

The Department of Social Development's study on the ISRDP and URP

Building sustainable livelihoods in... ...Ugu

Background report

A survey based profile

A livelihood profile and service delivery evaluation

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Building sustainable livelihoods in...

...Ugu

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Section 1

Profiling Ugu background report

Building sustainable livelihoods

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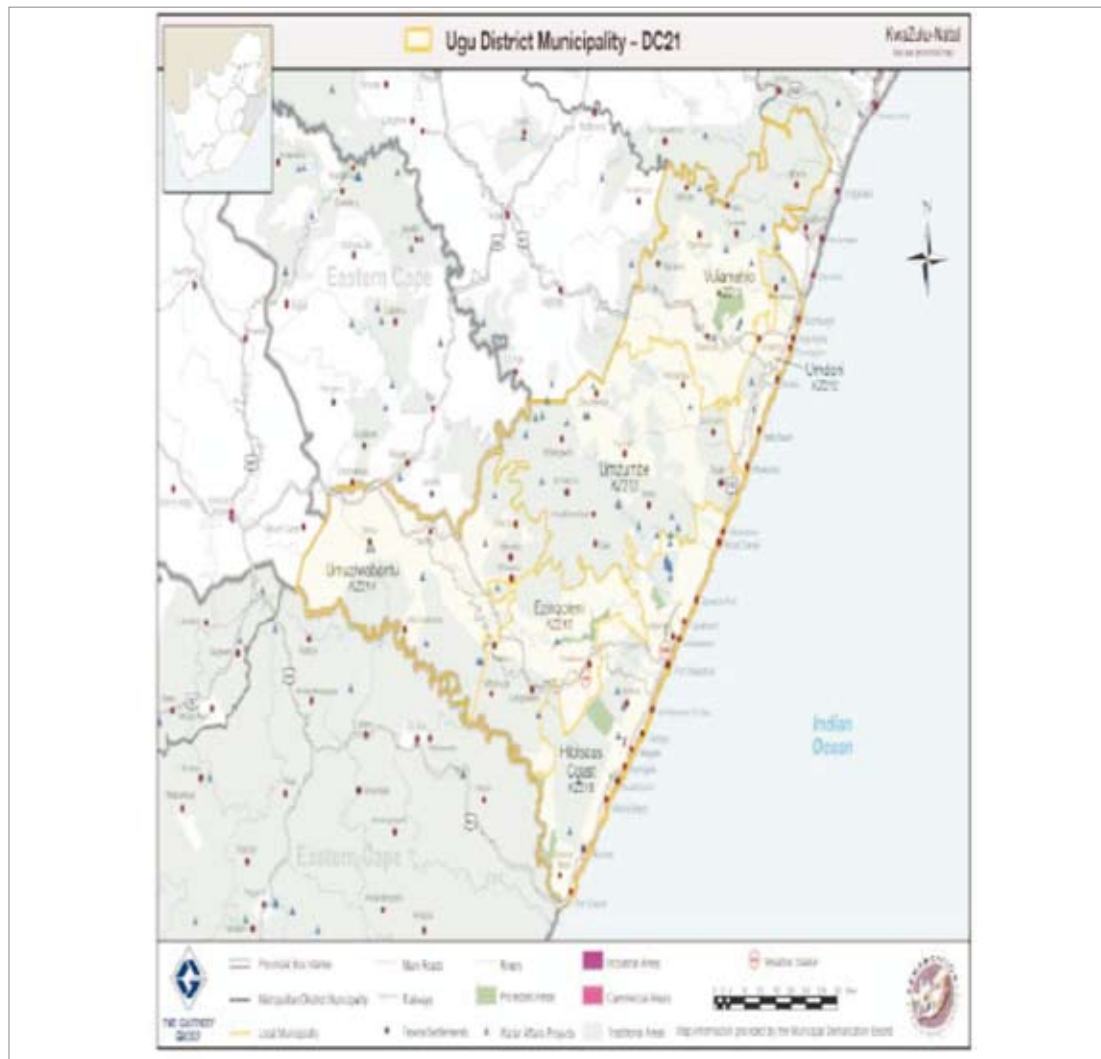


Figure 1: Ugu District Municipality, KwaZulu Natal (Source: Gaffney’s Local Government in South Africa, 2004 – 2006)

Introduction

The Department of Social Development (DSD) has commissioned socio-economic and demographic baseline studies in the 21 nodes that make up the Integrated Sustainable Rural Development Programme (ISRDP) and Urban Renewal Programme (URP). These nodes – 13 of which fall under the ISRDP and 8 of which fall under the URP – were selected because of the deep poverty in which many of their citizens live.

The ISRDP and URP aim to transform their respective nodes into economically vibrant and socially cohesive areas initially through anchor projects to kick-start the programmes, and then through better co-ordination between departments geared to providing an integrated suite of services to all citizens, especially those living in poverty. The point of both programmes is the more efficient and effective use of existing government resources, rather than operating as standard, stand-alone programmes with a dedicated budget.

This report

This is the first set of nodal reports in a sequence that will cover qualitative and quantitative data over a 2-year period. This first set of reports is entirely based on secondary data, sourced from a wide range of agencies as well as census data.¹ The 21 reports in this sequence are intended to provide background information on all the ISRDP and URP nodes, after which primary data will substantially increase our knowledge of the 21 nodes.

This chapter has five main sections. First we provide a spatial analysis of the area, then we analyse the demographic profile of the node. The chapter then goes on to examine levels of poverty in the node using a poverty index to do so, based on a model proposed by Statistics South Africa²; we also examine public services (including those provided by DSD) and key economic indicators of the node.

¹ We would like to express our gratitude to all those who gave us access to their data.

² Statistics South Africa (Pretoria, 2001) *Measuring Poverty*.

Later chapters in the sequence will include qualitative data across all 21 nodes looking at sexual and reproductive health, livelihood strategies, service access and so on; and a quantitative baseline survey that will take place in the second half of 2006.

Spatial analysis

This section of the chapter provides an overview of the **major spatial variations** and regions in the area, in particular it focuses on **natural and settlement variations** as well as rural and urban variations.

Natural variations

The map below illustrates that the area within which the Ugu node lies, receives, on average, 500 to 2300 mm of **rain per annum** which places it at the very high end of South Africa's rainfall bands. Nevertheless as shown below the general area is categorised as a **drought risk area** (both rainfall and drought profiles are illustrated below).

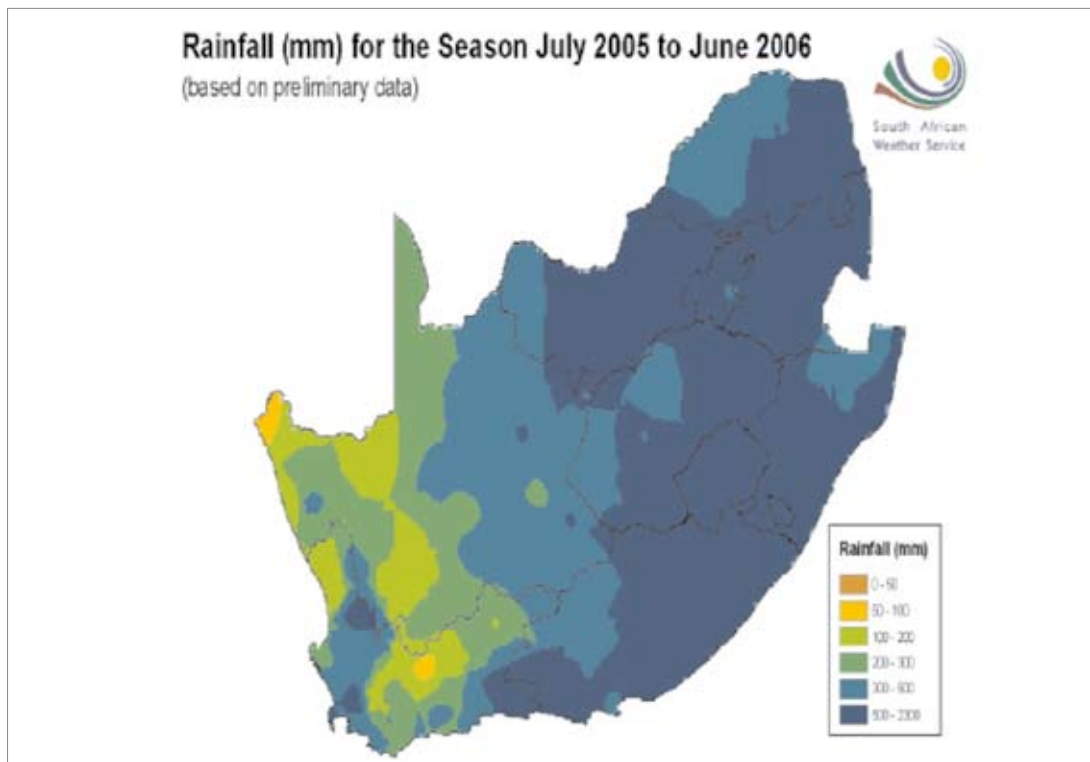


Figure 2: Total rainfall for July 2005 - June 2005 (Source: South African Weather Service)

The **risk of drought** has had a negative impact on the sustainability of agricultural production, which many of those living in the node are engaged in. Irregular rainfall patterns play havoc with food security, and as we discuss later in the chapter, it is important that DSD continue to provide emergency food relief in the interim whilst sustainable subsistence is gradually transformed into more sustainable food production methods.

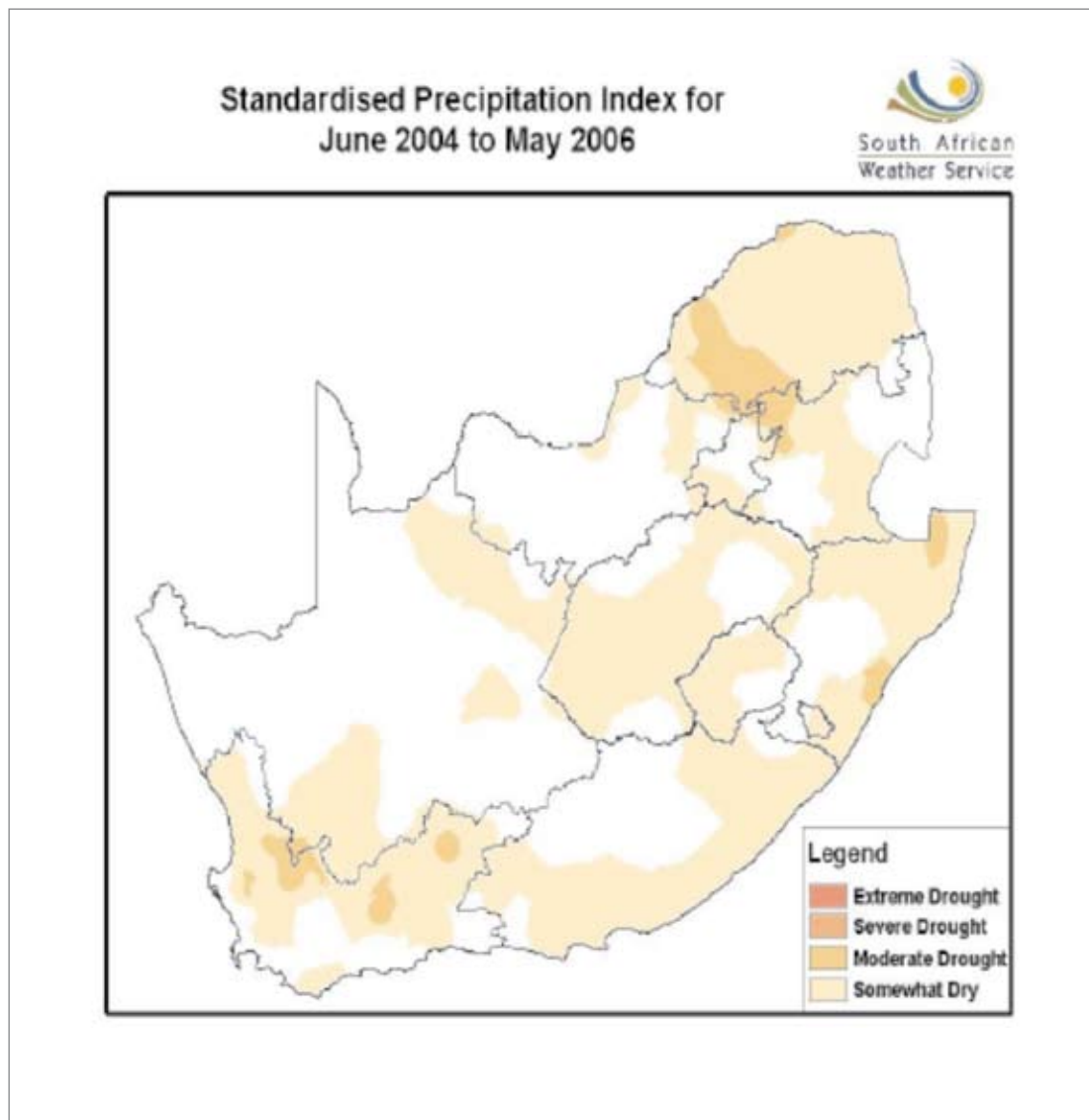


Figure 3: Drought Prevalence in South Africa, June 2004 - May 2006 (Source: South African Weather Service)

Overleaf we can see how both the irregular rainfall in this zone and the risk of drought has led to the node being dominated by **two vegetation biomes**, namely savannah in the interior and the Indian Ocean Coastal Belt along the coast (see below). Whilst this vegetation has been found to support limited grazing for cattle, sheep and goats in the interior, it has also led to enormous sustainable agricultural production for commercial agriculture. However, those benefiting from the outputs of this production remain small in number.

One of the major concerns for those working towards eliminating poverty in this node is that many households continue to undertake unsustainable subsistence agricultural activities or no longer can find work on farms (often as a result of the drive to mechanize agricultural production on the large scale commercial enterprises in this node) and have moved to towns where no work can be found.

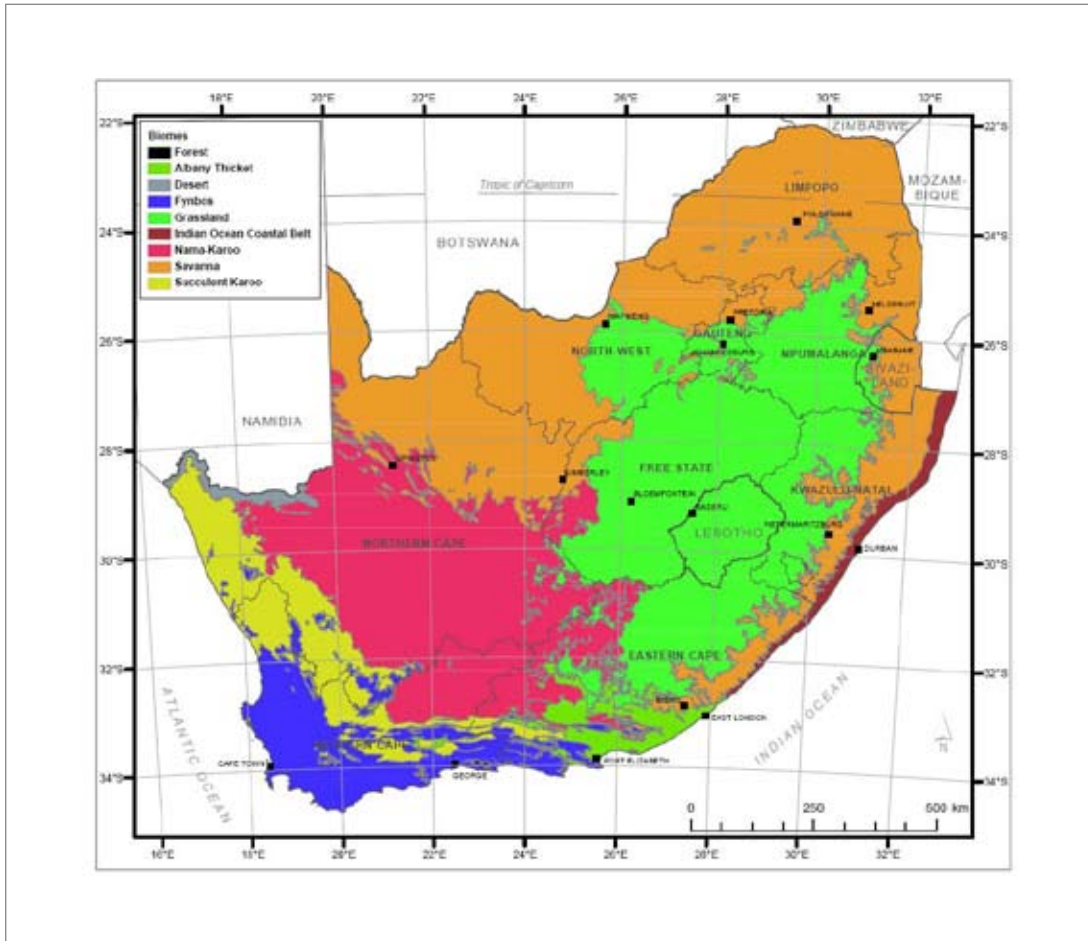


Figure 4: Major Vegetation Biomes of South Africa (Source: South African National Botanical Institute)

Settlement variations

The **Ugu District Municipality** is located on the southernmost part of the KwaZulu Natal province. It is located on the border between KZN and the Eastern Cape.

The **spatial pattern** of Ugu District municipality resembles a "T" shape where areas along the coast have a well-developed infrastructure and reasonable economic growth, whereas the hinterland is characterised by the poor infrastructural provision and a high unemployment levels. The biggest towns in the area are Port Shepstone followed by Margate; these towns are also the tourism centres of the area. Scottburgh's town is the third most popular tourists area. Port Shepstone remains the major employment centre in the. There are other rural towns which act as administration centres in the rural areas.

In later chapters we will be exploring whether both national and provincial government have strategies linking different nodes (e.g. poorer nodes with better off nodes) or they only work on nodes in isolation. Similarly, we will be exploring whether the Provincial Growth and Development Strategy (PGDS) provides a province-wide strategy that would benefit all the ISRDP and URP nodes in the province and that ISRDP and URP are **aligned** with the PGDS and other key policy and strategy documents.

The node has a **total surface area** of approximately 5 866 square km. The node comprises six local municipalities namely:

- Umuziwabantu,
- Eziqoleni,
- Umzumbe,
- Umdoni,
- Hibiscus Coast, and
- Vulamehlo.

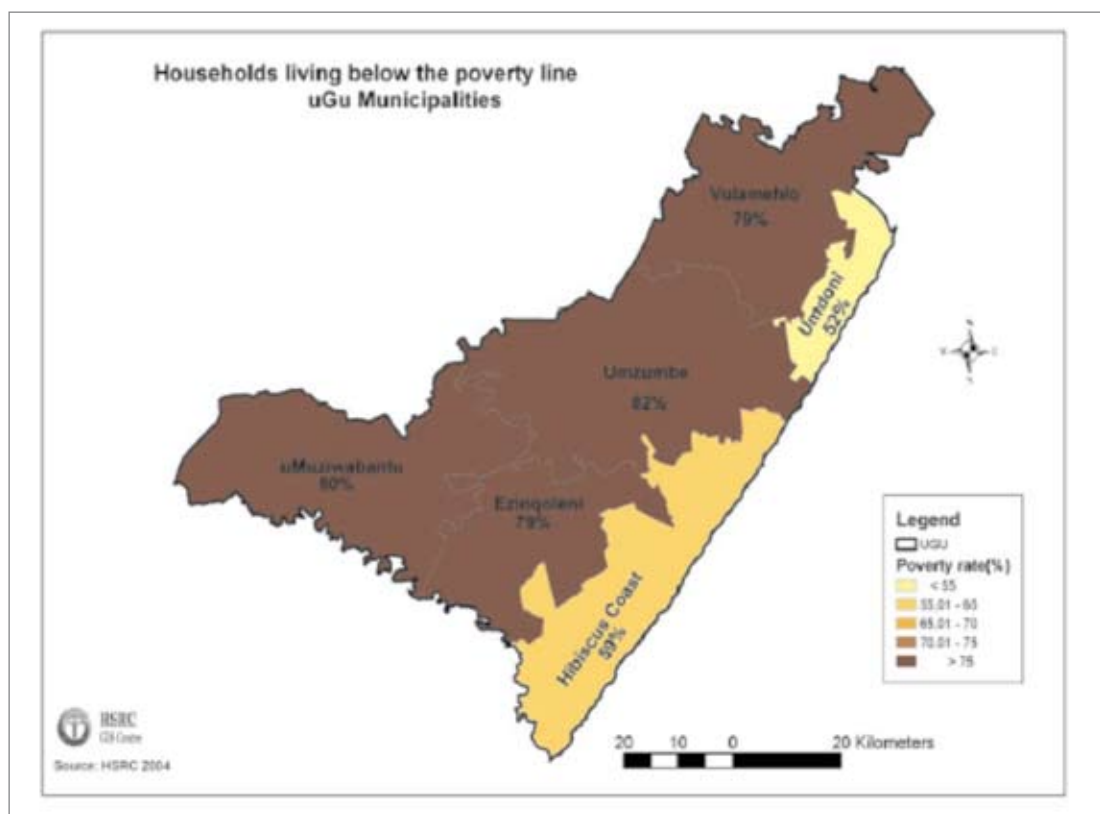


Figure 5: Poverty rate in Ugu (Source: HSRC GIS Centre)

The node is **predominantly rural** (77.0% of the households in this node are in the rural areas) with a range of settlement types including small towns, township areas and farms. The urban areas (23% of households) are largely to be found along the coast. Census 2001 reports that like so many of the other ISRDP nodes many of the households in this node live in a **traditional or informal dwelling** (43.6% in this node versus an average of 42% for all the ISRDP nodes). Formal dwellings are found predominantly in the major towns in the node, such as Port Shepstone, Margate, Scottburgh, Izingolweni, Dududu, and Harding.

In terms of **land tenure** Census 2001 found that more than half of the landowners in the node (55.4%) owned the land on which their dwelling resided, and a further 25.4% occupied land for which they paid no rent. A fraction reported they owned the land but had yet to pay it off (7.6%) and the remainder reported that they rented the land (11.6%).

According to Census 2001 the majority of the people who live in this node have done so since 1996 (83.1% said they had) whereas only 6.1% said they had not (i.e. they had moved into the node over the past 5 years) whilst the remaining 10.8% were children who had been born since 1996.

Of the 6.1% who had moved into the node in the intervening 5 years, 64.1% had moved from elsewhere in the province; the Eastern Cape at 17.6% and Gauteng at 9.5% provided a large proportion of the remainder. However, whilst this suggests that few are moving into the node data is not available on where those who have left the node since the 1996 census have moved to.

