

A Report on the Study

And Community Needs Analysis Of Mt Frere, Transkei

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QUALITATIVE RESEARCH FINDINGS

Mt Frere

1. INTRODUCTION

This Report presents the findings from the Mt Frere area, and is therefore complementary to the reports of Peddie and Cradock respectively.

Study area: A brief background of Mt Frere

Location

Mt Frere is situated on the eastern part of the Eastern Cape region. It falls under Umzimvubu Municipality, which is the part of the Alfred Ndzo Distric Municipalities. Mt Frere is a small town situated between Mt Ayliff and Qumbu towns along the N2 road. It contains about 222 villages and about 40% of them have got electricity. Near the towns there are squatter camps.

Population

The estimated population in Mt Frere is about 1 000 000. The place is over crowded, especially in town.

Climate

Mt Frere has a fair climate and the temperatures ranges between 10 and 35 degrees in summer. In winter temperatures are very cold. There is less rain in winter. Most areas are very dry.

Vegetation

Mt Frere has poor vegetation. Most areas are dry, as a result of that the vegetation is very poor. People grow maize and vegetables most of the time. Peach is the only fruit that is popular in that area.

Economy

The economy is very poor and this is worsened by crime levels. There are presently no investors interested to invest in this area. There are only two banks, which also serve other towns like Tabankulu, Qumbu and Mt Ayliff. There are two hotels whose standard seem low. There is a high rate of unemployment. The town is also less attractive to tourists.

Health

Health is a problem because there is only one hospital which has a poor service because of staff shortage and lack of facilities and resources. The hospital is dirty because of overcrowding.

Infrastructure

Roads are very bad and are not maintained. Even the N2 road between Mt Frere and Qumbu is in a bad state.

Mt Frere has got a few public schools. No private, special school, Technikon or University is available.

2. **RESEARCH METHODOLOGY**

The methodology utilized in this study was exploratory with a combination of both quantitative and qualitative approaches. The quantitative aspect was carried out through a structured survey questionnaire which was developed by the researchers and carried out by twelve trained field workers in Mt Frere. The training of fieldworkers happened over 2 days. The trained fieldworkers had to each carry out a pilot study of three houses each in order to test the instrument and report back to the trainers in order to ensure that the questionnaire was ready for use with appropriate corrections.

The fieldwork was carried out from 16-22 November 2002. The qualitative aspect was undertaken through focus groups which were undertaken by a trained research manager (Patrick Molatedi), with the assistance of an official from the Department of Social Development (Ms N Tshapa). Three focus groups were conducted with women from a variety of villagers, leadership of the area and with representatives of the youth of Mt Frere.

The focus groups were held on 17 and 28 November and the last on 8 December 2002.

The resultant findings were obtained from this investigation.

Field work

The researcher was advised by the Department of Social Development, through its district manager Ms Setlaba, of the existence of facilitation committees in the area of Mt Frere. Ms Setlaba delegated Ms N Tshapa to assist the researcher in the area.

Access to the area was therefore facilitated through a meeting held with the Facilitation Committee and the Department of Social Development on 12 November 2002.

The process of the survey was explained at this meeting where the community was informed that fieldworkers would have to be resident in the villages, so that training would form part of capacity building, so as to enable communities to undertake such surveys on their own in the future. The number of people required for fieldwork was explained and that fieldworkers would have to come from a sample of surrounding villages.

This was agreed upon by the meeting. Fieldworkers were identified and would be notified for training.

The training took place in the presence of the Facilitation Committee and the Department of Social Development officials.

Focus group sessions

The focus groups were scheduled to be conducted at the same time as the fieldwork was taking place. This was not possible because the official seconded to assist the research team had to attend to some official matters at Bisho. Thus the arrangements for conducting focus groups was delayed.

On Ms Tshapa's return from Bisho, the work proceeded in earnest and three focus group sessions with women, leadership and youth were arranged for 27 and 28 November and 8 December. The leaders focus group started late as members arrived one and a half hours after the scheduled start. This led to the session overlapping into the afternoon and thus delaying the start of the youth session. That is why the youth session was held in December.

Data management and statistical analysis

After data collection was completed by fieldworkers in Mt Frere, questionnaires were handed in to the Health and Development Research Institute, Faculty of Health Sciences at the University of Port Elizabeth, where the coding was overseen by an experienced researcher with the assistance of qualified coders, after which coding data typists from the UPE Computer Centre captured data in a delineated ASCII. An experienced statistician from UPE's Mathematical Statistics Department used a BMDP statistical analysis programme to analyse the data, which yielded the necessary tables and graphs for interpretation.

Villages

Tshisane, Luyengweni, Bhukaza, Niyona, Ntsimbini, Mbizeni, Lwandlana, Ntlabeni, Colana, Mgungundlovu, Ngwekazana, Mhlotsheni, Qumra, Tshungwana, Nqantosi, Hlane, Ngxabaxha, Cabane, Centuli, Mhlokwana, Mt Frere town and squatter camps.

3. PRESENTATION OF RESEARCH FINDINGS

The data will be presented utilizing tables, graphs and descriptions within the qualitative part of this report.

SECTION A: BIOGRAPHICAL INFORMATION

Table 3.1: Number of households per site

Number of households per site	Frequency	%
Primary household	496	99.4
Secondary household	1	0.2
Other	2	0.4
Total	499	100

Table 3.2: Number of households interviewed

Number of households interviewed	Frequency	%
Primary household	468	93.8
Secondary household	31	6.2
Total	499	100

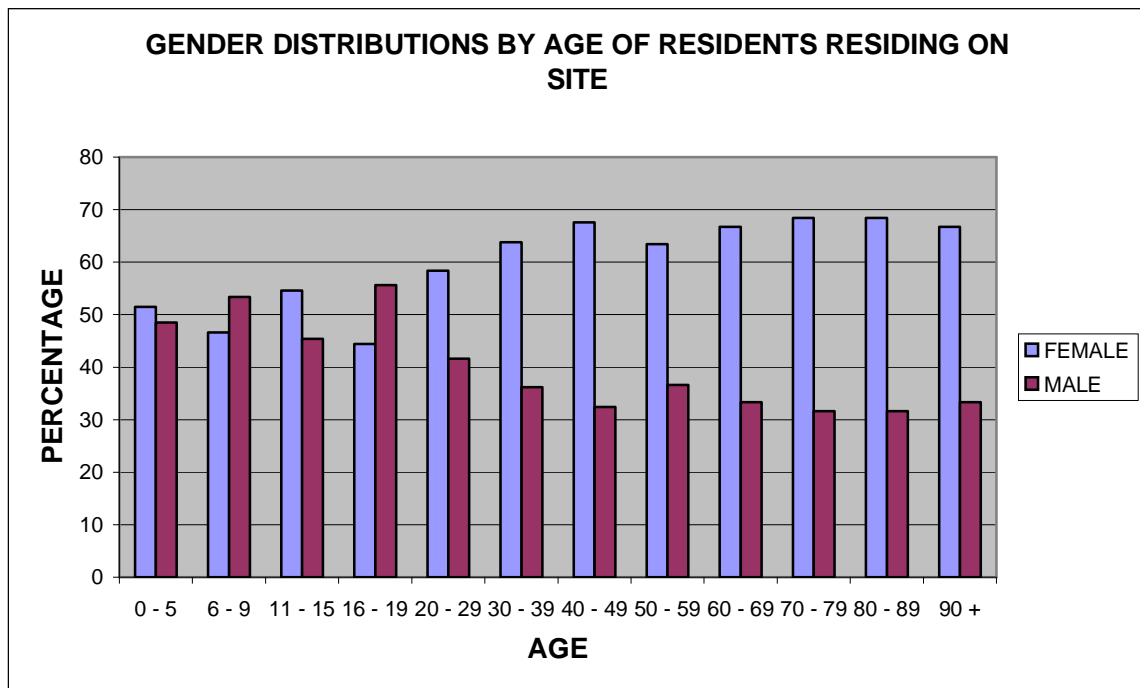
Tables 3.1 and 3.2 indicated that the majority of households were primary, meaning that they were main resident owners and to a lesser extent sub-letting tenants.

Table 3.3: Number of people per household

Number of people per household	Frequency	%
1	28	5.6
2	52	10.4
3-5	219	43.8
6-9	158	31.6
10-16	43	8.6
Total	500	100.0

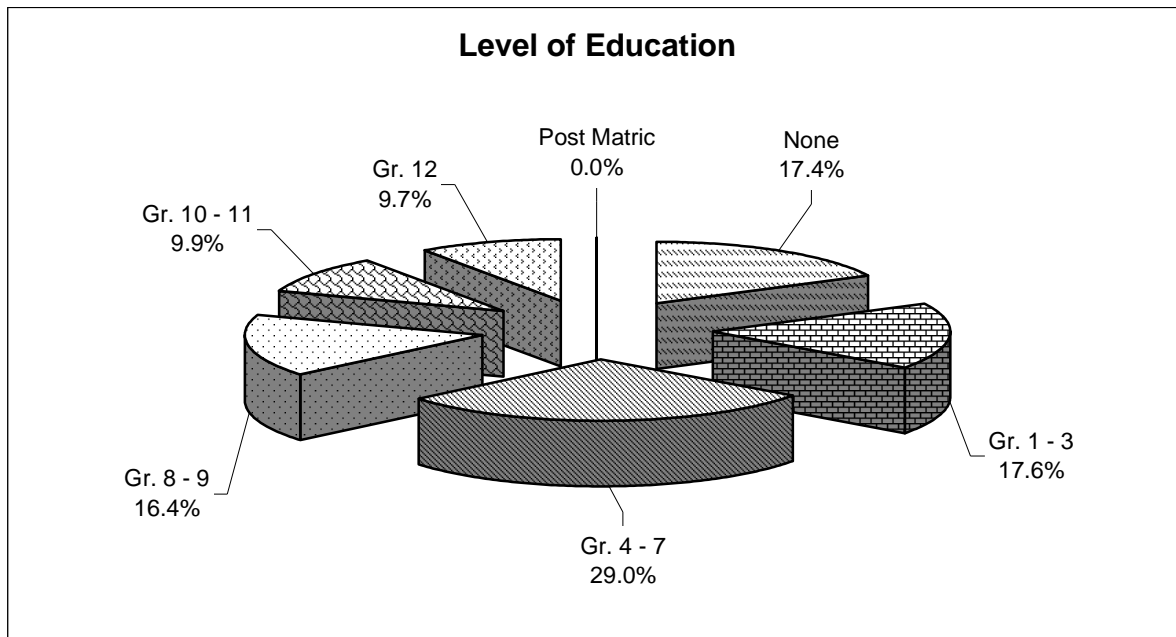
From Table 3.3's distribution of people per household, it can be deduced that the majority of people in a household was 3-5, followed by 6-9, based on the 43.8% and 31.6% respectively.

