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HEALTH. RURAL AND COMMUNITY DEVELOPMENT PORTFOLIO
M E M O R A N D A
ON THE
UNDERLYING PHILOSOPHY AND CRITERIA
ON WHICH APPLICATIONS FOR FINANCIAL SUPPORT
ARE TO BE CONSIDERED IN RESPECT OF THE FOLLOWING:
HEALTH
WELFARE
HATER AND SANITATION
ENERGY-RELATED PROJECTS
RURAL DEVELOPMENT PROJECTS
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HEALTH PROJECTS
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HEALTH PROJECTS

1. BACKGROUND

In order to develop an appropriate policy for funding in the health sector, it is important to first develop an understanding of the current situation in the country. The South African health sector can be divided into the public sector, the not for profit non-governmental sector (N. G. o.) and the private sector.

1.1 The Public Sector

Health Care as rendered by the public sector has many basic problems. In the main, these relate to its fragmentation into fourteen health departments, segregation of its facilities and inappropriate focuses and underdevelopment. Although there have . been shifts in policy, and attempts at better co-ordination, these problems still remain.

Besides the obvious problem of fourteen ministers of health, the services still operate with wasteful duplication, overlap and inefficiency. There has been an important shift in principle that local authorities may now also provide curative services to enable a more comprehensive service, but this policy does not seem to have been implemented as yet. Racially based segregation is still widely practised in the health sector with separate clinics in buildings on separate days for different race groups is still the norm.

The Department of National Health and Population Development (D. N. H. P. D.) has appropriately adopted a primary health care approach as the cornerstone of its policy, but there is as yet,litt1e evidence of shifts in the allocation of resources to match this policy. . As the result of the bias toward curative services, where primary health care needs were not seen as a priority, the system shows gross underdevelopment and neglect in almost every aspect.

The situation regarding hospital services remains unsatisfactory. The proposed shifting of academic hospitals to independent management boards and enabling them to generate income is only part of what is needed. Few white South Africans rely on the public sector for their primary care. Primary health care services for black South Africans can be divided into five broad groupings, viz. services in metropolitan townships, squatter areas, smaller urban areas, farming areas and "homelands".

In the townships, curative and preventive health services are separated. The provincial administrations remain responsible for curative services. This is largely supposedly provided at the outpatients departments of the nearest hospital. With the smaller townships this may be 30 or more kilometres away. In the metropolitan townships the local authorities are responsible for preventive and promotive services.

The services are significantly underdeveloped, particularly when compared to that of their "white" counterparts. The situation in more distant townships is substantially worse, while the growing "squatter informal settlement" areas often have no services at all. Farm labourers are dependent on so called "section 300" services for their preventive care. This is based on a visit by a nurse in a mobile clinic once in six to twelve weeks.

In the independent self-governing states, attempts to render a more comprehensive health care service through the Departments of Health and Welfare.

1.1.1 Facilities and Staffing

In general terms, there is a shortage of primary health care facilities "although this would not be quite as bad if available facilities were more efficiently used".

There are inadequacies in staffing, funding and support systems. Support systems includecommunication,ambulances,transport and drug and equipment supplies. The quality of facilities vary. A few are too large while others are too small for their purpose. Besides having too few staff, clinics cannot rely on nurses to provide the full range of services.

Because South. Africa focused on training professionals to provide individual care for the affluent, there is no cadre of auxiliary level workers, as exist in most OTHER health systems. Auxiliary workers are people with one to three years of formal training who have the skills to provide good quality care for about 80% of the problems which would normally be dealt with by the respective professional, e.g. occupational therapist, pharmacist.

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Only one or two areas in the country have developed community health worker programmes, i.e. people with a few weeks to a few months of training, who provide basic services. These programmes have faced some difficulty, not the least of which is that the community health worker is relied on to almost become the health service, rather than being an important element of a fully fledged primary health care system.

Quality and range of care

The quality of care is generally inadequate. Staff are often expected to perform tasks for which they have not been trained. There has been talk that the Nursing Council will be abandoning training in clinical/primary health care nursing, which means that we will have no category in the country at a level lower than a doctor capable of adequately diagnosing and treating common illnesses.

The clinics generally provide a narrow range of services, thus rehabilitation is generally not available, vision screening and spectacles are not provided, chronic disease care is not effective and many women still deliver at home. Communities and mothers are not well informed about the measures they can take to protect the health of their families, such as the use of oral rehydration (sugar and salt) solution to prevent diarrhoeal deaths from dehydration, and the differentiation between upper and lower respiratory tract infections, to prevent pneumonia deaths. These are the two biggest killers of children in the country.

Community Involvement

There is little community involvement in health care and little consultation with representative community organisations. There are few community level campaigns and programmes that reach out beyond the clinic walls. The state has recently begun a process of focused campaigns, the first one of which was about measles immunisation.

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The next one is planned on oral rehydration. It is not clear how effective these health service based initiatives will be. Services that reach communities in their homes are generally unavailable except in "white" areas and metropolitan townships.

In general terms, the public health system does not have the feel of a dynamic organisation that is developing, innovating or providing continuing education. There is a lack of a spirit of tackling problems and moving forward.

T. 1.2 The Not for Profit Non-Governmental Sector

The N. G. O. sector in South Africa is weak. This is a legacy of the state takeover of mission hospitals with the establishment of homelands, and the boycott of South Africa by international agencies because of the apartheid policies.

In general terms, up until a while ago, there was relatively little funding available, and many adopted the charitable "something is better than nothing" philosophy. Exciting things have started to happen over the last few years, with varying and innovative programmes for village health workers, rehabilitation assistants, education of trainer programmes etc. The National Progressive Primary Health Care Network has also emerged to facilitate growth and development in this field, as well as to encourage those in the public sector to advance and develop their practice. . There are also a number of support, training and policy organisations that play an important role. There is also a relatively new shift in the traditional NGO’s towards a more relevant and appropriate role. Organisations such as the South African National Tuberculosis Association (SANTA) and the National Council for the Blind serve as examples of organisations that have been reviewing their programmes.

1.3 The Private Sector
The private sector provides much first contact curative care for patients on medical aids, and for may ad hoc attenders in black areas. There have been various discussions about developing a more appropriate role for the sector, but none of this really links into the question of donor funding.
INTRODUCTION
The situation with regard to health care delivery particularly in the rural areas is critical and deteriorating rapidly. The needs in all areas are unlimited, but in iVieW' of its finite resources, it is recommended that the I.D.T. confine itself as far as possible to initiatives within primary health care.
In 1978 all the countries of the world, excepting South Africa met at Alma Ata in the Soviet Union and emerged with the Alma-Ata Declaration. This declaration, based on experiences around the world in the preceding ten or twenty years, crystallised out what constituted an appropriate way forward for the health sector, namely the primary health care approach.
The full text of the declaration of the Alma Ata will found in Annexure 1.
Definition:
Primary Health Care is essential health care made universally accessible to individuals and families in the community by means acceptable to them, through their full participation and at a cost that the community and country can afford. It forms an integral part both of the country's health system of which it is the nucleus and of the overall social and economic development of the community.
POLICY ISSUES
In terms of broad policy, the I.D.T. commits itself to the following:
3.1 Recognises that the most appropriate way of making essential health care universally accessible to individual families in the community in an acceptable and affordable way with their full participation is through the Primary Health Care approach. In so doing, it commits itself to a series of shifts in the nature and delivery of health services, including:
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Prioritising Primary Health Care;
Focus on preventive and promotive health services without neglecting cure;
The use of appropriate, but not necessarily low cost technology;-
Equitable re-distribution of health care resources;
Adequate care for all making health services acceptable, accessible, affordable and appropriate to communities;
Addresses the main health problems and provides essential care.
Recognises the effects of socio-economic circumstances on health;
Recognises the necessity of community development based on an intersectoral approach;
Commits itself to involving" communities, not as a means of getting State off the hook of its responsibilities, but rather to empower communities with health information to increase self-reliance and self-respect and to ensure democratic accountability of health services;
3.5 To support the creation of a unitary health care system.

CRITERIA ACCORDING TO WHICH PROJECTS ARE TO BE EVALUATED

It is clear that the State needs to move from laudable policy statements to concrete changes on the ground. It needs to demonstrate that it has the political will to bring about fundamental shifts and development. It is important that the I.D.T. does not take over this role. We do not have the resources to do so and in fact could mislead communities into thinking that they have all they need when just a small contribution has been made. Clearly the State should not be let off the hook in terms of their responsibilities for providing basic health care nor assist in creating dual systems. However, the I.D.T. should play a facilitatory ? appropriate to encourage change.

This could be done by' moving into providing strategic interventions in areas of specific weakness where the State is unlikely to act effectively to facilitate the development of innovative and forward looking programmes. Help create models of how things should be done by all, including the State sector and also enable a multiplier effect by encouraging demands for similar services to be placed at the door of the State, and through facilitating community mobilisation and action.

Within the framework of building and developing a primary health care approach and the elements within in it, it would be inappropriate to pick out any area and say this item should constitute the bulk of the funding, or should not receive funding because it is adequately developed or adequately funded. It would be crucial that activity and intervention should function within the spirit of the primary health care approach. This would include a focus on the most disadvantaged, involve maximum community consultation and control, be community based and recognise human rights and be effective. All projects should have or be helped to develop a capacity for sound planning, management and evaluation.

It is recommended that projects and programmes within the following broad parameters should be considered for I.D.T. funding and support:

4.1 Essential Care

This includes at least education concerning prevailing health problems and methods of preventing and controlling them, promotion of food supplementation and proper nutrition, adequate supply of safe water and basic sanitation, maternal and child health care including family planning, immunisation against the major infectious diseases, prevention and control of locally endemic diseases, appropriate treatment of common diseases and injuries and provision of essential drugs.

To translate this broad conceptual framework into a concrete programme, a series of steps that needed to be taken were outlined in the Alma-Ata global strategy for health for all by the year 2000.

4.2 Auxiliaries and Community Health Workers

A substantial expansion of the use of such workers is required in the South African system.

Auxiliaries

An Auxiliary health worker refers to a sub professional category of health worker with one to three years training, who has the skills to fulfil the bulk tasks carried out by professionals. With the exception of isolated innovative programmes, this cadre is essentially' non-existent in the South African health system, although there have been moves in pharmacy and rehabilitation for registration for such workers. In nursing, the aim was to remove this cadre from the personnel infrastructure, apparently as part of the drive for professionalisation of nursing.

The I.D.T. could respond to this need at two levels. The first is to facilitate the establishment of schools for the different categories of auxiliaries. This would require substantial funding, and will almost certainly need to be linked to significant commitments by the state both for the cost of training as well as for the establishment of posts and career structures.

The second option is to fund innovative programmes for the training of auxiliaries. These programmes will have a developmental function, exploring appropriate curricula, developing texts and offering a base for the training of other teachers, while at the same time implementing and developing their programme.

Problems that should be avoided in all situations include the use of auxiliaries where the skills of a professional are required. One envisages that the auxiliaries will work in a team with a professional whose role would include problem solving on complex cases, programme design and development, and continuing education and support of the team. It is important that the training programme does not try and produce mini professionals, but rather competent auxiliaries. A key advantage of auxiliaries is that they are likely to remain in undeserved areas from which they are selected, particularly if their training does not take them far from home.

Community Health Workers

The question of community health workers is rather more complex. Community health workers refer to people selected by and accountable to their communities, who may be of low literacy, and who receive a short training to fulfil important health tasks at community level. In the late 1970’s and early 80’s many saw them as the panacea of health care. However, experience in many situations has found that problems in selection, training, orientation, community links, and support and continuing education have led. to unsuccessful programmes, and accusations that community health workers are being used to provide second class care for the poor. There is also some debate as to whether community health workers can realistically be expected to fulfil the wide range of tasks they many people demand of them, and if they should have a curative role.

However, it is not the category of worker that is inherently a problem, but the way programmes are implemented. Quite often community health worker programmes emerge as a "something is better than nothing" programme, and as the only option available under the circumstances. As there is a lack of support infrastructures for such programmes, as well as local experience, the end product is often unsatisfactory.

The Community health workers is then often left on their own, with inadequate training. The community soon becomes bored with the few basic messages that they have learnt and frustrated with the little they can offer. The absence of continuing education means that they cannot advance their skills to take new knowledge back to their communities. Thus, any community’ health worker programme must be closely linked to the community and have an adequate training and support infrastructure to warrant funding.

Clearly, community health workers should be trained where they live and work, but the problem is that trainers do not have the educational or programme development insights and skills. Thus, support is needed for the establishment of suitable centres where such training can take place.
In the longer term, there are many who believe that South Africa, as a middle income country, can afford to ensure that all community health workers have a minimum of three months to one year of training, probably over a three year period with continuing implementation of what they have learnt between blocks.

Primary Health Care Facilities and Services

Most townships, informal settlement areas and the white owned "farming areas" do not have comprehensive primary health care clinics. Some may have preventive only clinics, but these are usually inadequately staffed. There are also too few clinics, in particular the rural areas. Even though the provision of clinics should be seen as a State responsibility, it is felt that the I.D.T. should become involved in a major initiative in not only the building of new facilities, but in the upgrading of existing primary health care facilities.
The building of clinics could be used as a strategic intervention to enable the development of a comprehensive primary health care service with communities.
The following’ criteria should, be lmet for the funding of clinic buildings to be approved:
- would there not be sufficient clinics in the area if racially based segregation were removed?
- a commitment that all recurrent and staff expenditure be met, so that communities would not be left with an empty building without funds to actually run the service;
- the building should. be community, rather than State owned. This is one way of ensuring better community accountability and control of their whole service;
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steps should be taken to ensure maximum community accountability of the health service so that the workers are accountable to the community and not simply to the bureaucratic structures of the health service;
the building should be simply designed, of low cost and appropriate for the purpose. Should not be larger (or smaller) than required for the size of the community. Appropriate norms for clinic buildings are being developed in conjunction with the CSIR and the Department of National Health and Population Development.
the building should be designed for multi-purpose use, so that activities like adult education and community projects could take place in the evening;
local builders should be used as far as possible, to provide job opportunities.
In looking at the siting of clinics, due consideration should be given to an equitable distribution throughout the country. This relates mainly to capital expenditure. However, primary health care development is more than this and there may be times when the I. D. T. should consider providing funds to pay for service provision. This could include bridging funds, strategic interventions and the need to develop a programme.

Education and Training

Education and training are recognised as possibly the most crucial intervention that needs to be made in the health sector. Donor funding can make the strategic input that launches the necessary auxiliary and community health worker training programmes that were outlined earlier. Beyond this, we have a nationwide situation where professionals, auxiliaries and community health workers, as well as the administrative support and environmental health personnel have not been trained to work in and develop a primary health care approach. Whether it is the nurse in a rural clinic, a community worker in a rehabilitation programme, a pharmacist in a rural hospital dispensary, a malaria spray team member or a project organiser, further job oriented training is required.

There are also many who would like to initiate and develop health programmes, ranging from civic associations to professionals, who are afraid to get involved because of a lack of skills or experience. Training needs range from appropriate technical information, to administrative, organisational and management skills, to programme evaluation, education and health education skills. The kinds of learning required vary, but what is required is a huge increase in creative and appropriate learning opportunities. The requirements range from a masters in public health programme (for any professional), to diplomas in primary health care services development aimed at both professional and auxiliary workers, to certificate courses, short courses and workshops aimed at groups . ranging from community members to professionals. The certificate, short course and. workshop topics would vary enormously, but could include items such as:

- evaluation of primary health care projects;
- development of innovative health programmes;
- modern and adult education approaches to health education;
- neW’ directions in rehabilitation services (or mental health or child health or care of the aged, etc);
- training village health workers (or environmental health workers, rehabilitation workers etc);
- priority health programmes e.g. women and children’s health;
- organising around primary health care.

. Whether the item is a certificate course, short course or workshop, may depend on whether it is run by a university or technikon, a private not for profit organisation, one of the health support organisations or committed individuals. The crucial issue is that one is looking for short courses, which may be a month full time, a few separate weeks or week ends, or a one off event of a couple of days or an afternoon, the time and venue will depend on what one is trying to achieve and what the needs are.

Whatever the courses, one should always try and link training to service functions, try and offer training based in and where possible run by successful community projects, and link training to communities.

If the concept of community colleges emerges as a reality, it may be that these should become the focus, not only of community health worker training, but also of auxiliary worker training and continuing education courses. It is not only health workers who require input and training. Community" members who will participate in community programmes, and particularly civic association and other organisational members who take responsibility for the health portfolio or health activities of their organisation, will need input and opportunities to learn about health.

Other less direct contact methods of learning should also be used. These would include newsletters around primary health care aimed at different target audiences and different sets of skills, and distance learning programme, the latter particularly when an initial input has been provided. It may also be appropriate to have visits to innovative programmes within the country and within Southern Africa organised as a learning tour. The value of seeing successful projects in action and learning about how they overcame problems and seeing projects in difficulty, both provide an invaluable basis for learning and discussion. Such trips should of necessity include a skilled facilitator.

The bottom line on training is to respond to the fact that South Africa has a cadre of health workers who have not been trained for the jobs they are expected to perform. One requires major shifts in technical skills, in attitudes towards communities and health care, in education and communication skills and in abilities to organise programmes. These apply regardless of the persons level in the health system and are as important to community health workers as they are to project managers and professionals. This is an important and fertile ground for funding.

Rehabilitation and Mental Health

Rehabilitation and mental health face a huge backlog and underdevelopment of services. There is a need for innovative development and training of health workers and integration into primary health care clinic programmes. There are three other crucial developments which are interlinked, that should be fostered.

