EVALUATION OF THE MEC'S POVERTY-ALLEVIATION PROGRAMME IN THE WATERBERG DISTRICT OF THE LIMPOPO PROVINCE

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DECLARATION

I, MOTLATSO LETSHOKGOHLA, declare that this research report is my own work. It is being submitted for the degree of Master of Public Health (Hospital Management) at the University of Witwatersrand, Johannesburg. It has not been submitted before for any degree or for any examination at this or any other university.

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May 2009

DEDICATION

I dedicate this work to:

My wife, Nanniki, for the support and encouragement she provided me during the course of my studies.

My children, Refilwe and Tshidi for being there for daddy, for checking on my homework and making sure that I perform to their satisfaction.

Lastly, I wish to thank my mother and late father for laying a solid foundation for my education. I will always remember their parental support.

ABSTRACT

Background: In 2003, the Limpopo Department of Health and Social Development introduced a system to train students from poor families as auxiliary nurses as a poverty-alleviation strategy in the province. The programme was aimed at targeting the needy: those who depended on social grants for a living, were orphaned or who headed a family. Five years have passed but no formal evaluation has been done to estimate the impact of the programme.

Objective: To evaluate the self-reported impact of auxiliary nursing training of youth from poor families in the Waterberg District on alleviation of their poverty

Methodology: A cross-sectional study design using an anonymous structured questionnaire. The study population included 200 auxiliary nurses trained through the programme from 2003 to date.

Results: This research found conclusive evidence that the poverty alleviation project in the Limpopo Province has significantly improved the economic conditions of the beneficiaries such as number of rooms in their houses, type of houses, type of floors, refuse collection, indoor water supply, indoor flash toilet, household assets, access to water and wood, number of meals, transport and domestic workers. This study also found positive changes in family income, bank and other accounts. This study shows significant changes in asset indicator scores after respondents had joined the programme.

Conclusion: This is the first study to systematically evaluate a poverty alleviation programme in South Africa. Hopefully, both the Department of Finance and the Department of Health and Social Development in the Limpopo Province would utilise the findings of this study to review and to improve other poverty alleviation programmes in the Waterberg District and the Province.

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The auxiliary nurses who participated in this study. Their volunteering time and responses contributed to the success of this project.

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GLOSSARY OF TERMS

Enrolled Nursing Auxiliary: In the context of this research protocol an enrolled nursing auxiliary is defined as a nurse who provides elementary nursing care and assists patients on a daily basis. The South African Nursing Council defines the scope of practice of such a nurse as someone who should work under direct or indirect supervision of a registered nurse and work next to the patient (Stevenson, 1993).

Three different categories of nurses are recognised by the South African Nursing Council: registered nurse (nursing sister), enrolled nurse (staff nurse) and auxiliary nurse (nursing assistant)

Poverty: Definitions of poverty are quite varied; there is no fixed definition of poverty. Different authors have varied views as to which poverty should be included and which should fall outside the definition. Gray et al (2005) define poverty as the restriction of opportunities for a person to pursue his or her wellbeing or the denial of opportunities and choices most basic to human development to lead a long, healthy, creative life and to enjoy a decent standard of living, freedom, dignity, self-esteem and respect from others. Gray et el (2005) list the symptoms of poverty as low level of income and economic wealth, low level of health and poor standard of housing.

Sen & Hulme (2005) state that poverty entails the failure of human capabilities to reach certain minimum acceptable standards of well-being and life. Such essentials may be material resources such as food, safe drinking water, shelter and clothes or they may be social resources such as access to information education, health care, social status, political power or the opportunity to develop meaning connections with other people in society.

The Department of Health and Welfare (2003) defines a poverty-stricken child as needy, receiving food parcels from welfare or church organisations, orphaned and heading a family. Sachs and McArthur (2005) view such children as coming from extreme or absolute poverty as their household income cannot meet the basic needs of survival. In such families there is chronic hunger due to shortage of food and families are unable to access basic medical and health care. They lack drinking water and fuel energy, basic education, shelter, clothing, and even shoes. In summary, this type of poverty is termed

“poverty to kill”.

Poverty alleviation: Poverty alleviation in the context of this research refers to an attempt by the Department of Health and Social Development to reduce poverty amongst the needy that are enrolled on the programme. The aim of the programme is to train youth from poor families to become auxiliary and enrolled nurses and later to become professional nurses (registered nurses) through bridging courses offered at training hospitals

LIST OF ABBREVIATIONS

ANC	African National Congress
MEC	Provincial Member of Executive Council
WHO	World Health Organisation

CHAPTER 1
INTRODUCTION

The purpose of this study was to evaluate the impact of auxiliary nursing training of youth from poor families in the Waterberg District on the alleviation of their poverty. This introductory chapter covers the background to the study, statement of the problem, its aims and objectives and an outline of the subsequent chapters.

1.1 BACKGROUND

The move towards realisation of achievement of the Millennium Development Goal linked to the eradication of poverty and hunger by 2015 encouraged all developing countries throughout the world to embark on poverty-alleviation programmes (Sachs and McArthur, 2005). Such poverty-alleviation programmes were motivated by the fact that population in most of the developing countries are affected by high scale of poverty, ignorance, diseases, high underdevelopment, and lack of access to safe drinking water. In such countries as many as 500 000 infants die on an annual basis before reaching their first birth day (Kapindu, 2005)

The World Bank (1998) states that the resistance to opportunistic infectious diseases is reduced in members of poor families, because of their immune systems being compromised . High mortality exists amongst such populations.

In the South African context, the challenge of poverty and hunger is not taken lightly by the government. President Thabo Mbeki in the African National Congress (ANC), 2004 January statement declared 2003 a year of the struggle against poverty. The above declaration by the then President Mbeki called upon all government departments to develop and to strengthen poverty-alleviation programmes. These programmes were expected to push back the frontiers of poverty by targeting poor South Africans (ANC, 2003).

In the Limpopo Province, the Department of Health and Social Development (2003) initiated poverty-alleviation programmes targeting needy children from poverty-stricken families. One such a programme was the Provincial Member of Executive Council's (MEC) poverty-alleviation programme of having enrolled nursing auxiliaries. Through

this programme, the Department trained a dedicated, committed cadre of enrolled nursing auxiliaries in line with the goal of "health care for all", which demanded a change in the distribution of health resources by deliberately directing them to the least developed areas like the Waterberg District municipality (Department of Health, 2004).

The criteria for inclusion in the programme amongst others were: (a) needy children receiving food parcels from the Department of Welfare or church organisations; or (b) orphans heading a family. In addition, the people to be trained were expected to possess Grade 12 certificates and to be below the age of 40 years.

The poverty-alleviation programme of training enrolled nursing auxiliaries has been running for five years and a total of 2000 enrolled nursing auxiliaries have graduated through the programme in the Limpopo Province to date. No formal evaluation has been done so far to estimate the impact of the programme (Department of Health and Social Development, 2009).

Against this background the researcher wanted to evaluate this poverty-alleviation strategy of training enrolled nursing auxiliaries to determine the extent to which the poverty-alleviation programme was able to address the needs of respondents who emerge from poverty stricken families in the Waterberg District of the Limpopo Province.

1.2 STATEMENT OF THE PROBLEM

There are a number of poverty-alleviation programmes that have been initiated by the national government to address the problems of poverty in this country since it took over in 1994. At the 52nd ANC Annual National Conference held in Polokwane in 2007, the ruling party highlighted amongst other things some of its achievements as having reduced the number of people living below the poverty line from 51.4% of the entire population in 2001 to 43.3% in 2006 (ANC, 2008).

The researcher wanted to establish whether the poverty-alleviation programme of training enrolled nursing auxiliaries in Waterberg had achieved its objective. Such an aim entailed whether the nursing auxiliaries' lives had improved, whether the families were getting food, proper shelter and finding out whether their lifestyles had changed for the better. The findings of this research are expected to either support or dispute some

of the highlights of achievement as stated at the 52nd ANC National Conference held in Polokwane in 2007.

1.3 AIMS AND OBJECTIVES

1.3.1 Aims

To evaluate the self-reported impact of auxiliary nursing training of respondents from poor families in the Waterberg District on alleviation of their families' poverty.

1.3.2 Specific Objectives

- To determine the demographic profile of the auxiliary nurses trained by this programme; and
- To compare self-reported socio-economic conditions of the participants before and after they had joined the programme.

1.4 SUBSEQUENT CHAPTERS OF THE REPORT

The background to the research has been discussed and objectives defined in this first chapter. The following chapters are:

Chapter Two: Literature Review
The purpose of the literature review is to explain and discuss concepts related to the research and to search for solutions to the research problem.

Chapter Three: Research Methodology
The chapter describes the research methodology, methods and techniques used in this study.

Chapter Four: Presentation of Results
This chapter deals with an analysis of the findings and the study relating to its aims and objectives.

Chapter Five: Discussion

The findings from the review of the literature are integrated with the results obtained from the analysis in order to address the aims and objectives of the study

Chapter Six: Conclusion and Recommendations

This constitutes the final chapter of the report and draws conclusions from the research related to the aims of the study, makes recommendations and suggests areas for future research in the field of poverty-alleviation programmes and interventions in the Department of Health and Social Development and the Department of Finance in the Limpopo Province.

