

**THE PROVISION OF SERVICES IN RURAL AREAS
– WITH SPECIAL REFERENCE TO HEALTH AND EDUCATION:
A CASE STUDY OF OKHOMBE VILLAGE
IN THE NORTH –WEST DRAKENSBERG,
KWAZULU-NATAL**

Thesis

**Submitted to the Department of Geography and Environmental Studies
at University of Durban Westville in partial fulfillment of the
requirements for the Degree of Master of Arts.**

BY

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January 2002**

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DECLARATION

The Registrar (Academic)
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Dear Sir/Madam

I, Anand Sookraj (Reg. No. 7508301), declare that this research study entitled:

The Provision of Services in Rural Areas with special reference to Health and
Education: A Case Study of Okhombe Village in the North-West Drakensberg,
Kwazulu-Natal


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26/04/2002
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ACKNOWLEDGEMENTS

I thank God and my divine master, Sri Swami Sivananda, for giving me the strength to undertake this study. Special thanks to my supervisor, Dr. Urmilla Bob, for her critical comments, encouragement and motivation. I thank Catherine Nyakato, Jacob Porokwa, Phiwa Zondi, Roseiro Moreira, and Siso Luvuno for assisting in data collection. I acknowledge the services of Pretty and Zanele, the interpreters from Okhombe, who did a splendid job and gave off their time so willingly. I am grateful to Musa Khanyile who helped in data collection, facilitating many focus group workshops and for contributing a wealth of knowledge and expertise in Participatory Rural Appraisal methodology.

Thanks to Rollo Sookrajh for guidance and assistance. I am extremely obliged to Dr. Reshma Sookrajh for her motivation and her valuable comments. Thanks to Vishi Singh and Tashni Padayachee for editing parts of the study. I appreciate the generosity of Deva Moodliar for the use of his computer and printer.

I am thankful to my precious family for their understanding, patience and support during the study. To my children, Yeshni and Amrish, thank you for coming to my rescue whenever I needed help with the computer. To my loving wife, Lalitha Sookraj, special thanks for rendering assistance in the editing of the study and for allowing me the time to complete this study. Finally, I acknowledge the love and encouragement provided by my Mother and Father during the course of my life for which I am deeply indebted.

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ABSTRACT

This study is an examination of services in previously disadvantaged rural areas of South Africa with special reference to health and education. The case study approach was used in this study and Okhombe Ward of the Amazizi area in Northern Kwazulu-Natal was selected for this research project.

The purpose of the study was firstly to determine the socio-economic profile of the people in Okhombe. Secondly, the study intended to identify whether services that enhance well-being are available in the Okhombe. Thirdly, the study aimed at assessing the quality and adequacy of the services that are available. Fourthly, the study aimed at ascertaining the concerns, problems and needs of people. Fifthly, the study intended to establish whether power dynamics compete with each other in the acquisition and accessibility of services and; lastly to forward recommendations based on findings from this research.

The research found that the people were happy with the manner in which decisions were taken regarding the village. Meetings are called up at the community hall and every household is invited. There is consultation and negotiation with the people.

This study found that, the health needs of the people are being catered for by the many traditional healers in the area and a mobile clinic that visits the Okhombe Ward on two Wednesdays a month. The main clinic that services the Okhombe Ward and entire Amazizi area is located some ten kilometers from Okhombe. There are no emergency and hospital services available in the area. While the people are happy with services of the many traditional healers in the area, they are not satisfied with the present health provisions by the Department of Health. It is recommended that a full time clinic be established in Okhombe to replace the mobile clinic and that provisions be made for hospital and emergency services in the Amazizi area.

There is a primary and a high school that caters for the educational needs of the children. The high school lacks electricity, water supply and an administration building. The Principal and the heads of departments at the high school make use of space in the adjacent community hall. Both schools did not have their full complement of educators in January 2001. The primary school has electricity and a standpipe for water. Further, the schools did not have resources such as properly maintained sports fields, laboratories, libraries and good toilet and sanitation facilities. There also was a shortage of desks and chairs at both schools.

The Okhombe community places great stress on education and this is borne by the fact that they would like both boys and girls to be educated. They would like a skills training centre for school leaving children to be established in the area. The people believe that education and skills training would enable the youth to secure employment in the competitive labour market. The community also wants Adult Basic Education to be re-introduced in the area.

The Department of Education must provide the necessary infrastructure in terms of furniture, administration buildings, ablution facilities, libraries and equipped specialist rooms. It must also provide a full complement of educators for the schools at the beginning of each year in order that the schools function at an optimal level. Schools must offer subjects like woodwork, agricultural science, metalwork, computer studies, etc. that will help prepare youth for later employment. To this end schools must be equipped with the necessary workshops, specialist rooms and qualified educators.

A traditional hierarchical system exists in Okhombe. At the local level, the Induna is in charge. Above the Induna is the Chief. The chief is the most powerful person in the area under his control and all disputes are taken to the Chief 's court.

CHAPTER ONE

INTRODUCTION

1.1. PREAMBLE TO THE STUDY

The rationale for this study derives firstly from a personal context. In January 2001, I visited Okhombe on “an education of development” collaborative field course with master’s degree students from the University of Natal – Centre for Environment and Development (CEAD), University of Durban Westville – Environment Development Programme (EDP) and students from SLUSE – Royal Veterinary and Agricultural University, Copenhagen, Roskilde University Centre, and University of Copenhagen in Denmark. Students were divided into six groups of six to eight students and each group was given a topic. My group was tasked to look at “Health, Education and Well-Being” of the people of Okhombe. The experience and new knowledge gained from the rural settings at Okhombe, an area inhabited by Black people, prompted me to make a more detailed study of the provision of services in rural areas using Okhombe as a case study.

As a person residing in the province of Kwazulu-Natal, I am keen to observe what the national and provincial governments have done to alleviate the problems of rural people and to promote well-being in the province. Rural areas are generally associated with poverty and lack access to many resources that are essential for attaining well-being.

Secondly an argument is made for a historical and political rationale for the study. This discussion begins with contextualising land dispossession within apartheid rule – with particular reference to the Group Areas Act. It concludes by tracing the several democratic initiatives taken since 1994 to redress the rural-urban imbalance. It does this by examining the South African Constitution adopted in 1996 and the Reconstruction and Development Programme, as well as other community-based campaigns like Masakhane.

1.2. NEED FOR THE STUDY

Rural communities are provided with fewer services compared to their urban counterparts. There is a pronounced disparity with regards to the provision of services in rural areas. Areas previously occupied by Whites during the apartheid era enjoyed better service delivery whilst many Black areas were neglected or the services that were provided were of an inferior quality.

Many South African Black rural areas still remain underdeveloped and under-serviced although the Democratic Government since 1994 has attempted to improve the delivery of basic services. Black rural areas are plagued with poverty and people find it difficult to pay for services. Even if people have the money to pay there are very few or no private practitioners in the rural areas – doctors, pharmacists, etc. Many people who go to tertiary institutions in cities to become artisans and professional people choose not to go back to their communities.

Many African people who reside in rural areas live on tribal land that is under the control of the King and his chiefs. Many people are forced to leave rural areas to find employment in urban areas because rural areas are undeveloped and there are few job opportunities. Many young people also go to urban areas to acquire a tertiary education. This results in many young people, and older men doing migratory work in the cities. Such practices often have negative consequences for the households with the women often having to supervise and care for the children.

Health is intricately linked to the natural environment and when health and other basic facilities are not readily available it can have detrimental consequences for the community. According to Swanepoel (1997), a person who has a need for health services invariably also has a need for other basic needs such as education, a balanced diet, shelter and employment. A community that cannot readily access health and medical facilities will not enjoy a state of well-being. The state of well-being will also depend upon the provision of basic services such as, good roads and transport system, telecommunication system, recreational facilities, educational facilities that are well resourced, and access to water and electricity.

Poverty is major problem in rural areas. According to the Department of Land Affairs (1997) almost three quarters of people below the poverty line in South Africa live in the rural areas. Of these, children less than five years, youth and the elderly are particularly vulnerable. Women are more vulnerable than men. The highly skewed distribution of incomes in South Africa goes hand in hand with highly inequitable literacy levels, education, health and housing, and access to water and fuel.

Diseases of poverty, such as infectious diseases and maternal and infant illness and mortality are all too common in the rural areas. A large number of children die of easily prevented illnesses. All of these conditions could be eliminated if proper health services had been provided in the past (Department of Land Affairs, 1997).

According to Department of Land Affairs (1997), the target throughout the country was to have one clinic for every 5000 people, offering free primary health care and ensuring that essential drugs are available at each facility. These clinics were to be supplemented by mobile clinics serving sparsely populated rural areas. According to Department of Land Affairs (1997), the Department of Health is committed to redeployment of trained staff to rural areas and to improving the working conditions, in order to encourage greater commitment to rural areas.

Acquired Immune Deficiency Syndrome (AIDS) has reached epidemic proportions in South Africa. Unlike other African countries where infection rates differ significantly from urban to rural areas, there are no marked differences in South Africa, probably due to the high level of population movement.

Many people also visit traditional healers when they are sick. It will be interesting to see whether the people are satisfied with the health services that are provided by the Department of Health and those of traditional healers. It will also be interesting to see what programmes the Department of Health has in place for the treatment, awareness and education of HIV/AIDS.

The Bill of Rights in The Constitution of the Republic of South Africa, (1996: 14) states that “everyone has the right to a basic education, including adult basic education, and to further education”. According to the Universal Declaration of Human Rights (1984), governments have an obligation to create and maintain adequate access to education (Potenza, 2001).

Potenza (2001) cites John Powell, Professor of law at the University of Minnesota, who contends that the South African education policies during the apartheid era have been used to disempower Blacks. Because the government in South Africa sought to maintain subordinate status for Blacks, the education Blacks received has been and still is inferior.

Powell claims that there continues to be inadequate funding of education for Blacks. This makes it difficult for Blacks to progress economically, since the lack of adequate education results in their being unable to compete in the labour market. Powell argues that, “the right to an adequate education translates into the right to work and earn a living” (Potenza, 2001: 16).

Although legislation and policies have changed since 1994, there is still a huge backlog in amenities across a range of contexts in South Africa. Many township and rural schools lack running water, toilets, and telephones. Close to half of these schools in the country need major repairs and many are overcrowded and understaffed. All these factors have a direct impact on the quality of the education that is delivered (Potenza, 2001).

It is hoped that this study will reveal whether the necessary facilities and expertise are available in Okhombe for the people to be able to exercise their right to education as enshrined in the constitution of the Republic South Africa. The pass rate in the 2000 Senior Certificate Examinations at Maqoqa High School was 50% and 31% at Tolitemba High School. The Provincial pass rate was 57.2%. It will be interesting to see to whether the provision of services in Okhombe has contributed to poor pass rates.

1.3. THE AIM OF THE STUDY

This study critically examines the provision of services in the Okhombe area, with special reference to health and education.

1.4. THE OBJECTIVES OF THE STUDY

- i. To examine the socio economic profile of people in the Okhombe village.
- ii. To identify whether the services that enhance the well-being are available in the Okhombe village.
- iii. To assess the quality and adequacy of the services that are available.
- iv. To ascertain the concerns, problems and needs of the people in relation to the provision of services.
- v. To determine whether power dynamics compete with each other with regards to the provision of services in rural areas.
- vi. To forward recommendations based on findings from this research.

1.5. CHAPTER OUTLINE

Chapter one presents preamble to this study. It examines the need to critically examine the provision of services in the in rural areas, with special reference to health and education services. It also sets out the aim and the objectives of this study. The chapter also presents a brief overview of the various chapters.

Chapter two presents the conceptual framework for this study from which the analysis of the later chapters will be drawn. The chapter discusses urban-biased development and the resultant poverty in rural areas. South Africa's new political dispensation and rural development initiatives are discussed briefly. A literature review pertaining to the provision of services in rural areas is presented. This review will make us aware of the rights of the rural people with regard to the provision of basic services; the government's policies and plans to improve the quality of life of rural people; common diseases in rural areas and the causes of these diseases. AIDS, which has reached epidemic proportions in this province, is also discussed. Human capital development, community participation in rural development and institutional development in rural areas are discussed.

Chapter three starts by presenting the background to this case study. The reasons for rural poverty, which includes land dispossession, forced re-location to unproductive land and development favouring urban areas, are discussed. Information about the study area, such as the division and the location of the various sub-wards, the population and the size of the average household are provided. The chapter proceeds to discuss the research methods and techniques used in this study. It also renders an explanation for the techniques and methods used. The reasons for using Participatory Rural Appraisal (PRA) approach to data collection are listed.

Chapter four deals with an in-depth analysis of the data collated from household interviews, interviews with key informants and focus group activities. The socio-economic profile of the people of Okhombe is presented. The chapter then looks at the health care and educational facilities that are available and discusses whether the community is satisfied with these facilities. The various needs and concerns of the people of Okhombe as well as the needs and concerns educators of the schools in the area are discussed in detail. The chapter concludes by looking at whether certain institutions and

individuals have power to make decisions regarding the acquisition and location of the services.

Chapter five commences with a summary of the findings of the study and forwards recommendations based on these findings. The chapter also discusses the problems associated with the delivery of education and health services and suggests areas that may require further research. The need for a shift in policy is discussed to improve the health and education services in rural areas. A policy shift is also required if preference has to be given to economic development in rural areas so that employment opportunities may be created for rural people. The major limitations regarding this study are discussed briefly. The chapter ends with some concluding remarks.

1. 6. CONCLUSION

This chapter firstly dealt with reasons for undertaking this study. Secondly the need for the study was detailed. Thirdly, the aim of the study is presented. Fourthly, the objectives of the study were outlined. Fifthly, the key questions to be answered in the research were posited. Thereafter a summary of each chapter was presented.

The next chapter presents a review of literature available on the provision of services in rural areas. This is done to develop a conceptual framework for the study.

CHAPTER TWO

LITERATURE REVIEW

2.1. INTRODUCTION

In the last chapter the background, aims, and objectives of the study were discussed. The chapter concluded with a brief overview of the various chapters in this study. This chapter explores the position of service provisions in the context of rural areas. It does this by way of a review of current literature and legislations.

One of the major tasks of the government both at national and provincial level is to improve the quality of life of the rural people. For a long time people in the rural areas, especially the African people were marginalized. Much emphasis was placed on the development of urban areas because these people could organize and articulate their needs more effectively. During the run up to the country's first democratic election a number of promises were made to the people to improve their lives. After the ANC came into power a number of studies were conducted and numerous White Papers were written adopted by many government departments with the express aim of assisting the poor and disadvantaged people. Many of the policies were excellent. However, the problem is that many policies were not translated into action. The main excuse was the lack of financial resources.

This chapter begins with a discussion of urban-biased development and the resultant poverty in rural areas. This is followed by a discussion of diseases that results from poverty. South Africa's new political dispensation and rural development is discussed next. This is followed by a discussion of rural health with special reference to aids. Human capital development in rural areas is discussed next and this is followed by a discussion of education with particular reference to education in rural areas. Water and sanitation, which is essential for healthy living standards is discussed next. This is followed by a discussion of charges for services in rural areas. Community participation in rural development looks at the need for a shift in extension from a technology transfer model to a more participative and facilitative approach focusing on communities rather than on individuals. Penultimately, the chapter deals with institutional development in rural areas. Political transformation and the basis for significant socioeconomic change are discussed in the conclusion to this chapter.

2.2. DEVELOPMENT WITH AN URBAN BIAS AND POVERTY IN RURAL AREAS

Traditional approaches to economic development in Africa and other developing countries have been biased in favour of large-scale industrialization concentrated in a few urban areas with adverse consequences for regional income disparity and rural mass poverty (Asefa, 1994). These urban biased approaches have proved to be inappropriate considering their levels of development and access to resources.

In South Africa too, development has been biased in favour of urban areas. This practice has led to a pronounced disparity with regards to the provision of services in rural areas. Rural communities are provided with fewer services compared to their urban counterparts. Furthermore, areas previously occupied by Whites during the apartheid era enjoyed better service delivery whilst many Black areas were totally neglected or provided with inferior quality services. Many South African Black rural areas still remain underdeveloped and poorly serviced. Underdevelopment of rural areas has given rise of lack of employment opportunities, which leads to a lack of income and this gives rise to poverty.

2.3. DISEASES OF POVERTY

Poverty, according to Wilson (1992), is known to have a strong influence on the prevalence of diseases worldwide. The mortality rate in the Third World is particularly associated with diarrhoeal diseases, acute respiratory diseases (for example, pneumonia, bronchitis and influenza) and other infectious diseases (for example, measles, tuberculosis, typhoid and malaria).

The United Nations Children's Fund (UNICEF) and the World Health Organisation (WHO) have classified the major children's diseases in the developing world. The prevalence of diarrhoeal infections is the most striking feature. Infectious diseases feature strongly, as do respiratory diseases. Many diseases are interrelated. Diarrhoea is strongly related to malnutrition, for example. UNICEF and WHO state that malnutrition is a contributory cause in approximately one-third of all child deaths (Wilson, 1992). Measles makes a child highly susceptible to respiratory infections, and pneumonia may therefore be ascribed cause of death for which measles is primarily responsible.

Diarrhoeas are generally transmitted via contaminated water or food. Malaria is transmitted by mosquitoes, which thrive in stagnant water. Worm infestations such as roundworm and hookworm are also highly prevalent in many Third World countries, another impact of poor sanitation and lack of clean water. Respiratory infections are not transmitted by water or food, but their incidence and severity are exacerbated by inadequate air pollution controls and by overcrowding. Moreover, all these diseases have to be set against a background of poor nutrition, which weakens resistance to getting them in the first place, and then fighting them once they occur (Wilson, 1992).

Access to good sanitation, clean water, a decent diet and an unpolluted atmosphere is dependent on incomes of people, that is, the ability to earn money to purchase. Thus poverty is one of the main the causes of susceptibility to disease. Furthermore, the relatively low incomes of Third World countries indicate a negligible budget available for public spending on clean water, sanitation, education and health facilities. Wilson (1992) states that economic underdevelopment is also the cause of poverty.

According to Wilson (1992), good health in a nation is not a matter of creating economic wealth. It is also about distribution of that wealth in terms of food, water, sanitation infrastructures and education, as well as providing conventional health services. In other words, it is about the alleviation of poverty. This makes decisions concerning health policy and the provision of services fundamentally a political matter, where choices have to be made concerning limited resources.

2.4. SOUTH AFRICA'S NEW POLITICAL DISPENSATION AND RURAL DEVELOPMENT

South Africa's political rebirth in the early 1990s has laid the basis for significant changes in the nation's society and economy. The new government has pledged itself to improving the living conditions of the Black majority of the population, which for generations, was denied access to adequate services and opportunities (African National Congress, 1994). Since 1994, significant gains have been made in infrastructural provision. For example, over 6 million people have been linked to significantly improved water supply systems. Despite impressive gains, key obstacles remain and one important area in which action is required is that of rural development. In South Africa, enormous challenges of poverty and unemployment prevail in rural areas (Nel and Davies, 1999).

The Government's goal as expressed by past President Nelson Mandela is clear in this regard:

The Government of National Unity is committed to an integrated rural development strategy that aims to eliminate poverty and create full employment by the year 2020. Rural people must be at the heart of this strategy.
(Nel and Davies, 1999: 254)

2.5. RURAL HEALTH

Article 27 of The Bill of Rights of The Constitution of the Republic of South Africa (1996:13), under health care, food water and security states:

- (1) Everyone has the right to have access to –
 - (a) health care services, including reproductive health care
 - (b) sufficient food and water

Many developing countries are most frequently geographically centralized and technically sophisticated, with expenditure directed towards high-cost urban hospitals, and therefore the health care needs of the urban elite (Spicer, 1999). Deficits in rural health service provision, particularly in countries in which a significant proportion of the population live in rural areas reflect rural 'underdevelopment' and have exacerbated the health gap between the urban and rural populations.

Many health problems in developing countries could be effectively addressed with low-technology, relatively low-cost means, such as basic accessible health services, public health measures and disease prevention through immunization and nutrition programmes. A number of developing countries have achieved impressive improvements in health despite only a modest economic growth, such as Sri Lanka, Costa Rica and Thailand. Spicer (1999) cites Caldwell who suggested that a significant feature of development in these countries has been education, particularly female education, health care that is appropriate (simple with preventative features such as children's vaccination programmes) and accepted by the community, equality of geographical accessibility and a service that is free or inexpensive to users.

Spicer (1999) states that in addition to the existence and physical proximity of services other factors predisposing the utilization of health services include age, sex, social status, occupation, education, ethnicity and health beliefs. These were distinguished from

enabling factors, which encourage or inhibit utilization, such as the economic resources of the family.

