IMPACT OF HOME COMMUNITY BASED CARE AS A STRATEGY TO CREATE WORK OPPORTUNITIES FOR THE POOR IN GREATER GIYANI MUNICIPALITY, LIMPOPO PROVINCE

BY

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DECLARATION

I declare that "**Impact of Home Community Based Care as a strategy to create work opportunities for the poor in Greater Giyani Municipality, Limpopo Province"** (Mini-dissertation) hereby submitted to the University of Limpopo for the degree of Master of Development, has not previously been submitted by me for a degree at this or any other university; that it is my work in design and in execution, and that all material contained herein has been duly acknowledged.

Hatlane M.D (Mrs)	10 March 2014
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Surname, Initials (title)	**Date**

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ABSTRACT

The purpose of this study was to investigate the impact of Home Community Based Care as a strategy to create work opportunities for the poor in Greater Giyani municipality, Limpopo province. The study was intended to define the linkages between HCBC and EPWP, assess the effectiveness of HCBC as a strategy to create work opportunities for the poor and assess the sustainability of HCBC organizations in Greater Giyani Municipality.

The sample consisted of 55 HCBC organizations funded by the DOH serving as focal point for Home Community Based Care in the area of the study. A combination of quantitative and qualitative research methodology was applied to enable the researcher to have an in-depth understanding of the phenomenon and to uncover general laws of linkages that are applied in HCBC.

HCBC organizations do not seem to have skills to mobilize resources beyond government funding. Government has created a system that promotes dependency of HCBC organizations on government as the main source of funding.

Recommendations included commissioning of a study for the impact analysis of the HCBC programme, to avoid creating employment for rendering services that are no longer critical for the country, as a result using HCBC programme as a new form of social grant payments (financial assistance) for the unemployed community members. The study will assist the country in establishing the possibility of expanding or scaling down the HCBC services in the country to avoid misuse of tax payers' funds.

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CHAPTER 1

INTRODUCTION AND ORIENTATION TO THE STUDY

1. INTRODUCTION

Home Community Based Care (HCBC) is a strategy developed by the South African government in the year 2000 to promote quality of life and limit hospital care especially where public health services were overburdened due to the HIV & AIDS epidemic. HCBC is a critical component of the effort to deliver holistic HIV, AIDS and TB related services and other chronic diseases. The strategy was based on the recognition that communities, particularly households with limited access to the formal health sector, bore the brunt of HIV & AIDS economic and social impact (Van Dyk, 2005).

This kind of service was defined by the World Health Organization (WHO, 2002) as quality care at the patient's home to supplement hospital care. Home Community Based Care is part of an integrated programme which offers patients and their families services in their homes and within their communities.

The 2004 the publication of the W*hite* Paper on Unemployment indicated that the South African government realized the importance of human development and creation of job opportunities. The pressing issue of job creation was dealt with by referring to current government interventions, which included the training layoff scheme and promising more labor intensive projects, which means government still regarded the Expanded Public Works Programme (EPWP) as its primary answer to mitigate the recession. The only decisive intervention in job creation was a two-tier labor system, in which the government would use subsidies to encourage sectors to appoint young and inexperienced workers.

The White Paper made special reference to Home and Community Based Care as one of the programmes meant to implement the EPWP strategy. One specific objective underpinning the EPWP framework was to facilitate standardization of stipend for volunteers, training and empowerment of Home Based Care Organizations (Department of Public Works, 2004).

Greater Giyani Municipality is one of the five local municipalities falling within the Mopani District Municipality in the Limpopo Province. The town is located 165 km from Polokwane, 100 km from Thohoyandou and 550 km from Tshwane. The municipality covers an area of approximately 2967, km2 with only one semi-urban area being Giyani and it is demarcated into 30 wards and 91 villages. The municipality, however, has a number of factors impacting negatively on the economic growth such as geographical location (distance to markets), shortage of skills, poor infrastructure, climate conditions, unemployment and diseases like malaria and HIV & AIDS (Greater Giyani Municipality, 2008).

1.1. Background

Home Community Based Care (HCBC) is used in many countries especially where public health services are overburdened. The National Strategic Plan (NSP) priority area 2, suggested that HCBC be implemented as part of the EPWP. EPWP allows the beneficiaries, in this instance, the volunteers, an opportunity to participate in the mainstream economy through an experiential practice and learning gained in HCBC, thus improving service delivery to communities by expanding the reach and quality of comprehensive HCBC services.

The goal of such care is to ensure that client's and their families maintain their independence through receiving high quality care that meets their needs so as to ensure a quality life (WHO, 2002). In addition the goal is to provide the organizational structures, resources and frameworks that will enable the family to look after its own sick members. This will include empowering and educating the community to provide holistic care, support to the sick and prevention of transmission as well as reducing the social and personal impact of living with HIV infection (Van Dyk 2005, 267).

The Department Of Health has built on the groundwork done by Non-Profit Organizations (NPOs), scaling up and formalizing the programme through the development of the HCBC directorate, guidelines, training and funding of HCBC organizations.

1.2. Rationale / motivation

Although most of the individuals participating in the HCBC sector are volunteers, the sector encounters specific barriers in relation to funding, training, project management and sustainability. However there have been a number of HCBC organizations that have been successful in terms of sustainability and career pathing. This study seeks to identify the HCBC organizations and determine their capacity in terms of project management, fund raising skills, the kind of services they are providing and how they participate in the mainstream economy, as well as the resources committed to implement this strategy with the focus placed on the types of job opportunities created for the poor. At the end, the study will assist policy makers to develop policies that will link Community Care Givers to the health care sector for sustainability and quality service delivery.

1.3. Significance of the study

HCBC is a service that includes lower costs at individual and country level. It increases the time family members have for other responsibilities. It reduces the pressure on hospital beds. The ambition of study was to determine the relationship between HCBC and creation of job opportunities for the poor and how individuals participating in the HCBC sector participated in the mainstream economy. The information obtained by the study could then be used to re-align the HCBC programme in the country and meet the initial objective of responding to the HIV & AIDS crisis. The beneficiaries, that is, community members, will benefit from the study, as better understanding will result in improved participation in HCBC activities.

2. Statement of the problem

Home Community Based Care organizations in Limpopo are operating in a rapidly changing environment with different issues impacting on their sustainability. The state of knowledge pertinent to strategic issues of community based organizations is inadequate. Unemployment is rife in the country, particularly in rural communities like the Greater Giyani Municipality. HCBC organizations have the potential to create jobs. These organizations are hamstrung by the following challenges: Lack of project management skills, fund raising skills and poor capacity to develop business plans

and proposals. If these problems are not resolved, the potential of HCBC organizations to deliver on jobs would be impaired. For the purpose of this study, the problem manifests itself in the following questions:

- What is the possible role that Home Community Based Care as a strategy can play in creating job opportunities for the poor?
- How does Home Community Based Care contribute to the mainstream economy?

3. Aim of the study

The aim of the study was to investigate the impact of Home Community Based Care as a strategy to create job opportunities for the poor in the Greater Giyani Municipality in Limpopo.

4. Objectives

The following objectives described what the research intended to achieve:

- To define the linkages between HCBC and EPWP within the context of and review the legislative frameworks.
- To assess the effectiveness of Home Community Based Care (HCBC) as a strategy to create job opportunities for the poor.
- To assess the types of jobs created by HCBC organizations.
- To investigate the participation of HCBC organizations in the mainstream economy.
- To identify issues impacting on the sustainability of the HCBC organization in Greater Giyani Municipality in Limpopo.

5. Research questions

The researcher addressed the following research questions:

- What are linkages that exist between HCBC and EPWP within the context of the legislative frameworks?
- How effective is Home Community Based Care (HCBC) to create job opportunities for the poor?
- What types of jobs are created by HCBC organizations?
- To what extent do HCBC organizations participate in the mainstream economy?
- What issues impact on the sustainability of the HCBC organization in the Greater Giyani Municipality in Limpopo?

6. Definition of key concepts.

6.1. Home Community Based Care (HCBC): Any form of care given to ill patients in their homes including physical, psychosocial, palliative and spiritual activities with the goal to provide hope through high quality and appropriate care to achieve the best possible quality of life (Van Dyk, 2005).

6.2. Palliative care: Palliative care is an approach which improves the quality of life of patients and their families facing life-threatening illness, through the prevention, assessment and treatment of pain and other physical, psychosocial and spiritual problems (Eric & Krakauer, 2008).

6.3. Work opportunities: Paid work created for an individual on an EPWP project for any period of time (Department of Public Works, 2010).

6.4. Expanded Public Work Programme (EPWP): One of the governments arrays of programmes aimed at providing income relief through creation of work opportunities for the unemployed to carry out socially useful activities (Department of Public Works, 2006).

7. Outline of research:

Chapter 1: This chapter introduces the background to the study, problem statement, research objectives and scope of the study.

Chapter 2: This chapter deals with the history and development of HCBC in Limpopo, their importance, growth, financing, the regulations governing these organizations, sustainability plans and the role of the South African government.

Chapter 3: Presents the research design, methodology and data presentation: The steps in the research process are discussed within a theoretical framework, more specifically; the various stages of the sampling process, including the design of the research instrument and a discussion of the pilot testing of the questionnaire. The data collection process and a description of the data analysis process are also done in this section.

Chapter 4: This chapter provides information on data analysis and data interpretation and specifically presents the results of the study.

Chapter 5: This chapter consists of conclusions and recommendations. It summarizes the main conclusions of the study. On the basis of these conclusions, recommendations are made that could guide government, other assistance providers and HCBC organizations to enable them to concentrate the available effort, time and financial resources on those types of interventions that improve the success rate of HCBC organizations within the province.

8. Conclusion

This chapter has outlined Home Community Based Care (HCBC) as a strategy developed by the government to promote quality of life and limit hospital care especially where public health services are overburdened due to the HIV & AIDS epidemic. The background to this research has also been presented to give an introduction to the Home Community Based Care programme as a government strategy to use subsidies to encourage the sector to create work opportunities for young and inexperienced workers. The problem statement, study purpose, study questions and significance of the study have also been described. Operational definitions have been included to clarify terminologies used in the subsequent chapters of this research project. In the next chapter, a review of literature is presented.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

This chapter reviews the important issues surrounding the linkages between Home Community Based Care (HCBC) and creation of work opportunities for the poor including the involvement of Care Givers in the mainstream economy.

The types of services provided by Care Givers are briefly discussed and summarized. This chapter will further presents a review of literature pertaining to the Home Community Based Care (HCBC) programme for people with chronic diseases including HIV & AIDS and TB. A search of the existing literature on HCBC yielded several sources both internationally and locally and the concept has received attention from different authors. This chapter concludes with the research questions that are posed for this study.

Previous studies on Home Based Care (HBC) programmes in South Africa indicate that most HBC programmes are managed by non-governmental organizations (NGOs) and community based organizations (CBOs) with limited financial capacity to cost services provided (RSA, 2003).

HBC is defined by the World Health Organization (WHO, 2002) as the provision of quality health care services by formal and informal care givers in the home in order to promote, restore and maintain a person’s maximum level of comfort, function and health including care towards a dignified death. Some authors define Home Based Care as the provision of care to sick people in their homes (Gilks, et al., 1998 as quoted in Kumaranayake, et al., 2000, 19).

Home Based Care programmes have sprung up in both poor and rich countries in response to the HIV & AIDS epidemic (UNAIDS, 2002). According to the National Department of Health, Home Based Care emerged as a response to a rapidly growing HIV & AIDS epidemic and the limited resources within health institutions to respond effectively to the crisis (RSA, 2003). The idea was conceived from the notion that community care givers can assist with caring for patients with chronic

diseases including HIV & AIDS and TB in their homes. Home Based Care is defined in South Africa as the provision of comprehensive health and social services by care givers in the home or close to the home excluding institutional care.

One of the key factors identified in existing literature is the fact that Home Based Care programmes can help reduce the number of days a sick person needs to be hospitalized by providing an integrated service in the home in conjunction with health care providers and other partners including the family and the person receiving care.

According to the UNDP (2011), volunteer service is offered by choice - it is not mandated or coerced. It contributes to the well-being of an individual or the community, and is usually coordinated by a nonprofit or public sector organization, and pays no salary or wages. Volunteer work is often equated with unpaid work and done by people who contribute their time and energy freely to build a better community often without necessarily getting the support systems and recognition they deserve.

In the South African context, the shortage of hospital beds resulting in overcrowding, the inadequate number of medical, nursing and allied health professionals in the public sector and the cost of institutional care have increased the need for home care (RSA 2001: 2; Van Dyk, 2005: 259). Moreover, the vast rural nature of the country, the large population of unemployment estimated at 26.7% and poverty stricken people, especially women, have popularised HCBC in the sense that it is seen as a means of educating oneself with the possibility of finding employment (Van Dyk, 2005).

In the deep rural areas, there is a social orientation where people support one another, thus HCBC meets their needs and is found to be acceptable. The good of the community is highly valued and thus HCBC supports traditional values (Ejiza, 2001).

President Thabo Mbeki formally announced the Expanded Public Works Programme in his State of the Nation Address in February 2003 and the cabinet adopted it in November 2003 (RSA, 2003). The EPWP is one part of an overall government strategy to reduce poverty through the alleviation and reduction of unemployment. A number of areas for expansion have been identified. Home Community Based Care

(HCBC) is one of the areas identified by provincial heads of department in consultation with national, in which there are immediate work and training opportunities (RSA, 2004).

The Expanded Public Works Programme (EPWP) is a nation-wide programme to draw significant numbers of unemployed into productive work accompanied by training so that they increase their capacity to earn an income. The existing programme under the Department of Public Works focuses mainly on infrastructure and environmentally related work opportunities. The programme is now being expanded to the social and economic sectors (RSA, 2004).

EPWP Version 5 targeted Home Community Based Care as one area within existing departmental budgets and how the Sectoral Education Training Authority (SETA) budgets will be used and integrated. Guidelines for communication, monitoring and evaluation are given as these are critical to successful implementation.

EPWP involves reorienting line function budgets and conditional grants so that government expenditure results in more work opportunities, particularly for unskilled labour. EPWP projects will therefore be funded through the normal budgetary process, through the budgets of line-function departments, provinces and municipalities. As a programme aimed at unemployed persons it must not displace existing workers and contracts (RSA, 2004).

Home Community Based Care (HCBC) provides complete quality health services at home and in communities to help restore and maintain people's health standards and way of living by providing health services at home. HCBC offers services to people with:

- Physical impairment
- Chronic diseases including TB and HIV & AIDS.
- Terminal illnesses

Medication adherence support and health promotion removes unnecessary hospital / clinic visits and admissions by reducing diseases and deaths caused by chronic illness (WHO, 2000).

In a study conducted in Kenya to determine the priority needs and interventions necessary to plan, develop and implement Community Home Based Care and assess the impact of caring on women and children, the WHO (2001) found that care givers are mostly uneducated, volunteers and need psychological support. Furthermore, care to family members and siblings was provided by children, mostly girls but at times also boys. It was noted that elderly people mostly grandmothers' had taken over the care, in the absence or death of adult children. Many lack the resources and supplies to provide the service and live in poverty themselves (WHO, 2001).

In Zimbabwe, where men are not generally involved in soft care as this is traditionally not their role, they increasingly support HIV positive men and use their influence to advocate for sustainable HCBC (Dongozi, 2005). In the context of this study, caregivers were people, both families and community members of all ages, motivated to provide care for others or from a sense of duty to their community and family members. This was not a matter of choice but rather a necessity as there may be no one else to do so. Many of these care givers live in poverty and have hopes that, if they are patient and dedicated enough, government employment may follow in time (Dongozi, 2005).

In a study conducted in South Africa to determine the level of unemployment in South Africa, unemployment increased by more than 12% between 1994 and 2005. The study found that the increase in unemployment was the result of a great divergence in the growth of labour supply and labour demand, partly due to low economic growth. The study reviewed government policies to alleviate unemployment, especially public works programmes and skills training programmes and made a conclusion that public works programmes may alleviate unemployment if implemented accurately (Kingdom & Knight, 2006).

A study conducted by McCord (2004) concluded that there is an explicit recognition by the government that Public Works Programmes have only a limited role to play in the context of entrenched and structural unemployment. However, at the same time there is also a heavy reliance on Public Works Programmes as a key component of a comprehensive employment strategy. Although there are a range of additional supply-side interventions, Public Works Programmes have almost come to dominate

the current social protection and labour market discourse, representing, together with economic growth, the policy instrument of choice to address both poverty and unemployment (McCord, 2004). Public Works Programmes, if appropriately designed, can offer a partial response to the problems of poverty and unemployment but cannot offer an adequate social protection response to the growing problem of the working-age poor (McCord, 2004).

2.2 The history of HCBC in South Africa

In South African as in many African countries, the shortage of hospital beds resulting in overcrowding, the inadequate number of medical, nursing and allied health professionals in the public sector and the cost of institutional care have increased the need for home based care (Van Dyk 2005:259). Moreover the vast rural nature of the country, the large population of unemployment estimated at 26.7% and poverty stricken people, especially women, has popularised HCBC in the sense that it is seen as a means of educating oneself with the possibility of finding employment (Van Dyk 2005: 259).

HCBC programmes are managed by non-governmental organizations (NGOs) and community based organizations (CBOs) with limited financial resources and capacity to cost services provided. HCBC programmes are continually evolving as they respond to the changing needs of families.

South Africa's HIV & AIDS pandemic is considered to be the largest in the world, with more than 5 million South Africans living with the virus. This unprecedented scale of HIV occurrence, as well as the effects of other chronic conditions including TB, places a heavy burden on the country's already limited health care resources. As a result of the pandemic, home based care services are becoming increasingly prevalent in South Africa. These services do not only relieve the burden on hospitals and clinics, but also serve as affordable alternatives to institutional care (Strebel, 2004).

Volunteers are the key providers of care in Home Community Based Care services. A volunteer is someone who gives a commitment of time and energy for the benefit

of the community, which is undertaken freely without financial gain, aaccording to the UNDP (2011), and recognition they deserve.

However, in South Africa HCBC services are provided by formal care givers, given a stipend of R60 per person per day i.e. R60 x 22 days per month = R1 320 / month for reimbursement of the services they provide as well as expenses they incur in their daily work (RSA, 2012).

2.3 Linkages between HCBC and EPWP

South Africa introduced a national public job creation programme, the Expanded Public Works Programme (EPWP), in 2005. EPWP consists of four sectors and one sector amongst them is most pertinent in the context of our discussion: ***The social sector***. Despite many challenges it faces, the programme designed two priority areas for job creation within the social sector, Home Community Based Care (HCBC) and Early Childhood Development (ECD). Through these programmes, the EPWP has created a policy space to make a transition from unpaid to paid work in the care of the chronically ill patients including HIV and TB sufferers as well as those orphaned due to the HIV epidemic (RSA, 2005).

The social sector is focusing on the expansion of Home Community Base Care (HCBC) programmes in both health and social areas and on Early Childhood Development (ECD) programmes in the social / education areas. Both of these areas are highly labour-intensive and provide enormous opportunities for the creation of work opportunities, given the large needs for these services (Phillips, 2004). The departments in this sector are working on putting in place a common system of remuneration for people employed on these programmes, improving programme management and reporting systems and putting in place the required NQF unit standards, qualifications and learnerships. The intention is to motivate for increased funding for these programmes once it can be shown that adequate management systems are in place to absorb increased funding (Phillips, 2004). EPWP work opportunities in the social sector will consist of learnerships during which workers will undergo formal training while also doing practical work. Upon completion of these learnerships workers will have obtained a formal qualification in HCBC thus enabling them to exit from the EPWP and to enter into formal employment in these sectors.

There is a need to plan for growth in these sectors in order to generate these formal employment opportunities (Phillips, 2004).

