

**Non Governmental Organisations in Vhembe, Limpopo Province, South Africa:
Their emergence from and consequent changes to social networks**

Briefing note for CAVES

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Introduction

Many parts of Vhembe district used to be part of the former Homeland of Venda under the Apartheid South African government. The implications of this are that some of the institutions have emerged out of the former Homeland governance structures. The new government has meant that some of the old organisations have linked into provincial organisations.

There are many villages in the area and within them there are CBOs (community-based organisations). Some are more formal than others and villagers do not always see themselves as belong to a CBO when they are informal. They are more part of village tradition and something they are involved in as part of daily life rather than having distinct membership. Many villages have Civic Organisations. These were started in the 1980s in response to the traditional authority's perceived monopoly on power at the village level. They therefore began as distinct and at times opposed to traditional authority of the village Headman and area Chief. In some areas there seem to be more CBOs than in others, with new ones emerging and fading and others being more permanent. There are also a number of faith-based organisations (FBOs), that are not explored in this paper.

The nature and emergence of these organisations is not known in detail as no research has been undertaken on this topic. The information in this paper is based on experience in the district gained from involvement in fieldwork in other projects.

Village level organisations

At the village level, a number of community-based organisations exist. Most tend to be informal although these might have formal aspects such as committees and membership structures. In some villages there might be formal organisations that are supported by external funding, although the details of these are not known.

Savings clubs

Most villages have savings clubs, where people get together informally to create a savings scheme. It appears that some people might be involved in more than one scheme while others are involved in no schemes. Most of these schemes tend to be gendered. It is often women who are involved in food-related schemes. Some of them have a cash-based scheme, where money is paid in each month by members and each month 1 person gets to use the total amount. Other food-based schemes can depend on the women actually contributing vegetables each month and these get shared out according to different rules.

The emergence of these clubs is not clear. It appears that they form when a group of women get together who need help in saving but the initial requirement is that they have enough to contribute each month. This amount is probably above the amount needed to meet basic household needs. They disintegrate when people do not have enough to contribute monthly. There may be a seasonal pattern to their existence. They are informal small groups of women that possibly strengthen networks between these women.

Burial societies

Many households are involved in burial societies. The full details of how these societies operate are not known. The principal idea is that money is paid in to the burial society every month or year and when a person dies, expenses for the funeral are covered by the burial society. Funerals are seen as a very important part of cultural tradition. They often extend for a number of days and include large numbers of people from the village and relatives from other villages that need to be fed.

Some people seem to be involved in more than one burial society. This could be because there are different kinds of societies. Some are more formal and managed through a funeral parlour for example. On death, they might handle the coffin and body etc. Other more informal societies might be used to deal with some of the more customary or social funeral arrangements. Payments to the society are important as if one stops paying a society then one will no longer get benefits. Some people might default for a few months but find ways to ensure back pay.

In Tshikuwi village, in the west of Vhembe, it appeared that some members were defaulting on their burial society payments as they did not have the money to continue paying. It is not clear if they stopped for a time and would continue to pay in future or if they were terminating their involvement in the group. They may also have been paying to another burial society and therefore reduced the number of societies they were involved in.

Example from Cape Town: R30 paid a month by family. If family member dies, R5000 paid out for funeral. The family continues to pay and whoever dies next will get another pay out of R5000.

Agricultural group

There are many types of agricultural groups. Some have originated because of external funding and support while others consist of local farmers coming together to help on each others' fields. The Mangondi irrigation scheme is one example where external donors provided initial capital and the scheme members have taken over and now manage the project themselves. They elected a committee that is re-elected annually that manages the project. There are 57 farmers on 63 plots in the scheme. In some years they are able to produce produce for home consumption and market when the irrigation pump is working, seasonal climate is favourable and they have inputs. In other years, some of the plots are left fallow and production only contributes towards household consumption. The pump is too small for the amount of work needed, so often breaks down. Supply of water from the river does not seem to be a constraint although money to pay for diesel and repairing the pump does limit production. The farmers involved in the scheme do not have representation on the Civic Organisation of the village. It appears that they see themselves as a separate group, although they live in the village and are involved in the village social networks.

Craft/ activity groups

In some villages, craft or other value-adding groups have been supported but most have seemed to disintegrate after time. For example, see Mangondi example below of peanut-butter making project.

Village and district level organisations

Home-based care organisations

The increase in the number of people with HIV/AIDS in southern Africa has resulted in a mushrooming of home-based care (HBC) organisations in order to care for the ill. Some HBCs originate from the villages to take care of people in that village. Some originate at district level and cover many villages and others originate in one village and grow to cover many villages.