The first is the development of community based rehabilitation and mental health programmes.
These programmes take different forms, but the essential feature is that as much as possible of the rehabilitation takes place in the community, in the ’ persons home, and with the full participation of their family and the support of the service. The actual programme takes on different forms, ranging from a more extensive programme with auxiliary level workers supported byt professionals building and developing district wide programmes, through to bringing together the mothers of say five cerebral palsy children, with each mother taking responsibility for caring of the children on one day of the week. This releases the mothers for four days a week, relieves the load, provides as a support system, and a focus group for training and support. Also, one may be able to arrange with employers for three mothers to share two jobs. In general the disabled community should become empowered and the service accountable to it.
The second approach, is to develop what are known as self-help programmes.
The difference between this and community based rehabilitation is often subtle, but the essential difference is that the programme tends to be driven much more by the disabled people themselves. The Self-Help Associations for Paraplegics are examples of this. Generally, both approaches, done well, are good, and which one to use often depends on the local situation and the availability of innovative people.
The third area is the development of broader programmes that require wider organisation and mobilisation such as those of the Disabled People of South Africa (DPSA). This will include issues of tackling rights, accessibility, community caring, attitudes and so on.
Other neglected areas might do well to follow similar patterns such as the neglected needs of the aged and those with other chronic disabilities, such as diabetics. However, many of the programmes that exist for these problems focus on more affluent communities, or at a low level and follow. Many follow outmoded approaches. There may be some occasions where critical funding and support could lead to a shift towards more appropriate new approaches.
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Support structures
To effect successful primary health care programmes, a range of support structures, beyond educational programmes, are required and it would be important for the I.D.T. to seek close co-operation with these support structures. This would have the important function of networking projects and creating joint support systems, of organisations providing project development support, health policy work and organisations mobilising and organising health.workers to become more committed to primary health care.
Problems Specific Programmes
Comprehensive or Selective Programmes
There is no doubt that there are important problems requiring specific attention and intervention, such as nutrition, AIDS, diarrhoeal diseases, tuberculosis and family planning. However, there has been some international controversy as to the best way to implement such programmes.
The one argument is for each of these to become selective programmes with their own infrastructure. For example, a donor may come in and fund an immunisation programme. In the selective approach specific resources are developed for the programme, from a national level infrastructure, down to community workers specified as immunisation workers. One criticism is that workers spend a lot of time travelling to a specific point, where the only service they can provide is immunisation, where communities need much more than just that.
One also finds that vehicles go half empty to distant areas, because they are specified as immunisation vehicles and cannot carry other drugs and supplies. They develop a parallel hierarchy of staff, vehicles etc within the health system. A further criticism is that the donor money is usually tied to a commitment by the host country to take over the funding of the project a few years later. The host country is thus completed to divert resources from the more general primary health care service, which is already underfunded to meet this commitment. The end result of all these processes, is that the selective programme may do quite well and show good statistics on paper, but more generally the primary health care system is harmed and other services deteriorate, or stay the same.

The counter position is that one should invest in comprehensive community based primary health care services as this is the most cost-effective and appropriate way of developing. The specific programmes should then be integrated and emphasised within the primary health care system.

To do this one should concentrate on building comprehensive primary health care systems, but recognise the need for strong development and focusing on priority problems and services. Thus, if a certain type and interest and support systems are not established, then these programmes may not receive the attention they require on the ground, when there are enormous day-to-day demands on primary health care staff. There should be national, regional and district co-ordinating teams to develop and focus their activities, such that the bulk of their efforts are the primary health care system. Where it is clear that the primary health care system is not in a position to do a task, such as national level media advertising or development of a particular aspect of the local programme, then it should be done by the staff working on the specific programme.

The implication for the I.D.T. is that it should be cautious when funding vertical isolated programmes that are not tied to and built into a more comprehensive primary health care approach, unless there is a good reason for this. Examples can be quoted. The I.D.T. support for a national AIDS programme, and a T.B. programme. This can be called vertical support for horizontal implementation of problems specific programmes.

CONCLUSION

The basic policy recommended for funding in the health sector is to follow the primary health care approach, and then assess applications in different fields and for different tasks to see whether they fall within the I.D.T general guidelines and the primary health care approach and whether they will be done appropriately.

The boundary’ between facilitatory’ work. and. taking over State responsibility is sometimes blurred, but careful analysis and consultation should ensure that the danger inherent in this is minimised. In general terms there must be extensive community involvement and control and an intersectoral approach must be followed. The I.D.T. should encourage projects Tto link. up and bto co-operate in an intersectoral way.

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It should also encourage ithe establishment of regional development policies and forums and networking between similar projects to share ideas and to gain from one another’s experience.

The I.D.T. cannot afford to sit back and wait for appropriate interventions. There are numerous ways in which it can develop a pro-active approach, both to facilitating necessary changes in the health sector as well as helping to ensure that necessary projects get initiated. Otherwise many of the necessary interventions may simply not emerge because of lack of focused awareness of both the problem area and available funding for intervention. Ultimately, the overall allocation should show a sensible mix of strategic funding in a variety of fields, all targeted at the needs of the poor.

RECOMMENDATIONS

6.1 Recommends that the government incorporate and strengthen primary health care within its national development plans with special emphasis on rural and urban development programmes and the co-ordination of the health-related activities of the different sectors;

6.2 Recommends that the government encourages and ensures full community’ participation lthrough lthe effective propagation of relevant information, increased literacy, and the development of the necessary institutional arrangements through which individuals, families and communities can assume responsibility for their health and wellbeing;

6.3 Recommends that the government strengthens the support of general administration to primary health care and related activities through co-ordination among different homeland ministries and the delegation of appropriate responsibility and authority to intermediate and community levels, with the provision of sufficient manpower and resources to these levels;

6.4 Recommends that national health policies and plans take full account of the inputs of other sectors bearing on health; that specific and workable arrangements be made at all levels - in particular at the intermediate and community levels - for the coordination of health services with all other activities contributing to health promotion and primary health care; and that arrangements for coordination take into account the role of the sectors dealing with administration and finance;

Recommends that primary health care should include at least: education concerning prevailing health problems and the methods of identifying, preventing, and controlling them; promotion of food supplementation and proper nutrition, an adequate supply of safe water, and basic sanitation; maternal and child health care, including family planning; immunisation against the major infectious diseases; prevention and control of locally endemic diseases; appropriate treatment of common diseases and injuries; promotion of mental health; and provision of essential drugs;

Recommends that, in order for primary health care to be comprehensive, all development-oriented activities should be interrelated and balanced so as to focus on problems of the highest priority as mutually perceived by the community and health system, and that culturally acceptable, technically appropriate, manageable, and appropriately selected interventions should be implemented in combinations that meet local needs. This implies that single-purpose programmes should be integrated into primary health care activities as quickly and smoothly as possible;

Recommends that governments promote primary' health care and related development activities so as to enhance the capacity and determination of the people to solve their own problems. This requires a close relationship between the primary health care workers and the community and that each team be responsible for a defined area. It also necessitates reorienting the existing system to ensure that all level so the health system support primary health care by facilitating referral of patients and consultation on health problems; by providing supportive supervision and guidance, logistic support, and supplies; and through improved use of referred hospitals;

Recommends that, as part of total coverage of populations through primary health care, high priority be given to the special needs of women, children, working populations at high risk, and the underprivileged segments of society, and that the necessary activities be maintained, reaching out into all homes and working places to identify systematically those at highest risk, to provide continuing care to them, and. to eliminate factors contributing to ill health;

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Recommends that the government gives high priority to the full utilisation of human resources by defining the technical role, supportive skills, and attitudes required for each category of health worker according to the functions that need to be carried out to ensure effective primary health care, and by developing teams composed of community health workers, other developmental workers, intermediate personnel, nurses, midwives, physicians, and, where applicable, traditional practitioners and traditional birth attendants;
Recommends that the government undertakes or support re-orientation and training for all levels of existing personnel and revised programmes for the training of new community health personnel; that health workers, especially physicians and nurses, should be socially and technically trained and motivated to serve the community; that all training should include field activities; that physicians and other professional health workers should be urged to work in underserved areas early in their career; and the due attention should be paid to continuing education, supportive supervision, the preparation of teachers of health workers, and health training for workers from other sectors;
Recommends that all levels of health personnel be provided with incentives scaled to the relative isolation and difficulty of the conditions under which they live and work. These incentives should be adapted to local situations and may take forms as better living and.working conditions and opportunities for further training and continuing education;
Recommends that the government, research and academic institutions, nongovernmental organisations, and especially communities, develop technologies and methods that contribute to health, both in the health system and in associated services; are scientifically sound, adapted to local needs, and acceptable to the community; and are maintained by the people themselves, in keeping with the principle of self-reliance, with resources the community and the country and afford;

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Recommends that the government ensures that efficient administrative, delivery, and maintenance services be established, reaching out to all primary health care activities at the community level; that suitable and sufficient supplies and equipment be always available at all levels in the health system, in particular to community health workers; that careful attention be paid to the safe delivery and storage of perishable supplies such as vaccines; that there be appropriate strengthening of support facilities including hospitals, and that governments ensure that transport and all physical facilities for primary health care be functionally efficient and appropriate to the social and economic environment;
Recommends that the government formulates national policies and regulations with respect to the import, local production, sale, and distribution of drugs and biologicals so as to ensure that essential drugs are available at the various levels of primary health care at the lowest feasible cost; that specific measure be taken to prevent the over utilisation of medicines; that proved traditional remedies be incorporated; and that effective administrative and supply systems be established;
Recommends that the government should develop the administrative framework and apply at all levels appropriate managerial processes to plan for and implement primary health care, improve the allocation and distribution of resources, monitor and evaluate programmes with the help of 21 simple and relevant information system, share control with the community, and provide appropriate management training of health workers of different categories;
Recommends that every national programme should set aside a percentage of its funds for continuing health services research; organise health services research and development units and field areas that operate in parallel with the general implementation process; encourage evaluation and feedback for early identificatian of problems; give responsibility to educational and research institutions and thus bring them into close collaboration with the health system; encourage the involvement of field workers and community members; and undertake a sustained effort to train research workers in order to promote national self-reliance;
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Recommends that, as an expression of its political determination to promote the primary health care approach, the government, in progressively increasing the funds allocated for health, should give first priority to the extension of primary health care to underserved communities; encourage and support various ways of financing primary health care, including, where appropriate, such means as social insurance, cooperatives, and all available resources at the local level, through the active involvement and participation of communities; and take measures to maximise the efficiency and effectiveness of health-related activities in all sectors;
Recommends that the government expresses its political will to attain health for all by making a continuing commitments to implement primary health care as an integral part of the national health system within overall socio-economic development, with the involvement of all sectors concerned; to adopt enabling legislation where necessary; and to stimulate, mobilize, and sustain public interest and participation in the development of primary health care;
Recommends that the government elaborate without delay a national strategy with well-defined goals and develop and implement plans of action to ensure that primary health care be made accessible to the entire population, the highest priority being given to underserved areas and groups, and reassess these policies, strategies, and plans for primary health care, in order to ensure their adaptation to evolving stages of development;
Recommends that countries share and exchange information, experience, and expertise in the development of primary health care as part of technical cooperation among countries, particularly among developing countries;
Recommends that international organisations, multilateral and bilateral agencies, nongovernmental organisations, funding agencies and other partners in international health acting in a coordinated manner should encourage and support national commitment to primary health care and should channel increased technical and financial support into it, with full respect for the coordination of these resources by the countries themselves in a spirit of self-reliance and self-determination, as well as with the maximum utilisation of locally available resources.

DECLARATION

The International Conference on Primary Health Care, meeting in Alma-Ata this twelfth day of September in the year Nineteen hundred and seventy-eight, expressing the need for urgent action by all governments, all health and development workers, and the world community to protect and promote the health of all the people of the world, hereby makes the following Declaration:

I

The Conference strongly reaffirms that health, which is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal whose realization requires the action of many other social and economic sectors in addition to the health sector.

H

The existing gross inequality in the health status of the people particularly between developed and developing countries as well as within countries is politically, socially and economically unacceptable and is, therefore, of common concern to all countries.

111

Economic and social development, based on a New International Economic Order, is of basic importance to the fullest attainment of health for all and to the reduction of the gap between the health status of the developing and developed countries. The promotion and pro-

ANNEXURE 1

OF'ALMA-ATA

tection of the health of the people is essential to sustained economi and social development and contributes to a better quality of life an to world peace.

IV

The people have the right and duty to participate individually an collectively in the planning and implementation of their health care.

V

Governments have a responsibility for the health of their peopl which can be fulfilled only by the provision of adequate health an social measures. A main social target of governments, internationz organizations and the whole world community in the coming decade should be the attainment by all peoples of the world by the year 200 of a level of health that will permit them to lead a socially and econom cally productive life. Primary health care is the key to attaining thi target as part of development in the spirit of social justice.

VI

Primary health care is essential health care based on practica scientifically sound and socially acceptable methods and technolog made universally accessible to individuals and families in the com munity through their full participation and at a cost that the communit and country can afford to maintain at every stage of their developmer in the spirit of self-reliance and self-determination. It forms an integrz part both of the countryls health system, of which it is the centrz function and main focus, and of the overall social and ec0nomic dt velopment of the community. It is the first level of contact of ind

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bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process.

VII

Primary health care:

1. reflects and evolves from the economic conditions and socio-cultural and political characteristics of the country and its communities and is based on the application of the relevant results of social, biomedical and health services research and public health experience;
2. addresses the main health problems in the community, providing promotive, preventive, curative and rehabilitative services accordingly;
3. includes at least: education concerning prevailing health problems and the methods of preventing and controlling them; promotion of food supply and proper nutrition; an adequate supply of safe water and basic sanitation; maternal and child health care, including family planning; immunization against the major infectious diseases; prevention and control of locally endemic diseases; appropriate treatment of common diseases and injuries; and provision of essential drugs;
4. involves, in addition to the health sector, all related sectors and aspects of national and community development, in particular agriculture, animal husbandry, food, industry, education, housing, public works, communications and other sectors; and demands the coordinated efforts of all those sectors;
5. requires and promotes maximum community and individual self-reliance and participation in the planning, organization, operation and control of primary health care, making fullest use of local, national and other available resources; and to this end develops through appropriate education the ability of communities to participate;
0. should he stained by integrated. lunclmnul uml tuutuullQ-sup- ’ portixc rclcrrul systems, leading to the progressive imprmcmcttt of comprehensive health care (or all, and giving priority to those most in need;
7. relics, at local and referral levels, on health workers, including physicians, nurses, midwives, auxiliaries and community workers as applicable, as well as traditional practitioners as needed, suitably trained socially and technically to work as a health team and to respond to the expressed health needs of the community.

VIII

All governments should formulate national policies, strategies and plans of action to launch and sustain primary health care as part of a comprehensive national health system and in coordination with other sectors. To this end, it will be necessary to exercise political will, to mobilize the countryis resources and to use available external resources rationally.

IX

All countries should cooperate in a spirit of partnership and service to ensure primary health care for all people since the attainment of health by people in any one country directly concerns and benefits every other country. In this context the joint WHO/UNICEF report on primary health care constitutes a solid basis for the further development and operation of primary health care throughout the world.

X

An acceptable level of health for all the people of the world by the year 2000 can be attained through a fuller and better use of the worlds resources, a considerable part of which is now spent on armaments and military conflicts. A genuine policy of independence, peace, de’tente and disarmament could and should release additional resources

that could well be devoted to peaceful aims and in particular to the acceleration of social and economic development of which primary health care, as an essential part, should be allotted its proper share.
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ANNEXURE 2

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ANNEXURE 3
glossary of terms
The term comnrehensive Erimary health care refers to a service that provides all aspects of care, i.e. preventive, promotive, curative and rehabilititative services. Comprehensive services also take account of physical, social and mental health needs, and the term assumes a certain standard of practice.
The term Erimary Erevention refers to preventive and promotive measures that prevent people getting ill in the first place. Preventive measures refer to steps that actively prevent disease, such as immunisation. Promotive measures include actions that improve peoples' ability to care for their health e.g; health education and education, and better income and water supply. Secondary prevention refers to the early diagnosis and treatment of health problems, to prevent disease setting in or becoming serious. It aims to prevent disability. Tertiary Erevention refers broadly to rehabilitative services, whose aim is to limit the handicap associated with a disability. One may not be able to change the disability of a paraplegic, but the handicap they suffer as a result of their disability can be very different. New skills, a suitable home a job and a wheelchair all help.
The terms primary, secondary and tertiary levels of care should be distinguished from both primary' health care and yprimary, secondary and tertiary prevention. Primary health care refers to a comprehensive set of measures and a particular approach as defined at Alma Ata. Primary level care simply refers to whatever services exist in the community i.e. non-hospital services. Secondary level care refers to general hospitals and tertiary level care to more sophisticated, often academic hospitals.
The above terms also need to be distinguished from the levels defined in the so called national health Elan for South Africa. This refers to six levels of health care. Level one refers to the socio-economic factors affecting health, Level two to education, health education and community participation, Level three to primary level services, including health centre funtions, Level four to local hospitals, Level five to regional hospitals and Level six to academic hospitals.
In some places, the term health centre and clinic are used interchangeably. In some countries the term health centre is used to refer to a large facility that provides a wide range of services, while the term clinic refers to a smaller facility and the term health East to any facility e.g. a small hut, a room in a building or any other such structure that is used, either for intermittent visits, or by a community health worker as a base. The national plan for health service facilities does not use the term clinic. Rather, it uses the term community health centre (CHC) for all situations, and then divides the size of the facilities up into CHC 5 for 5 000 people, CHC 10 for 10 000, CHC 20 for 20 000, CHC 50 for 50 000, CHC 100 for 100 000 people.

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PRIMARY
Primary Health Care is essential health care made univer-
sally accessible to individuals and families in the community
by means acceptable to them, through their full participation
and at a cost that the community and country can afford. It
forms an integral part both of the countryls health system of
which it is the nucleus and of the overall social and econ-
omic development of the community.
Primary Health Care addresses the main health problems in
the community, providing promotive, preventive, curative and rehabili-
tative services accordingly. Since these services reflect and evolve
from the economic conditions and social values of the country and its
communities, they will vary by country and community, but will in-
clude at least: promotion of proper nutrition and an adequate supply
of safe water; basic sanitation; maternal and child care, including
family planning; immunization against the major infectious diseases;
prevention and control of locally endemic diseases; education con-
cerning prevailing health problems and the methods of preventing and
controllingthem; and appropriate treatment for common diseases and
Injuries.
In order to make Primary Health Care universally accessible in
the community as quickly as possible, maximum community and indi-
vidual self-reliance for health development are essential. To attain
such self-reliance requires full community participation in the planning,
organization and management of Primary Health Care. Such partici-
. ANNEXURE 4
HEALTH CARE
pation is best mobilized through appropriate education which enables
communities to deal with their real health problems in the most suit-
able ways. They will thus be in a better position to take rational
decisions concerning Primary Health Care and to make sure that
the right kind of support is provided by the other levels of the
national health system. These other levels have to be organized and
strengthened so as to support Primary Health Care with technical
knowledge, training, guidance and supervision, logistic support, sup-
plies, information, financing and referral facilities including insti-
tutions to which unsolved problems and individual patients can be
referred.
Primary Health Care is likely to be most effective if it employs
means that are understood and accepted by the community and applied
by community health workers at a cost the community and the country
can afford. These community health workers, including traditional
practitioners where applicable, will function best if they reside in the
community they serve and are properly trained socially and technically
to respond to its expressed health needs.
Since Primary Health Care is an integral part both of the country’s
health system and of overall economic and social development, WllllO’lt -
which it is bound to fail, it has to be coordinated on a national basis
with the other levels of the health system as well as with the other
sectors that COlelhllte ’0 a cnnntrv’s lnfql dpwn’nnvhnnO Mrnomw.