Figure 3.1: Gender and age distribution



Females seem to outnumber males in the reproductive ages of 29-49. This is also the case in the middle to elderly ages from 50-80. This is confirmed by the White Paper for Social Welfare (1997) which states that women make up more than half of the South African population.

Figure 3.2: Level of education



The majority of people in this area, 29%, only have grades 4-7 of education, which has a link to their employment status, which means, their level of education has an effect on the kind of skills they have for employment. This can be seen in the following table on employment status.

Table 3.4: Employment status

Employment status	Frequency	%
Pre-School	283	13.4
Scholar	1110	52.5
Student	81	3.8
Unemployed	339	16.0
Housewife	125	5.9
Part Time	47	2.2
Full Time	49	2.3
Informal	16	0.8
Pension	48	2.3
Medically Unfit	16	0.8
Total	2114	100.0

What is of significance from this table is its confirmation of Figure 3.2 and actually indicating that income is derived from pension at 2.3%, which is equal to those who are in full time employment. There are 2.2% employed on a part time basis and in addition 0.8% are earning in the informal sector. The combination of this income at 5.3% shows that the surveyed population experiences high rates of unemployment. According to the White Paper for Social Welfare (1997) illiteracy and poverty are major obstacles. Female unemployment is higher than that of males.

Table 3.5: **Marital status**

Marital status	Frequency	%
Not married	1874	72.2
Religious marriage	135	5.2
Court marriage	127	4.9
Traditional marriage	248	9.5
Widow/widower	156	6.0
Divorced	43	1.7
Living together	14	0.5
Total	2597	100.0

The majority of the sample (72.2%) were single as compared to 19.6% of a variety of marriages.

4. **HOUSING STATUS AND BASIC SERVICES**

Table 4.1: **Type of area households found**

Type	Frequency	%
Urban formal	46	9.2
Urban informal	57	11.4
Rural formal	397	79.4
Total	500	100.0

From this table it is indicated at 79.4% that most residents are in the rural formal areas.

Table 4.2: **Ownership status of land**

Ownership status	Frequency	%
Own the land	444	97.4
Rent the land	2	0.4
Other	10	2.2
Total	456	100.0

Table 4.3: **Ownership status of the dwelling**

Ownership status	Frequency	%
Own dwelling	446	89.4
Rent dwelling	38	7.6
Other	15	3.0
Total	499	100.0

Tables 4.2 and 4.3 are in agreement, ie the majority of people in this area own both land and dwelling.

Table 4.4: Type of dwelling

Type of dwelling	Frequency	%
Single	450	95.3
Semi-detached	8	1.7
Flat	14	3.0
Total	472	100.0%

Most homes are the single dwelling home found in rural areas.

Table 4.5: Main construction material used for outside walls

Main construction outside walls	Frequency	%
Bricks/blocks	143	28.7
Corrugated iron/Zinc	5	1.0
Wood	5	1.0
Dirt/Mud	287	57.6
Cement	57	11.4
Asbestos	1	0.2
Total	498	100.0

Table 4.6: Main construction material used for roof

Main construction for roof	Frequency	%
Bricks/Blocks	2	0.4
Corrugated iron/Zinc	410	82.5
Wood	2	0.4
Dirt mud	1	0.2
Cement	1	0.2
Roof tiles	7	1.4
Asbestos	1	0.2
Other	73	14.7
Total	497	100.0

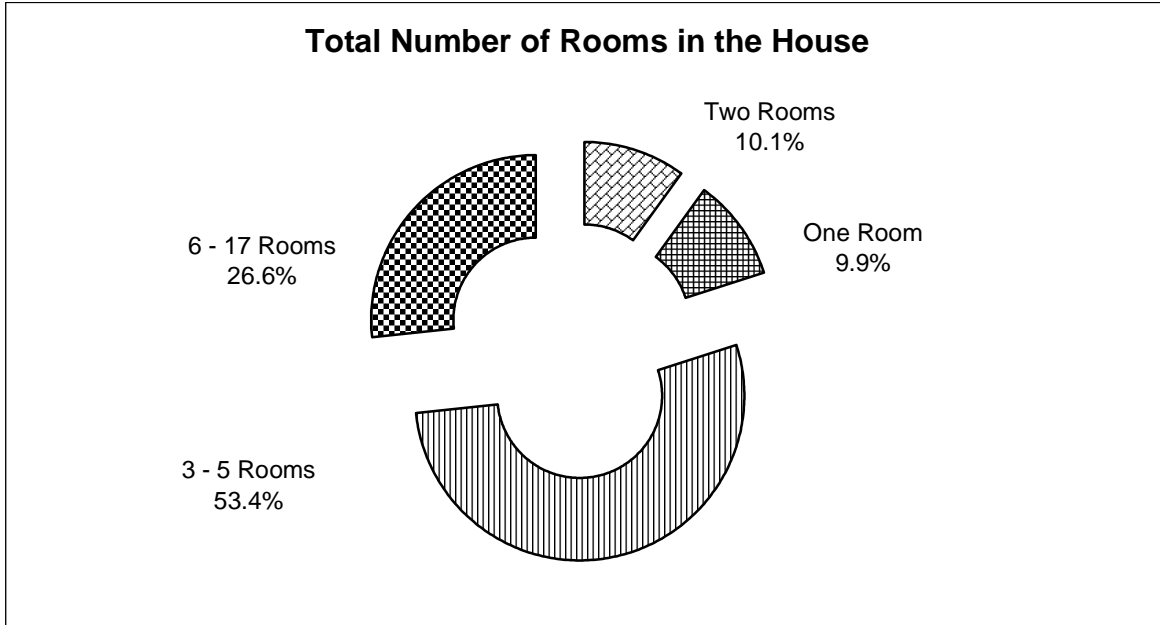
Tables 4.5 and 4.6 show that although more than half (57.6%) of the huts are made from dirt and mud, they are roofed with zinc and iron.

Table 4.7: Main construction material used for floor surfaces

Main construction for floor surfaces	Frequency	%
Bricks/Blocks	10	2.0
Cement	338	68.4
Wood	98	19.8
Carpet	47	9.5
Other	1	0.2
Total	494	100.0

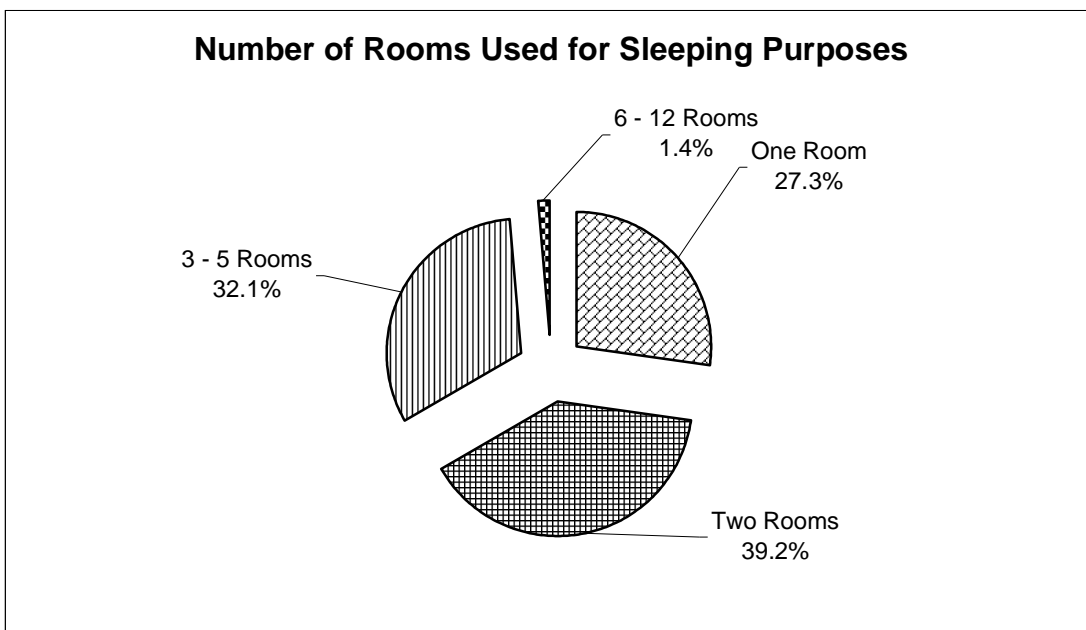
More than half of the households use a common material of cement for floor surfaces. The second choice is wood flooring.

Figure 4.1: Number of rooms in house



About half of the households (53.4%) have 3-5 rooms in their dwelling.

Figure 4.2: Number of rooms used for sleeping purposes



Figures 4.1 and 4.2 indicate that for those households who have 3-5 rooms in the house, at least 2 rooms are utilised for sleeping purposes.

Table 4.8: Number of people sleeping per house

Number of people sleeping per house	Frequency	%
1	37	7.6
2	61	12.4
3-5	229	46.7
6-17	163	33.3
Total	490	100.0

This table indicates that there is 46.7% of people sleeping per 3-5 house.

Table 4.9: Main source of water

Source of water	Frequency	%
Piped water in house	18	3.6
Piped water on site	37	7.4
Communal tap	225	45.1
Rainwater tank	5	1.0
Protected dam/well/fountain	99	19.8
River	114	22.8
Other	1	0.2
Total	499	100.0

The main source of water is communal taps at 45.1% and the river at 22.8%, and protected dam/well/fountain at 19.8%. Less than half of the sample have access to piped water and even lesser have access to such water in their own homes.

Table 4.10: Distance from nearest source of water

Distance from nearest water source	Frequency	%
<20m	38	8.7
20-49m	49	11.2
50-99m	43	9.9
100-199m	106	24.3
200-499m	108	24.8
500m+	92	21.1
Total	436	100.0

This table indicates that almost half of the surveyed population's distance from a source of water ranges from 100 – 500+ metres. This water comes from a variety of sources, indicated in Table 4.9

Table 4.11: Number of households sharing a communal tap

Households sharing communal tap	Frequency	%
2	1	0.5
3-5	12	5.6
6-9	30	14.0
10-19	52	24.2
20-49	73	34.0
50+	47	21.9
Total	215	100.0

The sharing of communal taps has to be seen in terms of totaling the 10-19, 20-49 and 50+ households in order to get the 80.1% of those sharing taps

Table 4.12: Toilet use

Toilet use by	Private toilet in home		Private toilet outside		Private toilet in someone's house		Communal toilet		Do not use toilet		Total	
	F	%	F	%	F	%	F	%	F	%	F	%
Adults	22	4.4	335	67.1	22	4.4	0	0.0	120	24.0	499	100.0
Children	11	2.6	275	64.4	15	3.5	0	0.0	126	29.5	427	100.0
Infants	25	13.4	21	11.2	0	0.0	1	0.5	140	74.9	187	100.0

Table 4.13: Type of toilet used

Type of toilet used	Frequency	%
Flush toilet	3	0.6
Septic tank flush	34	6.8
Bucket system	21	4.2
Pit latrine	347	69.8
Other	92	18.5
TOTAL	497	100.0

This table indicates that only 3 households in this sample have flush toilets. The majority utilises the pit latrine which can be said to be detrimental to a community's hygiene.

