

**UNIVERSITY OF KWAZULU-NATAL**

**THE ROLE OF COMMUNITY-BASED ORGANISATIONS IN PROMOTING THE  
WELFARE OF COMMUNITIES: A CASE STUDY OF JOZINI MUNICIPALITY**

**by**

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## DECLARATION

I, **Douglas Sydney NGCOBO**, declare that

- (i) The research reported in this dissertation, except where otherwise indicated, is my original research.
- (ii) This dissertation has not been submitted for any degree or examination at any other university.
- (iii) This dissertation does not contain any other person's data, pictures, graphs or other information, unless specifically acknowledged as being sourced from other persons.
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## **ABSTRACT**

The objectives of the study were to assess the role of the Community-Based Organisation (CBO) in promoting the welfare of the communities in Jozini area in the uMkhanyakude district, to examine the challenges faced by Community-Based Organisations (CBOs) in HIV/AIDS prevention, care and support. The study also evaluates the strategies used by CBOs in their responses to the individual needs of the clients in the communities and establishes whether CBO managers and CBO committee members understand the need to conduct impact evaluation studies. The study used the quantitative research method and data was collected using self-administered questionnaires from the three participating CBOs and three primary health care facilities that responded to the study questions and replies were quantified and presented in the form of tables and graphs.

This research examined the role of CBOs in promoting improved health standards and the welfare of the community members who are either infected or affected by HIV/AIDS. This revealed the fact that CBOs play a significant role in promoting the welfare of the communities, however, some gaps were also identified and recommendations were made to bridge such gaps in order for the CBOs to function more effectively and to continue to provide good quality services to the communities. Those recommendations were based on the gaps identified and if such recommendations are taken seriously, CBOs may become more effective and productive; they will be more sustainable and their interventions will be more likely to support the welfare of communities in the area of Jozini municipality.

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## ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
AGM	Annual General Meeting
ART	Antiretroviral Therapy
CBO	Community-Based Organisations
CCG	Community Care Giver
DOH	Department of Health
DOT	Direct Observed Treatment
DSD	Department of Social Development
FBO	Faith Based Organisations
HIV	Human Immunodeficiency Virus
IDP	Integrated Development Plan
NGO	Non Governmental Organisation
NPO	Non Profit Organisations
OVC	Orphan and Vulnerable Children
PMTCT	Prevention of Mother-to-Child Transmission
STI	Sexually Transmitted Infection
SPSS	Statistical Package for Social Science
TB	Tuberculosis
THP	Traditional Health Practitioner
VCT	Voluntary Counselling and Testing
VO	Voluntary Organisation

# **CHAPTER ONE**

## **INTRODUCTION AND OVERVIEW OF THE STUDY**

### **1.1 BACKGROUND TO THE STUDY**

HIV/AIDS is one of the sexually transmitted infections (STIs), which poses a challenge worldwide, but the situation in many rural communities of KwaZulu-Natal Province requires urgent attention as it is of great concern. According to Tulchinsky and Varavikova (2009: 166) AIDS has captured global attention over the past decade because the burden of AIDS is enormous and how it relates to public health and the social consequences are devastating in many countries. The study conducted by Chonco (2009: 56) shows that South Africa has the highest number of people infected with HIV as six million people live with HIV and AIDS in South Africa. It is mainly transmitted through unprotected sexual intercourse, contaminated blood and other body fluids such as breast milk and semen. Chonco (2009) further argues that KwaZulu-Natal province has 40.7 per cent of HIV infections compared to the national HIV average of 29.5 per cent. According to Pribram (2011), Stillwaggon (2006) and Paku (2008) social determinants such as increased unemployment rates, poverty, poor access to water and sanitation, poor access to housing and household food security make community members more vulnerable to HIV infections and waterborne diseases, malnutrition and weakened immune systems. It is argued that most of the rural communities are characterised by poverty and social inequality (Mutya 2004: 33). Mutya's argument is supported in the Jozini municipality where this study was conducted; it is difficult for these community members to get quality health care services because of poverty that results from low levels of education, high unemployment rates and social inequality. Consequently some community members do not use health care facilities such as hospital and clinics as they rely on available community support services, which are rendered by CBOs, faith-based organisations (FBOs) and traditional health practitioners (THPs).

According to Ndlovu (1999), Timol (2001), and Chonco (2009), CBOs play an important role in the communities where they operate as they are engaged in various forms of social developmental projects to improve lives of community members. Ndlovu (1999: 2) also argues that CBOs, NGOs and FBOs play a meaningful role in the provision of services such as community home-based care, psychosocial support services for orphaned children and other support services such as conducting HIV/AIDS awareness campaigns in the communities that they serve. Furthermore, she further argues that government relies on CBOs and NGOs for the implementation of responses for combating HIV/AIDS in the communities because these CBOs understand the communities that they serve, are easily accessible by the community members and services provided are mostly free of charge to the public.

This study focused on the role of CBOs in promoting the welfare of the community in Jozini municipality. It also looks at the interventions for CBOs in HIV/AIDS prevention, care and support in Jozini with an aim of promoting the welfare of communities as this area has been identified as having high prevalence of HIV. There are five local municipalities in the uMkhanyakude District Municipality and these are Jozini, uMhlabuyalingana, Big Five, Mtubatuba and Hlabisa. Jozini municipality is located in the northern KwaZulu-Natal. The area is deep rural and characterized by poverty with limited infrastructure, poor household food security, poor access to water and sanitation and few job opportunities. The manner in which this study was conducted, research findings and recommendations will be discussed in the following chapters of this research report. This chapter discusses the purpose of the study; objectives, rationale and limitations of the study, and lastly the layout of the dissertation followed by the conclusion.

## **1.2 PURPOSE OF THE STUDY**

The purpose of this study was to assess the role of CBOs in promoting the welfare of communities. It also looked at the strategies that CBOs utilise in HIV/AIDS prevention, care and support. Again the study will add to the relatively small amount of literature available

on the work that has been done or is being carried out by CBOs on HIV/AIDS prevention, care and support under Jozini local municipality.

### **1.3 OBJECTIVES OF THE STUDY**

The objectives of the study are to:

- assess the role of CBOs in promoting welfare of community members;
- assess impact of CBOs on HIV and AIDS prevention, care and support services;
- examine the challenges faced by CBOs in HIV and AIDS prevention, care and support interventions;
- evaluate strategies used by CBOs when responding to the needs of clients regarding HIV and AIDS challenges; and
- establish if CBOs managers and executive committee members understand the need for conducting impact evaluation.

#### **Key Research Questions**

The research study will attempt to answer the following key research questions:

- What is the role of CBOs in promoting welfare of community members?
- What is the impact of CBOs on HIV and AIDS prevention, care and support services?
- What are the challenges faced by CBOs in HIV and AIDS prevention, care and support interventions?
- What strategies are used by CBOs when responding to the needs of clients regarding HIV and AIDS challenges?; and
- How do CBOs managers and executive committee members understand the need for conducting impact evaluation?

## **1.4 RATIONALE OF THE STUDY**

Reviewed literature has shown that some CBOs are actively involved in the implementation of HIV and AIDS awareness programmes at the community level to promote welfare of the community, healthy life styles and behavioural change for community members. Koenig, Leandre & Farmer (2004) argue that services being rendered by CBOs range from HIV/AIDS prevention through HIV/AIDS awareness campaigns in the community, promoting safe sex through condom distribution in community public places and in high risk areas such as taverns and night clubs, and promoting welfare of community people. These CBOs also mobilise community members to make them aware of their HIV status by responding to the call for voluntary counselling and testing (VCT) services. Those who are already infected by HIV/AIDS are supported by the very same CBOs that provide community home-based care services to the patients and psychosocial support to their family members (Guthrie and Hickey 2004). Patients on chronic medication get supported through direct observed treatment (DOT) with an aim of supporting the clients to adhere to their chronic medication and to ensure that medication is taken correctly and clients do not miss out on their medication.

It is with this view that this study is grounded. CBOs provide various services that have been mentioned but there is no literature documented on role of these CBOs in promoting welfare of the community, and the impact of CBOs on HIV/AIDS prevention, care and support under Jozini municipality although most of the CBOs in Jozini are involved in the struggle against HIV/AIDS and community upliftment programmes. As HIV/AIDS prevention interventions are implemented, it is important to establish if HIV prevention strategies by CBOs produce desired outcomes and to evaluate if there is an impact made by that CBO sector, as they implement their HIV prevention strategies and support the communities to fight against HIV/AIDS stigma in the community. As a Nurse, Community Development Practitioner, a Social Science graduate and an MPA student, the researcher understands the importance of conducting impact evaluation studies after interventions have been implemented to identify areas that need to be improved and those that need to be sustained, and most importantly, to establish if such social interventions produced intended results.

## **1.5 LIMITATIONS OF THE STUDY**

There are many CBOs rendering HIV prevention, care and support services under Jozini municipality. Although it would have been valuable to include them all in this study, it was impossible to have all CBOs delivering such services to participate in the study as this would require resources not available to the researcher, such as collecting data, financial resources and transport. Conducting a research project in Jozini municipality posed a great challenge especially during the data collection stage. In order to access CBO offices, the researcher had to drive on poorly signed gravel roads as CBOs offices are in the community and this made it difficult for the researcher and this was time-consuming. Although appointments were arranged and confirmed in advance through CBO Coordinators, some CBO chairpersons did not make themselves available on the date of the appointment date due to other commitments as they have tight schedules. This caused some challenges and inconvenience as new appointments had to be scheduled as it was important to collect data from them. Other support staff of the CBOs such as general assistants thought that I represented a private donor agency who might be able to fund their project and started discussing challenges with regards to their stipends and explanations were required to explain that this was a research study and the researcher was there to collect data about services being rendered by their CBO in the community. Travelling distances from one CBO to another was also a challenge on its own but I managed to get to the identified CBOs despite all the logistical problems.

## **1.6 DISSERTATION LAYOUT**

Chapter One provides an introduction and general information about HIV/AIDS and its causes. Social determinants exposing community members to HIV/AIDS infection are discussed on this chapter and the services rendered by CBOs are briefly considered. The purpose, objectives and rationale of the study including limitations of the study are all discussed in Chapter One.

Chapter Two provides a brief summary on HIV/AIDS epidemic in Southern Africa, focusing in KwaZulu-Natal province and in the uMkhanyakude district municipality, particularly in Jozini local municipality where the study was conducted. In this chapter, the numbers of people already infected including negative impacts that HIV/AIDS had to this rural community are discussed. Some other social factors contributing to the spread of HIV/AIDS are discussed in this chapter. South African government strategies responding to HIV/AIDS with an aim of improving quality of life for all people living in South Africa, including the role of CBOs in supporting government in the struggle against HIV/AIDS, are also reported in this chapter. Impact evaluation and its importance are discussed in this chapter as well.

Chapter Three discusses how the study was designed. This chapter considers sampling and sample size of the study, including data collection techniques used, and how data was analysed. Research methods and methodology for the study are discussed, as well as the justification for using this research design for this study.

Chapter Four provides a picture on the functioning of nongovernmental organisations (NGOs) non-profit organisations (NPOs) and CBOs in community empowerment and in HIV/AIDS prevention and general support services in improving lives of the community. General challenges facing CBOs when providing services are summarized in this chapter as well.

Chapter Five presents the findings of the study using graphs and narrative to illustrate results of the study. In this chapter, conclusion is drawn based on the findings of the study.

Chapter Six provides a summary of the research findings including recommendations based on the study findings. The conclusion for the study is deliberated in this last chapter of this research report, which is followed by the bibliography.

## **1.7 CONCLUSION**

This chapter has provided an overview on the situation on the spread of HIV/AIDS worldwide with particular emphasis on South African context and in KwaZulu-Natal province, as it is a leading province in our country with a high prevalence of HIV/AIDS. Information about rural community of Jozini municipality was provided because this is where the study was conducted. Social determinants that contribute to the spread of HIV/AIDS are briefly mentioned and more detailed information regarding these factors is better explained in chapter two. The objectives of the study, rationale for the study and limitations of the study were discussed as well as the dissertation layout.



## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 INTRODUCTION**

According to Burn and Grove (2005:93) a literature review is defined as a written presentation that describes the current status on the topic being studied or investigated. It involves the published findings of the research project and the manner in which such research projects have been conducted. Therefore this allows other researchers an opportunity to decide whether or not to use the same research design and research methodologies. But most importantly it helps the researchers to understand the existing knowledge and research findings about the topic that the researcher intends to investigate. Reviewing of literature helps the researcher to avoid doing mistakes that other researchers have made and to establish if the very same research topic has been conducted previously, so as to avoid duplication.

South Africa has a fast growing number of people infected with HIV/ADS, (Coombe 2002). According to Mthiyane (2008), Pribram (2011) globally, about 33.4 million people were living with HIV/AIDS in December 2008 and the authors further argue that Sub-Saharan Africa remained the worst affected region with 22.4 million people infected and living with HIV/AIDS. According to Mthiyane (2008) HIV/AIDS remained the single greatest cause of deaths in Sub-Saharan Africa, as there were about two million HIV/AIDS related deaths in 2008. Between the year 2000 and 2015 it was anticipated that life expectancy at birth in Southern Africa was going to drop due to the number of people infected with HIV/AIDS. South Africa has the largest number of people infected with HIV/AIDS when it is compared with other countries. Therefore it is important to look at the various causes for this situation as far as HIV/AIDS is concerned in Southern Africa. For this reason social determinants and social dimensions associated with spread of HIV/AIDS, especially in the rural communities, will be discussed in this chapter.