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WELFARE PROJECTS

INTRODUCTION

The purpose of this memorandum is to set out the philosophy and criteria for financing of welfare programmes/projects by the Independent Development Trust.

The content of the memorandum will also assist welfare and other organisations seeking funding to evaluate the suitability of envisaged projects for funding.

THE PHILOSOPHY AND STRUCTURE UNDERLYING THE SOUTH AFRICAN WELFARE SYSTEM

The individual is regarded by the State authorities as being primarily responsible for his/her own welfare. The State assumes limited responsibility by providing financial and other support as a last resort to persons unable to provide their basic needs. The current system is thus "residual" in nature and acts as a support network for the poor and those experiencing social as well as economic problems.

The State does not assume primary responsiblity for the provision of welfare services to its citizens. In other words a: welfare state situation does not exist. This implies that the role of the private welfare sector is very important in the provision of welfare services. The State’s recognition of this importance is embodied in the system of state subsidisation of private sector welfare services.

Although welfare projects of a developmental nature could be focussed on whole communities and not just the poorest of the poor, it is important for funders of projects to be aware of the fact that historically the South African welfare system has focussed its services on the minority groups in communities identified in terms of their association with and of the following welfare service categories:

(Section 1 TXVJ of the National Welfare Act 100 of 1978)

a) Society work as defined in Section 1 of the Social Work Act 107/78 as amended;

b) the prevention and treatment of social pathological conditions in the community or in groups of persons or in families or individuals;

c) the promotion, protection, or stability of family or marital life;

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d) the welfare of the aged or physicalLy or mentally handicapped persons;
e) the welfare of children;
f) the prevention of alcoholism or dependence upon dependence-producing substances or the treatment of persons who are dependent upon alcohol or any other dependence producing substance;
g) the provision of housing to independent persons or persons in need;
h) any corrective service (offenders);
i) social life.

Whereas the nature of the services within these categories have traditionally been therapeutic, rehabilitative or treatment orientated, and as such have not contributed greatly to promoting self-help, there remains a need for a shift in emphasis of the nature of services if the aims of the Indepedent Development Trust are to be promoted. Furthermore, the identifying of social welfare service categories that should be given higher priority over others, must also occur.

THE INDEPENDENT DEVELOPMENT TRUST'S PHILOSOPHY AND DEVELOPMENT PLAN

The broad aim of the Independent Development Trust is to be of long-term assistance to the poorest of the poor with a view to enabling them to help themselves. In view of the proverbial bottomless pit associated with traditional welfare services which are of a dependence- creating handout nature, the Independent Development Trust has committed itself to supporting community projects which promote the concepts of self-help and independence in the long-term. Spending on the poor should be seen primarily as an investment in the poor in order to improve their capabilities and access to opportunities. Simple acts of subsidising the provision of food for children could be seen as an act of contributing to the bottomless pit, but is to be regarded as a long-term investment in children.

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The financing of such projects will contribute to the development of the poor in that eventual self-help will occur. Such an approach to welfare spending will complement the main thrust of the Independent Development Trust's spending on education and housing.

Given the already identified approach of the Independent Development Trust to welfare support, viz:

a) Welfare support without the prospect of empowerment of the direct recipient, but releasing the creative energies of care givers, e.g. mothers of mentally retarded children and the siblings whose quality of life would improve with appropriate service provision, viz. day-care centres.

. b) Welfare support leading to the empowerment of recipients who become self-sufficient as a result of appropriate intervention, e.g. quadriplegic support with mobility, skills training and access to job counselling and placement.

c) Rehabilitation of disabled people and supporting them to become useful members of society, e.g. facilities for the treatment of alcoholics are accessible mostly to the better-off sector of our society, yet alcoholism amongst the poor has reached alarming proportions.

The cost of society of such high levels of alcoholism are enormous, reducing the impact other development efforts are likely to have on the poor.

d) The Independent Development Trust should play a . f acilitatory role in the creation of an infrastructure, viz. centres as well as support of organisations working in special fields. A reasonable level of gearing can be achieved by releasing state subsidies and involving the private sector in skills training, job counselling and job placement programmes.

e) Preventative and promotive programmes aimed at the acquistion of appropriate life skills to encourage the development of a responsible healthy lifestyle. The focus here would be children, particularly school pupils, parents and teachers. Infrastructural support will be needed to provide the environment for interaction away from overcrowded homes.

The following priorities can be assigned to the various social welfare service categories and the nature of services.

4/...

Service Field

The Independent Development Trust has identified housing and education as deserving of the highest priority. Within the context of health and welfare, however, although all service categories will enjoy a high priority, (those services focussing on children will be assigned the highest priority) the nature of the service will however determine the value of the project.

Nature of Service

The Independent Development Trust assigns the following priorities to the various kinds of services in the descending order of importance:-

a) Developmental
b) Prevention
c) Care
d) Rehabilitation

In view of the importance of these concepts for the evaluation of projects, their meaning to the Independent Development Ttrust will be elaborated upon.

DEFINITIONS OF CONCEPTS

4.1 Developmental Projects can be regarded to be those directed at enhancing the quality of life of all persons through the promotion of strategies such as:

i) improving material conditions of life;
ii) maximising the development of human capacities;
iii) maximise self-reliance;
iv) support of those in need of protection, care and support to maintain and develop civilised standards of living;
v) empowerment of people and communities;
vi) development/change of environmental conditions.

Social work services have traditionally focussed on strategies (i, ii, iv and v) through the use of social relief measures and counselling which aimed at developing the individuals personal problem solving and adaptation skills.

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The Independent Development Trust recognises the long-term value of strategies (ii, iii and vi) and accordingly assigns a high priority to projects incorporating' these strategies. Projects such as training for self-employment and the provision of resource infrastructure where it is lacking are examples of these strategies.

George 20 1988 identifies development as consisting of or characterised by the following activities:

a) economic growth;
b) poverty alleviation and inequality reduction; and
. c) basic need fulfilment.

Whereas outdated theories of poverty causation sought to blame the individual for his/her plight, modern theories assign blame for the cause of poverty to:-

a) Inadequacy of resources;
b) Maldistribution of resources.

The Independent Development Trust identifies with George's statements on the characteristics of development and the causes of poverty and therefore assigns great value to any welfare projects which not only work towards providing basic needs and alleviating poverty, but helps to promote economic growth e.g. self-employment, and provide resources.

The problem of access to resources is also relevant . whereas most welfare resources are to be found in urban areas and the rate of urbanisation is high, the majority of the population is still to be found in rural areas where the infrastructure for economic development and self-help resources is seriously lacking or underdeveloped / inadequate.

4.2 Prevention Services of a preventive nature involve primarily activities of an educational nature. They too could be in the nature of resource provision.

4.3 Care Services are either of a residential care nature in the form of an institution (e.g. home for aged) or in the form of a facility - small or large (e.g. community centre) from which a variety of services could be organised and provided e.g. home help, meals on wheels, day care for children and the aged.

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4.4 Rehabilitation relates to services generally of a therapeutic nature designed to help the individual recover from or cope with a debilitating condition. Traditionallyt welfare services have focussed their attention on the poor, the sick, the disabled and the socially' maladjusted and tended to specialise its services in the various service fields.

In order to promote the provision of comprehensive services of a generic nature to the poor those projects of a developmental nature primarily but which incorporates aspects of care, prevention and rehabilitation, will be highly valued.

THE BASIC NEEDS APPROACH TO ADDRESSING POVERTY

Basic needs can be regarded to he means common to all human beings which are required for survival. Such means include water, food, clothing, shelter and employment.

Having identified what basic needs are, it is vital to answer the question: "Whose basic needs?". More than half of South Africa's black population (this population group being mostly affected by poverty) is:

i) under the age of 15 years, and

ii) live in rural areas.

Additionally, of all unemployed persons in South Africa, the majority are women. Such facts need to influence the nature, focus and priority determination of social welfare services.

Although the Independent Development Trust has committed itself in principle to the development of self-help and the avoidance of 'handouts' generally because of the bottomless pit philosophy, the great extent of poverty and its consequences, compels the Independent Development Trust to nevertheless favour the financing of feeding and nutrition projects for children.

Projects generating self-employment must receive high priority.

WELFARE PLAN AND CRITERIA ACCORDING TO WHICH PROJECTS ARE EVALUATED -

The Independent Development Trust in creating 21 welfare project financing plan, has identified goals (long and short-term), policies, priorities and strategies which will shape the Independent Development Trust’s practice over the next five years.

6.1 Goals (long-term)

To provide financing for projects which create infrastructure (welfare resources) and provide services of a preventatve and developmental (self-help) nature - thereby contributing to economic growth.

Goals (short-term)

To provide financing of projects which:-

i) directly seek to assist those most adversely affected by the consequences of poverty by fulfilling basic needs;

and

ii) indirectly seek to promote independence and self-help.

6.2 Policies

As a guide towards achieving its goals, the Independent Development Trust’s welfare policies are as follows:

i) provide support to projects that provide the basic needs of the poorest of the poor;

ii) provide support to projects that promote developmental and preventive strategies, e.g. promote self employment;

iii) promote the community care as opposed to institutional care of children and the aged, e.g. day care centres;

iv) promote the creation and maintenance of resources in rural communities especially which are of a self-help nature, e.g. self-help organisations (co-operatives);

v) monitoring and evaluation and a sustained effort to achieve maximum gearing is of paramount importance.

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Priorities
Priority is given to projects which have the following characteristics:
i) developmental in nature;
ii) short-term in duration;
iii) focus on the poorest of the poor;
iv) selectively focus on children, the aged and unemployed women in rural areas;
v) programmes with a rehabilitation orientation, selected minority groups such as the handicapped or alcohol dependents must be linked to employment creation or self-supporting programmes;
vi) programmes/projects which incorporate large numbers of persons from the community at large as opposed to projects involving small groups of selected persons.
strategies
The major voluntary welfare organisations who have organised themselves in terms of speciality of service, have representative National Councils. Some state subsidies of affiliated voluntary welfare organisations are paid via National Councils which act as a screening and payment body.
The complete South African welfare structure is relatively sophisticated and elaborate requirements and lengthy procedures involved in creating, registering, maintaining and co-ordinating fundraising organisations and welfare organisations, serves to discourage small groups of concerned individuals from starting own welfare orientated projects.
The Independent Development Trust recognises the value of independence and small-scale self-help efforts free of interference and restrictions as important means by which organisational infrastructure can be created especially in underdeveloped rural areas. The IDT should also facilitate the’Vnationalisation of the National councils to reduce the fragmentation and bureaucratization which currently characterises this sector.

The Independent Development Trust accordingly adopts a strategy of directly financing small self-help groups which are not necessarily affiliated to any national welfare council. Examples of such organisations deserving of direct support are: Non-profit companies, fundraising organisations and welfare organisations.

By taking cognisance of and supporting the objectives of grassroots values, needs and desires of leaders in communities, the Independent Development Trust believes that it is promoting the democratic principles of participative decision making and self-determination.

Additionally and importantly, the Independent Development Trust is responding to the expressed needs of many voiceless and neglected rural inhabitants of South Africa.

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RURAL WATER SUPPLY AND SANITATION

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RURAL WATER SUPPLY AND SANITATION

INTRODUCTION

"Health cannot be attained by the health sector alone. In developing countries in particular, economic development, anti-poverty measures, food production, water, sanitation, housing, environmental protection and education all contribute to health and have the same goal of human development" (Alma Ata Declaration, Para 1.7).

During our consultation process, access to potable water was identified by communities almost without exception as their most urgent need.

This document is intended to form a policy framework for the I.D.T's rural water and sanitation programme. The document has been circulated to several people who are active in the field of rural water and sanitation and has been modified in the light of their comments.

THE CURRENT SITUATION WITH WATER AND SANITATION IN THE RURAL AREAS OF SOUTH AFRICA

Based on figures produced by the "Water and Sanitation 2000" group, there are currently 16.6 million people living in the rural areas of South Africa (all references to South Africa in this document include the TBVC countries).

Of these 16.6 million 'people, only 53% have access to improved water supply and only 14% have access to adequate individual sanitation. Details are given in the table below.

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Access to adequate water and sanitation, particularly water, is critically important in improving the health of people. Yet the figures indicate just how much remains to be done. Using water supply as a measure, the situation is most severe in the homelands (independent and self-governing states), particularly the larger ones - Transkei, KwaZulu and Lebowa.

It is estimated by the Water and Sanitation 2000 group, that providing appropriate technology is used and the focus is on a basic level of service, the level of investment required is as follows:

Water (10 million people) ..... R200 - R 400 million
Sanitation (15 million people) ..... R700 - R2 500 million

In the case of water this may well be an under-estimate but nevertheless, the indication is that a goal of adequate water and sanitation for all is achievable.

THE INDEPENDENT DEVELOPMENT TRUST'S ROLE

The aim of the I.D.T. is to be of long-term assistance to the poorest of the poor with a view to enabling them to help themselves. In order to do this successfully, the I.D.T. is committed to supporting community based projects which promote the concepts of self-help and independence in the long-term. In particular, under its health, welfare, rural development programme, the I.D.T. is committed to supporting the development of the rural areas of South Africa, where the concentration of poverty is greatest, and where services and support for development is most lacking.

3.1 Rural Development

The provision of water supply and sanitation in rural areas cannot be seen in isolation from the integrated development of these areas. While the I.D.T.'s focus as part of this programme is on the provision of basic health and welfare to the poorest of the poor, it is recognised that this is only a part of what needs to be done. In order for long-term sustainable development to take place, other physical and social infrastructure is required and local economic activity needs to be generated.

In promoting rural development, and water and sanitation provision in particular, the I.D.T. believes there are three fundamental principles upon which such development must rest.

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Community Involvement

The I.D.T. wishes to respond to the expressed needs of communities, holding that only then will such communities fully support the projects which may be funded. The process of planning and implementation of such projects, should be accountable to the community, as it is only then that local initiative, local economies and local co-operation can be developed.

Development of Local Institutions

In order for the planning and implementation of projects to take place at local level, strong institutions are needed both at local level and higher levels. At present there are too few such institutions operating in the rural areas of South Africa and therefore the I.D.T. wishes to support their establishment and growth. These may be non-government organisations, community based organisations or organisations fitting into an accepted system of government.

Promotion of Sound Policy Formulation

In preparing it’s own policy for the provision of water and sanitation in rural areas, the I.D.T. recognises that this needs to be part of an overarching policy for rural development which should focus on all the basic needs of people living in these areas. However, the preparation of such a policy is a complex matter which will need time and the co-operation of many organisations both in the public and private sector. The I.D.T. wishes to contribute to the preparation of such macro policy where it can. As it is government which carries the ultimate responsibility for such macro policy, the I.D.T. will co-operate with government wherever possible.

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Water and Sanitation
Access to potable water and basic sanitation are vital components of a rural development initiatives. While this may involve the funding of infrastructure (boreholes, pipes etc), it has been mentioned that the provision of these services must be related to other components of rural development, in particular the strengthening of institutions and establishment of sound policies.
Following from the above, the I.D.T.’s rural water supply and sanitation initiative has three components to it:
- the funding of infrastructure;
- the support of institutions;
- the development of policy.
These components are inter-related. For example, in funding the provision of infrastructure in a particular way, policy can be influenced "from the bottom". On the other hand, by influencing decision makers at the top on policy issues, the efficient and appropriate provision of infrastructure can be promoted at the bottom
Each of the three basic components of the initiative are dealt with below:
3.2.1 Infrastructure
In general the I.D.T. does not have the capacity to directly fund individual projects aimed at providing infrastructure and, therefore, will generally not support such projects. Rather the I.D.T. wishes to support a programme approach at a district or sub-regional level which may involve a number of projects and possibly other funding’ agencies. This is discussed in later sections .
3.2.2 Institutions
The I.D.T. believes that the best way to support the development of institutions which play a role in the process ’of providing water and sanitation, a programme approach should be followed.

In this way the provision of infrastructure takes place together with the strengthening of local community based organisations or local government organisations.

Policy

The I.D.T. does not believe that it is the role of government and regional bodies to be directly involved in the planning and implementation of rural water supply and sanitation projects. However, these institutions have a vital role to play in establishing' policy' and creating a sound environment in which funds can be well utilised and where local institutions can flourish.

4. PROGRAMME APPROACH

As mentioned above, the programme approach to development should have the combined goals of providing water and sanitation services and strengthening institutions. Such programmes would be implemented at a district or sub-regional level. As far as possible programmes should be supported by other funding agencies.

The I.D.T. will favour those programmes which, as far as possible, have the characteristics identified in the following sub-sections:

4.1 Institutional

It is necessary to identify activity which can take e, place at both the project and the programme levels, with projects seen as components of the programme. Here the desired characteristics are:

- the initiative relating to projects comes from communities which are also prepared to co-operate with each other in supporting a district or sub-regional water supply or sanitation programme;
- the communities establish a democratically elected local body to make decisions relating to their project while, at the programme level, competent technical and management staff are appointed to co-ordinate the programme on their behalf;
- the programme has the support of government or regional authorities;

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- a strong education and training element is incorporated into the programme with a view both to establishing an awareness of water and sanitation issues and to establishing operating and maintenance arrangements for the long-term. The building of the capacity to carry out civil administration should also be incorporated in the programme.

Socio-economic

- the community do not have the ability to pay the full cost of providing water and sanitation;
- the present services available to them are unsatisfactory (see level of service guidelines below).

Financial

In general, the I.D.T. will not fund schemes which require substantial capital investment and will favour schemes with lower per capita investment in infrastructure. The focus should be the provision for health and the relief of daily burdens. The I.D.T. does not wish to establish a rigid limiting figure, but the following guideline is suggested:

- water supply schemes: capital costs should not exceed R100 per capita;
- sanitation: capital costs should not exceed R75 per capita.

While it is accepted that many communities are too poor to pay the full cost of providing water supply and sanitation services, the I.D.T. believe that it is important for the community to make some contribution to the cost either financially or in kind.

The community’ must be able to afford the ongoing operating and maintenance cost of the system and structures must be set up as part of the programme to collect the necessary amount from members of the community to cover such costs.

4.4 Technical

Given it’s limited resources, and the need to provide for the poorest of the poor, the I. D. T. will only support initiatives which provide the most basic communal level of service. Again, the I. D. T. should not be inflexible in this regard; general guidelines will be applied as follows:

- water supplies should provide for 25 litres of water per person per day to be provided within 500 metres of dwellings;
- sanitation systems should be based on the ventilated improved pit latrine.

Appropriate technology should be used to provide a cost effective, simple, robust, low maintenance system.

Typical examples of the technology to be applied are: borehole drilling, appropriate pumping installations, spring protection, rainwater collection, stream extraction, small dams with gravity fed reticulation, windmills, slow sand filtration and pit latrine improvement.