5. EDUCATION AND TRAINING

Table 5.1: Where are pre-school children during the day

Where are preschool children during the day	No		Yes		Total	
	F	%	F	%	F	%
At home with parent	105	51.2	100	48.8	205	100.0
At home with family member	173	84.4	32	15.6	205	100.0
At home with minor	205	100.0	0	0.0	205	100.0
With neighbour	205	100.0	0	0.0	205	100.0
With family elsewhere	204	99.5	1	0.5	205	100.0
At creche/pre-school	128	62.4	77	37.6	205	100.0
Other	205	100.0	0	0.0	205	100.0

This table indicates that the majority (64.4%) of children are with family, although a large number are in some creche or pre-school (37.6%). This is often the contribution of women to development, which is not always acknowledged in development or social policy (White Paper for Social Welfare, 1997).

Table 5.2: Whereabouts of children of school going age not at school

Whereabouts of children of school going age not at school	No		Yes		Total	
	F	%	F	%	F	%
At home with parents	36	26.1	102	73.9	138	100.0
At home with family member	118	85.5	20	14.5	138	100.0
At home with minor	138	100.0	0	0.0	138	100.0
With a neighbour	138	100.0	0	0.0	138	100.0
With family elsewhere	137	99.3	1	0.7	138	100.0
At home without supervision	123	89.1	15	10.9	138	100.0
Other	138	100.0	0	0.0	138	100.0

Even though this is only a sample of a surveyed population, Table 5.2 shows a cause for concern where about 98.4% of children of school going age are not at school. This violates their fundamental right of schooling (RSA Constitution, UN Convention on Children's Rights and the African Charter of the Rights and Welfare of the Child). The second concern is the 10.9% of the sample left at home without supervision.

Table 5.3: How schools are rated by respondents

Schools rated by respondents	Frequency	%
Poor	345	69.7
Adequate	113	22.8
Good	37	7.5
Total	495	100.0

The poor rating of more than half by respondents is indicative of one reason why the more than half of children are not in schools.

Table 5.4: How opportunities for further adult education and/or training in the area are rated

Opportunities for further adult education and/or training in area	Frequency	%
Poor	365	83.7
Adequate	46	10.6
Good	25	5.7
Total	436	100.0

Table 5.5: Do schools in the area have programmes about sexually transmitted diseases?

Schools have programmes about sexually transmitted diseases	Frequency	%
Yes	306	61.4
No	192	38.6
Total	498	100.0

Table 5.6: Do schools in the area have programmes about HIV/AIDS?

Schools have programmes About HIV/AIDS	Frequency	%
Yes	314	64.5
No	173	35.5
Total	487	100.0

Judging from the percentages in Tables 5.5 and 5.6 there seem to be a fair amount of education on sexually transmitted diseases and HIV/AIDS.

Table 5.7: Are parents involved with school matters

Parents involved with school matters	Frequency	%
Yes	181	45.4
No	218	54.6
Total	399	100.0

The involvement of parents with school matters has to be seen in the context of parental literacy or education levels as well as around their activities in finding employment or some means of support. This table shows that more than half of parents are not involved with school matters.

Table 5.8: Activities parents are involved with at schools

Activities parents are involved with at schools	Frequency	%
Meeting/School governing body	119	79.3
Cleaning	2	1.3
Funding	21	14.0
School's preparation	11	7.3
Building of school	10	6.7
Creche management	8	5.3
Total	150	100.0

Table 5.8 shows that parents are involved with some activities at school, especially the school governing body and fundraising.

6. HEALTH ISSUES

Table 6.1: Number of households with pregnant women between 10-49 years of age

Households with pregnant women between 10-49 years	Frequency	%
Yes	26	5.3
No	460	94.7
Total	486	100.0

This does not come across as a problem in the sample in terms of 5.3% of reported cases of the question.

Table 6.2: Attendance of antenatal clinics, per age group

Age group	Frequency	%
10-15	2	9.1
16-19	6	27.3
20-29	11	50.0
30-39	3	13.6
Total	22	100.0

Half of the sample of 20-29 age group attends antenatal clinics, which is compatible to many developing countries statistics around the fertility age group. The teenage pregnancy at the level of 36.4% (10-19 year olds) is a concern as this might affect their schooling, employment and block opportunities for development.

Table 6.3: Number of people in household known to have TB

Number of people in household known to have TB	Frequency	%
Yes	17	85.0
No	3	15.0
Total	20	100.0

This table indicates a health concern. The sample indicates that it has knowledge of those who have TB. This disease is classified as one of HIV/AIDS opportunistic diseases.

Table 6.4: Contraceptive use among women between 10-49 years of age

Contraceptive	Frequency	%
Not sexually active	210	27.1
None	198	25.5
Pill	77	9.9
IUD	8	1.0
Injection	143	18.4
Female sterilization	21	2.7
Condom	2	0.3
Withdrawal	113	14.6
Male sterilization	1	0.1
Other	3	0.4
Total	776	100.0

From Table 6.4 it can be seen that contraceptives are not used by 25.5% of the sample, and 14.6% utilise the withdrawal method, which could mean that there is forty percent of women who, for some reason are not protected from pregnancy and other sexual consequences.

Table 6.5: Allowing pregnant scholars back at school after giving birth

Allowing pregnant scholars back at school after giving birth	Frequency	%
Yes	11	52.4
No	10	47.6
Total	21	100.0

More than half of the sample are in favour of allowing formerly pregnant scholars back at school.

Table 6.6: Are babies in households immunised according to road to health card?

Babies immunised according to health card	Frequency	%
Yes	121	96.0
No	5	4.0
Total	126	100.0

The high percentage of positive answer indicates that the majority of children in this sample are immunised.

Figure 6.1: Households with children receiving food supplements

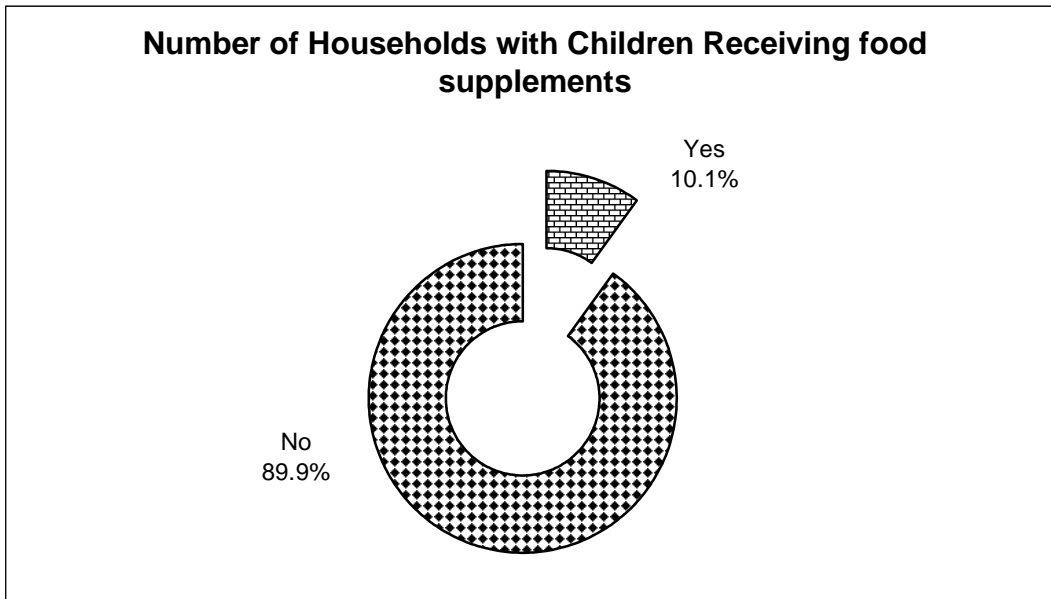
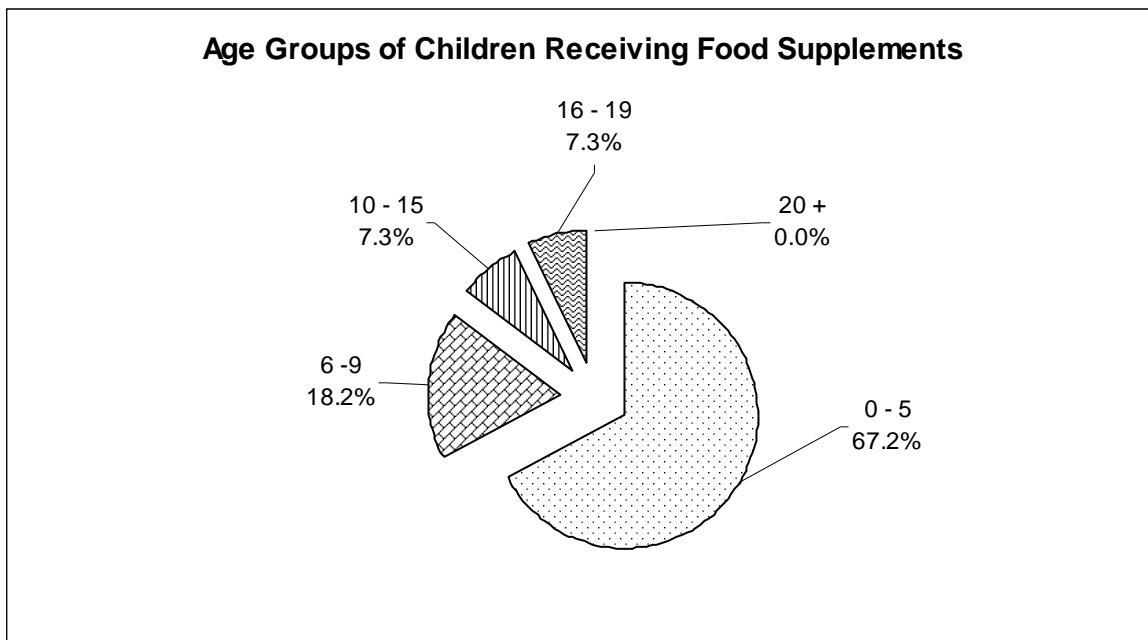


Figure 6.2 Age groups of children receiving food supplements



Figures 6.1 and 6.2 indicate that only 10.1% of children receive food supplements and from those 67.3% are in the 0-5 year age group and 6-9 year group respectively.