A typical HBC might consist of a group of carers. These tend to be mainly female. Often it becomes clear that certain villages have numerous households where people are ill and there is not sufficient care. Sometimes there are women whose husbands are not based in the village and so have no-one to

care for them. Often the sick are of working age and the grandparents are struggling to look after the grandchildren and care for the sick at the same time as trying to continue farming.

Sometimes the carers receive training. Some HBCs are well organised and have uniforms and basic provisions such as soap for cleaning etc. Many are not well resourced and most volunteer their time. There have been efforts in South Africa to try and remunerate carers with basic pay as their resources are often drained while caring for others. They can no longer spend time on their own household chores and tend to donate some of their limited food and other resources to the sick, who often need food desperately.

The carers might visit the sick once or twice a week. Often they have to walk long distances if they are visiting sick in other villages. The volunteers do it because often they have nothing else to do, but also because they have seen the need to provide care within these villages where HIV/AIDS is impacting on so many households and so many households do not have the resource and experience to manage the impact. These HBCs have grown rapidly in the last few years. There is the possibility that they are impacting the social networks as carers are going to households they might not usually visit and they develop strong relationships with some of the households as it is a job that requires intimacy and dedication that is respected by the host families.

District level organisations

Previous research around food security and health identified the lack of stakeholders involved in food security-related NGOs. Although NGOs were trying to address food-security, it was because the lack of food security was hampering their other activities such as home-based care (HBC) and orphan and vulnerable children (OVC) care. The other striking factor was that most of the NGOs were initiated by local stakeholders with little international NGO presence, despite this being a poor area of South Africa that experiences both drought and flood and has many poor people. There was mention of GTZ funding in some cases although they were not the implementers.

The emergence of organisations from within the district suggests that there is a clear need to help the sick that people within the district cannot ignore. The growing number of children is a concern to many and so a range of NGOs have emerged to help deal with orphans and vulnerable children. The role of HIV/AIDS has also been recognised within the broader community and Departments such as Agriculture are starting to address it in their programmes. Some examples of the district NGOs are given below.

Centre for Positive Care (CPC)

Centre for Positive Care was established in 1995. They have 58 fulltime staff and 1500 volunteers. They have two roles. The first is supporting HBC. They act as an extended arm of the government and train primary care givers for simple home care. Their second role is to assist the community to initiate and manage self-help projects that are sustainable. The functioning of the HBC requires management of the volunteers, as well as supplying e-pap (nutritious porridge) for their clients at a discounted price. They also help clients to link up with government services, such as social development services, and have helped set up community gardens where they have supplied the seed, the municipality has provided the water and the volunteers the labour.

Three key challenges face the organisation at present. The first is coping with large numbers of people getting sick. The second is the unavailability of reliable data and the fact that the nurses who collect most of the data struggle to understand how to analyse it. The third problem is that of poverty alleviation, as they say that they cannot address issues of HIV/AIDS unless poverty and food security are addressed. A person should not have anti-retrovirals (ARVs) on an empty stomach.

When CPC started five years ago they focused on prevention and awareness of HIV/AIDS but they have moved into HBC and orphan support as they recognised the growing demand for those services. This also led them to initiate projects aimed at poverty alleviation through food gardens and other money generating programs. They acknowledge the need for increased support if the organisation is to achieve its goals more effectively. The support needed is related to increasing food security, improving skills to run agricultural projects aimed at food provision and more funding needed to support the volunteers. At the same time they have lost more than ten volunteers this year alone which means that they are forced to put pressure on their crisis assistance budget in order to meet the medical assistance demand on their staff and volunteers.

The issue of food security was not part of their organisation's objectives as they were looking only at HIV/AIDS awareness. When Nevirapine became available for HIV+ people, there was the need to find food to feed them while their tablets and now that the government has approved the dispensation of ARVs, they perceive an increased need for the availability of food which people do not have.

The demand for their services is great but their weakness is not recording what they are doing. They are doing a lot but not documenting it. Their relationship to the government is very good although sometimes the government delays in terms of providing promised goods or services. They have some input to policy but not enough as there needs to be more rapid policy change to meet the needs of the people.

Far North Health Care Centre

This organisation was established in 2000 and has 6 full-time staff and 68 volunteers. They focus on home-based care, education and support for orphans, by assisting with school fees and targeting people living with AIDS, people in churches and orphans. They felt that communities are able to deal with the shock of HIV/AIDS by bringing in outside help and demanding that HBC projects are initiated.