1.5 SUMMARY OF THE CHAPTER

The introductory chapter covered the background to the study, the motivation for the research, and the objectives of the study and the statement of the problems. Lastly, it provided a summary of the subsequent chapters that make up this research report.

CHAPTER 2
LITERATURE REVIEW

In this chapter, relevant reports into measurement of poverty, poverty alleviation strategies and types of poverty are discussed in the South African perspective. In addition to published literature and information from various unpublished sources is also reviewed.

2.1 WATERBERG DISTRICT

Waterberg is one of the five districts of Limpopo Province of South Africa. The seat of Waterberg District is Modimolle. The Waterberg District consists of the following local municipalities: Mogalakwena, Lephalale, Modimolle, Thabazimbi, Bela-Bela and Mookgopong (Figure 2.1). The District is predominantly rural (Waterberg District Municipality, Integrated Development Plan, 2006). The major ethnic groups are Black African 90%, white 8,65%, coloureds 0,27% and Indians 0,23% and the language spoken in the District are Sepedi (58%), Setswana (12,23%), Afrikaans (8,5%) and Ndebele (4,84%). In terms of gender, females are 52% while males are 48% (Elsenburg, 2005). The details statistics of the Waterberg District is attached as Annexure B (Stats SA, 2009). Twenty five percent of the population in the District has no formal education. Electricity has been used by 36% and 65% of the population for cooking and lighting respectively. The District has an unemployment rate of about 70% and 21% of the population has no income and 33% of the population earns less than R4800 per month. Forty-six percent households have two or less members. Forty-four percent household has less than two rooms in their house.

Figure 2.1 Waterberg District

2.2 POVERTY

Poor people in South Africa are those who do not have access to wage employment, are likely to be found in female-headed households and more vulnerable to illness and stunted growth (Woolard and Leibbrandt, 1999). The World Health Organisation (WHO) stated that poor people are exposed to the risk of serious illness and premature death twice as much as healthy people (WHO, 2003). The study conducted by Steyn and Bradshaw (2001) on poverty and its measurements highlighted the fact that mortality data are worse in the poor areas than in the wealthy areas. Steyn and Bradshaw (2001)

further state that poverty may be absolute or relative; poor people tend to have few assets, have poor education during adolescence, have insecure employment, are stuck in hard or dead-end jobs, live in poor housing, have brought their families through difficult circumstances, and tend to live on an inadequate retirement pension. They tend to be subjected to hardships of life which accumulate throughout their life and are subjected to stressful economic and social conditions for the better part of their life.

2.3 TYPES OF POVERTY

Sachs (2005) categorises three types of poverty - extreme (absolute), moderate and relative. Extreme or absolute refers to a household income that cannot meet the basic needs of survival. In such families, there is chronic hunger due to shortage of food, lack of access to basic medical and health care, a lack of drinking water and fuel energy, no basic education, no shelter and lack of clothing. Moderate poverty is a situation in the household whereby basic needs are met, and relative poverty refers to situation where household income lies below the society standard of living or average national income. In some societies moderate poverty may refer to limited access to cultural goods, entertainment, recreation facilities, health care, secondary and tertiary education.

2.4 MEASURING POVERTY AND INEQUALITY

Poverty measurement can be done in the various ways described below.

2.4.1 Poverty Lines

Poverty lines are the level of income below or above which people are considered poor or not poor. It helps to define some kind of minimum living level and depth and severity of poverty amongst households (Woolard and Leibbrandt, 2009). Booysen (2003) writes that poverty lines provide a yardstick which can be used to compare the circumstances of individual households.

The challenge with poverty lines is to identify the point at which the line is drawn between poor and non-poor to identify poor households within a society (Elzenburg, 2005). Woolard and Leibbrandt (2009) argue that a poverty line would always be an imperfect measure because there would always be uncertainty about

setting an appropriate poverty line but that, for the purpose of understanding poverty, such a line needs to be drawn. The second challenge of drawing a poverty line is to identify who the poor are by specifying a set of basic needs to be met before distinguishing between poor and non-poor.

2.4.2 Determinants of Poverty Lines

Shinns and Lyne (2004) identify determinants of poverty lines such as housing quality, access to safe drinking water, income and health, while Gray, Lyne and Ferror (2005) suggest additional factors such as food rations, educational level of adult household members, sanitation, employment, access to electricity, tap water inside the house, flush or chemical toilets, access to a telephone, and refuse removal.

Of all the determinants of poverty lines, income and food consumption are considered the most common measures of a poverty line in the household. The study conducted by Miguel and Laisany (2000) found that wife's education level, age and income play an important role in determining the consumption level of bundles of food in a household. There is a general variation of income on the life cycle of individuals in the community; those who have access to important financial resources tend to have a higher food intake than those with limited financial resources and whose food intake decreases. Miguel and Laisany (2000) also found that a higher education level of the wife leads to a slightly moderation of food intake in the household.

2.4.3 Types of Poverty Lines

Poverty lines are divided into two types - absolute and relative.

Absolute poverty lines do not change with the standard of living in the society. People are defined as poor when they lack basic needs and best defined by estimating the cost of buying a bundle of foods needed to meet their basic needs. An absolute poverty line is arrived at by adding the amount of money required to buy enough food to meet the minimum intake of such a bundle of food. However, the challenge with this approach is that the bundle of food required by individuals and households differs from individual to individual and from one household to another household within the same society. The household consumption behaviour is another challenge that compounds this approach

(Woolard and Leibbrandt, 2009).

Relative poverty lines are more linked with the individual or society standard of living. Those who are below the average welfare level in the society are said to be unlikely to be in a position to participate fully in the society. Relative poverty line is the same as what Elzenburg (2005) calls the Lorenz Curve, an approach use in measuring inequality in society. With this approach a cumulative share of households is plotted against the cumulative share of income that accrues in those households within the society. In a society where income is distributed perfectly, the Lorenz Curve will be a straight line and where the income is distributed unequally, the Lorenz Curve will lie below the line of perfect equality (Elsenburg, 2005)

The problem with this approach is, firstly, that the extent, depth and severity of poverty cannot be measured, and secondly, that the poor will always be there in society even in the event of a massive shift in the living standard because the proportion of people in poverty will tend to remain unchanged (Woolard and Leibbrandt, 1999)

2.4.4 Poverty Indices

Statistics South Africa has developed two poverty indices called household infrastructure index (HII) and household circumstances index (HCI) (Stats SA, 2009). Variables with a high loading in HII mean an improved condition for the poor and such variables are living in formal housing, access to electricity, tap water inside the house, flush or chemical toilet, having a telephone, and having refuse removed at least once per week. The HCI is defined by unemployment, high average household age and children under the age of five (Stats SA, 2009).

Bradshaw and Steyn (2001) propose the use of an asset indicator score as the most realistic measure of poverty in South Africa.

2.5 POVERTY ALLEVIATION STRATEGIES

2.5.1 Poverty Alleviation through Social Grants and Donor Aid Allocations

Mbeki (2008) argues that poverty alleviation through social grants and financial aid has

both advantage and disadvantage for the poor. The advantage of social grants or aid to the poor is that they assist the poor by putting food on the table. The study conducted by Dollar and Kraay (2001) found that donor aid affected growth through allocations given to the poor and, in turn, that growth leads to poverty reduction in the poor. The disadvantage of poverty alleviation through social grants and donor aid is that the recipients of these grants and donor aid feel insecure because they do not know when such grants or donor aid will be withdrawn. The second problem is that those who depend on social grants or donor aid feel humiliated about being dependent and unable to take care of themselves and their families. Every time they collect their social grants or donor aid allocations, they are subjected to all manners of humiliation by grant and donor aid administrators. They feel that the society stigmatises them as idle, worthless and parasitic. Donor aid allocation to the poor is conditional; it depends on the extent to which donors are interested in poverty alleviation. If donors are interested in poverty alleviation, they will increase their aid allocation to the poor and, if not, they will contribute less or not at all and in this way leave the poor with more problems than they had before.

2.5.2 Poverty Alleviation through Education and Training

UNESCO (2002) maintains that governments should play a meaningful role of encouraging the poor to organise themselves by acquiring skills and information that will enable them to be equitable role players with other actors in society. Poverty alleviation through education and training should be biased towards the poor by building the capacity of the poor and creating an environment that empowers them to address their problems. In this way, the poor can become an integral, rather than a marginal, part of society.

Some researchers maintain that a well organised educational programme saves the poor from hardships of life as it empowers them through skills and builds their confidence. It gives the poor the opportunity to involve themselves in tasks in which they will make a real contribution to their families and the society in which they live. (Robinson, 1976; Havemann, 1987; and Hartley et al 1997).

In making a comparison between the abovementioned poverty-alleviation strategies, one can make the following linkages: Poverty alleviation through social grants or donor

aid is linked to conventional development theory. The recipients of the grants are at the mercy of the investors and are conditional to the poor. The investors may or may not allocate a just proportion of wealth to those in need and they have the power to increase or decrease resources, which in turn can marginalise the poor even further (Trainer, 2008).

Poverty alleviation through education and training is more aligned to the views of the critical or appropriate development perspective. This perspective maintains that poverty alleviation should be aimed at developing the poor with skills to be productive and to meet the needs of their families. The poor should be capacitated with new ways of living to be self-sufficient and not to rely on initiatives that are driven by profit or market forces (Trainer, 2008).