4.5 Technical Assistance

Where applications are received for the funding of programmes which are considered to be inadequately thought through, the I. D. T. should be prepared to make some funding available to assist applicants in preparing their applications sufficiently to allow for the completion of the appraisal.

APPRAISAL AND MONITORING OF PROJECTS

Development in rural areas is difficult. The international history of development is littered with examples of failed projects and wasted effort. It is therefore critical that programmes to be funded should be carefully appraised and monitored. In order to do this a system needs to be established which has sufficient capacity and expertise but is flexible. As far as possible, the I. D. T. wishes to avoid growing into a large development agency and therefore as much reliance as possible needs to be made on existing organisations both in the private and the public sector. In order to fit into the system which is envisaged, the organisations need to be small and efficient with quick reaction times.

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The following structure is proposed:
The ultimate decision for funding projects rests with the I.D.T.'s Board of Trustees. However, given the complexity of the issues and the need for local knowledge, the I.D.T. could rely on a regional panel of experts who would make recommendations to them.
Such a regional panel which would sit at certain intervals and make recommendations relating to important issues associated with the appraisal and monitoring of projects. This panel should comprise a variety of people from the public and private sector who have a good knowledge of development in the area. The panel would be chaired by a senior member of the I.D.T.'s staff.
The direct work related to preparing appraisal and monitoring of projects would be carried out by consultants either based in private firms or in universities. These consultants would need to be based in the regions concerned. Consultants would be briefed directly by the I.D.T. in Cape Town.
In order to distribute information relating to the I.D.T.'s rural water and sanitation initiative, the I.D.T. would also appoint liaison officers in each region. These would be people who live in the region, speak the language of the people there and understand the local issues and politics.
It is suggested that as a first step, the I.D.T. set up the above regional structures in Transkei, KwaZulu and Lebowa as it is here that the establishment of pilot programmes should be sought.

ENERGY-RELATED PROJECTS

BACKGROUND

Energy is such an all-pervasive element of everyday life, that its importance is usually overlooked, and it is often assumed that it will always be available in sufficient quantities to meet the needs of its myriad uses. This is particularly the case in developed economies, where energy is literally available at the flick of a switch.

However, in underdeveloped regions, where energy is not generally obtainable in convenient and accessible forms, its importance as a necessary input in the development process is being increasingly recognised. It. must be emphasised that it is but Qgg of the essential inputs, and its significance must not be allowed to over-shadow the importance of the many other elements required for development. In addition, the temptation of placing too much hope in energy as a "development catalyst" must be avoided.

It is really only since the so-called oil crises of the seventies that any real awareness of energy problems in underdeveloped communities has emerged. It is now common knowledge that the major source of energy for domestic, and some industrial uses, in underdeveloped urban and rural areas throughout the world, is biomass, be it in the form of fuelwood, crop residues or animal dung. Increasing pressure on these energy sources is resulting in problems which require urgent attention, and which can no longer be ignored when considering development initiatives.

South Africa is no exception to the above, although relative to most developing countries, there is greater use here of commercialised energy carriers, particularly in urban areas, such as paraffin, gas and coal. Nonetheless, the energy-related problems experienced by the underdeveloped communities of this country are legion, and it is imperative that they not be overlooked by the IDT.

INTRODUCTION

This memorandum deals with the need to supply energy to the peoples of South Africa on an adequate, appropriate and affordable basis and will attempt to provide policy guidelines for the evaluation of energy-related development. projects and the energy components of other development projects, where more detailed technical evaluation may be required.

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The National Energy Counci (N.E.C.) pleads for the concept "energy for all" taking into account the vastness of our country, the various levels of economic development of our people and the ever-present constraints.

The following statement ’made by the former Deputy Minister of Mineral and Energy Affairs, Dr P.J. Welgemoed in Parliament on 7th May 1990 (Hansard), will be taken as a starting point:

"...It will be necessary to move away from the general perception that a single energy carrier, namely grid electricity, offers the only solution. A holistic approach is needed where the entire spectrum of available energy resources is fully taken into account. The satisfaction of energy needs should be accomplished through an integrated supply of energy from a variety of available sources in a vision of "energy for all" within the constraints of affordability for the consumer in question, but also for the state who has to render assistance.

In such an approach the renewable sources of energy, with which Southern Africa is well endowed, could play a significant role. These include solar, wind and hydro energy, reafforestation programmes and the utilization of domestic and other wastes.

In addition, innovative reticulation techniques should be applied in extending the national grid, where applicable."

THE AFFORDABILITY OF ENERGY

Affordability of energy, and indeed any other inputs required for development, is a key issue to be dealt with in formulating policy. A number of studies have been conducted by, amongst others Eberhard (1984 and 1986) and Gandar (1984), to determine urban and rural domestic energy consumption levels, and to establish the cost of energy to the households surveyed. These studies have revealed that, very often, poor households are paying more per unit of useful energy than other, more affluent sectors of the population. For example, in Valhalla Park outside Cape Town, electrified. households spent an average of R25 on energy, while poorer households using paraffin and candles spent R65 (Eberhard, 1984).

In Umlazi, unelectrified households spent R42 per month while the more affluent, electrified households spent only R18 (Gandar, 1984). Indeed, numerous surveys, going as far back as 1977, have found that unelectrified urban households spend an average of 1,5 times as 1much on energy as electrified. households (Dingley, 1990). In addition, survey data from various parts of the country show that rural households spend an average of R40 per' month on fuel, candles and batteries (Eberhard, 1986; Tobich and Dingley, 1988). It is thus apparent that a significant proportion of poorer households' disposal income is being spent on energy. In relative terms this ranges from 10% (in Vulindlela outside Pietermaritzburg) to 20% (in Crossroads outside Cape Town), compared with 3% in the white, middle-class suburbs of Cape Town, or even 5% to 7% in poorer, electrified, coloured areas (Eberhard, 1986). It is therefore not surprising that surveys carried out in unelectrified areas have shown repeatedly that electricity is the desired energy carrier in both urban and rural households. Its usefulness is widely acknowledged, and people are prepared, and apparently able to pay for it (Eberhard, 1986 and HKS, 1991).

In the light of the above, affordability of energy carriers begins to take on a different meaning, and it should be asked whether the country can afford not to vigourously pursue a programme of electrification. Certainly viewed against the costs mentioned above, the provision of electricity would almost definitely reduce many households' energy costs, while at the same time improving their standards of living.

ELECTRIFICATION IN GENERAL

South Africa was one of the first countries in the world to generate electricity for distribution on a commercial basis. Eskom is currently one of the largest generators and suppliers of electricity in the world, ranking among the top seven electricity utilities internationally. It generates about 60% of Africa's electricity, and yet, close to 66% of the country's population do not have access to this energy carrier (Wilson and Ramphele, 1989; Dingley, 1990).

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In recent years, Eskom has undergone significant restructuring, and is now actively marketing electricity, rather than adopting its previous passive position of waiting for requests for connection to the grid. This new approach has resulted principally from its significant generating overcapacity, and it is from this position that Eskom is now promoting the objective of "electricity for all at an affordable price" (Eskom, 1988).

The importance of affordability cannot be overemphasised. There is no doubt that the degree of use of electricity, and hence the success of a national electrification programme will depend on this issue being satisfactorily addressed.

. To realise the proposed electrification programme, the formation of a National Electrification Board (NEB) has been mooted by Dingley' (1990) and others. This organisation should be semi- autonomous, have broad-based participation, and public accountability, and would be constituted of members drawn from the government, the unelectrified communities, financing agencies, the electricity supply industry and the private sector. It would be responsible for policy formulation, setting of targets and priorities, and the allocation of electrification funds.

The capital required for electrification projects currently comes from two major sources: contributions from township developers, and long-term loans (Theron et a1, 1991). In the former case, as most Black Local Authorities (BLAs) are not financially viable, they try to pass on the bulk of the costs of electrifying a new housing scheme to the developers, who in turn . recoup the costs in the sale price of the houses. White municipalities on the other hand only require guarantees from the developers that electricity sales in the new area will be above a level necessary to recoup the distribution costs over a prescribed period. In years in which there is a shortfall, the developers are required to make this up. Thus, the cost of housing in poorer, black townships is inflated by the additional costs of the electricity distribution network.

Long-term, concessionary loans for the financing of electrification projects are obtainable from a variety of financial institutions. These include local authority capital development funds, Regional Service Council (RSC) funds, Eskom's capital fund, the Development Bank of Southern Africa (DBSA), the Local Authorities Loan Fund, and the National Housing Fund. Few, if any BLAs have capital development funds, or their own loan funds holding capital raised from outside sources. They are therefore entirely reliant on the other finance sources mentioned. RSCs provide capital for urban electrification projects, in the form of low interest loans or grants. However, given the current financial problems being experienced by most BLAs, RSC funds are increasingly being used to cover BLA budget deficits, and are not being invested in long-term projects. Eskom's capital fund consists of loans raised on local and foreign capital markets, however, very little of it is currently going to electrification projects. Eskom and the DBSA, however, have recently entered into an agreement whereby the DBSA will help to finance Eskom electrification programmes in underdeveloped areas. This will all be done through loans, with cost recovery being achieved through electricity sales. The Local Authorities Loan Fund makes loans available for the financing of capital development projects to do with infrastructure. However, because these are loans and not grants, the cost recovery of the projects has to be guaranteed. Given the financial state of most BLAs, they are not regarded as a good risk by this Fund, and stand little chance of obtaining support. The National Housing Fund (NHF) is the primary source of funds for capital projects in the development of black townships. Loans are made available from the NHF by the National Housing Commission (NHC) for electrification projects. These are repayable over 20 years, at an annually adjusted interest rate, currently 11,25%. Current policy with these loans is that they are only granted for the so-called Phase 1 supplyl, and therefore do not cater for low-voltage residential supply networks. Because of the BLAs financial state, many NHF loans are not being serviced, thus greatly reducing the NHC's ability to make fresh loans.

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1 This consists of a bulk supply to a township to provide high mast lighting, and low-voltage supplies to certain essential consumers such as schools.

5.
POLICY ISSUES
5.1
It is felt that the I.D.T. as an organisation should put its weight behind the formation of a over-arching co-ordinating body, such as the proposed National Electrification Board (N.E.B.). In lobbying for its formation, the I.D.T. must give particular emphasis to 'the issue of the inclusion and full participation of client communities in the N.E.B. The importance of broad-based participation in the activities of the N.E.B. cannot be over-emphasised, given the history of limited success or outright failure of a number of electrification projects in South Africa.

The structural defects in the electricity distribution industry itself also needs to be addressed. The distribution industry currently comprises Eskom, municipalities (more than 400) and other local government bodies. Eskom is however withdrawing from a distribution role, but in the process is creating additional distribu-tion authorities e.g. Kwanolec, thus further fragmenting the industry. The longer rationalisation is delayed therefore, the more intractable the problem will become. In addition, as presently structured, the industry is not geared to distributing electricity to most of the country's underdeveloped areas (Dingley, 1990). It has been proposed that this be rectified rationalising through the creation of between 10 and 20 electricity distribution boards covering the whole country.

In a rationalisation process the need for broad-based consultation and participation cannot be overemphasised. In the short-term, given the fact that most black local authorities are in a state of collapse, new, interim measures for local government are being put in place. This will of course have an impact on electrification programmes. The I.D.T. should lend its support to this rationalisation initiative as it will signifcantly streamline the electrification process.

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POLICY GUIDELINES

Before setting out the policy guidelines, it is advisable to sound a note of caution regarding some of the widely held perceptions on the impacts that electrification can have on development, particularly in rural areas. Electricity alone will not trigger development, and there is no empirical evidence to show that electrification could have dramatic effects on literacy, halting migration to cities, better informed rural communities, the population growth rate etc.

Indeed, a comprehensive study recently conducted into rural electrification programmes in seven developing countries found. that "(i)t is, in fact,extreme1y difficult to produce incontrovertible proof that any development which takes place in a newly electrified area is directly and uniquely a result of electrification. To show a true causal effect it would be necessary to have comprehensive before and after data for an electrified area, and to be able to eliminate other possible causal effects." (Foley, 1989).

The study concluded that "rather than rural electrification programmes causing increased wealth, economic dynamism, literacy and other aspects of development, it may be that it is precisiely in areas with such characteristics that programmes are likely to succeed" (Foley, 1989). Thus it is apparent that when other necessary conditions are present, electrification can indeed provide a stimulus to economic activity as well as raising living standards at family and local community levels. It should therefore be regarded more as a development catalyst rather than initiator.

6.1 Energy in Urban Areas

In urban areas, the choice of energy carrier is simple; grid electrification.must be implementedd It is the way in which it is executed and financed that will require innovative approaches, and it is here 1that lthe IDT’s role could be significant.

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However, it must be emphasised once again that effective and real participation of the client communities must be the guiding principle governing all decision making regarding the allocation of funds by the IDTZ.

In terms of its current policy with regard to the provision of new housing, the IDT is considering a capital subsidy scheme of R7 500 per site. It is imperative that every endeavour be made to ensure ithat electricity supply is one of the services provided to each site. Even homes in site-and-service schemes should be provided with at least a basic electricity supply.

International evidence shows that where this is not done at the site development stage, electricity is seldom installed later (Kirke, 1984).

Such a strategy is inevitably going to require a reappraisal of the norms and standards currently applied in the South African electricity supply industry. The necessary technologies already exist, such as the so-called Rediboard and prepayment meters3. These allow a safe and manageable initial supply to be installed, which can at a later stage be upgraded when and if the household so desires.

If a household wishes to have a conventionally wired installations at the outset, the cost of this should be borne by the household, but appropriate financial assistance e.g. deferred payment, should be provided by the distribution authorities. Once again, this is an area where the IDT could use its influence, by insisting on the creation of such credit facilities as a prerequisite for it giving its funding support to an electrification scheme. Additional credit facilities may need to be provided for connection fees and the purchase of appliances. Indeed, these facilities may be crucial to the long-term financial viability of the electrification programme, given that it must eventually recoup its costs through electricity sales.

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2 Recent experiences in Mamelodi and Alexandra, where prepayment meters have been rejected by the community bear this out. Effective consultation with and participation by the Communities could in all likelihood have avoided this.

3 With prepayment meters households can easily budget their electricity consumption.

To give some idea of the costs involved in electrification, according to Dingley (1990), current distribution costs in urban areas are in the region of R1 500 per household. These cover the distribution network from the incoming bulk supply point up to and including the consumers' supply meters. The wiring costs for each house then range from around R150 for the simple Rediboard, to R1 000 - R3 000 for conventional wiring installations. With Eskom's present 81 tariff, the cost of the Rediboard and a prepayment meter are recouped through the electricity unit cost of 16c/kWh.

In conclusion, the objective of "electricity for all at an affordable price" in urban areas should . be vigourously pursued by the IDT. As a funding agency, the IDT can exercise considerable influence on the strategies and technologies adopted, by stipulating them as requirements for the granting of its financial support to projects.

6.2 Energy in Rural Areas

As in all developing countries, the underdeveloped rural areas of South Africa are becoming increasingly marginalised. Revitalisation of the rural economy is therefore essential, but it can not take place in a vacuum. There is a real need for a vigorous and extensive national debate to formulate an overarching policy for rural development. As an agency involved in funding rural development programmes, the IDT should be one of the initiators and . facilitators of such a debate.

Energy supply is one essential input for rural development. At the basic domestic energy level, where reliance is almost exclusively on fuelwood, the scarcity of biomass in many regions has or is reaching crisis proportions. To overcome these problems, more and more time has to be spent collecting fuel, inferior smoky fuels must be burnt, or adverse changes in diet are made. The uncontrolled removal of biomass for fuel also exacerbates problems of erosion, and leads to the reduction in viability of other rural development efforts.

Conceptually, the provision of energy to a rural development project is no different from the provision of other necessary inputs. It comes in many forms, and is used in imanyt ways in the process of social and economic development. Energy is required, for example, for heat for cooking and rural industries, to provide lighting in homes, schools and health centres, and to provide shaft power for water pumping and other agricultural and rural industrial activities. In practice, however, when compared to other inputs, energy supply has some unique features that necessitate special attention. Unlike most other inputs, energy is essential for g;; rural activities. It is so pervasive an element that the design of rural development activity, and the choice of technology, is often based on implicit assumptions about the existing availability of energy. However, experience suggests the opposite: energy supply options should be regarded as an integral part of a rural development project, and should be planned for accordingly.

Data on rural energy systems has only recently begun to be gathered, and they remain one of the least understood components of the rural economy. What has become apparent though is that these systems are extremely complex, and for effective development it simply impossible to avoid the problems posed by this complexity. To quote Hurst and Barnett (1990); "Energy is not merely and add-on, but an essential ingredient for success."

6.2.1 Energy for Cooking and Heating in Rural Areas

The most important energy source in rural areas is fuelwood and other biomass fuels, such as crop residues and dung. The problems caused by shortages of these can be severe, with long-term environmental effects. In the short-term, certain groups in rural areas, particularly poor women, are already suffering considerable hardship in the collection and use of these fuels. Some examples of these are documented in Wilson and Ramphele (1989).

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The causes of biomass depletion are complex, and can not be blamed entirely on fuelwood collection. Indeed in :many countries the main cause is land clearing for agricultural purposes. In addition, rural development projects can themselves worsen shortages by changing farming practices.

For example, high yielding crop varieties, mechanisation, irrigation and changed cropping patterns may reduce crop residues, important as both fuel and fodder. Rural development projects should therefore be formulated with a sensitivity to these issues, and consider methods for improving biomass supply.

There are basically three categories of intervention that can be considered: the planting of trees; a reduction of household fuelwood use; and a reduction of other wood uses, e.g. building, fencing etc. Simply increasing the size of existing forests is seldom sufficient to increase the supply of biomass. Domestic fuelwood comes from a variety of sources other than forests, such as hedges, crop residues, shrubs on farm lands and roadside trees. This diversity of sources allows for an equally diverse range of possibilities for the incorporation of biomass supply elements into rural development projects. In addition, as well as providing fuel, trees give shade, shelter from. wind, fruit and provide fodder for livestock.

An increasing body of experience in fuelwood supply projects, both internationally and locally, is revealing that higher success rates are often obtained when trees are grown for other purposes, and fuelwood is produced as a useful by-product. In addition, rather than conventional forestry techniques being applied by trained foresters, an approach termed social forestry is finding increasing favour. This involves the planting of trees by local people for their own use.

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Social forestry, when applied to large community-sized woodlots can also have its difficulties, as problems of ownership and other social structure-related obstacles can necessitate very lengthy and involved negotiation processes. For this reason the approaches gaining in popularity are those which involve the private growing of trees by individual households. These strategies attempt to integrate tree growing into the households' activities. This has the effect of increasing the benefits and.profitabi1ity of other, mainly agricultural projects.