Demographics

Census 2001 tells us that the **total population** for this node is 704 027 where the vast majority live in rural households (77.0%) whilst only 23.0% live in urban households. The population density for the node is particularly high when one notes that more than three quarters of the population are living in rural areas, at 110 persons per square km.

The **racial mix** of the node is shown in Table 1. Like so many of the other ISRDP nodes, the dominant population (as defined in the Census) is Black African (91.8%).

	Black African	Coloured	Indian	White	Total
Ugu	645979	5234	24082	28733	704027
	91.8%	0.7%	3.4%	4.1%	

Table 1: Node by Population Group (Source: Stats SA, 2001)

The **female to male ratio** in this node is heavily skewed towards females, with more females than males in Ugu (54.5% of the population are females as opposed to 45.5% of males).

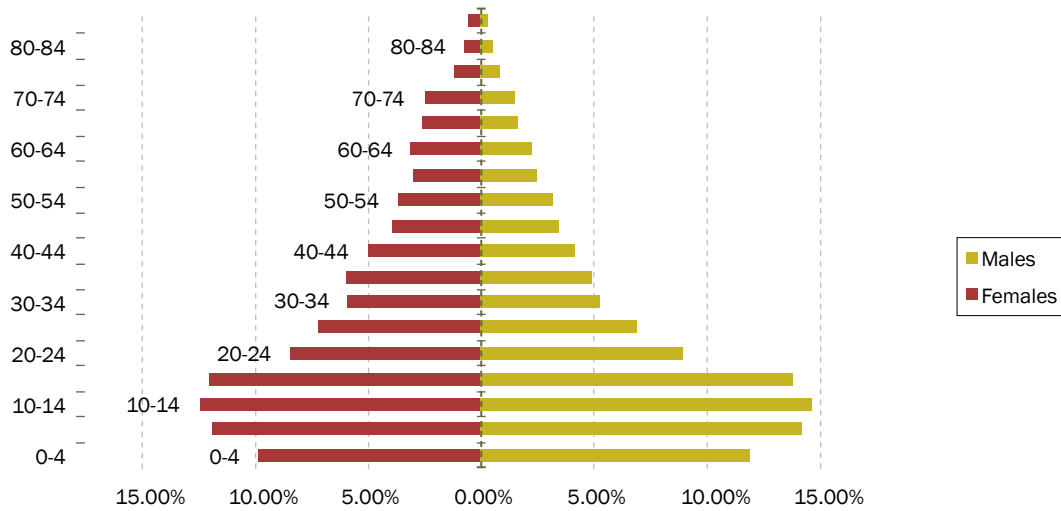


Figure 6: Age/sex profile (Source: Stats SA, Census 2001)

The **age profile** of this node demonstrates that half of the population (49.9%) in the node are 19 years or younger, whilst only 41.1% of the population are in the traditionally economically productive age bracket (20 to 60 years of age).

Poverty levels

In this study an indicator-based method of defining poverty is used, unavoidable given use of census data. The indicators were adopted on the basis of current international trends and local conditions, as well as reflecting potential service delivery areas of government – infrastructure and services, health, education and job creation. Finally, the matrix reflects indicators suggested by Statistics South Africa in their report **Measuring Poverty**. This section of the chapter focuses on the indicators that make up this index, specifically we examine the key social, economic and service delivery indicators that comprise this index.

To profile poverty, the following ten indicators, and their corresponding definitions, were used:

Indicator	Definition
Female-headed households	Proportion of households headed by women
Illiteracy	Proportion of population (15+) who have not completed Std 5/Grade 7
Rate of unemployment	Proportion of the economically available population who are unemployed
Household income	Proportion of households with no annual income
Crowding	Proportion of households sharing a room with at least 1 other household
Dwelling type	Proportion of households classified informal or traditional
Sanitation	Proportion of households who do not have a flush or chemical toilet
Water	Proportion of households with no tap water inside dwelling or on site
Electricity	Proportion of households not using electricity for lighting purposes
Refuse removal	Proportion of households with refuse not removed by local authority

Table 2: Indicators used to construct the poverty index

In comparison with South Africa as a whole, Ugu scored poorly on each of the individual indicators (Table 3). It has however, fared slightly better than the average for other ISRDP nodes, but worse than the average for the province or the country.

	Female headed	Illiteracy	Unemployment	Income	Crowding	Dwelling type	Sanitation	Water	Lighting	Refuse	Poverty index
Ugu	52.4	45.4	60.6	26.7	4.0	43.6	69.2	74.0	51.3	79.4	50.7
KwaZulu-Natal	45.5	35.2	55.1	26.4	3.4	38.7	52.1	49.2	37.9	49.6	39.3
All ISRDP Nodes	54.9	48.3	67.9	34.0	2.9	46.3	80.8	65.1	54.9	82.3	53.7
SA	41.9	31.5	48.2	23.2	2.8	31.2	45.2	37.7	29.8	42.8	33.4

Table 3: Individual indicator scores for Ugu

Before commenting on the very high poverty index score assigned to Ugu³, we will first examine what each of the indicators are telling us.

Social indicators

Female headed households: In South Africa as a whole only 41.9% of households are female headed, yet in Ugu Census 2001 found that more than half (52.4%) of households were female headed. This is higher than the average for the province (45.5%) but just below the average for the all ISRDP nodes (54.9%). The absence of males may have a threefold impact on node, namely i) it strongly suggests that the absence of sustainable economic opportunities in the node has forced many men to seek employment outside the node; ii) much of the agricultural work, which provides many households in the nodes with the means to survive, is carried out by women; and iii) many households in the node continue to suffer the traumatic psycho-social effects of absent fathers/brothers that have been well documented in South Africa during the apartheid regime.⁴

Illiteracy: Nearly half of the population in this node is functionally illiterate (45.4%). Compare this with South Africa as a whole (31.5%), the province as a whole (35.2%) and the average for the ISRDP nodes (48.3%). This strongly suggests that whilst the node may be slightly

³ For each indicator, the relevant proportion (as a score out of a 100) was calculated. The poverty index was then calculated by adding all the scores for each indicator and dividing by 10 to obtain an average overall score out of 100. A score of 100 would reflect an extremely high level of poverty while a score of 0 would reflect an extremely low level.

⁴ Studies conducted during the apartheid era acknowledge the historical, economic and social complexities of male involvement in family life and focused on the impact that the “deficit model of male involvement” had on livelihood strategies. See for example Eades J., Ed. 1987, *Migrants, workers and social order* (London: Tavistock Publications). On the rise of violence in South African society during this period, in particular violence against women and children, see for example Campbell C., 1992, ‘Learning to kill, Masculinity, the family and violence in Natal’, (*Journal of Southern African Studies*, Volume 18, Issue 3, 614 – 628; Morrel R., 1988, ‘Of boys and men: Masculinity and gender in Southern African Studies’, *Journal of Southern African Studies*, Volume 24, Issue 4, 605-630; and Lalor K., 2004, ‘Child sexual abuse in sub-Saharan Africa: a literature review’, *Child Abuse & Neglect*, Volume 28, Issue 4, 439-460). More recently these studies have been broadened to study the relationship between HIV AND AIDS and absentee male headed - households (see for example Montgomery C.M., Hosegood V., Busza J., and Timæus I.M., 2006, ‘Men’s involvement in the South African family: Engendering change in the AIDS era’, *Social Science & Medicine*, Volume 62, Issue 10, 2411-2419).

better off than some other ISRDP nodes it is significantly worse off than the rest of the province and human capacity is low, which suggests that the cycle of poverty in the node will remain difficult to break as many of these illiterate citizens will struggle to enter employment that involves skills requiring even basic levels of literacy.

The low level of **educational attainment** amongst those who are literate is also a worry as it precludes many literate citizens in the node from employment opportunities that require high levels of skills. Table 4 shows that less than a quarter had studied further than junior secondary (18.1% had completed Matric and an additional 3.8% had studied post matric).

	No schooling	Primary	Junior Secondary	Senior Secondary	Post matric
Ugu	22.5%	30.7%	24.9%	18.1%	3.8%

Table 4: Education, by highest level achieved (Source: Stats SA, Census 2001)

The node is nevertheless well served with **458 schools**, roughly 2 schools per 1000 of the school going population, which suggests that the node is relatively well serviced with schools. The challenge for policy makers is to ensure all school-age children are attending school regularly and that the education being provided in those schools is of an appropriate quality. The node has no direct access to any institution of higher education or further education and training (FET). This is problematic, noting the extreme shortage of skills in the node. Typically FET colleges and higher education institutions should play a pivotal role in supplying these skills and ultimately stimulating much needed economic growth.

Dwelling type: With 43.6% of those in the node living in traditional or informal housing this node is doing far worse than the country as a whole (31.2%), the average for the province (18.4%) but slightly better than average for all the ISRDP nodes (46.3%).

Over-crowding: We define over-crowding to mean more than 1 household sharing a single room. Although housing in this largely rural node is dominated by traditional and informal dwellings, this has led, unusually, to overcrowding (commonly associated only with poverty in the major urban areas of this country). The node is well above average (4.0% of the population reported multiple households living in a single room) when compared with other ISRDP nodes (2.9%) and the average for South Africa (2.8%).

Economic indicators

Unemployment: The average **rate of unemployment** in South Africa is 48.2%, in this node unemployment is at a high 60.61%. This is higher than the average for the province (55.1%) but lower than the average for all the other ISRDP nodes (67.9%).

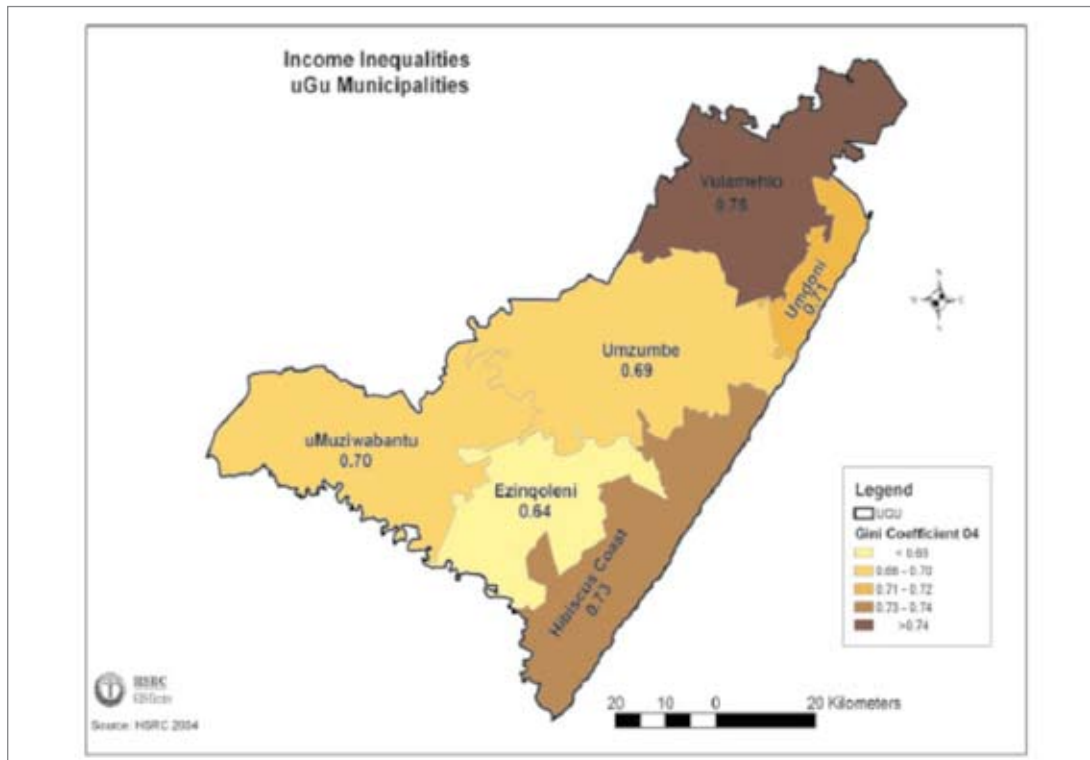


Figure 7: Gini coefficient (Source: HSRC GIS Centre)

One of the major reasons for creeping unemployment rates has been the “downsizing” of the commercial agriculture labour force in this node. We touched briefly at the beginning of this chapter on the fact that parts of this node have been found to be unsuitable to large scale agricultural initiatives, this has been exacerbated by recent droughts in this area and the seasonal nature of employment opportunities (both in the agricultural and tourism sectors).

Income: With such levels of unemployment in the node the levels of income are correspondingly low. Whilst a quarter of households (26.7%) reported no income whatsoever, 11.8% reported an annual income of less than R4 800 (i.e. less than R400 a month), and 25.3% reported earning less than R9 600 per year. This equates to nearly two thirds of the households in the node (63.8%) living on less than R800 per month. The anti-poverty impact of DSD’s social grants in this context is self-evident. The income inequalities are shown in the **Gini coefficient**, which appears worse on the east and in the north of the node.

Table 5 reveals that like many of the other ISRDP nodes the government sector is the largest contributor to **Gross Geographical Product** for this node (18.2% of those employed work in this sector). Agriculture, hunting and forestry (16.9%) is the second largest contributor. Whilst some of the agriculture is of a subsistence nature, there are significant commercial agricultural initiatives in the node. The concern though is that much of this agricultural activity is seasonal and is unlikely to provide much needed growth in employment opportunities for this node. A further significant economic sector in the node is wholesale and retail trade

(15.3%). However this sector is also unlikely to provide significant growth in employment opportunities in the future.

The **employment inequalities between sexes** in this node are starkly illustrated when one considers employment by sector. The agricultural sector, the major employer in the node, is home to 21.3% of all employed men whereas only 11.7% of employed women work in this sector. The other major employment sector in this node, government services, employs 14.3% of employed men as opposed to 22.7% of employed women. However, unusually when compared with other ISRDP nodes, some equity can be found in the wholesale and retail sector (15.8% of employed men work in this sector compared to 14.8% of all employed women).

Economic Sector	% Employed	% Male	% Female
Agriculture, hunting; forestry and fishing	16.9%	21.3%	11.7%
Mining and quarrying	0.4%	0.6%	0.1%
Manufacturing	9.5%	9.9%	9.1%
Electricity; gas and water supply	0.7%	1.2%	0.2%
Construction	5.2%	8.6%	1.1%
Wholesale and retail trade	15.3%	15.8%	14.8%
Transport; storage and communication	3.3%	5.5%	0.8%
Financial, insurance, real estate and business services	5.6%	6.4%	4.7%
Community, social and personal services	18.2%	14.3%	22.7%
Private Households	14.1%	5.4%	24.5%
Undetermined	10.7%	11.0%	10.4%

Table 5: Employment per sector in Ugu and by sex (Source: Stats SA, Census 2001)

Additional factors that **undermine investment** in the area include but are not limited to; limited skills base; crime rate; poor developed road and rail infrastructure to connect the region to nearby seaports; difficult access to land with economic potential due to complicated land tenure system, speculation and associated high prices of property; and generally poor infrastructural support for business and industrial development.

Service delivery indicators

Water: The majority of the households in the node (74.0%) are without running water piped directly to their dwelling. Contrast this with South Africa as a whole (37.7%), the province (49.2%) and all ISRDP nodes (65.1%). Providing free basic services to the poor is a key challenge in Ugu.

Sanitation: With so many households not accessing running water the availability of water borne sewerage, from a health and welfare perspective, is poor (30.8% households had either a flush or a chemical toilet). The health dangers are increased when we note that 17.1% have no toilet whatsoever (regular outbreaks of cholera in this node can be directly attributed to the poor provision of sanitation services).

Lighting: Electricity is also not being successfully delivered. More than half the households (51.3%) do not use electricity for lighting their dwellings, which is worse than the average for the province (37.9%) the country as a whole (only 29.8% of dwellings do not have access in South Africa) but slightly better than the average for other ISRDP nodes (54.9% of households).

Refuse removal: The removal of refuse is another important poverty indicator. The absence of refuse removal has an enormous impact on the health of communities, which in turn contributes to the burden of preventable diseases which blight the impoverished regions of our country. So it is of concern to see that nearly 8 out of 10 households (79.4%) do not have refuse removed in this node. Worryingly, it does mean that these households either establish their own refuse dump (66.7% of all households in the node) or simply not dispose of the rubbish in a dump (11.9% of nodal households). The health implications of this are extremely disturbing. The environmental aspects are equally concerning, with a mixture of burning and dumping being the most common forms of refuse removal.

There are real differences between different local municipalities in terms of **access to basic services**, in particular between those municipalities along the coast versus those operating in the interior. For example, whilst the Hibiscus Coast Municipality can report that 75% of households have access to electricity and 66% have access to running water, Vulamehlo Local Municipality only provides electricity to 14% of households and water to 12% households.

Due to the spread of cell phones, many households now have some form of **communication**. Table 6, albeit that these figures may well be out of date as the commercial mobile phone operators have rapidly increased the size of their footprint across much of rural South Africa, shows that only 10.2% of households in the node had no access to a telephone which is lower than the average for the ISRDP nodes (14.2%) another sign of this node's mix of areas that are firmly part of the first economy and other, more geographically remote areas, that are firmly part of the second economy.

Telephone in dwelling and cell-phone	Telephone in dwelling only	Cell-phone only	At a neighbour nearby	At a public telephone nearby	At another location nearby	At another location; not nearby	No access to a telephone	Total
13261	12524	17668	21945	62779	4640	9303	16187	158308
8.4%	7.9%	11.2%	13.9%	39.7%	2.9%	5.9%	10.2%	

Table 6: Number of dwellings with access to telephones within the node (Source: Stats SA: Census 2001)

Telkom operates an **established telecommunications network** throughout the region. There is a growing shift in the concentration of telecommunications in urban areas to rural areas through application of Digitally Enhanced Cordless Telephone System (DECT). In addition Vodacom, Cell C and MTN provide services to more than 70% of the node.

Transport and road networks vary enormously across the node. As is most ISRDP nodes, the majority of citizens rely on foot for daily transport needs (76.3%). Although some national roads do bisect the node, the road network is made up of primarily district and access roads, the majority of which are in a poor condition. Public transport is almost non-existent in the node. Public buses account for only 2.9% and trains a negligible 0.5%. A further sign of low household income in the node is the small number of households who rely regularly on minibuses or taxis (7.7%) despite the enormous distances between towns in this node. Nevertheless, a further 11.1% have access to a private car, either as a driver (4.1%) or as a passenger (6.7%).

On foot	By bicycle	By motorcycle	By car as a driver	By car as a passenger	By minibus/taxi	By bus	By train	Other
76.3%	0.5%	0.6%	4.1%	6.7%	7.7%	2.9%	0.5%	0.8%

Table 7: Most common form of local transport in the node (Source: Stats SA, Census 2001)

The provision of **health clinics** in the node demonstrate that the node is no worse served than other rural areas of the country. Those living in the node have access to 45 clinics and health centres and 7 hospitals as well as a number of mobile clinic options. However, provision of adequate health care to citizen in this node is compromised by the fact that the majority of health care facilities (like most households in the node) have no water or electricity. Moreover, the shortage of doctors is a major problem affecting the quality of care in the district hospitals.

The increasing prevalence of **HIV and AIDS** across the province is also contributing to the challenges facing those living in the node. The graph clearly shows that this province has the highest prevalence rates when compared with the other 8 provinces. The impact of the disease on those who have neither access to Anti-Retrovirals nor to suitable home based care (including adequate nutrition) has been well documented in South Africa. High prevalence rates could well have a disastrous impact on attempts to alleviate poverty in the node, not only from the perspective of decreasing the life expectancy rate in this area but also in decreasing an already small economically active population in the node.

The number of **police stations** in the node is 17, in other words roughly 2.2 police stations per 100 000 of the population. This is about average for the rural parts of our country, but with only 3 **courts** in the node it would appear that poor citizens may battle to access justice.

Social Development service priorities

Poverty alleviation and eradication measures must **work to scale** and must synergise with the Provincial Growth & Development Strategy, AsgiSA and so on, and work in a co-ordinated manner across all nodal points. This will allow economies of scale in cost reduction as well as allowing interventions at scale.

The high incidence of (gendered) **unemployment** emphasises the importance of many of the developmental services - and social grants in particular - provided by the Department. The same applies to the age structure. In all of these areas, there is also major scope for partnership with **NPOs**, the private sector and others. Such partnerships should be pursued wherever purposeful and beneficial.

HIV and AIDS leaves in its wake weakened households, often headed by children, and a diminished economic base and social fabric. The grants provided by DSD in this context are critical, and working for greater efficiency in targeting and delivery is critical. DSD must also ensure that its home and community based care is operating at optimal levels, reaching all those in need – a population, tragically, that is going to increase over time.

Finally, there is a need for **co-ordination** between departments **and** between spheres; and co-ordinated delivery to individuals and communities on the ground. People living in the node, to move out of poverty, need the right services, provided to them in the right places, at the right time, and at appropriate levels of quality. This is the heart of both ISRDP and URP, which effectively bind all departments and spheres, and which should be used as leverage in enhancing the anti-poverty work of government.

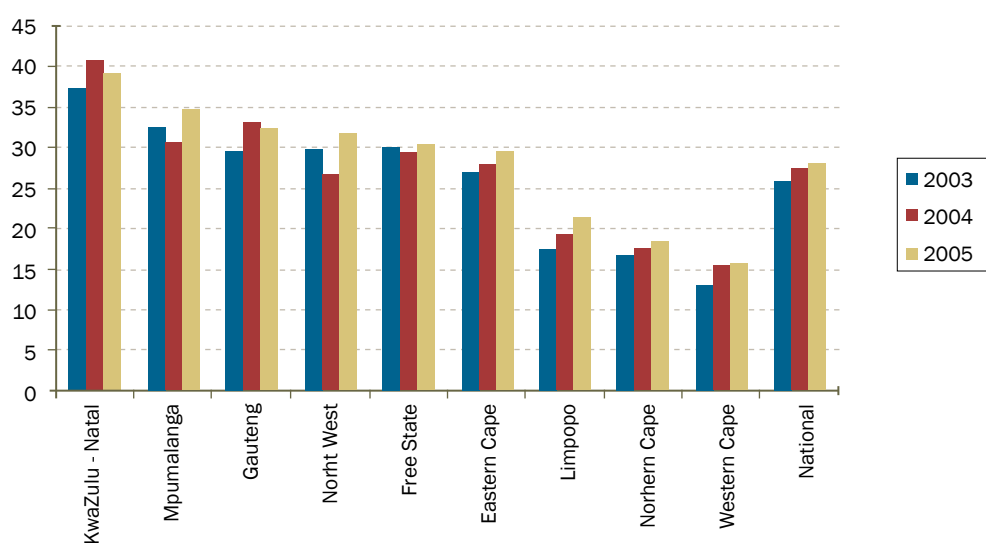


Figure 8: Provincial HIV prevalence estimates: Antenatal clinic attendees, South Africa 2003 - 2005 (Source: National HIV and Syphilis Prevalence Survey 2005, Department of Health)

The map of DSD service points suggests that the DSD is **geographically not well positioned** to deliver anti-poverty services in the node, with just 20 non-pay point service delivery sites and 179 pay points.