This chapter also discusses South African government's response to HIV/AIDS epidemic as it has been highlighted that the country has a largest number of people living with HIV/AIDS when it is compared with other countries. The role of CBOs in supporting the South African government in the struggle against HIV/AIDS will be considered including the importance of conducting impact evaluation when social interventions are implemented followed by the conclusion.

## **2.2 STATUS OF HIV AND AIDS IN SOUTH AFRICA**

Globally, 33.4 million people are living with HIV/AIDS according to according to Pribram (2011). In 2005, South Africa had an estimated number of 5.5 million people who were living with HIV/AIDS. The study conducted by Chonco (2009) revealed that number of people infected with HIV/AIDS had increased from 5.5 to 6 million in South Africa. Chonco (2009) further argues that KwaZulu-Natal province had 40.7 per cent of HIV infections compared to the national average of 29.5 per cent. The 2014 World AIDS Conference that took place in Australia in Melbourne revealed that in South Africa the number of people infected has increased from 6 million to 6.4 million. It was revealed at the 2014 HIV/AIDS World Conference that in South Africa, there are more deaths related to HIV/AIDS when compared to other countries. KwaZulu-Natal is the worst HIV/AIDS infected province as indicated above. In the district where the study was conducted (Umkhanyakude), the HIV/AIDS infection is currently at 32.5 per cent. Literature reviewed exposed a number of factors contributing to the increased HIV infection rate such as poverty and social instability. In uMkhanyakude district municipality is situated in the north-eastern part of KwaZulu-Natal province.

The district is deep rural and forms the national borders with Mozambique in the north-east and Swaziland at the Northern part of Ingwavuma. It has a population of 542 953 people and the unemployment rate is 54 per cent and half of the households have no access to clean water and proper sanitation (2011 Census). Due to the increased incidence of HIV/AIDS in the district, there are large numbers of orphaned and vulnerable children (OVCs) and children already head many of the households. Some of those already suffering from

HIV/AIDS related diseases in the area are still in the work force and when they are ill, they absent themselves from work, the long term result of this absenteeism being a decline in the economy of the country and a burden to their family members, as there is no household income. Suffering or death of parents causes psychological trauma to their children. As mentioned earlier, the number of orphans and vulnerable children has increased in this municipality as a result of AIDS related deaths. According to Patterson (2006: 97) most of the CBOs provide home-based care to clients who are already sick in the communities and psychosocial support to HIV/AIDS orphaned children and family members.

The unemployment rate is 54 per cent and as many as half of the households have no access to clean water and proper sanitation (Census 2011); this exposes community members to waterborne diseases such as diarrhoea and tuberculosis due to poor housing and poor nutritional causing community members to get diseases easily. High levels of unemployment, poverty, poor access to clean water and proper sanitation, poor access to housing facilities and poor access to household food security, including low status of women and gender inequality, stigma and discrimination, gender based violence, some social and community practices are mentioned as other contributing factors to the increased HIV/AIDS in uMkhanyakude district and local municipalities such as Jozini where the study was conducted. The reviewed literature revealed that the following social dimensions contribute in the spread of HIV/AIDS in the rural communities the province as discussed below.

### **2.3 SOCIAL FACTORS THAT CONTRIBUTE TO SPREAD OF THE HIV INFECTIONS**

According to Corcoran (1999) and Tillotson and Maharaj (2001), Conrad and Doss (2012:4), although HIV/AIDS is regarded as a health challenge, the spread of the disease is associated with various social factors to be discussed in this chapter. Anyone can become infected with HIV/AIDS depending on his/her behaviour, and Macklin (1989) suggests that it is important to health educate community members about HIV because HIV/AIDS is not about who you are, but is about what you do. It is with this view that some of the social factors contributing to spread of HIV/AIDS are discussed to elaborate the relationships

between spread of HIV/AIDS and these elements. The following are some of the factors that contribute to spread of HIV/AIDS in the communities.

### **2.3.1 Cultural practices**

Other cultural practices contribute to the spread of HIV/AIDS in South Africa. In Zulu culture when the married man passes away, the brother of the deceased inherits the widow to prevent her from seeking an intimate relationship or getting married again. Through this cultural practice, if the deceased husband died of HIV/AIDS, his brother is likely to get HIV infected and pass the virus to his wife as well. This is one of the cultural practices that fuels HIV/AIDS especially in the rural communities that believe in this custom and also lack HIV/AIDS information. If HIV/AIDS strategies or interventions do not address these cultural practices, spreading of HIV is not going to decline in these rural communities that still have this cultural belief. Trickett (2005) suggests that CBOs involved in HIV/AIDS awareness campaigns and the Department of Health needs to put more effort into HIV/AIDS prevention strategies, focusing on changing the mind-set of community people as far as these cultural practices are concerned. Mahlangu-Ngcobo (2001:30) further argues that CBOs interventions in HIV prevention need to be culturally sensitive because HIV is mainly spread through sexual contact. Otherwise, new HIV infections are still going to be noted in our communities due to such cultural practices.

### **2.3.2 Poverty**

According to Tulchinsky and Varavikova (2009:292) malnutrition affects one in three people worldwide. All age groups are at risk from suffering from the effects of malnutrition but children are most vulnerable. Authors argue that malnutrition is associated with poverty, inadequate access to health education, clean water and good sanitation. In most cases groups that are prone to poverty are women, children and the elderly people. Beaglehole and Bonita (2004:56) argue that a basic level of wealth sufficient for essential needs such as food, shelter, clothing and warmth is very important for wellbeing, as unavailability of any of the abovementioned can contribute to ill health. Beaglehole and Bonita (2004) argue that factors responsible for the high rate of HIV include poverty and social instability. South Africa is facing the serious challenge as far as employment is concerned. According to the study,

which was conducted by Gillies, Tolley and Wolstenholme (1996), there is strong relationship between the spread of HIV/AIDS and poverty. These authors argue that people who have no homes are more vulnerable to HIV as they sleep in the street and sometimes share contaminated needles when using drugs. In their condition they do not even bother to use condoms to protect themselves from sexually transmitted infections including HIV/AIDS.

In the uMkhanyakude district municipality where the study was conducted, the rate of unemployment is 54 per cent and half of households do not have access to clean water and proper sanitation (2011 Census), which makes the community exposed to various waterborne infections, such as diarrhoea, gastric illnesses and other infections as they continue to drink contaminated water. Poverty and economic pressures put unemployed women at risk of contracting HIV infections because it becomes difficult for these women to negotiate safe sex by using condoms as they rely on their partners financially to take care of their basic needs such as food, clothing, shelter just to mention a few. Stillwaggon (2006: 168) argues that poor conditions of living of 2 to 3 billion people in the world has promoted HIV infections, for example there are people living on garbage dumps who survive by scavenging due to high levels of poverty. Many agree with Stillwaggon as poverty has pushed other women to become commercial sex workers so as to feed their families and this also exposes them to sexually transmitted infections including HIV/AIDS. In the process of their daily routines, they are exposed to violence and HIV infection. Poku (2008) also supports the idea that poverty is contributing to the spread of HIV/AIDS. Therefore interventions that do not consider poverty alleviation strategies and empowering of women are likely to be less effective.

### **2.3.3 Gender inequality**

According to Matlin and Spence (2000) most women are discriminated against in society in some form or another, for instance, some may not have access to education, employment, health or may be are victims of gender-based violence. Discrimination against women disempowers them and prevents them from competing equally with men if they have not been given opportunities to empower themselves at an early stage in their lives, for example

receiving quality education. In other rural communities, priority for education is given to boys than girls. Eventually they depend on their husbands or partners for their financial support as said earlier, this makes it difficult for such women to negotiate safe sex by using condoms if partners are against the use of condoms, women become exposed to HIV infections. Satpathy (2003:152) and Baylies and Bujra (2000) argue that women may not insist that their partners should use condoms when they are having sex because of cultural practices that are associated with their intimate relationships. It is therefore important that HIV prevention strategies are seen in this light for the interventions to be effective or to produce desired outcomes.

Although South Africa has structures such the Gender Equality Commission, Human Rights Commission, Republic of South African Constitution of 1996, South Africa's human resources legal framework such as Employment Equity Act 55 of 1998, which ensures and promote equal opportunities through elimination of unfair discrimination in the job market, much needs to be done at the community level to address these issues to prevent discrimination of women from being empowered in all walks of life in the society as gender inequality has contributed to the spread of HIV/AIDS in our communities. The study conducted by UN Population Fund, Swaziland Ministry of Health and Social Welfare revealed that Swaziland is very traditional in that their culture discourages safe sexual practices such as using of condoms and monogamous relationships. The study revealed that in this country the role of the men is to impregnate women to increase the size of the population. Women are expected to bear children and each woman is expected to have the minimum of five children to expand the population and they do not understand the problems of how women may be exposed to HIV infections and STIs. Swaziland culture does not allow women to take charge of their reproductive health such as planned pregnancies using various methods of family planning. This exposes women to HIV/AIDS infections and this disempowers them to take charge of their healthy lifestyle and ambitions (Russell, 2007: 100). If safe sex is not practiced, this is likely to spread HIV from one person to another if one partner is already infected.

#### **2.3.4 Traditional healing practices**

In the deep rural areas of KZN, many community members still believe in traditional healing practices. According to the study conducted by AMREF SA in 2005 in the uMkhanyakude district municipality in KZN, it was revealed that 70 per cent of community members still consult traditional healers before going to the hospital or clinic when they are sick. This is due to the fact that traditional healing practices have been there for decades and traditional healers are known and trusted for their services in the communities, and most importantly they are easily accessible by community members, according to Ngcobo (2001). The reality today is that there is HIV/AIDS and when traditional healing is performed, HIV can be spread to other family members, if the practitioner uses one razor for all incisions related to treating all members of the family if one of those members is already infected with HIV.

It is likely that time will be wasted in the traditional healer's household instead of sending the patient to the health facility for proper screening using relevant and reliable diagnostic procedures and starting patients on the appropriate treatment depending on the laboratory findings. Other traditional healers advise their clients to stop taking their chronic medication whilst they attend to them and these clients may become resistant to taking their chronic medication at a later stage, resulting in their earlier deaths. Without strengthening partnership with traditional healers and empowering communities with information and also engaging with traditional healers in HIV awareness campaigns, HIV will always continue to be a challenge to us and to our communities.

#### **2.3.5 Stigma and discrimination**

HIV stigma and discrimination pose challenges for both primary and secondary HIV prevention. It is even worse if stigma and discrimination associated with HIV/AIDS emanate from the health care professionals who are supposed to be supporting the clients who come for the quality health care services. This reduces participation in voluntary counselling and testing (VCT) for the clients who want to know their HIV status and makes it difficult for those already infected to access their antiretroviral therapy. Consequently, this poor adherence to antiretroviral therapy causes the infected patient to advance quickly to AIDS. Due to stigma and discrimination associated with HIV/AIDS, some community members

find it difficult to use services available such as voluntary counselling and testing (VCT); support systems in the form of support groups, antiretroviral therapy (ART); PMTCT services which prevent the unborn babies from getting HIV from their HIV positive mothers in cases of pregnant women because they fear that they will be seen in queues for services that are associated with HIV infection.

Stigma and discrimination may involve social isolation, rejection from their homes and from the community, or being fired from their place of employment because of their HIV positive status. This indeed adds to the spread of HIV/AIDS in the communities because most of those people who are HIV infected will not disclose their HIV status to their intimate partners because of the fear of being discriminated against and losing the relationship. As a result they do not practice safe sex resulting in further spreading of the HIV/AIDS virus, which could have been prevented if stigma and discrimination is not a challenge in our communities. Efforts need to be made to educate people about HIV/AIDS and the fact that being HIV positive does not mean that one has misbehaved or been sleeping around with different sexual partners; also communities need to be informed that infected people need support from their friends, co-workers, family members, their partners, health care providers, etc. By so doing the issues of stigma will be addressed and people infected with HIV/AIDS will be able to openly seek services to improve their health status.

### **2.3.6 Social dimensions that contribute to spread of HIV/AIDS in other African countries**

South Africa is not the only country that has social factors that contribute to the spread of HIV/AIDS. According to Matlin and Spence (2000) many deaths are due to HIV/AIDS infection in the African countries. Literature reviewed in African countries on cultural and social practice issues, shows that HIV prevention strategies are not likely to contribute positively to reducing HIV/AIDS infections and spreading of the disease, if cultural practices are not taken into consideration. Some of the social factors contributing to the spread of HIV/AIDS are same as those mentioned under South African context. These factors indeed have more negative impacts on women and more women are infected with HIV/AIDS than men. Eventually more women die as a result of HIV/AIDS infection



globally. The study conducted by Ntseane (2003) in Botswana revealed that Botswana people are very cultural and sexual behaviours constantly contribute to the spread of HIV/AIDS in Botswana. The issue of widow inheritance is common in many countries, in Botswana it is called 'seantlo' and in South Africa's Zulu culture this is known as 'ukungena'.