One can safely say poverty-alleviation strategy of training auxiliary nurses is more rooted in the critical or appropriate development perspective for the following reasons:

- The enrolled nurses who graduate from the Limpopo programme are capacitated with nursing skills and as such they will be able to survive even after they have exited the programme.
- They earn a living which is not conditional or dependent on someone else except themselves if, for example, they commit misconduct and are discharged from their employment.
- The programme affords them the opportunity to further their studies by becoming professional nurses or moving on into other fields of study if they wish to pursue these in future.

2.5.3 Poverty Alleviation through Empowerment and Participation

Empowerment is defined as the ability of household members to participate. According to Narayan (2002), empowerment is the expression of assets and capabilities of the poor to participate, negotiate with, influence, control and hold accountable institutions that affect their lives. Bartle (2003) and Reid (1999) view empowerment and participation as related to each other with empowerment requiring active involvement by community members. Narayan (2002) defines four elements of empowerment as: empowerment, outreach, trust and participation. All these elements provide the poor with the right means, skills and incentives to participate in decision-making processes.

According to Morrissey (2000), participation has developmental benefits by promoting new attitudes and skills of the poor. Empowered household members have access to information, acquire skills, and develop a sense of ownership.

Empowerment of poor people prepares them to better respond to societal challenges. A South African case study carried out in 1996 points out that few poor people who happened to be workers had little understanding of a worker's trust and management of their own funds (Eckert et al 1996) but a case study in 2001 pointed out that workers and the poor who are empowered understood their rights and management of their funds.

The poor who are empowered sometimes have access to electricity, health services, schools, telephones and improved roads. They have the ability to influence wages and working conditions, security of employment, their medical insurance contribution and pension benefits (Gray, Lyne & Ferrer, 2005).

CHAPTER 3
METHODOLOGY AND PROCEDURES

The methodology for this study was selected on the basis of its aims and objectives. In this chapter, the following are discussed: setting, scope, study design and research tools.

3.1 INTRODUCTION

This project was approved by the Human Research Ethics Committee of the University of the Witwatersrand. It was also authorised by the Head of the Department of the Limpopo Provincial Department of Health and Social Development.

3.2 SETTING OF THE STUDY

The study was conducted in the Waterberg District, one of the five districts of Limpopo Province.

3.3 SCOPE OF THE STUDY

The study investigated the reported changes in assets and resources of the subjects who participated in the MEC's poverty-alleviation programme. As the study was conducted in a rural district, its findings may not be applicable to urban areas.

3.4 STUDY DESIGN

This was a cross-sectional study. The study was descriptive and no intervention was undertaken during the assigned study period.

3.4.1 Study Population

The study population was 200 auxiliary nurses who were trained in the Waterberg District of Limpopo Province. They are currently employed in different health facilities in the district.

3.4.2 Sampling

A questionnaire was sent to all the auxiliary nurses in the district. Therefore, the study sample was the cohort of 200 auxiliary nurses.

3.5 MEASUREMENT TOOLS

The data-collection tool was based on the previous experience of the researcher and his supervisor. The study instrument used in this study was a structured questionnaire (Annexure C). The questionnaire has incorporated a number of questions used in previous studies (such as the Birth to Twenty study) (Birth to twenty, 2008). It was written in English only because it was expected that all subjects were able to comprehend English. The participants reported their socio-economic status before and after joining the programme.

3.5.1 Variables

The questionnaire included the variables referred to in Table 3.1.

Table 3.1. List of variables

Demographic profile	Age, gender, marital status, ethnicity, religion, residence
Family profile	Occupation and education of parents and spouse
Household composition	Number of people in the household
Housing conditions	Number of rooms; type of floor; the existence of refuse collection; household water; toilet; household assets; availability of water and wood; the number of meals; the type of transport
Income	Source and range of family income, dependency, accounts

The questionnaire collected information on various topics such as: housing, access to electricity, indoor water source and toilets, material possessions (such as television sets, radio, music system, video machine, fridge, washing machine, microwave land-line telephone, motor vehicle), the number of residents, and the household income. An asset indicator score (Bradshaw and Steyn, 2001) was then calculated from the

9 bivariate variables mentioned under “housing conditions” above.

3.6 DATA MANAGEMENT

3.6.1 Data Collection

The questionnaire with the information sheet was sent to all the health facilities in the district.

The nursing managers of these health facilities were requested to distribute this questionnaire to enrolled nursing auxiliaries working in their institutions. The managers were requested to put a box in the hospital record office (which normally collects various records and information and, therefore is less threatening to the staff). The respondents were asked to drop the completed questionnaire in these boxes. After one week, the researcher collected those boxes.

3.6.2 Data Analysis

All data was captured and analysed with the EPI-Info software (version 3.4.1). Descriptive statistics was used for analysis (Table 3.2). Chi-square tests and Wilcoxon signed-rank test were carried out, when necessary.

Table 3.2 Statistical tests

	Parametric data	Non-parametric data
Central tendency and spread	Mean and Median Standard deviation, Inter-quartile range	Proportion
Analytical statistics		Chi-square tests and Wilcoxon signed-rank test

3.7 PILOT STUDY

A pilot study was undertaken at the Warmbaths Hospital with three auxiliary nurses who

had graduated from the programme. The purpose of the pilot study was to test the suitability of the interview questions.

3.8 ETHICAL CONSIDERATIONS

This project was approved by the Committee for Research on Human Subjects (Medical) R14/49, (Appendix B) and the postgraduate committee (Appendix A). It was also authorised by the Limpopo Department of Health. Respondents were asked to complete a structured questionnaire anonymously and to drop completed questionnaire in a marked box for collection. Therefore, respondents' confidentiality was maintained. All questionnaires were coded and the names of respondents were not recorded anywhere on the questionnaire in order to ensure confidentiality. Respondents were identified only by numbers.

CHAPTER 4
RESULTS

The results obtained from the analysis of the data are described in this chapter.

4.1 RESPONSE RATE

A total of 200 questionnaires were sent to respondents. One-hundred-and-eighty-eight questionnaires were returned fully completed, which translated into a response rate of 94%.

4.2 RESPONDENTS' YEAR OF ENTRY INTO PROGRAMME

The table below (Table 4.1) summarises the respondents in terms of their year of entry into the programme and their places of origin. Of the 188 respondents, 51 (27.1%) joined in 2004, 37 (19.7%) in 2005, 34 (18.1%) in 2003, 25 (13.3%) in 2006, 23 (12.2%) in 2007 and 18 (9.6%) in 2008. The majority of the respondents 115, (61.1%) originated from rural areas; 62 (33%) originated from urban areas while 11 (5.9%) were from the farming areas.

Table 4.1 Place of origin

	Place of origin			
	Total	Farm	Rural	Urban
2003	34 (18.1%)	2	20	12
2004	51 (27.1%)	3	29	19
2005	37 (19.7%)	1	24	12
2006	25 (13.3%)	2	19	4
2007	23 (12.2%)	2	11	10
2008	18 (9.6%)	1	12	5
TOTAL	188	11 (5.9%)	115 (61.1%)	62 (33.0%)

4.3 DEMOGRAPHIC PROFILE

4.3.1 Age

Table 4.2 summarises respondents according to their age categories and their place of origin. Of the 188 respondents, 106 (56.4%) were between the ages of 25 and 35 years, 59 (31.4%) were between 18 and 25, 21(11.2%) were older than 35, while 2 (1.1%) were below the age of 18.

Table 4.2 Age categories

Age categories	Place of origin			
	Total	Farm	Rural	Urban
1. Under 18	2 (1.1%)	0	0	2
2. 18-25	59 (31.4%)	5	35	19
3. 25-35	106 (56.4%)	5	67	34
4. Above	21 (11.2%	1	13	7
Total	188	11	115	62

4.3.2 Gender

In Table 4.3 a summary of respondents' gender is presented. Out of a total of 188 respondents, 119 (60%) were females, while 69 (40%) were males. A chi-square test indicated that there was no significant association between gender and original place of origin (p=0.41).

Table 4.3 Gender

Gender	Place of origin			
	Total	Farm	Rural	Urban
Male	69 (40%)	2 (18.2%)	43 (37.4%)	24 (38.7%)
Female	119 (60%)	9 (81.8%)	72 (62.6%)	38 (61.3%)
Total	188	11	115	62

4.3.3 Marital Status

Table 4.4 summarises the respondents' marital status according to their place of origin. Of the 188 respondents, 168 (89.4%) were single, 18 (9.6%) were living with their partners, while 2 (1%) were married. There was no statistical significant association between marital status and respondents' place of original residence (chi-square test, p=0.84).

Table 4.4 Marital Status

Marital status	Place of origin			
	Total	Farm	Rural	Urban
Single	168 (89.4%)	10 (91%)	101 (87.8%)	57 (91.9%)
Living with partner	18 (9.6%)	1 (9%)	13 (11.3%)	4 (6.4%)
4. Married	2 (1%)	0 (0%)	1 (0.9%)	1 (0.9%)
Total	188	11	115	62

4.3.4 Ethnicity

In Table 4.5, a summary of respondents in terms of their ethnicity and place of origin is presented. Of the 188 respondents, 185 (98.4%) were Africans, while 2 (1.6%) were coloured There was no significant association between ethnicity and original place of residence (chi-square test, p=0.66).