The existing South African Expanded Public Works Programme (EPWP) seeks to extend and scale up the EPWP by converting unpaid care work by community care givers into paid work. In its current form, home based care presents a host of problems, as care givers are often untrained and unfunded and lack the necessary resources for adequate care provision. Apart from the individual strain this places on CCGs and the opportunity costs of the time devoted to care and support, the lack of available resources and structured financial incentives encourages a high turnover among care givers (Antonopoulos, 2008).

One of the stated goals of the EPWP is to create jobs and reduce poverty amongst those who find themselves excluded from the mainstream economy. According to the recent estimates 30% of the population live below the poverty line (Statistics S.A, 2005). To redress the severity of unemployment, part of the accepted policy response includes employment creation through EPWP. By its very nature social sector job creation is highly employment intensive as its activities are primarily service delivery focused (Antonopoulos, 2008).

According to the midterm review of the EPWP conducted by the Human Science Research Council (HSRC), the HCBC programme was identified within the social sector as a policy response to unemployment in South Africa. However, the existing EPWP strategy does not provide full time work opportunities for care givers nor provide an accredited training for these cadres. EPWP in its current form is an initiative that functions more to address cyclical poverty than the chronic indigence that plagues South Africa (HSRC, 2007).

However, the EPWP did not explore the retention strategy for these care-givers and how they will contribute to the mainstream economy of the South African Government. This programme focused on creating new job opportunities for the unemployed without developing the exit strategy for those cadres already on the programme; as such the challenge of unemployment and poverty reduction is partially addressed by the EPWP strategy (HSRC, 2007).

The HCBC programme in South Africa has emerged as government initiative that aims to redress joblessness for the poor by offering a minimum-pay job to those ready and willing yet unable to find work. With a minimal wage effectively discouraging the better off from taking advantage of such programs as beneficiaries, the work entitlement and the income they offer provide a lifeline for the low-skilled poor. In this regard, when all else fails, the state effectively acts as the "employer of last resort" (Antonopoulos and Kim, 2008).

The partnership between government and NPOs implementing the home based care services were designed with these distinct benefits in mind: Funding set aside by the state for participating NPOs, simultaneously setting an equitable wage floor for all. In addition to income, capacity building and skills acquisition gained to varying degrees. The importance of employment guarantee programmes in this context is that they can reduce unemployment and unpaid work by creating jobs for both women and men thus ensuring their participation in the mainstream economy (Antonopoulos and Kim, 2008).

2.4. Development initiatives in greater Giyani

When home-lands were re-incorporated into a unified South Africa, new provincial and local government structures were established and the seat of decision-making moved from Giyani to the new provincial capital for the Limpopo Province in Polokwane, 150 km away. During this period of economic recovery and structural adjustment, large numbers of civil servants were either retrenched or had to relocate to Polokwane. Financial hardships and intergenerational conflict became common in these households (Buis, 2011).

In addition to social policy changes, there have also been economic changes. In the first decade and a half of democracy (1994-2008), South Africa's annual economic growth rate has been remarkable, improving from less than 1% to 5% (Buis, 2011). However, this economic prosperity has also been accompanied by a rise in poverty for others, as the gap between the rich and the poor widened. Webster (2004) argues that the widespread increase in poverty in South Africa is the result of the loss of many formal jobs, the increase in the number of insecure and low wage part-time or contract jobs as well as the expansion of informal trade.

Landman (2004) cautions that even if we accept a higher growth path as an important instrument to eradicate poverty a large proportion of our citizen will need the support of special programmes to alleviate the worst poverty – to help them survive. The present South African Government manages a dual economy: the First Economy, characterised by economic prosperity and the Second Economy, for those who are on the periphery of this prosperity and who are in need of government assistance (Buis, 2011).

A missed opportunity in the transition was that the new provincial administration ignored the visionary development planning that the former government had reached and formulated. The brilliant plans to develop Giyani and surrounding areas were just ready for implementation when the political change occurred. The political change caused the implosion of these exceptional regional plans, the new provincial administration, instead of building on this plan, reinvented planning for the entire province. These developments by the new provincial administration resulted in loss of many formal jobs, the increase in the number of insecure and low wage part-time or contract jobs as well as the expansion of informal trade and widespread of the rural poor.

For the people of Giyani, this means that, as a result of geographical distance from the urban economic centres, they are largely relegated to the Second Economy (Buis, 2011). During the transition to a democratic dispensation, NGOs played an important role as advocates for social and legislative change and job creation (Makino, 2003). This collaborative relationship between civil society and government was articulated by Dr. Zola Skweyiya, former Minister of Social Development, who stated that the expectations of government are that NGOs will assist in expanding access to social and economic services that create jobs and eradicate poverty among the poorest of the poor (Buis, 2011).

Home Community Based Care organizations in Greater Giyani were a stepping stone to employ the rural poor who were excluded from the mainstream economy. Job creation initiatives by NGOs were supported by the launching of the Expanded Public Works Programme in 2005 by the then President Thabo Mbeki at Sekhunyani village, seven kilometres from Giyani town on the Tzaneen road. According to the

World Bank Report, public works programmes can be used as an effective anti-poverty or safety net intervention to protect the poor by reducing both seasonal and temporal jobs, while creating useful goods or services for communities (Del Ninno, Subbarao & Milazzo, 2009). The overall effect has been reflected in the form of women's increased say in household affairs. Reducing the distance between the work site and home and equal wages are core program features that have a marked impact on women's empowerment and participation in public works programmes (Soumyendra & Singh, 2012).

2.5. Participation of HCBC organisations in the mainstream economy

Antonopoulos (2008) indicated that creation of employment for the poor households represents an injection of capital into the economy in the form of wages and payments for other costs of the programme like training, transportation, food production and so on. Creation of work opportunities for the rural poor will bring about positive changes in employment, growth and poverty reduction for participating households in addition to the directly created by the programme, more workers will be hired elsewhere in the economy to fulfill the increased demand for output. As general income levels increase it is possible that some forms of fiscal contributions will end up increasing government revenues. As most of the workers in the HCBC programme come from the poor households, implementation of a monthly stipend would alleviate unpaid care work, workers would provide services while in training for their own communities, benefit the ultra-poor with minimal educational attainment by providing them with jobs that do not require much immediate training (Antonopoulos, 2008).

The persistent high unemployment rates in South Africa in the aftermath of the apartheid era compelled the government to introduce the EPWP direct job-creation initiative in 2004. The program consists of job opportunities provided to unskilled, unemployed, poor individuals who work on projects that are labor intensive.
They are hired at a minimum wage and, while receiving training and accreditation, they provide services for their communities.

There are three main EPWP sectors designated for job creation: ***Labor-intensive physical infrastructure investments***, including the building of roads, bridges, and

irrigation systems; ***Environmental investments***: Creating work opportunities in public environmental improvement programs; ***Social sector***: Creating work opportunities in public social programs, with a focus on Home Community Based Care (HCBC) and early childhood development (ECD).

HCBC provides comprehensive services, including health and social services, by formal and informal caregivers in the home, aiming to restore and maintain a person's comfort, function, and health, including providing care toward a dignified death. The prevalence of HIV & AIDS, tuberculosis, and malaria has accentuated the need for expanding service delivery. As of 2003, there were 892 HCBC sites, mostly run by non-governmental organizations with the help of volunteers (Antonopoulos & Kim: 2008).

As an employment program, the EPWP-HCBC program targeted the unpaid volunteers who were unemployed and often the adult dependents of the terminally ill and people living with the sick family members who were not in receipt of a state grant, who would earn income but also would be involved in training, thereby improving the health care of those in need. The target workers were previously unpaid volunteers, unemployed and/or underemployed parents and caregivers in the HCBC programs. Antonopoulos and Kim (2008) propose a massive scaling up of EPWP if the program is to reduce unemployment, as the existing scale is incommensurate to the jobless problem at hand.

Antonopoulos, Ki Jong, Masterson and Zacharias (2010) investigate the impact of investing in localized community-based social care services; in particular, home-based health care and early childhood development as an effective employment policy. Instead of short-term public sector employment as a countercyclical measure, this proposal calls for a permanent expansion of public service delivery that, as it turns out, mostly hires women. Their stable earnings may dampen volatile income shocks from highly cyclical male-oriented jobs, such as construction (Antonopoulos et al., 2010).

An aging population and advances in medicine are extending life expectancy of the elderly and disabled patients for whom HCBC can be cost effective without

compromising quality of care. In 2007 alone, almost 1.5 million seniors and disabled persons received home-based care, according to the National Home Health Aide Survey (HSRC, 2007).

2.6. Who is the community care giver?

According to Glenton et al. (2010) most Community Health Worker models promote that Community Care Givers (CCGs) should be selected from the communities in which they will provide care. Community Care Givers (CCGs) can be recruited and selected by the NGO in consultations with community members and health care system. A multi-step selection process and rigorous review can help select for quality and professionalism. One format for selection is that community committees select respected members of the community for candidacy (Glenton et al., 2010).

The NGO and the Home Based Care supervisors at the primary health care facility interview these candidates and make a final selection based on merit. Recruitment standards, which may include gender, literacy, specific education requirements, community standing among others, should be clearly set in the operational model. Standards should be adapted to a local context especially in cases where local candidates are not available for consideration.

Females, even if less schooled than male counterparts, often are superior Community Care Givers because of the cultural acceptability for them to conduct household visits, their familiarity with child health, their attachment to the community, and their less common use of alcohol in the evening – a common time for care-seeking for child illness. Furthermore, they are less likely to abandon their posts as CCGs for better opportunities, therefore mitigating the costs of retraining replacement CCGs (Glenton et al., 2010).

It is becoming clear that simply expanding the provision of quality health services at facilities will not be sufficient to meet the Millennium Development Goals (MDGs). Services are expected to reach the community and their household to achieve significant impact. HCBC is a system where health services are delivered within communities by communities to ensure that communities are capacitated to deliver

health services on the ground. This system entrenches continuum of care, prevention, health promotion, rehabilitation and referral systems (RSA, 2011).

Extending the reach of the public health system through a well-trained and supported Community Care Giver (CCG) is a crucial step to meeting the Millennium Development Goals (MDGs), strengthening health systems and increasing equity in health care access by extending care to the most vulnerable populations. The CCG, more recently termed "frontline health workers," includes paid CCGs. These cadres spend their time in clinical facilities, community-level outreach locations or performing household visits and they have distinct relationships with the public health care system (RSA, 2011).

The comprehensive response to HIV and AIDS has been responsible for the emergence of a large community care giver (CCG) infrastructure. In the mid-1990s the government started supporting non-government organizations (NGOs) employing home based care and direct observed treatment (DOT) supported for the parallel epidemic of TB (Steyn, Van Rensburg & Engelbrecht, 2006). CCGs form part of the comprehensive care, management and treatment programme governing antiretroviral access (DOH, 2003) and they have been described as "an indispensable extension of the reach and strength of professional involvement in ART services" (Steyn et al., 2006).

Recent reviews indicate that under right conditions CCGs can lead to health gains and the production of wider social benefits over sustainable periods of time (Haines et al., 2007). The right conditions include: political support, strong supervision, support, remuneration and incentive systems (Lehmann and Saunders, 2007).

Magongo (2004) highlights the scope of practice for CCGs which includes the following:

- The promotion and maintenance of the health of a client, family and community.
- Dissemination of information on health related issues including STIs, HIV & AIDS, TB, maternal and child health to individuals and groups.

- Assist the community with communication with regard to risk appraisal, risk assessment, assessment and management of diverse health related problems which are social and environmental.
- Providing palliative care to individuals and families with terminal illnesses and support bereaved orphans.
- CCGs are an important resource in the delivery of health care services and continuum of care in their local communities.

2.7. HCBC as a strategy to create job opportunities for the poor

The Home Based Care Programme within the social sector contributes to the reduction of poverty directly through employment of unpaid care-givers into the HCBC programme. Care provision by non-household institutions, public or private, can address unemployment and the poverty of women simultaneously, as they form the majority of workers in the relevant industries and earnings from their paid work contributes to their household income. The indirect employment generation from multiplier effects is not trivial, and the magnitude largely depends on the intensity and diversity of input sources—in other words, the strength of the backward linkages (Antonopoulos et al., 2010).

The smaller number of EPWP unskilled jobs in the infrastructure sector means fewer jobs for poor and ultra-poor households than in the care-sector. The skill-intensive nature of infrastructure puts the workers from poor households at a disadvantage, and attributes to the higher unemployment rates ex-post compared to social care (Antonopoulos et al., 2010).

The large-scale employment policies pose consequences on household income and inequality. How the jobs are distributed, either by targeting design of the program or the private market system, influences overall income inequality. The composition of workers in affected industries, as well as the inter-industry linkages, largely shapes the outcome. The targeted nature of the EPWP contributes to the income growth of the poor and ultra-poor workers, although the total impacts are not as great as they would be under the more equitable labor market. The relatively low skill requirements tend to benefit the workers from poor households in South Africa.

Policy intervention on income growth and inequality using the concept of "pro-poor" growth as defined by Kakwani, Khandker, and Son (2004), EPWP job creation allocates jobs in a manner that result in pro-poor growth. In South Africa, the Home Community Based Care services are provided by mostly women from low-income households—that accounts for the pro-poor nature of the investment in social care. Poverty reduction follows naturally, as the wage earnings contribute to the workers' household income. The depth of poverty predetermines the extent to which the external margin of poverty is reduced. Regardless, the investment attributes to the reduction in the internal margin of poverty.

The low wage rates in the sector do not deter pro-poor growth, in part because the initial income level of poor households is so low that even the small wage earnings are enough to lift their ex-post income higher in relative terms. On the other hand, the lower wage rates discourage non-poor workers, who perhaps have higher reservation wage rates than the poor ones, to take up the job opportunities in the low-paying care sector (Antonopoulos et al., 2010).

It has been argued that the growth of the NGO sector in Africa can be attributed to the failure of the state to create employment and deliver social services. Ajula (2005) argues that African governments have generally failed to raise the standards of living for the rural poor or deal with unemployment calamities. As a result, government has increasingly ceded some of its social responsibilities to NGOs particularly in terms of poverty reduction and job creation.

According to estimates by the World Bank, the United Nations Development Programme (UNDP) and the International Labour Organization (ILO), since the onset of the 2007 global financial and economic crisis—the Great Recession—at least 30 million more women and men joined the ranks of the unemployed, for an astounding total of 200 million people out of work. Public job-creation programmes, have emerged as government initiatives that aim to redress seasonal, cyclical, and structural joblessness for the poor by offering a minimum-pay job to those ready and willing yet unable to find work. With a minimal wage effectively discouraging the better off from taking advantage of such programs as beneficiaries, the work

entitlement and the income they offer provide a lifeline for the low-skilled poor (Antonopoulos et al., 2010).

Teklu and Asefa (1999) in their study on Labour Intensive, Public Works concluded that poverty is a predominantly rural phenomenon in sub-Saharan Africa and provision of employment through Public Works Programmes shifts the demand for labor in the rural labor market. However, Public Works Programmes cannot substantiate how much they contribute to poverty reduction. They appear to benefit more of the poor, especially the poorest of the working poor. The Expanded Public Works Programmes instituted a bottom up poverty reduction process in which the impact is greater in reducing intensity of poverty (reducing poverty gap) rather than lowering its incidence (Teklu and Asefa, 1999).

2.7.1. Creation of job opportunities by HCBC organizations in USA

Similar to the South Africa study, Antonopoulos et al. (2010) investigate the impacts of investing in localized community-based social care services; in particular, home-based health care and early childhood development as an effective employment policy. Similarly to South Africa most of the workers in these occupations are women. In home-based health care, 88% of the care providers are women and 52% minorities and 30% of African Americans. Recent immigrants constitute 21% of the workforce. The wage rate is low, at $10.31 as of 2008 on average, and the annual mean earnings are $21 440 (Antonopoulos et al., 2010).

In President Obama’s State of the Union address he acknowledged the plight of unemployed Americans and promised to make jobs the number one focus in 2010. A move toward full employment, he says, will lay a new foundation for long-term economic growth and ensure that the U.S. government creates the necessary conditions for businesses to expand and hire more workers. According to Research Scholars Rania Antonopoulos, Kijong Kim, and Thomas Masterson, and Senior Scholar Ajit Zacharias, the government identified useful projects that have the potential for massive public job creation, and to select investments that maximize job creation both immediately and equitably (Antonopoulos et al., 2010).

They conclude that social sector investment, such as Home Community Based Care, will generate the most jobs and caters to the most vulnerable segments of the workforce. Home Community Based Care programmes generated more than twice the number of jobs as infrastructure spending and almost 1.5 times the number of jobs as green energy spending. In addition, HCBC programmes were relatively more effective in providing jobs to people with the least education (Antonopoulos et al., 2010).

2.7.2. Creation of job opportunities by HCBC organizations in Malawi

In Malawi, HCBC is defined as the care provided to chronically and terminally ill patients suffering from diseases such as HIV and AIDS, TB, cancer, stroke and other chronic diseases. It also includes care of those affected by other the illnesses, the vulnerable and the groups that are at risk. Families are the central focus of care and they form the basis of the HCBC team. Together with community members they provide the care in homes with support from the formal health and social worker. The aim of HCBC is to restore, promote and maintain a person's maximum level of comfort, function and health, including care towards a dignified and peaceful death.
In Malawi, formal community and Home Based Care services for HIV and AIDS patients were initiated through non-profit organizations.

In Malawi, volunteers, commonly known as community care providers, play a great role in care and support services at community level (Malawi Ministry of Health, MOH, 2005). Volunteers are the key human resource within the program and they come from within the community they serve. Like in other countries, women form the majority of volunteers in Malawi. The entry criterion for the volunteers is interest to assist the chronically and terminally ill people (RSA, 2005). The Government and Non-Governmental Organizations (NGOs) train the volunteers on how to take care for HIV and AIDS patients at home. They are trained and supervised by professional health workers such as nurses, clinicians and doctors.

The main sources of patient referral to the CHBC are from the hospital wards and the clinics. According to the study which was conducted by Mohammad and Gikonyo (2005), HCBC is an example of the community-driven initiatives, at the same time

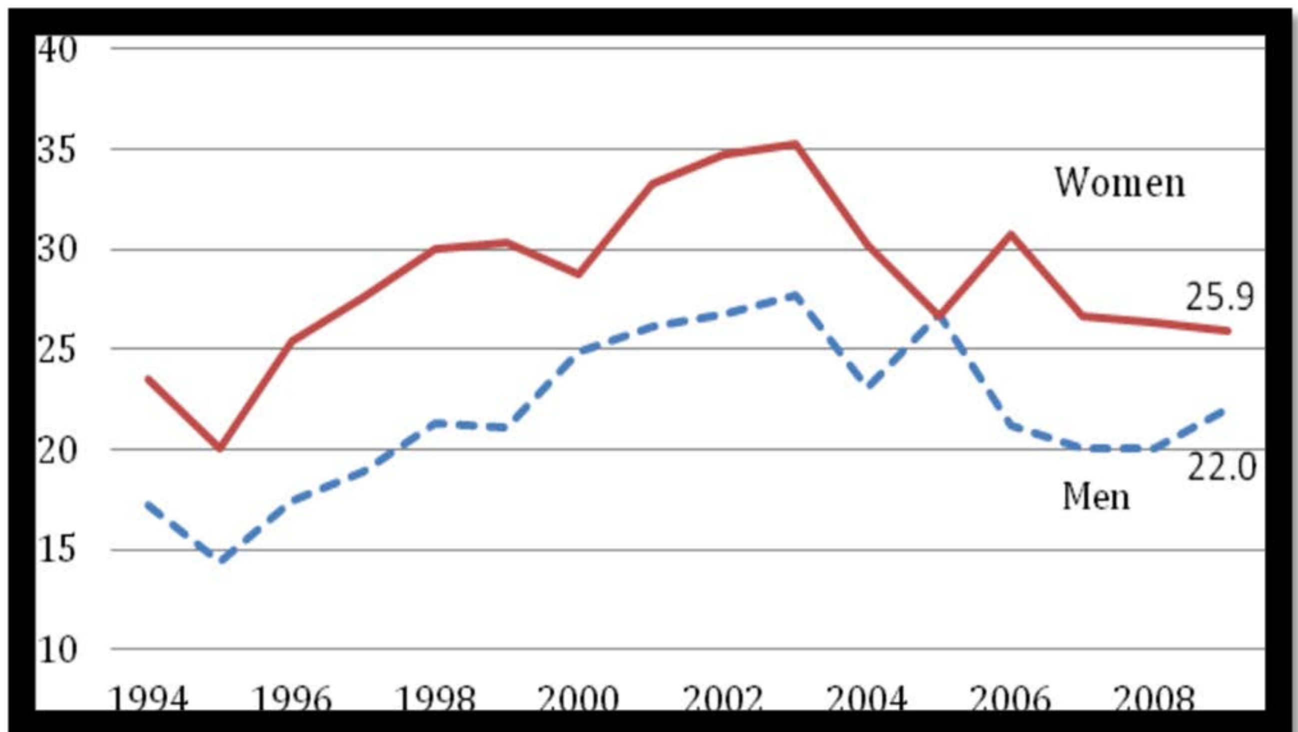
used by government as a strategy to cap unemployment to the rural poor and employ volunteers on a temporary basis to offer HCBC services to communities.