Table 6.7: Source of food supplements

Source	Frequency	%
Welfare	40	74.1
Social Worker	8	14.8
Other	6	11.1
Total	54	100.0

Table 6.8: Children who suffered from diarrhoea in past 4 weeks

Children suffering from diarrhoea	Frequency	%
Yes	48	10.1
No	429	89.9
Total	477	100.0

Diarrhoea does not seem to be a problem in the indicated time of the past four weeks.

Table 6.9: Number of children with special needs per age group

Age	Frequency	%
0-5	2	4.4
6-9	7	15.6
10-15	15	33.3
16-19	11	24.4
20+	10	22.2
Total	45	100.0

The above Table 6.9 indicates that there is a need for services to children with special needs in the age group 10-20, and the types of disability are depicted in the following graph. The White Paper for Social Welfare (1997) indicates that people with disabilities face extreme levels of inequality and discrimination. One of the disabled person's vulnerability is lack of service and access to resources

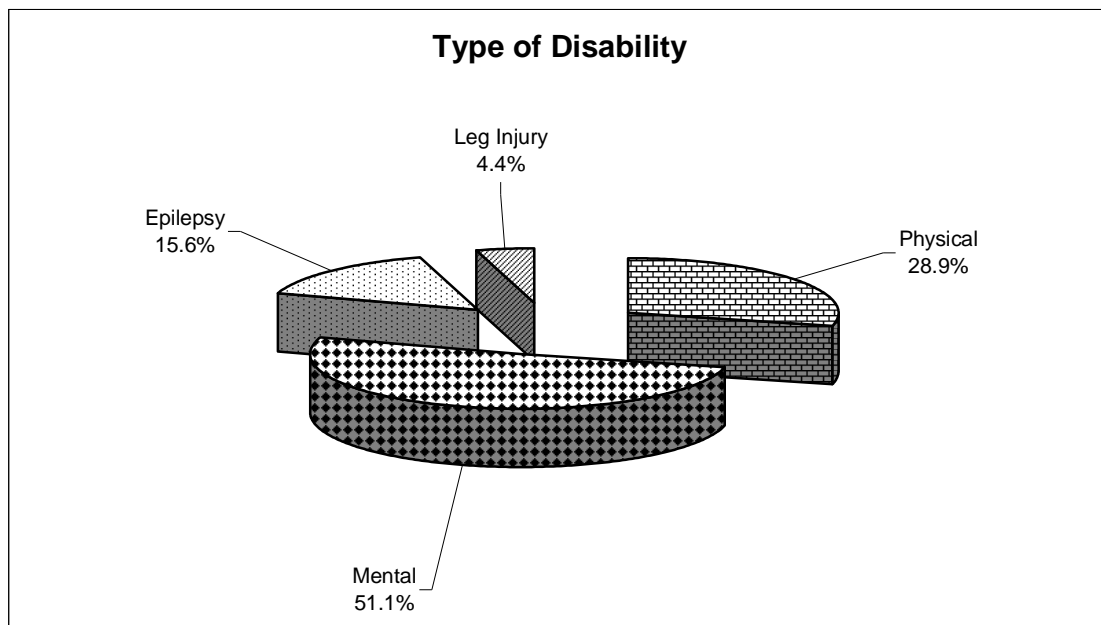
Figure 6.3: Type of disability

Table 6.10: **Adequacy of facilities to cater for children's special needs**

Adequacy of facilities for children's special needs	Frequency	%
Yes	12	26.7
No	33	73.3
Total	45	100.0

This table confirms the previous information of the absence of services for children with special needs.

Table 6.11: **Where sick people are taken to, per household**

Sick people taken to	Frequency	%
Doctor/Nurse/Clinic	223	44.8
Doctor/Nurse/Hospital	179	35.9
Private doctor	94	18.9
Other	2	0.4
Total	498	100.0

People in this area utilize a doctor/nurse in a clinic, hospital and to a lesser extent a private doctor.

Table 6.12: **Time taken to get to nearest health facility**

Time	Frequency	%
<10min	4	0.8
<30min	82	16.6%
<1hour	100	20.3
<2hours	91	18.5
2hours+	216	43.8
Total	493	100.0

A significant number of people take 2 hours + to get to a health facility. This indicates a problem with access to health facility in this area.

Table 6.13: **Operating hours of health facilities, per household**

Variable	N	Mean	S.D.	Min.	Q1	Median	Q3	Max.	95% Lo	95% Hi
Q8_2	493	97.49	78.32	5.00	30.00	70.00	140.00	700.00	90.56	104.42
Q8_3_1	492	884.55	354.94	0.00	800.00	800.00	830.00	2400.00	853.11	915.99
Q8_3_2	460	1617.66	123.32	1000.00	1600.00	1600.00	1700.00	2400.00	1606.36	1628.96

Table 6.13 indicates that the median of health facilities open from 08h00 – 16h00.

Table 6.14: Visitation by health educator/Volunteer in past 4 weeks

Visitation	Frequency	%
Yes	48	9.7
No	447	90.3
Total	495	100.0

The results indicate a minimal visitation by a health educator since 90.3% have no visitation at all.

Table 6.15: Experience of the death of a household member in past year

Death of household member	Frequency	%
Yes	129	25.9
No	369	74.1
Total	498	100.0

According to Table 6.15 there has only been 25.9% deaths in the past year within households.

Table 6.16: Reason for deaths

Reasons	Frequency	%
Disease	84	62.2
Old age	13	9.6
Accident	8	5.9
Violence	13	9.6
Unknown	15	11.1
Other	2	1.5
Total	135	100.0

About 62.2% of persons in this surveyed population die of disease, followed by 11.1% of unknown causes and 9.6% is both related to deaths by violence or old age.

Table 6.17: Number of deaths per age category

Age	Frequency	%
0-5	9	6.7
6-9	0	0.0
11-15	2	1.5
16-19	1	0.7%
20-29	27	20.0
30-39	18	13.3
40-49	17	12.6
50-59	16	11.9
60-69	23	17.0
70-79	12	8.9
80-89	8	5.9
90+	2	1.5
Total	135	100.0

The number of deaths in this table seems concentrated around the ages ranging from 20-29, 30-39 and 40-49, which are also the ages related to fertility and child bearing.

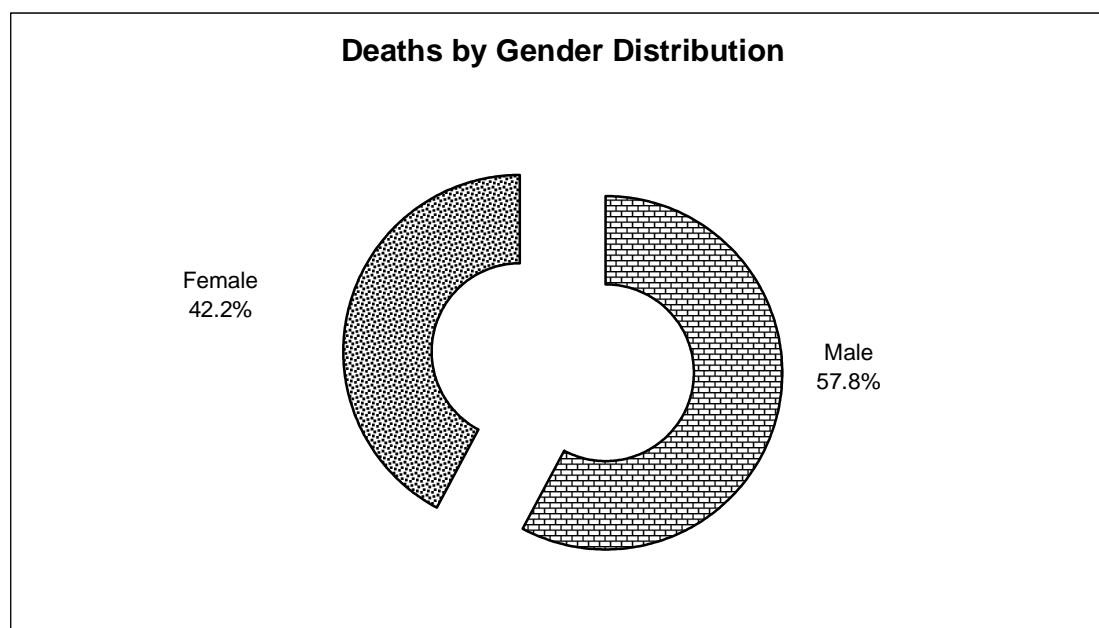
Figure 6.4: Deaths by gender distribution

Figure 6.4 indicates that there are more male deaths than female deaths.

Table 6.18: Opinion as to whether people in community are suffering from HIV/AIDS

People suffering from HIV/AIDS	Frequency	%
Yes	183	36.6
No	317	63.4
Total	500	100.0

Table 6.19: Opinion as to whether people in community are dying as a result of HIV/AIDS

People dying from HIV/AIDS	Frequency	%
Yes	227	45.4
No	273	54.6
Total	500	100.0

Respondents are asked in both the above Tables 6.18 and 6.19 to give their opinion which is value laden. More than half answered no, which seems reasonable, as the question is asking respondents to assess whether they have HIV/AIDS. What is notable is that if Table 6.19 response of yes (45.4%) is compared with Table 6.17, about the number of deaths per age group (20-29, 30-39 and 40-49), the combined percentage of the given ages of 45.9% is close to the yes answer given in Table 6.19.

Table 6.20: Knowledge about households where children were left orphaned as a result of HIV/AIDS

Knowledge	Frequency	%
Yes	136	27.3
No	362	72.7
Total	498	100.0

The majority of respondents answer is no, but this could also mean that the only orphans known to the surveyed population is 27.3%, which warrants some investigation, especially if this Table is compared to Table 5.2, where it is indicated that 10.9% of children are left without supervision.

Table 6.21: Knowledge about child headed households in community

Knowledge	Frequency	%
Yes	107	21.4
No	392	78.6
Total	499	100.0

7. COMMUNITY AND SOCIAL MATTERS

This section is devoted to the community and its social matters.

Table 7.1: Do you regularly attend meetings in the community?

Attendance of meetings	Frequency	%
Yes	491	99.2
No	4	0.8
Total	495	100.0

This community seems to heed the call of community meetings, which means calling the community together would not be a problem in this area.