Table 4.5 Ethnicity

Ethnicity	Place of origin			
	Total	Farm	Rural	Urban
African	185(98.4%)	11(100%)	114 (99.1%)	60 (96.8%)
White	2 (1.06%)	0 (0%)	1 (0.9%)	1 (1.6%)
Coloureds	1 (0.5%)	0 (0%)	0 (0%)	1 (1.6%)
Total	188	11	115	62

4.3.5 Religion

Table 4.6 gives an indication of respondents in terms of their religion and place of origin. Of the 188 respondents, 127 (67.6%) were Christians, 60 (31.9%) believed in an African religion, while 1 (0.5%) believed in other religions. However, it was realised that respondents who stay in farm areas believed in both an African religion and Christianity, i.e. 54% and 45% respectively. A chi-square test showed that there was no statistical

significant association between religion and respondents place of origin (p=0.49).

Table 4.6 Religion

Religion	Place of origin			
	Total	Farm	Rural	Urban
African religion	60 (31.950	6 (54.5%)	35 (30.4%)	19 (30.6%)
Christianity	127 (67.6)	5 (45.5%)	79 (68.7%)	43 (69.4%)
Other	1 (0.5%)	0 (0%)	1 (0.9%)	0 (0%)
Total	188	11	115	62

4.3.6 Physical Status

No respondents with a disability had been enrolled on the programme since its inception in 2003.

4.4 FAMILY PROFILE

4.4.1 *Head of the Family*

Table 4.7 summarises respondents' responses in terms of who heads their household according to their place of origin. Of the 188 respondents, 97 (51.6%) respondents head households, followed by 60 (32%) mothers, 26 (13.8%) fathers and 5 (2.7%) by other family members. However, in the urban areas, the number of households headed by respondents (41.9%) and their mothers (40.3%) were equal. Chi- square test showed that there was no statistical difference between head of the family and respondents' place of original residence. (p=0.05).

Table 4.7 Head of the Family

Head of the family	Place of origin			
	Total	Farm	Rural	Urban
Father	26 (13.8)	4 (36.3%)	14 (12.2%)	8 (12.9%)
Mother	60 (31.9%)	3 (27.4%)	31 (27%)	26 (41.9%)
Self	97 (51.6%)	4 (36.3%)	68 (59.1%)	25 (40.3%)
Other	5 (2.7%)	0 (0%)	2 (1.7%)	3 (4.8%)
Total	188	11	115	62

4.4.2 Occupation

The previous occupations of the respondents are tabulated in Table 4.8.

Table 4.8 Occupation of the respondents and their spouses

	Self	Spouse
Management	None	Manager
Administration	Cashier/clerk, sales assistant, security	Petrol station attendant
Manual worker	brick layer, domestic worker, farm worker, gardener	
Informal	Hawker, self-employed	Taxi driver
Health	Home-based carer	Nursing, community development worker
Student	Learnership, student	
Unemployed		

4.4.3 Occupation and Education of Spouses and Partners

Spouses' highest education levels are listed in Table 4.9. There is no significant association between spouses' highest education and respondents' original residence (chi-square test, $p<0.15$).

Table 4.9 Education of spouses

Standard	Place of origin			
	Total	Farm	Rural	Urban
No formal education	159	9	99	51
Grade 3	1	0	0	1
Grade 7	1	0	1	0
Grade 8	1	0	1	0
Grade 10	1	0	0	1
Grade 11	3	2	1	0
Grade 12	20	0	11	7
Tertiary	4	0	2	2
Total	188	11	115	62

4.5 HOUSEHOLD COMPOSITION

The number of people living in the respondents' household before they joined the programme is listed in Table 4.10. A chi-square test indicated that there was no statistical difference between the number of people who were in the household before and after the respondents were placed on the poverty-alleviation programme ($p=0.36$).

Table 4.10 Number of people in the household

Number of people in the household	Total	Farm	Rural	Urban
1	2(1.1%)	0 (0.0%)	0 (0.0%)	2 (3.2%)
2	5(2.7%)	0 (0.0%)	1 (0.9%)	4 (6.5%)
3	10 (5.3%)	0 (0.0%)	5 (4.3%)	5 (8.1%)
4	23 (12.2%)	2 (18.2%)	16 (13.9%)	5 (8.1%)
5	30 (16.0%)	1 (9.1%)	19 (16.5%)	10 (16.1%)
6	44 (23.4%)	4 (36.4%)	26 (22.6%)	14 (22.6%)
7	23 (12.2%)	0 (0.0%)	17 (14.8%)	6 (9.7%)
8	26 (13.8)	3 (27.3%)	14 (12.2%)	9 (14.5%)
9	13 (6.9%)	1 (9.1%)	11 (9.6%)	1 (1.6%)
10	7 (3.7%)	0 (0.0%)	4 (3.5%)	3 (4.8%)
11	3 (1.6%)	0 (0.0%)	1 (0.9%)	2 (3.2%)
12	2 (1.1%)	0 (0.0%)	1 (0.9%)	1 (1.6%)

Table 4.10 gives a summary of the number of people in the household before and after respondents were placed on the programme. The number of people in the household ranges between one and 12. The average number of people in the household in all the areas was 6.

Table 4.11 compares the number of people in their household before and after they joined the programme.

Table 4.11 Number of people in the household before and after joining the programme

	Before*	After*	P value
Number of people in the household	3 (2)	5(2)	<0.0001

*Median and interquartile range

A Wilcoxon signed-rank test showed that there was a major difference between the number of rooms respondents had before (median 3, interquartile range 2) and after they were enrolled on the programme (median 5, interquartile range 2) ($p<0.0000$).

4.6 HOUSING CONDITIONS

4.6.1 Number of Rooms

In Table 4.12, a comparison of the number of rooms in the house before and after the respondents were placed on the programme is presented. A chi-square test showed that there was no statistical difference between the number of rooms and respondents' original place of residence (p=0.15).

Table 4.12 Number of rooms in the house before and after joining the programme

Number of rooms	Before				After
	Total	Farm	Rural	Urban	
0	1 (0.5%)	0 (0.0%)	1 (0.9%)	0 (0.0%)	1 (0.5%)
1.	13 (6.9%)	0 (0.0%)	9 (7.8%)	4 (6.5%)	0 (0.0%)
2.	52 (27.7%)	1 (9.1%)	36 (31.3%)	15 (24.2%)	6 (3.2%)
3.	63 (33.5%)	3 (27.3%)	38 (33.0%)	22 (35.5%)	14 (7.5%)
4.	35 (18.6%)	4 (36.4%)	19 (16.5%)	12 (19.4%)	51 (27.1%)
5.	11 (5.9%)	1 (9.1%)	9 (7.8%)	1 (1.6%)	36 (19.2%)
6.	10 (5.3%)	2 (18.2%)	1 (0.9%)	7 (11.3%)	45 (23.9%)
7	1 (0.5)	0 (0.0%)	1 (0.9%)	0 (0.0%)	15 (8.0%)
8	1 (0.5%)	0 (0.0%)	1 (0.9%)	0 (0.0%)	10 (5.3%)
9	1 (0.5%)	0 (0.0%	0 (0.0%)	1 (1.6%)	6 (3.2%)
Total	188	11		62	188

A Wilcoxon signed-rank test showed that there was a major difference between the number of rooms respondents had before (median 3, interquartile range 2) and after they were enrolled on the programme (median 5, interquartile range 2) (p<0.0001). These changes were indicated hereunder as follows:

4.6.2 Home

Table 4.13 compares the type of home the respondents lived in before and after they were enrolled on the programme. The chi-square test showed that there was no statistical difference between the type of homes respondents had before and after they were placed on the programme, according to their place of origin (p=012).

Table 4.13 Types of houses before and after joining the programme

	Before				After
	Total	Farm	Rural	Urban	
Shack	89 (47.3%)	4 (36%)	60 (5.2.2%)	25 (40%)	5 (2.5%)
Hostel	3 (1.6%)	1 (9.1%)	2 (1.7%)	0 (0.0%)	2 (1%)
Room/garage	3 (1.6%)	0 (0.0%)	0 (0.0%)	3 (4.8%)	0 (0%)
Shared house	13 (6.9%)	1 (9.1%)	9 (7.8%)	3 (4.8%)	7 (4%)
Flat/cottage	1 (0.5%)	0 (0.0%)	1 (0.9%)	31 (%0.0)	1 (0.5%)
House	79 (42.0%)	5 (45.5%)	43 (37.4%)	31 (50.0%)	173 (92.0%)
Total	188 (%)	11	115	62	188

There were major improvements in homes after the respondents were placed on the programme (Wilcoxon signed-rank test p<0.0001).

4.6.3 Floor

Table 4.14 presents a comparison of the type of floors the respondents had in their home before and after they were enrolled on the programme. The chi-square test showed that there was no difference in the type of floors according to respondents' original place of residence (p=0.27).

Of the 188 respondents, 94 (50%) lived in houses with plastered floors before they were placed on the programme. After they were placed on the programme, the number increased to 124 (66%); 56 (29.8%) lived in houses with mud even floors before the programme, and after they were placed on the programme, the number decreased to 7 (3.7%); 2 (1.1%) lived in homes with tiled floors before the programme and after they were enrolled on the programme, the number increased to 56 (29.8%).