Research shows that the field of HCBC is facing a multitude of challenges and limitations which not only adversely affect its ability to carry out its mandate of providing care and support services, but is also expected to create employment to the rural poor. Research has also shown that this field has the potential to exacerbate poverty and existing gender inequalities among affected families and communities (Mohammad and Gikonyo, 2005). The main source of funding of most of these NPOs is from government, international donors and the private sector.

2.7.3. Creation of job opportunities by HCBC organizations in S.A.

The persistent high unemployment rates in South Africa in the aftermath of the apartheid era (see figure 1 below) compelled the government to introduce the EPWP as a direct job-creation initiative in 2004. The program consists of job opportunities provided to unskilled, unemployed, poor individuals who work on projects that are labor intensive. The HCBC programme is a government-led initiative aimed at drawing a significant number of unemployed South Africans into productive work in a manner that will enable them to gain skills and increase their capacity to earn an income. The programme linked to the EPWP strategies aims to promote economic growth and sustainable development through the provision of training and additional work opportunities in public and community service (Antonopoulos, 2008).

Figure 1. Unemployment rate in % by gender in South Africa: 1994-2008



Source: Key Indicators of the Labour Market, 6th ed., Geneva: ILO, 2009

Community Care Givers in the Home Based Care Programme are hired at a minimum wage according to the Department of Labour Ministerial Determinations while receiving training and accreditation and at the same time providing services for their communities. The HCBC programme is linked to EPWP targeting unpaid volunteers and unemployed community members who are not in receipt of any state grant. South Africa to date has created about 48 000 job opportunities through the HCBC programme (RSA, 2012) and receiving a minimum stipend of R1 320 per month.

The study conducted by Schneider, Hlophe and Van Rensburg, (2008) identified several features of current policy on Community Care Givers in South Africa that have a bearing on considerations of sustainability. In the first instance, lay or Community Care Givers (CCGs) have not been an isolated phenomenon of the health sector and have emerged as part of broader cross-sectoral responses to HIV as well as employment creation strategies. At the same time as community workers were emerging to service new HIV initiatives, the national government declared 2002 the “year of the volunteerism”, running campaigns to mobilize community volunteers

across all sectors. The evolution of Community Care Givers has thus been an integral part of the general economic and social policy platforms of the South African government. A second important policy feature is that although the Community Care Givers infrastructure is a direct consequence of state investment, the government has avoided becoming an employer of CCGs (Schneider et al., 2008).

The Community Health Worker Policy Framework clearly indicates that the employment of Community Care Givers would be through NGOs funded by government. Community Care Givers thus fall outside of the public service and the regulatory processes governing employment in South Africa. It is important to point out that Community Care Givers in South Africa represent the most formalized end of a continuum of community participation around HIV and AIDS, from treatment literacy training programmes for people living with HIV, to members of their social networks volunteering to be TB or ART 'treatment buddies', and participation in rights-based activist networks. Community Care Givers universally referred to themselves as 'volunteers' and as an undervalued, flexible and exploited labour force without normal rights or benefits such as leave, maternity benefits and pensions (Schneider et al., 2008).

2.8. Poverty reduction as policy framework

The problem of poverty and approaches to reduce it, remain the most pressing dilemma in the international debate. However many programmes have been undertaken so far at macro- and micro-level to eradicate poverty. South Africa like other countries suffering from poverty has also taken some initiatives at the national level to alleviate poverty by respective national departments and Non-Government Organizations. Michelman (2008) states that the Bill of Rights is imperfect, as it fails in its moral purpose to guarantee the social rights of particular groups, even though it fully supports their specific concerns. Adequate planning is needed to effectively address the challenge of poverty in South Africa. The UN Report (2006) outlines the fact that there are positive gains in the political, economic and social environments.

It is, however, essential that partnerships between civil society organizations and government are formed to promote opportunities for the poor through appropriate policies. A well- planned and executed poverty reduction project will exceed current attempts that target a few households or individuals. Most poverty reduction programmes are operating independently or are funded by international donors, who duplicate services to the poor (UN, 2006). Poverty should be viewed as a multi-dimensional problem requiring integrated multi-dimensional interventions.

Boyle (2003) affirms the above viewpoints and is of the opinion that sound management skills will lead to policy objectives through effective planning, goal setting and a public environment that promotes optimum service standards. The policy development process begins with policy evaluation and continues to the implementation stage to determine whether a programme has achieved its stated goals and reached its intended target.

Following the first racially inclusive democratic elections in 1994, the government's efforts to eliminate poverty have been frustrated by the continued shedding of jobs from the formal economy, as well as by the fact that successful poverty eradication measures are hugely dependent upon government and civil society capacity, which is still being built up (Michael: 2003). One of the constraints to addressing poverty, however, has nothing to do with delivery capacity or financial resources, but rather

with policy-maker's understanding of the nature of the poverty they are trying to address, as well as of the appropriate measures for the different types of poverty or poor people (Michael, 2003).

The World Bank Development Report (2003), states further that although various poverty programmes in South Africa have been successful, there remains an enormous task to include the poor in the social, economic and political sphere. Collaborative government includes private sector and civil society intervention. Specific targeting, maximizing resources and effective communication throughout the poverty reduction processes remain vital. Most importantly, the need to identify and sympathize with the plight of the poor will ensure success in the attempt to reduce poverty.

The overall pattern of formal sector employment in South Africa over the past several years is that fewer people have employment but those who do have enjoyed real increases in remuneration. There is also a broadening grey area involving more employment through the secondary labor market, where tasks that had previously been performed by permanent, regular workers are increasingly being performed by temporary, casual, and part-time workers, or what are sometimes euphemistically called ''independent contractors.'' While this trend is not dissimilar to that which prevails elsewhere in the developed and developing world, it comes at a time in South Africa where there are diminishing employment opportunities, and within an environment where governmental and nongovernmental institutions set up to protect workers' rights are weak (Michael, 2003).

South Africa's racial patterning of poverty and unemployment has made most rural people ill-equipped to benefit from post-1994 economic and employment openings. Apartheid had ensured inferior levels of education in rural areas and little chance for development. The creation of employment in combination with skills development was one of several goals for South Africa's new government as it set out to redress social imbalances in society, amongst others, by tackling gender representation at all levels in employment, and providing opportunities for young people, women and for the disabled (Magadlela and Mdzeke, 2004).

2.9. Local organization capacity

Across the world, local organizational capacity is recognized and accepted as a key for development effectiveness and empowerment of the poor. Practitioners in the field of human empowerment explain local organizational capacity as the ability of people to work together, organize themselves and mobilize resources to solve problems of common interest. For example, the poor and the jobless reach out to co-operate to work jointly, outside formal systems, to solve common survival problems (Sachs, 2005).

Many informal organizations in South Africa are working collaboratively to try and alleviate poverty and render financial support, for example through stokvels, megodisano, saving schemes, women societies, clubs etc. These organizations are, however, poorly coordinated and do not necessarily focus on the creation of employment opportunities as a strategy for poverty alleviation. Formal organizations like HCBC organizations registered with the Department of Social Development as non-profit organizations in the Limpopo Province, South Africa partner with the government to create employment to the unemployed poor.

Zepeda, Alarcon, Soares and Osorio (2007) warn that employment creation in any form leads to a rapid and sustainable alleviation of poverty. The character of job creation and productivity enhancement needs to give the poor access to economic opportunities. Zepeda et al. (2007), citing the work of Khan (2001) and Osmani (2006) on employment and poverty, indicate a chain containing five links: the growth factor of the economy, the growth needs to create jobs, good quality jobs (formal, full-time, well paid wage jobs) created (this is important), growth to benefit the poor and the poor workers need to be able to benefit from the creation of new wage jobs and widening opportunities for more rewarding self-employment activities.

Bohlmann, Du Toit, Gupta and Schoeman (2007), assert that policy-making in South Africa has to find a new paradigm - one where employment creation and resultant poverty alleviation is not merely accepted as a by-product of economic growth, but where employment creation is viewed as a key accelerator of economic growth. The focus should be on designing and implementing policies that truly empower and

mobilize this untapped potential of society towards spurring higher levels of future economic growth rather than merely awarding handouts.

2.10. Leadership and governance

Many studies have cited the positive impact of adequate supervision and strong information usage in policy decisions on health outcomes. However, many evaluations of existing HCBC programs cite a lack of proper supervision as a common barrier to delivery of community health services, often due to poor planning, work overload and poor funding for supervision components (Justice, 2003).

According to Justice (2003) leadership and governance are important to ensure that a health workforce is adequately and effectively managed to deliver the quality needed in health services. Gaps in quality of care damage the perception of community health and primary health care systems, lowering demand for care and also reducing the effectiveness of interventions delivered to those who seek care nonetheless. To reduce existing barriers to care and prevent new ones from developing, strong management and governmental leadership should conduct regular and rigorous examination of processes, operations and outcomes and deploy participatory management techniques for quality improvement. This includes careful consideration of community needs and input, health care status, and Community Health Workers (CHW) process measures.

Non-Profit Organizations, like all institutions, wrestle continually with the question of how to keep going and to improve their lot, especially during today's difficult economic times. In short, Non-Profit Organizations must constantly strive for sustainability (York, 2009). There are many ideas about what organizations must do to remain sustainable. Some experts argue that the key to sustainability is adaptability - the ability of an organization and the individuals to generate additional revenue successfully and to pull off the difficult task of doing more with less. Others say that leadership of both the staff and board is the answer. Still other authorities believe that the solution lies in improving management systems to ensure greater cost efficiency and effectiveness (TCC Group, 2009). Sustainable organizations are

key to ensuring that non-profit organizations continue to benefit the individuals, families, communities, and systems that depend on their efforts.

2.11. Volunteers providing HCBC services

HCBC services for many years in South Africa were provided by volunteers that were not receiving any form of an incentive or stipend. This has been a major concern expressed by almost all volunteers who report the fact that they do not receive any stipend which makes life very difficult for them. Home based care is a community outreach service which was previously provided by qualified nurses and is now replaced by volunteers attached to HCBC organization without any form of an incentive. The services that they perform are vital services but their work is not recognised (Uys, 2003).

Although volunteers acknowledge that as volunteers they do the service without any expectation of pay, they argue that the fact that they do not get any stipend makes it very difficult for them to practise HCBC services effectively (Uys, 2003:12) and to attend to their financial needs. Uys (2003) raises concern about the sustainability of home based care if volunteers are not offered any incentive. Blinkhoff et al., (1999:12) state that it becomes extremely difficult to sustain their motivation and active participation in their voluntary work. These authors further highlight that volunteers commit themselves into assisting their clients even though “they have barely enough income and food to support their own families”
(Blinkhoff et al., 1999:42).

Volunteers have to nurse the sick people and some cannot even change position on their own. According to Blinkhoff et al., (1999:42) one volunteer asked, “Now how can someone on an empty stomach lift a patient?” Due to high unemployment rate in South Africa, by joining volunteerism, volunteers have a legitimate hope that remuneration or a stipend would be paid so that they can buy food and maintain their own families (Uys, 2003). They argue that they attend to problems of hungry people being hungry themselves (Walker et al., 2004). At times they are obliged to make certain sacrifices on behalf of their clients.

Volunteers play a key role in the implementation of home-based care in South Africa (Van Dyk, 2001:330). Frohlich (in Van Dyk, 2001: 330) argues that “many of the perceived disadvantages of using volunteers can be overcome if the volunteers are recognized as key workers in the programme, if they are chosen by members of the community and if they are properly trained in basic home care”. The recognition of home-based care by the government was suggested as a possible solution to the problems encountered by volunteers. Volunteers feel that home-based care is not recognised by government. As a result government does not support the programme or provide the necessary resources, or make use of the available volunteers in rural areas.

Blinkhoff et al., (1999) confirm that the overwhelming success of the Copper Belt Programme in Zambia was due to the involvement of volunteers and if these are properly trained and well supported they are best suited to closing the home-care gap. They feel that volunteers are a resource which the government can use to fight HIV and AIDS. But so far government is not seen to recognize the hard work that volunteers undertake with sick people in the communities.

It is a common understanding that there is no difference between the work of the paid workers and that of volunteers, so it is unfair not to consider the needs of volunteers (Locke in Osborne, 1996:205). Uys (2003:12) refers to the unpaid work of volunteers as exploitation which should not be commended by civil society. Volunteers should be regarded as Community Health Workers and be able to take treatment from hospital / clinics to patients at home. Campbell and Foulis (2004) regard the challenge now as “assisting carers in lobbying for the recognition of the needs and interests of both their patients and themselves”.

2.12. Conclusion

Literature has revealed that the prevalence of HIV and AIDS in most developing countries is high and that efforts have been made to deal with this epidemic through Home Community Based Care services. Absolute poverty and unemployment remains higher in rural areas than in urban areas. Home Community Based Care services through NGO funding are still not regarded as a way to reduce poverty and create employment for the poor in rural communities. Unpaid work of volunteers should be seen as exploitation which should not be commended by civil society. Volunteers providing HCBC services are a resource which the government can use to fight HIV and AIDS and unemployment for the rural poor. Literature has also revealed that the HCBC programme in South Africa has emerged as government initiative that aims to redress joblessness for the poor by offering a minimum-pay job to those ready and willing yet unable to find work.

CHAPTER 3

RESEARCH METHODOLOGY

3.1. Introduction

This chapter describes the methodological approach used to conduct this study and answer the research questions. The mixed method approach that utilized both quantitative and qualitative methods was followed to investigate the impact of Home Community Based Care as a strategy to create work opportunities for the poor in the Greater Giyani Municipality. The research setting, sampling methods, data collection techniques, the instrument which was used and the trustworthiness of the instrument are described in the sections that follow. The chapter concludes with an overview of ethical considerations and the measures which were observed to protect the rights of the study participants**.**

3.2. Research design and rationale

Research design is a detailed outline of how an investigation will take place. It will typically include how data is to be collected, what instruments will be employed, how the instrument will be used and the intended means for analyzing data collected. Research is usually divided into two broad categories: quantitative and qualitative research. In recent years, a third type of research, mixed methods research, has become very popular. Mixed methods research "employs data collection associated with forms of data for both quantitative and qualitative research" (Creswell, 2002).

Quantitative research uses objective measurements and statistical analysis of data that is collected from a well-controlled setting. Qualitative research involves intensive narrative data collection in order to understand the way things are and to gain insights into how things got to be that way and how people feel about the way things are (Gay and Airasian, 2003). Qualitative data is collected in natural settings and focuses on understanding social phenomena from the perspective of the human participants in the study (Ary, Jacobs and Razavieh, 2002). The purpose of using the mixed method approach in this study was to maximise positive aspects of the two methods and create highly accurate data.

For the purpose of this study, a combination of quantitative and qualitative research methodology was applied to enable the researcher to have an in-depth understanding of the phenomenon and to uncover general laws of linkages that are applied in HCBC. This involved the collection of data by means of in-depth interviews using semi-structured questionnaires and focus group discussions. The rationale for this was to analyze how much assistance is available to HCBC organizations in Limpopo which ranges from government assistance, international NGO's, banking institutions and assistance from the business sector. HCBC organizations alleviate unemployment as government suggests, and the Limpopo Province can hopefully look forward not only to lower unemployment figures, but also reduce poverty and better economic and social situations by intensifying the services rendered by HCBC organizations.

3.3 Population

Welman et al., (2005) relate that a population encompasses the total collection of all units of analysis upon which the researcher will make specific conclusions.

The targeted population of the study comprised registered HCBC organizations in the Greater Giyani Municipality providing home based care services to communities. The Greater Giyani Municipality has registered a total of 102 NGOs with the Department of Social Development as Non-Profit Organizations and 65 of those organizations are funded by the Department of Health, Limpopo Province to provide comprehensive health care services for chronic diseases including HIV & AIDS and TB. Therefore, the population of the study was the 65 registered and funded HCBC organizations in the Greater Giyani Municipality, Limpopo Province.

3.4 Sampling

A sample is "a subset of a larger population that has been selected for the inclusion in the study" (Fouche, 2005). The sample studied was purposively selected so as to achieve the goal of this study. The researcher selected those organizations with not less than 3 years of active involvement in HCBC and funded by the Department of Health. Purposive sampling was used because the researcher was targeting Project Managers and Programme Coordinators who would provide comprehensive information regarding creation of work opportunities within the HCBC programme.

3.5 Sampling techniques

A purposive sampling technique was used to select key members of programme management at NPO, sub-district and local levels for the study i.e. the researcher purposefully selected the specific participants who were willing to provide rich information needed in order to gain an insight on issues of work opportunities created for the unemployed in the HCBC sector. The researcher targeted the NPO Managers of the targeted NPOs and HCBC Program Coordinators from the Department of Health, Mopani District, to provide comprehensive information regarding creation of work opportunities. Random sampling was used to select respondents from among the Community Care Givers (CCGs) contracted by NPOs and NPO Programme Coordinators to participate in focus group discussions in each of the local areas within the Greater Giyani sub-district.

3.6 Sampling size

55 HCBC organizations with 3 (three) years of active involvement in HCBC and funded by the DOH were involved in the study. The reason for selecting all was that the size was manageable and all were easily accessible. The 55 HCBC organizations were operating at different levels; therefore the researcher acquired a deeper understanding of the phenomenon of job creation and the recruitment criteria used by these organizations. Targets set for sample size were from various structures and persons, for completion of questionnaires and participation in focus groups discussions. This was done for the purpose of ensuring representation at all levels that could provide valid data to investigate the extent to which objectives were

met. The total sample size for this study was 55 NPOs and table 1 below provides the targeted figures for the study.

Table 1: **Summary of sample size: Local areas, NPO Management teams, number of focus group discussions *and number participating in focus groups.***

District	Sub-district	Local area	Number of NPOs	NPO Management team	No. of focus groups	No. of people in focus groups
Mopani	Greater Giyani	Basani	8	8	1	15
		Giyani	26	26	1	20
		Kremetart	10	10	1	15
		Dzumeri	11	11	1	15
TOTAL			**55**	**55**	**4**	**60**

Table 2: Designation of persons from the NPOs in the focus groups discussion

Designation of participants	Number of people attending	Percentage
Project Manager	10	16%
Care Giver Coordinator	10	16%
Care Givers	40	66%
Total	**60**	**100%**

3.7. Data collection

Burns and Groove (2005) define data collection as ‘the precise, systematic gathering of information relevant to the research purpose’. It is also important that the researcher should be familiar with the data collection method to be used as well as its advantages and disadvantages.

Data were collected by the researcher herself, to maintain consistency in asking questions and probing. Data were collected over a period of two months. A mixed method of research was employed to collect data for both quantitative and qualitative

research. This involved the collection of data by means of in-depth interviews using semi-structured questionnaires and focus group discussions.