Table 7.2: Types of community functions attended regularly

Type	Yes		No		Total	
	Frequency	%	Frequency	%	Frequency	%
Church	450	91.8	40	8.2	490	100.0
Community meetings	377	76.9	113	23.1	490	100.0
School meetings	357	72.9	133	27.1	490	100.0
Entertainment	101	20.9	383	79.1	484	100.0
Informal meetings	143	29.5	341	70.5	484	100.0
Traditional gatherings	263	53.9	225	46.1	488	100.0
Political meetings	165	34.0	321	66.0	486	100.0
Other	52	14.1	317	85.9	369	100.0
Total	1908	50.5	1873	49.5	3781	100.0

The community functions favoured are church, community meetings, school meetings and traditional gatherings respectively. The other activities occupy the community to a lesser extent.

Table 7.3: Association with groupings within community

Groupings	Frequency	%
Church	387	79.5
Traditional function	2	0.4
Community	1	0.2
Health	32	6.6
SACP	24	4.9
ANC	4	0.8
Burial chide	20	4.1
Inyanga	10	2.1
SA Civic Organisation	2	0.4
Women's group	5	1.0
Total	487	100.0

Most respondents in this sample associate themselves with church activities, health issues and lesser with political parties.

Table 7.4: Church denomination households belong to

Church denomination	Frequency	%
Zion	60	12.5
Seventh Day	10	2.1
Methodist	208	43.4
Gospel	1	0.2
Assembly of God	12	2.5
St Peters	2	0.4
Apostolic	38	7.9
St Johns	12	2.5
Bantu	1	0.2
Faith	3	0.6
Pentacost	1	0.2
Ethiopia	1	0.2
Mzuvukile	1	0.2
Anglican	17	3.5
Temple	2	0.4
African Methodist	7	1.5
Dutch Reformed	8	1.7
Universal	1	0.2
Faith Mission	4	0.8
Baptist	1	0.2
Presbyterian	1	0.2
Catholic	3	0.6
John Wesley	45	9.4
Church of God	1	0.2
Salvation	9	1.9
Pilgrim	7	1.5
Moravian	1	0.2
Church of Africa	1	0.2
Kingdom of Family	1	0.2
Islam	1	0.2
Twelve Apostle	11	2.3
Pinkster	4	0.8
United Catholic	3	0.6
St James	1	0.2
Total	479	100.0

The Methodist Church at a 43.4% response seems to be the favoured church, followed by the Zion at 12.5% and the Seventh Day at 2.1%. The rest of the denominations are chosen by less than two percent of the surveyed population.

Table 7.5: Perceived manner of communication within the community

Manner of communication	Frequency	%
Openly and freely	284	57.8
Same gender	18	3.7
Friends/neighbours	46	9.4
People with common needs	125	25.5
Same political affiliation	18	3.7
Total	491	100.0

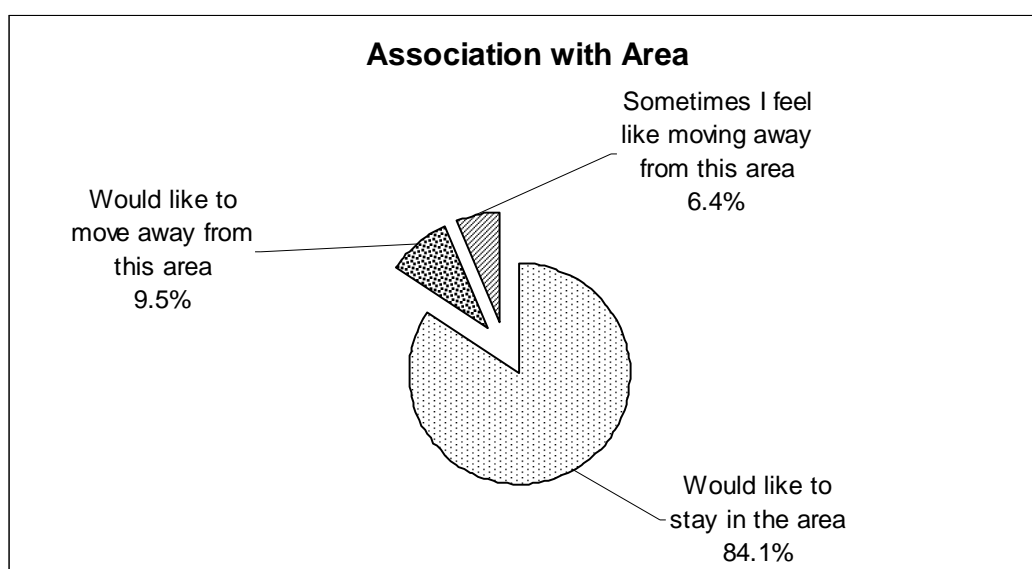
The communication in this community can be said to be open and free (57.8%), and this happens with people with common needs (25.5%).

Table 7.6: Length of stay in area

Years	Frequency	%
1-2	20	4.1
3-5	32	6.5
6-9	27	5.5
10-19	69	14.1
20+	342	69.8
Total	490	100.0

The residents are permanently in the community as the 69.8% points to a 20+ years stay in the area.

Figure 7.1: Association with area



The respondents' response of 84.1% indicates a wish to remain in the area.

Table 7.7: Influx of foreigners into the area

Answer	Frequency	%
Hardly any	347	69.5
A few	23	4.6
Quite a lot	23	4.6
Many	106	21.2
Total	499	100.0

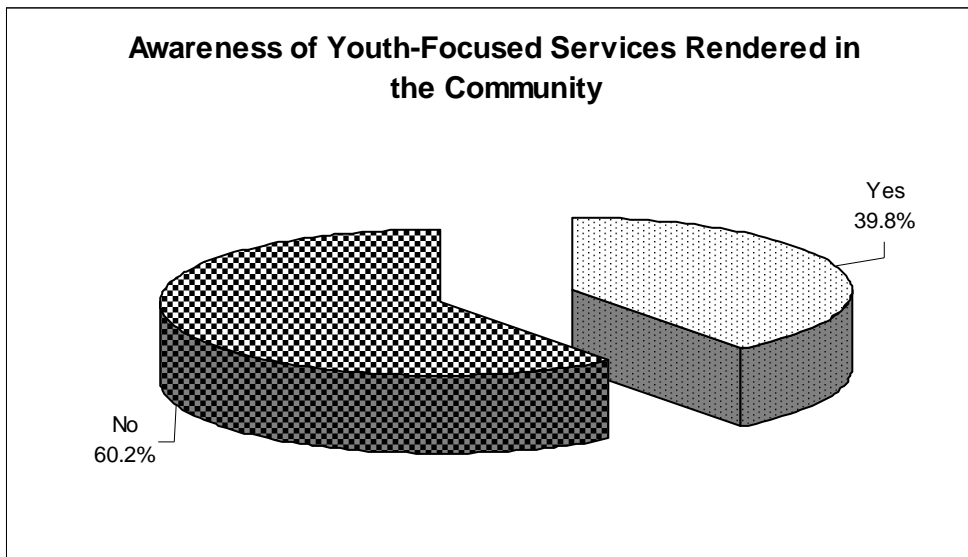
This table indicates that the community knows each other as they are able to notice the absence of foreigners in their midst with the response of 69.5%.

Table 7.8: Acceptance of foreigners into community

Answer	Frequency	%
Most people accept	95	25.8
Some people accept	123	33.4
People do not accept	150	40.8
Total	368	100.0

The foreigner acceptance levels in the community seem fair if one compares the percentages for most and some people accepting foreigners.

Figure 7.2: Awareness of youth friendly services in the community



The conclusion from this graph is that there is minimal youth-friendly services in this community.

Table 7.9: Types of youth friendly services in the community

Type	Frequency	%
Gospel group	26	13.8
Soccer/rugby	46	24.5
Sunday school	38	20.2
Concert	13	6.9
Dance	1	0.5
Youth meetings	14	7.4
Politics	2	1.1
Creche	3	1.6
Love life	4	2.1
Weddings	1	0.5
Choir	1	0.5
Church	3	1.6
Youth centre	6	3.2
Wesley guild	11	5.9
Womens group	2	1.1
Drama society	5	2.7
Youth development in agriculture	17	9.0
Sport	14	7.4
Music	17	9.0
Cultural group	4	2.1
Sport and recreation	1	0.5
Church activity	4	2.1
Traditional dance	3	1.6
Youth brigade	1	0.5
Youth work	10	5.3
No information	16	8.5
Church youth	12	6.4
Golden Pantom	1	0.5
Total	188	100.0

The major youth activities from respondents seem to be soccer/rugby, Sunday school and a gospel group. The other activities are relegated to less than ten percent of youth time.

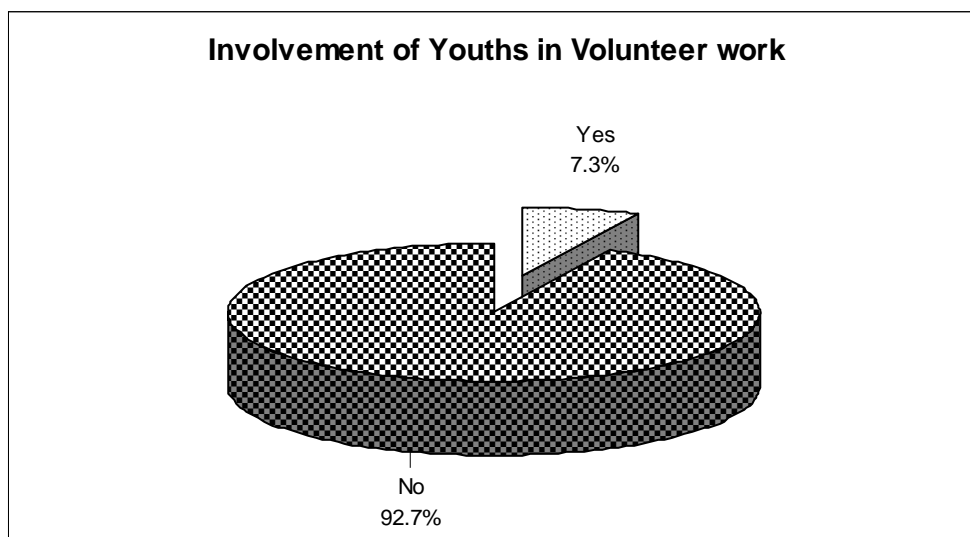
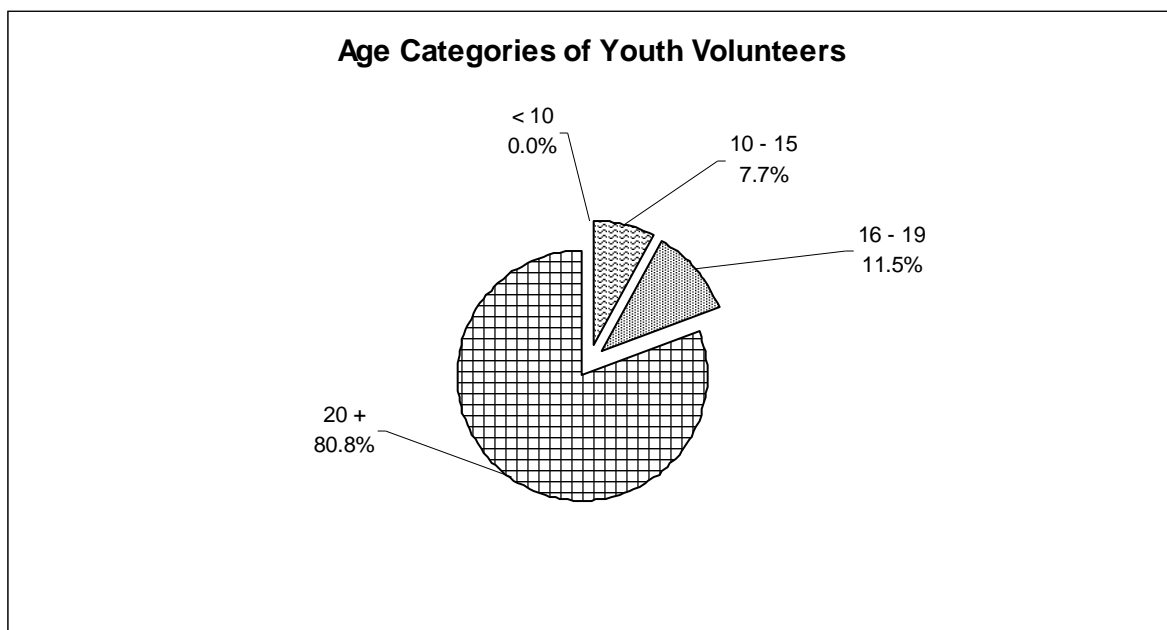
Figure 7.3: Involvement of youths in volunteer work