The importance of the location of health services in relation to recipient population has been widely discussed. For example, Spicer (1999) cites the study by Stock of the effects of distance on attendance rates at health clinics in Nigeria. The finding, unsurprisingly, was that utilization was negatively related to the distance between the user and the service, together with the time taken to reach it. However, there were a number of other factors influencing utilization such as the availability of public and private transport and the costs involved. Importantly, the seriousness of an illness episode determines the distance an individual is prepared to travel to seek medical attention. Spicer (1999) goes on to suggest that the facilities opening times and days relative to the times people are able to visit, as well as waiting times and queues for consultation, affect accessibility and therefore utilization.

Diseases of poverty, such as infectious diseases and maternal and infant illness and mortality are all too common in the rural areas. A high number of children die of easily prevented illnesses. All of these conditions could be eliminated if proper health services had been provided in the past (Department of Land Affairs, 1997).

According to Department of Land Affairs (1997), the target throughout the country was to have one clinic for every 5000 people, offering free primary health care and ensuring that essential drugs are available at each facility. These clinics were to be supplemented by mobile clinics serving sparsely populated rural areas. The Department of Health is committed to redeployment of trained staff to rural areas and to improving working conditions, in order to encourage greater commitment to rural areas.

Wilson (1992) contends that what is required in rural areas is drugs and vaccines – biomedical provisions – provided either by the market place or as aid. Public health measures emphasizing proper nutrition, clean water, effective sanitation and education is also required. He goes on to state that a policy that combines public health policies with basic biomedical provision and which involves the active participation of the population known as primary health care is what is required. This has been shown to be effective in Cuba and China.

2.5.1. AIDS - in rural areas

According to The Department of Land Affairs (1997), AIDS has reached epidemic proportions in South Africa. Unlike other African countries where infection rates differ significantly from urban to rural areas, there are no marked differences in South Africa, probably due to the high level of population movement.

Surveys show that 10.4% of women attending antenatal clinics across the country are infected with AIDS. Approximately 1100 new infections occur daily. This figure is expected to escalate to 2500 new infections a day in the next 20 years. Levels of infections are increasing in all provinces with Kwazulu-Natal, Mpumalanga and Gauteng having the highest rates. Young people between 20 and 29 years are the most affected. The trend, which is of most concern, is the rapid increase in the number of teenage girls contracting the virus. The vulnerable position of women, whose dependence renders them powerless to negotiate protection for themselves, is exacerbated by AIDS. AIDS has the potential to reverse hard won economic development gains and improvements made with life expectancy and child mortality. Infection of an individual is eventually translated into a family tragedy, stretching the resources of the extended family beyond limits. Both material and non-material resources are rapidly consumed in caring for the victim. When both parents die, children are left to cope (Department of Land Affairs, 1997).

The Medical Research Council (MRC) in its July report titled “ The Impact of HIV/ AIDS on Adult mortality in South Africa” stated that South Africa was experiencing an epidemic of “shattering” proportions. AIDS accounted for one in four deaths in South Africa in 2000. About 40% of adult deaths in the 15 to 49 year age group, and about 20% of all adult deaths in 2000 were due to the AIDS disease. AIDS is now the single biggest killer of South Africans and will have taken the lives of about six million people by 2010 (Taitz, 2001).

The above report predicts that without treatment or behavioural change, the number of AIDS deaths will grow in the next 10 years to more than double the number of deaths due to all other causes. AIDS deaths by 2010. The report also projects that by 2010, if there has been no effective intervention:

- There will be a threefold increase in deaths among children aged between one and five;
- The number of AIDS deaths is expected to rise to double the number of deaths attributed to all other causes; and
- Population growth will be halted by the epidemic (Taitz, 2001).

2.6. HUMAN CAPITAL DEVELOPMENT IN RURAL AREAS

Rural people have the smallest share of resources devoted to formal education. In consequence, they are most poorly organized and therefore least able to demand assistance (Department of Land Affairs, 1997).

Many people, especially men, are forced to leave rural areas to find employment in urban areas because these rural areas are undeveloped and offer little or no job opportunities. This results in many young people and older men doing migratory work in the cities. Such practices often have negative consequences for the households with the women often having to supervise, educate and raise the children. According to Asefa (1994), human development is defined as a process of increasing people's choices with two critical dimensions: the formation of human capabilities by means of improved health, knowledge, and skills; and the use of these acquired capabilities for productive purposes.

According to Shepherd (1999), an enormous consensus has grown during the 1990s on the value of human development – education, health and related environment measures like clean water and sanitation. Poverty has been seen as the absence of human capabilities caused by inequitable access to education and good health. It is very clear that ill health is often an important dimension of impoverishment, so its prevention is critical to poverty reduction. Basic education, especially for girls and women, is widely seen as the key driver of human poverty reduction – educated women educate their children, understand the value of sanitation and hygiene, and are better able to utilize and organize themselves around services. Shepherd (1999) goes on to state that the level at which employment or enhanced income follows from education varies from one society and time to another, but there is a strong association. The extent to which health and education services are accessed by and accessible to the poor also varies: there are usually barriers intrinsic to the services that are socio-economic or cultural in nature. These are especially strong in rural areas.

Shepherd (1999) states that Kerala in India, Sri Lanka and China have all invested heavily in human development despite low rates of growth. The question for South Africa will be to what extent and for what period of time current investment levels can be maintained. There are also some *lacunae* – for example the absence of much attention to basic adult education, especially for women. Shepherd (1999) asserts that the answer would appear to depend on the extent to which public expenditure resources can be redistributed in favour of basic services.

2.7. EDUCATION

According to the Universal Declaration of Human Rights (1948), Governments have an obligation to create and maintain adequate access to education. Article 29 of Chapter 2 of the Bill of Rights in The Constitution of the Republic of South Africa (1996: 14), dealing with education states:

- (1) Everyone has the right-
 - (a) to a basic education, including adult basic education; and
 - (b) to further education, which the state, through reasonable measures, must make progressively available and accessible.

Potenza (2001) cites Powell who states that because the South African government sought to maintain subordinate status for Blacks, the education Blacks have received has been and still is inferior. Powell goes on to state that there continues to be inadequate funding of education for blacks. This makes it difficult for blacks to progress economically, since the lack of education results in their being unable to compete in the labour market. Powell argues that, “the right to an adequate education translates into the right to work and earn a living.” Powell goes on to assert that although legislation and policies have changed since 1994, there is still a huge backlog in amenities across a range of contexts in South Africa. Many township and rural schools lack running water, toilets and telephones. Close to half the schools in the country need major repairs and many are overcrowded and understaffed. All of these factors have a direct impact on the quality of education that is delivered.

On May 15 2001 Bisetty (The Daily News, 2001a) proclaimed that with the year almost halfway through, and with examinations around the corner, anxious pupils at about 2000 KwaZulu–Natal schools are still without stationery, a situation that is causing increasing dismay. In a report on May 16 2001 Bisetty (The Daily News, 2001b) reported that The

Kwazulu-Natal Department of Education has had to return R195 million to the provincial treasury, partly because many school authorities have no idea how to manage massive first-time cash allocations. In 2000 the education Department returned more than R280 million. Of that amount R125 million was supposed to have funded additional level one posts and a further R160 million was to have been used for the filling of management posts. Bisetty (The Daily News, 2001b) goes on to contend that it is not under-funding of the province by the national government, but under-spending by the provincial government.

According to Bisetty (The Daily News, 2001b) the policy implemented in schools in January 2000, provides for the poorest of schools (40%) to receive 60% of funds. For every rand that goes to an urban school, about R7 will go to a rural school. Some schools have been getting amounts of up to R300 000 for the first time and for them it is just a big shock. They have not managed money in the past, except for school fees, and did not know what to do with it.

Under apartheid, Africans living in rural areas were denied education opportunities to an even greater extent than those in urban areas. Most schools are poorly resourced with buildings, equipment, books, and without electricity and running water. Children usually walk long distances to school and class sizes are of 70 pupils are not uncommon. Drop out and repetition rates are high and a large number of children do not attend school at all. Opportunities for secondary education, for childhood 'educare' and adult education are scarce (Rural Development Framework, 1997).

Government is committed to increase the level and availability of formal education in rural areas and supply training and assistance to new district and rural councils. The South African Schools Act became effective from 1 January 1987. The Act determines, in line with the Constitution, the right to basic education. The obligation to provide sufficient places in public schools lies with the provinces. The Act also makes provision to have democratically elected governing bodies in which parents, teachers and in secondary schools students will be represented. Public spending on education, will as far as possible, be weighted to favour the poor and historically deprived schools. Most rural community schools and farm schools fall into this category (Rural Development Framework, 1997).

2.8. WATER AND SANITATION

Water is essential for both the health and living standards of the rural population and for the development of land and many other enterprises, including manufacturing, recreation and tourism. Surveys show that water is the first priority of rural people. Under the Constitution, primary responsibility for the provision of water services rests with local government. The Department of Water and Forestry is playing a direct role in the provision of water supplies to local communities where there is no effective local government. The Department's Water Supply and Sanitation Programme aims to ensure that all South Africans have access to adequate portable water supply (defined as 20-25 litres per capita per day within 200 metres of the household) and an adequate and safe sanitation facility per site, over the next nine years (Rural Development Framework, 1997).

One of the key issues with regards to service provision is the question of charging for basic services. According to Shepherd (1999), there is a substantial consensus around the limitations on the proportion of revenue, which can be raised through charges, the difficulties of creating manageable exemption schemes based on poverty criteria, and therefore the need for basic services to be free at the point of delivery. However this has been implemented unevenly, and there are good reasons of downward accountability and service effectiveness for maintaining charges in many cases.

Shepherd (1999) asserts that as far as the rural poor are concerned, their interest is clearly in accessible free or near-free basic services. However, there may be an important trade-off here: if downward accountability is required to create an effective service of quality, and cost recovery helps substantially in generating downward accountability, poor people also need a good quality service.

2.9. COMMUNITY PARTICIPATION IN RURAL DEVELOPMENT

According to Nel and Davies (1999), rural development projects need to not only environmentally and economically sound, but must also be socially acceptable to those people planned to take part. According to Duvel (1999), the shift in emphasis in extension from a technology transfer model to a more participative and facilitative approach focusing on communities rather than on individuals has implications as far as

institutional structures are concerned. According to Shepherd (1999), participation is both a goal (part of poverty reduction) and a means to other aspects of the goal (income and human development poverty reduction). Participation is now linked to the perceived need to build the social and political capital of the poor. Shepherd (1999) further asserts that the 1980s and 1990s have seen the development of rapid rural appraisal (RRA), participatory rural appraisal (PRA), and a variety of other participatory diagnostic and decision-making approaches and techniques which have enabled development agents to work in a client-centered, group-focused participatory way, making a reality of the participatory rhetoric of the 1970s. This apparatus means that the development agencies do not now have an excuse for operating in a top-down fashion.

Shepherd (1999) maintains that PRA by itself does not necessarily include the poor, but it does set up arenas for interaction. In an earlier framework participation by the poor was seen to happen when poor people had effective interlocutors – people who could speak for them, as they are voiceless; and when their voices could be linked to a social movement. Where PRA could be linked with such an approach, its potential is large.

2.10. INSTITUTIONAL DEVELOPMENT IN RURAL AREAS

In the 1990s another dimension to the notion of participation had been added: that of institutional development. This has come especially out of work in irrigation and community forestry management. Institutional development refers to well institutionalized community based organizations serving vital developmental functions. Institutional development (and related social movement), where people are involved in institutions in which they have decision powers and influence is a basis for development. In such a system village based organizations run or contribute to running in partnership most of the services and infrastructure that will benefit the community (Shepherd, 1999).

According to Duvel (1999), if organizational linkage structures are to facilitate maximum participation and ownership, it stands to reason that they should be as close to the grassroots community as possible. Unless community members regard such organizational structures as their own, they will have difficulty relating to them and effectively participating through them. This also implies that they primarily serve the interest and purpose of the community and not those of the development organization/s or agent/s.

Duvel (1999) asserts that institutional development creates the possibility for local governance to bolster local government. If there are parent teacher associations, a rural road syndicate, a network of savings and credit groups with an association, community irrigation and forestry associations, federations of chiefs or elders concerned with land and judiciary matters, a network of women's organizations, traditional healers' associations, rural nurses' and teachers' unions and so on the possibility of getting things done through consensus, contribution and local creativity are multiplied. Duvel (1999) further asserts that the possibilities of conflict and debate are also magnified, since there will inevitably be differences of view and judgment by democratically elected local governments will be necessary. Where solidarity is weak community level organizations will often be faction-ridden and the poor will be excluded.

2.11. CONCLUSION

Political transformation in South Africa following the first democratic general election in 1994 has laid the basis for significant socio-economic change. One area in which the greatest socioeconomic disparities are discernable is the agriculture sector and rural development in general (Nel and Davies, 1999). Through the medium of a case study of the Okhombe village, the obstacles regarding the provision of services in rural areas will be examined.

The next chapter sets out the research approach and methods used in this study. It also provides reasons for the choice of the methods adopted in this study.

CHAPTER THREE

RESEARCH APPROACH AND METHOD

3.1. INTRODUCTION

The objective of this study is to critically examine the provision of services in Okhombe with special reference to health and education. The researcher was interested in identifying and assessing the quality of the services that enhance well-being in Okhombe. It was also intended to evaluate the attitude of people towards the existing services and identifying the needs of the people.

The field research was conducted in January 2001 covering a period of 9 days. The main language spoken in the Okhombe is Zulu. To overcome the problem of language in communicating with respondents, interpreters were used. The services of two young ladies as interpreters, who live in Okhombe, were used. The service of a colleague was also used to assist in interpretation of Zulu and in data gathering.

double check with a university staff member, has worked as an interpreter

This chapter commences with a background to this case study. Thereafter, details of the study area are presented and this is followed by a presentation of the key questions to be answered in this study. Next, a discussion of the research approach to this study is presented and this is pursued by a detailed account of the research methods used for data collection. In this section the main reasons for using Participatory Rural Appraisal (PRA) is outlined. The research techniques, followed by the sampling techniques used in the study are then discussed.

3.2. BACKGROUND TO THE CASE STUDY

Historically, Black people were disadvantaged. In South Africa property relations are shaped by the historical development of racial capitalism characterized by land dispossession, forced removals and the creation of reserves for African people, which resulted in overcrowding, poverty and rural under-development (Wildschut and Hulbert, 1998). Black people were uprooted from their traditional lands to make way for the on Conservation creation of parks, game reserves and forests and White commercial farming. The intensification of hunting activities by European settlers, the acquisition of guns by local people, and the ranching of cattle, sheep and goats, led to the diminishing of resources. In response to diminishing resources, the colonizing powers, which

depended on these natural resources, proclaimed official protected areas – forests, game parks and game reserves. The establishment of protected areas was often accompanied by forced removals and resource dispossession among the African people (Green Paper on the Conservation and Sustainable Use of South Africa's Biological Diversity, 1996).

Furthermore, the development of commercial agriculture under colonial governments had placed most subsistence farming in marginal lands at the periphery of commercial agricultural lands. Commercialization of agriculture resulted in taking away fertile lands from the African people and re-locating them on land that was not very productive, thus leading to marginalizing of the indigenous people (Keats, 1991). Many of these communities were removed without adequate compensation (Green Paper on the Conservation and Sustainable Use of South Africa's Biological Diversity, 1996).

Land dispossession resulted in skewed land ownership most strikingly in the case of rural land available for agriculture, with more than 12 million Black people inhabiting only 17.1 million hectares (of which no more than some 2.6 million hectares is of good quality) and less than 60 000 White-owned farms occupying 85.7 million hectares, including most of South Africa's high-potential arable land (Wildschut and Hulbert, 1998).

During the apartheid era Black people were removed from urban suburban areas, and dumped in rural areas with little consideration given to their needs and aspirations. The Group Areas Act and apartheid policies ensured that areas previously occupied by Whites enjoyed better service delivery whilst Black areas were neglected or provided with "inferior quality" services.

Furthermore, development in the past in South Africa has taken place with an urban bias. According to Swanepoel (1997), one of the most glaring results of centralized decision-making is the marked urban-rural imbalance with which Third World development is plagued. This imbalance has always been beneficial to the urban areas and detrimental to the rural sector. It was the result of either a deficiency in policy which did not treat rural and urban areas equally, or the complete absence of policy so that the power structures based in the urban areas were able to manipulate development efforts and funds to benefit the urban areas to the detriment of their rural counterparts. Another reason is that

rural people have the smallest share of resources devoted to formal education. In consequence, they are most poorly organized, and therefore least able to demand assistance (Department of Land Affairs, 1997). Furthermore, Black rural communities in South Africa were provided with fewer services compared to their White rural counterparts, the result of apartheid policies.

Apartheid policies of the past and development with an urban bias resulted in many Black rural areas remaining underdeveloped and under-serviced. The Democratic Government that came into power 1994 adopted a new Constitution that contains a Bill of Rights to ensure that everyone enjoys the same rights. The South African Constitution emphasizes socio-economic rights such as the right to ecologically sustainable development, and the right to access to adequate housing, education, health care, food and water. According to the Integrated Rural Development White Paper for Kwazulu-Natal (1998), rural development is crucially important to the realization of socio-economic rights, given that rural people currently have least access to them.

The new Democratic Government promised to improve the quality of life of rural African people. To this end the government had embarked on its ambitious Reconstruction and Development Programme (RDP) and it also produced many policies to improve the delivery of services to previously disadvantaged rural communities.

According to the Integrated Rural Development White Paper for Kwazulu-Natal (1998), the RDP embraced an integrated and sustainable approach, centered on a people-driven process, which focused on meeting immediate needs through active involvement and empowerment. Peace and security was taken as the pre-conditions for development initiatives, which aim to overcome the historical legacy of division and inequality. The RDP rejected an approach to development, which implicitly preserves inequality and division through focusing growth strategies in developed sectors and areas whilst adopting piecemeal, trickle-down strategies in underdeveloped marginalized sectors and areas. The RDP explicitly links reconstruction and development. Growth and development, reconstruction and redistribution are taken as an integrated process. These key developmental elements are linked through the provision of infrastructure and services to the meeting of basic needs and the opening up of unrealized economic and

human potential. The realization of these principles depends on participation in the policy making process and in programme implementation.

The Integrated Rural Development White Paper for Kwazulu-Natal (1998), further contends that the RDP aimed to improve the quality of rural life through land reform, through access to affordable services, through addressing the position of women, through the transfer of development resources to rural areas, through facilitating the development of democratic and accountable local government and through human resource development. Although the RDP ceased to exist as a separate development initiative in 1996, the basic principles which underpin the RDP continue to provide a developmental philosophy and framework for the formulation of specific sectoral and provincial policies (An Integrated Rural Development White Paper for Kwazulu-Natal, 1998).

The approach to development adopted in the Integrated Rural Development White Paper for Kwazulu-Natal (1998) claims to be entirely consonant with the basic principles adopted in the RDP. It also identifies practical, locally specific, and locally sensitive ways in which these aims can be achieved in line with the aims of the RDP. According to the Integrated Rural Development White Paper for Kwazulu-Natal (1998: 4):

the objects of local government are to provide democratic and accountable government for local communities; to ensure the provision of services to communities in a sustainable manner; to provide social and economic development; to promote a safe and healthy environment, and to encourage the involvement of communities and community organizations in matters of local government.

After the first democratic elections in April 1994, and arising out of the RDP the Masakhane campaign was started in South Africa by the national government. Masakhane is a call to build unity and encourage citizens to fulfill their responsibilities in rebuilding the new South Africa. Masakhane calls for the revival of 'Ubuntu' - a Zulu term used to describe the collective humaneness, which is symbolic of people who practice and believe in a communal lifestyle. Masakhane is about the inclusive and active participation of people in the construction and development of our country. Masakhane is about a committed partnership between a community (including civic structures and businesses) and all levels of government uniting to take responsibility for upliftment of the people. According to Nyathikazi (2001), the Masakhane campaign has a number of key objectives. Foremost amongst these is nation building. Another of the objectives of

the campaign is the creation of conditions that are conducive to effective and sustainable local government. It also entails the acceleration of the provision of basic services, and the creation of a climate of responsibility and ownership – thus protecting community facilities from being vandalised.

This study is undertaken in an attempt to determine the extent to which the government has succeeded in providing basic services to rural people through a case study of the Okhombe village.