They find it challenging to function efficiently as they spend much of their resources buying food for their clients which is not what they are funded for. They are planning to setup a big food garden for the benefit of people living with AIDS and orphans. They also intend to train people who will help families in setting up food gardens and other income generating projects. The Department of Agriculture has provided seeds and CPC has assisted them with food supplements and over the counter drugs.

Gundo community development

Gundo was started in 1999 by a primary school teacher who saw that children were hungry and tired. He is the CEO and there is one full-time staff member, with 79 volunteers caring for 115 children. When they started they focussed on OVCs but now they can see that parents need support and training as well, so they work with CPC. They refer adults to CPC and CPC refers OVCs to them. They provide service for OVCs of any age, prioritising the poorest, and sometimes limited by whether the child is at school or not. If the child is not attending school, they can advise on whether to go back to school and how they can be helped. Gundo trains caregivers for counselling, they support school fees and have an arrangement with the Department of Education to waiver fees, the Department of Welfare provides some uniforms, and if the children are staying in poor housing they link them to the Local government housing. They also try to secure food parcels from the government or from donors as well as providing legal support, help with applying for grants, which they try to monitor. If a child is sick, the caregiver will take child to hospital, but Gundo has no funds for medicine, although fees are often waived. They had one child on ARVs, which was very hard. The child kept getting sick but the hospital did not know who to tell, so told no-one and so those caring could not provide appropriate care.

They have realised the necessity for producing their own food. They want to get a plot to grow vegetables on where the caregivers would farm. They have the challenge of transport as they do not have the use of a vehicle which makes it hard to communicate with the volunteers or to deliver food. Also, volunteers are not trained specifically for childcare but for patient care and OVCs can be difficult to deal with. They have noticed that parents have to be a key target and that their perspectives need to change so that they are open to talking to their children, else the child may go to the next person for advice that might not be reliable.

Gundo felt that there is a lot of support from NGOs to tackle to HIV/AIDS issues but that they have not been able to partner with the municipality effectively yet. They have started a forum for all NGOs involved in HIV/AIDS-related work and think that this should help build the bridges between the NGOs and local municipality. They also feel that there needs to be more support and advice on food production apart from maize. They would like to see more information on nutrition and how to grow other foods.

This lack of ability to link with the municipality seems to be a common and widespread because of lack of capacity. It is an issue that affects municipalities all over. As well as being ineffective in linking to local efforts, municipalities are often unable to enact directives coming from the national and provincial governments despite best intentions.

Notes from research project undertaken through Department of Entrepreneurship, at the University of Venda.

The Department of Entrepreneurship was involved in a project for UNOPS. UNOPS wants to provide microfinance on their own terms but first they wanted to establish what finance options existed. They are trying to use the Poverty Forecast Finance through Gramine bank. UNOPS is forcing local government to invest in local economic development.

Univen did surveys in Mutale and Thulamela, looking at all economic activities in conjunction with Vhembe Economic Development Agency. They could acquire price data from Department of Trade and Industry and Chamber of commerce.

The market landscape seems to consist of many small rural traders that are involved in short-term enterprises that collapse easily. The key findings from field research with 5000 entrepreneurs of all kinds were:

- In November/December people return from Gauteng and spend money setting up many small enterprises that tend to collapse soon afterwards
- In the poor areas there are fewer opportunities
- Marketing is an issue as there is very weak support for the resource-poor
- It is hard to penetrate existing local markets
 - o Hawkers play a big role but they are usually selling produce from white commercial farmers. Prices are kept in line (or below) with the farmer they are selling for. There is little or no competition in terms of price between sellers.
 - o Local shops have arrangements with commercial farmers
 - o There are few formal places for local projects to sell their goods
- Availability of high quality seed is limited so hard to grow high quality produce.

One of the main constraints is the fact that access to capital is poor and so it is hard to get equipment sorted, such as machines or other things needed to excel.

It appears that most people grow crops and then decide on market. They consider value and use/demand. Crop choice is primarily based on the season, and then the value. The government sets

a price range and they usually fall within that. Everyone sells at the same price and so there is little competition. Mangondi is a good project because it can balance market crops with home consumption because it is close to the village.

In small businesses, poor women appear to take any opportunity they can whereas poor men appear to do very little. This may be for survival because women have to feed the household and are therefore more adaptable. Often the women are single because the husband is in Gauteng. Some of the constraints to women adapting seem to be:

- They have to fulfil multiple roles
- Community looks down on them if they go out to sell – so have to compromise role.
- Culturally the leader is often a man even in a women's project.

CBOs in Mangondi village, Vhembe district

In Mangondi, HIV/AIDS does not seem to be a big problem and there are no formal HBCs. If someone is ill, a neighbour might help to clean the house, feed the person and make sure tablets are taken. If the neighbour cannot provide, they will make sure they get what is needed from someone else.