Figure 7.4: Age categories of youth volunteers



The two figures (7.3 and 7.4) show that only 7.3% of youth are involved in any volunteerism and this activity seems to be concentrated in the age group of 20+ and to a minimal extent of 11% and under in the other age groups.

Table 7.10: Type of youth volunteering done in the community

Type of volunteering	Frequency	%
Guard	1	4.0
Peer educator	8	32.0
Police	2	8.0
Tree cutting	2	8.0
Home basic care	5	20.0
Community toilets	3	12.0
Construction for water	2	8.0
Pre-school	1	4.0
Residents' Association	1	4.0
Total	25	100.0

Most youths are volunteering in the areas of peer education (32%), home basic care (20%) and in the area of community toilets (12%) respectively. This is followed by volunteer service to police, tree cutting and construction for water at 8% each.

Table 7.11: Awareness of social or cultural activities available to the youth and younger children in the community

Response	Frequency	%
Yes	245	49.5
No	250	50.5
Total	495	100.0

Half of the youth in this sample do not seem aware of social/cultural activities available to them.

Table 7.12: Known social or cultural activities available to the youth and younger children in the community

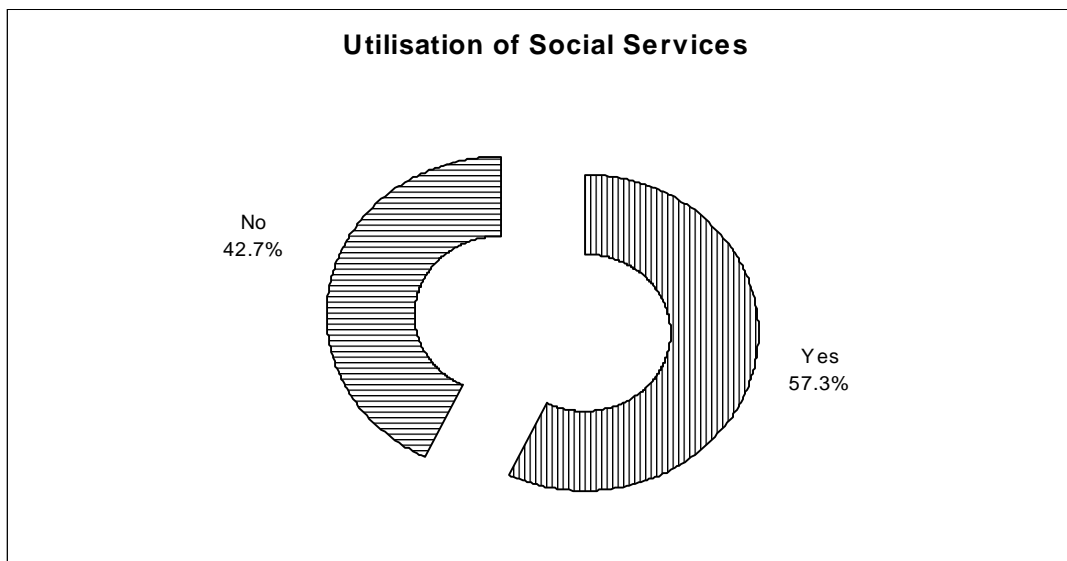
Activities	Frequency	%
Traditional dance	156	66.7
Concerts	24	10.3
Gospel	4	1.7
Traditional functions	13	5.6
Girls initiations	2	0.9
Sport	4	1.7
Church	4	1.7
Traditional functions	7	3.0
Traditional youth dance	3	1.3
Gathering	1	0.4
Wedding preparation	9	3.8
Youth social	1	0.4
Community gathering	1	0.4
Weddings	2	0.9
Cultural awareness	22	9.4
Party	5	2.1
Disco	1	0.4
Choir	15	6.4
Soccer	69	29.5
Music	6	2.6
Support group	1	0.4
Politics	1	0.4
Total	234	100.0

More than half of the respondents (66.7%) are aware of traditional dance as a social activity in the area, followed by soccer (29.5%) and concerts (10.3%).

Table 7.13: Perceived extent of social issues in the community

Scale	0		1		2		3		4		5		Total	
Problem	F	%	F	%	F	%	F	%	F	%	F	%	F	%
Teen pregnancy	31	6.2	4	0.8	8	1.6	26	5.2	63	12.7	366	73.5	498	100.0
Drug abuse	42	8.4	33	6.6	53	10.6	47	9.4	119	23.8	206	41.2	500	100.0
Alcohol abuse	7	1.4	8	1.6	14	2.8	41	8.2	117	23.4	313	62.6	500	100.0
Suicide	182	36.4	135	27.0	40	8.0	45	9.0	31	6.2	67	13.4	500	100.0
Murders/Killings	166	33.2	80	16.0	32	6.4	27	5.4	57	11.4	138	27.6	500	100.0
Robbery/Theft	53	10.6	31	6.2	45	9.0	57	11.4	96	19.2	217	43.5	499	100.0
Domestic violence	187	37.4	77	15.4	42	8.4	82	16.4	55	11.0	57	11.4	500	100.0
Sexual abuse	234	46.8	59	11.8	44	8.8	50	10.0	44	8.8	69	13.8	500	100.0
Sexual abuse of children	235	47.1	58	11.6	40	8.0	53	10.6	42	8.4	71	14.2	499	100.0
Incest	332	66.8	63	12.7	26	5.2	38	7.6	27	5.4	11	2.2	497	100.0
Rape	172	34.4	91	18.2	31	6.2	45	9.0	29	5.8	132	26.4	500	100.0
Gangsters	176	35.3	59	11.8	46	9.2	41	8.2	47	9.4	129	25.9	498	100.0
Prostitution	332	66.5	30	6.0	37	7.4	53	10.6	22	4.4	25	5.0	499	100.0
Street children	275	55.0	43	8.6	15	3.0	26	5.2	29	5.8	112	22.4	500	100.0
Drug trafficking	99	19.9	63	12.7	92	18.5	88	17.7	47	9.5	108	21.7	497	100.0
Sex trafficking of children	340	68.1	48	9.6	40	8.0	28	5.6	28	5.6	15	3.0	499	100.0
Elderly abuse	225	45.2	73	14.7	32	6.4	28	5.6	18	3.6	122	24.5	498	100.0
Other	145	95.4%	3	2.0	1	0.7	1	0.7	0	0.0	2	1.3	152	100.0

The results indicate the following concerns: teen pregnancy is very high at 73.5% and it is a concern that teenagers are not using contraceptives as indicated earlier, and so is alcohol abuse (62.6%). Crime is also of concern, ranging from robbery (43.59%), murder (27.6%), rape (26.4%), gangsters (25.9%) and drug trafficking (21.7%). The other problems highlighted here are elderly abuse (24.5%) and street children (22.4%). The number of street children could be part of those children referred to earlier as being without supervision.

Figure 7.4: Utilisation of social services

More than half of the surveyed population are reported as using social services.

Table 7.14: **Reasons for response**

Reasons	Frequency	%
Pensioner	74	25.2
Grant	98	33.3
Seeking information	1	0.3
Seeking advice	33	11.2
Pension application	18	6.1
Home hygiene	2	0.7
Changes	2	0.7
Helpful	12	4.1
Grant application	15	5.1
Long distance	5	1.7
Other	1	0.3
Application for assistance	6	2.0
Sick pay	11	3.7
Review pension	4	1.4
Food parcel	1	0.3
Very rude	4	1.4
Difficult to get help	1	0.3
Community needs	1	0.3
Project support	1	0.3
Health	1	0.3
Arthritis	1	0.3
Not dependent on welfare	1	0.3
Blind	1	0.3
Total	294	100.0

It would seem from the responses that social services are utilized for firstly grants, secondly for pensions and thirdly for seeking advice. The other given reasons account for five percent and less.

8. ECONOMIC ISSUES

This section is devoted to economic issues.

Table 8.1: Field of occupation

Field of occupation	Male household head		Female household head		Earner		Earner	
	F	%	F	%	F	%	F	%
Professional	7	0.163	35	0.493	16	0.242	7	0.292
Clerical	2	0.047	2	0.028	5	0.076	1	0.042
Sales	8	0.186	19	0.268	9	0.136	3	0.125
Supervisory	2	0.047	2	0.028	0	0	0	0
Transport	3	0.07	0	0	4	0.061	1	0.042
Artisan	7	0.163	1	0.014	3	0.045	1	0.042
Service	1	0.023	5	0.07	5	0.076	2	0.083
Operator	0	0	2	0.028	1	0.015	0	0
Labourer	11	0.256	1	0.014	16	0.242	2	0.083
Farmer	1	0.023	0	0	0	0	0	0
Domestic	1	0.023	4	0.056	7	0.106	7	0.292
Total	43	1	71	1	66	1	24	1

The table shows that there are 35 female household heads to only 7 who are male. Nineteen of the females are in sales, compared to 8 men. There are 11 males who are labourers compared to 1 female. The surveyed population fares weakly in the field of occupation.