Questionnaires were also used to obtain information. According to Rossouw (2003:129) a questionnaire is considered an appropriate method of research if the individual is the unit of analysis. It is one way of ascertaining opinions, perceptions and reports of individual behaviors.

The advantage of using questionnaires is that it is low in cost and does not require a lot of personnel and organizations. The questions are in writing and the respondent can read through them a couple of times if it is a complex issue. The disadvantages, however, are that the response rate (when using mail survey) is usually low. The researcher also loses the opportunity to probe, gain any advice or assistance from the respondents and/or clarifies any misconceptions (Rossouw, 2003: 129).

The limitation of this method was addressed by face-to-face method of data collection because of its highest response rate and it is suitable for collecting complex information.

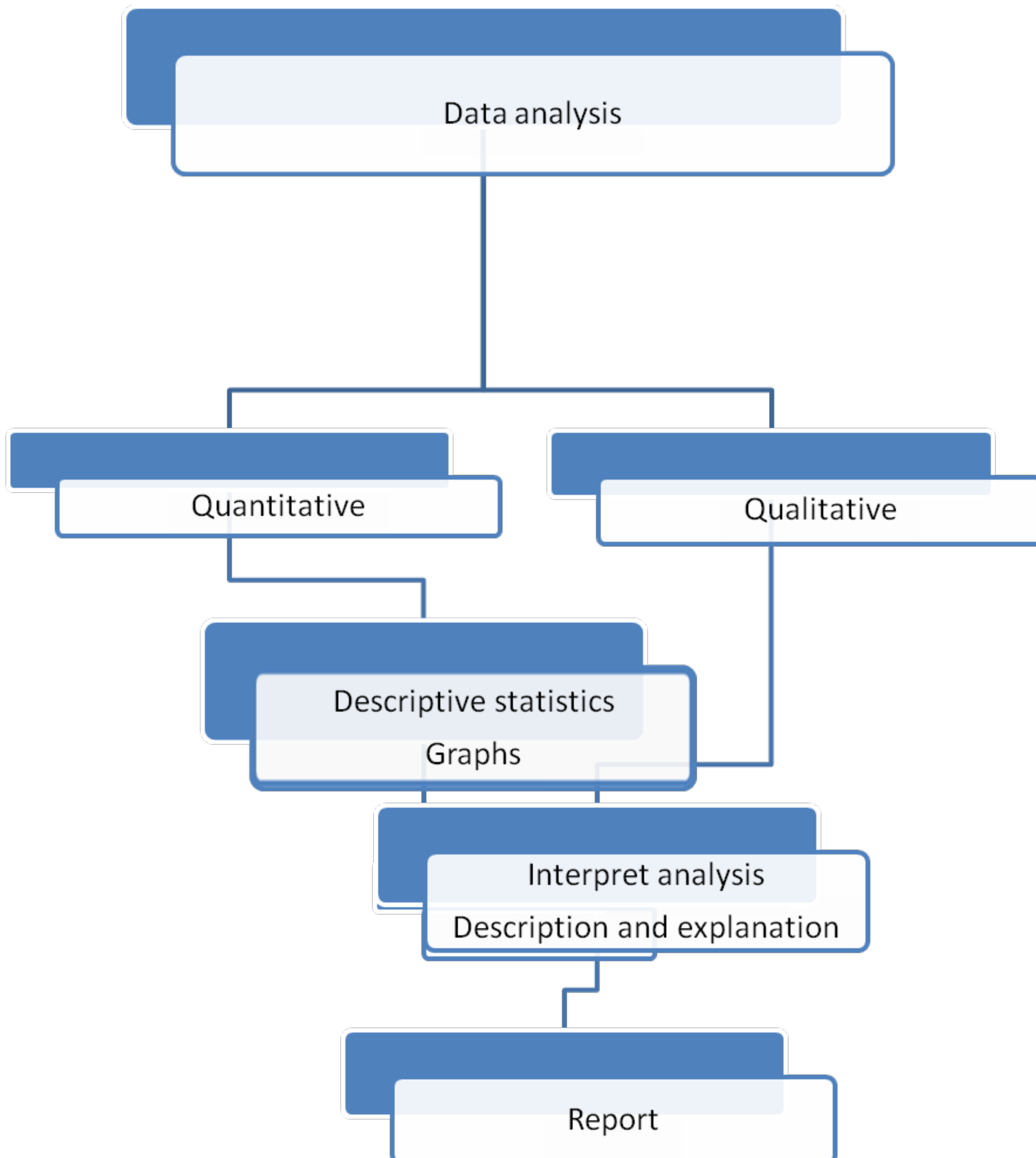
A questionnaire was drawn up to gather information in order to realize the objectives of the study. The information contained in the literature review was used to guide the researcher in drawing up the questionnaire. The researcher used a range of question types including open, closed, dichotomous and multiple-choice questions. The questionnaire was semi-structured, suitable to collect both qualitative and quantitative information.

3.8. Data analysis

Data analysis is the systematic organization and synthesis of research data and is the testing of the hypothesis (Polit and Beck, 2008). Based on the questions in the questionnaire and possible responses a code book was designed. The code book assigned a number to each question and a response given on the questionnaire. For example, a number 1 would be assigned for a “YES” or number 2 assigned for a “NO”. The researcher then, using the code book, recorded the assigned number on the questionnaire as a preparation for date entry.

The qualitative data was used to design the quantitative component. Using the questionnaire and the code book, a data entry screen was designed in Microsoft ACCESS. The researcher then entered data into the access data base using the designed screen. Quantitative results were tabulated and presented graphically. The analysis focused on objective investigation of the impact of HCBC as a strategy to create work opportunities for the poor in Greater Giyani Municipality, Limpopo.

Figure 2: Data analysis methodology structure



3.9. Validity and reliability

Neuman (2000) asserts that both validity and reliability are core issues in all measurements because both are concerned with how concrete measures are connected. To ensure content validity of the data collected in this study, the data collection instrument was drafted using the literature review, research objectives and research questions to verify the relationship and that the data collected using the instrument would address the research objectives and questions. An independent evaluator, in this instance the supervisor, was given the instrument to verify its validity and reliability to avoid any bias in the instrument.

The duration of the interview sessions did not exceed 30 minutes. This means that the interests and concentration of the interviewee were maintained. Keeping the interviewee focused ensured that the data being collected was valid and reliable. Pilot and Beck (2008) propose that it is easier to persuade people to take part in a study if the instrument being used has face validity. To achieve this in the study, the instrument was piloted for the purpose of making changes where inconsistencies or discrepancies were found.

3.10. Limitations

There are limitations that could undermine the quality of this study. Firstly, this study does not intend to cover all aspects that relate to HCBC organizations investigated in any study. This study is intended to investigate the impact of HCBC organizations in creating work opportunities for the poor in Greater Giyani.

The second limitation is that the study was only confined to one municipality in the Limpopo Province and also focused on organizations funded by Department of Health and yet there are various HCBC organizations funded by different donors in creating work opportunities for the poor, which then poses a challenge particularly in generalization of findings and conclusions made.

Finally, the researcher has chosen to document responses of participants during focus group discussions, instead of recording individual responses. To avoid limitations to the study, the researcher combined focus groups discussions with the

quantitative method of data collection (a mixed method approach). The data collection methods were pilot tested in order to identify and deal with any limitation issues and ensure that relevant and reliable data was collected.

3.11. Ethical considerations

According to Welman et al, (2005), ethical behavior is important in research as in other fields of human activity. Ethical considerations come into play at three stages of a research project, namely:

- When participants are recruited
- During the intervention
- In the release of the results

The researcher obtained approval from the Ethical Committee of the Limpopo Department of Health to conduct the study. Prior consent of participants was obtained (in writing) before the research commenced. Steps were taken to protect and ensure the dignity and welfare of all participants, as well as those who may be affected by the results of the research project. The researcher fully explained the purpose of the research and assured confidentiality in terms of non-disclosure of participants' names without their permission. No harm will befall the respondents. The respondents were assured of privacy, anonymity and confidentiality which were maintained during the course of the study. Participants were not be coerced into participating in research; and they were given the opportunity to withdraw at any given time during the research.

3.11.1. Informed consent

The research participants have a legal right to informed consent. They should be provided with adequate information regarding the goals, procedures, process as well as advantages and disadvantages of the research (Welman et al., 2005). Human beings need to be treated as autonomous agents who have the freedom to conduct their lives as they choose without external controls (Burns and Grove, 2005; Polit and Beck, 2004). To observe this, informed consent was obtained from all the

participants after being given adequate information concerning the nature and purpose of the study, methodology, the possible benefits and risks associated with participation in the study.

3.11.2. Privacy

Privacy can be viewed as applying to “that which normally is not intended for others to observe or analyse” (Strydom: 2005). The respondents were assured of their right to their privacy. Their privacy was maintained during the course of the study. Strydom (2005) reminds any researcher to ensure that privacy and identity of research participants is always respected.

3.11.3. Confidentiality

The respondents were informed that their identity will remain anonymous. No harm will befall the respondents because of their participation in the study. Their confidentiality was maintained during the course of the study. The researcher dealt with confidentiality issue by not using participants’ names in the research report. This was done to ensure that participants remain anonymous as per their right (Strydom, 2005).

3.12. Conclusion

This chapter focussed on the methodological approach followed in gathering data and answering the research questions. The research design was unpacked and why this particular design was selected. The research population was described as the registered HCBC organizations in the Greater Giyani Municipality implementing the Home Community Based Care Services. The method of data collection was discussed.

The questionnaire was semi-structured, suitable to collect both qualitative and quantitative information. The ethical and legal considerations that were observed by the researcher were presented as well as how practical the researcher ensured that these ethical and legal considerations were respected.

CHAPTER 4

DISCUSSION, PRESENTATION AND INTERPRETATION OF FINDINGS

4.1. Introduction

This chapter deals with the results of the qualitative and quantitative data analysis of the study. More specifically, the findings of the study are interpreted and discussed broadly. The respondents from 50 organizations in the Greater Giyani Municipality are grouped and discussed according to major protocols of the questionnaire. There are fifty variables or factors to be analyzed and reported on. These factors are grouped according to the following: Baseline information, Environmental protection, Contribution to the local economy, making changes, the local Home Based Care climate, project plans, and expansion and retention challenges.

The research questions that guided this study were as follows:

- What are linkages that exist between HCBC and EPWP within the context of the legislative frameworks?
- How effective is Home Community Based Care (HCBC) to create job opportunities for the poor?
- What types of jobs are created by HCBC organizations?
- To what extent do HCBC organizations participate in the mainstream economy?
- What issues impact on the sustainability of the HCBC organization in the Greater Giyani Municipality in Limpopo?

Thus the aim of this study was to investigate the impact of Home Community Based Care as a strategy to create job opportunities for the poor in the Greater Giyani Municipality in Limpopo. Literature was reviewed to get an understanding of strategies and approaches used by Home Community Based Care organizations in creating work opportunities for the poor. The extent to which HCBC organizations in the Greater Giyani Municipality were involved in creating job opportunities for the

poor was also reviewed. This chapter concludes with the summary of the main findings of this study and then the implications of the findings are examined within the development approaches of the present government and development in general.

4.2. Data management and analysis

Quantitative method was used to analyze the data. The analysis was based on the data obtained from the questionnaires. Based on the questions on the questionnaire and possible responses a code book was designed. The code book assigned a number to each question and a response given on the questionnaire. The researcher then used the code book record in preparation for data entry.

Using the questionnaire and the code book, a data entry screen was designed in Microsoft ACCESS. Data was then entered into the access data base using the designed screen. When all questionnaire responses were entered, the database was cleaned. After data was converted into access spread sheet, data was edited. This process of cleaning and editing was part of data checking, verification and validation.

For analysis of the research data, a quantitative approach was followed, where the data were converted and exported into Microsoft Excel. Using Excel, the data were further verified and validated. Basic data frequencies were manually done using Excel. Where percentages were required, they were calculated using Excel to ensure accuracy of the calculations. The frequencies done were then used to create graphs using the Excel charts creation.

The findings of this study will be presented using the major protocols of the questionnaire as the point of departure.

4.2.1. BASELINE INFORMATION

The elements investigated to gather the baseline information of Home Based Care Organizations in the Greater Giyani Municipality are listed next and discussed separately.

- Questionnaires distributed and category of respondents to the questionnaire.
- Project operating years
- Jobs created by gender
- Annual turnover

4.2.1.1. Questionnaires distributed and category of respondents to the questionnaire

A total of fifty five (55) questionnaires was distributed to NPOs implementing Home Community Based Care services in the Greater Giyani Municipality. Out of these, a total of fifty three (53) questionnaires was received. Three (3) questionnaires were discarded since they were not fully completed. Ninety four per cent of questionnaires were correctly completed and useful for this research purpose, while 6% of questionnaires were discarded. Thus, the findings of this study comprise the responses of fifty (50) representatives from NPOs implementing HCBC services.

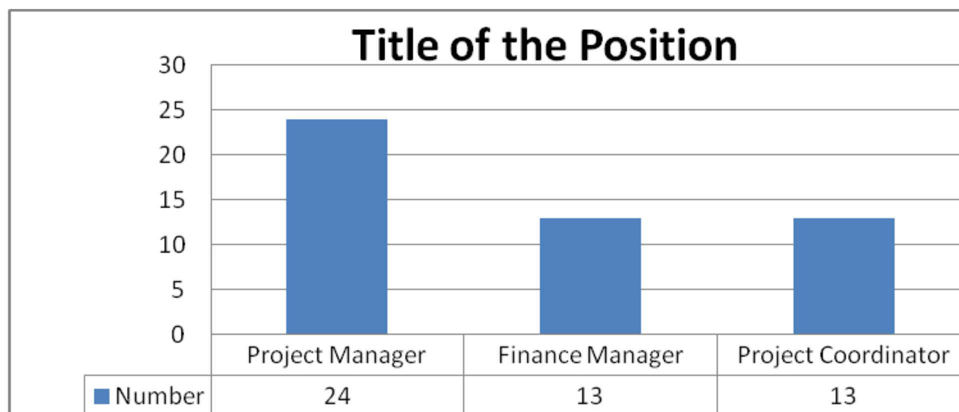


Figure 3: Categories of respondents to the questionnaire

The graph above represents the position of project management team members of NPOs respondents to the questionnaire.

The Project Manager in this study refers to the person appointed by the organization as an overseer of the day to day operations of the organization including developing annual strategic and annual plans. The Finance Manager is responsible for ensuring effective financial and administrative processes of the organization. The Project Coordinator coordinates and supervises daily activities of Community Care Givers contracted by the organization.

The District Officials of the Department of Health assisted in the distribution and collection of questionnaires. They were deemed reliable, knowledgeable and willing to explain fully the purpose of the research to NPO representatives. Furthermore, the representatives of NPOs who completed the questionnaire were staff members at a managerial level. Literature was reviewed to get an understanding of strategies and approaches used by other countries in creating job opportunities and in alleviating poverty through the HCBC organizations.

4.2.1.2. Project operating years

The majority of organizations in Greater Giyani were established during the transition to a democratic dispensation. The findings support what Makino (2003) argued that during the transition to a democratic dispensation, NGOs played an important role as advocates for social and legislative change and job creation.

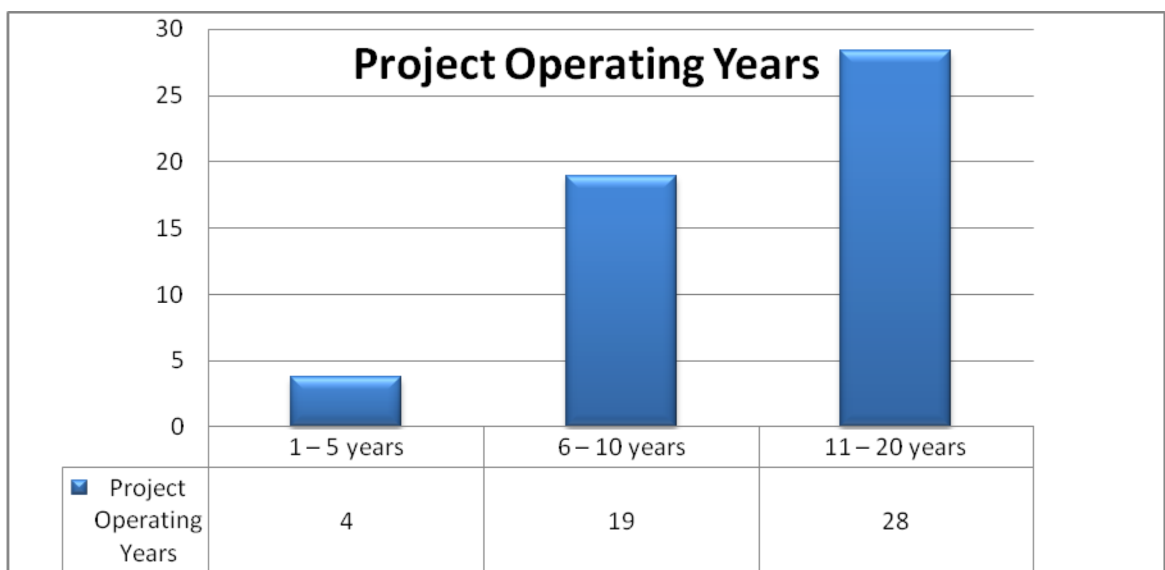


Figure 4. Years of operation of HCBC organizations in Greater Giyani

This collaborative relationship between civil society and government was articulated by Dr. Zola Skweyiya, former Minister of Social Development, who stated that the expectations of government are that NGOs will assist in expanding access to social and economic services that create jobs and eradicate poverty among the poorest of the poor (Buis, 2011).

Figure 4 above, gives an indication of years of operation of HCBC organizations that participated in the study. The majority of HCBC organizations (56%) have been in operation and implementing HCBC services in Giyani for a period of eleven years and above, which implies that the HCBC programme, in particular, as part of the social sector Expanded Public Works Programme (EPWP), is a flagship public employment programme.

4.2.1.3. Job creation by gender

Phillips (2004) argues that one of the stated goals of the EPWP is to create jobs and reduce poverty amongst those who find themselves excluded from the mainstream economy. A total of 1620 jobs were created within the NPO sector implementing the HCBC services. According to the World Bank Report, public works programmes can be used as an effective anti-poverty or safety net intervention to protect the poor by redressing both seasonal and temporal jobs, while creating useful goods or services for communities (Del Ninno, Subbarao and Milazzo, 2009), cited in 2.4 of chapter two of the literature review.

Figure 5 below depicts that in Greater Giyani, the Home Community Based Care services are provided mostly by women which reflects the pro-poor nature of the investment in social care. Antonopoulos et al., (2005) cite that creation of employment for the poor households represents an injection of capital into the economy in the form of wages and payments.

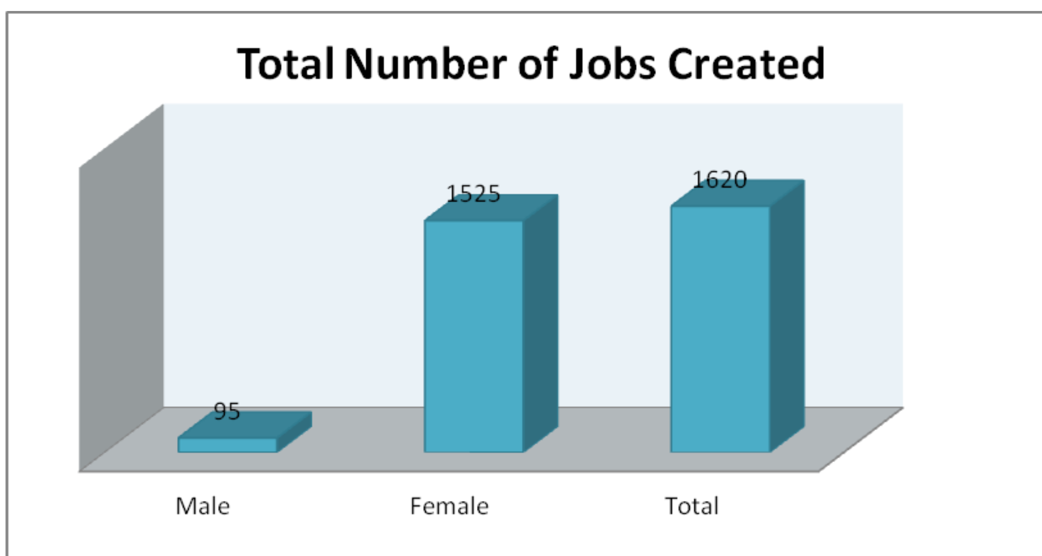


Figure 5. Total number of jobs created by gender

Creation of work opportunities for the rural poor will bring about positive changes in employment, growth and poverty reduction for participating households. As general income levels increase and the poor start participating in the mainstream economy, it is possible that some forms of fiscal contributions will end up increasing government revenues.