If somebody dies everybody in the village gives R10. If there are orphans then Health and Welfare is responsible. The orphans are reported by the civic organisation and headman and should then get clothes, food and money. They first get food parcel from Health and Welfare and then the foster parents will get a grant or the children will get a grant. If the children are not responsible enough, then relatives will take care of them. If a man dies, his wife can stay in the village and keep fields and won't normally marry again (as in some cultures the wife is expected to leave all common property that becomes the property of the husband's family). Usually the woman moves to the man's village when they marry. They are not forced to go back to their own village but can. If the woman dies, the man is likely to marry again. He can also keep fields and doesn't have to move.

A women's group was started as a caring group by the Department of Health and Welfare. They supported the production of food for homes through vegetable gardens. They stressed that women should be involved in nutrition. A group of women were trained by people from Thilidzini. They were taught to make floor polish. The initiators promised to come and teach them to make 'don' for skin cream but they never came and it appears that this was because of transport problems. The Department came to Mangondi to run the project rather than the people asking for it to be implemented. The women were taught to dig trenches in vegetable garden and put tins in with organic matter to improve water holding capacity. They did it at home garden where it seems to help and vegetables grow bigger. They were taught to use 1 teaspoon of bleach to clean the water and if that was not available they should boil the water.

Peanut-butter making project

Eunice's account: There were some CBOs established in Mangondi. A group for the unemployed made peanut butter but the group has now collapsed. They started by contributing money and making polish then moved on to peanut butter but collapsed when they could no longer contribute financially. There were about 8 members.

Extension officer's account: There was a project that was initiated with 12 women to make peanut butter with ground nuts. The project started because people were hungry. But the house they were going to use collapsed in the floods so that project never took off.

Credit in Mangondi: Agnes' perception

'There are many stokvels (savings clubs) which are very helpful especially for people like myself as I am not working. I can then have money to buy'.

Agnes was involved in a grocery and a money stokvel but is no longer involved in any because she has no money to put in each month. If she sells crops she will be able to join again. She prefers the money stokvel because then she can send her child to school. Most people dropped out of the club because they had no money because most people are not working.

Gladys' perception of CBOs in Mangondi

There are no CBOs in Mangondi at the moment. There was the care group. The Civic group is seen as a community group as they help the community a lot. Mangondi might benefit from more CBOs. An organisation that might lend money to the community people would help the most. There hasn't been one here before but it would help those who are not working to buy something for reselling, such as poultry and baking.

Credit in Mangondi: Doris' perception

When it comes to credit there is the small business enterprise, Shumisano, that gives good rates for business but it is only given to groups of 3 or 4 people. At present there are about 30 people in Mangondi receiving support. This organisation is based in Nelspruit and Pietersburg. People use it for setting up businesses such as buying and selling vegetables, sewing, selling relish and baking. It is only available for women.

Banks are very difficult to get credit through. There are many stokvels and people contribute monthly and share the money at the end of the year. She belongs to a grocery one (22 people) and a money one (12 people). People with little money can't join but they should join the irrigation project. The problem is that there is no rain and the machine does not work. There is no water at home and no produce and so people have to take money from their pockets to buy things they are not supposed to. She has started buying cheese snacks to resell. She started this year and will continue. She feels that people in the village need training in business, marketing and agricultural skills. There is no training at present. The Venda Training Trust (VTT) used to give training in past. The extension officer doesn't come often; maybe every 2 weeks. They know about farming but not about business so that would be useful.

Conclusion

At the village level, it seems that CBOs have 2 main reasons for emerging. First, if there is a clear need in the community then members will get together to address a problem. For example, care for the sick and for orphans has emerged as a need that district level organizations cannot cover on their own and so community members have come forth to address this. Another example is the saving schemes. It is hard to get formal credit facilities and the credit that does exist through loan sharks has such high interest that it can be detrimental to households and so they need to form their own organisations.

The second reason CBOs emerge is when there is external support. This can come in the form of information and support for setting up networks, or through material support, such as irrigation that then provides the community with a focus and resource to manage. These interventions sometimes address community needs and sometimes do not and then are likely to collapse.

Finally, it is clear that there is great need in this area at a number of levels. Part of the problem is that NGOs cannot address the multiple stressors simultaneously and therefore suffer. For example, health organizations have to address food security as well as health. NGOs with a single focus can hamper their progress and potentially do harm if they do not address problems in a holistic manner. This is hard to address as it may be better to provide some support rather than none. The question is, how can organizations develop to support multi-dimensional vulnerability? This is an area that could benefit from further research.