Table 8.2: Field of employment for earners within the household

Field of employment	Male household head		Female household head		Earner 3		Earner 4	
	F	%	F	%	F	%	F	%
Other	144	0.783	293	0.816	97	0.634	71	0.826
Service	12	0.065	48	0.134	24	0.157	9	0.105
Commerce	1	0.005	0	0	2	0.013	0	0
Construction	5	0.027	1	0.003	6	0.039	0	0
Agriculture	4	0.022	4	0.011	2	0.013	0	0
Transport	3	0.016	2	0.006	2	0.013	1	0.012
Manufacturing	8	0.043	3	0.008	8	0.052	1	0.012
Informal sector	7	0.038	8	0.022	12	0.078	4	0.047
Total	184	1	359	1	153	1	86	1

There are more female earners in the service fields than men. An equal number is found in the agricultural sector. Construction and manufacturing seem to fit the male respondents.

Table 8.3: Main source of income for household members

Sources of income	Male		Female		Earner 3		Earner 4		Total	
	F	%	F	%	F	%	F	%	F	%
None	27	13.2	52	13.5	17	7.7	16	18.0	112	12.4
Salary	20	9.8	48	12.4	36	16.3	15	16.9	119	13.2
Pension	67	32.7	121	31.3	30	13.6	19	21.3	237	26.3
Bonus/Tips	2	1.0	1	0.3	2	0.9	0	0.0	5	0.6
Overtime	1	0.5	0	0.0	1	0.5	0	0.0	2	0.2
Own business	8	3.9	12	3.1	5	2.3	0	0.0	25	2.8
Make/Sell things	16	7.8	24	6.2	10	4.5	6	6.7	56	6.2
Grants	7	3.4	50	13.0	53	24.0	13	14.6	123	13.7
Child support	1	0.5	6	1.6	3	1.4%	4	4.5	14	1.6
Remittance	39	19.0	57	14.8	43	19.5	10	11.2	149	16.5
Other	17	8.3	15	3.9	21	9.5	6	6.7	59	6.5

According to respondents, the main source of income seems to come from pensions, followed by remittance, ie cash sent by others home. Salaries are a third form of income whilst more than 13% have no income at all.

Table 8.4: Statements testing for income

Statement	Agree		Possibly		Disagree		No comment		Total	
	F	%	F	%	F	%	F	%	F	%
People have jobs	70	14.0	14	2.8	400	80.0	16	3.2	500	100.0
Many ways to earn income	117	23.4	80	16.0	270	54.1	32	6.4	499	100.0
People earn in the informal sector	273	55.0	61	12.3	139	28.0	23	4.6	496	100.0
People have no skills for jobs	243	48.6	23	4.6	187	37.4	47	9.4	500	100.0
People have no appropriate training for jobs	284	56.9	20	4.0	164	32.9	31	6.2	499	100.0

This table indicates that a majority of respondents agree that the area has no jobs (80%). More than half do believe that there are ways to earn an income. About 70.3% believe that people in the area lack skills and appropriate training for jobs.

QUALITATIVE RESEARCH FINDINGS

This section presents the qualitative part of this report.

WOMEN'S FOCUS GROUP

Theme	Category	Sub-category
1. Health	Hospitals, clinics, doctors, nurses in hospital	<ul style="list-style-type: none"> ▪ Out-patients often not served ▪ Wait the whole day without service or served after 13h00 after long queue ▪ The same applies to the dispensary. There is lack of medicines ▪ Have to wait a week for service ▪ There is shortage of blankets. Patients have to bring their own and sometimes their own food ▪ Poor service ▪ Scarcity of doctors and nurses ▪ Doctors are overworked and turn away patients and told to go to clinic near them ▪ The problem is there are no doctors at clinics

Solutions from community (quotes)

- Government should employ more doctors, nurses, cleaners, etc.
- Government should train volunteers and compensate them for the work they are doing, even if it is a token payment to encourage them and to also assist them in doing the work. The need transport, lunch etc. this will help them.
- Government should privatize catering in hospitals.
- The department of social development should play a role in minimizing the health risks within the community.
- Supervision of staff, including doctors and nurses should be undertaken seriously.

Theme	Category	Sub-category
2. Social Problems	Grants and orphans Youth problems	<ul style="list-style-type: none"> ▪ Social development process of getting food to orphans takes too long, children are led to steal ▪ There is no follow up of grant use where parents buy perfumes and cell phones and not feed children ▪ Unemployment ▪ Leads to anti-social behaviour like alcohol abuse, dagga and theft ▪ HIV/AIDS is a problem ▪ Teenage pregnancy ▪ Prostitution ▪ Rape is high ▪ Release of offenders without building character ▪ Unemployment control

		<ul style="list-style-type: none"> ▪ No supervision of youth projects ▪ Government is not involved in capacity building for youth ▪ Training should be provided for youth HIV/AIDS home based care
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Solutions from community (quotes)

- Government should make follow-ups on grants to ensure proper usage.
- Social workers should be provided with cars.
- Pre schools should be subsidized.
- Feeding schemes at schools should be supervised as teachers take the food for themselves.

Theme	Category	Sub-category
3. Education & Training problems	Teachers and children	<p>Teachers</p> <ul style="list-style-type: none"> ▪ Teachers do not report to school on first day ▪ Teachers are not always at school. They are attending workshops, courses, memorial services, etc ▪ There are many holidays ▪ Outcome based education is a problem, parents are illiterate and expect teacher to teach and not them ▪ Schools have no watchmen – criminals vandalize schools ▪ Schools governing bodies have no idea of their responsibilities <p>Children</p> <ul style="list-style-type: none"> ▪ Get bullied by others and on reporting there is no action taken ▪ Are held up in their work and fail ▪ Lag behind ▪ Are affected by parents who are unable to assist, suffer as a result ▪ Too many children have become street children

Solutions from community (quotes)

- There is a need for watchmen to be employed at schools. This should either be done by the government or the school.
- Outcome Based Education should be improved.
- School Governing Bodies should be empowered so that they do their tasks effectively.

Theme	Category	Sub-category
4. Cultural & Traditional activities	Circumcision	<ul style="list-style-type: none"> ▪ This has become a business which is a problem ▪ The number of deaths at circumcision schools is a problem ▪ Female doctors should not do circumcision

Solutions from community (quotes)

- Cultures and traditions should be brought back and respected.
- Medical doctors must check the boys before they go to circumcision schools, so that their health status can be determined.
- Age must be considered for initiation.

Theme	Category	Sub-category
5. Infrastructure	Roads	<ul style="list-style-type: none"> ▪ Roads are bad ▪ Mendeleni road paid for R500 000 was never completed ▪ Records show that 3 roads were to be tarred and they are still gravel ▪ Employees of Government are not trustworthy and the Government does not follow up on its employees or those who received tenders

Solutions from community (quotes)

- The government needs to make follow-ups on the work it takes out as tender.
- Local contractors should be given tenders. This will make easy for people to know where to find the contractor if the work is not properly done.

Theme	Category	Sub-category
6. Economy of the area	Economy	<ul style="list-style-type: none"> ▪ Unemployment is high ▪ Welfare pensions are the only source of income to many households ▪ The Indian traders are not interested in developing the place since they do not stay there. They only have businesses there and stay in places like Kokstad. They take money from the area and develop towns like Kokstad, where they stay. ▪ Tourists are also not interested in the place because it is dirty and has poor infrastructure. ▪ The community is also failing to contribute to the development of the area. ▪ The economy of the area is not stable

	Access to information & information technology	<ul style="list-style-type: none"> ▪ The dissemination of information is poor, people cannot get access to information that will assist them. They do not know where to get information. ▪ Government departments do not share information
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Solutions from community (quote)

- Government departments need to coordinate their work and share information.

Theme	Category	Sub-category
7. Security	Police & access to Social Services	<ul style="list-style-type: none"> ▪ The police station is not helpful ▪ Police are not always at police station ▪ Police are rude to complainants ▪ Crime is high and the Police are doing nothing about it ▪ Social Workers access is a problem as they have no transport for rural areas ▪ There is no privacy at Social Work offices as they are crowded

Solutions from community (quotes)

- A new station commissioner should be brought in
- The Police must be transferred to other areas
- Privacy should be provided for people to see Social Workers
- Vehicles for Social Workers should be available to cover their work in rural areas.

In addition to the Woman's focus group, there was a Youth focus group.

YOUTH FOCUS GROUP

Theme	Category	Sub-category
1. Health	Hospitals , clinics, doctors, nurses in hospital	<ul style="list-style-type: none"> ▪ Staff at clinics and hospitals have a poor approach to patients with STD's ▪ No counselling is offered to those with STD's ▪ No medicines and no ambulance service ▪ No doctors ▪ There is no leadership and the service is poor.

Solutions from youth (quotes)

- Name tags to identify the person serving you and also make it easier to report staff members who provide poor service
- Clinics should provide 24 hour service
- There should be a Love-Life Project in Mt Frere
- Mobile clinics should visit schools
- Youth should receive counselling on family planning issues without rudeness from staff

Theme	Category	Sub-category
2. Social Problems	Grants	<ul style="list-style-type: none"> ▪ The child support grants are not enough. ▪ The registration process is long and takes time. ▪ Some people misuse child support grants. They buy cell phones and go to hair salons. ▪ Some people do not stay with their children, but still claim the child support grant. The child might be staying with the father in Johannesburg or Cape Town, but the mother would still claim the child support grant. ▪ There is no center where children can be counseled by social workers. ▪ Illiterate parents have a problem accessing service at government departments. ▪ Pre schools in rural areas do not have educational toys for the children as compared to those in urban areas.
	Unemployment	<ul style="list-style-type: none"> ▪ Unemployment is very high especially among the youth ▪ Lack of resources to undertake projects ▪ No information on how to access the skills development levy ▪ No evaluation of development projects. ▪ Crime is on the increase because there are no projects. ▪ Poor visits by social workers because of lack of transport and poor roads.

Solutions from youth (quotes)

- There should be a centre where children are counselled
- Government has to monitor the use of child support grants
- Service in Government departments should be improved to assist the illiterate
- There is a need for motivators to motivate youth.