The evidence here supports what Antonopoulos et al., (2005) argue, namely that poor women are primarily the main providers of services within the social sector, the HCBC sector in particular. Among poor women, who are primarily the main providers of unpaid care work for their households and communities that enhances provisioning of basic social services is of extreme importance. A gender informed analysis in Fig 5 above, recognizes women as the bearers of responsibilities for the social sector activities and main providers of services within the social sector.

It is also argued by Glenton et al., (2010) that females, even if less schooled than male counterparts, often are superior Community Care Givers (CCGs) because of the cultural acceptability for them to conduct household visits, their familiarity with child health and their attachment to the community. Furthermore, they are less likely to abandon their posts as CCGs for better opportunities, therefore mitigating the costs of retraining replacement CCGs.

4.2.1.4. Annual turnover

Figure 6 below indicates the annual turnover of HCBC organizations in 2012. These findings show that 71% (36) of NPOs in Greater Giyani have a turnover of above R500 000 per year per organization and only 4% (2) of NPOs in Giyani have an annual turnover of R100 000 per year. The main source of funding is government funding and mainly for paying salaries or stipend of community care givers. The annual turnover of all funded HCBC organizations in the Greater Giyani Municipality is 100% government funding.

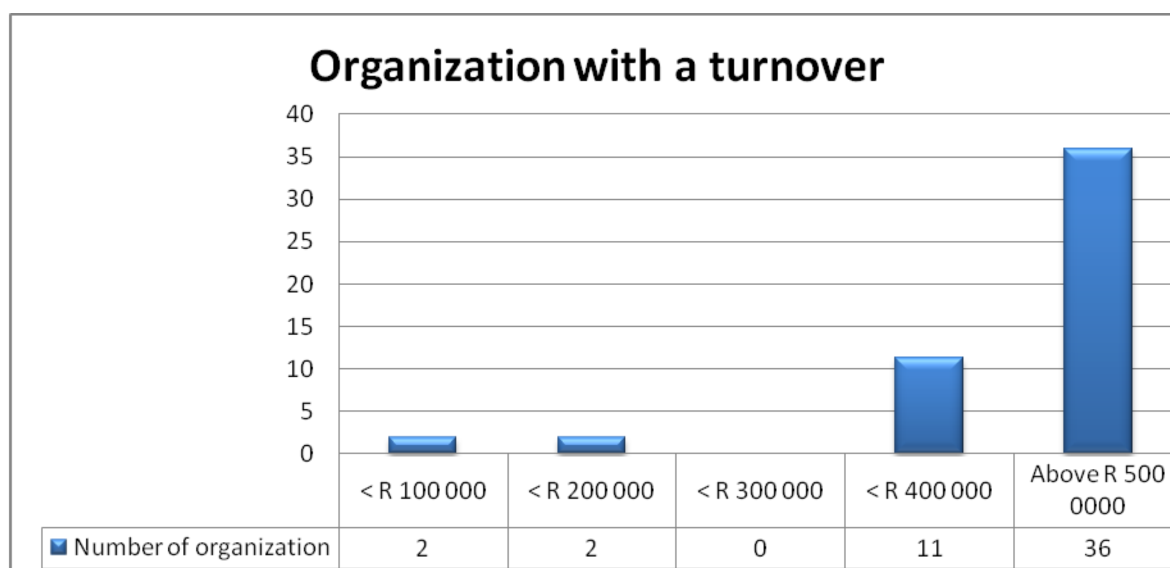


Figure 6: Annual organizational turnover

These findings strengthen the point that most Non-Profit Organizations are not financially sustainable and they do not regard sustainability as a key to their functionality. It was further argued by Antonopoulos and Kim (2008) that the partnership between government and NPOs implementing Home Based Care services were designed with these distinct benefits in mind: Funding set aside by the state for participating NPOs, simultaneously setting an equitable wage floor for all. The importance of government providing financial support to NPOs in this context is that they can reduce unemployment and unpaid work by creating jobs for both women and men thus ensuring their participation in the mainstream economy.

This is consistent with the collaborative relationship between civil society and government as articulated by Dr. Zola Skweyiya, former Minister of Social Development, who stated that the expectations of the government are that NGOs will

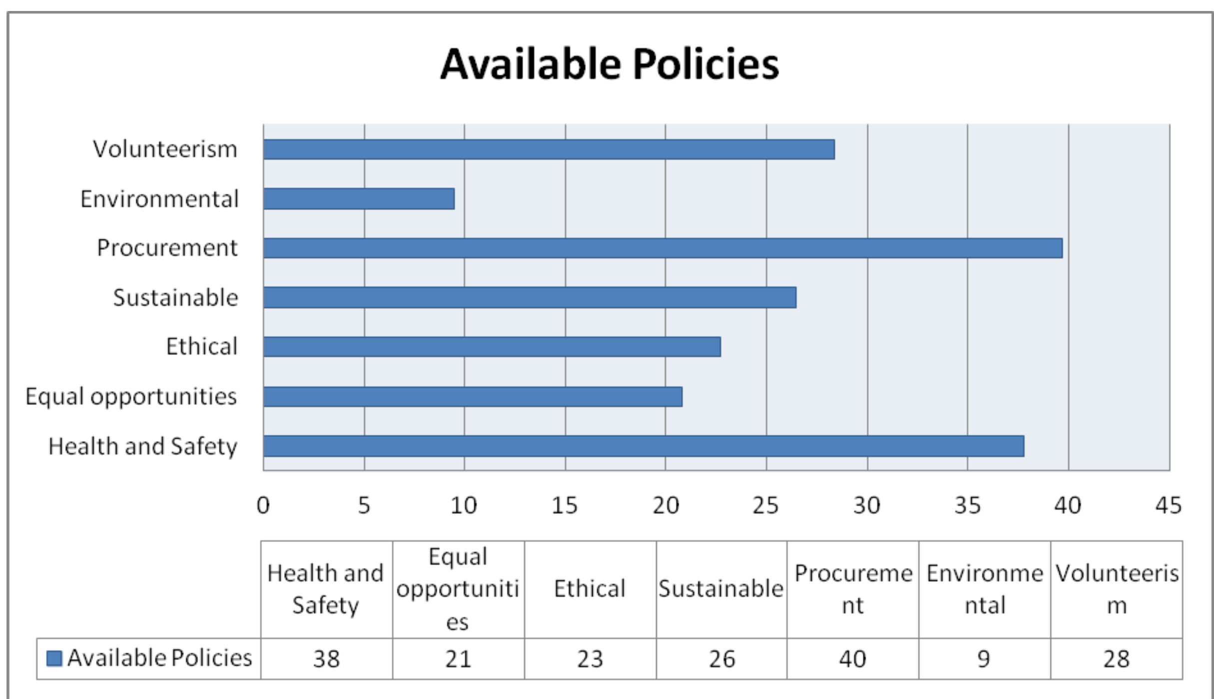
assist in expanding access to social and economic services that create jobs and eradicate poverty among the poorest of the poor (Buis, 2011).

4.2.2. ENVIRONMENTAL PROTECTION

Environmental protection is a key to meeting major organizational objectives. Elements assessing environmental protection of organizations in this study will include available policies guiding day to day running of the organizations, plans to develop policies, priorities given to sustainability policies and the main source of income of community members around Giyani.

4.2.2.1. Available policies in HCBC organizations

Organizational policies should be consistent with the environment, and should make sense with respect to what is going on outside, which means that policies should be suitable to the existing environment. Organizational policies provide guidelines for action and assist the organization in achieving major organizational objectives.



	Health and Safety	Equal opportunities	Ethical	Sustainable	Procurement	Environmental	Volunteerism
Available Policies	38	21	23	26	40	9	28

Figure 7: Organizational policies

According to the results of this study, most organizations have policies which serve as directives to manage the organizational activities. Fig 7 above displays the policies available in various organizations. These policies include procurement (40 organizations), Health and safety policy (38 organizations), volunteerism policy (28 organizations), sustainable policy (26 organizations), ethical policy (23 organizations), ethical policy (23 organizations) and equal opportunity policy (21 organizations).

Notwithstanding the fact that management and good leadership are key factors that contribute to the success of NPOs, it is a concern that 24 organizations do not have the sustainability policy, which is a key to organizational strengthening and continued service delivery even in times of economic turmoil. Non-Profit Organizations must constantly strive for sustainability. The sustainability of the HCBC programme is under threat with regard to lack of sustainability policy by most organizations. It is imperative that organizations develop sustainability policies to ensure a systematic continuum of care.

4.2.2.2. Sustainability policy a priority

York (2011) argues that Non-Profit Organizations, like all other institutions, wrestle continually with the question of how to keep going and to improve their lot, especially during today's economically difficult times. It is important that Non-Profit Organizations constantly strive for sustainability. A question was asked if organizations considered sustainability as a priority.

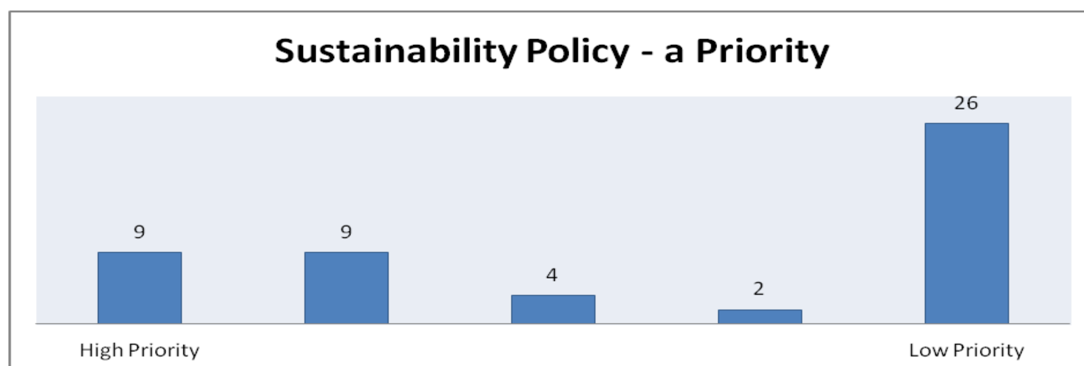


Figure 8: Sustainability policy- a priority

It is a very serious concern that the findings in Fig 8 above indicate that 26 NPOs rate a sustainability policy as a very low priority and only 9 NPOs regard it as high priority. The TCC Group (2009) argues that leadership of both the staff and board is the answer to sustainability, whilst other authorities believe that the solution lies in the organization's ability to develop an implementable a sustainability policy which clearly outlines how additional revenue will be generated for the organization.

4.2.2.3. Main source of income in the Greater Giyani Municipality

In a study conducted in South Africa to determine the level of unemployment in South Africa, unemployment increased by more than 12% between 1994 and 2005 (Kingdom and Knight, 2006). The study found that the increase in unemployment was the result of a great divergence in the growth of labour supply and labour demand, partly due to low economic growth. The study reviewed government policies to alleviate unemployment, especially public works programmes and skills training programmes and made a conclusion that public works programmes including HCBC programmes may alleviate unemployment if implemented accurately (Kingdom and Knight, 2006).

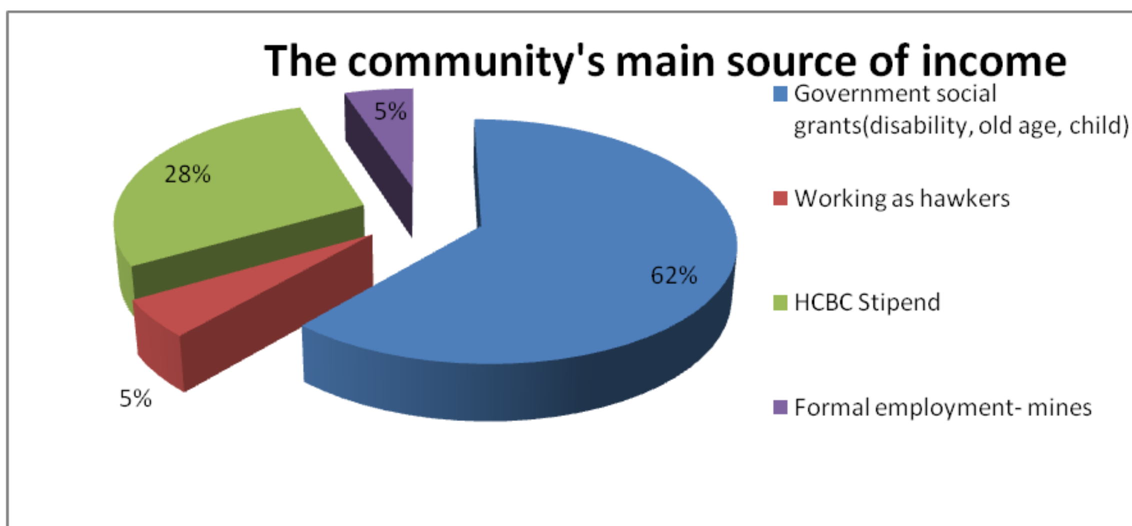


Figure 9. The community's main source of income

The current study reveals that the main source of income for the people of the Greater Giyani Municipality comes from government social grants i.e. disability, old age, child support etc. Stipend for Community Care Givers is the second highest source of income followed by formal employment and workers as hawkers. The above findings clearly indicate that the main source of job creation within the municipality is through the HCBC organizations.

4.2.3. CONTRIBUTION TO THE LOCAL ECONOMY

Elements investigated to assess the contribution of the HCBC organizations to the local economy were looking at employment created through formalized HCBC organizations to Community Care Givers. Creating employment for Community Care Givers also created an income to these care givers. The elements assessed investigated factors such as number of jobs created, average jobs created across organizations, care givers on stipend and total annual salaries provided.

4.2.3.1 Jobs created by each organization

Figure 10 below supports the argument of Buis (2011), that the expectations of governments are that NGOs will assist in expanding access to social and economic services that create jobs and eradicate poverty among the poorest of the poor (Buis, 2011).

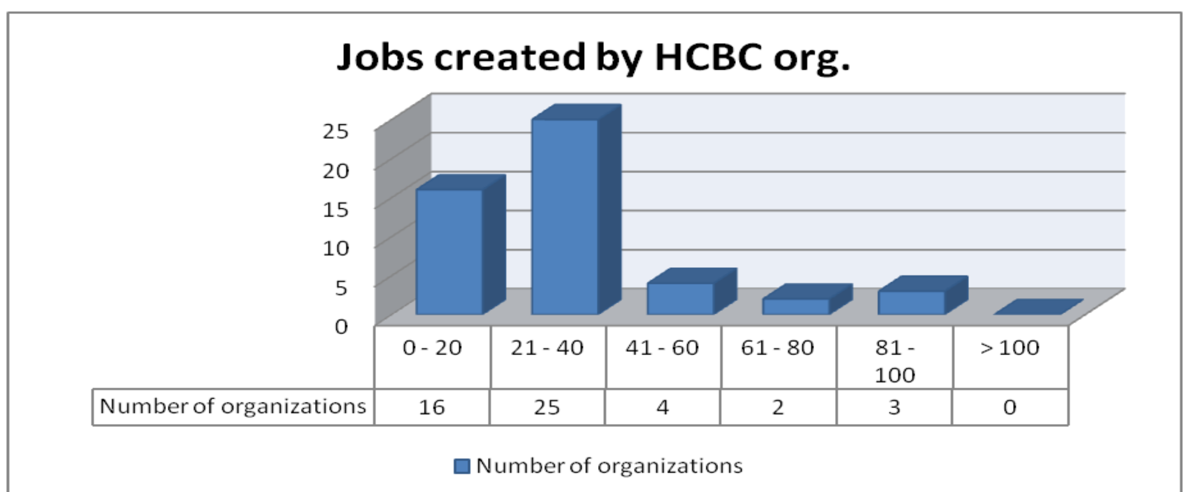


Figure 10. Average number of jobs created by HCBC organizations

Fig 10 above indicates the number of jobs created by HCBC organizations. This graph represents the total number of care givers within organizations participating in the mainstream economy across HCBC organizations in the Greater Giyani Municipality. The majority of NPOs create about 21-40 job opportunities for people who are excluded from the mainstream economy. Figure 10 above supports what Antonopoulos (2008) argues, namely that persistent high unemployment rates in South Africa compelled government to introduce the EPWP as a direct job-creation strategy.

4.2.3.2 Average job numbers created across organizations

Antonopoulos (2009) further argues that the HCBC sector consists of job opportunities provided to unskilled, unemployed, poor individuals who work on projects that are labor intensive. HCBC programme is a government-led initiative aimed at drawing a significant number of unemployed South Africans into productive work in a manner that will enable them to gain skills and increase their capacity to earn an income.

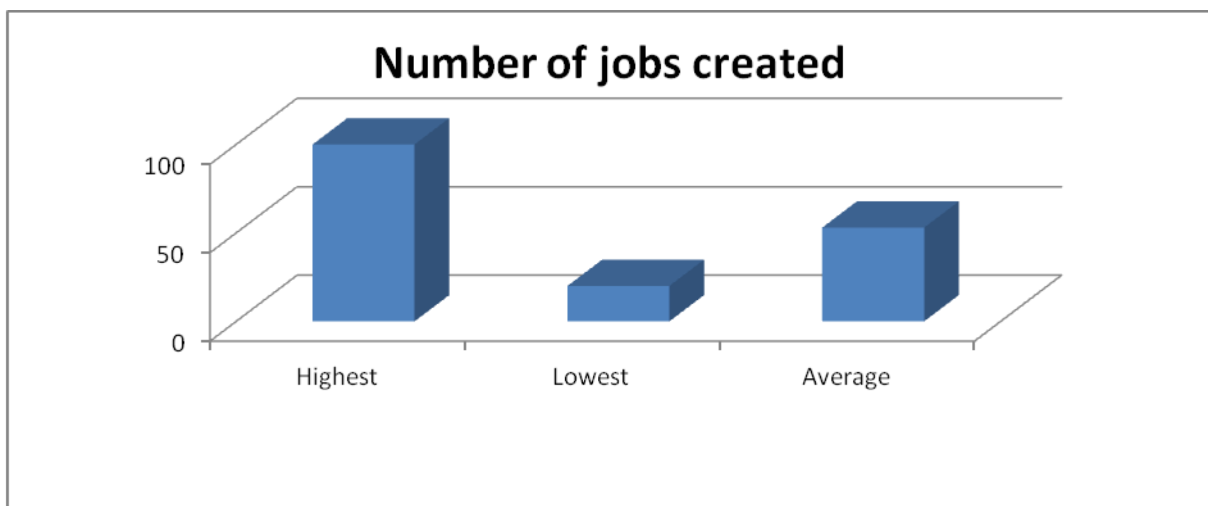


Figure 11. Average jobs created across organizations

Figure 11 above displays the average number of care givers across HCBC organizations in the Greater Giyani Municipality for a period of three years. The NPO with the lowest number of care givers for a three year period recruited a total of 20 CCGs.

The NPOs with the highest number of care givers for a period of three years contracted about 100 CCGs. The findings reveal the highest number of care givers contracted by NPOs were about 100 care givers per NPO.