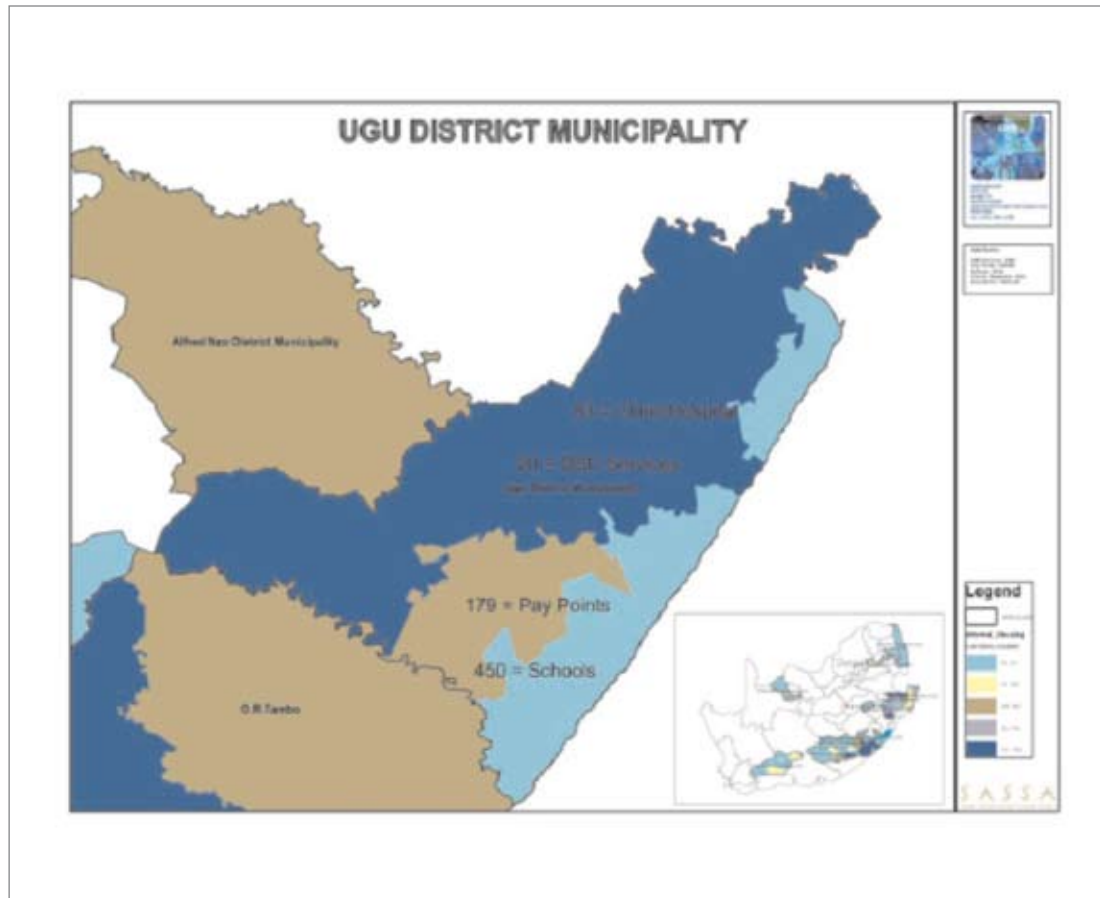


Figure 9: DSD service delivery sites (Source: SASSA)

Poverty Index

The indicators, discussed above, when added together allow us to create a poverty index. Table 8 provides the scores for both the ISRDP nodes and the URP nodes. Bearing in mind a score of 100 would reflect an extremely high level of poverty while a score of 0 would reflect an extremely low level we can see that Ugu has a score that places it in the middle of the range for ISRDP nodes (50.7). However, the 1996-2001 period saw little improvement in this node: disturbingly, this node and Kgalagadi are the only two nodes where the **poverty index increased** after 1996. Ugu has seen a 0.7% worsening of its poverty index over the five-year period. Over the same period, the average improvement for all the ISRDP nodes was 2.8%.

Node	1996	2001
ISRDP		
Alfred Nzo	67.3	65.6
O R Tambo	65.4	64.3
Umkhanyakude	63.8	60.6
Umzinyathi	59.7	58.3
Sekhukhune	59.6	54
Zululand	55.7	53.9
Ukhahlamba	55.2	52.8
Chris Hani	53.8	51.6
Bohlabela	53.5	49.6
Ugu	50.0	50.7
Thabo Mofutsanyane	41.8	40.7
Kgalagadi	21.1	47.6
Central Karoo	19.2	18.5
All ISRDP nodes	56.5	53.7
URP		
Inanda	55.4	40.5
Mdantsane	32.8	28.6
Khayelitsha	31.8	31.5
Alexandra	26.5	24.4
Galeshewe	23.2	23.4
Mitchell's Plain	22.6	20.3
Motherwell	22.4	30.7
Kwa-Mashu	18.2	24.5
All URP nodes	29.2	27.1
South Africa		
	33.6	33.4

Table 8: Poverty index scores for all nodes and South Africa, 1996 and 2001

Similarly the Human Development Index (HDI) for the province illustrates glaring differences between these poverty stricken nodes and other more economically sustainable areas of the province.

Until the twin challenges of making services work for the poor in the node and making the local economy absorb far more of the economically active citizens in the node neither our poverty index or the HDI for the node will show any significant improvement by the time of the next census.

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Section 2

A survey based profile of Ugu

Building sustainable livelihoods

Written for the National Department of Social Development
by David Everatt & Matthew J Smith of Strategy & Tactics



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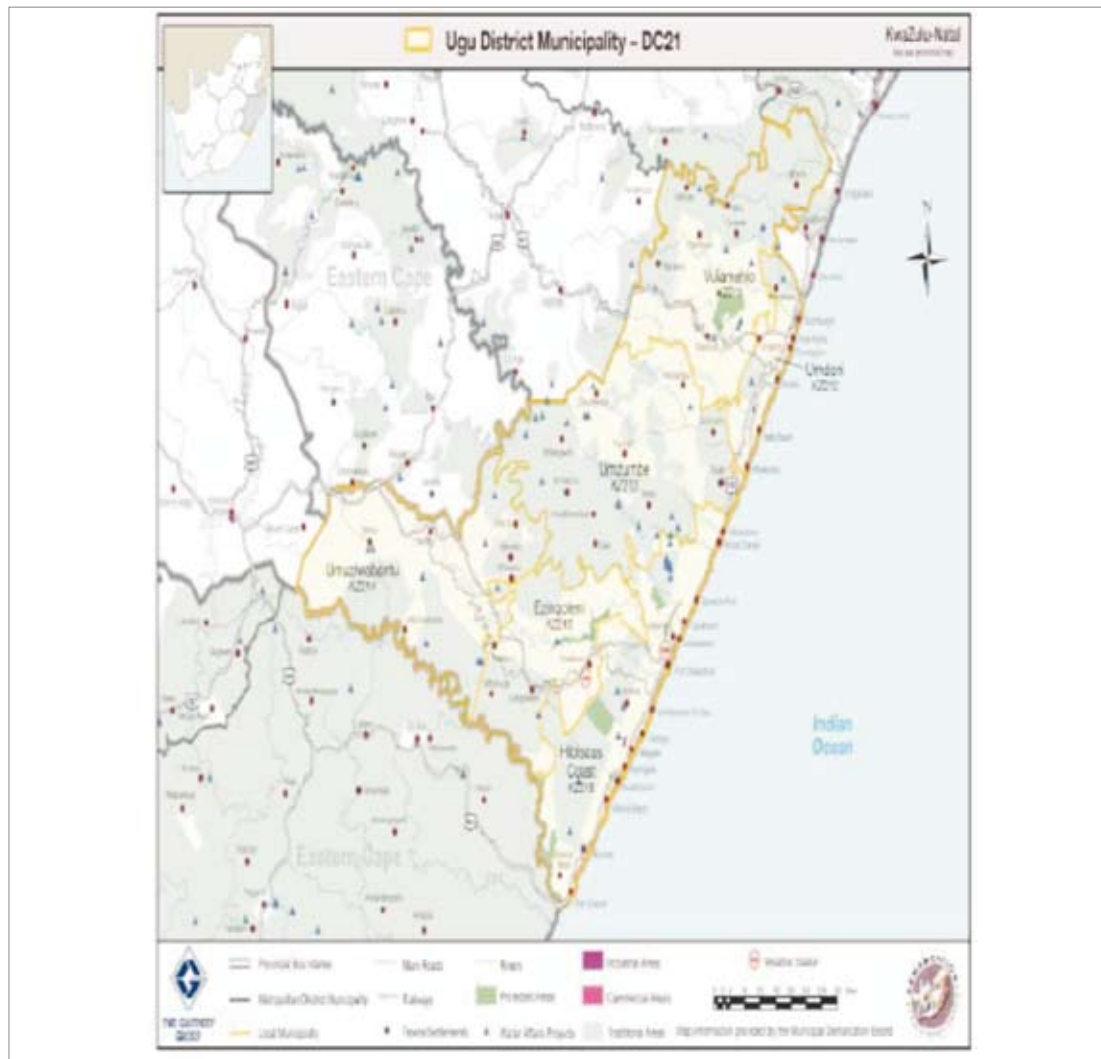


Figure 1: Ugu District Municipality, KwaZulu Natal (Source: Gaffney's Local Government in South Africa, 2004 – 2006)

Introduction

The Department of Social Development (DSD) has commissioned socio-economic and demographic baseline studies in the 22 nodes that make up the Integrated Sustainable Rural Development Programme (ISRDP) and Urban Renewal Programme (URP). These nodes – 14 of which fall under the ISRDP and 8 of which fall under the URP – were selected because of the deep poverty in which many of their citizens live. DSD has an important role in the nodes, given its mandate and focus.

The ISRDP and URP aim to transform their respective nodes into economically vibrant and socially cohesive areas initially through anchor projects to kick-start the programmes, and then through better co-ordination between departments geared to providing an integrated suite of services to all citizens, especially those living in poverty. The point of both programmes is the more efficient and effective use of existing government resources, rather than operating as standard, stand-alone programmes with a dedicated budget.

This report

This report analyses the results of two surveys conducted in all 22 nodes. The first was a baseline survey, conducted in 2006; the second a smaller-sample measurement survey conducted in 2008. The baseline survey data – with a larger sample and smaller error bar – comprise the bulk of data provided in this report, with the 2008 measurement survey permitting some analysis of change over time in the node.

The report begins by providing a policy matrix that summarises key findings across multiple dimensions – poverty, social capital, health status, service delivery, development and gender inequality, combined in a global development score – that highlights positives and negatives by comparing Ugu with other rural nodes. Each dimension is then analysed in greater detail. We also provide a Sustainable Livelihood Approach matrix, also comprising multiple dimensions, that provides an alternative lens through which to understand the potential for sustainable growth in the node.

Methodology

Qualitative research was undertaken by Khanya, over the same 2-year period framed by the two surveys, based on qualitative evaluations of projects as well as a management support programme for the nodes. Their reports are all available from the Department of Social Development. This report is drawn exclusively from the two quantitative surveys.

Sampling and weighting

The baseline survey sought to conduct 400 interviews in each of the 14 ISRDP nodes and the 8 URP nodes. In order to allow for comparisons with the ISRDS (as it then was) baseline statistics published by Statistics South Africa in 2002. The adult population aged 18 and older according to the Census 2001 was used as the sample frame. For the ISRDP nodes, the sample was stratified by local municipalities to ensure sufficient interviews were conducted in each municipality. According to the principles of probability proportional to size sampling (PPS), a list of place names in each of the local municipalities was then generated as starting points for the fieldwork. At each starting point in the ISRDP nodes five interviews were conducted.

Node	Adult population (18+)	Realised sample
Ugu	382 475	400

Table 1: Realised sample across the ISRDP/URP nodes

Once the information from each interview had been coded and captured on computer, the realised samples in each of the ISRDP nodes were weighted back to the actual population figures across each local municipality. In this way, the data presented in this report should be seen as representative of the adult population in each of the 22 nodes. It should be noted that on the one hand, 8 400 is a very large sample with a margin of sampling error of only 1.1%. However, when the data are analysed at nodal level, each of the 22 samples of 400 have a larger sampling error of 4.9%.

For both surveys, sampling and weighting was undertaken by Ross Jennings of Strategy & Tactics. Fieldwork was undertaken by Field Focus, headed by Ms Enency Mbatha. Fieldwork quality control was undertaken by S&T's Nobayethi Dube, and by an external expert, Mr Steve Motlatla of Dikarabong. Data coding was undertaken by S&T led by 'Junior' Khanye, and punching by OmniData.

The 2008 measurement survey sought to conduct 250 interviews in each of the 14 ISRDP nodes (except in Bushbuckridge and Maruleng where 250 interviews were divided across the two nodes according to population size) and the 8 URP nodes. For comparative purposes, the sample frame (the adult population aged 18 and older according to the Census 2001) and list

of starting points from the 2006 baseline survey was used. At the end of the fieldwork phase a total of 5 232 interviews across the 22 nodes had been conducted:

Node	Adult population (18+)	Realised sample
Ugu	382 475	249

Table 2: Realised sample across the ISRDP and URP nodes

As with the baseline data, we need to sound a note of caution – while 5 250 is a large sample with a margin of sampling error of only 1.4%, a nodal sample of 250 has a far larger sampling error of 6.2%.

The matrix

To make it easier for the reader to get a quick grasp of the overall findings of the survey, an index summary table ('the matrix') was created. This comprised an index for the areas cited above (excluding SLA), and a seventh that combined items to provide a global index for all 22 nodes that is an average percentage score for the other indices combined. (The items that were used to compile the indexes are attached at Appendix 1.) This is a flexible measure that includes attitudinal alongside other variables. Thus, for example, the social capital index includes standard questions about which if any civil society organisations (CSOs) respondents belong to; but also includes attitudes to reciprocal giving, communal trust, alienation and anomie, which can only be measured at individual (not household) level.

Table 3 summarises the results. We have colour-coded the table for easier reading: red is bad news, yellow is OK but not great, and green is good news. This is based on the **distribution of nodes once the index had been run**: all cells in red denote a node falling into the top quartile (i.e. where high scores are bad news, the node falls into the worst-scoring quarter of all 22 nodes across all the items in the respective index). The rural nodes are compared with each other, the urban with other urban nodes. Red cells identify priorities **by comparison with other nodes in the programme; they are not a reflection of an absolute external measure.**

Using this approach allows policy-makers to identify **priority areas by node within the ISRDP or URP** at a glance. And what we see is that by comparison with other ISRDP nodes, **Ugu faces health-related challenges, as well as (to the right of the global index) gender-related challenges. It scored 'yellow overall, as it did in 2006, placing it among the middle-ranking ISRDP nodes.** It has green lights flashing for service delivery, a very positive sign. On every other dimension, Ugu scores in the yellow mid-range.

Ugu scores red on reproductive rights (though yellow on gender inequality). The clustering of high gender inequality/low support for reproductive rights/high levels of support for use of gender-based violence in KwaZulu-Natal nodes, urban and rural, suggest that in this key

area, **provincial priorities** can be set (in most others, the local dynamic and context seems to be paramount).

Many of the poorest rural nodes enjoy robust social capital – particularly Eastern Cape nodes. Ugu performs adequately, with a yellow light for social capital in 2006 and 2008, suggesting it has some resources to draw on when facing other challenges. **The severity of those other challenges, though acute for those living and working in Ugu, is somewhat easier by comparison with other ISRDP nodes.**

In the URP, service delivery has improved, and poverty has levelled off after dropping dramatically between 2001 and 2006 (when social grants began to be paid out in significant numbers). In the rural nodes, an almost entirely different situation obtains. Poverty continues to inch downwards, slowly, but services are available to very small proportions of residents: to be poor and living in a rural node is the toughest position to be in South Africa. **The key development and anti-poverty challenge remains a rural one.**

The items (excluding reproductive rights and gender-based violence) are gathered together in the 'global' index, which provides an overall score per node. In the ISRDP, **Ukhahlamba, Umzinyathi, Umkhanyakude and Zululand all score red overall**, suggesting a provincial prioritisation is possible as well as a nodal priority-setting exercise. Between 2006 and 2008, Ugu has remained in the yellow band from 2006 to 2008, suggesting steady progress with no major gains or losses.

Node	Poverty	Social Capital	Health	Service Delivery	Development	Gender Inequality	Global Index	Reproductive rights	Gender Based Violence
ISRDP									
Alfred Nzo	=	=	-	-	+	=	=	-	-
Chris Hani	+	+	+	=	=	=	=	+	-
OR Tambo	+	-	=	-	-	+	+	-	+
Ukhahlamba	=	-	-	=	+	=	-	+	-
Ugu	=	=	-	+	-	=	=	-	=
Umzinyathi	=	-	+	-	=	-	=	-	=
Umkhanyakude	=	+	+	=	=	=	=	=	=
Zululand	-	=	=	-	-	=	-	=	-
Sekhukhune	=	+	-	+	=	=	+	+	+
Bushbuckridge	-	=	-	+	-	=	=	+	-
Maruleng	-	-	=	+	+	=	=	=	+
Kgalagadi	-	-	=	+	=	=	=	=	=
Central Karoo	=	-	=	=	=	=	=	+	=
Maluti-a-Phofung	=	+	+	=	=	=	=	-	=
URP									
Mdantsane	=	-	-	=	-	+	-	+	+
Motherwell	+	=	-	=	=	=	=	+	-
Alexandra	=	=	-	=	=	=	=	-	=
Inanda	=	+	-	=	=	=	=	-	=
KwaMashu	-	+	+	=	-	=	=	-	-
Khayelitsha	=	+	=	=	=	=	+	+	=
Mitchell's Plain	=	+	=	=	=	=	+	-	-
Galeshewe	=	-	-	=	+	-	-	-	=

Table 3: Global development index 2008 scores, by node and programme (showing movement over time: (+ better than 2006, = same, - worse than 2006))

Poverty

In Ugu, poverty scored yellow in 2006 and 2008. This fits the general trend where, measuring poverty using a 10-part matrix proposed by Statistics SA1 (and plotting it at nodal level from the 1996 and 2001 censuses through these two surveys), we see that on average (and despite some measurement problems relating to demarcation) **poverty has been declining steadily, if not spectacularly, in all 22 nodes**; dropping faster in the rural than urban nodes; and levelling off in the URP nodes by 2008. The figures, updated to 2008, appear below.

¹ Statistics South Africa: *Measuring poverty* (Pretoria, 2001)

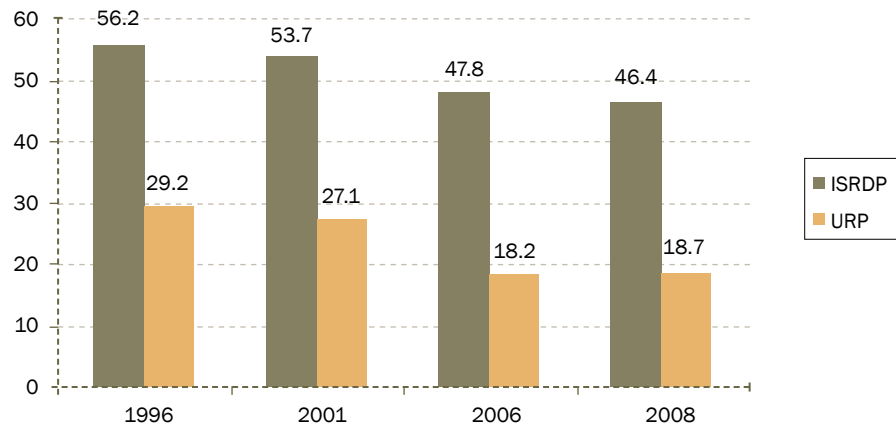


Figure 2: Poverty levels 1996/2001/2006/2008 (Sources: Census 1996 and 2001, DSD baseline surveys 2006 & 2008)

The matrix comprises 10 variables: incidence of female-headed households, illiteracy, unemployment, lack of household income, over-crowding, informal or traditional dwellings, lack of sanitation, water below RDP standards, lack of electricity for lighting purposes, and lack of refuse removal. These are analysed in more detail below.

The **decline in poverty speeded up for the ISRDP in 2006 and far more so in the URP. By 2008, the ISRDP nodes continued to witness a steady reduction in poverty, while in the URP nodes poverty, worryingly, had levelled off.** The long-term trend remains downwards, but the dramatic impact of social grants has worked itself out – see the massive 2001-2006 gains – and the pace of poverty eradication seems again to have slowed.

There are **massive differences between the urban and rural ‘worlds’**, where rural poverty is more than double that of rural poverty. That poverty has dropped by 9.8% in 12 years in the rural nodes – selected because of the depth of their poverty - is of course a positive finding; but it is apparent that mechanisms are needed to speed up the process by an order of magnitude.

In the table overleaf we provide detailed scores for each node on each item in the matrix.