Tree growing by individual households basically falls into two categories, first, the cultivation of trees around the homestead for fruit, shade, as fences in the form of hedging, and as windbreaks. And second, the cultivation of trees on farm land itself, again, for fruit, as fencing, windbreaks and to fix nitrogen in the soil. The latter cultivation method is known as agroforestry. These two tree growing interventions are meeting with success, and find favour with the households involved.

Although the above two approaches involve less community participation than the larger social forestry projects, client community consultation and discussion is still essential in project formulation and implementation. The main issues to be addressed are the following: what are the trees for? Who will own them? Who will manage ithem? Can access to the trees by others be controlled? Will the project compete with labour required for other essential activities? Thus, when considering funding for tree growing projects, the IDT should seek satisfactory answers to the above questions during the evaluation process.

An alternative to increasing fuelwood supply is to reduce its use. This can be done either by switching to other fuels or by increasing the efficiency of fuelwood use. There are severe limits to the extent to which modern fuels can be used in rural areas .

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These have mainly to do with the fact that fuel is regarded as free in the rural economy, and thus there is understandable resistance to the idea of paying for fuel for cooking and other domestic uses. Therefore, any project proposals received by the IDT that suggest switching to other fuels must be scrutinised very carefully.

As regards the improvement of the efficiency of fuelwood use, this can be achieved through the introduction of improved fire management techniques, e.g. by using a windshield, or by introducing improved stove designs. Because of the hardships they are experiencing with shortages of fuelwood, many rural women already apply good fire management techniques. Nonetheless, the IDT should be proactive in suggesting that training in fire management be introduced into programmes aimed at improving the lot of rural women. For example, when training courses and workshops are to be offered on diet and health care, the necessity for good fire management could be included.

Introducing fuel-efficient stoves in rural areas has proven to be far from easy. Most rural households do not have the spare cash to purchase an improved metal or ceramic stove. Even if they did have it, there is no doubt that some other purchase would be regarded as having a higher priority. Attempts have been made to disseminate self-built clay stoves in many underdeveloped regions of the world. However, it has proven difficult to distribute design information adequately, and to ensure that the proper standards are met to in fact improve the efficiency of fuelwood use. Indeed, there is still a lot of controversy in development circles on the effectiveness of supposedly fuel-efficient stoves in reducing fuelwood consumption (Gill, 1987). Such projects should therefore be extremely carefully scrutinised before being considered for funding.

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Electricity in Rural Areas

Electricity can have many uses in rural areas. Electric motors can be used for any activity that requires shaft power, e.g. water pumping, while in small sizes, they are used in refrigerators, and other appliances and tools. Electricity is also the most suitable energy source for household, school, clinic and village lighting. However, the present situation in underdeveloped rural areas of South Africa is that electricity is hardly, if ever, used.

As mentioned earlier, some rural households are spending a great deal of their disposable income on candles. Others are no doubt using dry cell batteries and paraffin to provide lighting, which are also expensive options when compared to grid electricity. Some of the more affluent rural households, and schools and clinics may use petrol or diesel generators to provide lighting, and to power other appliances such as refrigerators.

What are the options for electricity supply in rural areas? Rural electrification through the extension of the Eskom grid is the immediate solution that will spring to mind, and indeed in many cases it may be the technically and economically optimum answer. Other options are the so- -called off-grid generating systems, such as the diesel and petrol gensets mentioned above, solar photovoltaics, wind generators and micro-hydo electric schemes. In actual fact, all of the above options may have a role to play in providing electricity in rural areas. Which one is eventually chosen will depend on a number of factors, be they technical, economic, institutional or social.

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In its rural electrification programme, which does not yet really extend into underdeveloped areas, Eskom is beginning to provide stand-alone electricity supply packages4 where grid extension is not economically viable. A number of other projects using solar photovoltaics have been implemented in the rural areas of South Africa, supplying electricity to schools and clinics, and for water pumping. These have met with varying degrees of success, but nonetheless provide a pool of experience on the basis of which future projects can be evaluated.

Given the fact that complete grid-based rural electrification will not be realised in either the short or medium term, effective methods of informing rural communities of all the electricity supply options available to them must be developed. The importance of providing this information to allow the making of rational choices can not be over-emphasised.

Of particular importance are aspects such as the kind of services a particular supply can deliver, what the limitations are on the appliances that can be used, the costs of fuel and maintenance, and the difficulties inherent in managing the system.

When evaluating a project proposal, the IDT or its appointed consultants must be sure that the client community has made its choice of energy technology on the basis of sufficient information. This is particularly important where the use of relatively untested new and renewable energy technologies e.g. solar photovoltaics, are proposed, as these have very often have inherent limitations when compared to grid electricity. The underdeveloped regions of the world are littered with failed energy projects which omitted to take sufficient cognisance of the social and institutional aspects of the system, the so-called software of the technology.

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4 So-called hybrid systems using diesel gensets combined with solar photovoltaics, and in some cases, wind generators.

If after evaluation, a project proposal using new or renewable sources of energy is found suitable for funding by the IDT, stipulations must be laid down by the IDT on the procedures to be followed in procuring the required equipment. This should be done by open tender, based on specifications drawn up by suitably qualified consultants, who will also be responsible for evaluation of the tenders. Particular attention must be paid to the software or institutional aspects of the technology. These will include details such as adequate user training in both operation and minor maintenance procedures, availability of essential spare parts, and satisfactory technical backup for major repairs.

In conclusion, it should be stressed that the choice of technology for electricity supply in a rural location will depend upon local resources, the capability of rural institutions, and most importantly the needs of the client community. For this reason a detailed analysis of each project situation is needed, as almost every technology will be optimal in some location for some particular task. Consequently many rural energy projects are small and site specific, making them difficult to plan and implement. However, if effectively executed and well coordinated with other rural projects, they can lead to real and sustainable development.

RECOMMENDATIONS

It is apparent that energy is a vital input for any development process. It is therefore recommended that the Independent Development Trust -

7.1

In principle support the funding of energy-related projects and the concept "electricity for all";

Should be working pro-actively to ensure that all projects which may require energy inputs; that sufficient cognisance is taken of their importance;

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7.3 Support and use its best endeavour to advance a concept of a National Electrification Board (N.E.B.);
7.4 Investigate opportunities where "seed funds" are needed to further develop this strategy;
7.5 Investigate ways and means of harnessing capital funds to be able to make a major contribution in this field.

CHECK-LIST FOR THE EVALUATION OF ENERGY-RELATED PROJECTS

These check-lists are not exhaustive, but provide a basis from which to begin evaluation of projects. Certain projects will also require detailed technical evaluation.

General Check-list

Many projects have direct energy demands. Is the current state of the chosen energy supply sufficient for the project? For example:

Tractors and tillers require diesel. Is the supply in the area reliable, and is it affordable to the project?

Water pumps and agricultural processing machinery require a power source, either diesel, or electricity. Are these available, reliable and affordable?

Electricity may be needed for refrigeration in rural clinics, lighting in. clinics and schools, and for workshop tools. Which electricity supply technologies have been considered, and has a decision been arrived at on the basis of adequate information?

The existing energy supply may be inadequate for the new demands created, and new options will have to be considered. However, any decisions must be taken in strict consultation with the client community, who must be provided with sufficient information on which to base their decision.

Other projects may have indirect energy requirements, which are by their nature more difficult to identify, but may be no less crucial for the success of the project. These energy demands will usually result from an intervention in one sector creating a demand for another energy-consuming activity. While the need for the secondary activity may be realised, its concomittant energy demand. may be overlooked. For example:

Any agricultural development programme will increase the need for energy in the rural industries that process the produce.

Agricultural development will often increase the demand for transportation energy.

Health and dietary education programmes may increase the need for energy for food preparation.

Given the almost ubiquitous energy problems in rural areas, the question should be asked of all rural development projects:

Could complementary energy components easily be integrated into the project, thereby enhancing it and having a broader development impact?

Examples of these would be:

Planting of trees around irrigation dams and canals.

Inclusion of tree planting in agricultural development schemes.

Pumping a village water supply to release women’s time for more fruitful activities.

Urban Energy Project Check-list

These will all be electrification projects, and the main questions to be asked are:

Has the client community been consulted and participated in the decision making process?

Have the metering, billing and payment procedures been decided through consultation with the client community on the basis of adequate information?

Are there satisfactory credit facilities available to cover connection fees, house wiring costs and the purchase of appliances?

Rural Energy Project Check-list

As energy is such a complex and little understood input to rural development, full participation of the client community in all decision making is of utmost importance. Although this may be a time-consuming process, the ultimate success of the project could be jeopardised if it is bypassed.

When evaluating fuelwood-related projects, the following questions should be asked:

Are the proposed tree species suitable for the area?

For community-sized woodlot projects, have the following issues been resolved?

Ownership of the chosen woodlot site.

Ownership of the wood.

Division and remuneration of labour.

For individual household and agroforestry-based tree-growing programmes, have the following issues been resolved?

If sharecropping exists, do the trees belong to the tenant or landowner?

Are there clear customs or laws governing ownership in the community involved?

Are the extra demands on labour, however minimal, understood?

When evaluating fuel-efficient stove dissemination programmes, the following questions should be asked:

Are the possible benefits of the stoves clearly understood by the client community, and more importantly, are they regarded as a priority?

Are the intended stoves really fuel-efficient under typical conditions of use?

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Do the stoves also improve the working conditions of the user in terms of removing smoke etc?

When considering projects that are to make use of grid electricity, the following aspects are of importance:

Is the client community aware of all the costs associated with the supply?

Are there adequate credit facilities to assist potential consumers with the costs involved in connection, and the purchase of appliances?

When considering projects making use of off-grid electricity generating systems, the following questions should be answered:

Was the particular system. chosen on the basis of adequate information about it and the possible alternatives?

Again, are the client community aware of all the costs involved?

Are the client community aware of the limitations of the supply, and what exactly it can and cannot be used for?

Is there sufficient institutional support for the system, both locally, in terms of simple operation and maintenance, and major repair and spare part back-up?

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ANNEXURE 1

SUMMARY FEATURES OF DIFFERENT ELECTRICITY SUPPLY OPTIONS

NATIONAL GRID ELECTRIFICAHON provides the most convenient and flexible form of energy supply. Standard AC appliances can be used. and grid electricity is suitable for a full range of energy needs - refrigeration, high quality lighting, sterilising, cooking, space heating, ventilation and medical equipment. Once the cosm of grid extension are covered. it is also one of the cheapest energy options. Grid extension costs are primarily a function of distance. Because most of the cost of mral grid electricity is attributable to the line extension charges. it can be an extremely expensive option for a single remote user with low power requirements. It is advantageous to spread the overhead costs amongst a cluster of users in a locality. Grid supply can stimulate the development of an area, allowing improved community facilities. productive opportunities and household energy supply options.

Reliability of supply depends on the situation, and some form of back-up may be needed for critical clinic applications in rural areas. There are no user maintenance requirements.

SOLAR PHOTOVOLTAIC SYSTEMS or PV systems convert solar energy directly to electricity. with no moving parts. Excellent reliability is possible. At present prices, electricity from a PV system costs more than twenty times the price of urban grid electricity, yet for small electrical energy requirements in remote areas it is often the most cost-eflective and reliable option.

Rechargeable lead acid batteries are used to cover night-time loads and low solar radiation periods. Initial capital costs are high. After that. there are no fuel costs, and the main recurrent costs are for battery replacements (perhaps every three to five years) over the lifetime of a system. Good quality photovoltaic panels are expected to have a lifetime of at least twenty years, and PV electricity costs are usually calculated over a 20 year period.

User maintenance requirements are minimal, but if failures do occur (99. damaged charge regulators. following a lightning strike) then specialist maintenance must be available.

PV systems show only very slight economies of scale, which is why they are cost competitive for small energy requirements. (Other options like grid electrification or diesel generators show substantial economies of scale.) As a modular technology. systems can be expanded quite readily as energy needs increase.

Small PV systems are most efficient tor supplying DC current. To make best use of the energy, special DC appliances (solar fridges. high efficiency DC lights. etc) are normally employed. These appliances cast more. but reduce overall system costs. AC loads can be powered using an inverter. This increases energy costs to a degree, and can reduce reliability.

High energy consumption loads which do not intrinsically require electricity. namely almost all heating loads, are not suitable for PV power utilisation. Hence other fuels (such as gas. paraffin. coal, wood) are needed to meet heating requirements.

PETROL AND DIESEL GENERATORS are the conventional technology for off-grid electricity generation, but are subject to a number of disadvantages: high running costs and maintenance requirements. dependence on fuel supply and transport, noise. A suitably sized genset is versatile and can meet most

electrical loads satisfactorily. Energy costs rise if gensets are operated below their design capacity. so it continuous low-power loads are used it can be preferable to include batteries in the system, using the generator to charge the batteries. Diesel generators (which last longer than petrol generators) are cost-competitive with PV power for daily electricity requirements greater than about 5 kWh/day, but reliability remains a problem. Reliability can be increased by operating a dual genset system. However. primary determinants of reliability are good maintenance and security of fuel supply. which are frequently a problem in remote areas.

OTHER ELECTRICITY-GENERA'HNG OP110NS:

The principal remaining option for ofl-grid electricity generation is wind generation. The economics of wind generation are a strong function of wind speeds in a locality, and wind generators are unlikely to be cost competitive ii average wind speeds are less than 5 m/s. Most inland areas of South Africa do not enjoy strong and steady wind regimes. and while water pumping windmills can be used. wind-electric systems would only be considered in particularly favourable areas after detailed wind assessment. Disadvantages include substantial maintenance requirements and the variability of energy supply.

COMBINAHON ('HYBRID') SYSTEMS: There are situations where costs can be reduced and reliability improved by combining different energy options. for example by using PV generation for critical base loads while using a generator to meet supplementary energy requirements and particular AC electricity requirements. Disadvantages are increasing system complexity, somewhat more complex system operation, and that there is less local design experience with such hybrid systems. One situation where such hybrid systems could be strongly indicated is where the energy demand prohle is very uneven across the course of a year. PV systems have a fairly steady energy supply capacity throughout the year (in most parts of South Airioa) and are not economically suited for large seasonal variations in load demand. while generators can be switched in or out according to peaks in energy demand. In optimising energy costs. however. it remains necessary to safeguard the reliability of energy supply for critical loads.

ANNEXURE 2

Comparing costs of energy supply options

Supply costs are not the only criterion for choosing amongst energy supply options. Other important factors are reliability of supply, expansion capability, versatility of use and the perceived service to users. i

Supply costs are also difficult to calculate and interpret. _One approach is to calculate levelised unit energy costs (see alongside). This method allows comparisons to be made between energy systems with

0 different expected lifetimes

- different capital cost / running cost ratios

This approach entails a number of costing assumptions. Some of the limitations are:

- Discount and interest rates are often conjectural For instance, it is possible that development aid funders may prefer to spend money now rather than commit recipients to future operating expenditura (the reverse of conventional financing - implying negative discount rates, and favouring high-capital investments).
- The cost of an energycrelated service (eg. lighting) is not simply the energy cost, but depends also on the efficiency of appliances used.
- The value attached to an energy-related service is not a direct function of unit energy costs - for example, space heating may have a lower priority or value per kWh of energy consumed than a radio link.

Nonetheless, approximate unit energy costs can be of interest. As a rough guide, assuming discount and interest rates of 5% above inflation:-

PV Systems At present prices, unit energy costs for electricity from a well-designed reliable PV system should be about R3 to R5 per kWh. This assumes a project life of 20 years, and full utilisation of the system’s designed supply capacity. Lower costs can be attained if lower reliability levels are acceptable.

Generators The cost of electricity from a diesel generator depends on operating and maintenance conditions, the size of energy demand, fuel prices and other factors. Unit energy costs of between R2-50 and R10 per kWh have been observed for well maintained small diesel gensets in rural locations. Unit costs can be reduced in the case of large systems (eg. over 10 kVA) providing they are used at high capacity. High unit costs occur when gensets are operated at low loads, relative to their rated power.

ANNEXURE 3

Energy Needs in Rural Clinics

These depmd on the functions, size, staffing and location of a particular c1inic.Typical minimum needs at a small permanent clinic are for reliable refrigeration and lighting. Additional needs include thermal energy for space heating, cooking, boiling, sterilisatio n,
incubators; and electricity for communications equipment, ventilation, suction and other medical equipment. Resident staff may have domestic energy requirements. In any particular case, it is necessary to conduct a careful appraisal of energy needs.

Evaluating Energy Needs

EMA

(a) A narrow, technical approach would consider only the energy needed to support specified clinic functions. This is a necessary step, but not comprehensive.

(b) A more integrated approach is preferable. Clinic energy needs should be evaluated alongside other clinic needs and resources, within a framework of health care policy. Secondly, a clinic may be only one community facility amongst many, and opportunities for sharing and spreading the benefits of improved energy provision should be considered.

(c) Funding donors may be in a position to encourage integrated development initiatives, rather than isolated innovations. This would have implications for the way in which energy needs are evaluated.

(d) Decisions are likely to be better-informed and lead to more succeszul outcomes if the people who live and work in a situation are consulted about their needs, wants, priorities and preferred solutions.

Technical

In rural areas, if grid electricity is a feasible option then an exact assessment of spec ific
energy requirements is less important. This is because

0 the major costslie in installing the power lines and transformers (fixed costs); after that, the costs of the energy consumed are relatively low;

- as a result, once grid electricity is available it is suitable for meeting all likely energy requirements.