4.2.3.3. Total number of care givers on stipend *(remuneration)*

One of the stated goals of the EPWP is to create jobs and reduce poverty amongst those who find themselves excluded from the mainstream economy. According to the recent estimates 30% of the population live below the poverty line (Statistics S.A., 2005). To redress the severity of unemployment, part of the accepted policy response includes employment creation through EPWP. By its very nature social sector job creation is highly employment intensive as its activities are primarily service delivery focused (Antonopoulos, 2008).

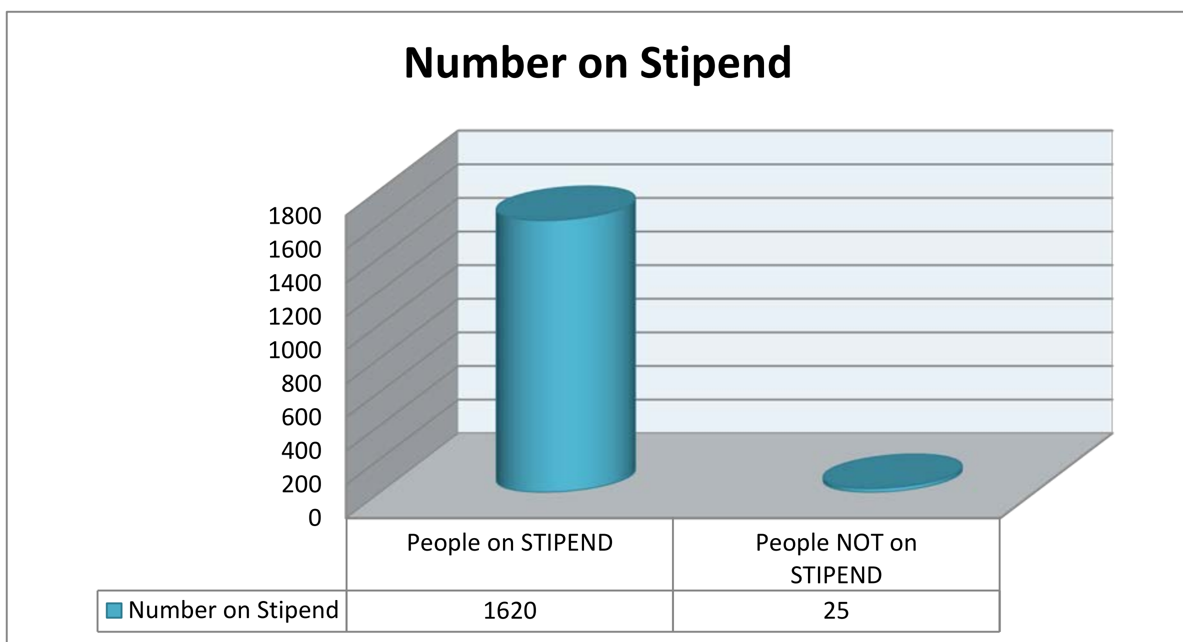


Figure 12**.** Number of care givers on stipend

Figure 12 above indicates the number of Community Care Givers contracted by HCBC organizations and further provides information of the total number of care givers provided with a stipend as a form of remuneration. This figure represents the number of care givers participating in the mainstream economy across HCBC organizations in the Greater Giyani Municipality creating job opportunities for communities. Home Community Based Care organizations in Greater Giyani are a

stepping stone to employ the rural poor who are excluded from the mainstream economy. Job creation initiatives by NGOs were supported by the launching of the Expanded Public Works Programme in 2005 by the then President Thabo Mbeki at Sekhunyani Village, seven kilometres from Giyani Town on the Tzaneen Road.

Antonopoulos and Kim (2008) argue that as most of the workers in the HCBC programme come from the poor households, implementation of a monthly stipend would alleviate unpaid care work. Workers would provide services while at the same time earning a monthly stipend for their services. The programme will further benefit the ultra-poor with minimal educational attainment by providing them with on-the-job training and jobs that do not require much immediate training (Antonopoulos and Kim, 2008).

4.2.3.4. Total salaries paid out by HCBC organizations in 2012

EPWP Version 5 targeted Home Community Based Care as one area within existing departmental budgets and how the Sectoral Education Training Authority (SETA) budgets will be used and integrated to provide funding to HCBC organizations for the purpose of creating jobs as policy response to poverty alleviation.

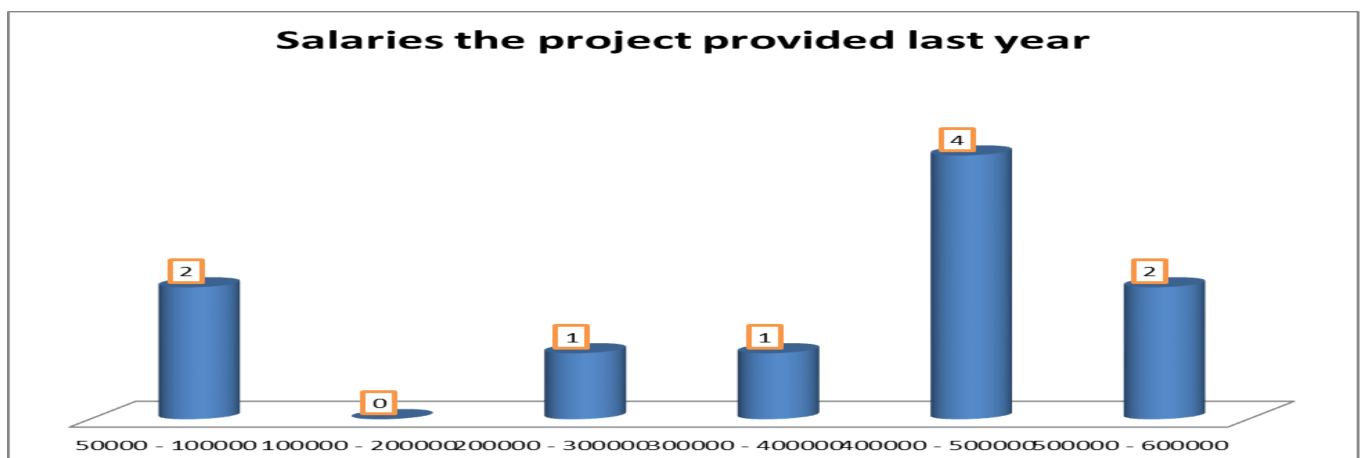


Figure 13: Total salaries paid out by organizations in 2012

The cost of salaries above indicates the total amount of salaries or stipend paid to care givers during the past financial year. The cost of stipend per care giver is calculated at R 66.00 per person per day, which means that an organization with 37 care givers will cost the government an amount of R586 080 / year, calculated at R1320 per care giver and month X 37 care givers x 12 months. The figure above

shows that the main cost drive for HCBC organizations in Giyani is on salaries paid to care givers instead of service delivery costs.

4.2.3.5. Educational levels of care givers contracted by HCBC organizations

It is argued by Antonopoulos et al. (2010) that HCBC programmes were relatively more effective in providing jobs to people with the least education. It is observed in Fig 14 below that HCBC organizations in the Greater Giyani Municipality created job opportunities for people with the least education. According to this study 7% of organizations which participated in this research contracted care givers with an educational level of between grade 1-3 and a satisfactory number of care givers with grade 10-12.

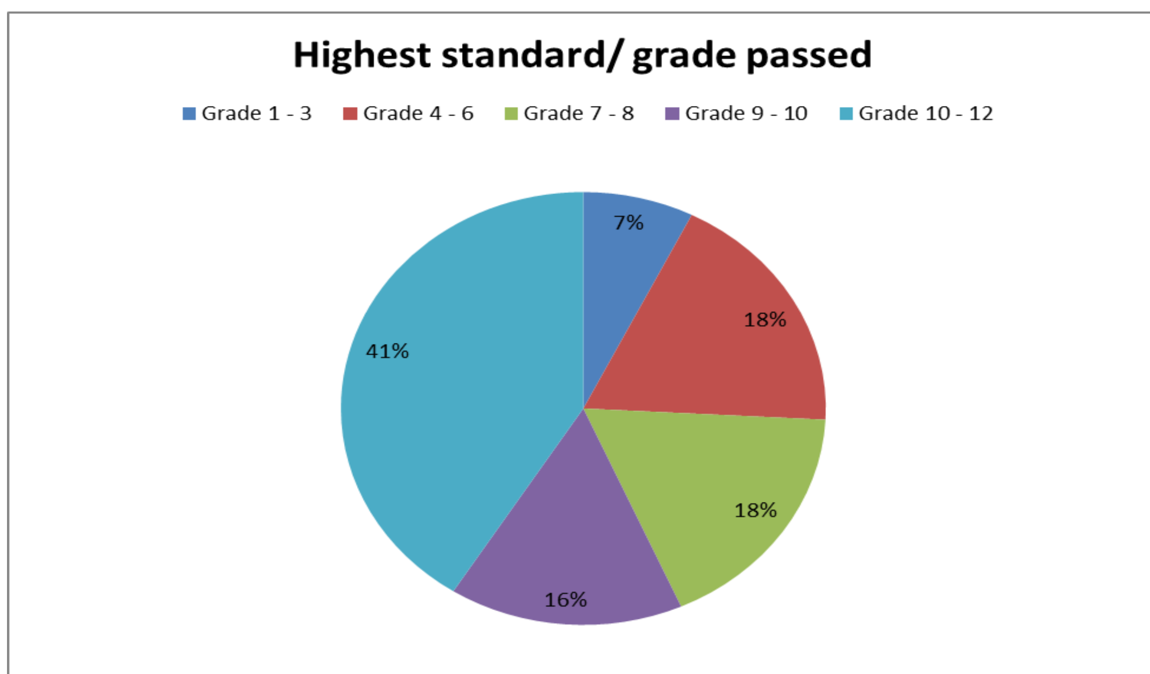


Figure 14: Educational levels of care givers

Fig 14 above depicts the educational levels of care givers contracted by various HCBC organizations in the Greater Giyani Municipality. 7% of HCBC organizations contracted care givers with educational levels of between grade 1-3, 18% contracted care givers with educational levels of between grade 4-6, 16% contracted care givers

with educational levels of between grade 9-10 and 41% of organizations contracted care givers with educational levels of between grades 10-12.

4.2.3.6. Care givers as breadwinners

Kakwani et al. (2004) claim that job creation within the HCBC sector allocates jobs in a manner that result in pro-poor growth. In South Africa, the Home Community Based Care services are provided mostly by women from low-income households. That accounts for the pro-poor nature of the investment in social care. Poverty reduction follows naturally, as the stipend earnings contribute to the workers' household income. The depth of poverty predetermines the extent to which the external margin of poverty is reduced. Regardless, the stipend offered to care givers attributes to the reduction in the internal margin of poverty.

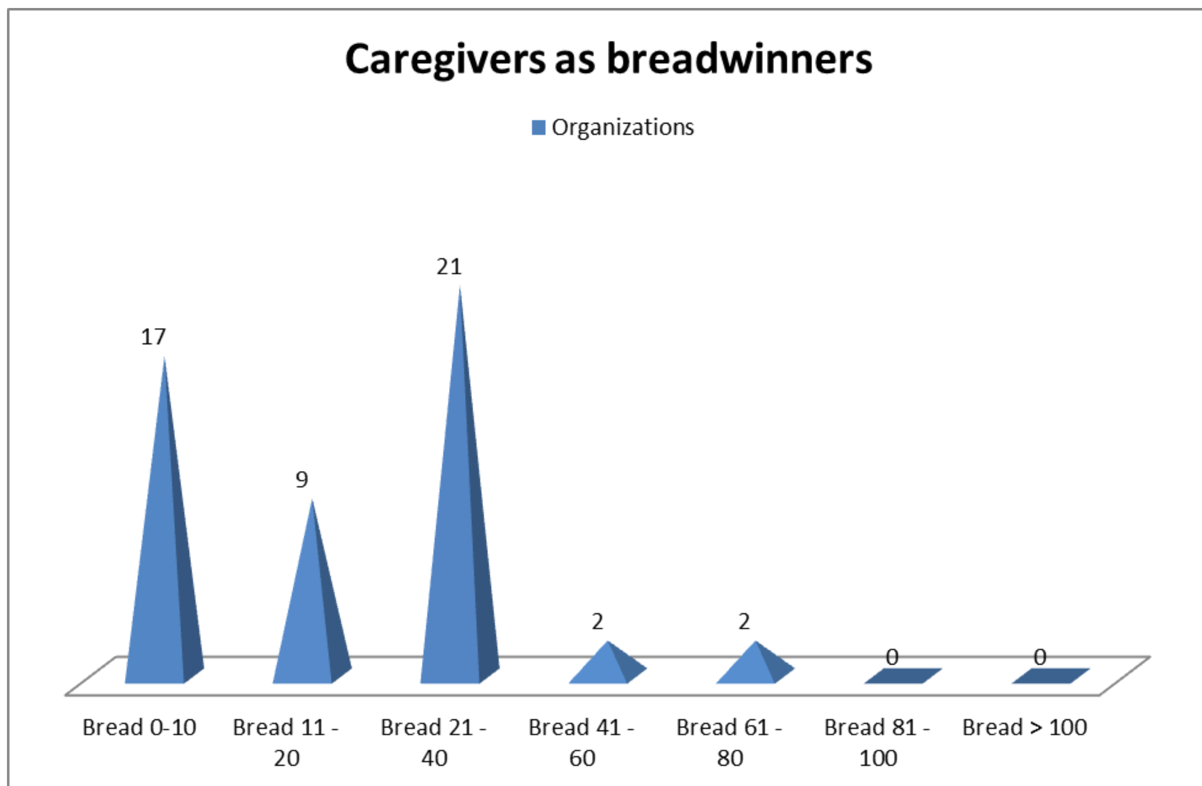


Figure 15**:** Care givers as breadwinners

Fig 15 above indicates that HCBC organizations that participated in the study have care givers that serve as breadwinners within their households and 21 organizations that participated in the study have about 21-40 care givers serving as breadwinners

within their households. The stipend earnings by care givers attributes to the reduction in the internal margin of poverty.

4.2.3.7. HCBC programme as a strategy to create work opportunities for the poor

Antonopoulos et al. (2010) argue that the social sector investment, such as Home Community Based Care, will generate the most jobs and caters to the most vulnerable segments of the workforce. Home Community Based Care programmes are used as a strategy by governments to generate more than twice the number of jobs as the infrastructure sector. In addition, HCBC programmes were relatively more effective in providing jobs to people with the least education.

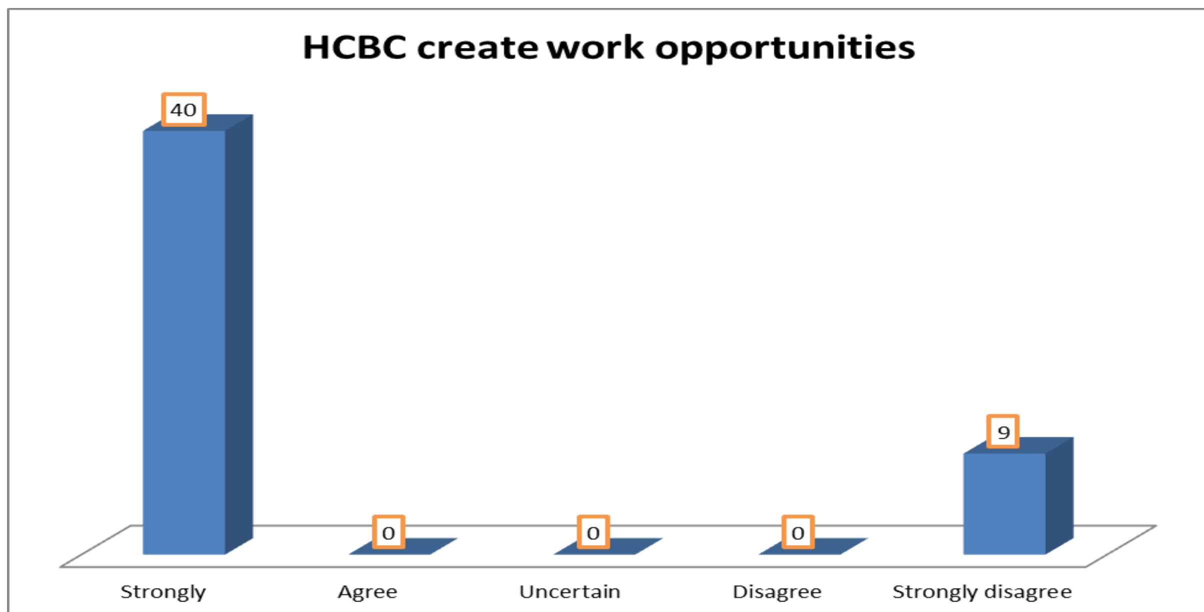


Figure 16: HCBC programme as a strategy to create work opportunities

Findings from HCBC organizations that participated in the study support what Antonopoulos et al. (2010) argue that HCBC organizations will generate the most jobs and cater to the most vulnerable segments of the workforce. Forty organizations that participated in the study in figure 16 above, gave an indication that HCBC programme is a strategy that creates work opportunities for the poor in Greater Giyani. HCBC organizations do not only provide affordable health services to a defined community and target groups in remote rural areas, but also create work opportunities to the unemployed.

4.2.4. Making changes

Elements that were investigated in the study to assess desired changes by organizations to diversify organizational income were organizational incentives that will improve engagement in sustainability and barriers to improving sustainability.

4.2.4.1. Incentives to improve engagement in sustainability

Sustainability is one of the key aspects in the delivery of health care services. It is important to make sure that HCBC organizations are empowered to develop sustainability plans to sustain good quality HCBC services to the poorest communities beyond the funding period by government. It was cited by York (2011) that Non-Profit Organizations, like all other institutions, wrestle continually with the question of how to keep going and to improve their lot, especially during today's economically difficult times.

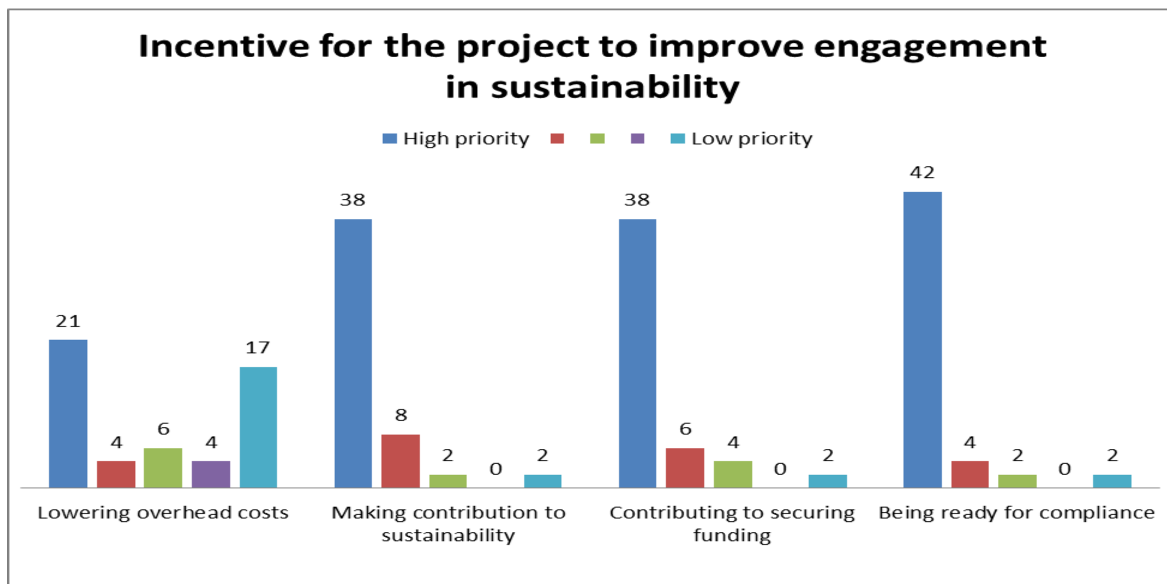


Figure 17: Engagement in sustainability

The majority of organizations in figure 17 above prioritized the following as high priority in order to improve engagements in sustaining organizations: making contributions to sustainability, securing funding and being ready for compliance. It is therefore important that Non-Profit Organizations should constantly strive for sustainability to ensure the continuum of care and securing of employment created

for the poorest communities beyond the funding period. The findings further indicate that one third of the organizations (17) that participated in the study did not prioritize lowering of overhead costs as an incentive to improve engagements in sustainability.