3.3. THE STUDY AREA

The study area is situated in the upper Tugela River catchment area in the foothills of the Drakensberg. In shape, the area occupied by the community resembles that of a horse-shoe, the centre of the horse-shoe being a valley in which the six community sub-wards are situated, with the Okhombe river flowing through the centre of the valley. The six sub-wards are Ingubhela, Sgodiphola, Mahlabatini, Empameni, Oqolweni, and Enhlanokhombe. (See Appendix A for a sketch map of the Okhombe Ward as part of the Amazizi Tribal Authority)

The Okhombe community belongs to the Amazizi tribe and the Amazizi area went through the Villagisation or Betterment Scheme in the 1950s, which relocated the traditionally scattered homesteads into organized villages. The villages were divided into three sections: the mountain slopes and the plateau which was communal grazing land and was fenced off, the homesteads at the foot of the slopes, and the arable plots in the lowlands (Brocklehurst et al, 1997). The Okhombe ward still has this structure. The Betterment Scheme was also responsible for erecting fences on the boundary of the communities' plateau grazing lands, which prevented cattle from wandering away or getting stolen. The boundary fence is no longer in place as most of it has been broken or stolen. The issue of fencing is viewed by the community as a major problem and they regard replacement as being very important.

A survey which was conducted by The Department of Range and Forage Resources at the University of Natal, Pietermaritzburg in 1989 showed that the total population in the Upper Tugela location was 15 000, 13 000 belonging to the Amazizi tribe. The average number of people per household was 7,9 and there was an absence of younger men, most

of them are working on the mines, which results in an imbalance between male and female numbers (Brocklehurst, et al, 1997).

The Okhombe community is a typical South African rural community that relies heavily on the surrounding natural resources for their daily living (Forestek, undated). Maize is the predominant crop grown within these lands and although production is exceptionally low compared to surrounding commercial farmer, the relatively good soil and high rainfall allows for better crop production than in many other ex-Bantustan areas. Only a limited proportion of the community has access to lands, and an individual homestead has access to less than two hectares. Tenureship is complex, but the field owner has relatively secure tenureship as long as the fields are productively used during the summer. The high grazing pressure coupled with cattle movement has resulted in severe degradation of the commonage. Fuel wood and construction timber is collected from small patches of indigenous forest, as well as a community woodlot. These resources are not sufficient for the community and additional wood is purchased from wood merchants. The micro-catchment surrounding the community is important for ensuring the water supply to the community. Additional veld products such as thatch, grass for weaving, clay and medicinal plants are also obtained from the communal lands.

3.4. KEY QUESTIONS TO BE ANSWERED IN THE RESEARCH

The following key questions will be answered in this study:

- i. What is the socio economic profile of people in the Okhombe village?
- ii. What services are provided in the Okhombe village or are available in close proximity to Okhombe?
- iii. What is the quality of the various services and are they adequate?
- iv. What are the concerns, problems and needs of the people in relation to the provision of services?
- v. Are there power dynamics that compete with each other with regard to the provision of services in rural areas?

3.5. RESEARCH APPROACH

Both primary and secondary sources of data was collected and used. The research included the following:

- i. A review and evaluation of relevant literature pertaining to provision of services in rural areas. This provided insight with regard to the types of services that were provided in rural areas.
- ii. An examination of existing legislation, and policies with regard to the delivery of services to rural areas. This examination revealed the intentions of the Government with regard to service provisions in rural areas. It also revealed the rights that rural people have or ought to enjoy with regard access to health and education.
- iii. The study integrated both the qualitative and quantitative methodologies to gain as much data as possible in order to gain a greater understanding on the impact that the current provision of services had on the lives of the people.

3.6. RESEARCH METHOD USED FOR DATA COLLECTION

Information and data was obtained through the use of multiple methods and techniques that were used interchangeably to complement each other and to provide different perspectives on the topic under study. The collection of data from the field was done using mainly the Participatory Rural Appraisal (PRA) or Participatory Action Research (PRA) approach. Schurink (1998) defines Participatory Action Research as a process where people involved in the situation that are being studied are enabled (in partnership with researchers) to become actively involved in collective efforts to address and solve their social problems. This is done in such a way that their existing knowledge and cognitive, social and behavioural skills are increased, resources are optimally used, social and economic rights are achieved, their quality of life and social functioning are improved and self reliance is created.

According to Schurink (1998), Participatory Action Research is recognized in literature as an alternative system of knowledge production based on the subject's involvement in decision making regarding the questions to be asked, who the respondents will be, how the questions will be asked, what role the subjects will play in data gathering, how the data should be interpreted, the development of models, programmes, etc. and evaluation of development efforts. Participatory Action Research makes use of qualitative and quantitative research designs, data gathering, as well as data analysis. However, the actual research takes second place to the emergent processes of collaboration, mobilization, empowerment, self-realisation and the establishment of community

solidarity. Chambers (1994) states that, PRA is associated with learning rapidly and progressively, with conscious exploration, flexible use of methods, opportunism, improvisation, iteration and crosschecking.

Although quantitative methods (surveys, community profiles and structured interviews) may be used, participatory action research is based on the antipositivist (qualitative) world-view that there is no outside “true” reality, which could be discovered by researchers in an objective, detached way. Reality could only be understood by discovering the meanings that people in specific setting attach to it (Schurink, 1998).

The main reasons for using the PRA method (Chambers, 1994; Schurink, 1998) include:

- To accommodate the respondents’ literacy level.
- To allow an opportunity for visual sharing of knowledge.
- To empower rather than to dominate respondents.
- To encourage participatory and group responses.
- To allow for a relaxed rapport between the respondents and the researcher.
- To learn from local people, directly, on site, and face to face, gaining insight from their local physical, technical and social knowledge.
- To enable people in the study area to become actively involved in collective efforts to address and solve their social problems. This is done in such a way that their existing knowledge and cognitive, social and behavioural skills are increased. The task of the researcher is facilitating investigation, analysis, presentation and learning by local people themselves, so that they generate and own the outcomes and also learn.
- To allow for a reversal of frames: from etic to emic, from the knowledge, categories and values of the outsider professionals to those of insider local people. Since the frame of local people is, usually not known in advance, the reversal from etic to emic, then, has to be from closed to open.
- To allow for a reversal of modes of interaction and analysis from their normal directions in three ways: from individual to group; from verbal to visual and from measuring to comparing.
- To allow for a reversal of relations: from reserve to rapport, and from frustration to fun. Reversals of frames, modes and relations contribute to reversals of power: from extracting to empowering.

PRA allows for a shift of emphasis from the more traditional methods: from the knowledge, categories and values of outsider professionals to those of insider local people. In contrast to traditional questionnaires, participants are not simply providing information to be handed over and taken away. The information is theirs. They own but share it. PRA will allow the participants to enjoy the creativity of what they are doing, and what they themselves see and learn through their presentation and analysis.

3.7. RESEARCH TECHNIQUES

The following techniques were used:

3.7.1. Observation

According to Cohen et al (2000), observational data are attractive as they afford the researcher the opportunity to gather 'live' data from 'live' situations. The researcher looks at what is taking place *in situ* rather than at second hand. This enables the researcher to be open-ended and inductive, to see things that might otherwise be missed, to discover things that participants might not freely talk about in interview situations and to move beyond perception-based data (for example, opinions in interviews).

Direct observation was made to establish the services that are provided and their quality. Observation revealed the following: a primary and a high school; a well constructed community hall; satisfactory gravel main roads and poor "passage" roads; a community sports field; a small building that houses the mobile clinic; water pumps and an open pit toilet system. Data was also collected by observing and interacting with the community at different levels (attending soccer games, community meetings, socializing with people, visits to the spaza shops). During the process of participant observation and interaction, many informal conversations took place as opportunities arose. Community observation and participation allowed for greater contact between the researcher and the local people. The researcher in this way acquired a great deal of information and knowledge.

3.7.2. Survey

Leedy (1980) states that data sometimes lie buried deep within the minds or within attitudes, feelings or reactions of men and women. As with oil beneath the sea, the first problem is to devise a tool to probe below the surface. A common instrument for

observing data beyond the physical reach of the observer is the questionnaire. According to Bailey (1982), a survey consists of asking questions of a representative cross-section of the population at a single point in time. According to Cohen, et al (2000), surveys gather data at a particular point in time with the intention of describing the nature of existing conditions or identifying standards against which existing conditions can be compared. Jones (1985) contends that surveys allow for patterns to be described and explained by relating one set of results to another. It also allows for an exploratory analysis of an issue or a problem.

In this study it was not possible to use the structured questionnaire that was designed because of poor literacy levels of the respondent and the poor understanding of English. The survey was rendered to a structured interview making use of translators to assist in the gathering of information. Household surveys were conducted to determine whether people are satisfied or not with the current provisions and to determine the needs and expectations. Households were selected from EshlanaOkhombe, Mahlabathini and Sgodiphola villages. A total number of 12 households were interviewed. Of the 12 households 3 respondents were male and 9 were female.

3.7.3. Semi-structured interviews

According to Cohen et al (2000) semi-structured interviews enables respondents to project their own ways of defining the world. It permits flexibility rather than fixity of sequence of discussions and it also enables participants to raise and pursue issues and matters that might not have been included in a pre-devised schedule.

A large part of this research was based on lengthy, qualitative semi-structured interviews. The technique was selected because it presented the best prospect to elicit information from rural people. According to Bob (1994) semi-structured interviews and discussions allow the interviewee to introduce topics and speak in their own words rather than in categories dictated by the researcher. According to Chambers (1994), in a semi structured interview there can be a checklist for reference but not a preset sequence of questions and a value can be set on probing, on pursuing leads and on serendipity.

Although the semi-structured interviews were guided by a set of research questions, (See Appendix I, J, K and L for questionnaires used in the research) they were frequently

being reformulated during the course of the interview depending on the person being interviewed and the responses that were given. These semi-structured interviews permitted for comparisons to be made among the different respondents but also raised a series of topics that gave the respondents opportunities to speak on issues that concern them most. Responses certainly facilitated new questions and sometimes rendered some questions inappropriate. This approach led to a dynamic information gathering process and encouraged a dialogue between the researcher and the respondent that was not prescribed and dominated by the researcher.

Detailed interviews were conducted with the following key informants:

- Sister Mia, the person in charge of the Amazizi Clinic
- Mr. Shabalala, a traditional healer in Okhombe
- The Principal of Maqoqa High school
- The Principal of Masumpa Primary School
- The Deputy Principal of Tolitemba High School
- Mr. Ndlovu a senior community member
- Mr. Shabalala, a member of the governing body of Masumpa Primary School

Each of the interviews lasted between one to two hours. These interviews were conducted to gain further insight with regard to the history of service provisions in the area, the adequacy of these services, future plans for the area, the way decisions are arrived at with regards to community development projects.

3.7.4. Focus Group Workshops

The workshop approach was also used to ascertain community perspectives on the provision of services in Okhombe. According to Eyles and Smith (1988: 23) workshops are vital in “bringing together different social worlds of a neighbourhood”. Herod (1993) observed that a group setting is more conducive to providing insights, which would be less accessible without the interaction of the group. Cohen et al (2000) state that group interviews can generate a wider range of responses than in individual interviews. Group interviews are often quicker than individual interviews and hence timesaving. Group interviews can bring together people with varied opinions and might be less intimidating than individual interviews.

The workshop approach was used to gather data from individuals in a group setting. It was hoped that this process of open discussions with groups and the ranking of responses would elicit both consensus as well as long-term community ownership of solutions. Given the time and other research constraints it was not possible to conduct personal interviews with as many members of the community as the researcher wished to. However, the workshop approach gave the researcher the opportunity to gather information relating to common community interests and areas of community concerns in a group setting.

In total six workshops were conducted to gather information. Two workshops were conducted at schools, one at the primary school and one at the high school. These workshops with the teaching staff concentrated on the concerns of the educators, the availability of resources and community involvement in school matters. The four other workshops were conducted with community groups in each of the following villages: Sgodiphola, Enhlanokhombe, Mhlabathini and Ingubhela. The aim of the exercises was to ascertain the problems and needs of the people as the respondents perceived them. The attendance and composition of the focus group workshops are presented in the table below.

Table 1. Attendance and composition of focus group workshops

| WORKSHOP | MALES | FEMALES | AGE RANGE |
|------------------------|--------------|----------------|------------------|
| Maqoqa High School | 5 | 3 | 24-45 |
| Masumpa Primary School | 1 | 3 | 24-50 |
| Sgodiphola | 9 | Nil | +45 |
| Enhlanokhombe | 8 | Nil | 18 – 25 |
| Mhlabathini | Nil | 12 | +20 |
| Ingubhela | 15 | 7 | 25 – 70 |
| TOTAL | 38 | 25 | XXX |

3.7.5. Triangulation

Mouton (1996) contends that a first general principle in data collection is the inclusion of multiple sources of data. The use of multiple sources of data in a research project is likely to increase the reliability of the observation. According to Mouton (1996) the term triangulation refers to the use of multiple methods of data collection. It must be noted

that not all methods are equally reactive. Hence it is an important principle to supplement the more reactive methods such as direct observation, with less reactive methods, such as the use of documentary sources. According to Chambers, (1994) and Cohen et al (2000) triangulation means crosschecking and progressive learning and approximation through plural investigation.

The methods used in this study included a literature review, observation of the field and of participants, interviews with key informants, surveys with householders, focus group discussions and participatory methods. Multiple methods were used in data collection so as to increase the reliability of the information obtained.

3.8. PARTICIPATORY METHODS USED IN THE STUDY

3.8.1. Mental Mapping

According to Chambers (1994), villagers have a greater capacity to map, model, observe, quantify, estimate, rank, score and diagram than outsiders generally supposed them capable of. Given the right conditions and materials villagers can express mental maps visibly on the ground or on paper. Mental maps enable local people to express and analyze their knowledge and preferences. In this study mental maps were used to gather information about existing services and provisions and future needs through the use of drawings and maps.

3.8.2. Transect Walks

Transect walks help to identify a community's natural characteristics, both current and historical. In this study transect walks involved walking with villagers through parts of Okhombe and discussing different aspects of land use, service provisions and histories. It was learnt that land in the lower section of the valley was used for agricultural purposes whilst cattle was grazed on the upper parts of the mountain slopes and the mountain plateau. The following facilities were observed: water pumps, schools, a community hall, a building that houses the mobile clinics, some of the many "spaza" shops.

3.8.3. Ranking and Scoring

Ranking and scoring exercises were conducted to determine the order of peoples' problems and their needs. Chambers (1994) cautions that ranking exercises have

limitations. In a group, one person may dominate and overrule others. With well-being ranking some analysts can be reluctant or unreliable in ranking themselves.

3.9. SAMPLING TECHNIQUES

According to Melville and Goddard (1996), samples must be representative of the population concerned, otherwise no general observations about the population can be made from studying the sample. Morse (1998) contends that the primary feature of methods of sampling is that the situation of the sample is determined according to the needs of the study, and not according to external criteria, such as random selection. Participants are representative of the same experience or knowledge; they are not selected because of their demographic reflection of the general population.

The sampling methods used to gather data and information included:

3.9.1. Snowball sampling

According to Strydom and de Vos (1998:199-200), “snowballing” involves approaching a single case, which is involved in the phenomenon to be investigated, to gain information on other similar persons. In turn this person is again requested to identify further people who may make up the sample. In this way the researcher proceeds until he has identified a sufficient number of cases to make up his sample. This method is useful for sampling a population where access is difficult or where communication networks are undeveloped (Cohen et al, 2000).

Interviews were conducted with some prominent persons in the community as key informants to gather information. Key informants can provide a valuable source of information with regard to the history of the area, the ‘struggle’ for service provisions and facilities in the area, the problems the people experience and the needs and aspirations of the community. Once the researcher had identified one or two such persons and interviewed them they were requested to suggest the names of other people who have a wealth of knowledge and would thus be a valuable source of information. This was done because the researcher was not familiar with the people in the community.

3.9.2. Target Sampling

This is mainly a strategy to obtain systematic information when random sampling is

impossible and when accidental sampling cannot be strictly implemented in consequence of the hidden nature of the problem. Strydom and de Vos (1998) cite the definition of Watters and Biernacki (1989:420) of a target sample as “a purposeful, systematic method by which controlled lists of specified populations within geographical districts are developed and detailed plans are designed to recruit adequate numbers of cases within each of the targets.”

In this study the researcher targeted heads of institutions for interviews to gather information. To gather information about health the person in charge of the clinic was interviewed, and the headmasters of the schools in the area was interviewed to gather information about education. These persons were targeted because they were considered to be the best persons to provide information about their institutions. Nurses and teachers were targeted as they were be able to provide ‘expert’ information about their fields. Furthermore prominent members of the community were also targeted for interviews.

3.9.3. Accident or convenience sampling

Any case which happens to cross the researcher’s path and has something to do with the phenomenon, gets included in the sample until the desired number is obtained (Strydom and de Vos, 1998). The so-called man-in-the-street interviews, which are often conducted by television teams, are a case in point. Bailey (1994) and Cohen et al (2000) refers to this type of sample as a convenient or available sample and add that the respondents are usually those who are nearest and most easily available .

When the researcher visited a school or a clinic he was not be able to make a random selection of staff for interviews, as people were busy with their work schedule. During the visits to the clinic and the schools, the researcher interviewed those members of staff of the institution who were available and willing to be interviewed.

3.3.4. Stratified sampling

Stratification consists of the universe being divided into a number of strata which are mutually exclusive, and the members of which are homogenous with regard to some characteristics such as gender, home language, or age. This type of sampling is suitable for heterogeneous populations because inclusions of small subgroups percentage-wise can be ensured. This type of sample is mainly used to ensure that different groups or

segments of a population acquire sufficient representation in the sample (Strydom and de Vos, 1998). The desired number of persons is then selected within each of the different strata. According to Leedy (1980) stratification helps to select the proper proportion from different types of areas.

In a community the views, needs and aspirations of different groups of people will not be the same. For example, young people may consider a computer center as a greater need than older persons who may place the establishment of a clinic higher. The study attempted to gather the views of young men and women, older men and women, householders, teachers and nurses. To this end stratified sampling was used to gather data from different groups of people.

3.9.5. Cluster sampling

Unlike stratified sampling, which draws cases from each stratum, cluster sampling draws cases only from those clusters selected for the sample (Strydom & de Vos, 1998). In cluster sampling one subdivides the population into subgroups called clusters. One then randomly selects a sample of clusters, and then randomly selects members of the cluster sample to serve as the population (Melville & Goddard, 1996). Although some loss of accuracy of the sample is inevitable, this method has the advantage of concentrating the field study in a specific section of the greater geographical area and thus helps save costs and time (Strydom and de Vos, 1998). The researcher must attempt to retain areas, which are naturally grouped together such as suburbs or street blocks. According to Leedy (1980) cluster sampling is convenient and administratively necessary in large-area studies.

The Okhombe Ward consists of six villages that are widely dispersed. It would have been extremely difficult to draw samples from all the villages because of time and cost constraints. The villages seemed to be homogeneous in nature and cluster sampling was used. For household interviews samples were drawn from three villages, Mahlabathini, Enhlanokhombe and Sgodiphola.

3.10. RESEARCH EXPERIENCES

One of the most demanding aspects of conducting interviews is the ability to create a rapport between the respondent and the interviewer. Some of the interviews were

conducted in English by the researcher whilst others were conducted in Zulu with the aid of interpreters. The interpreters being from the study area helped greatly to develop a sense of trust between the subjects and the researcher. The researcher being unable to speak Zulu and the use of interpreters resulted in limited communication with many respondents. In such cases the language barrier created situations where it was difficult to exchange views or to clarify issues that were raised.

A research questionnaire for health workers was prepared and it was anticipated that they would complete it. Because of time constraints and the limited person-power at the clinic two nurses were interviewed using the prepared questionnaire as a guide.

A research questionnaire was also prepared for householders. Because of the language barrier the householders had to be interviewed using the translators. Here again the prepared questionnaire was used as a guide.

The researcher found that members of the community were very eager to participate in the research. Members of the community were very hospitable and this made the researcher and the interpreters feel at ease. The principals of the schools in the area were also very accommodating by granting us interviews and allowing us to conduct workshops with their teachers at short notice.

The owners of the spaza shops approached were also extremely helpful in assisting to get community members to participate in focus group workshops. They were also kind enough to allow the workshops to be conducted on their premises. The two interpreters were also helpful in setting up focus group workshops.

The researcher's task was also made easier as he had the assistance of a colleague who was able to speak Zulu and who helped in facilitating the focus group workshops.

3.11. CONCLUSION

This chapter started by presenting a background to this case study. The study area was then discussed. The key questions to be answered in the research were then presented. The chapter then discussed research approach that was used. It also discussed the methods and techniques that were used in the collection of information and data. The

chapter also explains why the participatory approach was predominantly used in this research. The different sampling techniques used in the study was then discussed.

Finally, the researchers experiences were discussed. The next chapter deals with the presentation and analysis of data.