This cultural practice is also common in Swaziland and Tanzania. Social and cultural practices that contribute to the spread of HIV/AIDS need to be addressed if African countries want to fight HIV/AIDS effectively. Policies that are developed for combating HIV/AIDS needs to be relevant and take into consideration the social and cultural practices for effective implementation and positive outcomes as far as HIV/AIDS is concerned. For example, Botswana has good policies in place such as the National Policy on HIV/AIDS and the Botswana government is committed to the fight to eradicate HIV/AIDS, international donors are supporting the government in achieving its goals but these interventions do not always produce the desired outcomes because social and cultural factors are not properly addressed.

Some of the social dimensions include social pressures, pressures from husbands and family members that are beyond the control of the women involved. According to Ndile and Bashemera (2007), in Tanzania at Mbarali district, when the newly married woman does not get pregnant, and if it is suspected that the problem is the husband's infertility, arrangements are made by the close family members to get a close relative such as the brother of the husband to impregnate the wife; once the wife is pregnant, she is restored back to her husband. If that relative is HIV positive, the real husband will get the virus as well and either way if that woman was HIV positive, the relative of the husband will get the virus and pass it to his real wife.

Again in Mbarali district, there are other common cultural practices that spread HIV infection including the exchange of sexual partners, such as when husbands exchange their wives intentionally, widow cleansing which is when once the specified mourning period is complete, the widow will find a man and have sex with him so that she is purified. After

having that sexual contact, she can get married again and the belief is that there would be no bad luck because she has carried out this ritual. Widow inheritance is also practiced in Tanzania and also practiced in Swaziland and in Zulu culture. All of these cultural practices put both men and women at risk of contracting HIV if safe sex is not practiced by the use of condoms. These are just some of the social dimensions that are adding to the spread of HIV/AIDS in Swaziland and other African countries. If all these social issues are not taken into consideration during HIV prevention intervention processes, the spread of HIV will continue to be a challenge not only in South Africa but in other African countries as well. It is therefore important to have CBOs that understand all these social and cultural dimensions so that they are able to produce with the relevant achievable solution when designing the implementation of their strategies in the communities.

#### **2.4 ROLE OF COMMUNITY-BASED ORGANISATIONS (CBOs) IN THE STRUGGLE AGAINST HIV/AIDS**

There are many interventions that the South African government has put in place to fight HIV/AIDS in the country. This includes 2000-2005 HIV/AIDS and STI Strategic Plan, which were developed to respond to HIV/AIDS. In 2003, South African government adopted the Operational Plan for Comprehensive HIV and AIDS Treatment and Care which included the provision of antiretroviral therapy (ART) in the public hospitals. The South African government also developed 2007-2011 HIV/AIDS and STI National Strategic that targeted HIV/AIDS prevention, treatment, care and support. The mentioned strategies were initiatives that were put in place to respond to HIV/AIDS in the country and it is clear that the government has done so much in responding to HIV/AIDS. Antiretroviral therapy is accessible to all eligible patients in the public hospitals and progress made so far has a positive impact as far as health of fellow South Africans is concerned. But government would not have made this progress alone without support from NGOs, NPOs, CBOs and other stakeholders. Jack (1995:43) and Lankester (1992) assert the importance of the participative practice between CBOs, communities and government for effective provision of health and welfare services.

According to Guthrie and Hickey (2004:144) government relies on NGOs and CBOs for the implementation of its responses for combating HIV and AIDS in the communities. Zachariah et al (2005: 174) in the study conducted at Malawi suggest that CBOs can play a major role in the fight against HIV/AIDS. According to Ehrmann (2002: 76) CBOs that provide HIV awareness campaigns and other support services play an important role in preventing new HIV infections from occurring in Correctional Services Departments. Ndlovu (1999: 2) argues that CBOs play a meaningful role in the provision of home-based care service because patients are nursed and cared for in the home environment where there is support from family members and friends around the patient. According to Drew et al. (1998), Foster and Williamson (2000: 282), CBOs are the most effective services in caring for orphans in Zimbabwe because they are cost-effective and easily accessible within the community. Therefore CBOs also have a role in providing the community with necessary knowledge and HIV/AIDS information, and sharing information on the social factors that are likely to spread HIV/AIDS in their communities, such as community and cultural practices including stigma and other associated factors. In the practice of community development, it is argued that empowerment through information sharing is important because an empowered community is able to take informed decision on issues that affect them.

## **2.5 IMPACT ASSESSMENT AND ITS IMPORTANCE**

It is therefore important to establish whether NGOs and CBOs do provide quality services and to establish the reality of the impact of the CBOs in their communities. Other authors such as Rossi and Freeman (1993: 215) argue that impact assessment is intended to estimate whether or not interventions produce the intended effects. Conducting impact evaluation is basically associated with the managerial concerns of maintaining and improving programme effectiveness and efficiency. According to Rossi and Freeman (1993: 142) impact evaluations are conducted 'in house' by the staff members of such organisations, or by external agencies such as university academics, profit and non-profit agencies. Rossi and Freeman however argue that 'in house' evaluations reports are less widely distributed to the stakeholders because such reports are owned by the organisations concerned and in contrast,

reports produced by the external researchers are likely to be more widely distributed to the public and findings are likely to be reliable and valid, as researchers will have no individual interest concerning who can access the results.

Conducting impact evaluation studies helps organisations to identify gaps and plan for areas that need to be improved as well as areas that need to be sustained within the organisation. Although some organisations embark on the so called 'in-house impact evaluations', it is important to encourage them to get outside evaluators who will be able to provide them with unbiased results, because internal evaluators are likely to focus on the good points of the organisation, leading to the biased report. Outside evaluators reports are likely to enhance good decision-making and good management systems within the organisation. According to Rossi and Freeman (1993: 215) impacts evaluations are undertaken to establish if the social program produce the intended effects or not.

Theobald (1985: 17) further argues that the objective of impact evaluation is to establish and to determine whether the stated objectives of the program are met or not. By conducting impact evaluation, organisations get a chance to identify gaps that need to be improved within the organisation; successes that need to be sustained and failures that need to be prevented in future programme implementation. Regarding the fact that uMkhanyakude district has more HIV/AIDS cases when compared with other districts of KwaZulu-Natal province despite the fact that there are CBOs involved in HIV/AIDS prevention, researchers need to identify problems and check if there are specific challenges in HIV and AIDS prevention strategies within the district or to establish if there other contributing factors that need to be considered and addressed regarding HIV prevention strategies that are used by CBOs in the district.

Theobald (1985: 51) argues that there are two types of programme evaluations and these are formative evaluation and summative evaluation. Formative evaluation is used to produce information during service development with an aim to help decision makers to identify areas that need to be improved in the program implementation. Summative evaluation is

conducted after the intervention has been implemented to establish the effects of such program to the beneficiaries.

## **2.6 CONCLUSION**

It was revealed in this chapter that despite government interventions regarding the fight against HIV/AIDS, many deaths, especially in sub-Saharan Africa, are AIDS related. South Africa is the country with most people who are living with HIV/AIDS, as 6.4 million people are HIV positive and living with HIV/AIDS. Social and cultural factors contribute to the spread of HIV/AIDS in the African countries, such as the practice of polygamy, widow inheritance, gender inequality, poverty and other socio-economic factors. When HIV/AIDS prevention strategies are designed, it will be important to take all these factors into consideration if we want to reduce HIV infection in our communities.

It has been argued by many authors that HIV/AIDS is not only a health challenge, but it is a developmental challenge. It is therefore important for all stakeholders to join hands and form joint ventures. This is why we discussed the importance of the role of civil society especially in the fight against this epidemic. CBOs are defined as organisations that are out of the government sphere, located in the communities with an aim of providing services such as community advocacy, primary health related services, health education, home-based care and other services that are needed by the community. Impact evaluation and its importance also discussed in this chapter as it helps organisations to identify gaps and to improve on service.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1 INTRODUCTION**

The primary objective of this chapter is to present investigative techniques used in this research project. According to Neale (2009: 19) many researchers tend to confuse research method and methodology. Neale (2009) argues that method refers to data collection and data analysis techniques used in the research project whereas methodology refers to the study design that the researcher used in the study. Terre-Blanche and Durrheim (1999) define research methodology as the research paradigm adopted, research design, sampling, data collection and data analysis techniques used for the study. Therefore this chapter introduces the whole study design including data collection and data analysis techniques used in the study. Advantages and disadvantages for research methodology used in this study are discussed in this chapter.

The study assesses the effectiveness of the CBO's interventions at the community level with an aim of establishing the impacts made by CBOs and identifying areas that need to be sustained and those that need to be improved for a quality service provision in the community. According to Booyesen and Arntz (2003), Monette, Sullivan and DeJong (2008: 313) conducting impact evaluation studies aim at determining whether social interventions achieve the intended goals in the given community. In order for the researcher to collect rich data about CBOs and the services that they render in the community, quantitative research design was used.

This chapter provides discussion on research methodology used for the study and its relevancy. Research design, including sampling techniques chosen for the study, data collection techniques used and advantages and disadvantages, are discussed in this chapter including the manner in which data is analysed. This is followed by concluding remarks for the chapter.

### **3.2 RESEARCH DESIGN**

Brink (2006: 92) defines study design as the set of logical steps that are followed by the researcher to answer research questions. Fox and Bayat (2007) further argue that the study design determines the methodology that need to be used by the researcher in order to obtain sources of information such as research subjects or participants, elements and unit of analysis and how data will be collected, analysed and interpreted. Babie (1989) defines research design as the planning of scientific enquiry which involves designing a strategy for finding out something. In order to collect rich data on functioning of CBOs and service provision, quantitative research methodology was used as it one of the reliable research methods that allows the researcher to quantify responses for the research participants.

### **3.3 SAMPLING**

Sampling refers to process of selecting the sample or unit of analysis such as people, objects or organisations from a population in order to obtain information on the phenomenon being investigated by the researcher in a way that represents the population of interest. According to Harris (1995: 436), Sekaran (2003), Brink (2006: 123), population can be defined as all scores or members of the group that are of interest to the researcher from which the researcher wishes to generalize his/her research findings on.

Therefore the sample is drawn from the population of the interest to the researcher. According to Bowling (2000: 157) sampling is good because the researcher is able to scientifically able to select the small number of research participants from this population that is of the interest to him/her. Therefore a sample is required because in most instances it is not practical to study an entire population that is of interest to the researcher due to various reasons such as time constraints and the other numerous resources that may then be needed. The sample size for this study comprised of 90 participants from 3 CBOs involved in HIV/AIDS prevention, care and support services. Two residential clinics under Jozini Municipality and uMkhanyakude Health District office officials participated in the study as well.

From the CBOs, people who participated in the study were CBO committee members, CBO employees in the management positions and Community Care Givers (CCGs) who serve community under the respective CBOs including service beneficiaries in the community. From Department of Health, Operational Managers who are in charge of the facility and nursing personnel participated in the study. Clinics nursing staff were recruited to participate in the study because clinics uses CBO Community Care Givers (CCGs) to trace clients in the community if defaulting chronic treatment such as TB, ART and other medication including health educating the community on health related issues. It is the CCGs who refer clients to clinic if there is a need and mobilizing the community if there are health campaigns in the area. At the district office, officials who work closely with CBOs were recruited to participate in the study.

Purposive sampling was used to select study participants. This kind of sampling is also known as purposive or judgemental sampling where the researcher may use his or her own judgement in selecting the sample depending on the nature of the research project. According Marlow (1998), Grinnel (1993), Babbie (1989), Sarantakos (2005), Timol (2001), Fox and Bayat (2007), purposive sampling allows the researcher to identify research participants who are informative on the topic being investigated to participate in the study. Considering the nature of the study that was to be undertaken, this type of sampling was the most relevant as it was going to be difficult to choose CBOs providing this type of services in the area of Jozini local municipality, so probability sampling was not an option and non-probability sampling was used.

Therefore CBO committee members, CBO employees from the three identified CBOs, clients being served by respective CBOs and clinic staff members where these CBOs operate were recruited using purposive sampling. The abovementioned research participants were recruited to participate in the study because they are well-informed on the topic which the study was investigating and they understand the functioning of CBOs sector and the services that CBOs render in the community as far as HIV/AIDS prevention, care and support is concerned. Although purposive sampling was relevant for the study, most argue that this



type of sampling has its disadvantages and limitations, such as the element of biasness because it is the researcher who takes decisions on who to participate in the study and who not to participate in the study. Because of its small sample size, findings cannot be generalized to the larger population. These are some of the challenges that are associated with purposive or judgemental sampling. Brink (2006: 134) further argues that besides bias, sample may not have represented the population.

### **3.4 DATA COLLECTION AND DATA ANALYSIS**

#### **3.4.1 Data collection**

Data collection and data analysis is an important stage in each and every research project. Whether the study is an analytical experiment or a descriptive survey, the researcher needs to be clear on data collection tools that will be used in the study and understand advantages and disadvantages for such tools for data collection. Self-administered structured questionnaires were used for the collection of data. The questionnaire was designed to answer the key questions of the study and its objectives. According to de Vos (2000), Rubin and Babbie (2001) a questionnaire is defined as a set of questions on a form that is completed by the respondent in respect of a research project.

Questionnaires were delivered to the sample population for them to complete and appointment was set to collect them back from respondents. According to de Vos (2000: 155), and Rubin and Babbie (2001: 364), this strategy helps to improve response rate because there is a contact between respondents and researcher. Authors further argue that when questionnaires are delivered to the sample population, it is important to set the date or appointment for collecting such questionnaires back. I found this very useful during the data collection stage and response rate was definitely raised. A pilot study was done in one CBO to test whether the data collection tools were reliable enough and to ensure that study results were going to be valid. According to de Vos (2000) pilot study forms an important part of the research project because this is where the research design for the prospective survey is tested to a small number of persons with similar characteristics to those of the target group of research participants. Data was collected using self-administered questionnaires with

fourteen items. Out of fourteen items from the questionnaire, only two needed to be reworded for the data collection of the main study.