But if alternative off-grid energy sources must be used, it is important to evaluate ener gy
requirements in detail, since

0 electricity from off-grid sources (eg. solar systems or small generators) is expensive;

- some energy needs, such as for heating, cannot be met economically by off-grid electricity, so electrical power will. be reserved for certain needs while other fuels should be used for heating purposes;

- the electrical appliances used should be carefully selected for energy efficiency, and their power consumption should be assessed as accurately as possible to help minimise electricity generating costs.

b Is grid extension feasible?
This is a complex question. Present costs of grid extension are discussed below. In very remote locations, budgetary constraints may rule out this option. But if grid extension is under consideration, the most important "demand" factors to consider are:
- what is the magnitude of overall energy demand? (large enough to justify the investment costs in grid extension?)
- can multiple users in the locality benefit from a grid extension? (and if so, what is their ability to share costs, what will their total energy demand be, what social benefits are expected?)
0 what increases in energy demand can be anticipated over. future years, and how could access to grid supply contribute to increased future electricity demand and increased benefits?
The grid extension option is easier to evaluate for a single private user, where costs ca n
be compared against the costs of other energy supply options for a particular purpose. But when social benefits are the criterion, the costs of grid extension need to be judged against the potential for present and future community development aided by access to electricity. Even if grid extension costs are considerably higher than stand-alone energy supply options for a clinic, the grid option should be considered, providing broader community benefits can be anticipated.
Off-grid alternatives
In this case, the following steps are required for a technical analysis of energy requirements. Since economies and fine-tuning are indicated, it is likely that only the energy needs of the clinic itself would be assessed.
0 Identify energy-related clinic functions, corresponding equipment and energy consumptions.
0 Distinguish
- functions requiring electricity, or where electricity is strongly favoured, from functions where other fuels are more economical and satisfactory (eg. heating needs)
- functions where reliability of power supply is of crucial importance
- amongst electrical energy needs, distinguish needs for direct and alternating current
- Since energy supply scarcity is expectable in these situations, and compromises may have to be made between more and less convenient or reliable energy sources, prioritise the various energy needs, together with an assessment of the levels of reliability required.
Consideration should be given to future expansibn of energy needs, through growth or through improving the quality of services offered. However it can be wasteful to design off-gn’d electricity systems for future expanded requirements. It is more important to establish that future expansion is possible at reasonable cost when required. Multiple uses of energy provision may be relevant (eg. using clinic lights for literacy classes at night) but it is unlikely that an off-grid energy system for a clinic would be used to supply power beyond the clinic premises.

Reliability of Energy Supply

In some applications, such as vaccine refrigeration, consequences of power failure can be severe. Apart from quantifiable costs of replacing spoilt vaccine, there can be less quantifiable consequences - non-effective vaccination, or people turned away who become unwilling to return. Other clinic energy needs may be less crucial (for instance energy for fans).

Vaccine refrigeration is regarded as a "critical" energy application, where extra expense is justified to ensure high reliability. Gas fridges, though used in rural clinics, do not meet the desired reliability requirement (through breakdown or through unreliability of fuel supply). Even grid electricity in rural areas may not be sufficiently reliable, and a back-up system, such as a stand-by gas fridge, could be advisable. Solarpowered systems can achieve very high levels of reliability, if they are designed for that purpose.

However the costs rise. Diesel or petrol generators are subject to breakdown, service outages and to any uncertainties of rural fuel supply.

Reliability can be increased by duplicating energy sources, for example by having two generators available, or grid electricity plus gas back-up, or a solar system plus a generator. The only single source of off-grid electricity which could satisfy critical reliability needs in remote rural areas at prsent is probably a solar photovoltaic system.

Consequences for rural clinics include:

o Grid-connected rural clinics may need energy back-up systems for critical applications (refrigeration, maybe lighting);

- Off-grid clinics may need (a) over-designed solar systems, to attain desired reliability, or (b) combination energy systems with more than one energy source;

- Some energy supply options (eg. generators) cannot be considered, as single power sources, if reliability is a high priority;

. Since reliable energy costs more than the same amount of energy supplied with risk of failure, critical energy needs should be considered separately from less critical needs. Energy supply systems can be designed to supply some applications with very high reliability while other applications are less guaranteed.

WHO specifications for solar-powered vaccine refrigerators set out stringent requirements to ensure reliable continuous operation at temperatures between 00 and Si. One requirement is that no additional loads (such as lights) may be connected to the batteries which store energy for the refrigerator, and the batteries must provide at least five days' reserve energy supply for the refrigerator. Systems meeting the WHO requirements are locally available While fairly expensive, they could be used wim confidence. By contrast there have been deplorable instances in "homelands" of less reputable companies installing ill-designed solar systems in clinics which have failed. Reliability of energy supply for off-grid systems depends strongly on the know-how, integrity and commitment of system suppliers and on installation and maintenance procedures.

Rural gg’d extension: costs of electricig

Using Eskom’s rural tariff, conventional rural grid extension (11 or 22 kilovolt lines) c
osts
about R28 000 per kilometre on average. This includes transformer costs. Most rural users do not pay outright for the capital costs of grid extension. Instead Eskom charges a monthly fee to cover the capital outlay, presently R350 per kilometre per month.

Somewhat cheager options are under investigation by Eskom, such as use of "single wire earth return" distribution. Estimates are that extension costs could be reduced to about R10 000 per kilometre in some circumstances.

In addition to the payment for grid extension, there is a further monthly charge for the quantity of electricity consumed. At present, this is 21.1 cents per kWh for the first 10
00
kWh and thereafter 12.2 c/kWh (including VAT). There is also a basic monthly charge which depends on maximum energy demand, ranging from R53.8 to R1099 per month.

The following table indicates the unit electricity costs one might expect, depending on (a) the distance of the grid extension and (b) on how much electricity is consumed per day. The values in the table are in Rands per kWh:

Unit electricity costs (Rands/kWh) using Eskom’s Tariff D
(for a single small user)

DISTANCE FROM GRID (in kilometres)

Daily average
electricity
consumption
(in kWh per
day)

nhm
mmm-

Unit electricity costs above R6/kWh would probably not be competitive with alternatives, such as PV-powered electricity, so a single user with low electricity consumption must be close to the grid to consider the grid-extension option. A single user with higher electn’city consumption, or multiple users who together consume more electricity per day, could warrant grid extensions over a longer distance.

For rough comparative purposes: the minimum electricity needs of a small rural clinic (refrigeration and lights) could be in the region of 1 - 5 kWh/day; a medium-sized rural clinic might consume 5 - 20 kWh/day; while a substantial establishment with staff housing might require 50 - 200 kWh/day. For a clinic 10 km from the existing grid, corresponding monthly electricity bills would amount to about R3 500, R3 600 and R4 000 respectively. Note the economies of scale.

EXAMPLES
CASE A: A small rural clinic with electricity needs restricted to vaccine refrigeration, lighting and radio communication; additional energy needs for heating purposes (boiling, space heating); no staE accommodation.
Note: It would of course be essential to establish the actual energ wants and ,- needs in any particmar case.
. ll) Grid extension option
Because of economies of scale in consuming grid-supplied electricity, there would be little reason to skimp on the power consumption of appliances. It would be sensible to use electricity for both the "electrical" loads and also for heating loads. Possible consumption levels could be:
Refrigeration and lighting: 2 kWh/day
Heating loads (yearly average): 5 kWh/day
Using Eskom taxiEs, monthly energy bills would be about
Kilometres from grid: 1 2 5 10
MONTHLY BILLS: R378 ’ R728 R1 778 R3 528
If funders paid for the capital costs of grid extension and wiring, and the clinic paid for remaining monthly charges, the breakdown would be approximately as follows
. Kilometres from grid: 1 2 5 10
CAPITAL COST: R25 000 R53 000 R137 000 R277 000
MONTHLY COST: R98 R98 R98 R98
Rural gn’d supply may not be sufficiently reliable for critical loads such as vaccine refrigeration. It would then be necessary to have some form of back-up supply such as a generator or extra gas fridge.
For grid extension over distances greater than a couple of kilometres, the high capital costs could probably only be justilied if electricity consumption requirements were higher (cg. several users in a community). The potential development eEects of the infrastructure should be considered.

ICASE A continued!
2.
Solar photovoltaic option
For this option. energy-emcient appliances would be selected (a solar fridge meeting WHO spedlications, energy-emcient lights) and PV electricity would n_ot be used to meet heating needs.
The solar system could probably be reliable enough for vaccine refrigeration, but other fuels (eg. gas) would be required for heating needs.
ELECTRICITY:
Energ requirements for refrigeration, lighting and 2-way radio could amount to about 1.2 kWh/day, using suitable appliances.
Appron’mate costs (at present value):
Photovoltaic system for this load: R20 000
Cost of appliances: R10 000
CAPITAL COSTS R30 000
Battery replacement costs R 6 000 over 20 years
Maintenance R 4 000 over 20 years
TOTAL COSTS OVER
SYSTEM LIFETIME: R40 000
(The estimated costs include installation)
THERMAL ENERGY:
Heating energy requirements will vary considerably. Subject to reliable fuel supply, gas is a likely option. If solar water heaters are used to reduce fuel costs it is probable that staEwould require a gas back-up, to get suiiiciently hot water in poor weather.
For heating the equivalent of 1501/day hot water, approximate costs for gas heating could be up to RIOO/month (equipment cost R1 300). Small mral clinics may not require this much heat energy. The mpital cost of a solar water heater for this size of demand would be about R7 000.
ADDITIONAL CONSIDERATIONS:
The PV system indicated above would not allow staE to use AC appliances, and the quantity of electricity available is fairly axed. For extra flexibility - the ability to meet occasional AC requirements, or occasional additional energy demands - a small generator would be a useful addition (if there is an adequate maintenance infrastructure and dependable fuel supply).

CASE B: A larger rural clinic with electricity needs for lighting and refrigeration plus AC medical equipment; incubation, sterilisation, suction, fans, etc.; assumed to have night beds and also accommodation for four staE.

Both electrical and thermal energy needs will depend very much on the size of the clinic. It is assumed in this illustration that the basic electrical needs can be met by an electximl supply of 6.5 kWh/day. However when considering the grid extension option, the electricity demand is higher because (as before) grid supply would be used for heating loads as well, and there is less incentive to economise on energ consumed.

ll) Grid extension option

Essential electrical needs: 6.5 kWh/day

. Assumed total electn’city consumption, including stoves. hot water, etc.: 30 kWh/day

For reliability of electricity supply in rural areas. a back-up generator may be required .

Back-up sources for heating energy (eg. gas) may also be required.

Using Eskom tariEs, monthly electricity bills would be about

Kilometresfom gnu: 1 2 5 10

MONTHLY BILLS: R523 R874 R1924 R3674

If funders paid for the capital costs of gn’d extension and wiring, and the clinic paid for remaining monthly charges, the breakdown would be approximately as follows

Kilometresfrom grid: 1 2 5 10

CAPITAL COST: R26 000 R54 000 R138 000 R278 000

MONTHLY COST: R244 R244 R244 R244

. o The mg’tal costs for a 5 km grid extension, at this energ demand level, are roughly comparable with the capital costs of an alternative PV/generator system (see below), but the grid would supply all normal energy needs while the alternative PV/generator system wovld not be expected to meet normal heating needs.

- The marginal costs of consuming more electricity would be relatively low. Multiple community uses should be considered. Expanded needs at the clinic could be met at relatively little extra cost.
- At this energy demand level, grid extension should definitely be considered for extension distances up to 5 km. For extension distances up to 10 km, grid supply could be the most attractive option if cheaper grid extension technologies are used.

ICASE B continued!
2. Solar photovoltaic system plus diesel generator
In this option, a PV system is used to provide the reliable electricity needed for critical loads (refxigeration. etc.) while a generator is used to power AC electrical loads, provide versatility and additional energy for expanded electn’ml demands.
Normal heating loads, however. would be met by other more economical heating ; fuels such as gas.
ELECTRICITY:
. Base electrical requirements are taken as 6.5 kWh/day, allowing for two refrigerators, lighting for clinic and sta&’ accommodation, communications equipment, and a range of clinic medical equipment.
Photovoltaic system costs (at present value):
PV system mpital costs: R 85 000
Battery replacement costs R 34 000 over 20 years
PV Maintenance R 10 000 over 20 years
PV LIFECYCLE COSTS: R129 000 over 20 years
Diesel generator
Capital cost: R 20 000
7 Operating, maintenance and replacement costs: Highly dependent on use characteristiw
. THERMAL ENERGY:
Gas is a likely option, where regular supply can be assured. Assuming heating needs comparable with the gn’d extension option illustrated above, the additional fuel cost for gas for heating applications could be in the region of R200/month. With conservation it could be less.
Comments made for CASE A apply.
This option should provide a secure and fairly versatile electricity supply. Running cost s
(mainly fuel for heating; operating and maintenance for the auxiliary diesel generator) a re
diEmm; to estimate and would depend on circumstances. If generator use is restricted, running costs may be of similar magnitude to the "monthly charge" alculated for the grid option (alter grid extension mpital cost has been paid for).
An energy supply system of this nature would be suitable for an isolated clinic, where no other
electricity users are to be supplied, at distances greater than 5 to 1 5 km from the exis ting grid.
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ANNEXURE 4

Potential Roles for the Independent Development Trust in the Development and Distribution of Low Cost Electrical Appliances.

1. Problem statement

1. At present only one third of the total population, and only about 20% of black South Africans have access to electricity in their homes. Those without electricity are the poorest section of South African society. There is growing consensus that a'national electrification programme is needed to extend access to about 5 million new electricity consumers over the next decade. When these initiatives get under way, there will be a dramatic increase in the potential for the sale of low cost electrical appliances in South Africa.

ii. Electricity consumption in newly electrified, low income households is generally low for an initial period after connection. One reason for this is the expense of purchasing electrical appliances currently available in South Africa.

iii. Low electricity consumption levels in such areas affects the financial viability of electrification projects. Electricity distribution authorities have therefore expressed some interest in the marketing of affordable appliances to new consumers so as to increase electricity consumption levels. In particular, Eskom has begun to explore a number of ways of promoting the use of electricity, including providing capital to stokvel schemes for purchasing appliances, organising electrical appliance "tupperware" parties, promoting electric cooking in domestic science classes in all schools, and Supporting entrepreneurs in appliance marketing schemes. '

iv. The electrical appliance manufacturing sector in South Africa, including large firms such as Barlow-Rand, Defy, KIC, HA2, Bosch and AEC, have. tended to focus their production and marketing of appliances at mare affluent .- consumers. Many utilise designs and production techniques developed in Europe and North America. Although these manufacmrers appear to be aware of the increasing potential for the sale of appliances to lower income households, none have yet committed themselves to major efforts in this area.

2. Potential roles for the IDT

Potential roles for the IDT in the development and distribution of low cost electrical appliances could include the following:

i. Providing seed capitalto large appliance manufacturers for market research, product research and development of low cost appliances.

ii. Providing venture capital to support efforts by entrepreneurs to rharket low cost appliances.

iii. Providing capital to electrical appliance stokvel schemes in newly electrified areas.

iv. Providing capital to electricity distribution authorities to pmvide new electricity consumers with certain electrical appliances upon connection to the grid.

3. The need for more thorough investigation

The above points are preliminary observations only. In order to clarify the potential for a role for the ID'I' in this area, further research is required. This work would be carried out by the Energy for Development Research Centre at the University of Cape Town, in conjunction with a researcher at the Department of Industrial Sociology at University of the Witwatersrand. The specific aims of the report would be to set out the following:

i. A basic outline of the potential effects of electrification on the demand for electrical appliances.

ii. A basic description of the electrical appliance supply industry in South Africa.

A more considered look at potential roles for the IDT in the development and distribution of low cost electrical appliances.

It is envisaged that this report could be completed within two months (say October and November of 1991). Payment for the work done could be calculated according to an hourly consultancy rate, or could be made as a single negotiated amount, payable upon completion of the project. -

RURAL DEVELOPMENT POLICY STATEMENT
INDEPENDENT DEVELOPMENT TRUST
. Health, Rural and Community Development Portfolio
February , 1 992

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RURAL DEVELOPMENT POLICY STATEMENT

EXECUTIVE SUMMARY

Broad Context

The IDT will support programmes and projects in the field of rural development which in general terms further the following aims:

t a reduction in the levels of dependency and vulnerability of rural households - in particular those at sub-economic levels - through enhancing access to basic needs, especially via infrastructural development of water and energy resources;

t the promotion of demographic restructuring, in particular through the upgrading of the position of women, and through skills training and education, and literacy programmes;

t the integration of local rural/regional economies into the wider national economy;

t the promotion of agrarian reform, through land conservation measures, the creation of on-farm and off-farm employment opportunities, the development of associational and institutional capacities, and tenurial reform;

t the institution of sustainable development, via resource conservation and income generation;

t the utilisation of appropriate technology.

Community Focus

The basic approach will be to empower communities by assisting them to take meaningful action to enhance the qualities of their lives, through the following:

t the promotion of community institutional growth via the establishment of community trusts and similar organisations;

t support to rural associations which promote credit, savings and investments, and local markets for smallscale enterprises, particularly via capital provision;

t support to rural employment schemes, in association with environmental and public works programmes;

t enabling costs for small farmer development, producer groups and cooperatives, and outgrower programmes;

i self-help schemes, particularly those involving training and marketing;
t capital provision directly to communities engaged in infrastructural development, particularly those involving
- rural water supply and sanitation,
- energy provision,
- environmental protection, and
- resource conservation;
t mutual and friendly groups, preferably with aims which foster developmental and mobilisatory activity;
support to women’ 3 groups, and the enhancement of the role, status and opportunities for access of women particularly in the rural areas.
. Procedures
The IDT will .follow procedures for funding in accordance with those in the areas of Health, Welfare and Community Development generally, namely the provision of grants and loans, on the basis of the following approaches:
t a non-partisan and independent approach to communities and cooperating agencies;
1 coordination and cooperation with intermediary organisations, where appropriate, in order to achieve access to communities;
1 coordination and cooperation with other development bodies in the public and private sectors, national and international, parti ularly where the gearing up of funding is enabled;
. wk the requirement for the monitoring and evaluation of supported programmes and projects.
Funding Agplications
Applicants for funding by the IDT in these areas should write to:
Professor E L Karlsson
Health, Community and Rural Development
Independent Development Trust
Rozenhoff Office Court
20 Kloof St, Gardens, Cape Town
Tel: (021) 23-8030 Fax: (021) 23-6241
P O Box 16114 VLAEBERG 8018
from whom application forms and further informaticn1 is available (the IDT also has regional representatives in Johannesburg, Durban and Port Elizabeth).

Funding is normally for capital provision, although where this is warranted an element for salaries and overheads and other recurrent forms of expenditure may be approved. In these cases applicants should indicate what the viability of the proposed project is over the medium term in the absence of IDT funding in future.

Where entrepreneurial and business activities form part of a project, loan financing (at interest-free or advantageous rates) is likely to be preferred.

Where possible, the IDT will usually wish for one of its staff members or a representative to visit the site of proposed projects, to review the application on the ground.

The importance of gearing in IDT funding should be noted. The IDT aims to maximise the impact of its resources by using these to help bring other funders in, and to help participants help themselves. Applicants are urged to assist in this by helping to identify possible joint donors, and providing details on community contributions to proposed projects.

The IDT requires regular reporting, monitoring and evaluation of projects which it is funding. This involves not only financial accounting, but also analysis of the substantive development impact of activities. The IDT prefers to generate the latter in participation with funding recipients, and cooperation is invited in proposing appropriate methods for this.

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1. BACKGROUND

1.1 Rural Poverty in South Africa - An Overview

1.1.1 The Task of Rural Development

South Africa faces a unique task of rural development. While many of the detailed issues to be faced have their counterpart elsewhere in the developing world, the economic and political history of this country have - in conjunction with the nature of the resource base - brought about a singularly difficult rural situation.

