** _____
 Easy 2
 Difficult 3
 Very difficult 4
 Other(specify).....

2.4 Can you explain your answer?

..... **WHYLONG1** _____

..... **WHYLONG2** _____

..... **WHYLONG3** _____

2.4 During the process of application were there any costs involved?

COSTS _____

Yes	No
1	2

2.5 Can you explain to me what were those costs?

.....
.....
.....

2.6 How much were those costs?

.....(write number)

2.7 Where do you collect your pension/grant?

- Majuba 1
- Thokoza Trading Store 2
- Other (specify).....3

PAYPOINT_____

2.8 Is this your preferred pay point

- Yes No
- 1 2

PREFERRED_____

2.9 Why do you say this?

.....
.....
.....

REASON1

REASON2

REASON3

2.10 For how long have you been collecting your pension/grant? LONGGET_____

- Less than a year 1
- 1-5 years 2
- 6-10 years 3
- 11+ years 4
- Other (specify)..... 5

2.11 How often do you go to collect your pension/grant? OFTENCOL_____

- Once a month 1
- Once after two months 2
- Once after three months 3
- Other (specify).....

2.12 On the day of collection, have you ever gone home without money when you were supposed to get one?

- In the last three months 1
- In the last 4–7 months 2
- In the last 7-12 months 3
- Other (specify)..... 4

2.13 Can you describe what happened?

..... HAPPEN1____

..... HAPPEN2____

..... HAPPEN3____

2.14 Can you tell me who was responsible?

.....

2.15 What would you like to see change in the way pensions or grants are delivered?

..... CHANGE1____

..... CHANGE2____

..... CHANGE3____

3 MODE OF TRANSPORT TO THE PAY POINT

Now I would like to ask you about the mode of transport you are using to access pay point and the conditions at the pay points

3.1 How far are you from the pay point?

HOMEFROM_____

- <1 km 1
- 3 km 2
- 5 km 3
- 10km 4
- >10km 5
- Other (specify)..... 6

3.2 How do you get to the pay point?

TRAVEL_____

- Taxi 1
- Bus 2
- Private Car 3
- Wheel Barrow or Cart 4
- On foot 5
- Porterage 6
- Other(specify)..... 7

3.3 Is this your preferred mode of traveling?

PREFRTRL_____

- Yes 1
- No 2

3.4 Can you explain why do you say this?

WHYTRL1_____

WHYTRL2_____

WHYTRL3_____

3.5 How much do you pay for return transport?

COST_____

.....(write amount)

3.6 At what time do you wake up on the pension day?

TAWAKE_____

.....(write hours: minutes)

3.7 How long does it take you to go to the transport stop?

.....(write hours: minutes)

TTOSTOP_____

3.8 How long do you wait for transport?

.....(write hours: minutes)

TWAIT_____

3.9 Would you describe your journey as

	Yes	No	
Quick and comfortable	1	2	QUICK __
Crowded	1	2	CROWD __
Costly	1	2	COST __
Dangerous	1	2	DANGER __
Tiring	1	2	TIRING __
Unpleasant	1	2	BAD _____

3.10 Would you say that your journey to the pay point was made longer, more dangerous or more unpleasant by any of the following

	Yes	No	
The bad conditions of the road	1	2	RDCOND __
The poor paths to get to and from the bus stop	1	2	ACESSTP __
Bad weather	1	2	WEATH _____
Poor condition of the vehicles that you travel in	1	2	VEHCON __
The limited number of taxis and buses available	1	2	NOVEHC __
The behaviour of the drivers	1	2	DRIVER __

3.11 Can you think of any three worst risk you are facing when collecting your pension/grant?

..... **RISK1**_____

..... **RISK2**_____

..... **RISK3**_____

3.12 Why do you say this?

..... **REASON1**_____

..... **REASON2**_____

..... **REASON3**_____

3.13 Are any of the following facilities available to you while you wait for the pension/grant or to take your return transport?