Table 4.14 Types of floors in houses before and after joining the programme

	Before				After
	Total	Farm	Rural	Urban	
Mud-uneven	32 (17.0%)	1 (9.1%)	19 (16.5%)	12(19.4%)	0 (0%)
Mud even	56(29.8%)	5 (45.5%)	40 (34.8%)	11(17.7%)	7 (3.7%)
Plastered	94 (50.0%)	5(45.5%)	54 (47.0%)	35(56.5%)	124 (66%)
Tiles	2 (1.1%)	0(0.0%)	1 (0.9%)	1(1.6%)	56 (29.8%)
Other	4 (2.1%)	0(0.0%)	1(0.9%)	3(4.8%)	1 (0.5%)
Total	188	11	115	62	188

A Wilcoxon signed-rank test showed that there were major improvements in the type of floors before and after the respondents were placed on the programme. ($p<0.0001$).

4.6.4 Refuse Collection

Table 4.15 indicates how respondents disposed of household refuse before and after the programme. There was a significant association between their original place of residence and refuse collection methods (chi-square test, $p<0.0001$).

Of the 188 respondents, 78 (41.5%) respondents had their refuse collected before the programme, and after they were enrolled on the programme the number increased to 91 (48.4%). There was a significant improvement in refuse-collection methods after they joined the programme (Wilcoxon signed-rank test, $p<0.000$).

Table 4.15 Types of Refuse Collection

	Before				After
	Total	Farm	Rural	Urban	
Garbage dumped	28 (14.9%)	3 (27.3%)	24 (20.9%)	1 (1.6%)	10 (5.3%)
Garbage burned	59 (31.4%)	3 (27.3%)	48 (41.7%)	8 (12.9%)	60 (31.9%)
Garbage buried	23 (12.2%)	1 (9.1%)	18 (15.7%)	4 (6.5%)	27 (14.4%)
Garbage collected	78 (41.5%)	4 (36.4%)	25 (21.7%)	49 (79.0%)	91 (48.4%)
Total	188	11	115	62	188

4.6.5 Household Water

Table 4.16 indicates the household water the household water the respondents had access to before and after they were enrolled on the programme. There was a significant association between their original place of residence and source of water (chi-square test, p<0.0001).

Of the 188 respondents, 34 (18.1%) had access to indoor water before the programme, and after they were enrolled on the programme the number increased to 71 (37.8%).

- Other water source decreased from 9.0% to 3.7%
- Outside water taps decreased from 72.9% to 58.5%
- Indoor water increased from 18.1 % to 37.8%

Table 4.16 Types of water sources before and after joining the programme

	Before				After
	Total	Farm	Rural	Urban	
Other water source	17 (9.0%)	4 (%)	12 (%)	1 (%)	7 (3.7%)
Outside tap water	137(72.9%)	3 (%)	90 (%)	44 (%)	110 (58.5%)
Indoor water	34 (18.1%)	4 (%)	13 (%)	17(%)	71 (37.8%)
Total	188	11	115	62	188

The Wilcoxon signed-rank test showed that there were major improvements in the source of household water before and after the respondents were placed on the programme (p<0.00001).

4.6.6 Toilet

Table 4.17 indicates the type of household toilets the respondents had access to before and after they were enrolled on the programme. The chi-square test showed that there was a statistical significance between types of toilets and respondents' place of original residence (p<0.00001).

Table 4.17 Types of toilets before and after joining the programme

	Before				After
	Total	Farm	Rural	Urban	
Other type	4 (2.1%)	0 (0.0%)	4 (3.5%)	0 (0.0%)	3 (1.6%)
Pit/bucket	77 (41.0%)	6 (54.5%)	61 (53.0%)	10 (16.1%)	56 (29.8%)
Flush outside	65 (34.6%)	1 (9.1%)	33 (28.7%)	31 (50.0%)	61 (32.4%)
Flush inside	42 (22.3%)	4 (36.4%)	17 (14.7%)	21 (33.9%)	68 (36.2%)
Total	188	11	115	62	188

There was major changes of types of toilets before and after respondents were placed in the programme (Wilcoxon signed-rank test, $p<.00001$).

4.6.7 Household Assets

The asset scores were calculated in terms of the methods described in the Section 2.4.4. Table 4.18 gives an indication of the household assets the respondents had before and after they were enrolled on the programme. The chi-square test showed that there was no statistical significance between types of assets and respondents' place of original residence ($p<0.1$).

Table 4.18 Asset score before and after joining the programme

	Before				After
	Total	Farm	Rural	Urban	
Median	3(3)	3(3)	3(3)	3(3)	8(8)
Min	0	0	0	0	1
Mode	11	8	11	9	12

There were major changes in their asset score before and after respondents were placed on the programme (Wilcoxon signed-rank test, $p<.00001$).

4.6.8 Availability of Water and Wood

A significant number of respondents carried wood and water before joining the programme. The proportion of these activities reduced significantly after respondents joined the programme (chi square test, $p<0.0001$).

Table 4.19 Carrying wood and water before and after joining the programme

	Before	After
Carrying water		
Yes	102 (54.3%)	40 (21.3%)
No	86 (45.7%)	148 (78.7%)
Carrying wood		
Yes	99 (47.4%)	13 (6.1%)
No	89 (52.6%)	175 (93.9%)

4.6.9 Meals

Table 4.20 presents a comparison of the number of meals the respondents had before and after they were enrolled on the programme. A chi-square test showed that there were significant differences in the number of meals and respondents' place of origin ($p<0.0001$).

Of the 188 respondents, 97(51.6%) had two meals before the programme, and after they were enrolled on the programme 8 (14.3%) continued to have two meals per day; 54 (28.7%) had three meals per day before the programme and after they were enrolled on the programme 162 (86.2%) had three meals per day; 33 (17.6%) had one meal per day before the programme, and after they were enrolled on the programme, 16 of the 188 respondents had four meals per day.

Table 4.20 Number of meals before and after joining the programme

	Before				After
	Total	Farm	Rural	Urban	
0	3 (1.6%)	1(9.1%)	2(1.7%)	0(0%)	1(0.5%)
1	33(17.6%)	0(0%)	23(20%)	10(16%)	1(0.5%)
2	97(51.6%)	59(45.5%)	61(53%)	31(50%)	8(4.3%)
3	54(28.7%)	4(36.4%)	29(25.2%)	21(33.9%)	162(86.2%)
4	1(0.5%)	1(9.1%)	0(0%)	0(0%)	16(8.5%)
Total	188	11	115	62	188

A Wilcoxon signed-rank test showed that there were major changes in the number of

meals consumed before and after the respondents were placed on the programme ($p<0.0001$).

4.6.10 Transport

There is no difference in the use of transport between respondents who originate from farms, rural and urban areas (chi-square test, $p=0.33$) (Table 4.21). However, there was a significant decrease in the number of respondents who walked from home to work after the program (78.2% to 17%). There is also a significant increase in the number of respondents who used public transport after they were enrolled on the programme (from 21.8% to 81.9%). Two respondents now use private transport to travel to and from work.

Table 4.21 Type of transport before and after joining the programme

	Before				After
	Total	Farm	Rural	Urban	
1. Walk	147 (78.2%)	8 (72.7%)	94 (81.7%)	45 (72.6%)	32 (17.0%)
2. Public	41 (21.8%)	3 (27.3%)	21 (18.3%)	17 (27.4%)	154 (81.9%)
3. Private	0 (0%)	0 (0%)	0	0 (0%)	2 (1.1%)
Total	188	11	115	62	188

A Wilcoxon signed-rank test indicated that there were major changes in transport before and after respondents were placed on the programme ($p<0.00001$).

4.6.11 Domestic Workers

Table 4.22 summarises the use made of domestic servants by respondents before and after they were enrolled on the programme. The chi-square test showed that there was no statistical difference between types of servants and respondents' place of original residence ($p = 0.80$).

Table 4.22 Domestic workers before and after joining the programme

	Before				After
	Total	Farm	Rural	Urban	
No servants	176 (93.6%)	10 (91%)	107 (93.0%)	59 (95.2%)	151 (80.3%)
Part-time servants	10 (5.3%)	1 (9%)	6 (5.3%)	3 (4.8%)	29 (15.4%)
Full- time servants	2 (1.1%)	0 (0%)	2 (1.7%)	0 (0%)	8 (4.3%)
Total	188	11	115	62	188

There were significant changes in the use of domestic servants before and after respondents were placed on the programme (\Wilcoxon signed-rank test p<0.0001).

4.7 INCOME

4.7.1 Source and Range

There is no difference between respondents' place of origin and their source of income (chi-square test, p=0.81).

The income of respondents changed from other sources to salary, which is now their main income. The income of respondents increased from 11.2% to 100%. It was noted that 21 respondents were previously employed before they were enrolled on the programme. Respondents no longer depended on parents or their partners. A Wilcoxon signed-rank test showed that the income of respondents changed significantly after they were placed on the programme (p<0.00001).