CHAPTER FOUR

DATA ANALYSIS

4.1. INTRODUCTION

This chapter provides an analysis of the data collected. In analyzing the data, the five crucial issues that relate to the research questions identified earlier are discussed. The first section deals with the socio-economic profile of the people in Okhombe. The second section discusses health services. The third section discusses education services. The fourth section deals with other services and facilities. The fifth section discusses the general expressed needs and concerns of the people. The final section explores the role that power dynamics play with regards to the acquisition and accessibility of services in rural communities and in particular the Okhombe area. In each section, the results are related to pertinent issues, which are concerned with the well-being of people. This is intended to illustrate how the findings either reinforce debates and discussions that previously disadvantaged people in rural areas continue to be provided with the inferior services compared to their urban counterparts or whether major differences can be discerned since the new democratic government came into power in 1994 with the promise to eradicate poverty and promote the well-being of all the people in the country, especially the disadvantaged rural people.

Before commencing with the discussion, it is imperative to state that the processes discussed in each section are inter-linked. One process inevitably impacts on the other. For example, the socio-economic profile of the people in Okhombe will determine what services are provided and the quality of the services provided. It will also determine the acquisition and accessibility of the services. If people, for example, require electricity and piped water to be connected to their homes they will have to pay for the connection, the water and electricity used. Since wealth and power are related, wealthy people may have greater and easier access to certain services as they may be in powerful positions in community organizations that decide on the acquisition and location of services. Wealthy people may use their power in acquiring and locating services, which they require, close to their homes rather than getting services that the majority of the people may need. If the basic services the people require are not provided, it will be evident that they will not enjoy a state of well-being.

The scope of the study does not allow for a comprehensive discussion of responses to all the questions fielded. Data has been discussed selectively to respond to the critical questions. In the introduction, the researcher demonstrated how the critical questions were being responded to in this chapter. Triangulation of household surveys, observation, interviews with key informants, and focus group workshops will be discussed concurrently to avoid duplication. Transect walks and mental mapping responses are infused into the major findings.

4.2. THE SOCIO-ECONOMIC PROFILE OF PEOPLE IN OKHOMBE

From household visits and observation it was determined that the greater majority of people in Okhombe are poor. A few homes were constructed with blocks and had tin roofing. These homes generally belonged to people who were financially better off. The greater majority of homes were made of mud, wood, thatch and timber. It is obvious that these homes belonged to poor people. During the household visits it was discovered that most homes were not solidly constructed, did not have electricity, and were very sparsely furnished. With regards to land ownership, each household is allowed to farm on one hectare of land. Farming is carried out on a subsistence level with maize being the principle crop (86% of the total crop output) (Brocklehurst et al, 1997)

A survey conducted in 1989 by the Department of Range and Forage Resources at the University of Natal, Pietermaritzburg revealed that only 16% of the inhabitants are economically active giving rise to a high dependence ratio (Brocklehurst et al, 1997). The unemployment rate is high and the community depended on migrant labour for much of its income. Mr. Themba M. Ndlovu (President of the Development Committee) confirmed that the unemployment rate was still very high and that the community still depended on migrant labour for much of its income. Other forms of income include the selling of crops, stock animals and poultry to local villagers and people in surrounding areas and in Bergville. Some inhabitants in Okhombe have started their own businesses such as poultry production but such initiatives are scarce.

From an economic point of view the Okhombe community relies on government subsidies. For example, a government official comes every three weeks to dip the cattle in a communal dipping trough. The government pays for all the equipment and materials used and this greatly assists the community financially. Fencing is seen as a high priority,

however the government refuses to re-fence the area, as the probability of theft remains high. This puts a great strain on the community financially because of the number of cattle being stolen and taken over to Qwa-Qwa and Lesotho has grown and continues to grow. On an average 40 cattle are lost annually due to theft.

When one looks at the socio-economic factors of an African rural community, cattle plays a major role, being seen as a symbol of wealth and status. According to Mr. Ndlovu there is no limit to the number of cattle per family. There are less than 20 head of cattle per household, where most had from five to ten. Only about 20% of the households' own cattle, and most of the owners live in Johannesburg as migrant workers. According to Brocklehurst et al (1997), figures from dipping records show that the total number of cattle in 1989 was 2897 and it rose to 4320 in the mid 1990's. Oxen, which are used to plough the plots, have increased from 702 to 2000, while cows and heifers have risen from 1716 to 2150. It would appear that the Okhombe community is very wealthy because of the large number of cattle. In reality the economic standing of each individual family has dropped drastically in the last 20 years. The increase in the number of cattle is attributed to the increase in the number of people in the community, while the number of cattle per family is decreasing due to theft and diseases. The cattle are prone to disease because they are of poor condition due to the overstocking by farmers who aim for quantity rather than quality.

The study revealed that people are keen to work and earn a living. However, one of the largest problems in Okhombe is the lack of employment opportunities in the area. This lack of employment opportunities contributes immensely to the poverty in the area.

4.3. HEALTH

Responses to the above category have been achieved through observation, household surveys and semi-structured interviews with the nurses at the clinic, Mr. Ndlovu a key informant (the Induna or the Nkozi's counselor for the Okhombe Ward) and Mr. Shabalala, a traditional healer.

The respondents surveyed indicated that they preferred to use both western medicine as well as traditional medicine depending on the type of sickness or disease. They visited the clinic for treatment of tuberculosis, diarrhoea, blood pressure, antenatal and postnatal

care. Older people visited the clinic for regular health check ups. Traditional healers were consulted for stroke, sore throat (ithambo) and reddish spot at the back of the neck. Many households also use home remedies to treat their families.

4.3.1. Home remedies and self-medication

One third of respondents in the household survey indicated that they had knowledge of herbs and they help themselves by preparing self-medication at times. According to Zanele Mchunu, a researcher at the Bergville Health Centre, many rural people use home remedies to treat themselves and members of their families. Home remedies include steaming with Vicks or gum tree leaves and orange or lemon juice for colds.

People sometimes experience problems in preparing home remedies, as there are no shops in the area where one could buy these herbs and ingredients. Similar problems are experienced in purchasing remedies for minor illnesses such as coughs and colds as there are no shops or pharmacies in Okhombe or surrounding areas. The nearest place to acquire self-medication and preparations for home remedies was from Bergville some 35 kilometers away. Apart from the use of home remedies and self-medication, people use the services of traditional healers and the clinics run by the Department of Health.

4.3.2. Traditional Healers

The people in Okhombe use the services of traditional healers, also called Inyangas or Sangomas, extensively. This conclusion is drawn from the fact that all the respondents in the household survey indicated that they use the services of traditional healers, however, not exclusively. There are about 35 traditional health practitioners in the area (Statistics from the Department of Health, 2000). People are happy with the services rendered by these traditional healers. This is evident from the fact that none of the householders interviewed had anything negative to say about the traditional healers. People have a lot of confidence in traditional healers, as they believe that they are very knowledgeable and experienced. Mr. Shadrack Shabalala, a traditional healer living in EhlanaOkhombe, is a case in point. In an interview he indicated that he had been practicing traditional medicine for 25 years. He had to undergo many years of intensive training to become a healer. Mr. Shabalala specializes in stroke, mental illnesses and marriage problems.

According to Mr. Shabalala, traditional healers use a holistic approach in the treatment of patients. The examination of the patient is thorough and from different perspectives. For example, stroke is perceived from different perspectives. It could be the result of an assault, or stepping over some ill-fated object, or bad dreams, or by possibly being kicked by a horse. Patients are sometimes admitted after consulting for treatment but it depends on the decision of the patient's family whether they want to leave the patient. If admitted, the patient lives with the healer and his family. Members of their families usually assist traditional healers.

Some of the reasons for preferring the services of traditional healers were as follows:

- Traditional healers are available twenty four hours a day.
- They are easily accessible as many healers live in the community.
- The fee for consultation is low (R10-00). They also have a flexible payment plan. They accept part payment on consultation.
- Traditional healers admit patients with the consent of parents. The patients stay with traditional healer's family whilst being treated.
- The respondents believed that the cause of diseases like stroke was better understood by traditional healers and that the treatment they offered was better. The physiotherapy offered by the hospital is ineffective and made little change in the health of the patient. The respondents believed that there was a chance of full recovery of the patient who was "bewitched" when treated by traditional healers.

There is no store in the area where traditional healers can purchase the ingredients necessary to make their medicines to treat their patients. Traditional healers travel to different parts of South Africa to obtain plants, herbs and other ingredients to make medicines. Mr. Shabalala indicated that he often travels to Durban and Johannesburg to get medicines.

He indicated that traditional healers did not claim that they had cured people with AIDS but he has treated some people who had symptoms of AIDS and other patients who were confirmed by western doctors as AIDS sufferers and they were well and still living.

Mr. Shabalala did not see traditional medicine and western medicine as competing with each other. In his opinion co-operation between western and traditional practitioners was important and necessary. In his case he often worked closely and co-operated with western doctors. However, according to Sister Mia of the Amazizi Clinic, traditional healers don't know the strengths of medicines. Traditional healers also give enema for diarrhoea and the clinic does not approve the practice and they discourage it. In many cases traditional healers give muti (Isishlarnbe) to ease deliveries and complications arise. Sometimes there is pre-mature delivery of the baby and haemorrhage associated with birth. Many people also use the services of traditional midwives to deliver babies.

4.3.3. Clinics

According to Mr. Ndlovu, the Induna or the Nkozi's counsellor for the Okhombe Ward, the area was struggling with regard to health provisions. Okhombe was far away from towns, clinics and hospitals. The nearest clinic for the people of Okhombe is in Amazizi some ten kilometers away. However, some gains have been made after the community made representations to the Health Department to build a clinic in Okhombe. They were informed that there was no money to accede to the request of the community. Instead a sponsored health centre was built five years ago on the main road near the Maqoqa High School and a mobile clinic visits the health centre on two Wednesdays of the month. Presently people in Okhombe make use of the mobile clinic at Okhombe and the main clinic at Amazizi.

According to the sister in charge at the Amazizi clinic, the following common diseases are treated at the clinic:

- Diarrhoea – mainly children
- HIV AIDS
- TB and respiratory disorders
- High blood pressure
- Heat-rash – mainly children
- Sexually transmitted diseases (STD). There has been an increase in the number of high school children treated in the recent past.
- Malaria

According to Zanele Mchunu, a researcher at the Health Centre at Bergville, one of the main types of illnesses treated in the area was respiratory disorder. Respiratory illnesses treated rose from 36.4% in 1996 to 64.3% in 1999. The symptoms that would cause a mother to take a child to a health care facility included difficulty in breathing, loss of appetite, fever, coughing and wheezing.

Ante-natal treatment is provided at the clinics. The ante-natal visits increased from 80.8% in 1996 to 83.3% in 1999. Family planning services are also offered at the clinics. The number of people visiting the clinics for family planning increased from 71.7% in 1996 to 71.9% in 1999.

Babies are delivered at the Amazizi clinic. The clinic is not open at night and deliveries after 4 pm are referred to Olivier's Hoek Clinic, which is located some 20 kilometers away from the Amazizi Clinic. The clinic at Olivier's Hoek is open 24 hours a day.

The clinic also treats many psychiatric cases. According to the nurse in charge at the clinic, patients are mainly men but in the recent past some cases of women have been treated. In the case of men abuse of dagga, alcohol and the local brew of beer known as umkomboti) is common. Many patients are treated for stress related diseases. In the case of the youth stress may be related to disappointment with a boyfriend or girlfriend or the loss of parents who may be providing financial support for the family. Stress can also result from conflicts at home with misunderstanding between children and parents. In some cases unemployment causes stress. There has been no recorded cases of suicidal attempts in the area.

Domestic violence is on the increase. The clinic has treated many cases where wives have been violated by their husbands and children violated by their parents. The nursing sister also stated that abortion among young people was becoming common. In many cases, women who attempt abortion land up at the clinic with complications. Recently the clinic referred two women who wanted advice on abortion to the hospital. In the previous year a schoolgirl aborted a fetus in the school toilet. The girl had taken pain tablets and Coke a Cola to abort the foetus. The case was referred to the police.

According to Sister Mia, the services offered at the mobile clinic are almost the same as that at the main clinic at Amazizi. Pregnant mothers must first visit the main clinic at Amazizi. Thereafter, they can visit the mobile clinic until the third trimester when they must go for regular checkups at the main clinic. The mobile clinic also does immunization and dispensing of contraceptives. TB patients and other special cases go for treatment to the Amazizi clinic.

The community health centre was equipped with a two-way radio to call emergency services such as the police, the ambulance and fire brigade. According to Mr. Ndlovu, this facility was good for the area. However, the centre was broken into and the radio was stolen and other equipment damaged. The community was looking for someone to repair the damaged equipment and for someone to provide a new radio. Apart from the clinics, there are other health care providers for the people.

With regard to the quality and adequacy of the services provided by the clinic, Mr. Ndlovu felt that the mobile clinic at Okhombe was helping the people. However, he indicated that it would be good to have a doctor permanently stationed at the clinic. All the household survey respondents were not happy with the services provided by the mobile clinic that visited Okhombe. They claimed that the services rendered at the mobile was not adequate and did not satisfy their needs. The mobile clinic is open from 9:00 am to 4:00 pm. on two Wednesdays of the month. If people became sick on days the mobile clinic is not open, they have to be taken to the clinic at Amazizi or to a private doctor. The respondents indicated that they did not have the money to consult private doctors. The following problems regarding the use of the mobile clinic were highlighted:

- They had to wait in long queues.
- There was insufficient medicine at the clinic.
- Medicines dispensed were often not relevant – respondents claimed that people were given any medicine.
- People living further away from the clinic experienced transport problems. The problem was greater for the very sick and elderly people.
- There was no doctor at the clinic.

All the respondents indicated that the main clinic at Amazizi provided better treatment than the mobile clinic. The Amazizi clinic is open 7 days a week from 8 am to 4 pm. The following problems were experienced when accessing health care at the Amazizi clinic:

- The distance to the clinic was great – 10 kilometers from Okhombe. The short cuts to the clinic were too hilly. It was also becoming dangerous to walk the footpaths and short cuts as people were often mugged by criminal elements.
- The public transport was inadequate - the taxis were not reliable and not regular.
- The transport cost to the clinic was expensive. There was no direct transport from Okhombe to the Amazizi clinic. The cost from Okhombe to Tolitemba School was R3-00 and from Tolitemba School to Amazizi was a further R3-00. The cost of return trip was R12-00. It could cost the household up to R100-00 for the hire of private vehicles to transport critical patients to the clinic or the hospital.
- Patients had to wait a long time for treatment.
- The clinic usually closed at 16:00 and earlier on some days without any notice.
- The respondents believed that they were not attended to seriously at the clinic. When they complained they were told that they were not paying any fees.
- The doctor visited the clinic for one hour per week. The doctor consults by prior appointment made by the nurses. Even if the person was very ill, the doctor did not attend to the person.

Sometimes the respondents chose not to seek treatment at the clinic because of one or more of the problems listed above.

There was no ambulance service at the clinic. The nearest ambulance service was from Emmaus Hospital. Emergency cases at the Amazizi Clinic are referred to Emmaus Hospital near Winterton, approximately 30 kilometers away. The hospital only attends to patients referred by the Amazizi clinic. The respondents in the household survey and other persons interviewed indicated that the hospital was not easy to access as the distance to travel was great and the cost to hire transport was high. It also took a lot of time to get to the hospital.

According to Zanele Mchunu, a researcher at the Health Centre at Bergville, some of the constraints that hamper the work of the health care centres were as follows:

- Nurses were perceived as being rude to patients.

- Limited supply of drugs and medicine.
- Nurses fail to listen to patient complaints.
- Health centres are always crowded. People arrive at 7:00 and depart at 16:00 without seeing a doctor or without being helped.
- Too many days for maternal care. Sometimes the clinic was closed for other services.
- Nurses do not respect patients' choice of consulting traditional healers.
- Long distances to travel to the clinic.

The clinics also provide family planning and sex education. Sex education was also done in individual households. However the householders indicated that they were finding it difficult to convey the message of sex education to their children.

4.3.4. Other health care providers

Community health workers, HIV/ AIDS communicators and school health teams from the Department of Education also provide health care and health education services.

4.3.4.1. Community health workers

Community Health Workers (Onompalo) visit all homes in the Okhombe village. According to Sister Mia of the Amazizi Clinic, community health workers teach people how to live a healthy life. These nurses mainly attend to pregnant ladies and educate mothers how to avoid diseases by teaching them how to feed and look after their children. Mothers are taught how to weigh their children and the importance of visiting the clinic. The nurses refer underweight children to the clinic. Mothers are taught and trained to treat their children for minor illnesses at home (with lemon and honey for coughs and colds). The Community Health Workers train mothers to look for signs and symptoms when children may be very ill so that the children can be taken to the clinic for treatment, for example, when children are breathing very fast, when they are very hot, or when they have lost their appetite. The community health workers emphasize cleanliness of homes and surroundings. They also deal with HIV/ AIDS, TB and psychiatric disorders.

Community Health Workers are state employed and work from the Amazizi Clinic. According to Sister Mia, these nurses report to the clinic at Amazizi and in this way the clinic comes to know what is happening in Okhombe.

4.3.4.2. HIV/ AIDS communicators

Government employed HIV/ AIDS communicators service the Okhombe village. These educators hold workshops and do group training on various aspects of HIV/ AIDS.

4.3.4.3. School health teams from the Department of Education

School Health Teams from the Department of Education visit schools to conduct regular health check up of children. They also educate children how to lead healthy lives.

4.4. EDUCATION

33.3% of the respondents indicated that they were happy with the education service provided in the area whilst 44.4% were unhappy. 11.1% of respondents were not sure and 11.1% did not wish to comment. Mr. Shabalala a member of the Primary School Governing Body was happy with the school and the way it was run. He had no problems with the principal and the staff.

All the respondents in the household survey felt that both males and females should be educated. The interview with Mr. Ndlovu revealed that each sub-ward had a pre-school but they ceased to function as a result of a lack of funds. The only remaining crèche was in EhlanaOkhombe.

There are three schools that service the Okhombe community. Masumpa Primary School and Maqoqa High School are centrally situated in Okhombe. Many high school students from Okhombe also go to Tolitemba High School, which is situated just outside the Okhombe area.

4.4.1. Primary Education

There is only one primary school in Okhombe, Masumpa Primary School. The school buildings are solidly constructed with block and sheet-metal roofing. The classrooms are of average size. There are many window panes that are broken and the buildings can do with a new coat of paint and some maintenance work. The school has electricity and

there is a water pump in the school yard. There is also is a satellite dish at school to pick up television programs.

The household respondents considered the primary school to be small. The pupil enrolment for 2000 was 770. According to the principal, Mr. Shabalala, the school has a capacity to accommodate 600 students but the enrolment at the beginning of 2001 was 790. The figures indicated that the school is overpopulated for its size and is currently not adequate for the community. The respondents in the survey felt that the average teacher pupil ratio of 1:45 was high and this high ratio was responsible for poor results.

According to the Principal, Mr. Shabalala, the school had a staff of 20 persons made up of 6 male and 14 female teachers. A Principal, a Deputy Principal and two Heads of Departments formed the management team of the school. Two temporary teachers were part of the staff in January 2001, as two permanent teachers redeployed from Chatsworth did not take up the posts at the school.

With regard to sport, the school is affiliated to the United Schools Sports Association of South Africa (USSASA). The school offers the following codes of sport at school: soccer, netball, athletics, volleyball and rugby. However, the school has very poor sports facilities. Soccer, athletics and rugby are played on the same field. This field is also shared with the high school and the community. In the 1999-2000 year only a few students represented the sub-zone at athletics. None of the students made the zonal, regional or provincial teams.

4.4.2. Secondary Education

There are two high schools that cater for the secondary educational needs of the people of Okhombe. Maqoqa High is in Okhombe and Tolitemba High is located just outside Okhombe.

4.4.2.1. Maqoqa High School

The school comprises of three blocks of classrooms. The buildings are solidly constructed with blocks and mortar. The buildings are relatively new and they are neat and tidy. However the school did not have office space for administration work and store rooms. The school makes use of space at the adjoining community hall to carry out its

administrative and storage functions. The school also did not have electricity and water. According to the Principal, Mr. D. Dube, Maqoqa High was established in 1996. At the beginning of 2001 the school had a staff compliment of 11 educators, comprising a principal, a Head of Department and 9 teachers. The school was short of a Head of Department and a Mathematics and Science teacher.

The student enrolments for the past three years were as follows: 1999 – 305 students, 2000 – 279 students, 2001 – 300 students. Whilst the school managed to accommodate the students enrolled in 2001, the school could do with additional rooms that could be used as specialist rooms. However, it is doubtful whether the school will be able to accommodate the large numbers of students from the neighbouring primary school in years to come. The teacher pupil ratio for 2000 and 2001 averaged 1:38. The provincial ratio in 2001 was 1:38.