#### **3.4.1.1 Advantages of questionnaires**

According to Marlow (2011: 167), Bruce, Pope and Stanistreet (2008), questionnaires have many advantages that interviews do not have, although at the same time they lack the strengths of interviews. The authors further argue that questionnaires are a good data collection tool because they are relatively neutral and the interviewer bias is absent. Structured self-administered questionnaires were used so as to get unambiguous responses and quantifiable data. According to Bowling (2002) the use of structured questionnaires makes it easy for the researcher to analyse and quantify data. De Vos (2000) further argues that this type of data collection technique is cheaper and data can be collected from large sample, which makes it possible for the researcher to generalize the findings to the larger population.

There is no element of bias by the researcher if self-administered questionnaires are used to collect data and research participants are likely to provide responses that best describe themselves as anonymity is ensured, especially if the study is about sensitive topics such as one's sexual orientation, prostitution, gangsters and other sensitive social issues. Brink (2012), de Vos (2000) further argue that when self-administered questionnaires are used to collect data, respondents enjoy high degree of freedom as they respond to questions themselves. Therefore this makes it possible for such response to be honest in their responses and a large number of research participants can be reached at a low cost as this is one of the less expensive data collection techniques. Brink (2012) further argues that questionnaires are a quick method of obtaining data and reliable research instruments for data collection. According to Fox and Bayat (2007), most of the people are familiar with questionnaires and responses obtained through questionnaires are easy to analyse. Although authors have mentioned good things about questionnaire, this does not mean that questionnaires do not have limitations and it is important as well to look at its disadvantages as observed by other authors.

### **3.4.1.2 Disadvantages of questionnaires**

Brink (2012: 153) argues that using questionnaires can lead to low response rate especially if questionnaire are mailed to the respondents. It is possible for participants to forget to respond to it or to mail it back in time. It is possible that other family members who are not of the interest to the researcher can make responses, such as responses being provided by men, who are not the sample population; therefore participants who respond to questionnaire may not be representative of the population. Participants are likely to provide socially acceptable answers and this can make researcher to make conclusions based on that information. It is a fact that responding to the questionnaire can be a challenge to illiterate participants who may not understand questions clearly or unable to respond in writing to the questions that are asked. Fox and Bayat (2007) further argue that one of the disadvantages for questionnaire is the inability of the researcher to questions responses because questionnaires are structured instruments that limit flexibility to the respondents. These are some of the challenges that are associated with questionnaires.

## **3.5 DATA ANALYSIS**

Data analysis is the crucial stage in every research project. This is the process of inspecting collected data, data cleaning, data processing and making sense or gaining knowledge out of the collected data. Data analysis was carried out using computer software known as the Statistical Package for Social Science (SPSS 22.0) for this research project. Using SPSS software helps to process data and to generate graphs. Therefore data was cleaned, processed and SPSS 22.0 computer software was used and graphs were generated to present findings for the study.

## **3.6 CONCLUSION**

This chapter has covered the important aspects of research methodology used for the study. The research design for the study was introduced in this section, as well as the three CBOs that participated in the study involved in HIV/AIDS prevention, care and support under Jozini local municipality. The manner in which sampling was done was discussed including

the data collection techniques used by the study. Advantages and disadvantages for sampling and for data collection tools used have been also discussed in this chapter. A quantitative approach was used to collect data for this research project. Structured questionnaires were used to collect data from the sample population. Although this data collection method seemed to be more relevant and cost effective for the study, but it does have limitations that are discussed under advantages and disadvantages for collecting data using questionnaires.

Chapter Three also highlighted approaches used for data analysis for this research project. Statistical Package for Social Science (SPSS) was used to analyse the data, as this is known as the most reliable computer software for analysing data of quantitative research projects. Through this computer software the researcher was able to quantify responses and graphs were generated for presentation of findings for the study.

## **CHAPTER FOUR**

### **COMMUNITY-BASED ORGANISATIONS**

#### **4.1 INTRODUCTION**

According to Ebrahim (2005: 21) NGOs play an important role in our communities as they work towards improving the living conditions of the community. There are international and national NGOs and some share certain characteristics although not all characteristics are the same. There are different names or terms that are used when referring to NGOs. Pavlicevic (1996) defines NGOs as non-profit organisations (NPOs) that operate outside the sphere of government whereas De Beer and Swanepoel (1994) define NGOs as organisations that are not in any way dependent or affiliated to government.

These are formal and informal structures organised by community members or individuals with an aim of responding directly to the needs of the community, which are not met either by government or market. In the most cases such organisations are found in the specific communities and are better known as CBOs. Whether the organisation is known as an NGO, FBO, NPO, Voluntary Organisations (VOs) or CBO, these share similar characteristics, as they are the civil society groups that advocate for the communities that they serve.

According to De Beer and Swanepoel (1994) and Pavlicevic (1996) the NPOs address quite a number of issues in the communities that they are serving, such as restoration of dignity for the individuals or groups of people in the community, advocating for community people if there are serious issues that affect the community, provision of goods and services to the disadvantaged communities just to mention a few. This chapter therefore introduces the various civil society groups that are known as NPOs and the manner in which they operate when addressing issues in the communities, including their roles and challenges that they face when providing services to the public. A conclusion will be presented to summarise this chapter.

## **4.2 THEORETICAL PERSPECTIVE OF NONGOVERNMENTAL ORGANISATIONS**

According to Pavlicevic (1996), organisations are groups of people who come together for a common purpose. These include both profit making and non-profit making organisations; however, this section is mainly concerned with the non-profit making sector where this research project is based. In the non-profit making organisations, the main purpose is to serve community members with services or to empower community depending the services and programmes being supplied by the respective NPO in the community. Although NGOs may share the similar characteristics of not making profit out the services that they provide, they differ in size and area of operation and it is also important to distinguish the differences between NGOs because there are international NGOs and national NGOs.

Ndlovu (1999: 24) argues that NGOs vary in size, activity, organisational form, goals and objectives. This implies that NGOs range from informal to formal, small or large, rural to urban, conservative to liberal and they differ from place to place. The common characteristics are that they do not make profit and they aim at improving the lives of people in the community. According to Kjaerum (1993) NGOs are in existence for various reasons, some are politically aligned to women, others are ensure that social and community development of people is achieved, whereas others are providing and strengthening the health care systems such as Health Systems Trust, BroadReach Health Solution, MatCH, Khethimpilo, African Medical Research Foundation (AMREFSA) and Love-life amongst others are a few of the NGOs that provide health care services not only in KwaZulu-Natal province but in other selected provinces of South Africa.

Kjaerum (1993) suggests that it is important to observe that international NGOs will always be different from national NGOs, and national NGOs will never be the same as CBOs. International NGOs may seek to exert influence on the formation and development of public policies and these NGOs may be financially supported by the state, but they are legally and organisationally independent from the apparatus of the state. Pavlicevic (1996) further argues that international NGOs meet a non-commercial needs by providing goods and

services like food or clothing to the needy community members. International NGOs are able to raise funds and to source funding from member states and international donors. Pavlicevic further argues that international NGOs are always accountable to their beneficiaries and they are able to measure the success of programme implementation as their interventions are designed such that monitoring and evaluation systems are in place. They have controlling measures that establish whether funding was used for the intended goals and objectives.

Although national NGOs share some of the characteristics with international NGOs, they have their unique features, which differentiate them from international NGOs. The emergence of national NGOs has taken its own direction and this is sometimes different from other NGOs in other parts of the world. Most of these NGOs came into existence in fighting for the oppressed during the apartheid government, as there was inequality in the provision of the services. NGOs came in to address and to bridge the gaps by providing services to the majority of the people who were not assisted during the apartheid era. Therefore NGOs were viewed by the state at that time, as an enemy of the government. Although there are differences between international and national NGOs, they share some common characteristics with which the NGO sector is associated, as they are all working towards the upliftment of the community and those societies who are perceived as being disadvantaged.

When introducing this chapter, it was mentioned that there are different types of NGOs, such as international and national NGOs, VOs, FBOs and CBOs). Much has been discussed about international and national NGOs, their characteristics and backgrounds, how they were established and the manner in which they operate when providing the services to the beneficiaries. Furthermore, details of how they are supported by the government and other private donors to enable them to provide services to the disadvantaged communities where they (NGOs) operate at this time are deliberated.

#### **4.2.1 Voluntary Organisations**

According to Kjaerum (1993) voluntary organisations are NPOs that are organized by group of people in the sphere of civil society and working for the benefit of the society. Voluntary organisations normally recruit local community people to provide free services to the community. Those are volunteers do not get salary but they get what is known as stipend, if the respective organisation is able to provide it. In most cases volunteers do not receive anything but they only make difference by providing services voluntarily to those who are in need of such services.

#### **4.2.2 Faith-Based Organisations**

According to Castelli and McCarthy (1997), FBOs can be grouped into three types, which are congregations, national networks and freestanding religious organisations, which are incorporated from congregations and national networks. These FBOs are also NPOs that provide services such as community development. FBOs also participate in promoting social cohesion and welfare of the community members by supporting community members with donations and volunteer labour services to the disadvantaged community members. Although FBOs can be classified into different types but they have one mission, which is to provide free services to the most vulnerable groups within the community.

#### **4.2.3 Community-Based Organisations (CBOs)**

CBOs are non-profit organisations working within the specific localities where service is being provided. Normally CBOs are formed by local community members to address the needs of local people in the community and may involve church organisations in the community, schools, local community structures, local institutions, as well as formally registered and unregistered groups within the community. The very same community elects the leadership of CBOs during the annual general meeting (AGM). The committee members of the CBOs are responsible for the organisational leadership and the chairperson of the CBO has a responsibility to chair all the meetings and to ensure that all organisational policies and procedures are maintained. CBOs normally act to raise funds by various means and secure funding from private donors and state departments, but they are still independent in terms of service provision, even if they receive funding from state departments to ensure



that their services are continuously provided to the disadvantaged communities. Normally CBOs are engaged in a number of activities, such as health promotion by raising awareness regarding various diseases. Other CBOs are engaged in psychosocial support services such as care of orphans, while others are engaged in various activities such as community upliftment initiatives, household food security, capacity building, HIV/AIDS prevention campaigns just to mention a few. It is with this view that CBOs play an important role in improving lives of the individuals in the communities.

#### **4.3 ROLE OF CBOs IN IMPROVING HEALTH STATUS OF THE COMMUNITY**

The spread of HIV is still a challenge in uMkhanyakude district municipality where this research project was conducted According to Mthiyane (2008), Ndlovu (1999), the South African government alone cannot win this battle without support from CBOs and other stakeholders. The civilian society can assist in helping the South African government to reduce the levels of HIV infections in the community. Most of the CBOs in Jozini municipality are involved in HIV/AIDS awareness campaigns and condom distribution. Others are involved in providing door-to-door health education and the provision of direct observed treatment, better known as DOT; this support aims to decrease the defaulter rate for those clients who are on chronic medication such as ART and TB medication. In addition, other CBOs are involved in supporting those clients who are already infected through home-based care services where individual needs of the clients/ patients are attended to in their home. The CBO sector has a significant role to play in addressing high prevalence of HIV in the local communities as Erhmann (2002:76) argues that CBOs play an important role in supporting HIV/AIDS victims who are already infected and in prevention for new HIV infections.

In KwaZulu-Natal province, through support from NPOs, Department of Health managed to rollout antiretroviral therapy to half a million people from the year 2007 to 2011. The department has managed to reduce mother to child HIV transmission from 10.2 per cent to 2.8 per cent in 2010. If it were not for the CBOs, the government would find it difficult to

administer antiretroviral therapy effectively and to reduce mother-to-child HIV transmission through the PMTC programme.

It is the community caregivers employed by CBOs who are requested by the healthcare facilities to trace clients who do not come to collect their antiretroviral therapy (ART) and if the patients are likely to default their treatment. It is the CBOs that raise awareness about importance of adherence on ART medication and community caregivers educate community members about their health and to know their status before it is too late. According to Ndlovu (1999), Maharaj (2001) HIV/AIDS is not only a problem for the Department of Health problem but should be viewed as a social problem where all stakeholders should combine together to fight it and therefore government relies on civil society in implementing HIV/AIDS programmes because these are easily accessible by the community members that they serve.

Most of the authors have raised concerns that as much as CBOs play an important role in serving the communities with various services, it must be taken into consideration that for CBOs to be able to offer such services to the local communities, financial support is needed. According to Campbell, Nair and Maimane (2007), for CBOs to deliver services in the deprived communities, more resources are needed so as to sustain such social interventions. Ndlovu (1999) argues that the funding problems of CBOs limit the continuous provision of services to the communities. The author further argues that many CBOs have experienced difficulty in securing funding either from state departments and private donors. This is the main challenge that is faced by NPOs, which negatively affects the provision of quality services. Powerful international NGOs and national NGOs do not struggle as CBOs do when it comes to funding. This can be due to the fact that CBO officials do not have funding proposal-writing skills and they may lack resources such as computers to access the Internet and respond if there are call for proposals from various state departments and private donors. Formulating business proposal requires people who are skilled enough and CBOs officials may not have such expertise in fund raising or business/ funding proposals.