Table 4.23 Main source of income before and after joining the programme

	Before				After
	Total	Farm	Rural	Urban	
Salary	21 (11.2%)	2	9	10	188 (100%)
Income relative	57	3	37	17	0
Parents' income	32	2	17	13	0
Partners' income	4	0	3	1	0
Income others	73	4	48	21	0
Interest saving	1	0	1	0	0
Total	188	11	115	62	188

4.7.2 Family Income

A chi-square test showed that there were differences in family income of respondents according to their place of origin ($p < 0.03$).

Table 4.24 Level of family income before and after joining the programme

Rands a month	Before				After
	Total	Farm	Rural	Urban	
1. 0-1000	168	8	109	51	0
2. 1001-2000	12	2	2	8	0
3. 2001-3000	5	1	3	1	0
4. 3001-4000	1	0	1	0	39
5. 4001-5000	1	0	0	1	107
6. 5001-6000	1	0	0	1	37
7. 6000+					5
Total	188	11	115	62	188

After they were enrolled on the programme the family income changed significantly (Wilcoxon signed-rank test $p<0.00001$)

4.7.3 *Number of people dependent on household*

There is no difference between respondents who originate from farms, rural and urban areas in terms of the number of people dependent on the household. (chi-square test, $p<0.02$).

Table 4.25 Number of people dependent on household before and after joining the programme

Number of dependents	Before					After
	Total	Farm	Rural	Urban	Total	
0	157 (83.5%)	9 (81.8%)	98 (85.2%)	50 (80.6%)	157	122 (64.9%)
1	8 (4.3%)	0 (0%)	3 (2.6%)	5 (8.1%)	8	10 (5.3%)
2	4 (2.1%)	1 (9.1%)	2 (1.7%)	1 (1.6%)	4	16 (8.5%)
3	6 (3.2%)	0 (0%)	5 (4.3%)	1 (1.6%)	6	5 (2.7%)
4	8 (4.3%)	0 (0%)	3 (2.6%)	5 (8.1%)	8	16 (8.5%)
5	1 (0.5%)	1 (9.1%)	0 (0%)	0 (0%)	1	13 (6.9%)
6	2 (1.1%)	0 (0%)	2 (1.7%)	0 (0%)	2	1 (0.5%)
7	0	0	0	0	0	0
8	1 (0.5%)	0 (0%)	1 (0.9%)	0 (0%)	1	3 (1.6%)
9	0	0	0	0	0	0
10	1 (0.5%)	0 (0%)	1 (0.9%)	0 (0%)	1	2 (1.1%)
Total	188	11	115	62	188	188

A Wilcoxon signed-rank test showed that there were significant changes before and after respondents were placed on the programme in terms of people dependent on household ($p < 0.00001$).

4.8 ACCOUNTS

4.8.1 Bank

There is no difference between respondents who originate from farms, rural and urban areas in terms of bank accounts (chi-square test, $p=0.36$).

Before respondents were enrolled on the programme, 145 (77%) of them had no bank accounts, while 22.9% had accounts. After joining the programme all respondents had accounts.

Table 4.26 Bank account before and after joining the programme

	Before				After
	Total	Farm	Rural	Urban	
No	145 (77.1%)	9 (81.8%)	92	44 (71%)	0 (0%)
Yes	43 (22.9%)	2 (18.2%)	23	18 (29%)	188 (100%)
Total	188	11	115	62	188

There were major changes in the number of bank account holders after respondents were placed on the programme (Wilcoxon signed-rank test $p<0.00001$).

4.8.2 Clothing Accounts

There was no difference between respondents who originated from farms, rural and urban areas in terms of clothing accounts ($p=0.06$).

Of the 188 respondents, 145 (77.1%) did not have clothing accounts, while 43 (22.9%) had clothing accounts before the programme. After they joined the programme, however, 183 (97.3%) had accounts while 5 (2.7%) had no clothing accounts.

Type 4.27 Clothing accounts before and after joining the programme

	Before				After
	Total	Farm	Rural	Urban	
No	145 (77.1%)	9	92	44	5 (2.7%)
Yes	43 (22.9%)	2	23	18	183 97.3%)
Total	188	11	115	62	188

After they were placed on the programme, there were significant increases in the holding of clothing accounts (Wilcoxon signed-rank test p< 0.21).

4.8.3 Hire Purchase Account

Table 4.28 shows that there is no difference between respondents who originated from farm, rural and urban areas in terms of hire purchase accounts (chi-square test, p=0.72).

Of the 188 respondents, 187 (99.5%) had no hire purchase accounts, while one (0,5%) had a hire purchase account. After joining the programme, however, 116 (61.7%) had opened hire purchase accounts.

Table 4.28 Hire purchase account before and after joining the programme

	Before				After
	Total	Farm	Rural	Urban	
No	187 (99.5%	11	114	62	72 (38.3%)
Yes	1 (0.5%)	0	1	0	116 (61.7%)
Total	188	11	115	62	188

There were significant increases in holding hire purchase accounts after respondents joined the programme (chi-square test, p <0.0001)

4.8.4 Credit Cards

Table 4.29 shows there was no difference between respondents who originate from farms, rural and urban areas in terms of credit card accounts (p=0.36%).

Of the 188 respondents, 187 (99.3%) did not have credit card accounts, while 1 (0.5%) had an account. After they were enrolled on the programme, 31 respondents (17%) had credit cards.

Table 4.29 Credit card account before and after joining the programme

	Before				After
	Total	Farm	Rural	Urban	
No	187 (99.5%)	11	115	61	156 (83%)
Yes	1 (0.5%)	0	1	0	31 (17%)
Total	188	11	115	62	188

There was a significant increase in credit card accounts after the respondents joined the programme (Chi-square test, p <0.0001)

4.8.5 Funeral Cover

Table 4.30 shows there is no difference between respondents who originated from farms, rural and urban areas in terms of funeral cover (p = 0.87).

Of the 188 respondents, 138 (73.4%) did not have funeral cover, before they joined the programme. However, after they were enrolled on the programme, the number of respondents with funeral cover increased significantly to 154 (81.9%) (chi-square test p<0.00001).

Table 4.30 Funeral cover before and after joining the programme

	Before				After
	Total	Farm	Rural	Urban	
No	138 (73.4%)	8 (72.7%)	83 (72.2%)	47 (75.8%)	34 (18.1%)
Yes	50 (26.6%)	3 (27.3%)	32 (27.8%)	15 (24.2%)	154 (81.9%)
Total	188	11	115	62	188

4.8.6 Medical Aid

Table 4.31 shows there was no difference between respondents who originated from farms, rural and urban areas in terms of a medical aid scheme contribution (p=0.87).

Of the 188 respondents, 185 (98.4%) had no medical aid while 3 (1.6%) had medical aid before they joined the programme. After the respondents were enrolled on the programme the number of respondents having a medical aid increased significantly to 119 (63.3%) (p<0.00001).

Table 4.31 Medical aid before and after joining the programme

	Before				After
	Total	Farm	Rural	Urban	
No	185 (98.4%)	11 (100%)	112 (97.4%)	62 (100%)	69 (36.7%)
Yes	3 (1.6%)	0 (0%)	3 (2.6%)	0 (0%)	119 (63.3%)
Total	188	11	115	62	188

4.8.7 Savings

There was no difference between respondents who originates from farms, rural and urban areas in terms of savings account ($p = 0.84$).

Of the 188 respondents, 175 (93.1%) did not have savings accounts before they joined the programme but after they were placed on the programme, 126(67%) had savings accounts.

Table 4.32 Savings account before and after joining the programme

	Before				After
	Total	Farm	Rural	Urban	
No	175 (93.1%	10 (91%)	108 (93.9%)	57 (92%)	62 (33%)
Yes	13 (6.9%)	1 (9%)	7 (6.1%)	5 (8.9%)	126 (67%)
Total	188	11	115	62	188

After they were enrolled on the programme the number of respondents with saving accounts increased (chi-square test, $p<0.001$).

4.8.8 Other

Table 4.33 shows a comparison between respondents with other types of accounts (such as stockvel, building societies) before and after they were placed on the programme.

Table 4.33 Other Savings accounts before and after joining the programme

	Before				After
	Total	Farms	Rural	Urban	
No	188 (100%)	11 (100%)	115 (100%)	62 (100%)	169 (90%)
Yes	0 (0%)	0 (0%)	0 (0%)	0 (0%)	19 (10%)
Total	188	11	115	62	188

After they were enrolled on the programme the number of respondents with other types of accounts increased (chi-square test, $p<0.001$).

CHAPTER 5

DISCUSSION

In this chapter, the results obtained from the analysis of the data are discussed and compared with those from other published studies.

5.1 INTRODUCTION

This study was the first to evaluate the impact of poverty alleviation by means of training people from poor families in auxiliary nursing in the Limpopo Province. The literature reviewed was only available in some official documents and reports of the Department of Health and Social Development. The documents reviewed were selected after considering their content, and relevance to the topic. The findings documented in this report are based on the reported knowledge and experience of the respondents.

5.2 DEMOGRAPHIC PROFILE

A demographic profile of the respondents provided a good determinant of the poverty level of the population under study. For this study, the demographic profile of respondents enrolled on the programme was gathered by using the following indicators: age, gender, marital status, ethnicity, religion, and physical status of respondents.