The school fee remained at R65-00 for the 2001 year. Parents cannot afford to pay more fees. With the low fees charged the school finds it difficult to employ cleaning staff and to purchase resource materials and textbooks. The Department of Education supplies the school with stationery and textbooks only for grade twelve learners. Textbooks for the rest of the grades have to be purchased by the school.

The school offers subjects in the following areas: science, commerce, and human and social sciences. No subjects are offered in the field of technology and the school does not have woodwork and metalwork workshops, and a kitchen to offer home economics.

Sport and Physical Education is not offered as a school subject. However, sport is played at school and the school is affiliated to USSASA. The school has very poorly developed sports facilities. The netball field is uneven and rank with weeds. There is no soccer field at school. The school makes use of the community sports field, which is also used by the primary school. The table below shows the codes of sport offered by the school and a description of the facility available to participate in the code. It also displays the number of athletes that represented the school at the different codes sport in 2000.

Table 2. Codes of sport offered at Maqoqa High School and participation of students at various levels in 2000.

| CODE | FACILITY | SUB-ZONE | ZONE | REGION |
|------------|--------------|----------|--------|--------|
| Soccer | Poor | X | X | X |
| Netball | Satisfactory | X | X | X |
| Volleyball | Poor | X | X | X |
| Athletics | Poor | 1 male | 1 male | X |
| Rugby | Poor | 1 male | 1 male | 1 male |



It may be concluded that the school's ability to produce high quality athletes is hampered by the poor sports facilities and the lack of a specialized sports teacher.

Many high school students from Okhombe go to Tolitemba High School, which is further away and outside Okhombe. The respondents provided the following reasons for students and parents preferring Tolitemba High School:

- Lower fees at Tolitemba - R50-00 compared to R65-00 at Maqoqa.
- Modern buildings. The buildings were multi-storied and some students liked the idea of climbing stairs.
- Children like to decide for themselves. Parents can't dictate to their children which high school they should attend.
- One respondent indicated that her child had a problem with teachers at Maqoqa.
- Parents are used to sending their children to Tolitemba as Tolitemba was established before Maqoqa.

4.4.2.2. Tolitemba High School

According to the Deputy Principal, Mr. Nhlapo and a Head of Department Mr. Dumasini, Tolitemba High School was established in 1990. The new modern buildings were erected in 1998. The school has 22 classrooms, an administration block with offices for the members of the school management team and the secretary. The school also has a typing room, a library and science laboratories. The staff comprises 18 males and 5 females. The management team comprises the principal, the deputy Principal and 4 acting Head of departments.

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In January 2001 the school did not have the necessary human resources. With educators acting as Head of Departments, the Deputy Principal indicated that there was a lack of management of teachers. The school also required eight additional teachers.

Subjects are offered in the following fields: science, commerce, and human and social sciences. No subjects in the Technology learning area was offered, but agriculture is offered as a subject.

The enrolment of the school was as follows: 1999 – 870; 2000 – 1100; 2001 – 1100. The capacity of the school was 900 – 1000 students. The school is overpopulated by about 100 students.

The teacher pupil ratio was about 1:55. The ratio is high compared to the provincial norm of 1:38. Large classes resulted in lesser individual attention and increased work for the educators. These large classes are not conducive to the delivery of quality public education.

The school has electricity and water. A borehole is located close to the school. With the school fee set at R50-00, the school lacks financial resources to purchase textbooks and resource materials. The Department of Education provides stationery and a limited supply of textbooks.

The school is not affiliated to USSASA. The school offers soccer, netball, volleyball, athletics, rugby, and basketball. The school soccer field - situated outside the main perimeter of the school - is sloping and the playing surface is of poor quality. The other sports fields are not marked and pupils play in open areas at school. Students go to the community field in Okhombe to play rugby.

4.4.3. Skills Training and Adult Basic Education

Sewing skills are taught at the community hall (by a Ms. Smith). It was extremely difficult to assess the quality of training provided but it can be stated that the women who attend are extremely grateful for the training they receive. With regards to arts and crafts, people train each other and parents train members of their family. A skills training center

servicing the people of Okhombe and surrounding areas was established at nearby Zwelisha but had to close because of a lack of funding.

Householders and Mr. Ndlovu indicated that Adult Basic Education was once introduced in the area for a short while with many people attending. This service was discontinued and none of respondents knew the reason why the classes ceased to exist.

4.5. OTHER SERVICES AND FACILITIES

4.5.1. Water

People obtain water from a multiple of sources. Water is obtained from boreholes with the aid of hand pumps. The water from the pumps is used for cooking and drinking. Water is also obtained from mountain springs, streams and rivers in the area. The water from the streams and rivers is used for washing and cleaning. Water is also stored in tanks. This stored water is for community use.

Many respondents in the household survey felt that many illnesses and diseases are associated with the lack of good quality water. They attributed childhood illnesses and diseases such as diarrhoea, throat infections and rash to the use of polluted water from springs and streams in the area. All the persons interviewed were not happy with the supply of water. They believed that there was a shortage of clean water. The following problems were associated with harvesting of water:

- The distance to the water pumps for many households is great.
- Water is harvested in plastic buckets and drums. Many women carry the containers filled with water using their hands or by placing the containers on their heads. The women indicated that carrying the water containers on their heads had a negative effect on their health. In more fortunate households water is transported using wheelbarrows.
- The pumps are not easy to operate and is energy consuming.

4.5.2. Sanitation

All the households, the schools and the community hall had toilets with an open pit system. In the case of households many toilets were poorly constructed with old tin and

timber. These toilets were situated in one corner of the yard. The respondents indicated that the toilets were not easy to clean and that the toilets attracted a lot of flies.

From the interviews conducted and from general observation most homes did not have bathrooms. All the respondents indicated that they used a dish to bath and bathing was done in the house. The respondents indicated that if piped water was available proper bathrooms could be constructed and a better sanitation system could be installed.

4.5.3. Roads

There are no tarred roads in Okhombe. The gravel main roads in the village are satisfactory. However, the passage roads are poorly developed and many roads are very uneven and potholed. When it rains very heavily, the roads become slippery, dangerous and inaccessible.

4.5.4. Electricity

There is electricity network in most parts of Okhombe. However, according to the residents of Inghubela their village was left out when ESCOM members were mapping out Okhombe for electrification. Only a few homes are connected to the electricity supply system. Most of the households cannot afford the cost of electricity.

4.5.5. Telephones

There is a telephone network in place at Okhombe. Only a few homes are connected to the telephone network. Most of the households cannot afford the service. Telkom public telephones have been installed at shops. On the researchers visit it the public telephone at the shop at EhlanaOkhombe had been vandalized and needed repair.

4.5.6. Sport, recreation and community halls

The only community sports field is situated near the school. On the researchers visit the field was found to be hard, bare of any grass and extremely dry making playing conditions extremely difficult. Soccer is a popular game in Okhombe among the males and the field is used for training as well as for playing competitive soccer games. Each ward has at least one senior team and one junior team. The researcher observed soccer matches being played and was of the opinion that many players were very skilled. However, the poor playing surface certainly makes it extremely difficult for training and

the development of the talent that abounds in the area. The schools in the area also use this field for soccer, rugby and athletics. This field is also used for community celebrations and gatherings. There are no other sporting facilities for the community in Okhombe.

There is one community hall in Okhombe and it is located on the main road near the school. The community hall is a relatively modern block and sheet-metal structure. It can accommodate approximately two hundred people. The hall serves multiple uses. It is used for meetings and social gathering. Sewing lessons and various workshops are also conducted at the community hall. The hall seem to adequately serve the needs of the people.

4.6. GENERAL EXPRESSED NEEDS AND CONCERNS

The household survey revealed that 88.8% of respondents liked to live in Okhombe as they found the area to be very peaceful. However, the inhabitants of Okhombe experience many difficulties and they have many concerns and needs. The concerns and needs of the people were gathered from the household interviews, focus group workshops and interviews with key informants.

4.6.1. Concerns of the community

Focus group workshops were conducted in the various sub-wards. The results were scored and ranked. The ranked scores are presented in the Tables 3-5 below. (See Appendix B, C, and D for details of the Focus group workshops). The group at Mhlabathini discussed their concerns and presented their needs in the form of a mental map (See Appendix E for the mental map). Table 6 showing the concerns of the people from Mhlabathini was compiled from information on the mental map. This group did rank not their concerns and thus there is no column showing the ranking of their concerns in Table 6.

Table 3. Sgodiphola – Areas of concern

| SGODIPHOLA - CONCERNS | RANK |
|------------------------------|-------------|
| No Work | 1 |
| Water Problem | 2 |
| Bad roads | 2 |
| No Electricity | 4 |
| Erosion Problems | 4 |
| No Clinic | 4 |
| Firewood Problems | 7 |
| Theft of Animals | 7 |
| Small High School | 8 |

Table 4. Inghubela - Areas of concern

| INGUBHELA - CONCERNS | RANK |
|-----------------------------|-------------|
| Electricity | 1 |
| Roads | 2 |
| Lack of jobs | 2 |
| Financial Support | 4 |
| Pre-school | 5 |
| Bridges | 6 |
| Schools | 7 |
| Clinics | 7 |
| Water | 9 |

Table 5. EhlanaOkhombe – Areas of concern

| EHLANAOKHOMBE- CONCERNS | RANK |
|------------------------------------|-------------|
| Skills Training | 1 |
| Adult Education | 1 |
| Electricity | 1 |
| Bridge | 4 |
| Ambulance | 5 |
| Clinic | 6 |
| Computer Centre | 6 |

Table 6. Mahlabathini – Areas of concern

| MAHLABATHINI - CONCENRS |
|------------------------------------|
| Skills Training Centre |
| Clinic |
| Pre-School |
| High School |
| Primary School |
| Sports Field |
| Telephones |

The results of the focus group workshops are contained in Table 7.

Table 7. Summary of areas of concern as revealed by the focus group workshops

| AREA | CONCERNS |
|-----------------------------|--|
| HEALTH RELATED | No clinics, water problems, no ambulance service, no electricity, firewood problems |
| EDUCATION | No pre-schools, no primary schools in the villages, small high school, lack of skills training, lack of adult education, no computer centre. |
| TRANSPORT AND COMMUNICATION | Bad roads, poorly constructed bridges, lack of public telephones |
| OTHER | No work, erosion problems, theft of animals, lack of financial support – to start own business, poorly developed sports field |

The study revealed that different groups people had different concerns, needs and priorities. The younger people were concerned with the lack of employment opportunities and the lack of opportunities to acquire skills. They were also concerned about the lack of a computers centre in the area where that they could learn to become computer literate so that they may be able to compete in the job market in urban areas. The lack of electricity prevented them from using electronic equipment. The older people were concerned with the state of the roads, lack of jobs, water and electricity.

It can be concluded that clinic was a major concern to the people of Okhombe as it featured in all the groups. The lack of employment opportunities was also a major concern among people. Without jobs people do not have the opportunity to earn money. A lack of money means hardships and poverty. To overcome poverty many people have opened spaza shops in the area. The problem with many of these spaza shops was that they sold liquor. The householders interviewed felt that they could not object as there were no jobs in the area and that selling liquor was a means of earning a living. These liquor outlets create a problem for the community as many young people visit these

establishments, get drunk and cause fights. Many people spend their hard earned money on alcohol with the result that there is little money left to buy food and clothes and other necessities for their family. Many ladies both young and old also consume alcohol.

Many respondents see the growing and selling of dagga by some people in Okhombe as a problem but they are of the view that these people sell dagga to earn a living and there was little grounds for objections. On the researcher's visit to Okhombe on 20 January 2001, a meeting of the community members was held to discuss the people that had been arrested by the police for possession of dagga.

The participants from the Inghubela workshop were of the view that unemployment is due to the following: the lack of skills to compete with others, lack of home-based projects and a lack of financial support from the government to set up home-based projects in the area.

4.6.2. Needs of the community

The household survey revealed the following needs:

- A store in the area to purchase herbs and traditional medicine.
- A pharmacy or shop in the area where medicines for coughs, colds and other minor illness can be obtained.
- A full time clinic in Okhombe and a mobile clinic to visit each sub-ward.
- An ambulance service in the area.
- Medical doctors to service the area.
- The community health workers should carry and dispense medicines.
- Purified piped water to their yards.
- Greater employment opportunities in the area to alleviate poverty.
- Three female respondents indicated that they would like a craft center to sell their products.
- There is a need for "ugasi" or "gas" – electricity in the area.
- The respondents felt that there was a need for a market in the area where people could buy the things they required and sell their surplus produce.

4.6.3. Concerns of the community with regard to education

With regard to pre-school education, the respondents in the survey indicated that the only remaining pre-school in EhlanaOkhombe was not adequate. The villages are far apart and it was very difficult for little children from other villages to travel to EhlanaOkhombe. A pre-school funded by the state in each sub-ward was required.

Many older respondents felt that they needed to educate themselves since they lacked the opportunities to do so under apartheid rule. There was a need for Adult Basic Education classes to be re-introduced in Okhombe. The infrastructure is available. These classes can be held at the schools in the area. The state can fund these classes and teachers teaching in the area can be employed to teach after hours.

Respondents in the study felt that there was a great need for people to learn skills as they saw the learning of skills as a key that would open up employment opportunities for people. Skilled people could also start their own businesses. The respondents felt that when children completed high school they were not sufficiently skilled to enter the labour market. If a training center existed in the area school leavers would have the opportunity to equip themselves with skills for the world of work. A need for a tertiary education centre was also expressed. Respondents complained that the students who went to urban areas to study did not return to Okhombe to work and live in the area.

The respondents indicated that the school fees were decided in a participatory manner at a meeting of parents. However, they felt that the payment of fees was still a problem for many parents as the majority of them were poor. Mr. Shabalala, a parent member of the primary school board, viewed the payment of school fees as the major concern in the area. He indicated that many families were very poor and could not afford to pay the school fees. In 2000 the parents and the governing body at the primary school took a decision to charge an extra R50-00 in 2001, for improvements to be made to the primary school. At the beginning of 2001 most parents could not afford to pay the extra fees.

The governing board member indicated that he and many other parents were disappointed that parents had to make greater contributions every year towards educating their children because the government was spending less on education. He believed that

the Government was renegeing on its promise in 1994 with regards to providing free education. He drew this conclusion based on the fact that parents had to pay more in school fees and spend more money in buying books in 2001 than in 1994. Similar, views and sentiments were expressed by many householders.

4.6.4. Concerns of educators teaching at Okhombe

The educators at a school can only deliver quality public education if the conditions prevailing at the school are favourable and the necessary resources are available. Focus group workshops to ascertain the various factors that have a negative impact on the delivery of quality education were conducted at both the primary school and the high school. (See Appendix F and G for details of the workshops conducted at Masumpa Primary and Maqoqa High respectively). The results of the exercises are presented in the following tables:

Table 8. Concerns of teachers at Masumpa Primary School

| CONCERNS | RANK |
|-----------------------|------|
| Poverty | 1 |
| Distance from School | 1 |
| Poor Co-operation | 1 |
| Household Commitments | 4 |
| Cleaning | 5 |
| Supply of Books | 5 |
| Transport | 5 |

Table 9. Concerns of teachers at Maqoqa High School

| CONCERNS | RANK |
|-----------------------|------|
| Poverty | 1 |
| Lack of Resources | 2 |
| Household Commitments | 3 |
| Poor Motivation | 4 |
| Poor Language | 5 |
| Distance from School | 6 |
| Transport | 7 |
| Electricity | 7 |

In response to the above tables some of concerns will be discussed briefly.

4.6.4.1. Poverty

The problem of poverty in the area was seen as the major stumbling block. Educators indicated that many students could not concentrate in class because they were not properly nourished. Many children did not bring a lunch pack to school. Furthermore many parents could not pay the school fees. In the recent past schools were expected to pay for cleaning services and do routine maintenance work. According to the Schools Act of 1996 the main function of School Governing Body was to raise funds for the school. The governing bodies found it is difficult to raise funds in a poor community like Okhombe.

4.6.4.2. Distance from school

Many children have to walk long distances to and from school – up to 3 kilometers. According to the educators, many students arrive at school tired. The problem was worse especially in summer when it is extremely hot. Parents do not have the money to pay for transport for their children. Furthermore, the transport system is poorly developed. Only

a few taxis operate in the area. **The smaller children** at primary school probably find it more tiring to get to school than their older high school counterparts and this probably accounts for the higher ranking.

4.6.4.3. Poor co-operation

The householders indicated that the cooperation with the school was neither bad nor good. They probably were happy with certain aspects of school and unhappy with other aspects. However, the primary school educators stated that co-operation with parents was poor. At primary level it is expected that parents work very closely with the educators to develop the child. With many adult males in Okhombe employed as migrant workers in larger towns and cities, females are left to head the household and take sole responsibility for the education of the child. The absence of a parent or parents who are involved in migrant work may account for the lack of co-operation of parents in some cases. The poor literacy levels among other parents may also account for the poor co-operation from other parents.

4.6.4.4. Household commitments

Many children are burdened with household chores. Many boys have to herd cattle whilst the girls have to clean the house, do washing and cooking. Children are expected to fetch water from the water pumps. They are also expected to fetch firewood. Many children absent themselves from school because they have duties to perform at home. These chores can take up much time and students find it difficult to complete their homework and find time to learn for tests and examinations.

4.6.4.5. Lack of cleaning staff at school

The principals indicated that the Department of Education did not provide any cleaners or caretakers for the school. Students have to help with the upkeep of the school. The result is that pupils have to help with the cutting of grass and the cleaning of classrooms. On the researchers visit to school during the first week of the 2001 year the grass was overgrown. The high school educators did not see cleaning of the school by students as a major problem. The respondents in the household survey did not approve of the practice of children under grade 4 cleaning the schoolyard. Some respondents indicated that some children over grade 4 were used to clean the teachers' living quarters on the school premises. They were not happy with this practice.

4.6.4.6. Lack of resources

Both the primary and the high school indicated that the lack of resources hampered the delivery of education. In the case of books, stationery was provided by the Department of Education but an order had to be placed. The Department of Education supplies textbooks in certain grades only to schools. Only grade four textbooks were supplied to the primary school and grade twelve textbooks were supplied to the high schools. The schools are expected to purchase textbooks in other grades. There is a shortage of textbooks at the schools in the area **because** the schools do not have the finances to buy textbooks. There was a shortage of desks and chairs at all the schools.

Whilst the schools in Okhombe offered a sports programme, there was a lack of proper playing fields at all the schools. All the schools need proper sports fields and facilities.

Masumpa Primary School experienced the following additional resource problems:

- There is a need for at least 4 or 5 additional classrooms to accommodate the extra 190 students.
- There is a need for repair and general maintenance work to be carried out at school. Many window panes were broken and need replacement.
- There is only water pump in the school yard from which the children obtain water to drink. Pupils have to **queue to get** water. There is a need for taps to be connected to a water supply for children to drink from.
- While there is electricity at school, there **is** no heating in the classrooms and in winter it can be very cold and **uncomfortable**.
- With regards to human resources, while the school had a full compliment of staff the two temporary teachers needed to be replaced by permanent teachers.

The following additional infrastructure and resources were needed at the Maqoqa High School:

- An administration block with offices for the management team and the secretary.
- A laboratory and library.

- Workshops so that subjects like metalwork, woodwork and home economics could be offered.
- A water supply at school. At the time of the study students used the water pump at the primary school.
- The school needs to be connected to the electricity supply. Lights are need in the classrooms, as it can get very dark in the classrooms especially in winter and on cloudy days. It can also get very clod in winter and there is no heating in the classrooms. Modern technology and machines such as duplicating machines, photocopying machines cannot be used without electricity. A lot of time is spent writing notes on the board and students having to copy them.
- With regards to human resources, the school required a Head of Department and a Mathematics and Science teacher in January 2001.
- There is a need for Guidance and Counselling specialist educator at the school to advise students on course selection and to counsel students with problems.

At Tolitemba High School, the following resources were lacking as at January 2001:

- Four Heads of Departments and 8 educators.
- More classrooms to accommodate the extra student enrolment.
- Laboratory equipment.
- A library teacher as books went missing easily because there was no one to take charge of the library.
- A Guidance and Counselling specialist to assist students who have problems.

The lack of resources and problem areas outlined above probably accounts for the poor results the school had achieved in the Senior Certificate Examinations. The matric pass rate for 1999 was 47% and for 2000 was 31%. The Deputy principal indicated that the results in Mathematics and Physics were extremely poor. The school also did not do well in Geography and Biology.

4.6.4.7. Lack of motivation

High school educators observed that students lacked motivation to study hard and to achieve. The lack of motivation may be due the poor employment opportunities in the area. It may also be due to the lack of parental guidance and supervision bearing in mind

that many parents are migrant workers and are away from home for the greater part of the year.