#### **4.4 CONCLUSION**

This chapter has highlighted some of the important aspects on the functioning of the NGO sector. It further provided a brief overview that makes South African NGOs different from international NGOs. Different types of NPOs were identified as VOs, FBOs and CBOs that are common in our rural communities. This chapter has highlighted that although NPOs may be different in terms of the size and operations, the goals and objectives are the same, which is to provide services to underserved or disadvantaged communities.

Through this chapter, the challenges facing NGO sector have been examined as well as the possible factors that are contributing to such challenges. One of the challenges that was frequently mentioned by authors who have studied functioning of CBOs is that there are problems with securing of funds from private donors; this negatively affects the quality of services that they render to the community due to lack of finance. Since CBOs render services free of charge, it is therefore important to access funding but the reality is most of such CBOs finds it difficult to secure funding as they lack fundraising skills and expertise for writing genuine funding proposals that are effective. But nevertheless, CBOs play a meaningful role in providing services to the disadvantaged communities for community empowerment, community upliftment and advocating for community members to address imbalances of the past that were caused by apartheid government in South Africa. CBOs offering health related activities and services aim at improving the health status of their community members.

## **CHAPTER FIVE**

### **PRESENTATION OF RESEARCH FINDINGS, INTERPRETATION AND DISCUSSION**

#### **5.1 INTRODUCTION**

This chapter presents the results and discusses the findings obtained from the questionnaires in this study. The questionnaires were the primary tools used to collect data and were distributed to three CBOs and three health facilities to be completed by those participating in the study. There were a total number of 90 questionnaires distributed to research participants and data collected from the respondents was analysed with SPSS version 22.0 computer software. This chapter will present the quantitative data that was collected as statistics in the form of graphs, cross tabulations and other figures. Inferential techniques included the use of correlations and chi square test values interpreted by using the p-values. Sampling and data collection techniques used to gather information are briefly explained in this chapter as well and a brief summary explaining the importance of reliability and validity is also covered here. Findings are presented in graph form and interpretation narrated in the form of discussions followed by concluding remarks for this chapter.

In total, 90 questionnaires were despatched and 87 were returned, which provided a 97 per cent response rate. Sampling refers to process of selecting the sample or unit of analysis such as people, objects or organisations from a population in order to obtain information on the phenomenon being investigated by the researcher in a way that represents the population of interest. For this research project, the sample size was comprised of 90 participants from three CBOs involved in HIV/AIDS prevention, care and support services. Two residential clinics under Jozini Municipality and uMkhanyakude Health District office officials also participated in the study. Purposive or judgemental sampling was used to select study participants.

According to Marlow (1998), Grinnel (1993), Babbie (1989), Timol (2001), Fox and Bayat (2007), purposive sampling allows the researcher to identify research participants who have knowledge and experience on the topic being investigated to participate in the study. From the CBOs, participants who were recruited to participate in the study were CBO committee members, CBO employees in management positions and Community Care Givers (CCGs) who serve the community under the respective CBOs including service beneficiaries in the community. From the Department of Health, Operational Managers who are in charge of the facility and nursing staff were recruited to participate in the study as they already have working relationship to improving health status of the clients in the community. The results of the study that are presented in this chapter are generated from the responses that were provided by the abovementioned participants during the data collection phase in Jozini local municipality.

Questionnaires were delivered to the sample population and the completed forms were collected back from respondents by the researcher. According to de Vos (2000: 155) and Rubin & Babbie (2001:364), this strategy helps to improve the response rate because there is a contact established between respondents and researcher. The researcher found it very useful during the data collection stage and response rate was good because 90 questionnaires were distributed and 87 completed questionnaires were collected which is a 97 per cent response rate.

The pilot study was conducted in one CBO to test whether the data collection tools were reliable enough and to ensure that the results of the study would be valid before the implementation of the data collection for main study. According to de Vos (2000) a pilot study forms an important part of the research project because this tests the research design for the prospective survey with a small number of individuals who have similar characteristics to those of the target group of research participants. Data was collected using self-administered questionnaires. The research instrument consisted of 15 items with a level of measurement on a scale either at a nominal or an ordinal level. The questionnaire was divided into two sections, each of which measured various themes.

### 5.1.1 Reliability Statistics

The two most important aspects of precision are reliability and validity. Reliability is computed by taking several measurements on the same subjects. A reliability coefficient of 0.70 or higher is considered as being 'acceptable'.

The table below reflects the Cronbach's alpha score for all the items that constituted the questionnaire.

**Table 5-1: Expectation**

#### Case Processing Summary

		N	%
Cases	Valid	83	95.4
	Excluded	4	4.6
	Total	87	100.0

#### Reliability Statistics

Cronbach's Alpha	N of Items
.746	7

### Perception

#### Case Processing Summary

		N	%
Cases	Valid	83	95.4
	Excluded	4	4.6
	Total	87	100.0

## Reliability Statistics

Cronbach's Alpha	N of Items
.545	6

The overall reliability score for Expectations exceeds or closely approximates the recommended value of 0.70. This indicates a high (overall) degree of acceptable, consistent scoring for the research.

In the Perceptions section that had a slightly lower value, the most plausible explanation is that the construct is newly developed and the inter-correlations amongst some items are not as strong.

### 5.1.2 Factor Analysis

#### *Why is factor analysis important?*

Factor analysis is a statistical technique with the main goal of data reduction. Typically factor analysis is used in survey research, where a researcher wishes to represent a number of questions with a small number of hypothetical factors. For example, as part of a national survey on political opinions, participants may answer three separate questions regarding environmental policy, which reflect issues at the local, state and national level. Each question, by itself, would be an inadequate measure of attitude towards environmental policy, but *together* they may provide a better measure of the attitude. Factor analysis can also be used to establish whether the three measures do, in fact, measure the same thing. If so, they can then be combined to create a new variable, a factor score variable that contains a score for each respondent on the factor. Factor techniques are applicable to a variety of situations. A researcher may want to know if the skills required to be a decathlete are as varied as the ten events, or if a small number of core skills are needed to be successful in a decathlon. It is not necessary to actually believe that factors actually exist in order to perform a factor analysis, but in practice the factors are usually interpreted, given names and spoken of as real things.

A table that reflects the results of KMO and Bartlett's Test precedes the matrix table. The requirement is that Kaiser-Meyer-Olkin Measure of Sampling Adequacy should be greater than 0.50 and Bartlett's Test of Sphericity less than 0.05. In all instances, the conditions are satisfied which allows for the factor analysis procedure.

**Table 5-2: KMO and Bartlett's Test**

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.734
Bartlett's Test of Approx. Chi-Square		312.547
Sphericity	df	21
	Sig.	.000

### 5.1.3 Communalities

- The rotation method used is the Varimax Method with Kaiser Normalization. This is an orthogonal rotation method that minimizes the number of variables that have high loadings on each factor. It simplifies the interpretation of the factors.
- Factor analysis / loading show inter-correlations between variables.

The communality for any given variable can be interpreted as the amount of variation in that variable explained by the factors that constitute the variable. In this instance, for example, there are seven variables that make up the Expectation part of the questionnaire (as indicated in the component matrix table below). The analysis is evaluated in a similar method to that for multiple regression: signage against the two common factors yields an  $R^2 = 0.814$  (for the second variable), indicating that about 81 per cent of the variation in terms of 'programmes offered by the CBO are aiming at reducing HIV infection and provision of psycho-social support in the community' is explained by the factor model.



**Table 5-3: Communalities**

	Initial	Extraction
As clients/ DOH partners we are satisfied with the manner in which CBO provides services to the community	1.000	.593
Programmes offered by the CBO are aiming at reducing HIV infection and provision of psycho-social support in the community	1.000	.814
Caregivers working for the CBO attend to the individual needs of the clients efficiently	1.000	.620
This CBO has conducted impact evaluation study in the past 12 months	1.000	.961
Through CBOs, clients on ART and TB treatment adhere to their treatment	1.000	.801
HIV awareness campaigns and condom distribution through CBO are likely to reduce HIV infection rate at the community	1.000	.458
Through CBO, good referral system between health facility and community has been strengthened	1.000	.731

Extraction Method: Principal Component Analysis.

All of the variables have values greater than the suggested minimum of 0.5, except for the second last which is only slightly below the norm. Certain components are divided into finer components. This is explained below in the rotated component matrix.

Factor analysis is a statistical technique, which has as its main goal data reduction. A typical use of factor analysis is in survey research, where a researcher wishes to represent a number of questions with a small number of hypothetical factors. With reference to the table above:

**Table 5-4: Rotated Component Matrix<sup>a</sup>**

	Component	
	1	2
As clients/ DOH partners we are satisfied with the manner in which CBO provides services to the community	.749	-.180
Programmes offered by the CBO are aiming at reducing HIV infection and provision of psycho-social support in the community	.871	.237
Care givers working for the CBO attend to the individual needs of the clients efficiently	.787	-.001
This CBO has conducted impact evaluation study in the past twelve months	.021	.980
Through CBOs, clients on ART and TB treatment adhere to their treatment	.895	-.035
HIV awareness campaigns and condom distribution through CBO are likely to reduce HIV infection rate at the community	.676	.039
Through CBO, a good referral system between health facility and community has been strengthened	.794	.318

Extraction Method: Principal Component Analysis. Rotation Method: Varimax with Kaiser Normalization.

a. Rotation converged in 3 iterations.

- The principle component analysis was used as the extraction method and the rotation method was Varimax with Kaiser Normalization. This is an orthogonal rotation method that minimizes the number of variables that have high loadings on each factor. It simplifies the interpretation of the factors.
- Factor analysis/loading show inter-correlations between variables.

- Items of questions that loaded similarly imply measurement along a similar factor. An examination of the content of items loading at or above 0.5 (and using the higher or highest loading in instances where items cross-loaded at greater than this value) is effectively measured along the various components.

It is noted that the variables that constituted the Expectation variables loaded almost perfectly along one component. This implies that the statements that constituted these sections measured what was intended. Respondents considered the evaluation process to be different from the other statements.

#### **5.1.4 Section Analysis**

The section that follows analyses the scoring patterns of the respondents per variable per section. Where applicable, levels of disagreement (negative statements) were collapsed to show a single category of 'Disagree'. A similar procedure was followed for the levels of agreement (positive statements). This is allowed due to the acceptable levels of reliability.

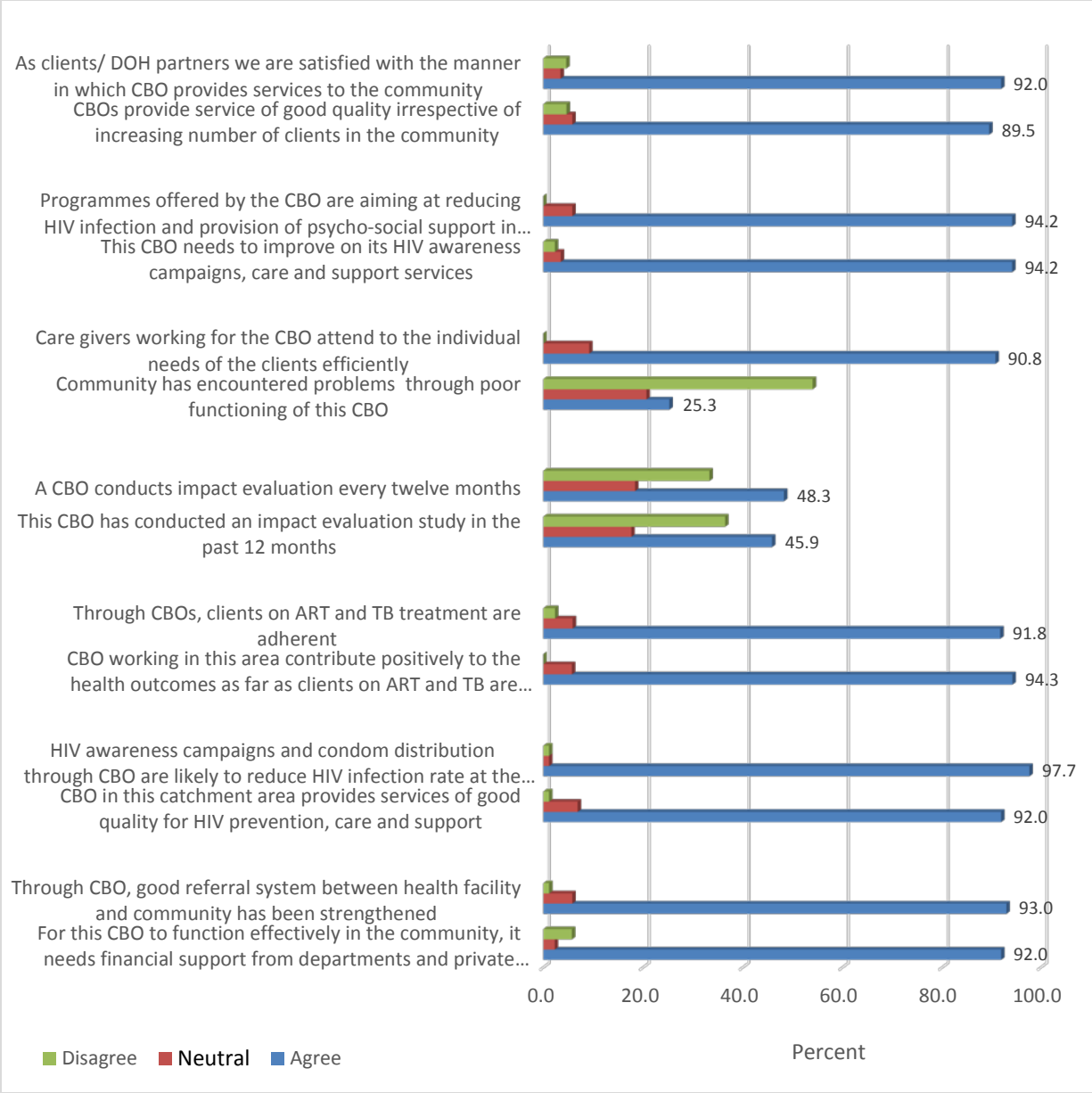
### **5.2 Research Findings**

The results are first presented using summarised percentages for the variables that constitute each section.