Female headed	Illiteracy	Rate of unemployment	No regular income	Over-crowding	Informal dwelling type	No refuse collection	Sanitation below RDP	Water below RDP	Lighting below RDP	Poverty index '08	Poverty index '06
ISDP											
Alfred Nzo	65.2	30.0	78.0	3.6	2.4	68.8	92.4	87.6	29.6	55.0 (+)	56.3
Chris Hani	61.2	31.6	63.1	4.8	2.4	61.6	70.0	60.8	18.0	44.0 (+)	47.0
O R Tambo	56.4	34.0	74.4	2.0	0.4	76.4	86.4	90.8	24.8	53.7 (+)	55.5
Ukhahlamba	72.8	38.0	76.9	2.8	14.8	78.8	72.0	70.4	28.0	53.3 (-)	49.2
Ugu	58.0	31.2	61.7	3.6	2.0	55.6	76.0	63.6	26.4	45.3 (+)	50.1
Umninyathi	45.6	34.0	73.9	3.6	2.8	74.4	80.4	81.2	65.6	54.6 (+)	57.2
Umkhanyakude	51.6	48.0	79.0	1.2	4.8	89.6	83.6	73.6	63.6	55.2 (+)	57.6
Zululand	60.0	42.4	80.3	4.4	4.0	96.4	86.4	68.8	40.8	54.0 (+)	52.0
Sekhukhune	42.0	31.6	82.4	4.4	0.0	15.2	96.4	79.2	10.4	45.9 (+)	46.1
Bushbuckridge	63.5	29.8	79.9	0.5	3.4	6.7	93.3	76.9	7.2	45.5 (-)	43.0*
Maruleng	45.2	26.2	85.7	0.0	0.0	14.3	100.0	59.5	14.3	44.3 (-)	43.0*
Kgalagadi	54.8	32.4	68.3	2.4	0.0	13.6	60.4	65.6	4.8	37.6 (+)	45.7
Central Karoo	57.6	19.2	64.8	2.4	1.6	12.4	16.4	1.2	1.6	17.8 (-)	17.6
Maluti-a-Phofung	45.0	31.7	81.8	5.0	3.3	28.3	74.2	19.2	10.0	36.9 (+)	38.8
URP											
Mdantsane	65.2	15.2	71.6	5.2	0.0	0.4	12.0	2.4	1.6	17.6 (-)	16.5
Motherwell	54.4	22.4	68.9	3.2	4.8	2.4	5.6	0.0	0.8	16.3 (+)	16.7
Alexandria	50.4	13.6	58.5	1.6	21.2	14.8	7.6	9.2	1.2	18.2 (-)	17.0
Inanda	54.4	20.0	77.7	1.2	9.2	23.2	5.2	24.8	8.4	26.9 (-)	24.7
KwaMashu	52.8	15.2	77.6	2.8	6.0	6.8	4.0	8.0	4.4	18.7 (-)	14.1
Khayelitsha	48.4	13.2	64.6	0.0	1.2	50.0	2.8	18.4	8.4	22.3 (+)	27.1
Mitchell's Plain	31.2	8.0	32.0	0.4	0.4	7.6	1.6	3.6	0.0	8.6 (+)	10.6
Galeshewe	60.8	21.2	63.5	8.4	2.0	8.4	19.6	4.0	7.6	20.0 (-)	18.5
Programme totals											
ISDP nodes	56.7	33.4	73.8	3.0	3.2	53.2	76.2	66.2	26.2	46.4 (+)	47.8
URP nodes	52.2	16.1	64.6	2.9	5.7	14.2	7.3	8.9	4.1	18.7 (-)	18.2

Table 4: Poverty scores 2008 (+ positive gain, = unchanged, - negative increase in poverty, comparing 2006/2008 results)

* Scores for Bohlabela (a cross-border node split into Bushbuckridge and Maruleng during the project)

The overall trend – and a significant finding – is that at aggregate level, poverty is dropping in the nodes, in some cases very speedily, in others more steadily. But it is not a linear or equal process – in some nodes poverty levels have risen. Ugu is the sixth least poor of the ISRDP nodes – but is showing real improvements, with poverty down 4.8 from a 2006 high of 50.1.

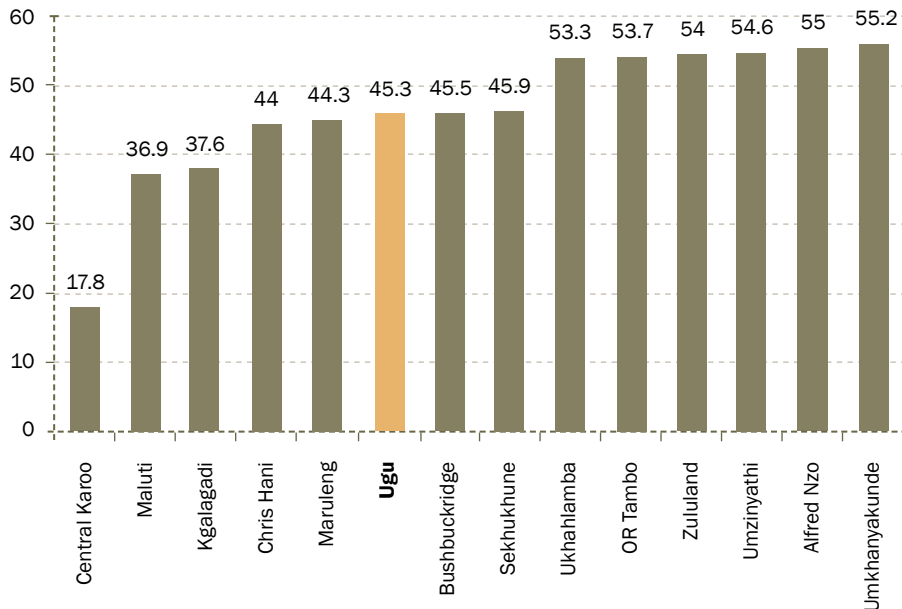


Figure 3: ISRDP poverty scores by node (2008 survey)

Income

In Census 1996, 23.1% of households in ISRDP nodes reported no annual income at all, as did 17% of URP households. In Census 2001, this rose to 34% of ISRDP households and 27.1% of URP households.

	1996	2001	2006	2008	Ugu '08
ISRDP	23.1	34	2.6	3.0	4.4
URP	17	27.1	3.7	2.9	

Table 5: Incidence of no annual household income (Census 1996, Census 2001, 2006 baseline, 2008 measurement survey)

In the 2006 and 2008 surveys, the question about income followed detailed questions about social grants, various income sources, forms of work that may bring in income, questions about employment status, financial services and so on. These may have helped respondents recall various income sources. At the same time, DSD was rolling out a major programme of social grants. The result was a dramatically different set of responses, with just 2.6% in 2006 and 3% in 2008 of respondents from ISRDP nodes reporting no household income. **In Ugu in 2008, 3.6% of respondents said their household had no regular source of income.**

(Un)Employment and income sources

In the ISRDP nodes, just **11% of respondents told us they had a full-time job, rising to 16% among URP respondents**. Another 3% of rural and 6% of urban respondents had part-time work, while 4.1% in both cases had casual employment. Half (50% in ISRDP nodes, 48.4% in URP nodes) were out of work. **In Ugu**, the situation was slightly better: 21.5% of respondents (in 2008) had full-time employment, with 5.6% having part-time employment. A tenth (11.1%) were pensioners – and **half (48.3%) told us they were unemployed**.

The **rate of unemployment** measures unemployment as a proportion of the economically active population, and excludes people not available for work (not in the economically active population) such as students and scholars, full-time home keepers, and so on. **In Ugu, even as one of the less poor ISRDP nodes, the rate of unemployment was 61.7%**. The improvement in employment elsewhere in the ISRDP is visible in Ugu, where the rate of unemployment dropped between 2006 and 2008.

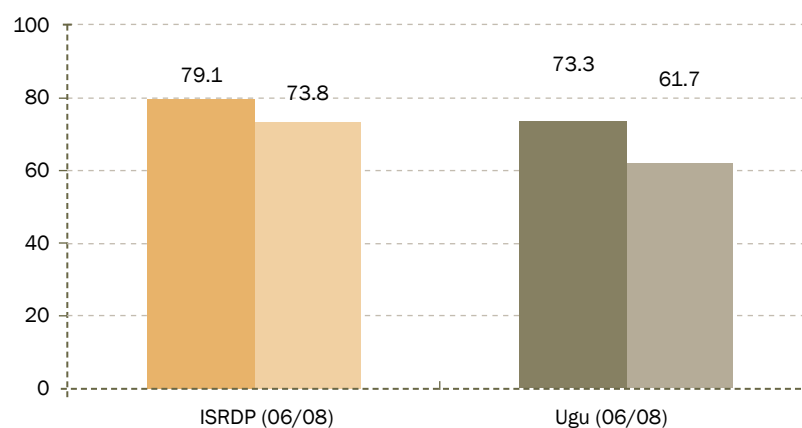


Figure 4: Rate of unemployment (2006, 2008)

We asked respondents to tell us about all the **activities that bring in income to their households**. The results show that government grants disbursed by the Department of Social Development are the mainstay of many households in ISRDP (and to a lesser extent URP) nodes. In Ugu, and considerably higher than many other ISRDP nodes, 45.1% of respondents told us their household received income from household members working; 9% said their household received an income from small businesses or 'selling things'; 6.4% received income from relatives, while 69.6% said their households received income from social grants (of any type). **The poorest nodes access the most social grants, true within the ISRDP as it is when comparing ISRDP and URP, a very positive result.**

We went on to ask unemployed respondents how long they had been without work. As Figure 5 makes clear, Ugu faces a massive challenge with **four-fifths (80.0%) of its unemployed**

having been unemployed for 4 years or more. In Ugu, although unemployment is lower than many ISRDP nodes, long-term unemployment has not improved over time.

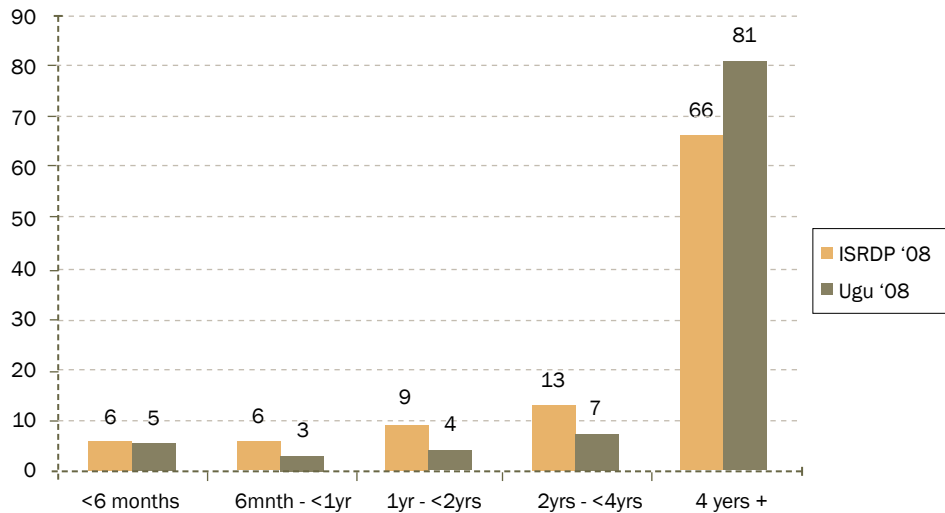


Figure 5: Length of unemployment (among unemployed respondents, ISRDP/Ugu)

But it would also be quite surprising, because **the long-term unemployed seem to be profoundly lacking a skills base.** Looking at the ISRDP as a whole (the Ugu sample of long-term unemployed is too small to be analysed with confidence), we see that less than 10% of those unemployed for 4 years or more had skills in building, plumbing, car or machine repair, crafting, or hair-dressing. Clothes-making skills just reached 10% in urban and rural areas (among the long-term unemployed), while cooking was the only skill that scored higher.

Among the 15% of respondents in full- or part-time work in Ugu, unskilled labour was most common (30.7%), with skilled work making up a further 12.2% and another 10.5% in white collar work. Question formulation may have been a factor, but there was little evidence of a robust informal sector underpinning the node.

But informal sector work may anyway clash with people's economic expectations. Overwhelmingly, people want a 'proper job' – this is rated above a farm subsidy, land for farming or starting their own business, and also reflects the (relatively) easier availability of formal employment in this node. **The vast majority of ISRDP and URP respondents would prefer formal sector waged employment to farming or starting their own businesses.**

	% yes ISRDP	% yes Ugu
Farming subsidy	29	35
Job	60	62
Start own business	24	27
Land for farming	22	23
Job where I live	53	48

Table 6: Attitudes to employment options ('don't know', 'no' not shown)

There are important lessons to be learned by government, NGOs and others providing economic services in the 22 nodes. Farming – subsidies or land – only appeals to a minority of ISRDP and Ugu respondents. Starting your own business only appeals to a minority of URP and ISRDP residents.

Ironically, in such an economic context, **the project-based approach to developmental social welfare offered by DSD** may be appropriate – frankly, it may be all that people in nodes (especially rural nodes) can expect - though as the qualitative evaluations confirm, DSD is better positioned to facilitate than to actually implement such projects.² **The market has failed people living in the rural nodes in particular for decades**, and as a result many have left to join the growing urban sprawls around metropolitan centres, many presumably moving from (rural) node to (urban) node. In this context of market failure, there is a necessary space for small-scale local projects to help small groups of people, so long as expectations of scale, impact and sustainability are very firmly rooted in local realities. Project-based development will never transform these huge and poor nodes into economically thriving and socially cohesive areas on their own, but they have an important developmental and survivalist role to play at the micro level.

Literacy

Functional illiteracy is one of the 10 indicators used in the poverty matrix, and one that showed evidence of steady improvement in every node barring Chris Hani, between the 2001 census and our baseline survey of 2006. **In Ugu, the situation did not shift: in 2006, 33% of respondents were functionally illiterate, 31.2% in 2008.** Illiteracy is lowest among the youth age cohort (18 to 35 year olds) and highest among those aged 66+. At the other end of the scale, a sixth (16.5%) of Ugu respondents had grade 12, while 5.8% had a diploma, some university education or a degree (the latter comprised 1.8% of respondents – more than many rural nodes).

² See the accompanying qualitative nodal reports and overview urban and rural synthesis reports.

Communication & media consumption

Cell-phone access has had a major impact on communication among residents of ISRDP nodes, and Ugu is no exception.

	ISRDP '08	Ugu '08
Phone in house/cell	5	5
Phone in house	2	2
Cell	64	69
Public phone nearby	14	11
Neighbour's phone	3	3
Phone far away	2	2
None	11	7

Table 7: Phone access (2006/2008)

Communication is predictably easier for urban than rural respondents - but the **penetration of cell-phones in rural nodes is breath-taking**, with 7 in 10 (69%) respondents accessing a cell-phone in Ugu. For the 7% with no access to a telephone, accessing emergency services (or even local help) would be difficult.

With regard to media consumption, **radio predictably dominated the situation in Ugu**, with 68% of respondents using this medium daily, compared with the 47% who watch television daily (higher than the ISRDP average of 40%), and the much smaller numbers who read newspapers.

	ISRDP '06	Ugu '06
Watch TV		
Daily	40	47
Weekly	12	11
Monthly	2	1
Seldom/never	45	41
Listen to radio		
Daily	68	68
Weekly	10	14
Monthly	1	0
Seldom/never	21	18
Read newspaper/have read to you		
Daily	8	8
Weekly	12	18
Monthly	4	6
Seldom/never	77	71

Table 8: Media consumption

Female-headed households and household structure

Female-headed households are commonly understood to be vulnerable to external shocks because of the unequal position of women in society and in the economy, which is why the variable features in the poverty matrix. The extent of vulnerability is analysed in the programme-wide overview report, and the arguments are not repeated here. In Ugu, 58% of households were female-headed in 2008 (up from 51% on 2006). This is almost identical to the ISRDP average of **56.7% of ISRDP households in 2008 (against 53.1% in 2006), and for 52.2% of urban households (against 46.8% in 2006).**

No. in household	ISRDP	Ugu
1	4	3
2-3	20	18
4-5	29	29
6-7	23	21
8-10	17	21
More	8	8

Table 9: Household size

Household composition also differs widely across nodes and programmes. A fifth (20%) of ISRDP households include 8 and more people, as do 14% of URP households. **In Ugu, 30% of respondents lived in households with 8 or more people. Half (50%) lived in households with 4 to 7 people in them.**

Rural households are also far more likely to include **children under the age of 18** than their urban counterparts. This has important implications for education, social grants and a wide range of government services. Looking at the graph showing the **number of children per household**, we see that in the ISRDP, 1 in 7 households have no children at all – half the number of urban households – while at the other end of the scale, a fifth (19%) of ISRDP households contain 5 or more children. With the larger number of children come increased costs – for education and other services as well as food, clothing, and so on.

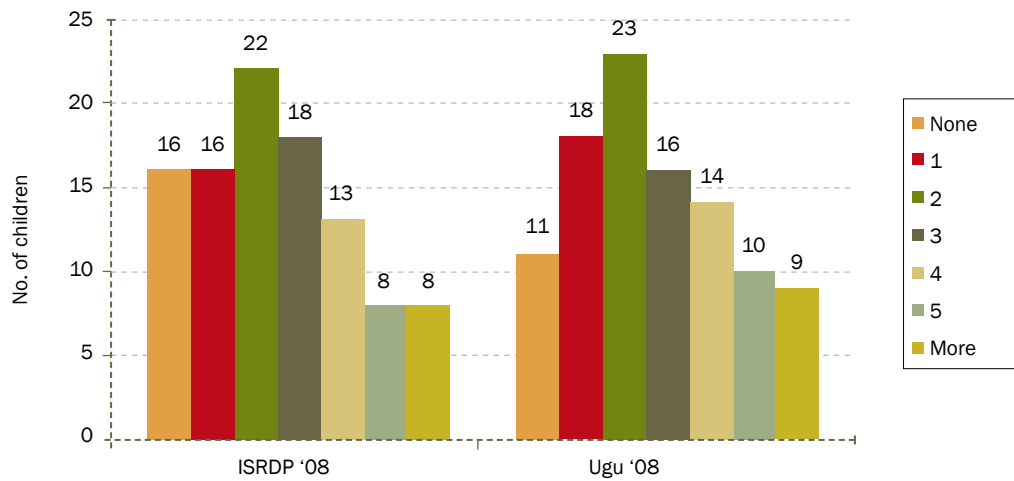


Figure 6: No. of children in household (ISRDP/Ugu, 2008)

The Ugu profile sees just 11% of households including no children, and 19% including 5 or more children under the age of 18.

These are not classic nuclear households. Many include children of blood relatives but not the head of the household; and over 1 in 10 ISRDP households include orphans as well. Among ISRDP households that include children,

- 58% had children of the head of household – true of 59% in Ugu;
- 48% included children not of the head of household, true of 54% in Ugu; and
- 9% included orphans, rising to 11% in Ugu.

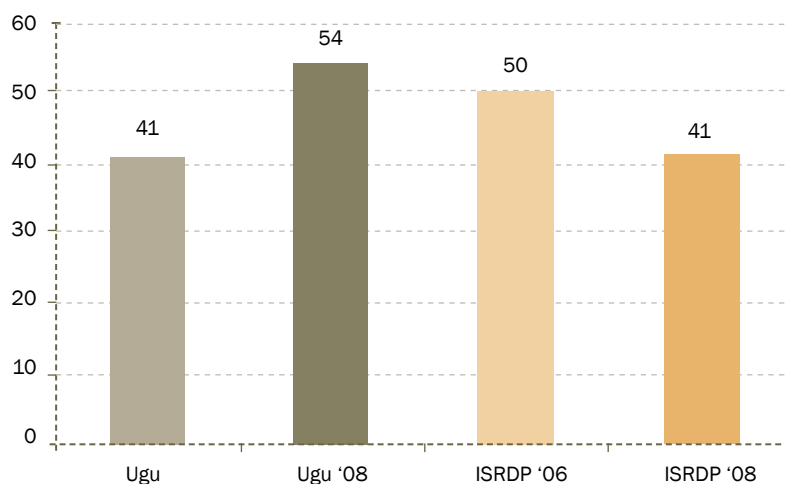


Figure 7: Inability to feed children in household, 2006-2008

Asked if there has been a time in the last 12 months when there was **not enough money in the household to feed children**, half (50%) of respondents from ISRDP nodes said this had been the case, dropping to 4 in 10 (39%) of URP respondents. **The situation seems to have worsened quite considerably in Ugu, however. Where 41% had been unable to feed household children in 2006, this rose to 54% in 2008.** In stark terms, every second household with young children had been unable to feed them on some occasion in the 12 months prior to being interviewed in 2008, a massive challenge for Ugu as it is for the ISRDP as a whole.

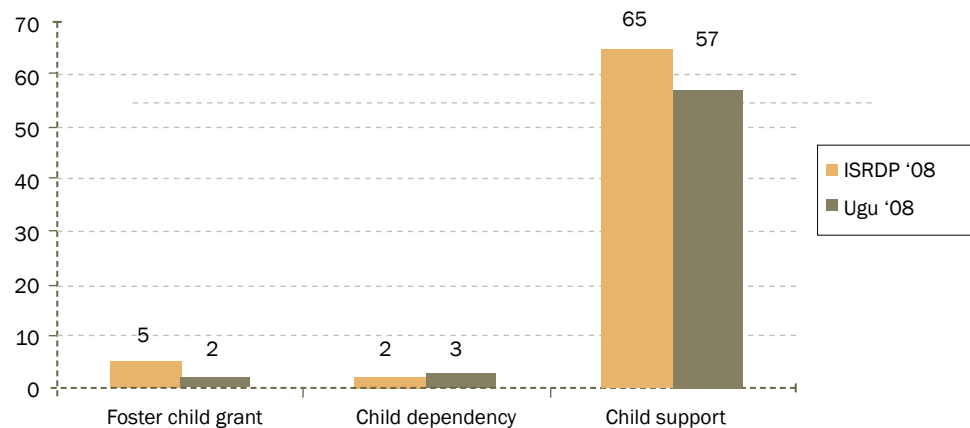


Figure 8: Incidence of children in household and uptake of related grants, 2006-2008

In ISRDP households that have children, two-thirds (67% in 2006, 65% in 2008) **receive the child support grant**, dropping to half (49% and 50%) of URP households. The 2006/2008 differences are not statistically significant. In Ugu, the pattern is slightly worse – despite the high incidence of households with multiple children, uptake is only 56.8% (among households with children). What this means is that unlike pensions, which have an 80%+ uptake, there remains a great deal to be done to ensure that the child support grant is taken up more widely in these 22 poor nodes. **ISRDP households are larger, poorer, contain more children, and are also taking in more orphans, than their urban counterparts. This is even more pronounced in Ugu.** The financial, emotional and developmental implications are enormous and need careful consideration by government, given that this is occurring in already very poor rural (and to a lesser extent urban) areas.

Dwelling type

Dwelling type measures incidence of informal or traditional dwelling types. In Ugu, over half of respondents in 2008 – 55.6% in all – lived in such dwellings, down from 71.3% in 2006, virtually the same as the ISRDP average of 54%. This has significant implications for infrastructure provision, as we see below.

Over-crowding

Measured as multiple households sharing a single room, **over-crowding** was not a significant issue in Ugu, where just 2% of respondents lived in such circumstances (in Census 2001, the figure was 4%).

Infrastructure & services

Other variables included in the matrix so as to provide a **rounded measurement of poverty** include access to sanitation, water, electricity for lighting purposes and refuse removal. These are core RDP goals and have featured strongly in government's on-going push to provide decent infrastructure to all South Africans. At ISRDP level, there was a very mixed set of results, reinforcing the fact that the situation is very node-specific. There is also an obvious urban/rural difference, analysed in the national overview report.