The results showed that the majority of respondents enrolled on the programme 106 (56%) were between the ages of 25 and 35, followed by those who were between the ages of 18 and 25 i.e. 59 (31%). The second highlight from the results showed that the majority of the respondents on the programme were female 119 (60%). The findings linked to age and gender stress the link with the findings highlighted by the Machibiza Survey in 2003, which highlighted the problems faced by young people within these age groups in finding employment. Said-Makgetha (2004) found that the majority of them were women and that if employed, they were paid less than men and even tended to perform unpaid labour.

In terms of marital status, 168 (89%) respondents were single. The results are

consistent with the selection criteria and conditions attached to the programme. The fact that respondents were bread winners, emerged from poor families, and were expected to take care of their siblings meant a delay in their marriages.

The fact that most of the respondents (185, 98%) were Africans is not surprising. These results are consistent with the demographic profile of residents of the Waterberg District Municipality as reflected by the Municipal Demarcation Board (2001) and STATS SA (2009).

The results revealed that 127 (67.6%) of the respondents were Christians and 60 (32%) believed in African religions. This finding was consistent with the predominant religious beliefs of Africans who happen to be in the majority in a rural district like Waterberg.

None of the respondents enrolled on the programme were physically challenged or disabled.

5.3 FAMILY PROFILE

Chen and Corak (2008) argue that the family profile or structure plays an important role in guiding policy makers to intervene in poor families. For this study, the researcher collected information from respondents that focused on the occupation and education of respondents' parents and spouses. The results revealed that the respondents and spouses were employed in low-paying jobs grouped into administrative, skilled, manual, and informal categories. Some were students while others were unemployed. Administrative work for respondents included jobs such as cashiers, clerks, sales assistants, security guards, while the majority of their spouses were employed in informal jobs such as petrol attendants. Secondly, in the manual labour job category, respondents were employed as brick layers, domestic workers, farm workers and gardeners. In the informal sector, they worked as hawkers while others were self-employed. Their spouses, on the other hand worked as nurses and community development workers. Some of the respondents were doing learnerships while others were students before their enrolment in the programme.

The jobs listed above for both the respondents and their spouses are common with what was stated in the Municipal Demarcation Board (2001) and reflect the fact that a

small percentage of the workforce are employed as senior officials or professionals. In terms of education of the spouses, the majority of respondents did not have spouses, but those who had them 20 (10,6%) had Grade 12, 4(6,4%) had tertiary qualifications, while the rest 6 (3.2%) of their spouses' had education levels ranging from Grade 3 to Grade 11.

5.4 HOUSEHOLD COMPOSITION

Household composition is a major factor that influences government policy on its intervention strategy towards its citizens. Hao and Corak (2008) argue that household resources are influenced by the number of people who reside within such a household. The standard of living is likely to be higher in a household with fewer members, than in a household with many members. The results from this study revealed that the number of people in the household ranged from one to 12, with a significant number of respondents having more than five members in their households.

The results from this study are similar to those from the report of the Municipal Demarcation Board (2001) about the statistics of Waterberg District Municipality.

5.5 HOUSING CONDITIONS

The discussion hereunder is based on the following factors: number of rooms, type of houses, type of floors, refuse collection, household water, types of water sources, types of toilets, household assets, access to water and wood, number of meals, transport and domestic workers.

From the comparison made of these factors before and after respondents were placed on the programme, the results revealed that there was a significant improvement in the housing conditions of these respondents. The number of households with few rooms declined, while the number of households with four or more rooms, increased significantly after respondents were placed on the programme. Informal houses such as shacks/zozos declined significantly while there was a significant increase in formal housing. The fact that informal housing decreased significantly meant that floors such as mud uneven and mud even also decreased significantly and that plastered and tiled floors increased in number.

The fact that there was a difference in how refuse was disposed of between urban and rural areas should not be a surprise, because the majority of municipal services are still concentrated in urban areas. The results further indicated that there was a significant change in how refuse was disposed of after respondents were placed on the programme.

Accessibility to household water sources and types of toilets are closely linked to a significant increase in indoor water source, which has a direct link to indoor flush toilet. Therefore, the significant decrease in pit/bucket toilet system was linked to the fact that there was a significant increase in accessibility to tap water.

The findings from this study confirmed that participation in the poverty-alleviation programme had created significant improvement in household conditions for the participants.

5.6 INCOME

Chen and Corak (2008) argue that income is central to available resources and offers the basis for easy comparison that may not be simple with other indicators to distinguish between households that are poor and non-poor.

This study focused on the following variables to make a comparison between households whose respondents were placed on the programme: sources and ranges of family income, dependency, and types of accounts respondents had before and after joining the poverty-alleviation programme.

The study revealed that the majority of respondents are currently earning between R4 000 and R5 000 per month, which is far above the poverty line of the headcount poverty index of a monthly income of R800 per month

The salary of the respondents was the main income of all the respondents after they were placed on the programme. The respondents no longer depended on other sources of income that they had before joining the programme. The fact that respondents could depend on their salary for a living and were enabled to no longer be

subjected to all manners of humiliation at the hand of grant and aid administrators. They are now detached from a stigma of being considered idlers or worthless and parasitic individuals. Stable incomes are expected to provide them with a sense of security and confidence unlike before when they were dependent on social grants and donor aid allocations.

In terms of accounts, the results revealed that there was a significant increase in the following types of accounts after respondents were placed on the programme: bank accounts, clothing accounts, higher purchase, credit accounts and investment accounts such as savings, funeral cover and medical aid.

The fact that there was a significant improvement or increase in accounts and investment after respondents were enrolled on the programme signifies what Morrissey (2000) and Nayana (2002) call major improvement in the lives of the poor and their families in the sense that they have access to financial information and skills to manage their own accounts and investment. They have a sense of ownership and are capacitated to make independent and informed choices and decisions about their own future.

The significant increase in the number of accounts after respondents were placed on the programme endorses what the World Health Organisation WHO (2003) calls empowerment of the poor, because they have a sense of ownership of such accounts which they never had before being enrolled on the programme. Morrissey (2000) suggests that the ability to contribute to medical aids, funeral covers, and pension benefits and to make investments is a sign of growth . This study demonstrated the fact that those enrolled on the programme are now on a path towards crossing the bridge of hardship of life that traps the poor in stressful economic and social conditions through their entire lives.

Trainer (2009) argues that contribution to investment leads to inclusion in the mainstream society and treatment as equal and no longer being exposed to risks leading to worse health and pre-mature death. The fact that there was a significant improvement in investment meant that respondents had escaped the great physiological wear and tear that prevents the poor from enjoying a healthy old age (WHO, 2003).

5.7 ASSET INDICATOR SCORE

Bradshaw et al (2001) propose that the asset indicator can be used as a proxy indicator for socio-economic status in the health sector. This study shows significant changes in asset indicator scores after respondents had joined the programme. This finding corroborates other findings of the study conducted by the MDB (2001) in the Waterberg District.

CHAPTER SIX

CONCLUSION

In this chapter, the results are assessed in relation to the aims of the study, so that appropriate conclusions can be drawn. The limitations of the study are also articulated. Appropriate recommendations are made within the context of the findings of the study. These recommendations focus on the improvement of the poverty-alleviation programme in the Limpopo Province. Finally, suggestions for further research are presented.

6.1 CONCLUSIONS RELATED TO THE AIMS OF THE STUDY

This was a cross-sectional descriptive study and, therefore, it looked at rather broad issues pertaining to the subject of poverty alleviation. More qualitative studies need to be done which will entail making observations on the province, which may corroborate or find against the current strategies used in the province.

6.1.1 Determination of the demographic profile of the auxiliary nurses trained by this programme

The findings of this study showed that the majority of the respondents were African youths, and that females were in the majority. It is also concluded that none of them were physically disabled and that they all emerged from the rural part of Waterberg District in the Limpopo Province.

6.1.2 Determination of their socio-economic condition before and after they have joined the programme

Based on the findings of this study, it is concluded that there was a significant improvement in their family profile, housing conditions and income and asset indicator scores after they were placed on the programme.

6.2 LIMITATIONS OF THE STUDY

The study may have following limitations:

- There might be a selection bias due to lack of participation from few respondents
- There might be an information bias due to failure of the respondents to provide accurate information as no validation was done to verify the information provided by the respondents; and
- There might be a recall bias as respondents might not remember past conditions.
- There was no control group to compare the findings of poverty alleviation projects with other types of intervention.

6.3 RECOMMENDATIONS

The recommendations made below were based on the findings from this study. Some of the points have been taken directly from suggestions or requests made by the subjects, while others have been determined based on the analysis of the data by the researcher. The suggestions and recommendation of the research supervisor are also considered. Possible new topics of research have been suggested. The findings that the researcher felt would be beneficial and relevant both to health professionals and to the subjects were presented below.

6.3.1 Use of findings of this study

It is hoped that the Department of Health and Social Development in the Limpopo would utilise the findings of this study to improve the socio-economic conditions of the provincial population.

6.3.2 Expansion of the programme to the other health districts

Based on the findings of the study, the Department of Health and Social Development should expand this programme to the other health districts in Limpopo as well as other provinces.

6.3.3 Further research

The following are areas of research that the researcher believes are important, as the findings would enlighten the Department of Health for better management of health care workers and improvement in the provision of services.