Some of the complexities emerge from a consideration of the questions of what is meant by 'the rural' in South Africa, and what are the possibilities for 'development'? Indicatively, the major statistical information sources define the rural essentially as 'non-urban'1 - that is, those areas not being a proclaimed town, or consisting of population concentrations (s 5000) commuting to such centres (peri-urban). This negative form of definition captures something of the essence of the rural in South Africa.

At present the picture is a rapidly shifting one, as accelerated urbanisation follows on the removal of influx control and the apartheid system. This reflects the centrality of a process of displaced urbanism which has come to characterise much of rural South Africa. Oscillating migration between town and country has created a profound dependency relationship between the rural and the urban - with each sector having somewhat unreal expectations of the other. It is the unbalanced nature of this linkage that is the major structural cause for the levels of rural poverty. Yet urbanisation by itself is not a long term answer to the problems of rural development, particularly where movement is targeted on the major conurbations; at best this may serve as a temporary release valvez.

In South Africa outside the commercial farming areas, rural dwellers earn less than 15% of their income from the agrarian economy - ie, from crop-raising, pastoralism, fishing and forestry. Nor are they peasants. Reliable data on the rural subsistence economy is sparse, but only a very small minority of rural households may be considered as deriving 50% or more of their means of livelihood from subsistence production. In any event less than 20% of the land area of South Africa is suitable for arable production, and over half of this is under largescale

le. for example A Regional Profile of the Southern African Pogulation and Its Urban and Non-Urban Distribution 1970 - 1990 (DBSA, 1990).

;Cf. T.J.D. Fair, 'Rural development Policy in East and Southern Africa as a Counter to Rural-Urban Migration', Develo ment Southern Africa, Oct 1990 VII, for discussion of this point.

commercial production (agriculture as such accounts for less than 6% of GDP). The constraints imposed by uncertain water supply and semi-arid climatic conditions over most of the country clearly further limit what is possible for the small-scale sector.

The road ahead for rural development in South Africa will therefore clearly be a significantly different one from our continental neighbours, and certainly will be in strong contrast to countries where rainfed agriculture provides the backbone of rural life (as for most of Asia). The creation of a core of effective smallscale farmers who can help to transform the rural economy will only be a small (although important) part of the strategy, rather than a dominating theme.

Paradoxically, a process of small to intermediate urbanisation may therefore be ithe most appropriate strategy for rural development.

In contrast to metropolitan South .Africa, where housing is undoubtedly the priority, the nature of this local level urbanisation will initially largely be concerned with the development, utilisation and protection of the natural resource base. Within this, the supply of basic services (water and sanitation, electricity, energy) and the protection of the resource base (conservation) are central.

Next in importance are means of enhancing the generation and retention of income within rural communities, rather than allowing this to be sucked out to the large urban sector, as is the historic tendency. This perspective emphasises the importance of seeing rural development as a long term, nationally integrative process which seeks to redress imbalances in income-earning opportunities, and aims to rebuild the quality of life in the rural areas.

The IDT sees it role in this specifically as helping to develop the strength and abilities of rural communities to bring about this transformation themselves. Whatever the constitutional order or political complexion of government, the task of rural construction will be a long and arduous one. However desirable, rural communities cannot possibly have their full needs met through the public sector budget. In mobilising themselves, rural communities should be able to achieve more than a passive dependency on the state would bring.

The primary target for funding’ will therefore be community organisations and associations which aim directly at the upliftment and transformation of the quality of life of the rurally disdvantaged, in accordance with the strategic perspective outlined above.

In addressing this goal, it is necessary to have some understanding of the peculiar vulnerabilities and stresses which confront the rural poor. These are very wide-ranging, and there

are enormous needs3. The IDT proposes to focus its programme of rural development on certain specific aspects, where it is considered that the use of its funds will be particularly efficient.

It is the purpose of this document to outline some of the understanding of the problem of rural development which informs IDT policy, and to set out certain specific goals and criteria for the IDT Community and Rural Development Programme.

1.1.2 Economic and Demograghic Change in the Rural Areas

The demographic structure of the rural population of South.Africa has been undergoing a major shift over at least the past three decades. In 1990, the division between urban and non-urban of .the de facto population (excluding foreign migrants) was as follows (’m)4:

	Black	White	Col’d	Asian	TOTAL
Urban:	10.3	5.0	2.7	1.0	19.0
N/urban:	18.0	0.5	0.6	0.1	19.2

The trend has been for urban growth rates (at 3% pa) to decline slowly, while rural growth rates (2% pa) have slightly increased. These trends may now possibly reverse, as the urbanisation wave breaks. However it is clear that in absolute population terms, the rural sector is a major one.

This statistical snapshot illustrates the ethnic dualism of the urban/rural divide, but the picture is incomplete without an understanding of the linkages created through migration, the age and sex selectivity of this process, the range of differentiation in black rural households, and the growing vulnerability of rurally-based families.

There has been a considerable debate over the nature of internal migration and urbanisation in South Africa; in general terms, it has been argued that the black population is essentially following a road pioneered by whites and others before them, tracing a path of migration from the dry to the wet rural areas, from rural areas to small towns and employment centres, and finally to a predominantly inter-urban form of migrations. The push-pull model of migration is no longer an accurate description

EGenerally, cf. F. Wilson and M. Ramphele (eds.), Ugrooting Povertz: The South African Challenge (1989).

4Cf. note 1, Tables 15-18.

5Cf, Hendrik L. zietsman, ’Regional Patterns of Migration in the Republic of South Africa 1975-1980’, South African Geograghical Journal, 5, 3 1988; also P.S. Hattingh, ’A Model of Adaptive Population Migration in South Africa’, Journal of Pogulation Studies, (Taiwan) 12 June 1989.

of this process (as May arguese) since migration is now intimately linked to the prospects for survival and the chance to escape from poverty, and in accordance with global trends, strengthened by local political and cultural norms, this has led to the selective extraction from rural communities of young males7. As has been well observed by Nattrassa, the dynamics of rural black poverty are intimately related to these rural-urban linkages, and the prospects for stabilised living and occupational advancement within South Africa's major conurbations.

The removal of artificial barriers to urbanisation may permit this traditional pattern of 'maintained' oscillation to change. But while a nmssive influx to the towns can confidently be expected, the flow of workers, job-seekers and remittances between town and country is likely to continue for some time, and the point at which a new equilibrium will be reached is very hard to foresee. It is probable that as in many parts of urbanising Africa, those within one generation of living in a rural community will wish at least to maintain links with the home area, while there will be substantial regional variation in the degree of maintenance and in the type of urban-rural linkages.

A large part of the unknown here is the extent to which the South African economy will be able to restructure and develop to offer expanding employment opportunities. Given that rural-urban movements are so critically related to the search for employment, the level of access to employment will be a crucial determinant in the survival prospects of rural households. This has been well recognised. Brand, for example, provides a powerful case for a policy direction of economic development which has the explicit aim in sight of increasing the disposable income available to black urban workersg. One must however take note of van den Berg's bleak warning that in the absence of an exceptionally high rate of economic growth, the prospect for increasing incomes through rising wage rates will be sharply offset by declining employment opportunities - a picture which is consonant not only with South Africa' 5 recent economic history, but has many contemporary parallelslo As is

6J. May, 'The Migrant Labour System: Changing Dynamics in Rural Survival', in N. Nattrass & E. Ardington (eds.), The Political Economy of South Africa, (Oxford, 1990).

7Generally, cf. M. Todaro, Economic Develo ment in the Third World, 1988.

8J. Nattrass, 'The Dynamics of Black Rural Poverty in South Africa', (Working Paper No. 1, Development Studies Unit, University of Natal, 1983).

95.5. Brand, 'Demografie, Skuld en Ekonomiese Ontwikkeling', South African Journal of Economics, 57 4 1989.

105. van den Berg, 'On Interracial Income Distribution in South Africa to the end of the Century', South African Journal of Economics, 57 1 1989.

apparent from a lnumber of economic forecasting and scenario planning models11 the prospects for rising employment opportunity in South Africa largely depend on the potential for a shift towards manufacturing industry combined with a breakthrough into major new export markets. This will not be attained in the short run; and the workforce is unlikely to be drawn from the current pool of the unemployed.

Consequently the medium prospects for relief to the rural sector through access to urban wage employment are not good, and should not be counted upon.

1.1.3 Profile of the Rural Household

The conditions of poverty faced by rural households are thus both serious and endemic. Compounding the low levels of access to income-earning opportunities, black households have internally very high dependency ratios. This is the ratio of (potentially) economically active adults within the family to young and elderly dependents. By the year 2000 (on an AIDS- -free projection) the non-black - and predominantly urban - population clusters will have more or less converged in terms of their demographic structure, with dependency ratios well under 50% (non-working: working population), while the level for blacks - which peaked at 90% plus in the late 19705 - appears set to decline only’ very slowly to the 75- 80% bracket, with significantly greater imbalances for rural families within this figurelz.

It is here that the true face of poverty may be seen. Even these statistics understate the situation, as they are based on an age bracket for the black economically active population of 15 - 64 years, which is unrealistically high at the top end: a recalculation of the figures with age 54 as the cut- off point, and a less conservative estimate for the share in the total black population of children under 15 years, would push the overall dependency rates significantly higher.

The model is thus one of a nested set of relationships of dependency, in which rural households survive by virtue of their ability’ to build. up a 1variety of income sources, of which production from the land may be only a small fraction.

Those households which do predominantly engage in agriculture are a very small proportion of all households resident outside cities and small towns: and even here (as Thormeyer and Ortmann have recently argued) for the large majority agriculture only provides

1le. for example ;Changing Gear in the South African Economy’, (Scenario Plan prepared by the PERM/Nedkor team, January 1991, manuscript).

1&1. L. Sadie, ’A Reconstruction and Projecton of Demographic Movements in the RSA and TBVC Countries’, Research Regort No. 148 (University of South Africa, 1988).

a supplement to remitted wages and pensions, and hence the development strategy'which.is required should, paradoxically, not necessarily be primarily concerned with agricultural activity13.

The existence of such rural producer households within a community is however an important part of the survival strategy of households more obviously dependent on remitted incomes, as these provide a core of carers which enable labour-migrating households to cope better with the risks and uncertainties of the absence of bread-winners. Interesting evidence has emerged from the Transkei (Matatiele) of the fragility of these remitted incomes, and the role of settled households in sharing the burden of dependency14. Many households, of course, do not have regular incomes or pensions remitted, and the general picture tends to be of an opportunistic search for means of survival from a range of sources, where the possibility of access to some forms of earnings - legal or otherwise - which the world of the shantytown offers can make the crucial difference for survival. More surveys of the type recently conducted in Khayelitsha are needed to illustrate this process further, but this evidence (drawn from 755 residents in 4 shack settlements) provides a compelling picture of a particular type of dependency, tracing as it does the rural-urban migration histories of households at the bottom of the income spectrumls.

Within this rural-urban framework of dependency relationships, women have a particularly difficult role, constrained both in agricultural and non-agricultural employment markets, and et required to act as the main copers for survival strategies 6. This double disability is compounded by generally lower levels of access to education and literacy opportunities. At the bottom of the survival ladder are the remnants of rural households - widows, orphans and the elderly without children

13 T. Thormeyer & G.F. Ortmann, 'A Macro- and Micro-level Perspective of a "Traditional" Rural Area in Southern Africa', Quarterly Journal of International A riculture, XXIX, 3 (1990). For an excellently detailed discussion of the declining ability of agriculture to provide a significant share of household income cf. also C. Simkins, 'Agricultural Production in the African Reserves of South Africa', Journal of Southern African Studies,1983.

14A. Spiegel, 'Dispersing Dependants: A Response to the Exigencies of Labour Migration in the Rural Transkei', in Jeremy Eades (ed.), Migrants(WorkersI and Social Order, (ASA, 1987).

15J. Seekings, J. Graaff, P. Joubert, 'A Survey of Residential and Migration Histories of Residents of the Shack Area of Khayelitsha', Dept. of Sociology Occasional paper No. 15, April 1990, University of Stellenbosch).

16Cf. May, op. cit.; also T.J. Bembridge, 'The Role of Women in Agriculture and Rural Development in the Transkei', Journal of Contem orar African Studies, VII (1988). For an interesting analysis of constraints on local income-earning activities by rural women, cf. J.S. Sharp and A.D. Spiegel, 'Women and Wages: Gender and Control of Income in Farm and Bantustan Households', Journal of Southern African Studies, XVI, 3 (1990), 527-49.

- for whom the prospect is that of absolute poverty. In some areas, the process of impoverishment has extended so widely that the operation of safety nets provided by kin and neighbourhood groups is itself no longer functioningl.

While the central economic elements of the Chayanovian model of the ability of a rural (peasant) household to reproduce itself, based on its changing composition over time of adults and children do not therefore apply in South Africa, (although this model does produce useful insights into other aspects of dependency), there is another not wholly unrelated model of ’gleaners’ and their dependents, with the gleaners moving between rural and urban worlds, spreading their income sources, sharing the burden of supporting dependents as far as possible, and hoping for establishment in a settled job - or falling back down into destitution. The high levels of income variation within black South Africa, and the episodic and uncertain nature of earnings and remittances, are a reflection of this process. Rural households in South. Africa are thus characterised by fragility and dependence of such magnitude that even slight adverse changes in the status of active gleaners will have large consequences.

Conversely, the spread effects of even small initiatives in terms of access will be considerable. The enhancement of life chances for women in particular may have major beneficial effects in promoting a demographic restructuring.

1.1.4 Land Hungerl Land Reform and Agrarian Development

The conventional solutions for rural poverty on this scale are usually sought through a restructuring of ownership and production patterns within the agrarian sectorls. It is apparent from the above analysis that this is not seen as the most effective road ahead for this country.

The solution at one level for" a small proportion of those currently defined as rural dwellers may certainly be provided via land acquisitionl under’ a programme of land reform. This programme is seen by the IDT as falling largely within the purview of the responsibility of the State.

similarly, the provision of major services to a new cadre of small farmers in the form of irrigation, agricultural inputs,

17.7.5. Sharp and 11.0. Spiegel, ’Vulnerability to Impoverishment in South African Rural Areas: the Erosion of Kinship and Neighbourhood as a Social Resource’, Africa, LV, 2 (1985).

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-Generally, of D. Lehmann (ed.), Agrarian Reform and Reformism (Oxford, 1975), and F. Ellis, ’Land Reform’ in Peasant Economics (1991).

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marketing and credit, and associated technical advice designed to promote commercial pastoralism and crop-raising is seen as being appropriately the task of specific public sector development and financing agencies.

However there are areas of intervention related to these fields which have the perspective of community enablement which may be appropriate for IDT support. Rural employment.guarantee schemes, public works programmes in association with land conservation measures, and food-for-work programmes aimed at the rural poor are examples of such programmes, provided that there is both a commitment of public sector (or other major donor) funding, and valid community involvement.

Similarly, the opening up of opportunities to small producers as outgrowers in nuclear estates (eg sugar, timber, fruit), which may in certaixx areas offer' a considerable rural development opportunity, will be favoured by the IDT. These offer the prospect of a powerful income multiplier effect to rural communities. In such initiatives, the IDT will also look to a cooperative relationship with the private sector, which will be. expected to play a positive role. Such initiatives will clearly also require appropriate research, and training and education for specific cadres within rural communities.

Agrarian reform is needed also in respect of the rights of land-users, whether these derive from tenancy, usufructuary rights, common property rights, or from putative freehold rights. IDT policy is strongly supportive of new initiatives in agrarian reform in this area of institutional and legal development, and the research and training which may be required to initiate it. Where specific communities or associations of producers may be benefiting from such programmes of agrarian reform, the IDT would be interested in contributing directly to the ability of that community to maximise the benefits to be derived from reform programmes, and would aim to work in cooperation with other donor agencies.

2. BROAD CNPERATICHUUL PRINCIETJMS OF THUS IDT

2.1 The Funding Approach

2.1.1 Empowerment and Access

The IDT aims to tackle basic poverty, through enabling the very poor to acquire the means to help themselves. The key concepts in this approach to community and rural development are broadly the same as those which apply in the fields of education and housing, namely those of empowerment and accessl9.

Generally, empowerment involves both the psychological mobilisation of the individual as well as the development of community organisations and structures which promote the ability of poor people to make meaningful and beneficial decisions about their livelihoods; it does not mean the crude window-dressing with black faces of existing structureszo. Access involves the provision of basic needs, from shelter and infrastructural services through to educational and training opportunities; working for better chances in the labour market and for opportunities at income generation; and access to material and physical resources.

From the point of view of rural development, empowerment and access require that rural dwellers are helped to create better life chances within the difficult context of very low levels of resource provision. As has been argued above, the rural resource in South Africa involves not only land and water as the basis for commodity production, but through the mechanism of ’displaced urbanism’ must also be seen as specifically involving sgatial resources - in terms of access to bulk service supply in general, and income opportunities in particular. Land - and water - also have their own symbolic and cultural contexts, which should not be ignored.

The struggle for resource access - by its nature conflictual - has several added political dimensions in the South African context. Land reform, territorial disputes and the battle for residential access to economically and environmentally preferred locations, are as much the context for rural development as are agriculture and conservation. The IDT recognises the political nature of this conflict.

The funding approach under such circumstances is not to deny or

19Generally of. Robert Chambers, Putting the Last First (1983).

g2Cf W.L. Nkhuhlu, ’Economic Empowerment in Sub-Saharan Africa during and after the Colonial Era’, Develo ment Southern Africa, 7, 1, 1990.

ignore the reality of conflict but to attempt to chart a clear course of priorities.

There are two major ones. One is that of maintaining the independent and non-partisan status of the IDT; communities which validly represent their constituent members across a wide spectrum of political standpoints will be open to receive IDT funding. Programmes of local and national government will be acknowledged. However the IDT will strive to exercise judgement in its funding, such that its actions are not either seen to be, or in practice turn out as, those of a surrogate body, whether for local or national government or any specific political party or grouping.

The other priority is that of targeting the poor. This target may be approached in a number of ways, primarily through systematically examining particular regions, social cohorts or economic sectors which have been disadvantaged. This rational planning approach does however tend to ignore the 'invisible and unheard'. In combination with procedures which aim to identify and allocate resources to the rural poor in a nationally equitable way, certain specific problem areas are identified within the rural sector, to which the IDT will be particularly responsive. These are

h the provision of basic infrastructural services (protected water supplies, sanitation, electricity, energy resources) to the more remote communities, or those situated within specific pockets of poverty.

e assistance to specifically disadvantaged groups, where upliftment and development may have considerable multiplier effects, such as women, and the illiterate.

a new entrants into smallscale rural production, usually via a functional association.