4.2.4.2. Barriers for project sustainability

Sustainable organizations are a key to ensuring that Non-Profit Organizations continue to benefit the individuals, families, communities, and systems that depend on their efforts. Lack of sustainability plans of organizations will impact negatively not only on affordable health services provision but also on the rural poor that depend on organizations as their only source of employment to provide for their households.

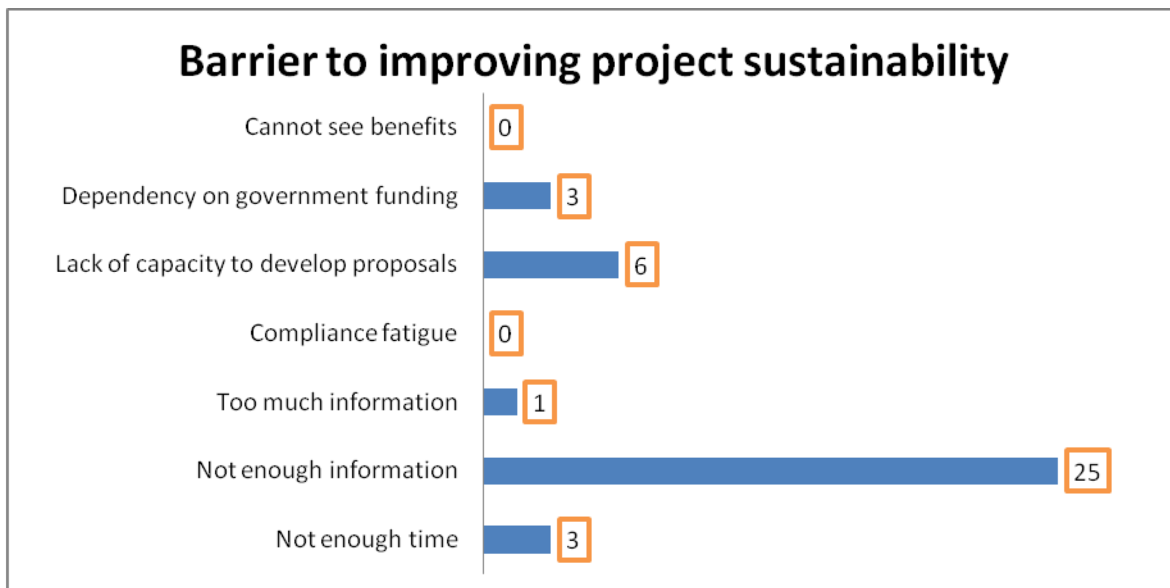


Figure 18: Barriers for project sustainability

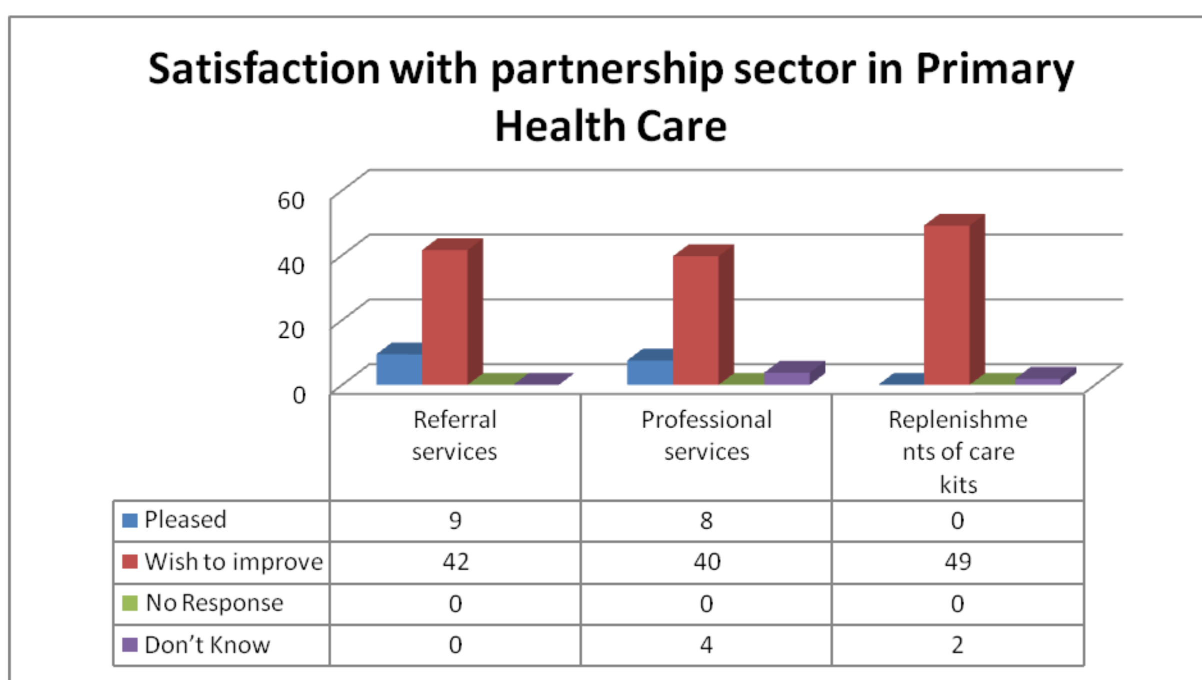
Respondents were asked a question regarding the barriers that prevented them from improving project sustainability. The results of this study identify that a high number of participating organizations lack enough information to improve the project's engagement in sustainability. Other challenges included lack of capacity to develop proposals and dependency on government funding.

4.2.5. The local Home Based Care climate

In order to determine the local Home Based Care climate, the following aspects were investigated: Partnership of HCBC organizations with Primary Health Care and the quality of public services within the Greater Giyani Municipality.

Partnership Primary Health Care

The following observations were noted regarding partnership with Primary Health Care: 84% of the organizations indicated that there is a need for improvement in referral services from facilities to organizations, 80% of the organizations wish for improvement of professional services offered by professionals in PHC facilities and 98% reported a need for improvement in replenishment of care kits.



	Referral services	Professional services	Replenishments of care kits
Pleased	9	8	0
Wish to improve	42	40	49
No Response	0	0	0
Don't Know	0	4	2

Figure 19: Partnerships with Primary Health Care

It should be noted that the primary role of HCBC organizations is to provide affordable care and support services to a defined community or set of individuals in remote rural areas in partnership with Primary Health Care facilities. Partnership with PHC facilities include referral of clients to HCBC organizations, professional support to care givers and replenishing of care kits with commodities like gloves, plastic aprons, disinfectants, basic dressings, educational leaflets, masks, antiseptic soaps

and condoms. Partnerships between NPOs and Primary Health Care services still need to improve, to ensure effective and efficient primary health care services.

4.2.6. Specialized assistance to improve HCBC services

Institutional capacity building in HCBC organizations is critical in strengthening the knowledge base and skills of HCBC organizations to enable them to improve on their intended objectives. It is acknowledged that the development of human capacity is critical and essential for improving HCBC services.

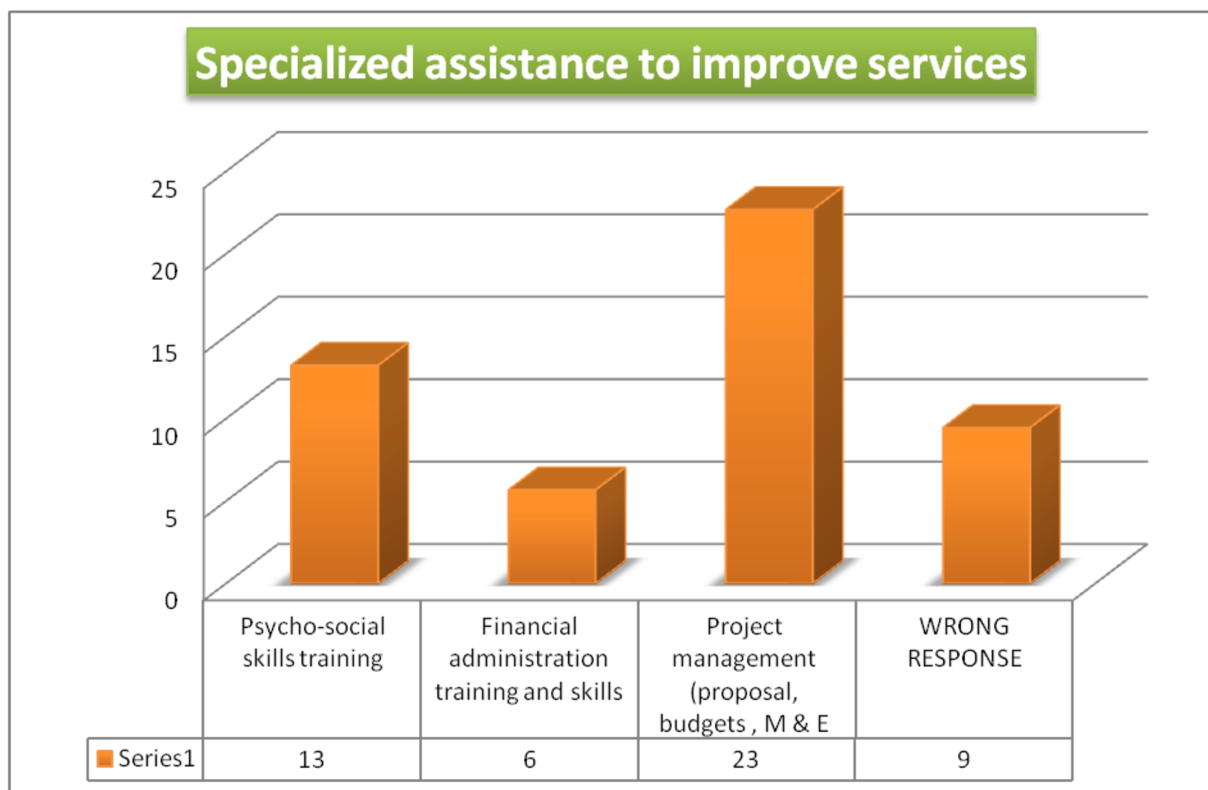


Figure 20**:** Specialized assistance to improve services

Figure 20 reveals that the following specialized forms of assistance were needed by organizations to improve on service provision: Psycho-social skills training (13 organizations), financial management (6), project management (23), proposal development (23) and monitoring and evaluation (23). The findings identified a great need for training in relation to project management skills, proposal writing and monitoring and evaluation techniques.

4.3. Discussion

The Home Community Based Care Programme was introduced by the South African Government as a policy response to the challenge of the HIV & AIDS epidemic by reducing over-crowding of ill patients in hospitals through provision of Home Based Care services to chronically and terminally ill patients in their homes.

This study demonstrated that the investment of the government in the Home Community Based Care programme is an effective employment creation strategy and a role player in reducing unemployment in communities within the Greater Giyani Municipality. The labor-intensive nature of Home Community Based Care is attributable to large employment multipliers in the social sector. This programme afforded people in many communities not only to find employment and fight poverty, but also empowered women while providing critical services to communities.

4.3.1. **Linkages of HCBC to EPWP**

This study found out that the HCBC programme is linked to the EPWP strategy which is a flagship in public employment by:

- Drawing a significant number of unemployed community members into productive work.
- Providing stipend earnings which contribute significantly to household income.
- By targeting volunteers and the unemployed who are not in receipt of any government grant.
- Support of relatively low skill requirements for workers (care givers) within the Home Community Based Care Programme.
- Redressing the severity of unemployment through job creation within the Home Community Based Care Programme.
- Addressing cyclical poverty through job creation as policy response to unemployment in the country.

One of the stated goals of the EPWP is to create jobs and reduce poverty amongst those who find themselves excluded from the mainstream economy. Findings in this

study accepted policy response by creating employment to low-income households through formalised HCBC organizations in remote rural areas.

4.3.2. Participation of HCBC organizations in the mainstream economy

The study revealed that the main source of income for the people of the Greater Giyani Municipality is government social grants followed by stipending of care givers through formalized HCBC organizations. The HCBC organizations participate in the mainstream economy through creation of employment to unemployment community members through formalized HCBC organization. Findings in this study confirmed that HCBC organizations generated the most jobs and cater to the most vulnerable segments of the workforce. The findings also strongly indicated that HCBC organizations do not only provide health care services to communities, but also create work opportunities to the unemployed in remote rural areas.

Organizations that participated in the study created work opportunities for the poor by employing from 20-100 care givers per organization. HCBC organizations with capacity to manage HCBC services created job opportunities to 100 care givers per organization during the funding period. Emerging HCBC organizations created job opportunities to about 20 care givers per organization during the funding period.

Creation of employment for the poor households represents an injection of capital into the economy in the form of stipend payments. Formalized HCBC organizations in remote rural communities created an opportunity for the rural poor and brought about positive changes in employment, growth and poverty reduction for participating households. In general, income levels increase and the poor start participating in the mainstream economy, and some forms of fiscal contributions end up increasing government revenues.

A gender informed analysis of the study recognized women as the bearers of responsibilities for the social sector activities and main providers of services provided by HCBC organizations. In Greater Giyani, the Home Community Based Care services are provided mostly by women from low-income households, and that accounts for the pro-poor nature of the investment in social care. HCBC

organizations in the Greater Giyani Municipality create an opportunity for people with the least education to participate in the mainstream economy.

Provision of financial support by government to HCBC organizations reduces unemployment and unpaid work for poor households by creating jobs for both women and men thus ensuring their participation in the mainstream economy. The stipend earnings by care givers contributes to the reduction in the internal margin of poverty. Findings revealed that Home Community Based Care organizations in the Greater Giyani Municipality serve as a stepping stone to employ the rural poor who are excluded from the mainstream economy.

4.3.3. Issues impacting on sustainability

Non-Profit Organizations that participated in the study wrestle with the question of how to keep going and to improve their lot, especially during today's economically difficult times. It is a very serious concern that the findings in the study revealed that most of NPOs rate sustainability policy as a very low priority and lack sustainability plans, which clearly indicates that organizations do not have a strategy or plan outlining how additional revenue will be generated for the organization. It was noted during data analysis that HCBC organizations that participated in the study are not empowered to develop sustainability plans that would sustain good quality HCBC services and secure employment for the poorest communities beyond the funding period by government.

Lack of sustainability plans by HCBC organizations will impact negatively not only on affordable health services provision but also on the rural poor that depend on organizations as their only source of employment to provide for their households. Lack of sustainability plans by HCBC organizations makes them to be completely dependent on government. As a result, their services are run by government with public funds or tax-payers money and make them not to be financially sustainable.

According to the feedback from organizations, the majority of the organizations in Greater Giyani is at a low level of operation and lack managerial, leadership, governance, administration and financial management skills. In support of the findings of this study, most organizations identified the following sustainability

challenges: Lack of enough information to improve the project's engagement in sustainability, lack of capacity to develop proposals for outsourcing funds from the private sector and international donors and that organizations are completely dependent on government funding.

4.3.4. **Job creation**

According to the findings of this study, the HCBC programme is targeting unpaid volunteers and unemployed community members who are not in receipt of any state grant. The Greater Giyani Municipality created in 2012 about 1620 job opportunities through the HCBC programme. The study further outlined the number of jobs created for community workers with different levels of educational attainment within the HCBC programme and reveals that the HCBC programme is well suited to creating jobs for groups with lower levels of educational attainment. The analysis of the responses indicates that jobs created by the HCBC programme, appears not to be beneficial to highly educated community members, but beneficial to those with the least education. Most jobs were created for workers with less than a high school diploma.

Findings support the HCBC programme as an effective employment policy by investing in localized community-based social care services and by offering long-term public sector employment with a stable stipend earnings. This sector does not only provide affordable health care services to a defined community and target groups in remote rural areas, but also creates long-term work opportunities to the unemployed community members. HCBC organizations generate jobs that cater for the most vulnerable segments of the workforce.

Poverty reduction follows naturally, as jobs created through the HCBC programme contribute to the workers' household income. The long-term jobs created by this programme, predetermines the extent to which the external margin of poverty is reduced. Regardless, the stipend offered to care givers attributes to the reduction in the internal margin of poverty.

4.3.5. The local Home Based Care climate

The majority of organizations (84%) indicated in the findings a greater need for improvements in referral services from Health facilities to community care givers and lack of professionalism displayed by Health Care Workers in carrying out their professional activities in their daily engagements with community care givers. Ninety eight percent (98%) of organizations who participated in the study showed concern of lack of replenishment of care kits commodities for care givers, which will predispose them to infections. Poor referral systems, lack of professionalism and lack of replenishment of care kits commodities, were cited as a barrier to providing quality HCBC services.

The following specialized service assistance was noted by participants as critical to service delivery improvements: Psycho-social skills training, financial management, proposal development and monitoring and evaluation techniques. The findings therefore, show that the training needs identified by organizations covered managerial and financial issues, systems and tools as well as technical aspects.

4.4. Conclusion

This chapter analyzed and interpreted five critical issues: Linkages between HCBC and EPWP, participation of HCBC organizations in the mainstream economy, issues impacting on sustainability, job creation and the local HCBC climate. The five critical areas referred to were identified and interpreted in an attempt to reflect the impact of HCBC as a strategy to create work opportunities for the poor in the Greater Giyani Municipality.

It is observed in the analysis of the responses that HCBC organizations became role players in job creation and reduction of unemployment in communities around the Greater Giyani Municipality. The programme appointed in 2012 a total of 1620 care givers and offered them a long-term employment with a stable stipend earning.

The HCBC programme afforded people in many communities within Greater Giyani the opportunity not only to find employment and fight poverty but also empowered women while providing critical services to communities. Application of payment of stipend according to the Department of Labour Ministerial Determination, which stipulates the rate of payment per day per care giver, lead to high retention of care givers with expertise and knowledge about local conditions and customs within the municipality.

According to feedback from organizations, it was identified during data analysis that HCBC organizations that participated in the study are not empowered to develop sustainability plans that would sustain good quality HCBC services and secure employment for the poorest communities beyond the funding period by the government.

The next and final chapter would conclude the study on the basis of the critical areas summarized above and further outline recommendations drawn from the study findings with identification of issues for further research.

CHAPTER 5

SUMMARY, RECOMMENDATIONS AND CONCLUSION

5.1 Introduction

In terms of the plan of the study according to the research proposal, chapter 1 of the research report would constitute "Introduction and overview" mainly the research proposal itself. Chapter 2 was mainly the outline of the literature review. Chapter 3 focused mainly on outlining the research methodology. Chapter 4 focused mainly on data management and interpretation of findings.

This final chapter (chapter 5) deals with summary of the preceding chapters, the presentation of conclusions based on the research findings as well as recommendation made from the conclusions drawn from the research findings.

The discussion in this chapter will be structured as follows:

- Summary of findings regarding impact of HCBC as strategy to create work opportunities for the poor.
- Recommendations made from the conclusions drawn from the research findings.
- Conclusion.

5.2. Summary of findings

It is widely known that South Africa has the highest levels of poverty and unemployment which emanated from the racial domination and apartheid policies that denied the majority of people access to socio-economic rights and participation in their own development. It is for this reason that the ushering of democratic South Africa created opportunities for the development and implementation of public policy aimed, not only at addressing the socio-economic imbalances of the past, but also at creating space for the community's participation in their own development.