IMPACT ON HUMAN RESOURCE FOR HEALTH IN THE WATERBERG DISTRICT

This study showed that the project had significantly improved the socio-economic conditions of the respondents. It is now important to explore the impact of this programme on human resource management in the Waterberg Health District.

COMPARATIVE STUDY OF VARIOUS POVERTY ALLEVIATION PROGRAMMES

A comparative study with cost benefit analysis would assist to assess the impact of poverty alleviation programme with other programmes.

6.4 CONCLUSION

This research found conclusive evidence that the poverty alleviation project in the Limpopo Province has significantly improved the economic conditions of the beneficiaries. These beneficiaries represent the general population in the Province. Hopefully, both the Department of Finance and the Department of Health and Social Development in the Limpopo Province would utilise the findings of this study to review and to improve other poverty alleviation programmes in the Waterberg District and the Province.

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ANNEXURE

ANNEXURE A: ETHICS CLEARANCE CERTIFICATE

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

Division of the Deputy Registrar (Research)

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)
R14/49 Letshokgohla

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER M080977**
PROJECT	Evaluation of the MEC Poverty Alleviation Programme in the Waterberg District of Limpopo province
INVESTIGATORS	Mr ME Letshokgohla
DEPARTMENT	School of Public Health
DATE CONSIDERED	08.09.26
DECISION OF THE COMMITTEE*	Approved unconditionally

Unless otherwise specified this ethical clearance is valid for 5 years and may be renewed upon application.

DATE 09.01.21 **CHAIRPERSON** .....
(Professor P E Cleaton Jones)

*Guidelines for written 'informed consent' attached where applicable

cc: Supervisor : P Cummins

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10004, 10th Floor, Senate House, University.
I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. **I agree to a completion of a yearly progress report.**

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES...

ANNEXURE B: APPROVAL FROM POSTGRADUATE COMMITTEE

Faculty of Health Sciences
Medical School, 7 York Road, Parktown, 2193
Fax: (011) 717-2119
Tel: (011) 717-2745

Reference: Ms Tania Van Leeve
E-mail: tania.vanleeve@wits.ac.za
04 August 2008
Person No: 0618634W
PAG

Mr ME Letshokgohla
54 Golfbaan
Bela - Bela
0480
South Africa

Dear Mr Letshokgohla

Master of Public Health (Hospital Management): Approval of Title

We have pleasure in advising that your proposal entitled "*Evaluation of the MEC's poverty alleviation programme in the Waterberg district of the Limpopo Province*" has been approved. Please note that any amendments to this title have to be endorsed by the Faculty's higher degrees committee and formally approved.

Yours sincerely

Mrs Sandra Benn
Faculty Registrar
Faculty of Health Sciences

ANNEXURE C: INFORMATION SHEET

Information sheet

Good Day,

I am Mr ME Letshokgohla from the Wits School of Public Health at the University of the Witwatersrand who are evaluating the poverty alleviation programme of training auxiliary nurses in the Waterberg district of Limpopo Province. We would be most grateful if you would consider participating in this work.

Why are we doing this? The Department of Health and Welfare introduced Auxiliary Nurse Training as a poverty alleviation programme in 2003 with sixty (60) enrolled Auxiliary nurses selected from needy families. To date a total of two hundred (200) enrolled nurses have graduated through the programme in Waterberg District. We don't know if this poverty alleviation programme of training auxiliary nurses created a pathway through which the youth from poor families improved their socio-economic condition. Therefore, I will be grateful if you will participate in a study to examine this.

What do we expect from the respondents in the study? We expect 45 to 60 minutes of your time to fill in the attached questionnaire.

Are there benefits to the respondents? No

May I withdraw my child from the study? Certainly, you may not fill in the attached questionnaire without having to give a reason. Remember that the study is completely voluntary and not taking part in it, or withdrawing from it, carries no penalty of any sort. Your employment will not be influenced.

What about confidentiality? Confidentiality will be maintained by the use of a code on all questionnaire. You will fill in the questionnaire and drop the complete questionnaire in the designated box kept at the Records office of your Hospital. PLEASE DO NOT WRITE YOUR NAME ON THE QUESTIONNAIRE.

If you have any queries, more information may be obtained from Mr ME Letshokgohla at telephone number (014) 736 2024 or Mr N Molokomme (014) 736 2121

If you are unhappy with the way research is conducted, you are welcome to contact the Chair of the Wits Human Ethics Committee Prof P Cleaton Jones through his secretary Ms Anisa Keshav (011-717-1234)

By completing the questionnaire, you consent to participate in this study.

Thank you

Mr ME Letshokgohla
MPH Hospital Management student

ANNEXURE D: QUESTIONNAIRE

QUESTIONNAIRE

1. AUXILLIARY NURSING PROGRAMME

(a) The year you have joined the programme : .....

(b) The year you have finished the programme : .....

2. DEMOGRAPHIC PROFILE

2.1 Age

Under 18	
18 – 25	
25 - 35	
35 and over	

2.2 Gender

Male	
Female	

2.3 Physical Status

Abled	
Disabled	

2.4 Ethnicity

African	
White	
Indian	
Coloured	

2.5 Religion

African Religion	
Christianity	
Muslim	
Other (specify	

2.6 What is your current marital status?

Single	
Divorced or separated	
Living with partner	
Married	
Widowed	

3. RESIDENCE

3.1 Place of Origin

Farm	
Rural	
Urban	

3.2 Have you lived in other areas for more than one year?

Yes	
No	

If yes, please fill in the dates "from – to"

	Place	From	To
Place 1			
Place 2			

4. FAMILY DETAILS

4.1 What is/was your parents' main occupation (Including jobs in the informal sector)

Father .....

Mother .....

4.2 What was your main occupation before joining the programme? (Including the informal sector) .....

4.3 What is your spouse's/partner's main occupation at present? (Including the informal sector) .....

4.4 What is the highest standard / grade that your spouse/partner passed?

.....

4.5 Does your spouse/partner have any tertiary education?

Yes	
No	

4.5.1 If yes, what is the highest tertiary education that your spouse/ partner had/have .....

4.6 Head of the family

Father	
Mother	
Self	
Other (specify)	

5. HOUSEHOLD COMPOSITION

Please list off the members of the household (people generally sharing the same main meal) where the study participant lives. Please start with the study participant and then proceed from the oldest to the youngest

Relationship to study participant i.e. brother, aunt, cousin	**Sex i.e. male, female**	**Age**
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

6. SOCIO-ECONOMIC CONDITIONS

6.1 In how many rooms do the above household members sleep (including kitchen, lounge, dining room, bedrooms or outside structures)

Before joining the programme	2009

6.2 How would you describe your home **(please choose one)**

	Before joining the programme	2009
Shack / Zozo		
Flat / Cottage		
House		
Hostel		
Shared House		
Room / Garage		

6.3 How would you describe the floors in you house **(please choose one)**

	Before joining the programme	2009
Mud – uneven		
Mud – even		
Plastered		
Tiles		
Other		

6.4 How do you dispose of your refuse **(please choose one)**

	Before joining the programme	2009
Dump garbage away from home		
Burn garbage		
Bury garbage in yard		
Garbage gets collected		

6.5 Household water – do you have access to water **(please choose one)**

	Before joining the programme	2009
Indoor water		
Only outside tap water		
Other water source		

6.6 What type of toilet do you have **(please choose one)**

	Before joining the programme	2009
Flush inside		
Only flush outside		
Pit/bucket		
Other type		

6.7 Which of the following do you have in your household?

	Before joining the programme	2009
Electricity		
Television		
Radio		
Motor vehicle		
Fridge		
Washing Machine		
Telephone		
Video Machine / DVD Player		
Microwave		

6.8 Did you ever regularly carry water or wood on your head?

	Before joining the programme	2009
Regularly carried water		
Regularly carried wood		

6.9 Do you have any servants?

	Before joining the programme	2009
Full-time		
Part-time		

6.10 How many meals do you have per day?

Number of meals	Before joining the programme	2009

6.11 Mode of transport to work **(please choose one)**

	Before joining the programme	2009
Walking		
Public Transport		
Private Transport		

7. INCOME

Income is a sensitive question to many people. However, it is very important for the study to have an idea of your monthly income. We would appreciate it if you could answer the following questions :

7.1 What is your main source of income of your household? **(Please choose one)**

	Before joining the programme	2009
Your salary		
Interest from your savings		
Your partner's income		
Your parents' income		
Income from other relatives		
Other		

7.2 What is your family's monthly income? **(please choose one)**

	Before joining the programme	2009
Between 0 and R1 000		
Between R1 001 and R2 000		
Between R2 001 and R3 000		
Between R3 001 and R4 000		
Between R4 001 and R5 000		
Between R5 001 and R6 000		
More than R6 000		

7.3 Do you have any immediate family members that are dependent on receiving remittances (money or goods) from your household?

	Before joining the programme	2009
How many people?		
How much (value in Rand)		

7.4 Please list any family, friends or organisations that gave you financial support **during the past six months**

WHO	**WHAT** (e.g. groceries, money, clothes, etc.

7.5 Do you have an account at

	Before joining the programme	2009
Bank		
Clothing store		
Hire Purchase Account		
Credit Card		
Funeral Cover		
Medical Aid		
Do you have any money saved (i.e. stokvel, bank, etc.)		
Other		

Thank you kindly for your time and assistance