4.6.4.8. Transport

Teachers complained that the schools in Okhombe were not very accessible. With the exception of a few educators living at the primary school, all the other educators lived outside Okhombe. There was no public transport system that they could use and those educators who did not have motor vehicles relied on lifts from their colleagues. Furthermore, the gravel roads became slippery and dangerous on rainy days

4.6.4.9. Poor language skills

Students at high school had poor command of language. Many subjects were taught through the medium of English and students had difficulty because of their poor English. The main language spoken in Okhombe is Zulu.

4.6.4.10. Teachers and the problem of accommodation

The teachers interviewed indicated they were happy to work in the area, as Okhombe was a peaceful village. Most of the teachers come from Newcastle and Ladysmith in Northern Kwazulu-Natal and from Pietermaritzburg. The teachers see the lack of suitable accommodation as a major problem. Some teachers at primary school live on the school premises. These quarters are small and the facilities are limited. There are no living quarters for teachers at the high school. Teachers are forced to live outside Okhombe, as no suitable accommodation is available in Okhombe. Some teachers have to live and commute from as far a field as Winterton and Bergville.

4.6.5. Needs of the teachers

In a focus group workshop the teachers from Maqoqa High School listed and ranked needs that would help in the delivery of a better quality of high school education. The results are presented in Table 10. (See Appendix H for details of the focus group workshop to determine the needs of educators). A discussion of the various needs has not undertaken, as they have already been covered in the study.

Table 10. Needs of teachers at Maqoqa High School

| NEEDS | RANK |
|--------------|-------------|
| Water | 1 |
| Classrooms | 2 |
| Roads | 3 |
| Electricity | 4 |
| Transport | 4 |

4.7. POWER DYNAMICS

When the Whites were in power, the apartheid policies ensured that Black rural communities in South Africa were provided with fewer services compared to their White rural counterparts. Another contributing factor for the poor economic development of rural areas was the fact that development in the past in South Africa had taken place with an urban bias. According to (Swanepoel, 1997), one of the most glaring results of centralized decision-making is the marked urban-rural imbalance with which Third World development is plagued. This imbalance has always been beneficial to the urban areas and detrimental to the rural sector. In the case of rural disadvantaged areas in South Africa this was the result both a deficiency in policy, which did not treat rural and urban areas equally, and the fact that the power structures based in the urban areas were able to manipulate development efforts and funds to benefit the urban areas to the detriment of their rural counterparts. Another reason is that, rural people have the smallest share of resources devoted to formal education. In consequence, they are most poorly organized, and therefore least able to demand assistance (Department of Land Affairs, 1997). It can be concluded that education empowers people and that educated people have more power. The result of practices described above was that that the little development took place in rural areas. Compared to urban areas, Okhombe is poorly developed and serviced. Furthermore, the quality of many services is poor.

There is a traditional hierarchical system in Okhombe. At the local level the Induna is in charge. Above the Induna is the Chief. The chief has a Tribal Authority to advise him and all disputes are taken to the Chief 's court. The chief is the most powerful person in the area under his control.

The household survey and revealed that the respondents were happy with the manner in which decisions were taken regarding the village. Meetings are called up at the community hall and every household is invited. There is consultation and negotiation with the people.

4.8. CONCLUSION

The findings in this study indicate that the Okhombe community consists of poor people. One of the major concerns of the community is the lack of job opportunities in the area. The scarcity of jobs forces many people to migrate to urban areas to earn a living resulting in many women having to head the households in the absence of the male, thereby placing additional burdens on the females.

The community is not satisfied with the health care services provided by the Department of Health. The findings indicate that the mobile clinic at Okhombe and the clinic at Amazizi are not adequately staffed to service the large area. The service of a medical doctor to treat patients is very limited. Many people chose not to visit the clinic because of the problems they experience in accessing treatment at the clinic.

The delivery of quality education at the schools is hampered by the lack of resources. Of critical concern to the schools is the provision of additional classrooms, desks, chairs and textbooks. There is a shortage of classroom space, desks and chairs. The lack of electricity at the high school prevents the use of computers and other electronic machines that can be used to prepare and copy notes for the students. The community also expressed the need for adult education classes to be re-introduced and for a training centre to be established in the area where young people may acquire skills to prepare them for the job market.

The findings indicate that services that are available to the people of Okhombe are of a poor quality compared to their urban counterparts. While the government has attempted to provide basic services for the people, more money needs to be invested in the area to improve the quality of the existing services.

CHAPTER FIVE

SUMMARY, RECOMMENDATIONS AND CONCLUSION

5.1. INTRODUCTION

This study started by providing a preamble to this research. The need for the study was then examined in relation to the development of previously disadvantaged communities during the Apartheid era in South Africa. This was followed by a literature review and the development of a conceptual framework. A background to the case study, a discussion of the research methodology, research questions, methods and techniques used in this study were forwarded in the third chapter. The fourth chapter dealt with data analysis. This chapter concludes the study.

A summary of findings and main arguments are presented in the first section of this chapter. The second section forwards recommendations based on the findings of this study. The third section discusses research implications for rural areas emanating out of this study. The fourth section articulates the policy implications arising from this study. The chapter closes with some concluding remarks.

5.2. SUMMARY OF RESULTS AND MAIN ARGUMENTS

The socio-economic profile of people in Okhombe revealed that the majority of households are extremely poor. The poverty of the people is evidenced from the fact that they find it difficult to pay school fees. People are not connected to the electricity supply because they cannot afford to pay for the service. People visit the clinic for free medical treatment because they cannot afford the fee for private consultation with doctors. The poverty in the area makes Okhombe reliant on government subsidies.

The poverty of the people can be attributed to Black people being subordinated and severely disadvantaged during the apartheid era (Potenza, 2001). As a result of land dispossession and lack of educational opportunities, Black people made little economic progress. Aggravating the problem was the fact that the White apartheid government allowed this country to develop with an urban bias resulting in very limited job opportunities in rural areas. One of the main concerns of the people in Okhombe is the lack of employment opportunities. Many people are forced to engage in migrant labour in urban areas resulting in a disruption of family life. The lack of job opportunities has

forced many households to engage in subsistence farming, selling the little surplus they may produce. People found it difficult to obtain working capital in the form of loans from banks to farm commercially or to start their own business. The sale of alcohol at the spaza shops and the sale of dagga give rise to many social problems. However, many members of the community felt that they could not object, as these practices were a means of earning a living in the absence of jobs in the area.

With regard to health many people make use of a home remedies and self-medication to treat minor illnesses. A major obstacle is that there are no shops in the area where people can obtain herbs and other ingredients for making home remedies or a pharmacy where medicines may be purchased. For other illnesses people use the services of traditional healers and clinics run by the Department of Health. The reason for using a combination of services is that people believe that certain illnesses are better understood and treated by traditional healers.

The people are satisfied with the quality of service provided by the traditional healers. Some of the reasons for preferring the use of traditional healers include the holistic treatment to illnesses, easy accessibility as the practitioners live in the area, consultation and treatment is available twenty four hours of the day, the low fee charged and flexible payment arrangements.

The Department of Health operates a mobile clinic twice a month in Okhombe. People also make use of the main clinic at Amazizi, some ten kilometers away from Okhombe. Many people claim that the treatment provided at the main clinic at Amazizi is better than the mobile clinic. Despite the better service, the people are not satisfied with the services provided at the clinic in Amazizi.

The ability of the clinics to provide satisfactory health care is hampered by a shortage of nurses and medical doctors. The consultations by a medical doctor at the Amazizi clinic for only two hours a week results in the majority of the patients not being examined by a doctor. The mobile clinic does not offer the services of a medical doctor. The nurses examine, diagnose and dispense medication to most patients. Are nurses trained to diagnose and prescribe medicines? With nurses doing the job of doctors the quality of medical treatment at the clinic becomes questionable. The above practice possibly

accounts for claims by the people that they were given any medicine and that the medicine dispensed did not help them. Furthermore, there were claims that there was a shortage of medicine at the clinic at times and that people had to wait in long queues for treatment. The above claims made by the people are very serious ones and the Department of Health should take cognizance of them.

Other problems with regard to accessing health care at Amazizi clinic included: irregular taxi service, expensive transport costs and long distance to walk for those without taxi fare. Taking the above into account, it is not surprising that many people choose not to go to the clinic for treatment because of one or more problems listed above. This is an indication many people have lost confidence in the ability of the clinics to adequately service them. If the above is true then it is probable that many people suffering from AIDS do not attend the clinic for treatment.

The Integrated Rural Development White Paper for Kwazulu-Natal (1998) noted the extreme vulnerability of the Province to the AIDS epidemic and that projections of the escalation of the disease then were extremely disturbing. The paper stated that it was critically important that the capacity of emerging primary health care system in rural areas be increased, to support afflicted individuals, households and communities. It is clear that the above has not happened at the mobile and Amazizi clinics as yet because the clinics are inadequately staffed to cater for the needs of the large number of people in the service area. It is imperative that the Department of Health deploys more nursing staff and doctors to these clinics if the government is serious about treating AIDS patients and preventing the spread of the disease.

It is evident that the target set by the Department of Land Affairs (1997) to have one clinic for every five thousand people, offering free primary health care and ensuring that essential drugs are available at each facility has not been realized in Okhombe and surrounding areas. Furthermore, the lack of emergency, ambulance and hospital services in Okhombe and surrounding areas are matters of concern to the people. Transport costs to get to Emmaus Hospital approximately thirty five kilometres away near Olivier's Hoek presents a problem for these poor people.

Community health care nurses from the Amazizi clinic provide a valuable service by visiting homes to monitor the health of pregnant mothers and children. A government paid HIV/ AIDS communicator who holds workshops and provides HIV/ AIDS education for the community also provides a valuable service. The rise in the rate of teenage and schoolgirl pregnancy as reported by the clinic is an indication that more school children were becoming sexually active and that there is a greater need for sex education at schools. The provision of free condoms at the clinic to prevent pregnancy and the spread of HIV/ AIDS is a step in the right direction.

The people were not happy with the provision of water pumps operated by hand. In many cases the distance to the water pumps was great and fetching water was time consuming. Furthermore, harvesting and transporting water placed a tremendous health burden especially on women as they usually fetch and carry water in containers. The lack of clean water results in diseases and illnesses such as diarrhoea and rash. Also contributing to the spread of diseases and illnesses is the open-pit sanitation system that is in use. This system attracts many flies; gives off an unpleasant stench and according to many women the toilets were not easy to clean. The open-pit system is used because of the lack of piped water and a sewer system. Many people indicated that if they had piped water, they would build bathrooms. Bathing was done in the house using a dish and water.

Kitchen and household refuse that is dumped in a shallow pit in the ground can contribute to the spread of diseases as these pits attracts flies and gives off a stench if the refuse is not covered with soil. In many cases people need to be educated about waste disposal.

The facilities at the schools in Okhombe are far inferior compared to urban schools, especially the previously White schools. Maqoqa High School lacks office space, administration and storage space, workshops, laboratories, and a library. One can assume that the lack of facilities will disadvantage students from Maqoqa High School compared to students from urban areas and previously White advantaged schools.

The lack of resources at the certainly schools must have a negative impact on the delivery of quality public education. The schools find it extremely difficult to purchase textbooks and other resources because of the low fees charged. The fees are low because of the

poverty. Schools do not have specialized guidance and counselling educators to assist the students with personal problems, study problems and problems relating to subject and course selections.

The lack of water and electricity at Maqoqa High School creates many problems. Students have to go the primary school to drink water. With a short supply of textbooks and no electricity to use electronic copying machines the educators find it difficult to make notes available to students. The lack of facilities at the Maqoqa and Tolitemba high schools probably accounts for the relatively poor results of 50% and 31% respectively in the 2000 Senior Certificate Examinations compared to the 57,2% provincial average.

There is of a lack of suitable accommodation in Okhombe for the teachers. Such a situation will certainly not make teachers happy and they would probably want to get transferred to schools closer to their homes at the first opportunity.

The existing sporting facilities at the schools are of extremely poor quality. It is not surprising then to find that the schools have not produced athletes who have made their mark at provincial and national levels. If schools are to promote the concept of a healthy mind in a healthy body and if students are to be taught to expend their energies in wholesome recreational activities then it is imperative that adequate facilities are provided for them. Pupils will also learn to respect their bodies and keep away from sexual activities, drugs and alcohol. This is precisely what the United Schools Sports Association is hoping to achieve through its regional, provincial and national “LOVE LIFE” campaign and sports programme.

Pre-school education is necessary in an area like Okhombe as children come from homes that are economically disadvantaged and where parents engage in migrant labour resulting in poor preparation of children for formal schooling. It was disappointing to note that only one pre-school was still functioning in Okhombe.

Many older people lacked educational opportunities under apartheid rule. The termination of literary classes for adults without any explanation to the community was a great disappointment to the older people. The desire of the older people to become literate can only be fulfilled if the classes are re-introduced.

South Africa, a developing country, is in great need of skilled people. In this regard, it is disappointing to note that the training centre at Zwelisha had to close as a result of the lack of funding. The closure of the local training centre meant that people had to go to larger towns and cities to train and acquire skills at additional costs. Many people who travel out to educate themselves decide to remain and work in urban area resulting in a loss of skilled people in rural areas.

The research found that people were happy with the manner in which decisions affecting the village were taken. Every household is invited to meetings that are held discuss matters of communal concern. Members from the community are elected to serve on various sub-committees that are in place to tackle various issues in the community. The above indicates that there are democratic systems in place for community participation in decisions making. Whilst the power to make decisions lies with the people, there is a lack of financial resources that is forthcoming from the government departments to improve the services in the area.

Okhombe is part of a traditional area and a hierarchical system is in place. All the land in the area ultimately belongs to the Zulu King. Whilst the king does not reside in the area, his chief controls the area for him. All disputes are taken to the Chief 's court. The people in the area do not seem to have a problem with the traditional hierarchical system in place and the power and control the king and the chief have.

5.3. RECOMMENDATIONS

This section primarily focuses on recommendations with regard to health and education services in Okhombe.

5.3.1. Health care

The study revealed that the people in Okhombe are not satisfied with the provisions made by the Department of Health and the services they render. People experience difficulty in obtaining ingredients to prepare home remedies. They also experience difficulty in purchasing medication for minor illnesses.

The following recommendations are forwarded to remedy some of the problems that people experience regarding health care:

- It is recommended that the mobile clinic be replaced by a full-time clinic. The new clinic should be well equipped and adequately staffed to service the people of Okhombe. A mobile clinic should visit each of the six villages at least twice a month.
- A full time medical doctor should be available to treat patients at the recommended new clinic at Okhombe. There is also a need for a full-time medical doctor at the Amazizi clinic.
- It is recommended that a 24-hour emergency service to be set up in the Amazizi area. An ambulance service should form part of this service. This emergency service can be located at Amazizi clinic because it is centrally situated in the Amazizi area.
- A pharmacy should be located in the Okhombe or greater Amazizi area so that people can purchase medicines to treat themselves and their families.
- It is recommended that a shop selling herbs and other ingredients for making traditional medicines be established in the area.
- It is recommended that purified water be connected to each household. This will go a long way to prevent many waterborne diseases as a result of use of contaminated and polluted water from the streams and wells.
- It is recommended that a better sanitation system be adopted. The open-pit system in use attracts many flies and gives off an unpleasant stench. It is recommended that a closed pit system with a flushing system be used. Toilets should be built to certain acceptable specifications, be well ventilated and have proper doors.

5.3.2. Education

According to the Department of Education (2001), education and training are decisive elements in our quest to build a winning nation. The nation can only succeed if we have an educated and skilled population. The South African Schools Act (1996) states that “everyone has the right to a basic education” and that “education of a high quality has to be provided to all learners to lay a strong foundation for the development of all our people’s talents and capabilities” (Department of Education, 2001: 4).

The following recommendations are forwarded to address the educational needs and concerns of the people of Okhombe:

- A pre-school should be established in each of the six sub-wards. The pre-schools should be state funded or state subsidized.
- Adult Basic Education should be re-introduced in Okhombe. The infrastructure is available and classes can be held at the schools in the area. The state can fund these classes and educators working in the area can be employed after hours to teach.
- A tertiary education and a skills training center should be established in the area. Such a centre would save people money, as it would obviate necessity for school leavers going to the city to receive further education and training. Trained people could start their own business if they failed to secure employment.
- Piped water should be connected to the schools so that children can have access to clean purified water. A water trough with many taps should be provided at schools so that children do not have to wait in long queues to drink water.
- More classrooms should be constructed at the schools to accommodate the extra learners enrolled.
- More chairs and desks should be supplied to schools to make up for the shortfall that exists.

- Maqoqa High School should be provided with electricity. The supply of electricity will enable the use of electronic and digital copying machines. Furthermore, it is recommended that lights are connected to every classroom (both primary and high school) so that on dull days there will be adequate lighting for effective education to take place. It is also recommended that provisions be made for heating of classrooms, as it can get very cold in winter.

- A laboratory and a library be constructed and equipped at Maqoqa High. The laboratory will facilitate the teaching of science subjects. The library will ensure that students have access to books and study material for research projects and assignments. It is recommended that a Library Resource Educator be employed at Maqoqa High School to assist students with research materials.

- A new office and administration block is constructed at Maqoqa High School. This will enable the principal and his/her management and administrative team to work from the school premises.

- As the unemployment rate is extremely high in the country and as there is a need to acquire skills to secure jobs, it is recommended that workshops be constructed and equipped at the high schools to cater for subjects like metalwork, woodwork and home economics.

- Because of the poverty in the area the school fees at all three schools are very low. The result is that schools lack financial resources to purchase textbooks. It is recommended that the Department of Education supply these schools with textbooks or make additional financial allocation available for the school to purchase textbooks.

- With regards to human resources it is recommended that the Department of Education provide the necessary qualified educators for all the schools at the beginning of the school year. It is recommended that Guidance and Counselling specialist educators be employed at the high schools. These educator could help

students with problems they may be experiencing and assist students with course and subject selection.

- A Library Resource Educator should be employed at Tolitemba High School to take control of the library and monitor the use of resource material and prevent students damaging and stealing resources. This educator could assist students to gather information when preparing assignments and projects.
- It is recommended that the Department of Education work together with the department of Housing to construct suitable homes for educators, as there is a lack of accommodation in Okhombe. Educators using these homes could be charged a fee for rent.

5.4. RESEARCH IMPLICATIONS FOR PROVISION OF SERVICES IN RURAL AREAS

The study revealed that the majority of the people in Okhombe are poor. In Chapter 2 it was argued that access to good sanitation, clean water, a decent diet and an unpolluted atmosphere is dependent on incomes of people, which is the ability to earn money to purchase. The unemployment rate in Okhombe is extremely high and one of the major concerns of the people of Okhombe is the lack of job opportunities in the area. The lack of employment opportunities is the result of Okhombe and the surrounding areas being poorly developed economically. There are no industries in the area where people may secure employment. In this regard, Wilson (1992) states that economic underdevelopment is also the cause of poverty.

The alleviation of poverty in the Okhombe and surrounding areas in the long term will be dependent on the economic development and growth in the region. Economic development requires capital investment. The government can help by providing the good roads and the necessary infrastructure to attract capitalists to invest in the area. The large labour force, an abundant supply of water and electricity makes Okhombe conducive for industrial development. Further research needs to be undertaken to establish the natural resources that are available in the area and the types of industries that will be successful in the area.

Okhombe is situated at the foot and the slopes of the beautiful and majestic Drakensberg Mountains. There are numerous streams that flow from the mountains and the landscape is beautiful. The potential that Okhombe has to be developed as a tourist attraction or destination needs to be explored. The attraction of tourists and the development of a tourist industry in the area will create many employment opportunities in the area.

This research indicates that the Department of Health has not succeeded in delivering satisfactory health care to the people of Okhombe and surrounding areas. The claims made by the people of having to wait in long queues, wrong diagnosis and inappropriate medication being dispensed need to be investigated with the view of improving the quality of service delivery. A thorough investigation should to be carried out to determine the health care needs of the rural people.

It is also obvious that the Department of Health has failed in providing the health service that it intended. According to Department of Land Affairs (1997), the target throughout the country was to have one clinic for every 5000 people, offering free primary health care and ensuring that essential drugs are available at each facility. Okhombe certainly has more than 5 000 people and as at January 2001 it did not have a clinic. Furthermore, people claimed that the mobile clinic and the clinic at Amazizi were often not adequately stocked with medicine. The understaffed clinics may be an indication that the Department of Health's commitment to redeployment of trained staff to rural areas (Department of Land Affairs, 1997) has not been successful. There is also a need to investigate why the Department of Health has not succeeded in the delivery of satisfactory health to rural people. Arising out of such a study corrective measures can be instituted to ensure that people in rural areas receive proper basic health care services as outlined in of The Bill of Rights of The Constitution of the Republic of South Africa (1996: 13): "Everyone has the right to have access to health care services, including reproductive health care."