Results are then further analysed according to the importance of the statements.

**Table 5-5: Expectation, Perception and Gap**

		Agree	Neutral	Disagree
A 1	As clients/ DOH partners we are satisfied with the manner in which CBO provides services to the community	92.0	3.4	4.6
A 2	CBOs provide service of good quality irrespective of increasing number of clients in the community	89.5	5.8	4.7
B 1	Programmes offered by the CBO are aiming at reducing HIV infection and provision of psycho-social support in the community	94.2	5.8	0.0
B 2	This CBO needs to improve on its HIV awareness campaigns, care and support services	94.2	3.5	2.3
C 1	Care givers working for the CBO attend to the individual needs of the clients efficiently	90.8	9.2	0.0
C 2	Community has encountered problems through poor functioning of this CBO	25.3	20.7	54.0
D 1	This CBO conducts impact evaluation study every twelve months	48.3	18.4	33.3
D 2	This CBO has conducted an impact evaluation study in the past 12 months	45.9	17.6	36.5
E 1	Through CBOs, clients on ART and TB treatment adhere to their treatment	91.8	5.9	2.4
E 2	CBO working in this area contribute positively to the health outcomes as far as clients on ART and TB are concerned	94.3	5.7	0.0
F 1	HIV awareness campaigns and condom distribution through CBO are likely to reduce HIV infection rate at the community	97.7	1.1	1.1
F 2	CBO in this catchment area provides services of good quality for HIV prevention, care and support	92.0	6.9	1.1
G 1	Through CBO, good referral system between health facility and community has been strengthened	93.0	5.8	1.2
G 2	For this CBO to function effectively in the community, it needs financial support from departments and private donors	92.0	2.3	5.7



It is noticeable that the scoring patterns are similar across the pairs of variables between the Expectation values (1<sup>st</sup> statements) and the Perceptions (2<sup>nd</sup> statements) (as per the table labelling).

All of the statements have high and similar levels of agreement and with an exception to this related to the pairings for statements C and D. This simply means that CBOs play an important role in providing services that are needed in the respective communities. The levels of agreement show that CBOs do provide services to their clients and other

programmes aim at reducing HIV infection in the communities. However results suggest that there is a need for CBOs to improve on their HIV awareness campaign, care and support. For statement C1, respondents expect a proper functioning of the CBO so that individual needs can be met. However, only a quarter of the respondents (25.3 per cent) believed that this was being achieved. For the pair of statements that constitute D, the levels of agreement are much lower (49 per cent), but similar.

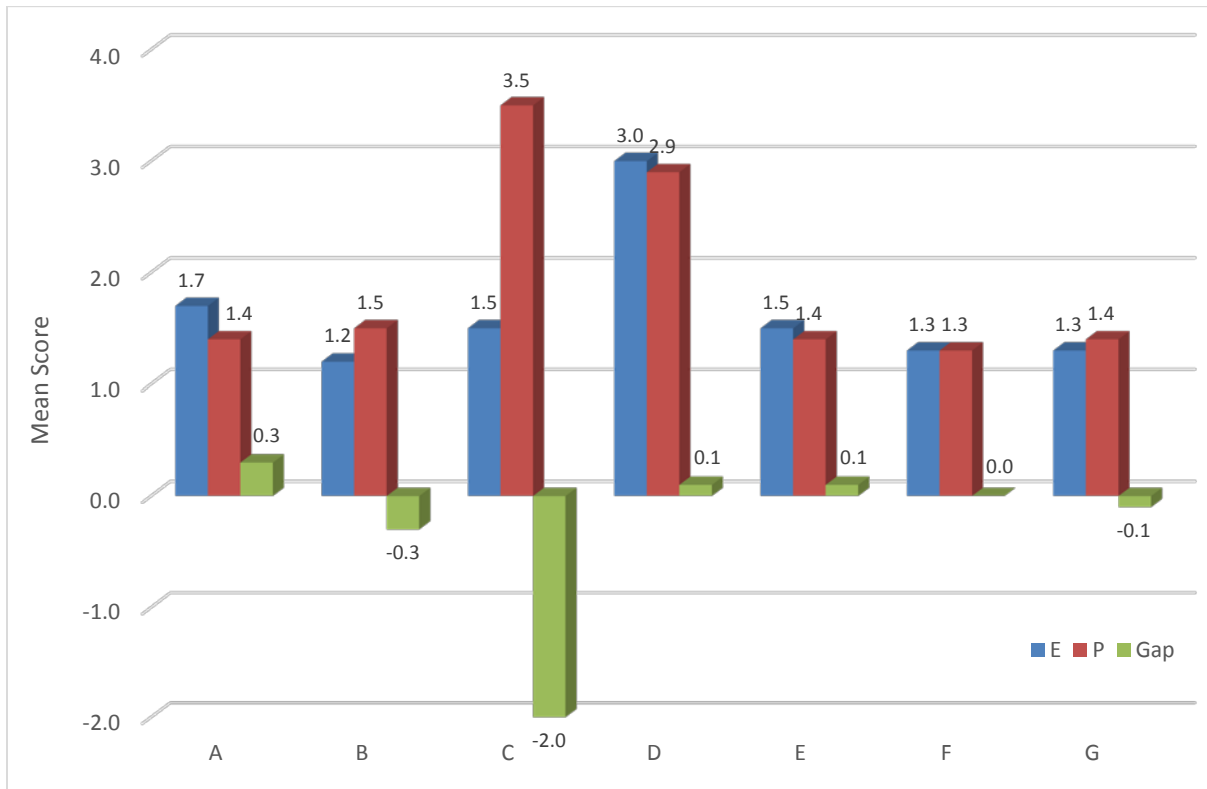
The findings of the study further show that patients on chronic medication such as antiretroviral therapy (ART) are more likely to take their medication as prescribed by health care workers and this has improved the health status of the individuals in the community. The study findings further show that the involvement of CBOs in patients care has improved referral systems between health care facilities and CBOs, which has resulted in the decrease in the rate of patients defaulting their chronic treatment in Jozini municipality. Although research findings found that CBOs play an important role in improving lives of the individuals in the community, it is evident that they require financial support from private donors and funding from state departments. Most CBOs find it difficult to provide good quality services to the beneficiaries because most of them do not have project management skills. The study revealed that most CBOs do not conduct impact evaluation studies to establish if their programmes meet intended organisational objectives; this can be due to the fact that CBOs find it difficult to write good funding proposals to secure funds so as to provide services of good quality and sustain their operations in the community. Therefore one can conclude that CBOs do lack project management skills and this is another problematic area for CBOs in their attempts to provide good quality services to promote the welfare of their communities.

**Table 5-6: Gap Scores**

This section looks at the gaps that exist between the expectation and perception scores.

	Expectation (E)	Perception (P)	Gap
A	1.7	1.4	0.3
B	1.2	1.5	-0.3
C	1.5	3.5	-2.0
D	3.0	2.9	0.1
E	1.5	1.4	0.1
F	1.3	1.3	0.0
G	1.3	1.4	-0.1

**Table 5-7: Expectations, Perceptions and Gaps**



It is important to remember that the coding of the statements imply that Strongly Agree = 1 and Strongly Disagree = 5. Hence average values less than 2 indicate agreement and values greater than 4 indicate disagreement. It is noted that the difference observed for statement pair C is large. Two other sets have negative gap scores. This implies that respondents are not satisfied with the actual service received. For example, statement pair D have mean scores that average 3 that implies that there were as many respondents who agreed with the statement(s) as there were who disagreed. This means that some of the gap scores are positive. Responses received in pair C and pair D indicated the mixed feeling about the services that are rendered by CBOs in the community. Whilst C shows some negative responses about functioning of the CBOs, D shows positive responses. This implies that respondents are satisfied that their expectations are being met.

The three CBOs that participated in the study were chosen on the basis that they provide HIV prevention, care and support services to the community. Study results show that although CBOs are involved in HIV prevention, there is still room for improvement. The fact the district is still having new HIV infections implies that Department of Health together with CBOs which are engaged in HIV awareness and prevention campaigns still have a lot to do to reduce HIV infection in the community. During the literature review, it was revealed that many CBOs do have financial problems and it is difficult for CBOs to operate without financial assistance. These are some of the issues that need to be investigated when looking at the negative feedback or gaps identified by the study. However, the study findings shows positive feedback as participants agreed that Community Caregivers attached to CBOs do attend to the individual needs of the clients in the community. This alone implies that there is good work carried out by CBOs in the community.

To determine whether the differences were significant, a Wilcoxon paired test was done. This test is used (instead of the t-test), as the data is not normally distributed.

The results are shown below.



**Table 5-8: Wilcoxon table for comparison between Expected and Perceived scores**

		Z	Asymp. Sig. (2- tailed)
A	CBOs provide service of good quality irrespective of increasing number of clients in the community - As clients/ DOH partners we are satisfied with the manner in which CBO provides services to the community	-2.942	.003
B	This CBO needs to improve on its HIV awareness campaigns, care and support services - Programmes offered by the CBO are aiming at reducing HIV infection and provision of psycho-social support in the community	-2.749	.006
C	Community has encountered problems through poor functioning of this CBO - Care givers working for the CBO attend to the individual needs of the clients efficiently	-6.989	.000
D	CBO conducts impact evaluation study every 12 months. This CBO has conducted impact evaluation study in the past twelve months.	-0.965	.334
E	CBO working in this area contribute positively to the health outcomes as far as clients on ART and TB are concerned - Through CBOs, clients on ART and TB treatment are adherent	-2.711	.007
F	For this CBO to function effectively in the community, it needs financial support from departments and private donors - HIV awareness campaigns and condom distribution through CBO are likely to reduce HIV infection rate at the community	-0.306	.759
G	For this CBO to function effectively in the community, it needs financial support from departments and private donors - Through CBO, good referral system between health facility and community has been strengthened	-0.545	.586

All of the values that are highlighted imply that the differences observed, whether positive or negative, are significant as the p-values are less than the level of significance of 0.05.

### 5.2.1 Correlations

Bivariate correlation was also performed on the data.

The results indicate the following patterns.

Positive values indicate a directly proportional relationship between the variables and a negative value indicates an inverse relationship. For example, the correlation value between 'Caregivers working for the CBO attend to the individual needs of the clients efficiently' and 'Through CBOs, clients on ART and TB treatment are adherent' is 0.742. This is a directly related proportionality. Respondents agree that the more caregivers attend to the needs of people, the better the attendance rate of patients taking drugs, and vice versa. Negative values imply an inverse relationship. That is, the variables have an opposite effect on each other. For example, the correlation value between 'For this CBO to function effectively in the community, it needs financial support from departments and private donors' and 'Community has encountered problems through poor functioning of this CBO' is -0.510. This is an inversely related proportionality. Respondents agree that if more financial support were received by the CBOs, there would be fewer problems encountered, and vice versa. These correlations mentioned above are good examples that provide the picture on the functioning of the CBOs in the communities.

Although new HIV infections are still noticed in the community of Jozini, the situation would be worse if there were no CBOs interventions, such as the education of communities regarding their health and being aware of their HIV status and use of condoms to prevent HIV. The study revealed that condoms that are distributed by CBOs are likely to assist in reducing the spread of HIV in the community. Most respondents agreed with this statement and this shows that if CBOs were not part of HIV prevention intervention, the situation would be worse in Jozini municipality in terms of the numbers of new HIV infections in the area.

For clients who are already HIV infected, services that CBOs provide to assist them such as home-based care, directly observed treatment (DOT) support, screening and referral services, the situation would be worse in Jozini area. Most research participants agreed that caregivers attached to CBOs attend to the individual needs of the clients. Again the study revealed that through the assistance of the CBOs clients on antiretroviral therapy (ART) and TB treatment adhere to their treatment programmes. It is clear that by supervising clients to take their medication correctly, the numbers who default from treatment is reduced and TB recovery rates are improved and unnecessary deaths related to HIV in the community are reduced.

### **5.3 CONCLUSION**

This chapter presented the findings of the research project, which was conducted to establish the role of CBOs in promoting the welfare of communities including HIV/AIDS prevention care and support services rendered by CBOs. Data collection techniques used and the manner in which the data was analysed have been discussed as well as how the reliability and validity of the research was ensured for this project. The research findings showed that CBOs play an important role in promoting the welfare of people in the community as far as HIV prevention and caring for those who are already infected in the community. The study findings show that those who are on chronic medication such as ART are more likely to adhere to their chronic medication and the TB recovery rate has improved because of the work of the CBOs that is carried out in the communities.