This study attempts to understand the link between Home Community Based Care and Expanded Public Works Programmes as well as strategies employed to create work opportunities for the poor. This research therefore builds on the work that has been done in understanding the role played by HCBC organizations in job creation

and participation in the mainstream economy, the role played by HCBC organizations in job creation and their participation in the mainstream economy. The general finding of this study is that despite the lack of sustainability of HCBC organizations and organizational management capacity, HCBC organizations have an important role to play in creation of work opportunities and poverty alleviation for the poor in a rural setting.

The findings revealed that HCBC organizations in the Greater Giyani Municipality depend mainly on government as their source of funding. As such this system promotes dependency of HCBC organizations on government as their main source of funding or survival. What is equally important to notice in the research findings is that the programme generates more jobs for women which accounts for the pro-poor nature of the investment in social care.

5.3 Realization of objectives

The study objectives were realized as follows:

Objective 1: **To define the linkages between HCBC and EPWP and review the legislative framework**: To redress the severity of unemployment, part of the accepted policy response includes employment creation through EPWP. The main stated goal of EPWP is to create jobs and reduce poverty amongst those who find themselves excluded from the mainstream economy. A total of 1620 jobs were created within the NPO sector implementing the HCBC services. The study confirmed with certainty that linkages exist between HCBC and EPWP as a legislative framework to cap unemployment and reduce poverty.

Objective 2: **To assess the effectiveness of HCBC as a strategy to create job opportunities for the poor:** Evidence supports that the creation of employment for the poor households through the HCBC programme represents an injection of capital into the economy in the form of wages and payments. Creation of work opportunities for the rural poor will bring about positive changes in employment, growth and poverty reduction for participating households.

Objective 3: To assess the types of jobs created by HCBC organizations: HCBC sector consists of job opportunities provided to unskilled, unemployed, poor individuals who work on projects that are labor intensive. The HCBC programme is a

government-led initiative aimed at drawing a significant number of unemployed South Africans into productive work in a manner that will enable them to gain skills and increase their capacity to earn an income.

Objective 4: **To investigate the participation of HCBC organizations in the mainstream economy:** The HCBC organizations participate in the mainstream economy through creation of employment to unemployment community members through formalized HCBC organization. Findings in this study confirmed that HCBC organizations generated the most jobs and cater for the most vulnerable segments of the workforce. The findings also strongly indicate that HCBC organizations do not only provide health care services to communities, but also create work opportunities to the unemployed in remote rural areas.

Objective 5: **To identify issues impacting on the sustainability of the HCBC organizations in the Greater Giyani Municipality in Limpopo**: It was noted during data analysis that HCBC organizations that participated in the study are not empowered to develop sustainability plans that would sustain good quality HCBC services and secure employment for the poorest communities beyond the funding period by government.

5.4 Conclusions and recommendations drawn from research findings

On the basis of findings and critical issues raised in this study, it is now possible to reflect in this chapter, some recommendations to creation of work opportunities by HCBC organizations. In response to the findings, some sets of specific conclusions and recommendations are offered below:

5.4.1. Dependency of HCBC organizations on government funding

Conclusion

HCBC organizations do not seem to have skills to mobilize resources beyond government funding. The government has created a system that promotes dependency of HCBC organizations on government as the main source of funding.

Recommendation

The Department of Health and other development agencies must develop and implement a standardized capacity building framework that will address the following: Management capacity in proposal development and fundraising skills to mobilize resources even beyond the government funding periods.

Furthermore, the Partnership for the Development of Primary Health Care (PDPHC) with its mandate to build capacity of Non-Profit Organizations must assist and capacitate HCBC organizations to mobilize resources beyond government funding to ensure sustainability.

5.4.2. Re-alignment of the HCBC programme

Conclusion

Home Community Based Care emerged as a response to the rapidly growing HIV & AIDS epidemic and the limited resources within the health institutions in responding to the HIV & AIDS crisis. With the effective and efficient anti-retroviral (ART) treatment programme in the country, where the number of ill patients have been dramatically reduced, there is a great need to review and re-align the HCBC programme in the country to meet the initial objective of responding to the HIV & AIDS crisis in the country.

Recommendation

Commission a study for the impact analysis of the HCBC programme, to avoid creating employment for the rendering services that are no longer critical for the country as a result using the HCBC programme as a new form of social grant payments (financial assistance) for the unemployed community. The study will assist the country in establishing the possibility of expanding or scaling down the HCBC services in the country to avoid misuse of tax payers' funds.

5.4.3. Exit strategy for Community Care Givers

Conclusion

NPOs are known to be the extended arm of the government by providing services on behalf of the government. Within the HCBC sector we find care givers that have provided services for a period of over 10 (ten) years. Government still does not have systems in place to equip care givers with skills or qualification that will provide the care giver with employment opportunities beyond the HCBC sector and earning of a minimal stipend.

Recommendation

Government is to develop an exit strategy for community care givers already working within the HCBC programme and to ensure the existence and implementation of a clearly defined exit strategy that will identify the following: criteria for exiting; a time line for the exit process; action steps and responsible parties and a mechanisms to assess progress. Development and implementation of a clearly defined exit strategy will lead to successful exit and sustainable program impacts.

5.5. Opportunities for further research

While this study has covered a variety of factors on understanding how the HCBC programme is implemented as a strategy to create work opportunities for the unemployed poor, there are some pertinent matters that fell outside its ambit. These areas provide opportunities for further research. Therefore researchers are encouraged to explore the following areas for further deliberations:

5.5.1. Based on the findings of this research, it is recommended that further studies should be done to look into the management capacity of HCBC organizations, given the capacity challenges of organizations in developing sustainability plans to sustain their services beyond the funding period and their dependency on government funding.

5.5.2. PHC re-engineering providing outreach services to communities at ward level is now piloted in the country since 2012, understanding the future of HCBC organizations that are presently providing outreach services in communities will be useful.

5.5.3. Investigations regarding the role of HCBC organizations and of the government in developing exit strategies and career pathing for community care givers require further investigations.

5.5.4. Considering the role of the HCBC programme in creating work opportunities for the poor, it is also critical to elicit the views of communities within which the HCBC organizations functions, on the impact of such programmes in reducing unemployment and poverty.

5.6. Conclusion

This study has revealed that HCBC organizations occupy an important space between government and the community in creating long-term work opportunities to the unemployed community members, thus addressing the challenge of unemployment. Findings support the HCBC programme as an effective employment policy by investing in localized community-based social care services and by offering work opportunities with a stable stipend earnings.

In conclusion the issue of funding and sustainability is of crucial significance to HCBC organizations especially in realizing not only their objectives, but most importantly governments' objective of improving the lives of the people and halving poverty by 2014. HCBC organizations are increasingly playing an important role in job creation and poverty alleviation. It can be concluded that the role of the HCBC programme is gaining grounds in the creation of long-term work opportunities for the poor in rural settings. HCBC is therefore considered to be an effective and equitable investment strategy for job creation.

However, there is a great need to develop management capacity for sustainability purposes and career pathing opportunities for care givers. Government must therefore commit adequate resources for development and implementation of effective exit strategies for community care givers.

This chapter has concluded the research dissertation. It has summarised the significant findings of the study, outlined recommendations drawn from the research findings and identified opportunities for further research.

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APPENDIX 1: CONSENT FORM

RESEARCH STUDY: Impact of Home Community Based Care as a strategy to create work opportunities for the poor in Greater Giyani Municipality, Limpopo Province.

I, ______________________________hereby give consent freely and without coercion to participate in the study entitled Impact of Home Community Based Care as a strategy to create work opportunities for the poor in Greater Giyani Municipality, Limpopo Province.

My role in the study has been clearly explained to me by the researcher.

My inputs will not be in anyway linked to me personally and my rights to confidentiality will be at all times protected.

I understand that at any given point during this study I may withdraw if I so desire.

Name: ___________________________________Date: _______________

Signature: _______________________________

APPENDIX 2: REQUEST FOR APPROVAL TO CONDUCT RESEARCH

P.O Box 2289

Giyani

0826

23 July 2012

The Senior Manager: Monitoring and Evaluation

Department of Health

Research / Ethics Committee

Private Bag X 9302

Polokwane

0700

Dear Madam

RESEARCH STUDY: IMPACT OF HOME COMMUNITYU BASED CARE AS A STRATEGY CREATE WORK OPPORTUNITIES FOR THE POOR IN GREATER GIYANI MUNICIPALITY, LIMPOPO PROVINCE.

Herewith a request to conduct the above mentioned research study in the Limpopo Province. Please find the attached research proposal detailing the study.

This study is towards the requirement for completion of Masters of Development (MDEV) Degree. The proposal has been approved by the supervising university i.e. University of Limpopo, Graduate School of Leadership.

In the event of any queries or clarifications please contact Mrs. Hatlane M.D at 073 076 0370.

Thank you for your support in this endeavor.

Yours sincerely

Hatlane M.D: Student Number: 210252658

APPENDIX 3: PERMISSION TO CONDUCT THE STUDY

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH

Enquiries: Selamolela Donald — Ref:4/2/2

Hatlane MD

Box 2289

Giyani

0826

Dear Ms Hatlane

Re: Permission to conduct the study titled: Impact of home community based as care as a strategy to create work opportunities for the poor in Greater Giyani municipality, Limpopo Province.

1. The above matter refers.
2. Permission to conduct the above mentioned study is hereby granted.
3. Kindly be informed that:-
   - Further arrangement should be made with the targeted institutions.
   - In the course of your study there should be no action that disrupts the services.
   - After completion of the study, a copy should be submitted to the Department to serve as a resource.
   - The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.

Your cooperation will be highly appreciated.

General Manager: Strategic Planning, Policy and Monitoring

Date 20/03/2017

18 College Street, Polokwane, 0700, Private Bag x9302, POLOLKWANE, 0700
Tel: (015) 293 6000, Fax: (015) 293 6211/20 Website: http/www.limpopo.gov.za

The heartland of Southern Africa – development is about people

APPENDIX 4: RESEARCH QUESTIONNAIRE

TURFLOOP GRADUATE SCHOOL OF LEADERSHIP

QUESTIONNAIRE

I am conducting a research on the impact of Home Community Based Care (HCBC) as a strategy to create work opportunities for the poor in Greater Giyani Municipality, Limpopo Province. To that end, you are asked to complete a questionnaire about the impact of HCBC in your Municipality. The questionnaire will not take longer than 30 minutes to complete. This will help us better understand the linkages between HCBC and creation of work opportunities for the poor. Your participation is voluntary and you can withdraw at any time if you so wish. All data collected will be kept confidential. By completing the questionnaire, you indicate that you voluntary participate in this research. If you have any concern, please contact my supervisor or me. Our details are as follows:

RESEARCHER

HATLANE M.D

Contact number: 073 076 0370

Email: morebudi.hatlane@gmail.com

SUPERVISOR

PROF O. MTAPURI

Contact: 015 290 2836

Email: mtapurio@edupark.ac.za

OBJECTIVES

The following objectives will describe what the research intends to achieve:

- To define the linkages between HCBC and EPWP and review the legislative frameworks.
- To assess the effectiveness of Home Community Based Care (HCBC) as a strategy to create job opportunities for the poor.
- To assess the types of jobs created by HCBC organizations.
- To investigate the participation of HCBC organizations in the mainstream economy.
- To identify issues impacting on the sustainability of the HCBC organization in Greater Giyani Municipality in Limpopo.

SECTION 1 – BASELINE INFORMATION

1.1 Name of your organization

1.2. Type of organization

1.3. Approx. annual turnover

1.4. Number of jobs created by the organization

Men	
Women	
Total	

1.4 (a). Do you have any disability?

Yes ☐ No ☐

1.5.(a) How many on stipend? ☐

1.5 (b) How many not on stipend? ☐

1.6. What is the organization's annual payroll?

< R100 000 ☐ < R200 000 ☐ < R3000 000 ☐ < R400 000 ☐ Above R500 000 ☐

1.7. How old is the project? Please tick

1-5 years		6-10 years		11-20 years		Other, please specify	

1.8. Title of officer:________________________________

1.9. Date completed:________________________________

SECTION 2: ENVIRONMENTAL PROTECTION

2.1. Does your organization have any of the following policies in place?

(Please tick all that apply)

Health and safety ☐

Equal opportunities ☐

Ethical ☐

Sustainable ☐

Procurement ☐

Environmental ☐

Volunteerism ☐

2.2. Does your organization have any plans to develop any of these policies?

YES ☐ NO ☐

If yes please state which ones

____

____

____

2.3. Has your organization received any support to develop / implement these policies?

YES ☐ NO ☐

If yes, where did that support come from?

____

____

____

2.4. How will you rate the quality of that support?

Excellent ☐ Good ☐

Adequate ☐ Poor ☐

2.5. Do you think a sustainable policy would improve the ability to meet the needs of people working on this project?

Yes ☐ No ☐

2.6. Do you think a sustainability policy would increase the opportunity of this project to secure funding?

Yes ☐ No ☐

2.7. Do you think a sustainability policy would increase the efficiency of this project?

Yes ☐ No ☐

2.8. How much of a priority is a sustainable policy for this project?

(1 is high priority and 5 is low priority)

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

2.9. What is the main source of income in this community?

E.g. disability grants, child support grants, stipend etc.

____

____

SECTION 3: CONTRIBUTION TO THE LOCAL ECONOMY

3.1. Specify the general category of goods / services sold in this organization.

E.g. juice, jam, beads, social services, health care services etc.

____

3.2. Which year did this organization start in this District? ____________

3.3. Estimate the number of jobs created for this community: ______________________

3.4. Estimate the total salaries the project provided last year: ______________________

3.5. What percentage (%) of the project employees live:

Within the Municipality: ___________________

Outside the Municipality: __________________

3.6. Has the project workforce increased in the last three years?

Yes ☐ No ☐

If yes, by how many employees? _____________________

3.7. Has the project workforce decreased in the last three years?

Yes ☐ No ☐

If yes, by how many people? ________________________

3.8. Has the project workforce remained about the same in the last three years?

Yes ☐ No ☐

3.9. Have the stipend increased in the last three years?

Yes ☐ No ☐

If yes, by how many percentages (%)? ___________________

3.10. Has the stipend decreased in the last three years?

Yes ☐ No ☐

By how many percentages (%)? ___________________

3.11. What is the average household income of the Care Givers contracted by this

organization? ______________________

3.12. What is the lowest standard passed by Care Givers in this organization?

____

3.13. Is the project obliged to pay a minimum stipend to Care Givers?

Yes ☐ No ☐

3.14. Would you employ more Care Givers if your organization could determine minimum stipend?

Yes ☐ No ☐

3.15. Does minimum stipend have a negative impact on the HCBC programme?

Yes ☐ No ☐

____

____

____

3.18. How many Care Givers are breadwinners in your organization?

3.19. Do Care Givers find it difficult to exit to other Health or social related professions?

Yes ☐ No ☐

3.21. Do you consider HCBC programme a strategy to create work opportunities for the unemployed in your Municipality?

Strongly agree ☐

Agree ☐

Uncertain ☐

Disagree ☐

Strongly disagree ☐

SECTION 4: MAKING CHANGES

4.1. Has this project found ways of diversifying its income?

Yes ☐ No ☐

4.1.1 What are the main factors driving this? (Please explain)

____

____

____

4.2. What barriers does your organization face in diversifying its income? (please state)

____

____

4.3. What are the incentives for the project to improve its engagement in sustainability?

(1 is high priority 5 is low priority)

4.3.1. Lowering overheads costs

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

4.3.2. Working smarter/more efficiently

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

4.3.3.Responding to change

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

4.3.4. Making a contribution to sustainability

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

4.3.5. Meeting the needs of clientele more effectively

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

4.3.6. Contributing to securing funding

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

4.3.7. Improving the project's profile

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

4.3.8. Influencing policy

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

4.3.9. Being ready for compliance

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

4.4. Are there other incentives? please specify

____

____

____

____

4.5. What do you see as the barriers to improving this project's engagement in sustainability? Please indicate which barriers are relevant. (please tick all that apply).

- ☐ Not enough time
- ☐ Not enough information
- ☐ Too much information
- ☐ Compliance fatigue
- ☐ Lack of capacity to develop proposals
- ☐ Dependency on government funding
- ☐ Cannot see benefits

4.6. Please specify other barriers

____

____

____

SECTION 5: THE LOCAL HOME BASED CARE CLIMATE

5.1. What is your overall opinion of Greater Giyani Municipality as a place to provide HCBC services?

(Please tick next to the appropriate rank)

Excellent ___ Good ____ fair ___ Poor ___ No opinion____

5.2. Describe your satisfaction with the partnership factor of this organization with Primary Health Care facilities. Are you pleased or wish to improve? Please tick.

	Pleased	wish to improve
Referral services	__________	______________
Professional services	__________	______________
Land / Site costs	__________	______________
Proximity of clients	__________	______________
Proximity of health facilities	__________	______________
Replenishment of Care kits	___________	______________

5.3. Rate the quality of transportation and public services of the project required for the provision of services (good, adequate, poor).

QUALITY OF SERVICES

Transportation	Good	Adequate	Poor
Taxi	_____	_________	________
Bus	_____	_________	________

QUALITY OF SERVICES

Public services	Good	Adequate	Poor
Water	_____	________	_______
Sewerage services	_______	________	_______
Waste disposal	_______	________	_______
Electricity	_______	________	_______
Phone services	_______	________	_______
Care kits	_______	________	_______
Food parcels	_______	_______	_______

5.4. Rate the costs of the following services (rated as high, fair or low) please tick

COSTS

Transportation	High	fair	low
Taxy	______	_________	________
Bus	______	_________	________

COSTS

Public services	High	Fair	Low
Water	______	________	_______
Sewerage services	_______	________	_______
Waste disposal	_______	________	_______
Electricity	_______	________	_______
Phone services	_______	________	_______
Care kits	_______	________	_______
Food parcels	_______	_______	_______

5.5 Several organizations in the Province offer specialized assistance to projects. They include chamber of commerce, LIMDEV, LIBSA, Lottery, public agencies and Social Development.

5.5.1. Have you asked such organizations for help? Yes________ No_______

5.5.2. Which one was most helpful?(briefly identify)

____

____

____

5.5.3. What other types of specialized assistance would you recommend to improve the social service climate. (Describe briefly)

____

____

____

____

SECTION 6: PROJECT PLANS AND EXPECTATIONS

6.1. Briefly describe changes which are planned for the next three years in:

A. Job creation : ____

____

____

____

B. Sustainability of the organization: __________________________

____

____

C. Other changes (please specify)

____

____

6.2. Rank the importance of the following factors in choosing to remain in Greater Giyani Municipality:

	Essential	Convenient
Support from the Municipality	__________	______________
Professional services	__________	______________
Land / Site costs	__________	______________
Technical support	__________	______________
Partnership with the local clinics	__________	______________
Accreditation trainings	___________	_____________
In-service trainings	___________	_____________
Mentorship	___________	_____________
Funding	___________	_____________

SECTION 7: EXPANSION AND RETENTION CHALLENGES

7.1. Are the newly employed workers adequately trained to meet the project needs?

(please tick that which apply)

Yes ☐ No ☐

7.2. Have you had difficulties in recruiting employees in the following categories?

(Cross out those that don't apply)

	Yes	No
Professionals	_______	______
Managerial	_______	______
Care Givers	_______	______
Technical Assistants	______	______
Board of Directors	_______	_______

7.3. Do you anticipate needing employees who are either better or differently trained in the next two or three years: Yes: ________ No _________If yes please explain:

____

____

____

____

____

7.4. Do you have room to expand at your present location?

Yes _______ No _________ If not, why? Please explain

____

____

____

____

7.5. Your comments

If there are any comments you would like to make or important issues I have not covered in this questionnaire please add them in the spaces provided below.

____

____

____

____

____

Thank you very much for your time and corporation. Please return your completed questionnaire by 29 October 2012.

Hatlane M.D
MDEV student
Turf loop Graduate School of Leadership
EDUPARK

Morebudi.hatlane@gmail.com

Thank you very much for your time and corporation