The matriculation results in the 2000 examinations revealed that the pass rate both at Maqoqa High School (50%) and Tolitemba High School (31%) was well below the provincial average pass rate (57.2%). The study revealed that there were shortages of classroom space, textbooks and other resource materials at these schools. These schools also lacked the services of specialist educators to assist students. Here, reference is made

in particular to Guidance and Counselling and Library Resource Educators. The lack of material and human resources may have impacted on the poor results produced by these schools. An in-depth study is required to determine why these schools have produced poor results. This study should focus on the availability of the following: administrative facilities, educational resource materials, human resources, educational support services, equipped workshops and laboratories and recreational facilities. A comparative study can also be undertaken with schools that have produced excellent results in terms of the focus areas described above.

5.5. POLICY IMPLICATIONS FOR RURAL SOUTH AFRICA

Economic development in South Africa, had been biased in favour of large-scale industrialization that was concentrated in a few urban areas. This approach had adverse consequences for regional income disparity and rural mass poverty (Asefa, 1994). Black rural areas in South Africa prior to 1994 also had to suffer the effects of 300 years of colonialism followed by some 40 years of apartheid with very little or no economic development taking place because of the subordinated status given to Blacks. During the colonial and apartheid years the Black majority of the population for generations, was denied access to adequate services and opportunities (African National Congress, 1994).

The new government that came into power in 1994 had pledged itself to improving the living conditions of the Black majority of the population (African National Congress, 1994). In this regard Mr. Nelson Mandela, the past President of the country stated that the Government of National Unity was committed to an integrated rural development strategy that aimed to “eliminate poverty and create full employment by the year 2020” and that the rural people had to “be at the heart of this strategy” (Nel and Davies, 1999: 254).

It is evident that the new government has attempted to provide basic services to the people of Okhombe. What must be remembered is that people in rural areas are extremely poor and they cannot pay for many of the services they require. Their poverty results from the lack of employment opportunities in rural areas. What is required in rural areas like Okhombe is economic development, which will create employment opportunities for the people. What rural areas need is state intervention and assistance. At government level a policy shift from investing in urban areas to investment in rural area

is required. The government can assist by providing the necessary infrastructure so that capitalists can invest in these areas.

The study revealed that the services provided by the Department of Health for the people of Okhombe is not satisfactory and does not meet the needs of the people. With regard to health services in rural area a policy shift is also required. More financial resources should be spent in building and equipping clinics and hospitals in previously disadvantaged rural areas. In view of HIV/ AIDS reaching epidemic proportions in South Africa and the fact that there are no marked differences with regard to infection rates from urban to rural areas, it is imperative that the staff complement at clinics in rural areas be increased (Department of Land Affairs, 1997) if the government intends to contain the spread of the disease and to provide treatment for those already afflicted.

Prior to 1994 education was free and parents paid a very small school fee. In 1996 the South African Schools Act was passed giving parents greater control over the running of the school. Since then the government has decreased funding to schools with parents expected to contribute more towards the education of their children. The poverty in previously disadvantaged rural areas prevent parents from paying high school fees with the result that rural schools now lack many resources. If the Department of Education expects to successfully educate school-going children especially in the rural areas then it has to make further policy shifts so that it can **make** more financial resources available to poor rural schools to ensure that these schools have adequate facilities and resources.

5.6. LIMITATIONS

This study set out to research the provision of services in rural area paying particular attention to health and education. The case study approach was used in this study. Because this study involved a case study of a single village, the findings cannot be used to generalize about rural areas in the country. However, the findings of this study present some insights with regard to the services rural people are offered and the quality of the services. The study also provides some insight with regard to the difficulties that rural people experience as a result of inadequate services provided for them as compared to the services provided for people in urban areas.

The inability of the researcher to converse in Zulu (the main language of the Okhombe people) and the use of interpreters prevented free dialogue with respondents. The use of interpreters may have also resulted in some loss of information. A further limitation is that only recommendations related to health and education are forwarded in this study.

5.7. CONCLUSION

South Africa is now a democratic country with a Constitution that protects every individual's human rights. Our freedom was won very recently and our new country is only eight years old and eight years is hardly enough time to eradicate the effects of 300 years of colonialism followed by some 40 years of apartheid especially with regard to the lives of Black people living in rural areas. While the new democratic government has done much to provide previously disadvantaged people with basic services, a lot more needs to be done in rural areas to provide services that are of a satisfactory nature.

The findings of this study indicate that while a mobile clinic had been provided for the people in Okhombe the quality and frequency of the service is not satisfactory. The community requires a fully operational clinic. Boreholes with pumps have been provided to provide water for the people. Purified piped water to households is required. With regard to education a new high school had been constructed in 1996. This school and the primary school lack many facilities and resources. In order to provide services that are satisfactory to the people and to achieve development and growth in rural areas there is a need for the government to review its policies so that it can give greater priority to development in rural areas.

A major concern of people living in Okhombe is the lack of job opportunities in the area. The lack of employment opportunities results in poverty of the people. Poverty manifests itself in many ways such as malnutrition, morbidity and illiteracy. Development should address first and foremost these manifestations of poverty and must therefore be targeted directly at these negative aspects.

According to Department of Education (2001), education has a pivotal role to play in enabling people to reach a brighter future and enabling society to become prosperous "because it is through education that a society shapes its soul." The ability to work hard intellectually as well as physically will depend on the health and well-being of the

person. It is generally accepted that healthy people are more productive. Bearing the above in mind it can be stated that good health services, good education services and the provision of other basic services such as clean water and sanitation are vital in the development of communities and in the eradication of poverty. An important point to note is that for development to succeed it must address the collective needs of the people. In this regard Swanepoel (1997: 43) states:

If we agree that development is there to break down poverty, we must agree that development cannot be sectoralised. A person who has a need for health services invariably also has a need for other basic needs such as education, a balanced diet, shelter and employment. If we accept that development is a way to address this poverty, it is clear that it cannot concentrate on a single need. Development also cannot address several needs separately, as if they are separate entities.

Taking the above into account it is important for the different government departments to work together when planning for a particular community. It is also important for the government departments to consult and plan with the community. This study found that the people from Okhombe are consulted when needs are determined and when planning is done. However the plans are often not implemented or scaled down due to a lack of funds from the government. If the government at provincial and national levels is serious about improving the quality of life of rural people then it is imperative for them to drastically increase the budget for projects in rural areas.

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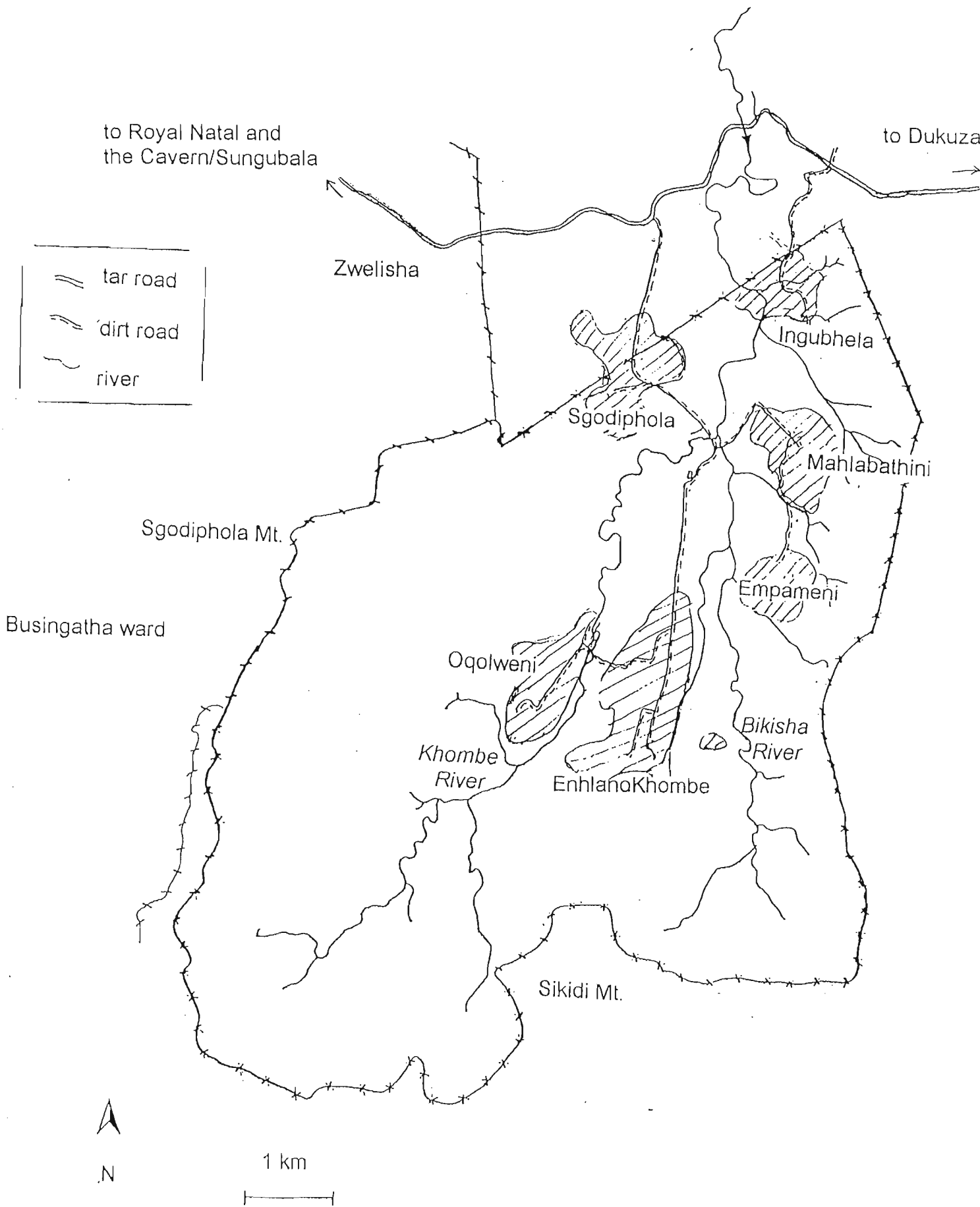
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Appendix A: Sketch map of the Okhombe Ward - Amazizi Tribal Authority



Appendix B

Focus group workshop at Sgodiphola

| PROBLEMS | NO WORK | SMALL HIGH SCHOOL | WATER | BAD ROADS | FIRE-WOOD | ELECT. | EROSION | THEFT OF ANIMALS | NO CLINIC |
|-------------------|---------|-------------------|---------|-----------|------------------|-------------------|--------------------|------------------|-------------------|
| NO WORK | X | NO WORK | NO WORK | NO WORK | NO WORK | NO WORK | NO WORK | NO WORK | NO WORK |
| SMALL HIGH SCHOOL | X | X | WATER | BAD ROADS | FIRE-WOOD | ELECT. | SMALL SCH. / EROS. | THEFT | CLINIC |
| WATER | X | X | X | WATER | WATER/ FIRE WOOD | WATER | WATER/ EROS. | WATER | WATER/ CLINIC |
| BAD ROADS | X | X | X | X | BAD ROADS | BAD ROADS/ ELECT. | BAD ROADS/ EROS. | BAD ROADS | BAD ROADS/ CLINIC |
| FIREWOOD PROBLEMS | X | X | X | X | X | ELECT. | EROS. | THEFT | CLINIC |
| ELECTRICITY | X | X | X | X | X | X | ELECT. | ELECT. | ELECT./ CLINIC |
| EROSION PROBLEMS | X | X | X | X | X | X | X | EROS. | EROS. |
| THEFT OF ANIMALS | X | X | X | X | X | X | X | X | CLINIC |
| NO CLINIC | X | X | X | X | X | X | X | X | X |

Scoring and ranking of problems: Sgodiphola

| PROBLEMS | SCORE | RANK |
|-------------------|-------|------|
| No Work | 9 | 1 |
| Water Problem | 7 | 2 |
| Bad roads | 7 | 2 |
| No Electricity | 6 | 4 |
| Erosion Problems | 6 | 4 |
| No Clinic | 6 | 4 |
| Firewood Problems | 2 | 7 |
| Theft of Animals | 2 | 7 |
| Small High School | 1 | 8 |

Appendix C

Focus group workshop - Inghubela

| PROBLEMS | ROADS | WATER | ELECT. | SCHOOL | BRIDGE | PRE-SCHOOL | CLINIC | JOBS | FINAN. |
|-------------------|-------|-------|--------|--------|-------------------|-----------------------|-------------------|-----------------|------------------|
| ROADS | X | ROADS | ELECT. | ROADS | ROADS | ROADS/ PRE-SCHOOL | ROADS | ROADS | ROADS |
| WATER | X | X | ELECT. | WATER | WATER/ BRIDGE | PRE-SCHOOL | CLINIC | JOBS | FINAN. |
| ELECTRICITY | X | X | X | ELECT. | ELECT./ BRIDGE | ELECT./ PRE-SCHOOL | ELECT./ CLINIC | ELECT./ JOBS | ELECT./ FINAN |
| SCHOOL | X | X | X | X | SCHOOL | SCHOOL/ PRE-SCHOOL | SCHOOL/ CLINIC | JOBS | FINAN. |
| BRIDGES | X | X | X | X | X | BRIDGE | BRIDGE | JOBS | FINAN. |
| PRE-SCHOOL | X | X | X | X | X | X | PRE-SCHOOL | JOBS | FINAN. |
| CLINIC | X | X | X | X | X | X | X | JOBS | FINAN. |
| LACK OF JOBS | X | X | X | X | X | X | X | X | JOBS |
| FINANCIAL SUPPORT | X | X | X | X | X | X | X | X | X |

Scoring and ranking of problems: Inghubela

| PROBLEMS | SCORE | RANK |
|-------------------|-------|------|
| Electricity | 8 | 1 |
| Roads | 7 | 2 |
| Lack of jobs | 7 | 2 |
| Financial Support | 6 | 4 |
| Pre-school | 5 | 5 |
| Bridges | 4 | 6 |
| Schools | 3 | 7 |
| Clinics | 3 | 7 |
| Water | 2 | 9 |

Appendix D

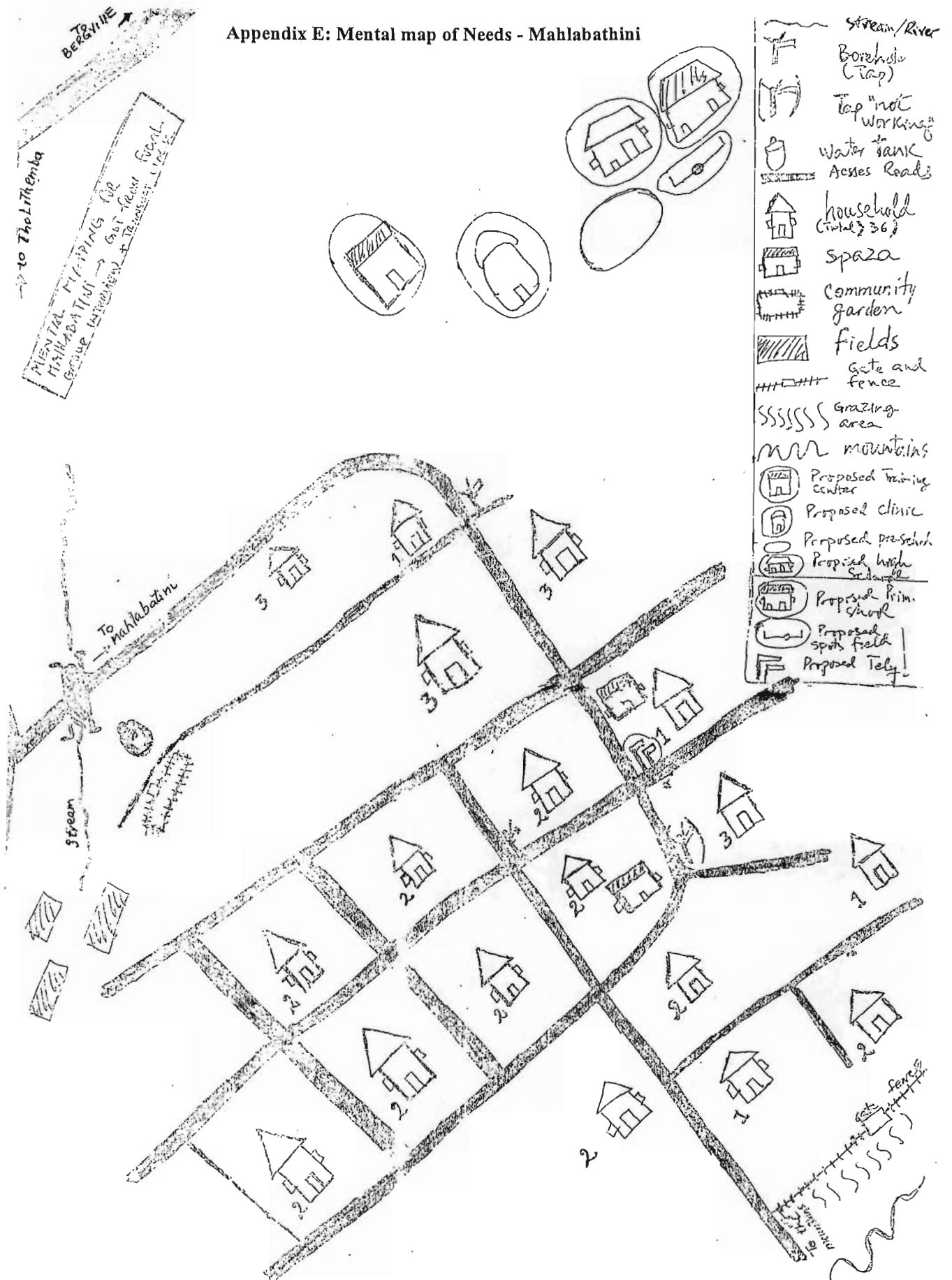
Focus group workshop at Enhlanokhombe.

| NEED | CLINIC | BRIDGE | AMBUL. | SKILL TR. | ADULT .ED | ELECT. | COMP.CEN. |
|--------------------|--------|-------------------|-------------------|----------------------|-------------------------|----------------------|-----------------------------|
| CLINIC | X | CLINIC/ BRIDGE | CLINIC | SKILLS TR. | ADULT ED. | ELECT. | CLINIC/ COMP.CEN. |
| BRIDGE | X | X | AMBUL./ BRIDGE | SKILL TR./ BRIDGE | ADULT ED./ BRIDGE | ELECT. | BRIDGE |
| AMBULANCE | X | X | X | SKILL TR./ AMBUL. | ADULT. ED/ AMBUL. | ELECT. | AMBUL. |
| SKILLS TRAINING | X | X | X | X | ADULT. ED/ SKILL TR. | ELECT./ SKILL TR. | COMP. CEN./ SKILL TR. |
| ADULT EDUCATION | X | X | X | X | X | ELECT./ ADULT ED. | COMP. CEN./ ADULT ED. |
| ELECTRICITY | X | X | X | X | X | X | ELECT. |
| COMPUTER CENTRE | X | X | X | X | X | X | X |

Scoring and ranking of the needs of people at Enhlanokhombe

| NEEDS | SCORE | RANK |
|-----------------|-------|------|
| Skills Training | 6 | 1 |
| Adult Education | 6 | 1 |
| Electricity | 6 | 1 |
| Bridge | 5 | 4 |
| Ambulance | 4 | 5 |
| Clinic | 3 | 6 |
| Computer Centre | 3 | 6 |

Appendix E: Mental map of Needs - Mahlabathini



Appendix F

Focus group workshop conducted at Masumpa Primary School

| PROBLEMS | HOUSE HOLD COMMIT. | CLEAN. | SUPPLY OF BOOKS | POVERTY | DISTANCE | TRANS. | NATUR. PROCES. | POOR CO-OP. |
|------------------------|--------------------|------------|-----------------|---------------------|--------------------|---------------|----------------|--------------------------|
| HOUSE HOLD COMMITMENTS | X | H.H. COMM. | BOOKS | POVERTY/ H.H. COMM. | DIST. / H.H. COMM. | H.H. COMM. | H.H. COMM. | POOR CO-OP. / H.H. COMM. |
| CLEANING | X | X | CLEAN./ BOOKS | POVERTY | DIST. / CLEAN. | TRANS. | CLEAN. | POOR CO-OP./ CLEAN. |
| SUPPLY OF BOOKS | X | X | X | POVERTY | DIST. | TRANS. | BOOKS | POOR CO-OP./ BOOKS |
| POVERTY | X | X | X | X | POVERTY/ DIST. | POVERTY | POVERTY | POOR CO-OP./ POVERTY |
| DISTANCE | X | X | X | X | X | DIST./ TRANS. | DIST. | POOR CO-OP./ DIST |
| TRANSPORT | X | X | X | X | X | X | TRANS. | POOR CO-OP. |
| NATURAL PROCESSES | X | X | X | X | X | X | X | POOR CO-OP. |
| POOR CO-OPERATION | X | X | X | X | X | X | X | X |