However, the study also revealed that CBOs do not see the importance of conducting impact evaluation studies with an aim of evaluating if the organisational objectives are being achieved. This is likely to affect the functioning of CBOs because if they do not evaluate services and interventions that they provide to their beneficiaries it will always be difficult to establish and identify gaps in the service provision. This is why it revealed that some of the expectations of the community members are not satisfied through the functioning of the CBOs and that more efforts are still needed for HIV prevention strategies to produce better results in terms of reducing new HIV infections in the area of Jozini municipality. New HIV

infections are still reported and this poses a challenge. If socioeconomic factors, cultural and community practices are believed to be a contributing factor on these research results, we as researchers and stakeholders involved in HIV/AIDS programmes still have a long way to go if we want to combat HIV/AIDS from its roots.

The study demonstrates the reality, which is that CBOs play an important role in HIV/AIDS prevention and in caring for those clients who already have HIV/AIDS in the community with the aim of promoting the welfare of community members. HIV/AIDS awareness programmes, including door-to-door health education and distribution of condoms in the community, have promoted the idea of behavioural changes to community members. TB cure rate has declined because Community Care Givers who are attached to CBOs also support clients on chronic medication to take their medication correctly as this is better known as Directly Observed Treatment (DOT). As a result of the activities carried out by CBOs, the referral systems within health care facilities as well as other state departments, such as the Department of Social Development (DSD) and the Department of Home Affairs have improved. This has made it easier for the provision of services such as identity documents and birth certificates for community members so that they can access social services and social grants from DSD. CBOs have an important role in the promoting the welfare of communities.

Living conditions in the households of Jozini municipality have been improved due to the services provided by CBOs. However, the study also revealed that CBOs do need to further improve on the services that they provide in the community. This can be due to the fact that CBOs do not conduct impact evaluation studies to establish if the services that they provide have a positive impact to their clients, and to identify gaps that need to be improved as far as service provision is concerned. Secondly, the poor quality of services that they provide can also be associated with lack of financial support given to the CBOs for the provision of good quality services to promote the welfare of communities. It is difficult for the CBOs to secure funding, due to various reasons. Services rendered by the CBOs in the Jozini area are important, considering that the area is deep rural, characterised by a high poverty rate, an increased HIV/AIDS prevalence resulting in an increased number of orphaned children. It is

the CCGs attached to CBOs who refer sick clients to primary health care facilities and to the Department of Home Affairs for necessary documents required by the Department of Social Development for social grants application. The study revealed that CBOs do play an important role in promoting the welfare of communities.

## **CHAPTER 6**

### **CONCLUSION AND RECOMMENDATIONS**

#### **6.1 INTRODUCTION**

This study has focused on the role of CBOs in promoting the welfare of communities in the Jozini municipality. In the literature review, some of the negative impacts caused by HIV/AIDS pandemic in the communities are highlighted. Literature examined revealed that children already head some households and the number of orphans and vulnerable children has increased due to HIV/AIDS related deaths in the area. The objectives of the study were set and questions were asked to achieve the objectives of the study. Chapter One described the situation related to the spread of HIV/AIDS and that the KwaZulu-Natal province has the highest numbers of patients suffering from to HIV/AIDS infection. Chapter Two highlighted some of the social determinants that have fuelled the spread of HIV/AIDS in the province, especially in the rural setting of uMkhanyakude where this study was conducted. Literature reviewed demonstrates that lack of information, poverty, social inequality, high unemployment rates, poor access to clean water and proper sanitation as well as poor nutrition are some of the contributing factors that cause individuals infected with HIV/AIDS to progress quickly to full blown AIDS. This researcher tends to agree with Helman (1994) and Kuzwayo (2004) who argue that there is a relationship between diseases, people's social behaviour, economic position, cultural beliefs and gender because one's economic status contribute to one's healthy standard or for the individuals to become prone to diseases.

#### **6.2 OBJECTIVES OF THE STUDY**

The objectives of the study are to:

- assess the role of CBOs in promoting welfare of community members;
- assess impact of CBOs on HIV and AIDS prevention, care and support services;
- examine the challenges faced by CBOs in HIV and AIDS prevention, care and support interventions;

- evaluate strategies used by CBOs when responding to the needs of clients regarding HIV and AIDS challenges; and
- establish if CBOs managers and executive committee members understand the need for conducting impact evaluation.

### **6.3 KEY RESEARCH QUESTIONS**

The research study will attempt to answer the following key research questions:

- What is the role of CBOs in promoting welfare of community members?
- What is the impact of CBOs on HIV and AIDS prevention, care and support services?
- What are the challenges faced by CBOs in HIV and AIDS prevention, care and support interventions?
- What strategies are used by CBOs when responding to the needs of clients regarding HIV and AIDS challenges?; and
- How do CBOs managers and executive committee members understand the need for conducting impact evaluation?

### **6.4 CONCLUSIONS FROM THE STUDY**

The literature review revealed that the government alone cannot win the battle against HIV/AIDS but NGOs such as NPOs, CBOs, FBOs including other civil society and private companies need to coordinate to support government interventions in combating the disease and promoting the welfare of communities. The role of CBOs in promoting welfare of the communities has been discussed as being an important aspect in supporting individuals and family members who are either infected or affected by HIV/AIDS in the community. CBOs are in the community, easily accessible and provide services mostly free of charge in their attempts to improve lives and living conditions of the beneficiaries. Theories related to the functioning of the NGOs suggest that there are international and national NGOs that normally receive financial support from government and international donors. It was also noted that CBOs operate at the community level and are managed by community members,

better known as Committee Members, who serve on the board of directors who oversee the functioning of such CBOs in the community. It is argued by authors such as Ndlovu (1999) that most CBOs do not have sufficient capacity to carry out their activities in comparison to both national and international NGOs, although these do share the same element of being non-profit organisations. Many agree with Ndlovu's arguments, as most of the rural communities are disadvantaged and for these CBOs to operate in the community, the very same community members get elected to serve as committee members for CBOs as per NPO Act recommendations.

The study revealed that programmes and services offered by CBOs do improve the health status of the community members. CBOs make a positive contribution to preventing the spread of HIV/AIDS in the community and promoting the welfare of the community through support systems that the CBOs provide to all those who are already infected and affected by this disease. Services such as supporting and observing patients who are taking medication for chronic conditions, home-based care services and care facilities for orphans are some of the packages that are offered by CBOs that participated in the study.

Condom distribution, creating HIV/AIDS awareness and conducting door-to-door campaigns to educate community members and the importance of supporting one another, especially those who are already HIV infected are some of the services that CBOs provide in the community. Therefore this study revealed that CBOs are important to the welfare of the community and most of the clients agreed that caregivers attached to the CBOs attend to the individual needs of the clients and that programmes offered by CBOs such as those mentioned above are likely to reduce HIV infection in the community. Although the study revealed that CBOs play an important role in promoting the welfare of the communities and HIV prevention, it also reveals that the CBOs need to improve on other services that they provide in the community. This study exposed the fact that some of the client needs are still not met. Regarding the fact that new HIV infections are being reported in Jozini municipality, this means that CBOs need to put even more effort into countering this problem, make new recommendations and proposals, and try to conduct root cause analysis to understand the reasons for the new HIV infections in the district of uMkhanyakude



despite their frequent interventions to combat HIV/AIDS. By so doing CBOs will be in the position to come up with interventions that are more relevant to the communities where they operate. Whilst still working on such HIV prevention interventions, at the same time these CBOs will be in a position to address the negative impacts/effects of HIV/AIDS and attempt to ensure that the welfare of communities is promoted in the area of Jozini. Due to HIV/AIDS related deaths, other households are struggling financially as AIDS has claimed the lives of the financial providers.

Children head many households as both parents have passed away. There are an increased number of orphans and vulnerable children and sometimes these children suffer from discrimination in the communities as a result of the deaths of both their parents due to HIV/AIDS. At the same time there are certain socially accepted and cultural practices that contribute to the spread of HIV/AIDS in the community. That is why it is important for CBOs to educate communities regarding health, raise awareness and ensure that they can provide the support that is needed in these various households that are either HIV/AIDS affected or infected. It is important for the CBOs to understand the social dimensions that are believed to contribute to the spread of HIV/AIDS, such as gender inequality, when designing HIV awareness and HIV prevention campaigns in the community for the interventions to produce the intended results.

If such social and cultural practices are not taken into consideration, there will still be new HIV infection in the area. HIV infected people will still progress quickly to full blown AIDS and more HIV/AIDS related deaths will still be witnessed in the areas as people continue to find it difficult to go for an HIV test, get their CD4 count monitored (if found HIV positive) and get registered for antiretroviral therapy (ART). The services provided by CBOs in Jozini contribute positively to the welfare of the community people and promote the health status of the individuals in the community. Without interventions by CBOs, the situation would have been worse. Referral systems have been strengthened between CBOs and health care facilities, the absentee rate for clients on chronic medication has decreased and TB cure rate improved due to good working relationships between the health systems and CBOs. This shows that CBOs are important structures that need to be supported and that their services

are of benefit to the communities that they serve. Gaps identified by the study need to be taken into consideration for the CBOs to be able to provide good quality services in terms of HIV prevention and promoting the welfare of communities. For example, the study shows that it is important for CBOs to conduct impact evaluation studies in order to establish if interventions produce intended outcomes and meet the objectives of the CBOs projects, but none of the participating CBOs have budgeted and conducted such studies to evaluate the interventions that they do in the area of Jozini.

## **6.5 RECOMMENDATIONS**

### **6.5.1 Partnership**

CBOs play an important role by advocating for community upliftment, improving health status of the community and promoting the welfare of the communities. For CBOs to provide these valuable and good quality services to the beneficiaries in the communities, partnerships need to be strengthened with other stakeholders and structures with similar missions in the communities. Partnership with private business people, other NGOs, various state departments and community leadership such as izinduna (headmen) and local ward councillors can help CBOs to get support and to deliver services that are of a good quality. Partnerships can also help CBOs and other stakeholders to plan services and this will avoid duplication of the services in the community because through partnerships it will be publicly known who is providing which services and to which community. The growth of the CBOs in the area of Jozini that are providing similar services which are causing duplication of services will only be addressed through partnerships. This recommendation however does not suggest that there should be a reduction in the number of CBOs that provide services in the community of Jozini, but proposes that if CBOs provide certain services that are needed in the community they will be able to refer clients to other CBOs for other services which another CBOs or departments can provide. Due to the increased number of deaths, which are HIV/AIDS related in the communities, the community and individual needs have increased as well and all stakeholders are needed to participate with the aim of addressing such needs in the communities. It is therefore important for CBOs to be in partnership with other community initiatives that are in place to promote the welfare of the community. This is due

to the fact that CBOs will find it difficult to fully achieve their objective without support from other government department, local leadership other NGOs and CBOs including the support from the community.

### **6.5.2 CBO Capacity building**

When conducting the study, it was recognised that there is a huge difference between national NGOs, international NGOs and the small NGOs, which are better known as CBOs. National and international NGOs are known and are recognized for the services that they provide for the country and therefore it is easier for these NGOs to source and apply for funding; while the smaller CBOs struggle to get funding in order to provide good quality services to their clients. Capacity and expertise for providing services in the community need to be increased and strengthened. In most cases CBOs are managed by local people who are not particularly skilled or experienced in project management and financial management; this makes it difficult for the CBOs to provide services in a professional manner as compared to more developed NGOs that have already established a good reputation.

It is therefore important for the officials of the CBOs to be competent in project management in order for CBO managers and board of directors to comply with NPO Act no. 71 of 1997 and for them to manage their finances effectively. The study revealed that CBOs in the Jozini district do not see the importance of conducting impact evaluation studies. Capacity building workshops would assist CBOs in developing monitoring and evaluation systems that will assist in establishing whether CBOs are achieving the intended goals or not. Through capacity building workshops, CBOs will be in a position to develop project management skills. Skills for fund raising through development of successful funding proposal will be taught and these will help to sustain the financial functioning of the CBO so that they may provide good quality services to the community. The study findings show that CBOs provide services to the community, however, these services are not good quality and this was linked to the fact that most of the CBOs struggle with obtaining financial assistance for their operations. Most of respondents agreed that for the CBOs to provide good quality services, financial support is required from state departments and private donors. By

complying with NPO Act no. 71 of 1997 this will assist CBOs to maintain their registration status, which assists these organisations in accessing funding more easily from various departments and private donors.

### **6.5.3 CBOs Financial support**

CBOs in Jozini municipality provide services free of charge to the community members. For CBOs to continue to provide such services financial assistance is needed and this was confirmed in this study. Therefore there is a need for the private sector, for example local business people to fund initiatives of the CBOs within the community. The state departments have the role of ensuring that CBOs are supported financially because these operations are providing services that should originally have been provided by government departments. Services such as home-based care and DOT support should be core functions of the Department of Health. Services, such as psychosocial support, orphan and vulnerable children (OVC), should involve the Department of Social Development. Clients who need assistance in obtaining their official documents such as birth certificates, ID books and death certificate require the services of the Department of Home Affairs amongst others. It is therefore important for government departments to support CBOs with funding because they provide an essential service, which is easily accessible and available to the community.