Provision of water to RDP standards is an area of steady improvement in Ugu: **63.6% of respondents did not have water provided to RDP standard** in 2008, a considerable improvement on the 72% in 2006. This is better than some ISRDP nodes, such as O R Tambo in the Eastern Cape where 90.8% of respondents lacked RDP-level water – but that is scant comfort for Ugu residents still lacking RDP-level water. Ugu reflects the challenge facing government, of supplying RDP-level services to 'deep rural' areas which are hard to reach and thus costly, and with high operation and maintenance costs.

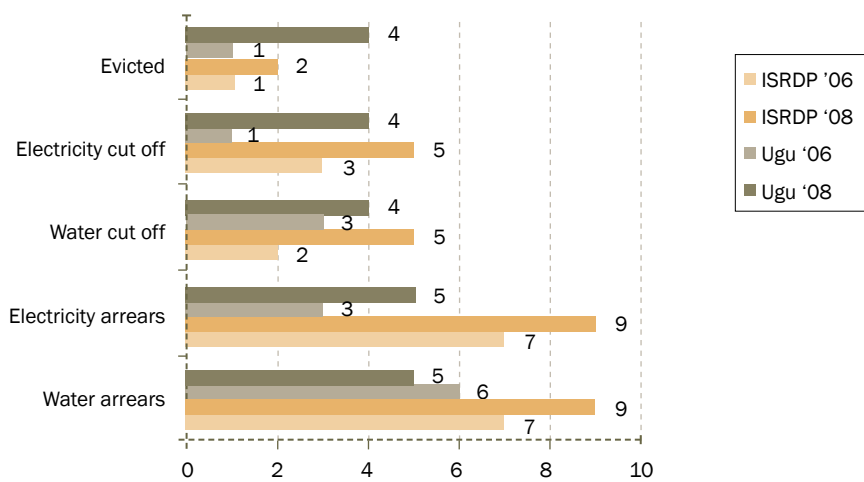


Figure 9: Water/electricity arrears, cut-offs and evictions (2006/2008)

And there are real risks associated with poor water provision: in Ugu, 15.9% of respondents get their water from a river or stream, 16.4% from a dam and 1.6% from a dam. **The health implications of these figures – 17.5% of Ugu respondents access water from a potentially unsafe source – are self-evident.** A tenth (9.3%) of Ugu respondents told us their water is (in their opinion) 'never' clean, and for 7% it is only 'sometimes' clean.

Having RDP-level water – for which user fees are levied - can also create problems, though these - sadly – are most pronounced in the very poorest nodes. In Ugu, 5.2% of respondents told us they had arrears for water, and 5.1% had payment arrears for their electricity. **The local authority is among the less energetic enforcers in the ISRDP, which seems to be a key factor:** 3.9% of Ugu respondents had had their water cut off for non-payment, 4.3% had had their electricity cut off, and 3.6% had been evicted as a result of non-payment. Although better scores than some nodes, these figures show a worsening situation for Ugu residents.

Providing decent sanitation remains a key developmental challenge, with obvious health implications alongside the political imperative to provide dignity where apartheid signally failed to do so. **There are improvements across the ISRDP as a whole** – 72.2% of respondents did not have sanitation to RDP standards, down from 79.4% in 2006. In Ugu there seem to have been some significant gains between the low of 2006, where 82.3% of respondents lacked RDP-level sanitation, and a better showing in 2008, where the figure had dropped to 75.2% of respondents lacking RDP-level sanitation. **The basic point remains the fact that three-quarters of the nodal sample lack decent sanitation.**

Refuse removal is another nodal challenge. In the ISRDP as a whole, 76.2% of respondents never have their refuse removed by the local authority (identical in 2006 and 2008). This is the worst-performing service in the ISRDP. In Ugu, 76% of respondents told us in 2008 they never have their refuse removed by a local authority.

Electricity distribution improved in the ISRDP between 2006 and 2008. In 2006, 28.4% of households did not use electricity for lighting purposes, improving by 2008 to 26.2%. Some nodes recorded no improvement at all, such as Umzinyathi (65%) and Umkhanyakude (61%). In Ugu in 2006, 29.5% of respondents did not use electricity for lighting, true of 26.4% in 2008, suggesting that modest improvements had been recorded in this area of infrastructure provision.

In summary, we see how – when these 10 variables are combined – Ugu emerges as among the better off though still middling ISRDP nodes. Some important improvements have been made – but some significant challenges remain. We now apply a sustainable livelihood approach to the survey data, in order to identify strengths and capacities that may form the basis for more sustainable growth in the node.

Sustainable Livelihood Approach

If poverty matrices tell one side of the story, the Sustainable Livelihood Approach (SLA) tells an often different version. The SLA places the poor at the centre of a network of inter-related influences that affect how these people create a livelihood for themselves and their households.³ In this way, SLA accounts for resources and livelihood assets such as skills,

³ IFAD, 2008 (www.ifad.org)

natural resources, technologies, health, access to finances, and so on. Access is conditional on vulnerability, which is therefore included. Together with the external environment, people combine these elements to develop strategies for sustaining a livelihood.

The SLA data form a discrete index since many of the SLA indicators also appear in the poverty matrix or the global development index and its components, and items cannot appear twice in an index (unless they are deliberately being given a double score). The SLA index includes the following dimensions and items (see the appendices for detail):

- Human
- Social
- Natural
- Financial
- Physical
- Vulnerability

Each item was scored, and each dimension (human, social, etc.) given an overall score out of 1 (where 0 is bad news and 1 is good news). The 6 dimensions were added together and a mean (or average) provided for each node and for the ISRDP and URP, again where the higher the score, the better the news.

The SLA index is deliberately broader than the poverty or global development matrix, and seeks to measure potential, actual and context, not just the constraints commonly associated with quantitative poverty measurement, or the policy-based global matrix that includes governance and broader issues. Because the range of variables being measured is so broad, differences are less clear-cut than in, say, the poverty matrix.

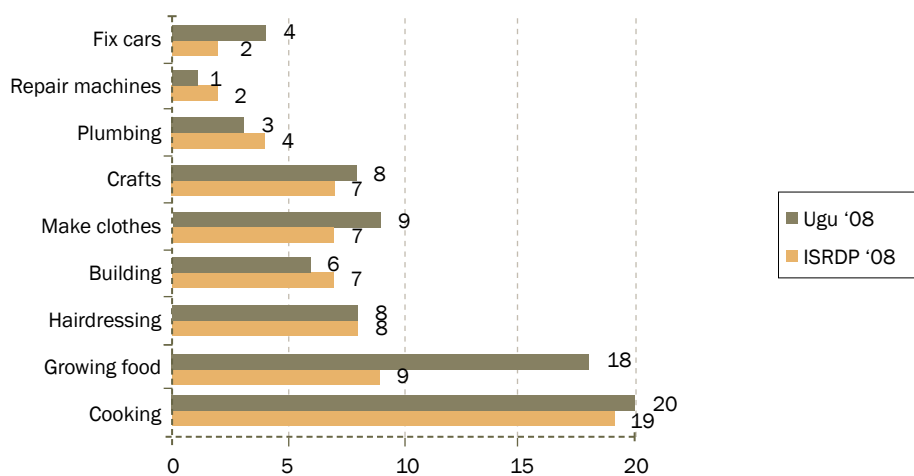


Figure 10: Self-reported skills base (2008)

When the dimensions (human, social, natural, financial, physical and vulnerability) are combined, nodes all score in a reasonably tight range, from Mitchell’s Plain at the upper end (with a mean of 0.4000 out of 1.000) and Mdantsane at the lower (0.2774); **the ISRDP mean is 0.3464 and the URP mean is 0.3430**. Using the SLA approach immediately produces a very different picture, one where the rural nodes score (albeit marginally) better than their urban counterparts.

If we look briefly at those SLA components that are unique to the index and not covered elsewhere in the report, there are some interesting findings. For example, where we have seen literacy to be improving and yet illiteracy remains a major problem especially in rural nodes, for the SLA index we asked respondents to tell us what skills they had (these are self-reported answers that we have not sought to verify).

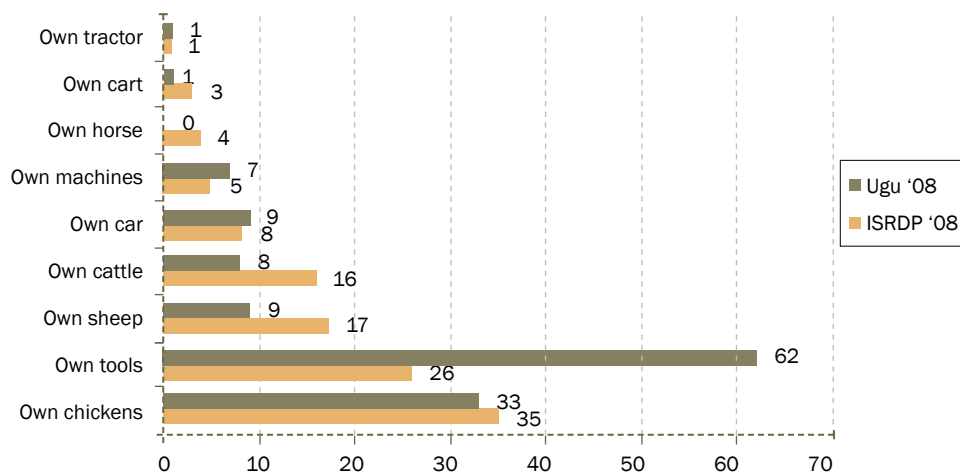


Figure 11: Asset ownership (2008)

It is also notable that rural (self-reported) skills extend beyond making crafts or growing food, and that Ugu – with a developed coastline reasonably close by – has a higher skills base than the ISRDP average. But it is also striking quite how low these self-reported skills levels are – only cooking and growing food reach double figures – compounding problems of low education and long-term unemployment in Ugu.

Another axis of SLA is to ask about relevant assets that people living in poor areas may own and be able to utilise. Ugu respondents were far less likely to own traditional rural assets such as cattle and livestock, but **far more likely to own tools, machinery, cars** and the like. These indicate possible areas for building long-term sustainable livelihoods.

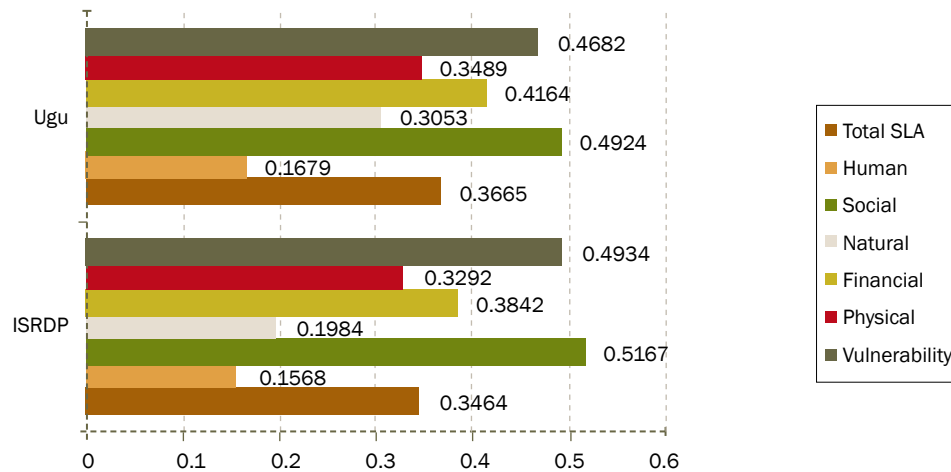


Figure 12: SLA scores URP/ISRDP (dimensions and total SLA score) (2008 only)

Looking at the SLA summary graph (Figure 12), it is clear that (using the SLA definitions) **Ugu performs better than the ISRDP on multiple axes: vulnerability is worse (it has been reverse scored so low scores are bad news), physical attributes greater, financial connectedness more evident, the human resource base stronger and the overall SLA score higher than average.** The only dimension where Ugu scores lower than the ISRDP average is with regard to social capital.

Read together, the matrices correctly place Ugu among the better-off ISRDP nodes, as did the global development matrix and the poverty matrix; the SLA 'lens' also highlights the resources (human, natural, etc.) that exist in the node, and on which development interventions should focus.

It is clear that using this different lens through which to study the nodes rather shuffles the ranking of nodes; the poorest nodes on the poverty matrix remain the poorest on poor the SLA matrix (Mdantsane in the URP, and Ukhahlamba in the ISRDP); but when the various matrices are read together, the reader is given a rounded version of the state of Ugu.

Service delivery

In order to assess how respondents perceived the delivery of services by DSD in each node we asked a series of related questions focussing on different aspects of services being delivered. These included average proportions who were:

- receiving grants (disability, old age, war vets, foster child, care dependency, child support)
- making use of DSD services
- rating services of poor quality (water, electricity, water-borne sewerage, refuse removal, housing, transport, roads, health care, security, education)

- have clean water only some of time or never
- with no phone access or phone far away
- who believe that there is no co-ordination between government departments
- believe local council has performed badly/ terribly
- have not heard/don't know of IDPs.

By aggregating the responses to the questions we are able to determine the proportion of respondents who perceive service delivery by DSD to be either good or weak (remember that a score of 1 is very good and a score of 0 is very poor). Table 10 highlights how Ugu has performed over time in comparison to the other ISRDP nodes. The node has remained out of the "red zone" in both surveys. **Moreover it is pleasing to note that whereas in 2006 Ugu was seen to have been one of the "average" performers in terms of the service delivery index, this is no longer the case.** The 2008 survey found that Ugu was now seen to have one of the best scores on this particular index.

ISRDP Nodes	2006	2008
Alfred Nzo	0.42	0.34
Chris Hani	0.35	0.41
O R Tambo	0.35	0.31
Ukhahlamba	0.29	0.26
Ugu	0.41	0.41
Umzinyathi	0.42	0.34
Umkhanyakude	0.40	0.35
Zululand	0.45	0.35
Sekhukhune	0.28	0.36
Bushbuckridge	0.25	0.40
Maruleng	0.36	0.43
Kgalagadi	0.33	0.41
Central Karoo	0.61	0.48
Maluti-a-Phofung	0.41	0.38

Table 10: Service Delivery Index by node (2006 and 2008)

In the following sections we explore the reasons for this change in fortunes for the node, first by examining the grants and services beneficiaries receive in the node and then the perceptions of the services by these beneficiaries.

Average proportion receiving grants

Child support grants and pensions are by far the most common grant accessed by beneficiaries in the ISRDP, and this is certainly the case in Ugu. However data from the most recent survey suggests that in Ugu there has been a slight decrease in take up of the two main grants, namely the child support grant and pensions. With respect to the child support grant, the 2008 survey found that more than half of households (57%) with children under 18

years of age were receiving the grant. This is slightly down on the 2006 survey, which found that more than six out of ten households (61%) who qualify for this grant were receiving the grant. Moreover, this is worse than the programme as a whole, (67% of households who qualified in 2006 accessed this grant as opposed to 65% in 2008).

In terms of pensions a third of households (36%) were accessing an old age pension in 2008, which is a decrease from the 2006 survey, in which four out of ten (41%) reported benefiting from this grant. Nevertheless, as one would expect with the very high poverty levels in the node, this is better than the programme as a whole (35% of households reported receiving a pension in 2008, up from 31% in 2006). With respect to pensions this is an encouraging finding, but **there is still room for considerable improvement in ensuring greater uptake of both these grants.**

The picture with respect to the other grants is more perplexing, which suggests that those in the node continue to struggle to access these grants. Thus we find that the number accessing disability grants has remained static at 16% between 2006 and 2008 (however this is still above the programme average of 12% of households accessing this grant), whilst in terms of other grants such as the **war veterans grants** and **foster grants** there were no notable number of respondents. This suggests that **the Department needs to ensure that lingering barriers to accessing all grants are removed.**

Average proportion making use of DSD services

The majority in both surveys access DSD through DSD offices or pension points, however, Ugu is below the programme average on both counts. Whereas the average for the ISRDP is about half (50% in 2006, 51% in 2008) **who access services provided by DSD at a DSD office, in Ugu there has been a sharp drop** from more than half accessing services in this manner to about a quarter (58% in 2006 down dramatically to 25% in 2008).

In the ISRDP as a whole there has been a sharp increase in the number of beneficiaries accessing DSD services at **pension pay out points** (31% in 2006, increasing to 48% in 2008). However, Ugu has bucked this trend significantly. Whereas in 2006 half were accessing services through pension points this had **now dropped to less than three out of ten** (52% in 2006 dropping sharply to 29% in 2008).

The 2006 survey, as noted above, had portrayed Ugu as an “average” node in terms of service delivery. Nevertheless, this **sharp drop in those accessing services either through pension points or DSD offices is disturbing and needs to be flagged for urgent attention.** First to verify these findings and more importantly to explore in more detail why so many previous clients are no longer accessing DSD services in the manner they used to, especially as the node is now seen as one of the strongest in terms of the manner in which services are delivered..

Few respondents were found using other services provided by DSD. The other services were typically used by well below 1 in 10 of the respondents, which is a common finding across the whole of the ISRDP. This is not surprising given what we know about the role and importance of pensions and the child support grant in rural areas. Thus only 4% of respondents reported using the **Victim Empowerment Shelter** (also known as VEP 1-stop centre) in the 2008 survey. Nevertheless, even though this number only represents about 15 000 across the node, this is one of the highest reported usage in any node. This reflects well on the department that suggests that some progress is being made on this important issue. Similarly, with respect to the other services few respondents made mention of services such as old age homes (3%), and centres for older people (1%), disability workshops (4%), children's home (1%), drop in centres (3%), rehabilitation centres (1%) and places of safety (4%).

But again some differences can be found between Ugu and other ISRDP nodes. For instance, although only 11% of respondents across the ISRDP reported using **child welfare services** (down to 5% in 2008), the 2006 survey found that one in five of households in Ugu (20%) reported using this service (down to 12% in 2008, but still twice more than the average for the programme).

As noted throughout this report, there is significant variation at nodal level, a factor that should be driving the ISRDP rather than a centrally-driven 'one size fits all' approach. **The problem is identifying areas or issues that can be regarded as successes for the ISRDP, such as integrated service provision (i.e. locations where a centrally-driven programme can add value). These have been few and far between and perhaps the examples of the VEP shelters and uptake of child welfare services in the node could provide useful examples for other nodes.**

However, the evidence from both surveys suggests that services are being under utilised and/or variable numbers are using the different services provided by the Department in this node. **We should note that in the background report on this node, we noted that DSD was very poorly positioned to meet local need, given the sparseness of delivery points/service points. This seems to have been borne out by the surveys.** Moreover, the survey data suggests that there are still many in the node who are unaware of these service, and with the number accessing services in this node dropping, it is vital for DSD to respond to this challenge.

Rating the different components of service delivery

If unavailability is one part of the problem, another reason for the lower uptake of many of the different services offered by the Department is the simple fact that **delivery of these services is poor**. Not all are as poor as others, and the following section looks in more detail at which aspects were rated as poor.

Encouragingly, Figure 13 illustrates that **there were far fewer respondents complaining about DSD service delivery in the 2008 survey than there were two years prior to this** when the 2006 survey was conducted. Moreover, no differences were found with respect to dissatisfaction with service delivery by either gender or age. This is an encouraging finding for the node, particularly as the node was well above average on all the dimensions in the 2006 survey.

Importantly **the improvement has been greatest in those aspects of service delivery which are influenced directly by departmental personnel** as opposed to physical attributes, such as the cleanliness of the venues (seen by less than one in ten as a matter of concern in the 2008 survey). Thus the department's human standards have gone up, at the same time as the support programme was being implemented. This suggests that service delivery can improve, and quite markedly, and that the department therefore needs to do more of the same to build on the successes achieved so far.

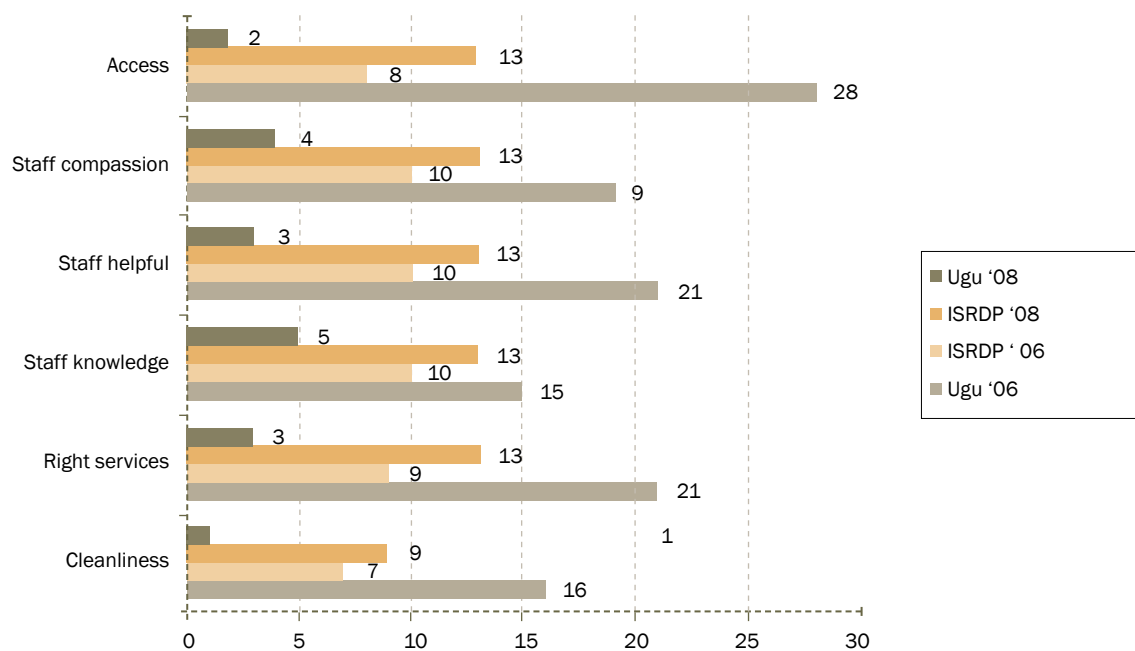


Figure 13: Proportion of respondents rating different components of DSD service delivery as below average (ISRDP/Ugu by year)

In the 2006 survey the dimensions of staff compassion (19% rated this as below average), staff helpfulness (21% rated this as below average) and the ability to deliver the right services (21% in the node rated this as below average) stood out as areas of concern. and were therefore seen as priorities. However, when one focuses on these dimensions in the 2008 survey which all relate to the behaviour of DSD staff, **the number of respondents expressing dissatisfaction has decreased, markedly** in certain instance. For instance, those complaining about staff compassion have halved between 2006 and 2008 (down to 4% in 2008 from 19% rating it as below average in 2006). Similar declines can be seen across the other dimensions

(note for instance that those complaining about right services has now dropped from 21% in 2006 to 3% in 2008).