Scoring and ranking of problems: Maqoqa High School

| PROBLEMS PRIMARY | SCORE | RANK |
|----------------------|-------|------|
| Poverty | 7 | 1 |
| Distance from School | 7 | 1 |
| Poor Co-operation | 7 | 1 |
| Household Commit. | 6 | 4 |
| Cleaning | 4 | 5 |
| Supply of Books | 4 | 5 |
| Transport | 4 | 5 |
| Natural Processes | 0 | 8 |

Appendix G

Focus group workshop conducted at Maqoqa High School

| PROBLEMS | POOR LANG. | MOTIV. | DIST. | TRANS. | POVERTY | ELECT. | HOUSE HOLD COMMIT. | RESOUR. |
|-----------------------|------------|--------|--------|--------|---------|---------|--------------------|-------------------|
| POOR LANGUAGE | X | MOTIV. | LANG. | LANG. | POVERTY | LANG. | H.H. COMMIT. | RESOUR. |
| POOR MOTIVATION | X | X | MOTIV. | MOTIV. | POVERTY | MOTIV. | H.H. COMMIT. | RESOUR. |
| DISTANCE | X | X | X | DIST. | POVERTY | DIST. | H.H. COMMIT. | RESOUR. |
| TRANSPORT | X | X | X | X | POVERTY | TRANS. | H.H. COMMIT. | RESOUR. |
| POVERTY | X | X | X | X | X | POVERTY | POVERTY | POVERTY |
| ELECTRICITY | X | X | X | X | X | X | H.H. COMMIT. | RESOUR/ ELECT. |
| HOUSEHOLD COMMITMENTS | X | X | X | X | X | X | X | RESOUR. |
| RESOURCES | X | X | X | X | X | X | X | X |

Scoring and ranking of problems: Maqoqa High School

| PROBLEMS | SCORE | RANK |
|-----------------------|-------|------|
| Poverty | 7 | 1 |
| Lack of Resources | 6 | 2 |
| Household Commitments | 5 | 3 |
| Poor Motivation | 4 | 4 |
| Poor Language | 3 | 5 |
| Distance from School | 2 | 6 |
| Transport | 1 | 7 |
| Electricity | 1 | 7 |

Appendix H

The needs of teachers at Maqoqa High School

| NEEDS | WATER | ELECTRICITY | TRANSPORT | CLASS-ROOMS | ROADS |
|-------------|-------|-------------|---------------------------|-------------|------------|
| WATER | X | Water | Water | Water | Water |
| ELECTRICITY | X | X | Electricity/ Transport | Classrooms | Roads |
| TRANSPORT | X | X | X | Classrooms | Roads |
| CLASSROOMS | X | X | X | X | Classrooms |
| ROADS | X | X | X | X | X |

Scoring and ranking of the needs of teachers at Maqoqa High School

| NEEDS | SCORE | RANK |
|-------------|-------|------|
| Water | 4 | 1 |
| Classrooms | 3 | 2 |
| Roads | 2 | 3 |
| Electricity | 1 | 4 |
| Transport | 1 | 4 |

**Appendix I: Research Questionnaire – Health
RESEARCH QUESTIONNAIRE**

This questionnaire is to be completed by nurses working at the health care center servicing the Okhombe Village.

Dear Respondent

Thank you very much for participating in this study and for your time in completing this questionnaire. The information obtained will be used to complete a study through the University of Durban-Westville.

Your input is most **valuable** and is very much **appreciated**.

Anand Sookraj

TOPIC:

The provision of services in rural areas- with special reference to health and education: A case study of Okhombe Village in North-West Drakensberg, KwaZulu-Natal.

Some responses require you to place an X in the appropriate box. Other questions require more detailed responses. Feel free to make comments as you complete the Questionnaire.

SECTION A: BIOGRAPHICAL DATA OF NURSES

1.1. How old are you?

| | | | | | |
|-------------|-------------|-------------|-------------|-------------|-----------|
| 1.1.1 | 1.1.2 | 1.1.3 | 1.1.4 | 1.1.5 | 1.1.6 |
| 18-25 Years | 26-30 Years | 31-35 Years | 36-40 Years | 41-45 Years | 45+ Years |

1.2. What race do you belong to?

| | | | | |
|---------|--------|-------|----------|-------|
| 1.2.1 | 1.2.2 | 1.2.3 | 1.2.4 | 1.2.5 |
| African | Indian | White | Coloured | Other |

1.3. How many years of experience do you have as a nurse?

| | | | | |
|-----------|------------|-------------|-------------|------------|
| 1.3.1 | 1.3.2 | 1.3.3 | 1.3.4 | 1.3.5 |
| 0-5 Years | 6-10 Years | 11-15 Years | 16-20 Years | 20 + Years |

1.4. What qualifications do you have? You may put X in more than one column.

| | | | | |
|------------|--------|-------------|---------|--------|
| 1.4.1 | 1.4.2 | 1.4.3 | 1.4.4 | 1.4.5 |
| Standard 8 | Matric | Certificate | Diploma | Degree |

1.5. What position do you hold at the clinic?

| | | | | |
|-------------|-------|--------------|--------------------|-------|
| 1.5.1 | 1.5.2 | 1.5.3 | 1.5.4 | 1.5.5 |
| Staff Nurse | Nurse | Senior Nurse | Head of Department | Other |

SECTION B: AVAILABLE HEALTH RESOURCES

2.1. How many clinics are there in the Okhombe area?

| | | | |
|-------|-------|-------|---------------|
| 2.1.1 | 2.1.2 | 2.1.3 | 2.1.4 |
| None | One | Two | More than two |

Comment: _____

2.2. What type of services is provided at the clinic?

Place an X in the in the column on the right if the service is provided.

| | | |
|-------|---|--|
| 2.2.1 | Anti-natal | |
| 2.2.2 | Maternity | |
| 2.2.3 | Post natal | |
| 2.2.4 | General medical – coughs, colds, rash, etc. | |
| 2.2.5 | Psychiatric | |
| 2.2.6 | HIV/AIDS – treatment | |
| 2.2.7 | Health Education | |
| 2.2.8 | TB | |
| 2.2.9 | Family planning | |

Other services that are provided at the clinic:

2.3. Are there any mobile clinics that service the community?

| | |
|-------|-------|
| 2.3.1 | 2.3.2 |
| Yes | No |

2.4. How often does the mobile clinic visit the area? _____

2.5. What services do the mobile clinics provide?

Place an X in the in the column on the right if the service is provided.

| | | |
|-------|---|--|
| 2.5.1 | Anti-natal | |
| 2.5.2 | Maternity | |
| 2.5.3 | Post natal | |
| 2.5.4 | General medical – coughs, colds, rash, etc. | |
| 2.5.5 | Psychiatric | |
| 2.5.6 | HIV/AIDS – treatment | |
| 2.5.7 | Health Education | |
| 2.5.8 | TB | |
| 2.5.9 | Family planning | |

Other services that are provided at the mobile clinic:

2.6. Does the clinic have any emergency facilities?

| | |
|-------|-------|
| 2.6.1 | 2.6.2 |
| Yes | No |

Comment:

2.7. Are there any medical doctors working at the clinic?

| | |
|-------|-------|
| 2.7.1 | 2.7.2 |
| Yes | No |

Comment:

2.8. Are there any medical doctors attached to the mobile clinic?

| | |
|-------|-------|
| 2.8.1 | 2.8.2 |
| Yes | No |

Comment:

2.9. Approximately what distance is the nearest hospital located? _____ kms.

SECTION C: ACCESSIBILITY

3.1. Is there a fee for treatment at the clinic?

| | |
|-----|-----|
| 1.1 | 1.2 |
| Yes | No |

3.2. How do most people travel to the clinic?

| | | | |
|------|-----------------|------|-----|
| 2.1 | 2.2 | 2.3 | 2.4 |
| Walk | Private vehicle | Taxi | Bus |

3.3. Approximately how long do people wait to be treated?

| | | | | |
|--------------|---------------|---------------|-----------|------------------|
| 3.3.1 | 3.3.2 | 3.3.3 | 3.3.4 | 3.3.5 |
| 5-15 minutes | 15-30 minutes | 30-60 minutes | 1-2 hours | 2 hours and more |

3.4. What are some of the problems that people experience in obtaining treatment at the clinic?

SECTION D: MAPPING HEALTH PROBLEMS

4.1. What are the common diseases and illnesses treated at the clinic?

4.2. What do you think are the common causes for these illnesses?

4.3. Does the clinic treat people for psychological and stress related illnesses?

| | |
|-------|-------|
| 4.3.1 | 4.3.2 |
| Yes | No |

4.4. What in your opinion are some of the causes for stress related illnesses?

4.5. Does the clinic treat many cases that involve domestic violence?

| | |
|-------|-------|
| 4.5.1 | 4.5.2 |
| Yes | No |

4.6. What do believe to be some of the reasons for domestic violence?

4.7. What other health services are provided for the people at Okhombe? e.g. community health education officers, school health nurses, etc.

4.8. How does the clinic view the work and treatment of traditional healers?

4.9. Do you think that the staff is coping at the clinic?

| | |
|-------|-------|
| 4.9.1 | 4.9.2 |
| Yes | No |

4.10. What are some of the problems related to your work?

SECTION E: PROBLEMS EXPERIENCED AND VISION FOR IMPROVED HEALTH CARE IN THE AREA

5.1. Are you happy working at the clinic?

| | |
|-------|-------|
| 5.1.1 | 5.1.2 |
| Yes | No |

5.2. What are some of the problems you experience working in the area?

5.3. What are some of the changes you would like to see made at the clinic?

5.4. What do you think can be done to improve the level of health and well being of the people in the area?

5.5. What is your vision with regard to future health care for the people in the area?

Thank you once again for taking time off to complete this questionnaire. Your input is very important and is very much appreciated.

Anand Sookraj

Appendix J: Household Survey Questionnaire

HOUSEHOLD SURVEY

This questionnaire is to be completed by heads of households.

Dear Respondent

Thank you very much for participating in this study and for your time in completing this questionnaire. The information obtained will be used to complete a study through the University of Durban-Westville.

Your input is most valuable and is very much appreciated.

Anand Sookraj

TOPIC:

The provision of services in rural areas-with special reference to health and education: A case study of Okhombe Village in North-West Drakensberg, KwaZulu-Natal.

Some responses require you to place an **X** in the appropriate box. Other questions require a more detailed response. Feel free to make comments as you complete the Questionnaire.

SECTION A: BIOGRAPHICAL DATA

1.1. How old are you?

| | | | | | |
|-------------|-------------|-------------|-------------|-------------|-----------|
| 1.1.1 | 1.1.2 | 1.1.3 | 1.1.4 | 1.1.5 | 1.1.6 |
| 18-25 Years | 26-30 Years | 31-35 Years | 36-40 Years | 41-45 Years | 45+ Years |

1.2. How many people live in this house?

| | | | | |
|-------------|------------|------------|------------|---------------------|
| 1.2.1 | 1.2.2 | 1.2.3 | 1.2.4 | 1.2.5 |
| Less than 4 | 4-6 people | 7-8 people | 9-10people | More than 10 people |

1.3. How long have you been living in Okhombe?

| | | | | |
|-----------|-----------|-----------|------------|--------------------|
| 1.3.1 | 1.3.2 | 1.3.3 | 1.3.4 | 1.3.5 |
| 0-2 Years | 3-5 Years | 5-8 Years | 9-10 Years | More than 10 Years |

SECTION B: HEALTH SERVICES

2.1. How many clinics are there in the Okhombe area?

| | | | |
|-------|-------|-------|---------------|
| 2.1.1 | 2.1.2 | 2.1.3 | 2.1.4 |
| None | One | Two | More than two |

Comment: _____

2.2. What type of services is provided at the clinic?

Place an X in the in the column on the right if the service is provided.

| | | |
|-------|---|--|
| 2.2.1 | Anti-natal | |
| 2.2.2 | Maternity | |
| 2.2.3 | Post natal | |
| 2.2.4 | General medical – coughs, colds, rash, etc. | |
| 2.2.5 | Psychiatric | |
| 2.2.6 | HIV/AIDS – treatment | |
| 2.2.7 | Health Education | |
| 2.2.8 | TB | |
| 2.2.9 | Family planning | |

Other services that are provided at the clinic:

2.3. Is there a mobile clinic that services the community?

| | |
|-------|-------|
| 2.3.1 | 2.3.2 |
| Yes | No |

2.4. How often does the mobile clinic visit the area?

| | | |
|-------------|---------------|--------------|
| 2.4.1 | 2.4.2 | 2.4.3 |
| Once a week | Twice a month | Once a month |

2.5. What services does the mobile clinic provide?

| | | |
|-------|---|--|
| 2.5.1 | Anti-natal | |
| 2.5.2 | Maternity | |
| 2.5.3 | Post natal | |
| 2.5.4 | General medical – coughs, colds, rash, etc. | |
| 2.5.5 | Psychiatric | |
| 2.5.6 | HIV/AIDS – treatment | |
| 2.5.7 | Health Education | |
| 2.5.8 | TB | |
| 2.5.9 | Family planning | |

Other services that are provided at the mobile clinic:

2.6. Does the clinic have any emergency facilities?

| | |
|-------|-------|
| 2.6.1 | 2.6.2 |
| Yes | No |

Comment:

2.7. Are there any medical doctors working at the clinic?

| | |
|-------|-------|
| 2.7.1 | 2.7.2 |
| Yes | No |

Comment:

2.8. Are there any medical doctors attached to the mobile clinic?

| | |
|-----|-----|
| 8.1 | 8.2 |
| Yes | No |

Comment:

2.9. Approximately what distance is the nearest hospital located? _____ kilometers.

2.10. Is there a fee for treatment at the clinic?

| | |
|-----|-----|
| 1.1 | 1.2 |
| Yes | No |

2.11. How does your family travel to the clinic?

| | | | |
|--------|-----------------|--------|--------|
| 2.11.1 | 2.11.2 | 2.11.3 | 2.11.4 |
| Walk | Private vehicle | Taxi | Bus |

2.12. Approximately how long do people wait to be treated?

| | | | | |
|--------------|---------------|---------------|-----------|------------------|
| 2.12.1 | 2.12.2 | 2.12.3 | 2.12.4 | 2.12.5 |
| 5-15 minutes | 15-30 minutes | 30-60 minutes | 1-2 hours | 2 hours and more |

2.13. What are some of the problems that you experience in obtaining treatment at the clinic?

2.14. What health facility would you like the Department of Health to provide for the people of Okhombe?

2.15. Do you or members of your family make use of traditional healers?

| | | |
|------------|-----------|--------|
| 2.15.1 | 2.15.2 | 2.15.3 |
| Not at all | Sometimes | Always |

2.16. Can you afford the fee charged by traditional healers?

| | |
|--------|--------|
| 2.16.1 | 2.16.2 |
| Yes | No |

2.17. For what type of illnesses do you consult the traditional healers?

2.18. Are you happy with the treatment provided by traditional healers in the area?

| | |
|--------|--------|
| 2.18.1 | 2.18.2 |
| Yes | No |

Comment:

2.19. Do you or any member of your family have knowledge of herbs and prepare medication the your family?

| | |
|--------|--------|
| 2.19.1 | 2.19.2 |
| Yes | No |

2.20. Where are the herbs and ingredients obtained?

| | | | |
|------------------|-----------------|-------------------|--------------------|
| 2.20.1 | 2.20.2 | 2.20.3 | 2.20.4 |
| Household garden | Communal garden | Shops in the area | Shops in Bergville |

SECTION C: EDUCATION SERVICES

3.1. Do you have children attending school?

| | |
|-------|-------|
| 3.1.1 | 3.1.2 |
| Yes | No |

3.2. Are you happy with the fee you have to pay?

| | |
|-------|-------|
| 2.2.1 | 3.2.2 |
| Yes | No |

Comment:

3.3. Are you happy with the facilities at the school/s?

| | |
|-------|-------|
| 3.3.1 | 3.3.2 |
| Yes | No |

Comment:

3.4. Who should receive priority for education?

| | | |
|--------|---------------------|--|
| 3.4.1. | Boys | |
| 3.4.2. | Girls | |
| 3.4.3. | Both boys and girls | |

3.5. What can be done to improve the level of education of the people of Okhombe?

| | | |
|--------|----------------------------------|--|
| 3.5.1. | Build more pre-schools | |
| 3.5.2. | Build more primary schools | |
| 3.5.3. | Have adult basic education | |
| 3.5.4. | School to teach skills and trade | |
| 3.5.6 | Reduce school fees | |

Comment: _____

SECTION D: CONSULTATION AND DECISION MAKING

4.1. Who makes the decisions in the community?

| | | |
|--------|----------------------|--|
| 4.1.1. | The Chief | |
| 4.1.2. | The Induna | |
| 4.1.3 | Community committees | |
| 4.1.4. | Other | |

4.2. Are people/households consulted when decisions affecting the community are made?

| | |
|--------|--------|
| 4.2.1. | 4.2.2. |
| Yes | No |

4.3. Is your household represented at community meetings?

| | |
|--------|--------|
| 4.3.1. | 4.3.2. |
| Yes | No |

4.4. Are you happy with the way decisions are made in the community?

| | |
|--------|--------|
| 4.4.1. | 4.4.2. |
| Yes | No |

SECTION E: GENERAL

5.1. Are you happy living in Okhombe?

| | |
|-------|-------|
| 5.1.1 | 5.1.2 |
| Yes | No |

5.2. Are you happy with the following services:

| | | YES | NO |
|--------|-------------|-----|----|
| 5.2.1. | Water | | |
| 5.2.2. | Electricity | | |
| 5.2.3. | Telephone | | |
| 5.2.4. | Roads | | |
| 5.2.5. | | | |

5.3. What improvements would you like to be made in Okhombe?

Thank you once again for taking time off to complete this questionnaire. Your input is very important and is very much appreciated.

Anand Sookraj

Appendix K

SCHEDULE OF QUESTIONS TO BE USED IN SEMI-STRUCTURED INTERVIEWS WITH PRINCIPALS OF SCHOOLS

QUESTIONS

1. When was the school established?
2. What was total number of students enrolled in 1999 and 2001?
3. What is the carrying capacity of the school?
4. What is the average teacher pupil ratio?
5. What subjects does the school offer?
6. What was the school's matric pass rate at the end of 2000?
7. What has contributed to the success or failure of the matric results?
8. Do you have a full compliment of management and teaching staff?
9. How would you describe the attitude of students at the school?
10. What facilities does the school have?
(Laboratories, workshops, kitchen, computers, etc.)
11. What facilities does the school lack?
12. What resources does the school lack?
(Stationery, textbooks, desks, chairs, laboratory equipment etc.)
13. Does the school have the following services: water and electricity?
14. Is the school affiliated to United Schools Sports Association of South Africa?
15. What codes of sport are offered at the school?
16. What sports facilities does the school have?
17. How many students and in which codes has the school been represented at district, zonal, regional and provincial level?
18. What is the current school fee?
19. Does the school experience a problem in collecting school fees?
20. Who is responsible for cutting grass and cleaning of the school?

Appendix L

SCHEDULE OF QUESTIONS TO BE USED WHEN INTERVIEWING KEY INFORMANTS

SECTION A: GENERAL

1. How long have you been living in Okhombe?
2. Do you like living in Okhombe?

SECTION B: HEALTH

3. What provision for health has been made by the Department of Health?
4. Is the service adequate?
5. Where is the nearest hospital?
6. What are some of the problems people experience when accessing health care?
7. Are the people happy with the supply of water in the area?
8. What do people use as fuel in the area?

SECTION C: EDUCATION

9. How many pre-schools are there in the area?
10. Are the people happy with the number of pre schools?
11. Are the people happy with the schools in the area?
12. What are some of the problems the schools encounter?
13. What do students attend Tolitemba High School instead of the local school?
14. Is there any Adult Basic Literacy classes being held in Okhombe?
15. Are there skills training centres in the area? (technical and skills schools, etc.)

SECTION D: SPORT AND RECREATION

16. Are people in Okhombe interested in sport?
17. What sport is played?
18. What sporting facilities are available for the people of Okhombe?
19. Are there clubs and sports organizations in Okhombe?
20. What other activities do people engage in their spare time?

SECTION E: OTHER CONCERNS AND NEEDS

21. Is the sale of liquor at the many spaza shops a concern?
22. Is the growing and selling of dagga in the area a concern?
23. What improvements would you like to see in Okhombe?