2.1.2 Delivering Support

In order to achieve its aims, the IDT as a funding organisation is clearly unable to operate on the basis of the direct assessment and response to a mass of individual needs. This is particularly true for rural development, where the role of community-based and support/service organisations are seen as essential vehicles.

Coordination and cooperation with other agencies which have targeted rural development is desirable on other grounds as well, specifically to ensure synergy in funding, and also to avoid undue overlap or gaps. The IDT however has its own specific criteria and operational modes, and these will be maintained.

2.2 Intermediary Organisations

2.2.1 Community-based Organisation

There is a wide variety of type of community organisations which may validly represent the interests of the rural poor. By the nature of rural poverty, as reviewed above, associative organisations face considerable difficulties in maintaining themselves over time and sustaining high and genuine levels of commmunity participation. Many of those which do are likely to be confessional groups, usually with explicit authority structures and strong hierarchies. Functional interest groups which have developed around one or two issues of major concern - such as the pursuit of secure land tenure or residential rights, mutual defence organisations, burial societies - face problems in extending their concerns to more developmental issues. Given the inherent conflicts over resource access, it is also to be expected that for many organisations which seek to speak in the name of the rural poor, there will also be a complex agenda concerning the protection of certain elite privileges.

Good community organisations are those which have high levels of participation while remaining close to the grass roots; actively promote good information flows amongst members; maintain appropriate democratic procedures; and are capable of sustaining accountable institutions and methods. Such organisations will actively wish regularly to account for in financial terms, and report on in substantive terms, their progress, both to their own members and to supporting agencies.

The IDT is particularly interested in supporting those organisations which have found a means of promoting activities which are sustainable once the core funding is tapered out. Rural development by its nature tends to require polyfunctional organisations, which while perhaps concentrating on one or two major activities such as produce marketing or credit supply, also provide subsidiary functions such as community education, transport, and recreation. It is often in these subsidiary areas that the target of genuine community participation is best judged and assessed.

2.2.2 Sugport Organisations for Community Participation

While the focus of funding is therefore specifically targeted on groups of the very poor, it is recognised that low levels of community organisation_ and. poverty’ are intimately related. Relatively few groups or cohorts within materially disadvantaged households come together spontaneously into self-help or cooperative associations. Organised bodies which can promote this function are therefore a necessary and major means for an organisation such as the IDT for making a contribution to the development and uplift of the poor.

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In general, the IDT takes the view that support and service organisations may act as a useful channel for supplying funds to communities in need. The IDT is not however a loan agency for such support and service organisations, and in guinciple is unable to consider capital transfers for on-lending by such organisations.
The provision of advice and technical support to communities which have embarked on a major project - particularly in areas which require specific technologies, stock control, legal and financial support, engineering design, plant maintenance, etc - is also considered to be a valid area for support. The preferred areas for support are enabling costs which include at least an element of the transfer of skills and responsibilities to the target communities.
It is recognised that developing and maintaining such organisations within the difficult circumstances of rural South Africa does require a central facility, and in the case of national or regional organisations, some field representation. The IDT is in general reluctant to fund central overhead costs (rent, vehicle purchase and maintenance, salaries, office equipment etc) particularly where these are a dominant element in the budget.
Where the inclusion of a component of central costs is fully justified in relation to a specific community-based project, however, a contribution to such costs may be made. The greater the degree of proven ongoing project monitoring which is sustained by the implementing organisation, the more likely is it that the IDT will support significant elements of overhead costs.
It is clearly a necessary part of the activities of community organisations that they establish information flows and linkages with other similar groupings. The IDT in general does not however support the conference and seminar activities of intermediary organisations.
Where intermediary and community organisations have a primary focus on education and training, the IDT prefers to assist in capital provision rather than with ongoing and recurrent costs. In principle the IDT does not support scholarships and bursaries and prizes.
2.2.3 Cooperating Agencies
There are a number of development agencies which have a similar target as the IDT as regards rural development, namely the poorest sections of the community, and specifically particular programmes in the field of primary health care, welfare, and community and rural development.

The IDT aims to coordinate and cooperate with such agencies, where appropriate, and on the basis that the IDT's own criteria are fulfilled. Joint funding for major initiatives will be sought in order to maximise the impact of programmes.

It is also important that undue overlap is avoided. The IDT takes the view that there are a number of major schemes which are properly considered to be the responsibility of national and local government and the major parastatal organisations, for example in the area of electrification, roads, dams, irrigation works, and land acquisition, which fall outside the scope of its rural development programme.

The IDT also aims to cooperate with international donors and development agencies in pursuing its programme.

2.3 Project Types

2.3.1 Project Organisation

The community focus of IDT rural development projects means that particular attention has to be paid to the nature of projects undertaken by local organisations. This topic is addressed in Chapter 3 of this policy review, but it may be useful to summarise here the type of project which IDT has in mind for its rural programme.

These include:

t Support to rural associations which promote credit, savings and investments, and local markets for smallscale enterprises, particularly via capital provision;

t Support to rural employment schemes, in association with environmental and public works programmes;

t Enabling costs for small farmer development, producer groups and cooperatives;

a Self-help schemes, particularly those involving training and marketing;

t Capital provision directly to communities engaged in infrastructural development involving rural water supply and sanitation, sustainable energy, environmental protection and resource conservation;

t Income generation schemes, particularly ithose: utilising appropriate technology and factors of production;

a Community institutional growth via the establishment of community trusts and similar organisations;

s Mutual and friendly' groups, preferably with aims which foster developmental and mobilisatory activity.

2.3.2 Integration, Coordination and Gearing

The IDT is essentially a funding organisation, not an implementing agency. However rural projects in particular benefit from a coordinated approach.

The IDT will seek to build on initiatives such as the establishment of rural schools and clinics by encouraging other productive and supportive activities. It will also be in favour of combining its funding allocations with resources provided to communities either by other agencies, or through their own saving and self-help activities. Funding support proportionate to savings (on an agreed ratio) by a community will be favourably viewed. 2

Where a nmjor capital project is envisaged whose scope lies outside that of the resources of the IDT, support may be forthcoming for subsidiary areas of activity such as research or training. The IDT will cooperate with all major funding agencies - multilateral, bilateral and. non-governmental, external and internal - in promoting development, provided that the other criteria of the IDT are not constrained by this cooperation.

The IDT’ may also tunder these circumstances lend its policy support where a community or organisation may be seeking funding from other major donors.

2.4 .Monitoring and Evaluation

The tmonitoring’ and evaluation of rural development projects present some particular problems. By their nature, rural projects are difficult to visit and supervise. The impact of the project is also only expected to emerge over a relatively long period. The role of community associations and intermediary organisations is therefore crucial. Beneficiary groups are expected not only to provide regular reports to the IDT, and to assist in the periodic evaluation of the project, but also to play an active role in agreeing on what the nature of the monitoring and evaluation should be. Intermediary organisations which may have assisted in making IDT funds available to the community will also be asked to assist in monitoring and evaluation.

2.4.1 Monitoring

It is anticipated that community organisations in receipt of IDT support will actively wish to report regularly on progress and difficulties. Subject to additional specific items appropriate to particular projects, this reporting should be:

t regular - at six-monthly intervals;

t provide standard accounting information;
a provide progress reports on the attainment of specific quantifiable and non-quantifiable targets;
a highlight any changes and developments of significance to the project (e.g. personnel movements, other related project activities, other donor support, legislative or political changes affecting the project, etc).

2.4.2 Evaluation

For-short term projects (12 months and less), an evaluatory report should be submitted to the IDT at the end of the project, or after the expenditure of the final tranche of IDT funding. For longer projects, an evaluation should be undertaken by agreement with the IDT portfolio director, which will usually be annually, or mid-term, as well as terminal.

Evaluation is different to monitoring, in that it seeks to judge what impact the project has made, both in terms of its own stated objectives (internal evaluation), and in terms of more widely defined parameters (external evaluation). The latter is not always essential for small projects (less than le), but is desirable for major and large projects (le-Sm, and greater than RSm). Large projects will be evaluated by consultants retained for this purpose, while major projects may be evaluated in house, or with external assistance.

3. RURAL DEVELOPMENT PERSPECTIVES

3.1 Integrated Development

The points of departure for a regional perspective on rural development in South Africa are that

t there are large imbalances in regional economic development;

t poverty has a clear spatial dimension of a primarily regional, rather than purely a rural nature;

a many so-called rural areas are more accurately regarded as ’non-urban’, ’displaced urban’, or ’peri-urban’ than as locations of primarily peasant or subsistence agriculture.

Effective development undertakings in these areas will have to reflect this reality. The peripheral regions provide employment for as little as a fifth or a third of their potential workforce, condemning most households to dependence on episodic remittances and semi-migrancyu What income is generated or remitted locally tends to be siphoned out, rather than circulating within the district.

Rural development in South Africa should therefore be seen not as an adjunct to agricultural development, but as an integral part of regional development. This means that projects which are ’rural’ are seen as such primarily from a locational point of view, rather than from that specific to a particular agro-ecological zone, or necessarily surrounding the production of agricultural commodities. The project emphasis should therefore ahn to promote rational economic development of that region within a macro-economic context. This may’ be related to economic activity based on land as the productive resource; but for many areas development interventions are likely to be at some distance from on-farm activity. The aim here is to move beyond simple static comparative advantages towards a longer term, more dynamic promotion of regional advantages.

The prospects for agrarian development in much of rural Transkei, for example, are extremely limited, given the problematic resource endowment of land, water, and markets, and the historic orientation of smallscale farming. However, this is clearly an important area for initiatives, given the levels of poverty. Rural development in such areas may possibly be more effectively promoted around cottage industries, tourism, the development of protected water supplies, and infrastructural linkages than around peasant agriculture as such.

In assessing rural development projects, the IDT will therefore seek an orientation towards a regional perspective, and the

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promotion of regional integration.
3.2 Sustainability
3.2.1 Environmental Protection
Sustainability is a much debated concept in development work21, and a principle more honoured in the breach than in the observance. It has emerged in the era of ’donor fatigue’, and is often used as a shorthand or coded means of reference to the complex of problems which have led to the failure of the vast majority of projects to achieve their stated goals. For rural development in particular, the lack of sustainability in many cases has arisen simply from the project-based nature of the development initiative itself.
Projects are clearly delimited in time and budget, and have a measurability which is satisfying to donor agencies. These limits of course rarely meet the wants of the target beneficiaries. Rural transformation is a long term undertaking, not easily packaged into five-year chunks. ’Sustainability’ can be a means whereby the onus for failure, or a desire to switch from one focus of funding to another, is transferred from the shoulders of the donor agency onto those of the project implementation team, and the beneficiaries. However despite the muddy waters which surround this issue, there is a matter of central importance.
This goes to the core of what is meant by developmental, particularly in resource-based rural programmes. The conservation of the environment in conjunction with its economic exploitation is the primary illustration of the principle. There is an interface here between the socio-political and the technical, however, which must not be ignored. For instance in pastoral systems, there is considerable debate on the measurement of carrying capacity, and how ’over-stocking’ may best be conceived when looking at the interrelationship over the long run between low-input/output farming systems and grassland regeneration. It is clear that while implicit (or explicit) biases may dominate apparently scientific ecological criteria, nevertheless the degradation of the environment through the activities of man is an objective reality.
Sustainability as a desirable feature of rural development has been extended beyond the ecological basis to include more economic notions, such as the ability of an enterprise to cover its costs in the absence of external funding. This ability is hard to predict, depending as it does on a host of factors not subject to easy intial analysis.
aC1" G. Honadle and J. VanSant, Imglementation for Sustainabilitx: Lessons Learned From Integrated Rural Develogment, (West Hartford, 1985).

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In taking sustainability as one of its criteria for assessing rural development projects, therefore, the IDT recognises that this is a problematic area, requiring sensitivity and judgement - and risk. IDT funding is conceived of as being for a limited period, and hence the necessity to taper off must be built in; sustainability is approached particularly from this viewpoint. Those projects which possess features which suggest that they are able to maintain themselves in the absence of donor funding, which create new assets or which extend the exploitable life of existing resources, and above all which enhance and mobilise individual and social capacities, will be judged as sustainable.

3.2.2 Income Generation

Projects which generate income obviously meet these criteria. There are many obstacles which face rural income projects in South Africa, not the least of which is the formidable development of the manufacturing base in the urban sector, which may render many apparently obvious initiatives in labour-intensive, community-based enterprises such as clothing, carpentry, leatherwork, pottery and handicrafts non-economic. The isolation from distribution networks of the more remote and poverty-stricken areas may paradoxically be the necessary condition for many such initiatives to have a chance of getting off the ground.

It is central to successful rural development however, in terms of the critique of its causes and nature, that local opportunities for income-earning are promoted, and that the incomes so generated are retained within communities. Many of the major programmes of primary health care, education and infrastructural development will help to create the conditions for the retention of people within a viable rural community, and it is essential that this is consolidated through the building up of jobs and local periodic markets which are necessary for the reconstruction of viable community life.

The IDT will accordingly seek to support project intiatives in this area.

3.2.3 Appropriate Technology

An increase in economic activity is classically attended by differentiation, specialisation and growing technological sophistication. Industrial South Africa is already far down the road of high technology and capital intensity. Specific enterprises in the rural sector may well benefit in terms of their absolute profitability by being constructed on the basis of the leading edge of technology, but these goals are likely to be in contradiction to those of community empowerment and control, and the spread of skills and incomes.

Accordingly the IDT will favour those project initiatives which are employment- rather than capital-intensive, which utilise

robust and appropriate technologies, and.which have a maintenance requirement which falls within the capacity of a community, or for which community members can be effectively trained. These technologies are not seen as being as inferior or inadequate; indeed in some instances the most sophisticated of technologies (for instance in the field of computer-based expert systems in health technology, or solar energy) may be the most appropriate.

3.3 Empowerment

3.3.1 Community Institutions

Concepts such as empowerment may be meaningless unless there is a tangible form through which people can establish control over assets, organise themselves, mobilise around issues, and take effective decisions. The institutions of local government, which have been subject to deep problems of legitimacy and accountability, will at best grow slowly to fulfil these functions, and even so should at best run on a parallel track which not only allows but encourages community enterprise and responsibility.

The IDT favours the creation of institutional forms through which communities can take control over their lives, develop their civil administrative capacities, and enhance their own responsibilities for domestic and social conditions.

These may take the form of Community Development Trusts, legally constituted vehicles for the ownership of property and other assets, under the control of trustees and accountable to the communities.

The IDT will be strongly supportive of initiatives in this area.

3.3.2 Training and Education

Empowerment for rural dwellers also requires the development of skills, without which the individual psychological transition from passivity to responsibility, and the development of effective capacity within the community, is not possible. This will involve not only formal education and training, but also the transfer of skills through more informal means, and on- -the- -job experience.

This is a problematic area. The structural unemployment which affects the rural areas even more profoundly than the urban sector means that extended investment in education may have the perverse effect of accelerating the departure from local communities of the most enterprising and able persons. Over the short term this is inevitable, and must be faced. It will only be through the integrated reconstruction of the viability of

rural communities that the inherent attraction of a non-city-based way of life can be re-established, and, as has been emphasised in this policy review, the rural development involved needs to be conceived of in itself as taking the form of a specialised type of low-level or intermediate urbanisation.
The situation is helped if skills training can be closely linked to specific development programmes which may open up new opportunities in the labour market. Construction and fitting and artisan work created by infrastructural developments are one such avenue. These may of course be one-off activities; and attention needs to be given to ways and means of providing a longer term employment horizon.
The IDT will also be supportive of employment guarantee schemes, particularly where these are promoted by a community, in respect of public works, and environmental protection and conservation activities.
The issue of recreation and entertainment activities in rural communities is often neglected. The absence of these is an important part of the urban-rural imbalance. Initiatives here may be integrated with other more explicitly developmental projects.

3 . 4 ACCESS

Access to basic services is perhaps the most urgent need of rural communities, and the most direct means whereby the interests of the poorest sections of the community can be addressed. Access to potable water lies at the heart of development and health. Approximately half of South Africa' 5 population are 'rural'; of these, half again do not have access to an improved or protected water supply. Two-thirds of the population do not have access to grid electricity, in a country serviced by the continent's largest supplier; the extension of this facility will involve a long term programme. Off-grid electricity and the development of alternative energy sources, particularly for rural communities, may offer an affordable and immediate road ahead.

3.4.1 Water and Sanitation

Major projects in this field are expected to be undertaken by government and the parastatal organisations, but there is a considerable need for a multiplicity of small water development projects at community level. This will be the major target for the IDT. Projects here will however need to be consonant with overall regional water planning.
The IDT will favour those water projects which have a valid community base, which are integrated. with other health and production-related activity, and are at an appropriate level of technology and cost. This means that an effective community structure exists for the democratic control and allocation of water, and that even where full cost recovery is not possible,

contributions will be forthcoming from users. Operation and maintenance on an ongoing basis should be built in, through training and proper budgetary allocation.

The technology should be appropriate both to the nature of the water source, and the ability of the community to maintain the delivery system. Capital costs for water and sanitation should aim to fall within the R100/per capita limit (1991 prices), and ideally deliver sufficient water (251/family) within sufficient proximity (500m) of individual households to ensure effective water access. Sanitation should conform to the minimum standard exemplified by the ventilated improved latrine.

3.4.2 Electrification and Other Energy Sources

Virtually all development initiatives in rural areas will increase the demand on energy resources in a proportionate manner far exceeding that of urban developments. The energy resource constraint is often the most immediate one which faces the rural poor, and which lies at the basis of their low level of access to health, water, transport, and heating. While the problem is obvious, the solution is not.

The choice of energy technology for a particular rural community depends on many factors. These will include cost, convenience, technological appropriateness amd sustainability. The ideal of attachment to the national grid is unlikely to be attainable within a reasonable time horizon for many of the poorest and remotest sectors, and for these intermediate solutions are required. Where it is possible through some initial subsidisation to effect connection to the national grid, this may be the preferred solution.

There are no hard and fast rules. Electricity for a country with the overall development profile of South Africa must be central in the consideration of energy resources, but alternative sources - particularly in the rural areas - have an important part to play. While in general the depletion of biomass for energy use is a characteristic of the environmental degradation of the rural areas, programmes of afforestation on their own have often proved to be insufficient. There has been much experimentation with other renewable energy sources, with episodic results.

The development of alternative energy sources in the context of research-based and feasibility-oriented programmes, rather than individual projects, will therefore be particularly supported by the IDT. It is particularly important for these that both short-run and long-run costs and implications are understood by user community organisations, and that the technology chosen is voluntarily entered into on the basis of an informed understanding of the opportunities and constraints involved.

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