	Yes	No	
Place to sit	1	2	SEAT _____
Shelter against sun or rain	1	2	SHELT _____
Toilet	1	2	TOILET _____
Water Tap	1	2	WATER _____
Place to get something to eat	1	2	FOOD _____

3.14 How would you describe the pension service provided at the pay points?
VALSERV _____

- Very good 1
- Good 2
- Average 3
- Poor 4
- Very poor 5

3.15 Once you get into the pension pay point, how long does it takes you wait on the queue?

.....(minutes: hours write) TQUEU _____

3.16 Thinking over the last few months(2-3 months) would you say the service has QUALIT__

- Improved 1
- Stayed the same 2
- Become worse 3

3.17 Why do you say this?

..... WHYQUAL1 _____

..... WHYQUAL2 _____

..... WHYQUAL3 _____

—

3.18 It is said that some of the security officers are taking money from pensioners in return for allowing them to take front positions on the line. Have you had such experience? CORRUPT _____

Yes 1 No 2

3.19 Do you know anyone who have had such experience?

Yes 1 No 2

3.20 How much are they taking from pensioners?

.....(write amount) BRIBE _____

3.21 If you could change two things about the way you travel to get your pension or grant, what would that be?

..... CHGTRL1 _____
..... CHGTRL2 _____

4. ORPHANS

Let us go back to the question of orphans which was hinted earlier on

4.1 Do you have orphans to look after? NoOrphans _____

	Yes	No	No.
	1	2	_____

4.2 Are these orphans your

	Yes	No	
Son's children	1	2	SONCHILD _____
Daughter's children's	1	2	DAUCHILD _____
Children from your neighbour not related to you	1	2	NEIBCHILD _____
Other (specify).....	1	2	

4.3 How were these children orphaned

	Yes	No	
From violence in the area	1	2	VIOLENCE _____
From car accident	1	2	ACCIDENT _____
They were bewitched	1	2	BEWITCHE _____
From natural death/illness	1	2	ILLNESS _____
Cause of death unknown	1	2	UNKNOW _____
From HIV/AIDS	1	2	HIV/AIDS _____
Other (specify).....		1 2	

4.4 Are you receiving any child support grant for the orphans? **HOWFEED** _____

	Yes	1
	No	2

4.5 If not, can you explain to me how are you taking care of these orphans?

.....

.....

.....

4.6 If they happen to be sick where do you take them for treatment?

	Yes	No
Clinic	1	2
Hospital	1	2
Doctor	1	2
Traditional Healer	1	2
Make medicine from traditional herbs	1	2
Other(specify).....	1	2

4.7 Are there any transport costs involved in taking the child to the site of treatment?

Yes	No
1	2

4.8 How much does it costs to take them to the site of treatment?
.....(Write the amount)

4.9 Did the child got referred to another site of treatment?

Yes	No
1	2

4.10 Did you do the referral?

Yes	No
1	2

4.11 If not, can you explain why you did not?

.....
.....
.....

4.12 When you are going to collect your pension or grant, do you worry about leaving children unattended?

Always	1
Sometimes	2
Not at all	3

4.14 Why do you say this?

.....
.....
.....

4.15 Can you think of two ways of improving access to health services for orphans?

.....

.....

5. HEALTH

5.1 In general, would you describe yourself at the moment as

- Very healthy 1
- Healthy 2
- Sometimes healthy, sometimes sick 3
- Sick 4
- Very sick 5

5.2 Have you had any of the following illnesses or problems in the past three months?

Ailment	Past Few (1-3) Months Yes 1 No 2	How Often S'times 1 Often 2 Constant 3	Where treated Doctor 1 Inyanga 2 Dr & Inyanga 3 Clinic4 Self 5 None 6 Other7
Eyes (blurry/sore)			
Blood Pressure			
Headache			
Diabetes			
Flu and cold			
Chest			
Back Ache			
TB			
Arthritis			

5.3 Can you explain to me how do you normally get to your site of treatment?

.....
.....
.....

5.4 When you got to the clinic, have you ever been referred to the hospital?

Yes 1
No 2

5.5 If you were referred to the hospital, how did you get there?

Had to walk to the hospital 1
Hired a car to take me 2
My relative with a car took me there 3
Other (specify).....4

5.6 How would you describe the services you get, are they

Satisfactory 1
Average 2
Poor 3

5.7 Why do you say this?

.....
.....
.....

5.8 Do you think referral helped you?

Yes 1
No 2

5.9 Can you explain to me, how it helped you?

.....
.....
.....

5.10 Some people I have spoken to have to say the following statements about considering whether to take the sick person to the hospital or not. I would like you to tell me whether you strongly agree, agree, disagree, strongly disagree or don't feel either way about the following statements.

	Strongly Agree 1	Agree 2	Don't feel either way 3	Disagree 4	Strongly Disagree 5
It is too expensive to take someone to the hospital					
I only take that person to the hospital if he/she is very sick					
People do not get the help they need					
Why should I take the person to the hospital if I can treat him/her with traditional herbs					
Hospitals are too far					

5.11 How do you think accessing the health services should be improved?

.....

5.12 Would you like to say anything else about transport?

5.13 Would you like to say anything about health services?

5.14 Would you like to say anything about pension/grant?

Thank you very much for your time.