Theme	Category	Sub-category
3. Education & Training	School & pupils	<ul style="list-style-type: none"> ▪ No career guidance ▪ Choice of subject does not guide to a specific career ▪ Youth do not understand school policy on fees, where education is said to be free but pupils are denied reports until they have paid

Solutions from youth (quotes)

- Provide career exhibitions
- Clarify policy on fees for education

Theme	Category	Sub-category
4. Cultural & Traditional activities	Sexuality	<ul style="list-style-type: none"> ▪ The program on encouraging virginity should be supported ▪ Parents should be educated about sexual issues so as to teach their children

Solutions from youth

- There must be Love-Life in Mt Frere

Theme	Category	Sub-category
5. Economy of the area	Employment	<ul style="list-style-type: none"> ▪ Mt Frere is rural with poor economy and revenue ▪ Youth are not motivated in local economic development ▪ Business employ people from outside Mt Frere leaving the locals without jobs ▪ There is no infrastructure and people do not invest in the town ▪ Whatever infrastructure exists is not maintained ▪ Cross border economy is not benefiting the Eastern Cape ▪ Tourism artifacts must be made and sold to encourage tourism ▪ Access to service

		<ul style="list-style-type: none"> ▪ Poor information dissemination ▪ Sport facilities are very poor ▪ Youth should be allowed to use school facilities
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Solutions from youth (quotes)

- Workshop should be organised for youth to learn local economic development
- Youth should be discouraged from alcohol
- People should be organised to obtain better services
- There is a need for projects aimed at empowering the youth so that they can play an effective role in their own development and Mt Frere.

Theme	Category	Sub-category
6. Security	Police & people's rights	<ul style="list-style-type: none"> ▪ Police are friends to criminals ▪ Police management needs to change ▪ There is a need for an effective community policing forum ▪ The youth believe they have a voice although this is dependent on influential youth ▪ The youth wants to be informed on youth policies, especially on developments taking place in their area

Solutions from youth (quotes)

- Police must be transferred and get new ones who do not know the local criminals, in order to serve the community

The third focus group was with the local leadership

LEADERSHIP FOCUS GROUP

(Held on 28 November 2002. List of participants in Annexure

Theme	Category	Sub-category
1. Health	Hospitals , clinics, doctors, nurses in hospital	<ul style="list-style-type: none"> ▪ Nurses do not do their job ▪ No direction in Health Department ▪ Administration is weak ▪ Service is poor ▪ No ambulance ▪ No Doctors and other staff

Leadership solutions (quotes)

- More doctors should be employed
- The administration of hospital needs to be improved

Theme	Category	Sub-category
2. Social Problems	Welfare Department workers	<ul style="list-style-type: none"> ▪ No transport ▪ No offices ▪ Transformation is important but Mt Frere has a problem of officials trapped in the old mind set

Leadership solutions (quotes)

- The management of Department of Health and Welfare needs to be evaluated
- Management of these Departments needs to be developed and empowered

Theme	Category	Sub-category
3. Children	Problems	<ul style="list-style-type: none"> ▪ The Department of Home Affairs does not give birth certificates to children. This creates a problem as these are needed when they apply for child support grant ▪ The Department of Home Affairs wants to own everything ▪ The ID documents take a long time before applicants receive them ▪ Malnutrition is a problem. Most children are malnourished ▪ The Departments of Health and Welfare should work together to uplift their standard of service provision ▪ Shortage of staff at the Department of Welfare creates a problem as they are understaffed and thus their service is not as

		<p>good as it should be</p> <ul style="list-style-type: none"> ▪ There are some professionals who have applied for the child support grant for their children, yet they are working
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Leadership solutions (quotes)

- Transport should be provided for the social workers
- The community should co-operate with the social workers
- People who are employed should not apply for the child support grant
- More social workers need to be employed
- The Department of Welfare should make a follow up on children who receive the grant so as to make sure that the money is used properly
- Parents should be involved in development projects, as this will assist them to get money and they can thus raise their children

Theme	Category	Sub-category
4. Youth	Problems	<ul style="list-style-type: none"> ▪ There are no programmes for the youth ▪ No recreation centers for the youth ▪ The youth are involved in crime ▪ HIV/AIDS affects the youth very much ▪ The Department of Social Development should facilitate the empowerment of the Department of Health as they should be working together ▪ Unemployment among the youth is very high ▪ The youth do not attend meetings

Leadership solutions (quotes)

- Projects must be developed to keep the youth busy
- Condoms must be discouraged and abstinence promoted
- There should be partnerships with other development based institutions
- Government should give the Department of Social Development and NGOs money to initiate projects for the youth
- The youth should be given training so that they can initiate projects and thus employ themselves
- The youth should be encouraged to attend meetings

Theme	Category	Sub-category
5. Education & Training	Problems	<ul style="list-style-type: none"> ▪ There is no working relationship between the Department of Health and the Department of Education ▪ There is no unity in the Department. People do not cooperate with each other in the Department ▪ The Department of Education does not teach about health issues.

Leadership solutions (quotes)

- The Departments of Social Development, Education and of Health should work together
- People should be coopted to assist these Departments

Theme	Category	Sub-category
6. Infrastructure	Problems	<ul style="list-style-type: none"> ▪ The roads are very bad ▪ There is no development taking place ▪ Mt Frere does not have infrastructure such as town hall and other amenities ▪ The taxi rank is in a bad state ▪ There is no sense of ownership of the town by the people

Theme	Category	Sub-category
7. Economy of the area	Problems	<ul style="list-style-type: none"> ▪ Crime is a big problem and the police are encouraging it ▪ The police are involved in highjackings ▪ Business people encourage crime by accepting stolen goods ▪ The land tenure system is a problem

Leadership solutions

- Mt Frere town has the potential to raise the economy of the area. There are a lot of caravans doing business in the town and this indicates that business is growing. The town serves Tabankulu, Mt Ayliff, Qumbu and the surrounding areas and is easily accessible
- Government must come up with projects to assist Mt Frere economically

Theme	Category	Sub-category
8. Information Communication	Problems	<ul style="list-style-type: none"> ▪ There is no cooperation between government departments ▪ There is no relationship between government and NGOs ▪ People who serve on different boards do not report to their constituencies about activities taking place and those that are planned

Leadership solutions (quotes)

- People should report to their constituencies about activities
- Co-operation between government departments and NGOs should take place.

Capacity building resulting from field work training

The Mt Frere fieldworkers were also able to identify their own learnings through their participation in this survey. After carrying out their pilot studies, their work was checked on the 25 November in terms of whether they had followed the procedures appropriately. There were very few errors to be corrected before they undertook the actual fieldwork.

The training provided them with interviewing experience and an understanding of how fieldwork for research is done. They were exposed to the importance of research and the value of research in development. They were grateful for the experience and two of them got part-time work after the study as fieldworkers in another project due to the training that was provided by the study. The training provided them with skills that enabled them to be able to be employed as fieldworkers. They were further exposed to problems and issues facing the communities.

SUMMARY

As an area, Mt Frere has the following identified strengths:

- The community is stable in terms of push and pull factors. It is rural and fairly knows each other. This is indicated in their ability to identify whether any newcomers have moved to their area. The community also has some organized structures in place i.e. the Facilitation committee is one example.
- Secondly, the community is not only able to identify its own problems through being part and parcel of the survey, but it offers solutions as to how these issues can be solved. This is evident in the findings about their concern for children, especially orphans, street children, disabled, issues affecting youth and adults such as schooling, unemployment and access to health and those problem related to the elderly.
- The community offers practical solutions that can be met both in the short and long term. This community is aware of what skills and training are necessary in order for them to make Mt Frere a place that fulfills their requirements.

- The community was also able to articulate what they have learnt from their participation, not only as fieldworkers, but also as group members in the focus group.
- The issues that stand out from The Mt Frere report are:
 - Access to health
 - Attention to children and youth issues
 - Attention to elderly
 - Boosting the economy of the area for employment
 - Crime reduction
 - Building of infrastructure
 - Accountability of government officials to the community.

RECOMMENDATION

- There should be a holistic multi-sectoral approach (eg Departments of Health, Social Development, Public Works and Education) must work together for the good of the area in terms of priorities. The specifics of such an approach have to be ironed out with the community. The White Paper for Social Welfare (1997) articulates this guideline of working inter-sectorally.
- The Department of Social Development in Bisho (Eastern Cape) should go back to Mt Frere with a summary of the report, highlighting the community solutions, so that the community can work out together with the Department of Social Development which short term plans it wishes to start with.

The Department of Social development together with the leadership from Mt Frere e.g. will have to plan together with the already existing facilitation committee and other structures from the community so that there are no misunderstandings between the community and the Department.

- The referred to priorities have to be worked out along time lines with people assigned specific responsibilities along the lines of mutual monitoring and evaluation of progress, at specified times by specified people. The short term and long term planning budget must be spelt out, and from which Department this will come from and when.

CONCLUSION

As far as the deliverables are concerned, this report indicates the achievement of:

- A community analysis report reflecting Mt Frere's profile and needs
- Skills transfer to field workers and focus group participants of how to go about such survey process, and a spin off of two trained fieldworkers being employed in another project as a result of training received in the research project.

LIST OF FOCUS GROUP PARTICIPANTS**Women Focus Group** (Held on 7 November 2002)

<i>Name</i>	<i>Representing</i>
N Tshapa	Social Development Department
W Nhleka	Cancele Village
N Nkonzo	Sihlahleni Village
NA Ntleki	Cancele
BM Zihle	Bus Sector
N Mbiko	Xonkotyeni Village
N Majoboti	Mzinto Village
CN Mbewu	Mbodleni Village
PJ Naka	Mtshazi Village
CN Magoxoba	Sinamva Village
EN Mzozo	Mzinto Village
D Qupula	Moyeni Village
WN Nodada	Ndangwana Village
HN Wabo	Mvuzi Mtotyana area

Youth Focus Group (Held on 8 December 2002)

<i>Name</i>	<i>Representing</i>
Z Kala	Ubunye Youth Project
CK Sontsi	Ubunye Youth Project
Z Sihlangu	Zenanda Youth
T Matshoba	Ward 12 Youth Forum
Z Sokoko	Ward 12 Youth Forum
S Ntondu	Ward 12 Youth Forum
L Nkumakazi	Ward 12 Youth Forum
Q Nodada	Ward 12 Youth Forum
M Nonkuqa	Ward 12 Youth Forum
K Xaba	Ward 12 Youth Forum

Leadership Focus Group (Held on 28 November 2002)

<i>Name</i>	<i>Representing</i>
M Morai	Isinamva Community Development
ZR Songezi	UDM
MP Jojizi	Welfare Commission
Z Nkalani	Department of Social Development
S Mehlomakulu	ANC
L Nontenja	ANC
N Tshapa	Department of Social Development
E Ncapa	Social Development Committee
TA Setunda	Home Affairs