### **6.5.4 Infrastructure**

The government of South Africa has a role to play in addressing social inequality and promoting welfare of the communities. When this literature review was conducted, it was revealed that rural communities such as Jozini have a limited or inadequate road infrastructure and some of households are so far away from the health care facilities that it is almost impossible for those in the communities to attend the clinics if they are ill. Jozini area is deep rural with inadequate access to road, proper sanitation, water, electricity and proper housing. These are basic services that have a large impact in the life of the individuals residing in the area. Without these basic services and facilities ill health and poor standards of living in the communities pose many problems. It is therefore important for local government to interact with the community people on how best their needs can be achieved.

This will help the community of Jozini to participate in Integrated Development Plan (IDP) and improve their lives.

#### **6.5.5 Need for CBO forums**

Jozini municipality has more than 70 CBOs that operate in the community. Some are registered whereas others are deregistered with NPO directorate due to non-compliance with NPO Act no. 71 of 1997. There is a need for CBOs to have CBO forums where they have an opportunity to share information as they are at different developmental stages. CBO gatherings on monthly or quarterly basis will help CBO officials to learn from one another, share challenges and experiences that they have encountered whilst providing services in the community. This can assist the poorly performing CBOs; improve the service delivery that they provide to their clients, sustain their operation and comply with NPO directorate legal procedures.

### **6.6 FURTHER RESEARCH PROJECTS**

There is a need for academic researchers to conduct studies on the services that CBOs provide in the communities. This research project focused on the role of CBOs in promoting the welfare of the communities, including the type of support that they provide to HIV/AIDS victims. The study also looked at the strategies that CBOs have in place to prevent the spread of HIV/AIDS in the communities. Results of the study have suggested that many more research projects are still needed related to the services of the CBOs. For example, the study revealed that some of the clients are not satisfied with the quality of the service that CBOs provide to them. The issue of quality of services needs to be investigated through research project as to whether this is due to mismanagement of CBO resources, maladministration or lack of financial resources due to poor funding or lack of financial resources.

Some of the interventions such as HIV/AIDS awareness interventions seem to have contributed positively to decreasing HIV infection in Jozini municipality. The fact is despite those interventions such as door to door campaigns, condom distribution, know your HIV

status campaigns there are still new HIV infections reported in the area. Therefore there is a need for further research projects to identify and evaluate the root causes that contribute to this situation in the area and to establish how much community; social and cultural practices contribute to failure of CBO interventions in preventing the spread of HIV/AIDS and in promoting the welfare of the communities. Findings of the study will help CBOs to be more knowledgeable when designing the interventions in their communities and these interventions will be more relevant when they address the needs of the communities that they serve. Research projects are still needed and the findings must be communicated to the CBO officials as well, otherwise CBOs will always be blamed for not having a positive impact in promoting the welfare of the communities that they serve and in reducing the spread of HIV/AIDS in the area Jozini area.

## **6.7 CONCLUSION**

CBOs have an important role in promoting the welfare of the communities in the area of Jozini. The study identified some of the gaps that need attention related to service provision but that does not mean that services that CBOs undertake are unnoticed by the public. In fact CBO's interventions are seen and CBOs are making difference in the areas where they operate. Most of the respondents who participated in the study agreed that CBOs contribute to improving the health status of the community as they are engaged in promoting recovery to those who are ill through home-based care services and other support systems such as DOT support and the strengthening of referral systems between health care facilities and other departments. Although some gaps were identified by the study such as issues of quality in the service provision, the overall picture is that the operation of CBOs in the communities helps the government to implement some of its interventions to promote the welfare of the members of the Jozini community.

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## **ACTS**

Republic of South Africa, Constitution of the Republic of South Africa of 1996, Pretoria: Government Printer.

# ANNEXURE A

## Questionnaire

**please read the questionnaire below and choose by ticking the option which best describe your answer as follows: SA= Strongly Agree/ A= Agree / N= Neutral / D = Disagree / SD= Strongly Disagree**

	SA	A	N	D	SD
<b>1. As clients/DOH partners, we are satisfied with the manner in which CBO provides services to the community.</b>					
<b>2. Programmes offered by the CBO are aiming at reducing HIV infection and provision of psycho-social support in the community.</b>					
<b>3. Care givers working for the CBO attend to the individual needs of the clients effectively.</b>					
<b>4. CBO conducts impact evaluation study every twelve months</b>					
<b>5. Through CBOs, clients on ART and TB treatment are adherent.</b>					
<b>6. HIV awareness campaigns and condom distribution through CBO are likely to reduce HIV infection rate at the community.</b>					
<b>7. Through CBO, good referral system between health facility and community has been strengthened.</b>					
<b>8. CBO working in this area contributes positively to the health outcomes as far as clients on ART and TB are concerned.</b>					
<b>9. This CBO needs to improve on its HIV awareness campaigns, care and support services.</b>					
<b>10. Community has encountered problems through poor functioning of this CBO.</b>					





**ANNEXURE B**  
**Letter of Informed Consent**

**UNIVERSITY OF KWAZULU-NATAL**  
**School of Management, IT and Governance**

Dear Respondent,

**MPA Research Project**

**Researcher:** D Ngcobo (079 693 2287)

**Supervisor:** Dr TI Nzimakwe (031 260 2606)

**Research Office:** Ms P Ximba (031 260 3587)

I, Douglas NGCOBO (961085816), am an MPA student in the School of Management, IT and Governance, at the University of KwaZulu-Natal. You are invited to participate in a research project entitled "*The role of Community-Based Organisations in promoting the welfare of communities: A case study of Jozini Municipality*".

The aim of this study is to assess the role of Community-Based Organisations in promoting the welfare of communities in the Jozini Municipality.

Through your participation I hope to understand how the role played by community-based organisations promote the general welfare of communities.

Your participation in this project is voluntary. You may refuse to participate or withdraw from the project at any time with no negative consequence. There will be no monetary gain from participating in this research project. Confidentiality and anonymity of records identifying you as a participant will be maintained by the School of MIG, UKZN.

If you have any questions or concerns about participating in this study, please contact me or my supervisor at the numbers listed above.

It should take you about twenty minutes to complete the questionnaire. I hope you will take the time to complete the questionnaire.

Sincerely

Investigator's signature \_\_\_\_\_ Date \_\_\_\_\_

*This page is to be retained by participant*

**UNIVERSITY OF KWAZULU-NATAL**  
**School of Management, IT and Governance**

**MPA Research Project**

**Researcher:** D Ngcobo (079 693 2287)

**Supervisor:** Dr TI Nzimakwe (031 260 2606)

**Research Office:** Ms P Ximba (031 260 3587)

**CONSENT**

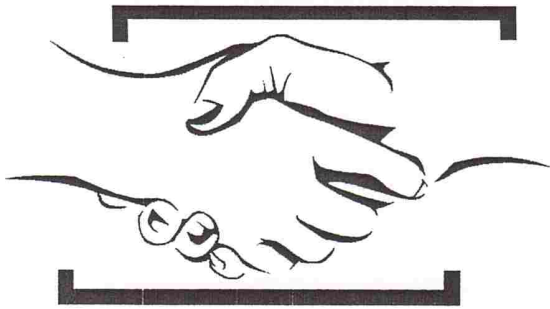
I \_\_\_\_\_ (full names of participant)  
hereby confirm that I understand the contents of this document and the nature of the research project, and I consent to participating in the research project. I understand that I am at liberty to withdraw from the project at any time, should I so desire.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

*This page is to be retained by researcher*

ANNEXURE C  
Gatekeepers Letter



**SIYAPHAMBILI QONDILE HOME BASED CARE**

NPO NUMBER: [039-286]

ENQUIRIES: N.N Dladla 079 5679 848

Tel /fax: 035 572 1093 e-mail: [Siyaphambilihbc28@Gmail.com](mailto:Siyaphambilihbc28@Gmail.com) . SITE [WWW.SIYAPHAMBILIHBC.ORG.ZA](http://WWW.SIYAPHAMBILIHBC.ORG.ZA)

P.O Box 15

Jozini

3969

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17/07/2014

SIR/MADAM

A PERMISSION LETTER

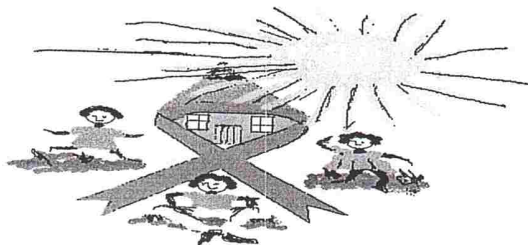
WE AS SIYAPHAYAPHAMBILI QONDILE CERTIFIED THAT MR DOUGLAS SYDENEY NGCOBO HAVE GIVEN THE PERMISSION TO CONDUCT THE STUDY AT SIYAPHAMBILI QONDILE HOME BASED CARE

MRS NOKUTHULA N.DLADLA  
THE MANAGER

SIGNATURE..... *N.N. Dladla* .....

SIYAPHAMBILI QONDILE  
HOME BASED CARE  
NPO: 039 - 286  
P.O. BOX 15, JOZINI.3969  
DATE: .....

B8595, THIRD STREET  
JOZINI TOWN, 3969  
TEL/FAX 0355721049  
NPO-023-790



P.O. Box 650  
Jozini  
3969

# Ubombo Community Care Centre

Enquiries : Mr. B.W. Dube  
Date : 16-07-14

## Permission to Conduct the Study

Kindly be informed that Mr. Douglas Sydney Ngcobo has been granted permission to Conduct the Study in Ubombo Drop In Centre

Thank you

*[Handwritten Signature]*

.....  
Mr. B.W. Dube (Centre Manager)

*16/07/14*  
.....  
Date

**UBOMBO DROP-IN CENTRE**  
No. 58, 3rd STREET, JOZINI TOWN  
P.O. BOX 650, JOZINI 3969  
TEL/FAX.: 035-572 1059  
DATE: *16/07/14*



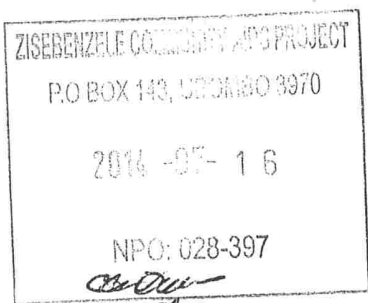
Zisebenzele Comm. AIDS Project  
Mlingo Village , Lot 929  
P Box 143  
Ubombo  
3970  
Cell No.071 1410954  
NPO No. 028-397  
Enquiries ;Mr M.D Myeni

**PERMISSION TO CONDUCT RESEARCH**

This serves to confirm that Mr. Douglas Sydney Ngcobo has been granted permission to conduct his research project in our organization on impact of CBOs in HIV/AIDS prevention, care and support.

  
M.D Myeni

Date 16 07. 2014





health

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

Umkhanyakude Health District Office  
Dr C H Vaughan Williams  
Medical Manager, Senior  
Private Bag X 026, Jozini 3969  
Tel: 035 5721327, Fax: 035 5721251  
Cell: 072 584 3472  
Email: hervey.williams@kznhealth.gov.za

**Reference :**  
**Enquiries : Dr CH Vaughan Williams**  
**Telephone : 035-5721327 Ext 114**

30 April 2014

Dear Mr DS Ncgobo,

I have pleasure in informing you that permission has been granted to you by the District Office to conduct research on in this district, entitled:

**'The role of Community base organizations on HIV/AIDS support: A case study of Jozini Municipality'**

Please note the following:

1. Please ensure that you adhere to all the policies, procedures, protocols and guidelines of the Department of Health with regards to this research.
2. This research will only commence once this office has received confirmation from the Provincial Health Research Committee in the KZN Department of Health.
3. Please ensure this office is informed before you commence your research.
4. The District Office will not provide any resources for this research.
5. You will be expected to provide feedback on your findings to the District Office.

Sincerely,

C H Vaughan Williams  
Family Physician, Umkhanyakude Health District Office

uMnyango Wezempilo . Departement van Gesondheid

*Fighting Disease, Fighting Poverty, Giving Hope*



ANNEXURE D  
Turnitin Report

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## Thesis, November By Douglas Ngcobo

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**ANNEXURE E**  
**Ethical Clearance Letter**

28 October 2014

Mr Douglas Ngcobo 961085816  
School of Management, IT and Governance  
Westville Campus

Dear Mr Ngcobo

Protocol reference number: HSS/1385/014M

Project title: The role of community-based organisations in promoting the welfare of communities: A case study of Jozini Municipality

**Full Approval – Expedited Application**

In response to your application received 14 October 2014, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol have been granted **FULL APPROVAL**.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number.

**PLEASE NOTE:** Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully



.....  
Dr Shenuka Singh (Chair)  
Humanities & Social Sciences Research Ethics Committee

/pm

Cc Supervisor: Dr TI Nzimakwe  
Cc Academic Leader Research: Professor Brian McArthur  
Cc School Administrator: Ms Angela Pearce

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Humanities & Social Sciences Research Ethics Committee

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# ANNEXURE F

## Editor's Letter

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27<sup>th</sup> October 2014

This letter serves to confirm that I work as a professional Freelance Copy-editor and Proofreader. I am a member of the Southern African Freelancers Association and the Professional Editors Group.

I hereby confirm that I have edited Mr Douglas Ngcobo's thesis titled *The Role Of Community-Based Organisations In Promoting The Welfare Of Communities: A Case Study Of Jozini Municipality*.

Please let me know if you require any further information.

Yours sincerely

Marion Pfeiffer

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