What the data suggests for Ugu is that of those who continue to access DSD services (and we noted earlier that there has been a large drop in those accessing these services) they are less dissatisfied than before (Figure 13 bears this out as it shows a large drop from 28% in 2006 reporting that access to DSD services below average to only 2% reporting below average access in 2008) and thus services are gradually improving in the node. However, **the data also suggests that it is not poor service delivery by DSD that is driving potential beneficiaries away but rather physical barriers to the services** (e.g. such as knowledge of the service).

The Department will need to focus internally on the means to shift the attitudes and behaviours of beneficiaries in order that they access grants and services which they are entitled to. We therefore recommend that **urgent thought should be given as to how best to raise awareness across the node with respect to these under utilised services - and how to increase penetration of DSD services as well as grants in the node.**

Development

The policy matrix found that **Ugu was in the mid-range of ISRDP nodes where development awareness was concerned**, having slipped from green to yellow in the 2006-2008 period. In this section we provide some additional detail on the development dimension of the matrix. We asked respondents if they **knew about a range of possible development activities that may be taking place in their communities**. This is about what people know about, not what is happening on the ground. In 2006, just 4 in 10 ISRDP respondents (39%) were aware of any development activities in their node, rising to 53% in 2008.

Node	Development
Alfred Nzo	+
Chris Hani	=
OR Tambo	-
Ukhahlamba	+
Ugu	-
Umzinyathi	=
Umkhanyakude	=
Zululand	-
Sekhukhune	=
Bushbuckridge	-
Maruleng	+
Kgalagadi	=
Central Karoo	=
Maluti-a-Phofung	=

Table 11: Development (ISRDP nodes, 2008)

In Ugu, as can be seen in Figure 14, **awareness of development activities is low across the board**, only scoring higher than the ISRDP average where community halls and access roads were concerned – and nowhere getting beyond a quarter of respondents. On every other item, Ugu scores either the same or worse than the ISRDP average, suggesting that there is considerable space for local development work to pick up speed and visibility.

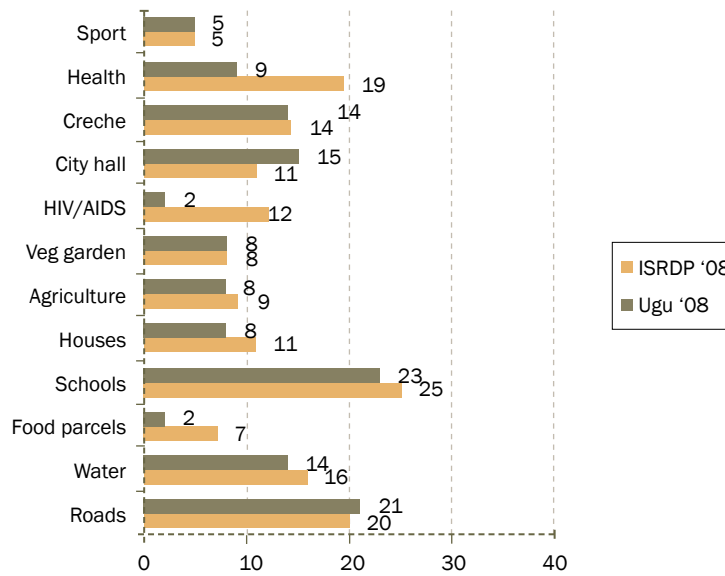


Figure 14: Awareness of development activities

Awareness of development may be raised through better communication, which may in turn translate into greater citizen participation in development.

We have already seen that media consumption in Ugu is fairly robust, and hearing about development via radio, for example, is twice the ISRDP average. Ugu respondents access a wide range of communication channels – a great advantage to development workers – ranging from community meetings and meetings with the local councillor, to word of mouth and formal media (radio).

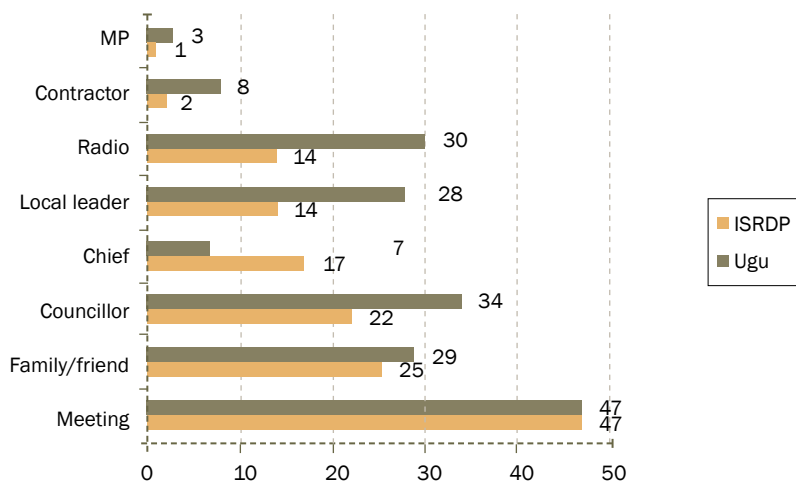


Figure 15: 'How do you usually first hear about development projects in your community?' (2006)

Integrated Development Plans (IDPs) are key interventions, meant to operate as the cornerstone of demand-driven development by allowing citizens to participate in the

identification and prioritisation of local development needs, elaborated by a range of formal tools and planning inputs, to shape the development landscape of their communities.

What we can see from the left-hand set of columns in Figure 16 is that **awareness of IDPs is low in both ISRDP and Ugu**; and although there was an encouraging rise in knowledge in the ISRDP as a whole between 2006 and 2008, this was not true of Ugu, where (by 2008) just 10% of respondents had heard of IDPs.

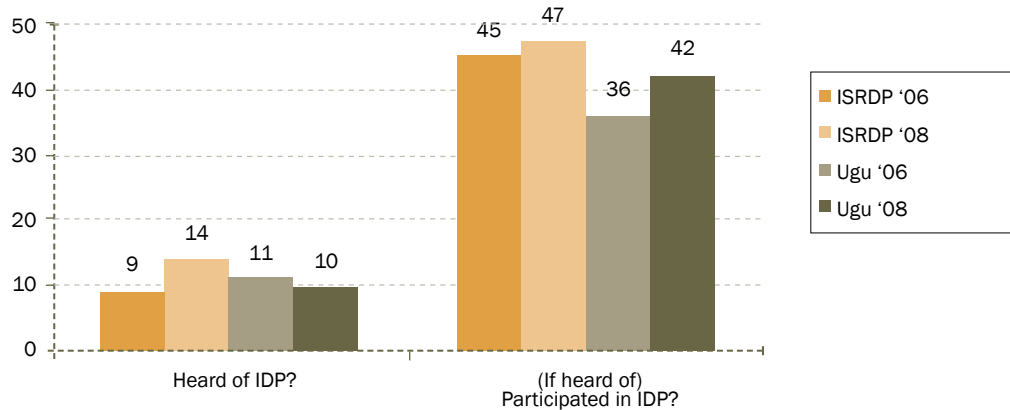


Figure 16: Awareness of and participation in IDPs (by programme by year)

Crucially, awareness seems to lead to action. This is particularly true in rural nodes, although the impressive-seeming bar on the right of the graph is based on only a handful of respondents and should be treated with caution. **Although just 10% of Ugu respondents had heard of IDPs in 2008, 4 in 10 of them went on to take part in IDP-related activities.** The same pattern is true across the ISRDP: where people know about the IDP, participation rates are high. **Knowledge transmission is critical.** The data suggest that **if IDPs were properly communicated to citizens and embedded in a process that facilitated participation, IDPs could indeed take up the prominent local developmental role designed for them.** At the moment, the survey suggests that IDPs are more potential than actual. Recent research has suggested fairly easy ways of enhancing IDP participation.⁴

⁴ Marais, H., Everatt D. and Dube N. (2007) 'The depth and quality of participation in the Integrated Development Planning process in Gauteng' (S&T/GPDEV, Johannesburg).

Governance

Local government did not get a ringing endorsement from citizens living in the 22 nodes, although it didn't take a beating either. Asked to rate the performance of their local council in the 2006 baseline (the question was not repeated in 2008), just 1 in 20 URP and ISRDP respondents rated it 'excellent', while just more than 1 in 4 rated it as 'good'. Around a third of both URP and ISRDP respondents have negative opinions of the performance of their local council: a similar proportion have positive views.

Respondents from ISRDP nodes were more likely to rate their local authority positively when comparing it with other spheres than respondents from URP nodes. We saw earlier that the local councillor in Ugu was an important channel for communicating development information, but even then, just 25% of respondents rated their council performance 'good' or 'excellent' – 34% rated it 'bad' or 'terrible'.

We asked respondents which sphere of government they thought had 'done the most to improve your quality of life'. (In 2008, we added 'District Council' as an option – though not a sphere of government, it seemed a useful addition, and proved so for ISRDP respondents.) This again should be understood as a measure of perception, not actual performance.

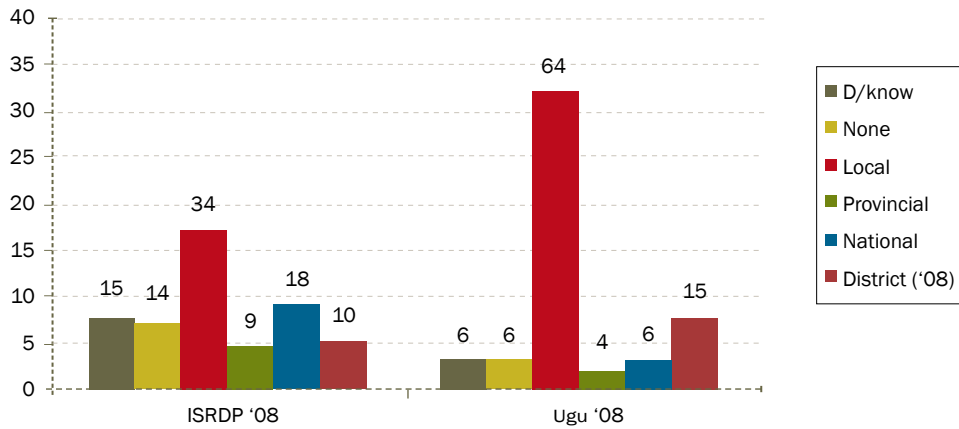


Figure 17: 'Which sphere has done most for your quality of life?' (ISRDP/Ugu, 2008)

As we can see, the local sphere is overwhelmingly regarded by Ugu respondents as having done most for their quality of life. Importantly, Ugu bucks the national trend, which sees growing cynicism – or scepticism, anyway – reflected elsewhere in the growing proportion of respondents who say no sphere has done anything for them. **In Ugu, those saying no sphere had helped them dropped between 2006 and 2008, a very positive finding.**

There is scepticism about government commitment to rural development. When responding to a statement that read: 'The government cares a lot about people living in rural areas', only asked in 2006, just 23% of ISRDP respondents agreed or strongly agreed – and well over half (58%) rejected the notion. In Ugu, just 5% of respondents agreed with the notion, while 88% rejected it (the remainder had no view on the matter).

	ISRDP	Ugu
Strongly agree	11	7
Agree	23	25
Neutral	11	6
Disagree	32	24
Strongly disagree	23	38

Table 12: 'I would rather live in a town or city than a rural area'

We posed a Likert item (a statement with which respondents either strongly agree, agree, disagree, strongly disagree, or take a neutral mid-point) that read: 'I would rather live in a town or city than a rural area'. While a third (34%) of ISRDP respondents would indeed prefer to live in a town or city, over half (55%) would not. **In Ugu, as with the ISRDP as a whole, a third (32%) agreed that they would rather live in an urban area. Most respondents (62%) wanted to stay in rural areas** - the question is whether they will be able to do so as service deficits and payment arrears mount, while urban areas (even poor ones) appear more and more attractive by comparison.

Headspace

Rural respondents give their **local authorities** a higher rating than their urban counterparts, and also show better levels of engagement than URP respondents. We asked questions about **alienation** ('no-one cares about people like me') and **anomie** ('People like me cannot influence developments in my community') – the sense of being an isolated unit in a community, and the notion that one is unable to effect change. Alienation and anomie are commonly associated with marginalised individuals and groups – precisely the target audience of the Department of Social Development.

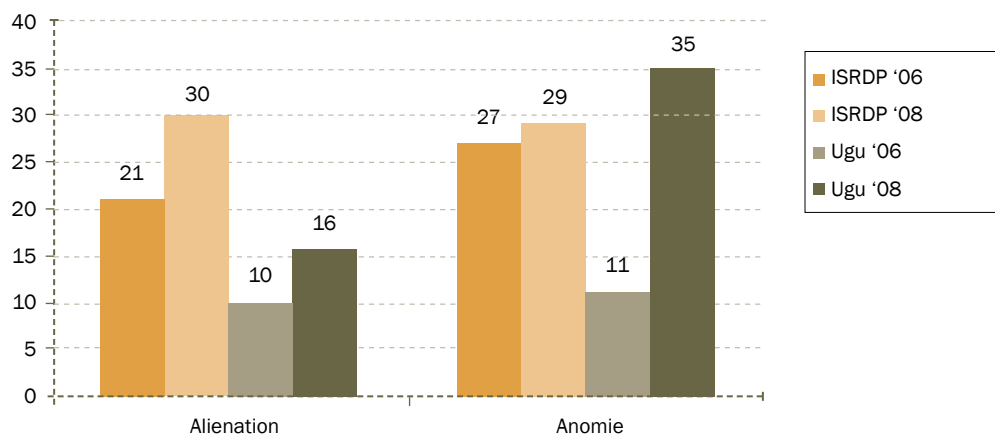


Figure 18: Alienation and anomie

Ugu – allowing for sample error and the like – shows a surge in both alienation and especially anomie between 2006 and 2008, suggesting that DSD in particular needs to proactively seek to find out why this is occurring and what interventions can be undertaken to help. These need to be tracked over time – two points do not make a trend, particularly with the differing sample sizes we have here – but we can note with concern the fact that **by 2008, anomie had leapt above the ISRDP sample average.**

Health Status

In order to assess the perceived health status of respondents we used an internationally recognised set of questions⁵. These included proportions who:

- experienced difficulty accessing health care
- rated their health poor/terrible during past 4 weeks
- had difficulty in doing daily work
- whose usual social activities were limited by physical/ emotional problems

The index thus provides a self-assessment of how respondents perceive their health and thereby provides **a useful measure of how respondents feel both physically and mentally to deal with the daily challenges that their extreme poverty poses.**

In Table 13 we note that 1 is good news and 0 is bad news, thus we find **little progress in Ugu and that the node now records one of the worst scores on the health index.** Health status has therefore not improved and remains at disturbingly low levels in this node, especially when compared with other nodes in the programme.

An exploration of **gender and age with regards to health status uncovered no tangible differences.** Men were as likely as women to rate their health as poor. Youth were as likely as older adults to rate their health as poor. Thus perceptions of poor health cut across both gender and age, highlighting how pessimistic those living in these communities are with regards to health. In the following pages we explore in greater depth the variables that were used to create the health status index in order to understand why those living in Ugu are far more likely to perceive their health as poor than those living in other ISRDP nodes.

⁵ These questions have typically been used to test health status in developed countries (such as the USA, UK and other European countries). Little data exists on this important topic in developing countries. This survey is unique in exploring this issue amongst impoverished communities outside of the developed world and it highlights the need for further research on this topic.

ISRDP	2006	2008
Alfred Nzo	0.44	0.36
Chris Hani	0.25	0.41
O R Tambo	0.38	0.46
Ukhahlamba	0.33	0.28
Ugu	0.38	0.33
Umzinyathi	0.31	0.37
Umkhanyakude	0.28	0.39
Zululand	0.30	0.32
Sekhukhune	0.41	0.51
Bushbuckridge	0.47	0.44
Maruleng	0.56	0.49
Kgalagadi	0.55	0.50
Central Karoo	0.57	0.57
Maluti-a-Phofung	0.34	0.56

Table 13: Health Status Index (2006 and 2008)

Proportion who experience difficulty accessing health care

Four aspects of accessing health care were tested in the survey, namely **knowledge of the location of the facility, employer permission to attend the clinic whilst at work, ability to pay and distance from the facility**. Figure 19 shows that more than a third of the respondents in Ugu (39% in 2008 down from 51% in 2006) identified distance to the facility as the major problem, followed by ability to pay (32% in 2008 down from 49% in 2006). **In both surveys the four barriers discussed with respondents were cited as slightly less of a problem in Ugu than the average for the programme.** Nevertheless with about a third of respondents in the 2008 survey citing access issues (distance and ability to pay) as a key health issue this resonates with the earlier finding with respect to DSD service delivery that access rather than quality of service delivery is the major service delivery issue in this node.

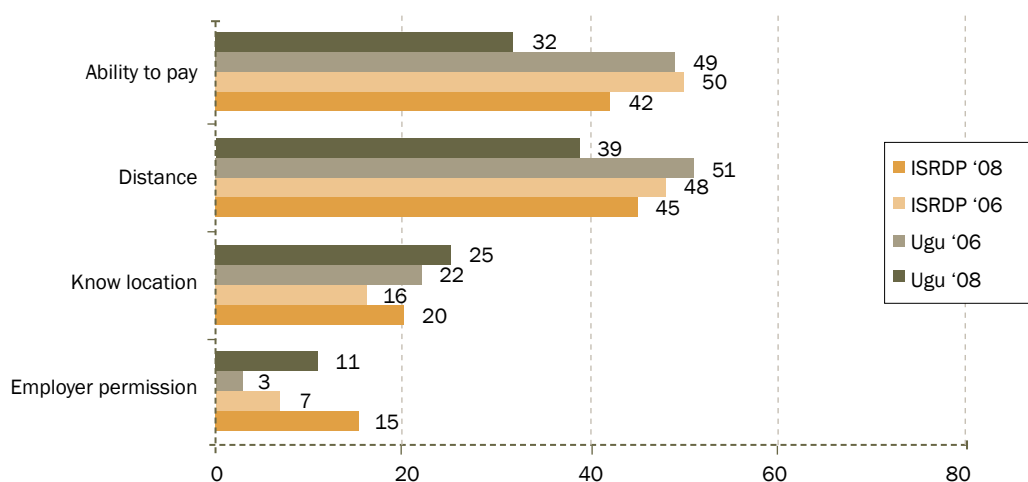


Figure 19: Proportion stopped from getting medical advice/care when sick, by type of problem (ISRDP/Ugu by year)

Proportion who rated their health poor or terrible during the past 4 weeks.

In Table 14 we can see that the well over half the respondents in Ugu (68% in the 2006 and 54% in 2008), rated their health as either excellent or good, but worryingly the number of respondents who reported their health as either poor or terrible is increasing (from 18% in 2006 to 20% in 2008). Despite this relatively small proportion, this does nevertheless equate to **a total of more than 75 000 who perceive their health to be poor across node in 2008**. Moreover, those reporting their health to be poor or terrible is slightly higher than the average for the programme (for instance, the average for the ISRDP in 2008 was 18% rating their health as poor or terrible as opposed to 20% in Ugu who reported this).

	ISRDP '06	Ugu '06	ISRDP '08	Ugu '08
Excellent	22	17	25	15
Good	40	51	35	39
Fair	22	14	22	26
Poor	14	15	15	12
Terrible	2	3	3	8

Table 14: Overall rating of health during the past 4 weeks (ISRDP/Ugu by year)

Less than one in ten respondents in Ugu reported that their poor health prevented them from doing work, which was the same as the average for the ISRDP (The 2008 survey found that the average for the ISRDP was 6%, the same as in Ugu). No major differences were found when cross-tabulated by sex or by age.

The final measure used to assess our health status index was to assess what proportion of respondents in each node perceived their usual social activities to be limited by either physical and/or emotional problems. The 2008 survey, as did the earlier survey, found **relatively few participants reported that their health had an impact on social activities** for the ISRDP as a whole (13% of ISRDP participants reported that their health had limited social activities). However, Ugu was slightly higher than the programme average with 18% of respondents reporting that poor health impacted on their social life.

The health index (as described in the opening section of this report) found that residents of the node continue to perceive their health to be poor, in fact worse than they did in 2006. When the index is unpacked we noted that access to health care was a particular problem and will require an **integrated approach** that addresses both **poverty** and the **health challenges in Ugu**.

Perceived health problems

The following graphic shows how that the health concerns of those living in Ugu are very similar to those across the ISRDP. Thus **HIV and AIDS remains the major perceived health problems** across the ISRDP (cited by 35% of respondents in the ISRDP in 2008 and by 34% of

those in Ugu). Alcohol abuse being the most cited health problem in the node in 2006 has now dropped enormously suggesting that attempts to deal with this issue are beginning to succeed (47% mentioned this, versus only 24% in 2008). What this does highlight however is the importance of tailoring programmes specific to the needs facing those in this node. This is not to suggest that for instance that HIV and AIDS awareness programmes should not be run in this node, but rather the importance of running programmes that also speak to other health concerns in the node such as alcohol abuse.

TB continues to be mentioned as a key problem, which is not the trend in the programme as whole (the ISRDP has seen a drop from 19% in 2006 to 15% in 2008, whereas in this node there has been an increase from 12% to 19% over the same period).. **Drug abuse** remains a small problem in the node, with far less than one in ten mentioning this as a problem.. An exploration of **gender and age with regards to perceived health problems uncovered no tangible differences.**

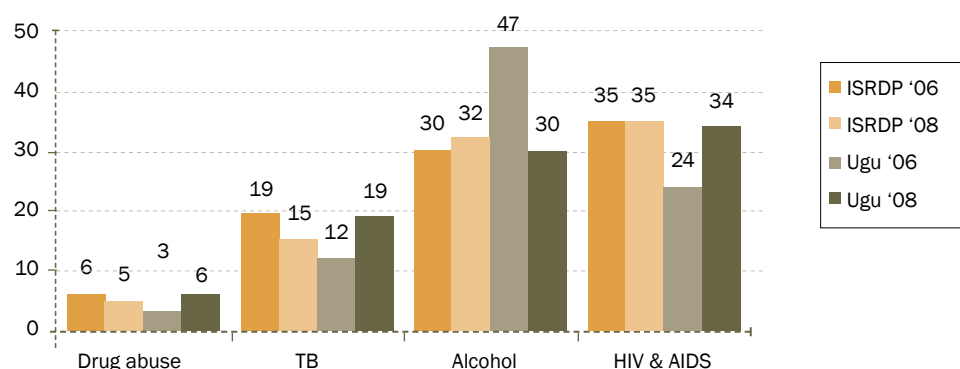


Figure 20: Perceived biggest health problems facing the community (ISRDP/Ugu by year)

Major health care providers

Table 15 illustrates that, as to be expected in areas in South Africa that have been deemed to include the 'poorest of the poor', the vast majority of those living in the ISRDP nodes are using public clinics (the 2008 Survey reports that 79% of those living in the ISRDP were using these clinics). Ugu is no different.

	ISRDP '06	Ugu '06	ISRDP '08	Ugu '08
Public clinic	78	77	79	76
Public hospital	10	8	9	8
Private doctor	10	12	8	13
Private hospital	0	2	2	3
Traditional healer	0	0	1	0
Shop/ Pharmacy	0	0	1	0
Other	1	0	1	1

Table 15: Proportion of respondents using different health care providers (ISRDP/ Ugu by year)

As to be expected the use of **private health care** within the node is very small (only 13% used a private doctor in the node in 2008, and only 3% reported using a private hospital). **Traditional healers** received no mention at all in either surveys.

HIV and AIDS

The picture that Figure 21 paints is that amongst respondents in this node there has been a slight drop in who know **people living with AIDS** (from 73% in 2006 to 68% in 2008), and who know people who have **died of AIDS** (down from 72% in 2006 to 71% in 2008), and that there is a small decrease within the node who said that they would want to keep it secret if someone in their household were to be infected with the HI virus (decreasing from 20% in 2006 to 12% in 2008 reporting that they would want to keep it a secret). **This suggests that stigmatisation may be dropping in face of unavoidability of the epidemic.**

These findings link up with point made above that respondents in the node still see HIV and AIDS as **the major health problem** in the node. The issue of **keeping infection status secret** is not as easy to explain and will also require additional research. **There does not seem to be an easy correlation between prevalence and privacy.** The sex, age or education level of the respondent did not seem to have a significant impact on responses. **Women and men, young and old and so on were equally aware of what impact the disease is having on their community.**

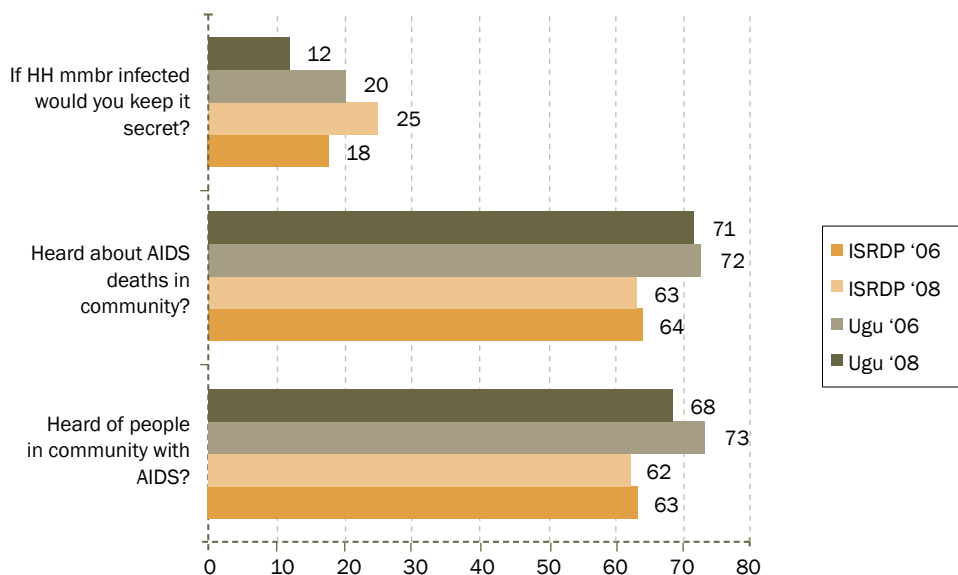


Figure 21: Proportion aware of HIV infection/AIDS deaths/would keep positive status of household member secret (ISRDP/Ugu, 2006/2008)

Despite high levels of awareness of AIDS sufferers in the node, **few respondents appear to be in a position to actively assist.** Both surveys found that in Ugu less than one in ten households were **providing** home based care, **receiving** home based care and/ or **providing**

support to AIDS orphans. Whilst these figures may not reflect voluntary and/or *ad hoc* assistance respondents are providing to their fellow community members, they nevertheless highlight the abject poverty in most of these nodes which leaves people unable to help each other in significant ways. Nodes **where incidence is high, levels of poverty are so crippling few can do much to assist those who are infected and suffering.**

These findings support earlier calls made for the need for an urgent integrated intervention in the node that incorporates health, poverty, GBV, HIV and AIDS, in particular to providing targeted support to increase the numbers of households providing HBC and/or supporting orphans

Knowledge

Awareness of the levels of infection in one's community does not necessarily equate with having the correct knowledge about the transmission of HIV. Positively, both surveys found that, other than in the case of mosquitoes (where nearly a third of respondents in the ISRDP had the correct knowledge), less than one in ten were incorrect when questioned about what does and does not transmit HIV.

Decision-making and Gender Based Violence

In this section of the report we first focus on whether important decisions within the household are made jointly and then we explore whether certain actions taken by women in the household, in the eyes of their male partner justify the abuse of these women.

Table 16 demonstrates that on the whole (i.e. including both male and female respondents) attitudes towards whether or not decisions should be made jointly in a relationship have changed markedly in this node. Encouragingly this means that the node when compared with the ISRDP as whole is well above the average on most aspects that were tested amongst respondents. This means for instance that whilst more than eight out of ten in the node (82% in 2008) agreed that both partners should be involved in deciding **when to have children**, in the ISRDP as a whole the average for the programme was lower at 74% in 2008). Similar findings were noted on **whether to use family income to pay for health care and family planning**. Whether these are **borne out in practice** is a different issue. But what is clear is that those in the node reported a far higher incidence of joint decision making than average for the ISRDP.

	ISRDP '06	Ugu '06	ISRDP '08	Ugu '08
Agree whether to use family planning	65	55	65	72
Agree on when to have children	78	44	74	82
Agree on using income to pay for health care or medicines	68	37	64	76
Agree on whether to take a sick child to the clinic	57	29	57	52

Table 16: Proportion who agree that both partners should decide on four activities (ISRDP/ Ugu by year)

However, as discussed below there are many across the node **who not only do not support joint decision making but go further and believe it acceptable to physically abuse women** (often their partner) when she performs certain actions which the partner (typically male) does not agree with. In order to assess the prevalence of GBV in each node we created a GBV index from the following items on the questionnaires. These included proportions who:

- stated that only one partner should decide when to have children
- stated that only one partner should decide whether to use family income to pay for health care/ medicines
- stated that only one partner should decide whether to take a sick child to the clinic
- stated that only one partner should decide whether to use family planning
- believe a man is justified in hitting or beating his partner if she goes out without telling him or doesn't look after the children or if she argues with him or if she refuses to have sex with him or if she burns the food or if she is unfaithful.

Node	2006	2008
Alfred Nzo	0.29	0.14
Chris Hani	0.16	0.29
O R Tambo	0.42	0.20
Ukhahlamba	0.10	0.27
Ugu	0.33	0.22
Umzinyathi	0.35	0.50
Umkhanyakude	0.45	0.33
Zululand	0.33	0.35
Sekhukhune	0.17	0.16
Bushbuckridge	0.13	0.21
Maruleng	0.24	0.14
Kgalagadi	0.10	0.04
Central Karoo	0.20	0.17
Maluti-a-Phofung	0.35	0.29

Table 17: Gender Based Violence Index (2006 and 2008)

Bearing mind that 1 is bad news and 0 is good news, **Ugu showed little improvement between the two surveys and thus continued to score neither best or worst within the ISRDP** (Table 17). It was noted earlier that nodes scoring red on 2 or more items frequently also score red on the gender inequality index, and/or on the reproductive rights or gender-based violence items, suggesting that **gender is an early victim of social, economic or service-related poverty**. In particular, the clustering of high levels of support for use of gender-based violence in Ugu, suggest that in this key area, priorities can be set.

Alarming, **a quarter within the node** (24% in the 2008 survey) **would argue that it is justifiable to abuse a woman if she is unfaithful**. One in five (21% in 2008 survey) in the node would support the idea that it is justifiable to abuse women **if they ignore the children**. Lesser support for abusing women was found if the woman went out without telling her partner, refuses sex and burnt the food.

Table 18 shows that whilst GBV is more prevalent in the node than the programme as a whole in many instances, the incidence is at worryingly high levels across the whole of the ISRDP and that the scale of the problem is quite enormous when one pins numbers to the proportions. For instance, **the findings from the 2008 survey report that in total of nearly 100 000 of those living in Ugu would agree that it is acceptable to beat one's partner if she is unfaithful**.

It is also disturbing is that the differences between males and females, and young and old, in terms of attitudes towards Gender Based Violence are not large in Ugu. Regardless of the age or sex of the respondent, similar proportions can be found supporting these statements. What is therefore urgently needed is a nuanced programme by the Department and its partner the UNFPA that is based on nuanced understanding of the different attitudes in Ugu. **Hence the need for a campaign that is based on a solid understanding of local attitudes towards both sexual reproductive health and GBV as opposed to the interests of a national campaign**.

	ISRDP '06	Ugu '06	ISRDP '08	Ugu '08
Is unfaithful	23	19	24	26
Does not look after the children	21	21	21	21
Goes out without telling him	16	20	16	17
Argues with him	15	20	17	20
Refuses to have sex with him	9	10	10	5
Burns the food	7	7	11	11

Table 18: GBV attitudes (Ugu/ISRDP by year)

Sexual and Reproductive Health

A common theme throughout the report has been the strong link between poverty and gender inequality. In this section of the report we pay close attention to sexual and reproductive rights, the absence of such rights play a critical role in gender inequality.

	ISRDP '06	Ugu '06	ISRDP '08	Ugu '08
Approve	67	52	63	38
Disapprove	26	46	23	30
Don't know	7	2	14	32

Table 19: Proportion who either approved or disapproved the use of contraception (ISRDP/ Ugu by year)

At the programme level approximately two out of ten respondents **disapproved of the use of contraception** (Table 19). Whilst there has been little change over time within the ISRDP, attitudes towards contraception have hardened in the node, where more respondents reported they approved of contraception in 2006 than in 2008 (52% approved in 2006, down to 38% in 2008). Although these proportions are relatively small this nevertheless equates to **about 115 000 who disapprove the use of contraception in Ugu** according to the 2008 survey. It will be noted below that this is part of a pattern which suggests attitudes towards sexual and reproductive rights are hardening and that there is a strong sense that there is less tolerance for progressive views on sexual and reproductive rights within Ugu.

Differences were found to exist between male and female respondents at the programme level, but surprisingly not within the node. For instance, the 2006 survey reports that within the ISRDP 70% of all female respondents (dropping to 66% in 2008) would approve contraception use as opposed to more than half the males (57 in both 2006 and 2008). However in Ugu, males were far more receptive to the use of contraception than females were (35% of females and 45% of the males approve contraception in the most recent survey). This finding strongly supports earlier reports which called for pro-contraception initiatives to have a strong rural focus, in particular focussing on more conservative elements within rural society, cutting across gender.

From an age perspective **youth were far more likely to approve of contraception than those who were 61 years of age or older in this node.** Thus whereas more than half the youth (59%) approved contraception, less than one in ten (6%) of those aged 61 years of age approved of the use of contraception A finding that mirrors that recorded across the programme, albeit that the approval rating for contraception is much higher in the programme as a whole (for instance, the 2006 survey found that 74% of youth versus 52% of those who are 61 years and older in the ISRDP approved contraception, and the 2008 survey found a similar gap, namely 70% of youth versus 49% of those 61 years and older). This is nevertheless a positive finding as it suggests that the target group of campaigns conducted by the Department on

this matter, such as family planning, are indeed largely receptive to the ideas being advocated by the Department.

As noted above these findings need to feed into the design of tailor made programmes for the nodes, such as those addressing for example 'teen pregnancy' by the Department. Such programmes need to deal appropriately and effectively with the concerns of communities where the incidence of disapproval is high take into account.

In order to assess the prevalence of sexual and reproductive health in each node we created an index from the following items on the questionnaires. These included proportions who:

- approved of the use of contraception
- disagreed with the statement that female contraception is women's business and nothing to do with men
- disagreed with the statement that women who use contraception will become promiscuous
- disagreed with the statement that women who use contraception risks being sterile
- disagreed with the statement that women get pregnant so women must worry about contraception
- support abortion on demand.

When looking at Table 20 it is important to remember that in this instance 1 is good news and 0 is bad news. Thus Ugu has gone from being one of the best in 2006 to one of the worse in 2008. As noted above the node is particularly resistant to the use of contraception and the Department will need to urgently tailor its programmes to counter the pervasiveness of this resistance across the whole node. It was noted above that nodes scoring red on reproductive health index often scored red on 2 or more items which suggests a strong link between gender and poverty. Moreover, the clustering of relatively low support for reproductive rights/ high levels of support for use of gender-based violence in Ugu, suggest that in this key area should be prioritised, but that any initiative developed must take into account the context of the node.

Node	2006	2008
Alfred Nzo	0.50	0.31
Chris Hani	0.32	0.60
O R Tambo	0.37	0.35
Ukhahlamba	0.33	0.61
Ugu	0.42	0.27
Umzinyathi	0.42	0.27
Umkhanyakude	0.40	0.39
Zululand	0.41	0.37
Sekhukhune	0.30	0.43
Bushbuckridge	0.27	0.44
Maruleng	0.41	0.45
Kgalagadi	0.43	0.68
Central Karoo	0.41	0.46
Maluti-a-Phofung	0.43	0.42

Table 20: Reproductive Health Index (2006 and 2008)

Attitudes towards contraception were also further tested by exploring a number of commonly held views with respondents (Figure 22), which illustrates that **support for sexual and reproductive myths remain high in this node compared to the ISRDP in certain instances.** What is most startling is that **the high number of respondents (61% in 2008 in this node, higher than 50% of respondents in the ISRDP) agreed with the statement that women get pregnant so contraception is their problem.** This equates to more than 230 000 in the node holding this view and thus signifies the enormity of the challenge for DSD and its partner the UNFPA to reverse this myth (and others) about female contraception. What is very disturbing however is that Figure 22 highlights that there has been a increase in the number of respondents who believe these myths in most instances in the node. For instance, the idea that **contraception has nothing to do with men** was upheld by far more respondents in 2008 than in 2006 (62% as opposed to 33%), which again highlights the need for a solid understanding of the local context when developing initiatives to shift attitudes towards reproductive health.

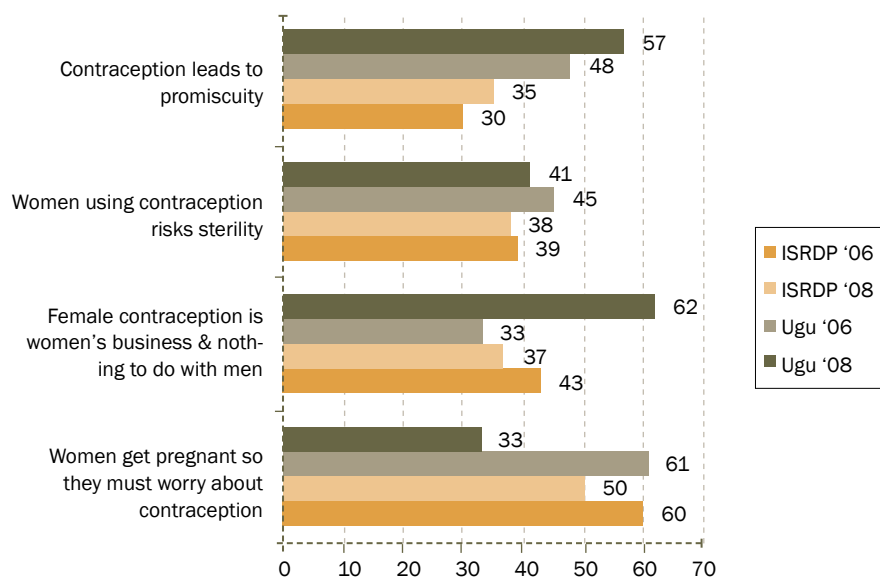


Figure 22: Attitudes to female contraception (ISRDP/Ugu by year)

One particularly interesting finding with regards to who did or did not support the above mentioned statements about sexual myths is the observation that **there are no real differences between male and female respondents in the node**. Nor were any real differences found between age groups. This suggests that **the myths behind each of these statements are widely held across Ugu, and that they are as widely held amongst males as they amongst females**. This must inform programme design.

Attitudes to abortion

To end the exploration of reproductive health, respondents were asked to share their opinion on **abortion**. Table 21 shows that attitudes towards abortion appear to have hardened since the 2006 survey, with roughly a 10% increase across the ISRDP as a whole in the number now stating they would never support abortion. Within Ugu the increase has been even more dramatic with 76% of respondents in 2008 saying **never to abortion** than 45% who stated this in 2006 (70%). **Again this highlights the enormity of the challenge facing the Department in this node with seven out of ten opposing abortion in any circumstance.**

	ISRDP '06	Ugu '06	ISRDP '08	Ugu '08
Never	47	45	56	76
Mother in danger	46	48	36	21
On request	7	7	7	3
Don't know	0	0	1	0

Table 21: Attitudes towards abortion (ISRDP/ Ugu by year)

It is disturbing to note that just as women were more conservative about the use of contraception than men in this node so were they more resistant to abortion. Women were

more likely to say never to abortion than men (for instance the 2008 survey found that 78% of females said never to abortion, more than the 69% of males who don't support abortion in the node). There were also sharp differences between age groups for who did or did not endorse abortions (for instance the 2008 survey found that 67% of youth said never to abortion, far lower than the 94% of those aged 61 years and older who do not support abortion in any circumstances in this node).

It is difficult to delve in depth in these issues using surveys, for obvious privacy and ethical issues, nevertheless these findings do suggest that more work needs to be done exploring the strong resistance in Ugu to contraception more generally and abortion more specifically. This research could then shape more nuanced and subtle campaigns being delivered by the Department and its partner the UNFPA on this important issue. Moreover, the challenge remains to integrate sexual reproductive health and GBV issues with other related services being provided by a range of governmental and non-governmental agencies in the node. As stated previously, integration and co-ordination remain the core challenges in this node as they do for the whole of the ISRDP.

The social fabric

A strong social fabric is critical for maintaining the 22 nodes in the face of high poverty, poor health, psychological challenges, and others itemised above. Let's begin by recalling the social capital index in the summary table at the beginning of the report. Remember that the green lights are the bottom quartile ('good news') and the red lights are 'bad news' representing the top quartile by distribution, namely those nodes showing high **absence** of social capital. We saw earlier – in both the policy matrix and the SLA matrix – that Ugu performed reasonably well with regard to social capital. It has remained in the yellow, mid-range scores through 2006 to 2008.

We asked respondents some questions about trust and sharing in their communities. In one question, we asked if a neighbour asked for sugar would the respondent not give it; give it out of a sense of duty even though they won't get anything back; or give it knowing that when they are in need, they will get it back. Rural/urban differences were immediately visible.

Node	Social Capital
Alfred Nzo	=
Chris Hani	+
OR Tambo	-
Ukhahlamba	-
Ugu	=
Umzinyathi	-
Umkhanyakude	+
Zululand	=
Sekhukhune	+
Bushbuckridge	=
Maruleng	-
Kgalagadi	-
Central Karoo	-
Maluti-a-Phofung	+

Table 22: Social capital index (2008 scores)

As we can see, on each item, Ugu respondents score more positively than the ISRDP average – they were more likely to believe that people in their local community cared for others in the community rather than looking out for themselves, and were also more likely to believe people can be trusted – though 46% warned that care is needed in dealing with people. Social capital remains an important Ugu asset.

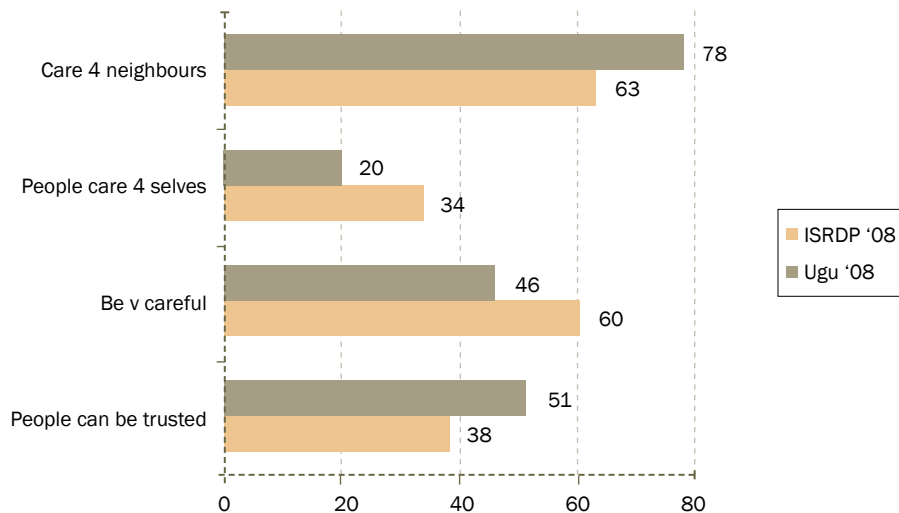


Figure 23: Trust and reciprocity

Crime, safety & security

The social fabric is put under great strain by the high incidence of crime in the society generally and also in the 22 nodes. We asked respondents to think about their physical safety while in their dwelling and tell us how safe they and their household felt.

Ugu scores positively in this regard, with a big jump in the proportion of respondents feeling safe – up from 44% in 2006 to 66% in 2008. This is a very positive finding, comparing well with the ISRDP average, where scores remained largely constant over the two surveys.

	ISRDP '06	ISRDP '08	Ugu '06	Ugu '08
Very safe	25	25	4	25
Rather safe	33	33	40	41
Rather unsafe	24	24	34	19
Very unsafe	18	19	22	15

Table 23: Perceptions of safety (ISRDP/Ugu, by year)

We asked respondents if anyone in their household had been the **victim of crime, or had been physically attacked**, in the year before being interviewed. **Self-reported incidence of crime and assault were both higher in URP nodes than ISRDP nodes**, but in both cases crime seems widespread and rising. In the ISRDP, 1 in 10 respondents (9% in 2006, 11% in 2008)

and 1 in 5 URP respondents in 2006, rising to 1 in 4 by 2008, had been the victim of crime in the year before being surveyed, confirming that while crime is more intense in urban areas, it is by no means an urban phenomenon.

In Ugu, 6% of respondents reported a household member suffering from a criminal incident in 2006, while assault was higher at 14%. In 2008, the crime figure had increased to 10%, while the assault figure had dropped to 8%.

Part of the solution lies in the capacity of local communities to get together and solve their own problems. We asked respondents how well they felt their community could solve its own problems, and two-thirds (66%) of Ugu respondents felt their local communities could solve problems ‘well’ or ‘very well’. In Ugu, the local councillor (47%) and local leaders (30%) were most likely to play a key role in dispute resolution, followed by the local chief (11%).

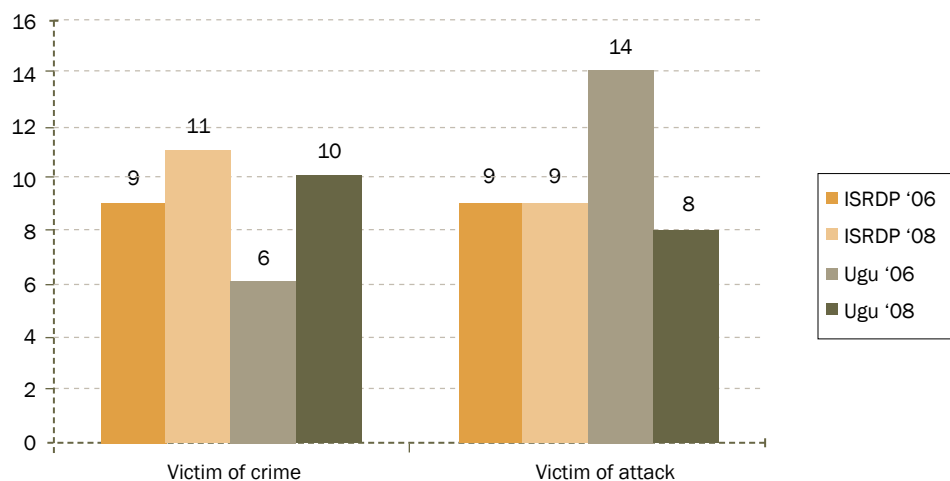


Figure 24: Victim of crime/attack

Main community problem

And although the URP and ISRDP are the 22 poorest nodes in South Africa, crime and violence top their agenda in terms of main problems facing their communities – along with unemployment. The top 3 issues across the board are **crime – which scored higher than unemployment in ISRDP and URP nodes - and which came higher than unemployment, in second place, followed by HIV and AIDS. These in effect constitute the pro-poor agenda as set out by the poor themselves.**

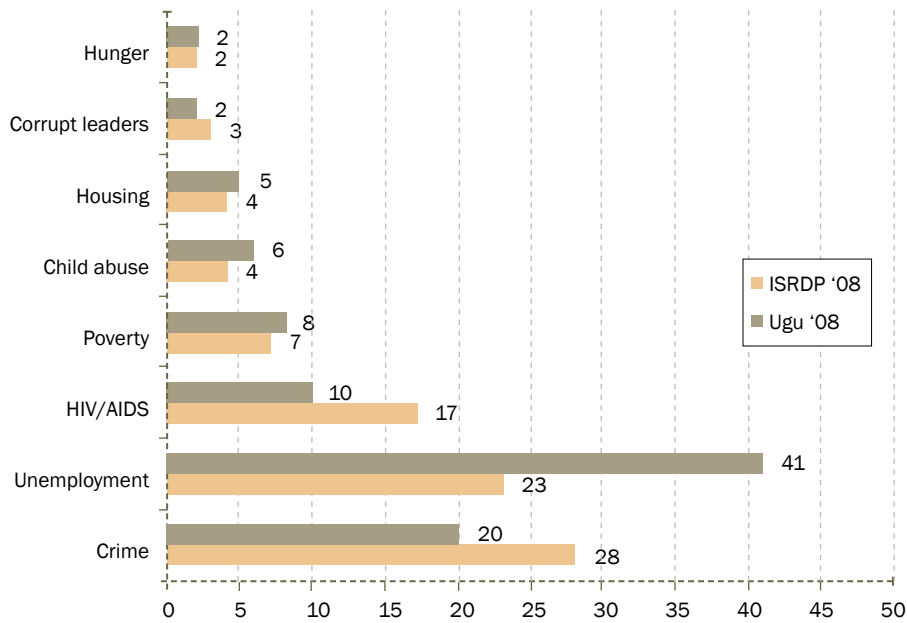


Figure 25: Main problem facing community (ISRDP/Ugu by year)

The ranking of issues was similar but subtly different in Ugu: unemployment was the main problem by some margin, followed by crime and HIV and AIDS.

Associational life

Associational life – membership of a wide range of civil society organisations (CSOs) – is critical in building on the trust in neighbours and knitting together a social fabric that can withstand the problems facing the 22 nodes. In most national surveys, CSO membership spreads across a wide range of organisational types in reasonable sized proportions. In these surveys, however, **membership is clustered: church and burial society**. After those two – spiritual sustenance and material-cum-social support – membership of other structures is very low, peaking at around 1 in 20 who belong to a political party.

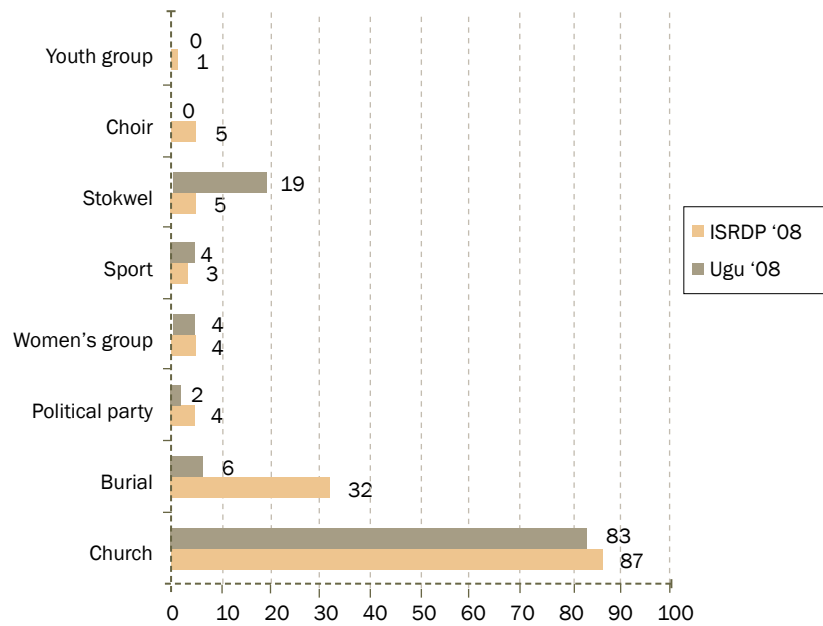


Figure 26: CSO membership

A similar pattern is evident in Ugu, though with burial society membership considerably lower than the ISRDP average and stokvels making an important appearance. This means that churches are of critical importance as partners, as mechanisms for outreach in the 22 nodes, and for organising and mobilising communities.

One thing to make life better....

Very finally, we ended the survey with an open-ended question: 'What one thing would make your life better?' People have very modest dreams – a job, to start their own business, a grant to help them, better education, better services or infrastructure – these are the basics of citizenship.

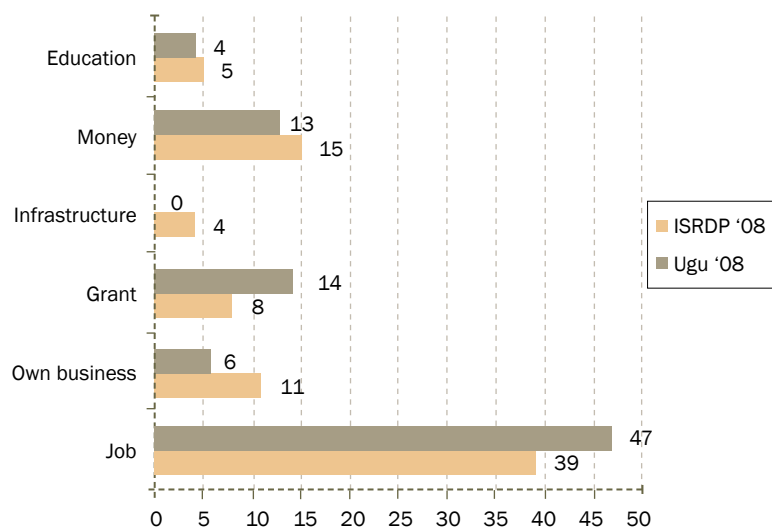


Figure 27: 'What 1 thing would make your life better?'

The point is that people are not standing with open hands asking for cash; as the cost of living has increased, so have those asking for 'money', but most either want a job, or the means to create one for themselves. These are among the key services that the ISRDP and URP are in place to deliver.

Appendix 1: Indexes

For each indicator, the relevant proportion (as a score out of a 100) was calculated. The index was then calculated by adding all the scores for each indicator and dividing by 10 to obtain an average overall score out of 100. A score of 100 would reflect an extremely high level of poverty, for example (if using the poverty index) while a score of 0 would reflect an extremely low level. A high score on the social capital index would mean high absence of social capital, and so on.

Poverty:

Indicator	Definition
Female-headed households	Proportion of households headed by women
Illiteracy	Proportion of population (15+) who have not completed Std 5/Grade 7
Rate of unemployment	Proportion of the economically available population who are unemployed (regardless of whether or not they recently sought work)
Household income	Proportion of households with no annual income
Over-crowding	Proportion of households sharing a room with at least one other household
Dwelling type	Proportion of households classified informal or traditional
Sanitation	Proportion of households who do not have a flush or chemical toilet
Water	Proportion of households who have no tap water inside dwelling or on site
Electricity	Proportion of households who do not have electricity for lighting purposes
Refuse removal	Proportion of households whose refuse is not removed by local authority

Health status:

Indicator	Definition
Accessing Health Services	Proportion who experience difficulty accessing health care
Health Rating	Proportion who rated their health poor/terrible during past 4 weeks
Functional Status - Work	Proportion who had difficulty in doing daily work
Functional Status - Social Activities	Proportion whose usual social activities were limited by physical/emotional problems

Social capital:

Indicator	Definition
Trust People	Proportion who think you need to be careful when dealing with people/ don't know
Community care	Proportion who think people in community care for themselves/ don't know
Community ability to solve problems	Proportion who think community solves its problems poorly/not at all
Membership of CSO	Proportion who do not belong to club/society/org
Religion	Proportion who do not belong to religion/faith
Alienation	Proportion who believe no one care about them
Politics	Proportion who believe politics is a waste of time
Anomie	Proportion who believe they cannot influence developments in the community

Development:

Indicator	Definition
Community Halls	Proportion where Community halls not being built last 12 months
Clinics	Proportion where Clinics not being built last 12 months
Water Projects	Proportion where Water Projects not being built last 12 months
Houses	Proportion where Houses not being built last 12 months
Schools	Proportion where Schools not being built last 12 months
Access Roads	Proportion where Access Roads not being built last 12 months
Crèches	Proportion where crèches not being built last 12 months
Agricultural Projects	Proportion where Agricultural Projects not being built last 12 months
HIV/AIDS Projects	Proportion where HIV/AIDS Projects not being built last 12 months
Food parcels	Proportion where Food parcels not being built last 12 months

Service standards:

Indicator	Definition
Receipt of DSD Grants	Average proportion receiving grants (disability, old age, war veteran, foster child, care dependency, child support)
Use of DSD services	Average proportion making use of DSD services
Quality of Government Services	Average proportion rating services of poor quality (water, electricity, water-borne sewerage, refuse removal, housing, transport, roads, health care, security, education)
Clean Water	Proportion who have clean water only some of time or never
Access to phone	Proportion with no phone access or phone far away
Co-ordination between government departments	Proportion who believe that there is no co-ordination between government departments
Rating of local government performance	Proportion who believe local council has performed bad/terrible
Awareness of IDP	Proportion who have not heard / don't know of IDPs?
Participation in IDP process	Proportion who have not / do not know about IDPs

Global development index:

All the above items combined and an average score as a percentage given for the 5 indices.

Gender inequality index:

Indicator
female headed household with more than 2 children per adult
female fetching water
rape and/or domestic violence cited as two biggest community problems
female respondent feeling rather unsafe/very unsafe
female headed households where member has been physically attacked
contraception cited as women's problem
male decides on when to have children
agreement with any situation where physical abuse of woman is justified
believe abortion never justified

Sustainable Livelihood Index:

(Aggregate score across six components – each scored out of 1 – where 0=bad, 1=good)

Indicator	Definition
Human	education attained more than matric
	household with more than two children per adult
	health status good/excellent
Social	score for each skill possessed
	give to neighbours because they will reciprocate
	trust most people in the community
	community cares for neighbours
	community solves own problems very well
	disagree that cannot influence developments in community
	feels that there are no situations that justify a man beating his wife
belongs to at least one CSO	
Natural	score for each that household has access to: wood, fruit trees, fishing, irrigation, wildlife, communal grazing land
Financial	score for each financial service owned by respondent
	employed full or part time
	job type is professional/business/government/white collar
	household disposable income more than R500 per month
	at least one source of income
Physical	saving money is easy/very easy
	household not sharing room with other household
	each asset/livestock owned (cattle, horse/donkey, sheep/goat/pig, chickens, ox- or donkey-cart, car/bakkie, tractor, machines for making things, tools)
	walls of house are brick
	access to DSD facility above average/excellent
	quality of roads acceptable/good
	quality of education acceptable/good
	access to flush toilet
	access to piped water in dwelling/yard
	access to electricity
distance to health facility not a problem	
Vulnerability	never experienced cut offs or evictions for non-payment
	feel very safe in home
	no-one has been physically attacked in the past year
	always been able to feed children in the household in the last year
	paying for food easy/very easy
paying for health care easy/very easy	



Section 3

A livelihood profile and service delivery evaluation Ugu

Building sustainable livelihoods

Written for the National Department of Social Development
by Khanya-aicdd



Glossary

ART	Antiretroviral therapy
CDP	Community development practitioner
CLO	Community liaison officer
DoA	Department of Agriculture
DM	District Municipality
DoH	Department of Health
DoL	Department of Labour
DSD	Department of Social Development
DTI	Department of Trade and Industry
EPWP	Extended Public Works Programme
HCBC	Home community-based care
IDP	Integrated Development Plan
IDT	Independent Development Trust
ISRDP	Integrated Sustainable Rural Development Programme
LED	Local Economic Development
LM	Local municipality
NGO	Non-governmental organisation
PGDS	Provincial Growth and Development Strategy
PRP	Poverty Relief Programme
RDP	Reconstruction and Development Programme
SAMAF	South African Micro-finance Apex Fund
SAPS	South African Police Services
SASSA	South African Social Security Agency
SWOT	Strengths, weaknesses, opportunities, threats
URP	Urban Renewal Programme
VCT	Voluntary counselling and testing

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Executive summary

In 2006 the national Department of Social Development (DSD) commissioned a research programme in the 13 Integrated Sustainable Rural Development Programme (ISRDP) nodes and eight Urban Renewal Programme (URP) nodes throughout South Africa to guide future programming in the nodes, as well as to understand the implications more widely for DSD services. This report summarises the qualitative research process undertaken in Ugu ISRDP node.

The Ugu District Municipality is located in the southern-most part of KwaZulu-Natal, on the border of with Eastern Cape. Ugu had the sixth worst level of poverty in the ISRDP nodes in 2006. Poor housing, lack of refuse removal services, and lack of sanitation and water supplies were regarded as critical issues in the node. Ugu had a 74% unemployment rate in 2006. Fifty-one percent of households were female headed. Alcohol abuse and HIV and AIDS were highlighted as the most important health concerns in the node.

Participatory methodologies were used in the first evaluation to carry out analysis with communities in KwaMachi and Emalengeni. DSD-supported projects were evaluated in mid 2006, and some were revisited in early 2008. The objectives of the second evaluation were to update information on the functioning of DSD-supported projects, and to identify whether and how issues raised during the first baseline research were dealt with. The evaluation also sought to identify changes to DSD services in the node since the first evaluation. Finally, the second evaluation sought to identify emerging issues and to assist in planning a way forward for the node based on these issues.

According to community participants, the main cause of poverty in the Ugu node was the multiplication of wants 'beyond the available resources'. Poverty was seen as the absence of, or unsatisfactory access to, employment, education, social grants, health care, roads, energy and water. Participants from the two communities perceived the well off as having access to wealth and privilege and power, with government officials ranking highest as those with the most power and privilege and access to symbols of wealth such as government vehicles, nice houses

and good schools. The two communities also identified unemployed youth and women, the elderly, the disabled, HIV+ people, and farm workers as being poor.

An analysis of the livelihood strategies of different social groups showed there was a strong reliance on accessing grants. However, the frustrations of the youth were forcing them into crime as a form of survival.

Service delivery at the uMzinto DSD office had undergone major transformation and cuts across all racial groups, although at the time of the evaluation DSD at uMzinto had enough permanent personnel to render effective services on a daily basis. An analysis drawn from observing DSD offices in the area was that better office accommodation is needed. The racial composition of staff was skewed towards the previously disadvantaged groups, specifically Africans.

Stakeholders reported strong alignment of DSD services with the Provincial Growth Development Strategy (PGDS), Integrated Development Plans (IDPs), and the local economic development (LED) strategy. Missing from the alignment was the fundamental understanding that access to basic services cannot be divorced from social development. However, questions could be asked about whether the working relationship between DSD and other spheres of government did exist at local level in uMzinto (Emalangeni and Shayamoya) and KwaMachi. Service delivery is political in the KwaZulu-Natal. With the past, present and future political realities of the province, the local political leadership as community representatives in both areas are actively involved in shaping service delivery trends. Through interaction with local leadership and the community in areas researched, one critical negative aspect that became apparent was the lack of trust and faith community members showed towards DSD.

The fortunes of some of projects identified in the first evaluation had changed significantly. Two of the projects that were not financially stable were flourishing whilst the third was in a more uncertain position. The successes could be attributed to the support they received from various service providers. The commitment in some projects was outstanding which reflected positively on their success. All the projects that were assessed had received funding from DSD or other reputable financial institutions. The main problem identified with some projects was that before they were funded, they were borrowing money from local financial institutions to finance their projects. When they started receiving funds, they were then obliged to use the profits they generated to repay the debts they had incurred prior to funding.

Findings

- The **positive role played by DSD** in ensuring that projects were funded and technically supported contributed to improving people's lives. There was optimism in the node due to the commitment shown by various government departments in supporting developmentally driven projects. The **concentrated support shown by other agencies** and departments such as the Departments of Trade and Industry, Agriculture, and Labour, Ithala Bank and various non-government organisations (NGOs) assisted local municipalities to address the needs of projects.

- Skills deficiencies made it difficult for project members to formulate proper business plans which captured the needs and demands of the projects.
- The mushrooming of projects in the node did not match the **funds** available for their support. As a result, new projects struggled and were collapsing before even getting funding from DSD.
- Initially the **vision, mission and objectives of most projects were only narrowly defined** during the planning phase. Indeed the life-span of some projects was dependent on the availability of DSD funds rather than income generated by the project. This perpetuates a dependency syndrome which was fuelled by stringent decisions, coming from the DSD regional office in Pietermaritzburg, stipulating amounts to be spent before the financial year ends.
- The **selection criteria for members** caused a great uproar when participants raised it during the stakeholder workshop. Most projects which were designed to benefit the elderly and children had not satisfied the intended objective. Some senior citizens clusters had youth members who were family related, contrary to the goal of setting safety nets for the elderly.
- The district municipality (DM) agreed to **co-ordinate all developmental services** taking place in the node.
- **Community development practitioners' (CDPs') working arrangements limited their effectiveness.** They were expected to play a vital role in ensuring that projects were supported and that services destined for the vulnerable did reach them. But they were bogged down by serious report writing protocols which limited their opportunities to visit and support projects. Furthermore the CDPs did not have access to email which made communication with service providers, the municipality and the community very difficult.

Recommendations

- **Improve co-ordination between DSD offices:** To avoid duplication of service in the node and enable development to be more efficient and transparent there should be a proper co-ordination of events and projects between the various DSD offices. The existing events calendar should be the point of communication amongst service providers and various government departments. The cost of events and services provided must be shared amongst departments and the municipality.
- **Review nodal funding strategy and procedures:** For DSD to be able to reach a large number of beneficiaries, projects should be dispersed equally across rural areas in the node. Procedures for approval of projects and release of funds should be made more easier but nonetheless robust.
- **Lack of capacity** requires an urgent intervention from various service providers to ensure that civil servants (including CDPs) and communities at large are skilled in aspects such as computers, project management, accounting practices etc. Assessment should always be linked to skilled training invested in a project and DSD should continually assess whether the skills learnt were transferred to good use in the project.

- **Ensure match between intended and actual beneficiaries:** DSD should conduct a thorough audit to ascertain whether the current beneficiaries of Poverty Relief Programme (PRP) projects were indeed the intended targets.
- **Recruit more CDPs:** Despite the fact that all community development practitioner (CDP) posts were filled, there is a serious need for more of these posts to be created because of the increasing volume of projects in the node.
- **Align DSD initiatives with DM processes supporting LED:** Pro-poor growth can be achievable through rigorous LED initiatives which in turn require communities to be at the centre of their own development. The available platform for such an inclusive approach is located within the DM where the voice of stakeholders has a significant bearing. So DSD programmes and projects aimed at LED should be driven by the community and responsible departments through district council processes.
- **Improve and maintain infrastructure:** Infrastructure development and maintenance in the node needs to be prioritised to avoid further deterioration of the existing infrastructure.
- **Consider more one-stop shops to improve service delivery:** Insufficient service delivery points in rural areas can only be addressed through a one-stop shop. Housing all service providers in one locality and in an accessible area will alleviate problems for clients created by the need to move from one office to the other. The multi-purpose centre in Umdoni Shayamoya township is a useful model and it is recommended that the effects and impact of this new facility be closely monitored.
- **Develop lesson sharing opportunities:** DSD should find ways to share lessons learnt from some of the successful initiatives at nodal, provincial and national levels.

1. Introduction

Background to the ISRDP/URP research

In 2006 the national Department of Social Development (DSD) commissioned a research programme in the 13 Integrated Sustainable Rural Development Programme (ISRDP) nodes¹ and eight Urban Renewal Programme (URP) nodes throughout South Africa to guide future programming in the nodes, as well as to understand the implications more widely for DSD services. This report summarises the qualitative research process undertaken in Ugu district and rural ISRDP node. Section 2A of the report outlines the qualitative livelihood profile of the node, carried out in mid-2006, and its implications. Section 2B analyses DSD's services in the node and the implications. Section 3 provides basic information about Poverty Relief Programme (PRP) projects from the project beneficiaries' point of view. There is also some description and analysis of institutional performance, especially regarding service providers. Both description and some of the analysis came from the project beneficiaries and the service providers themselves during an evaluation of projects in 2006. Section 4 updates the nodal and project issues, drawing from follow-up evaluations in early 2008.

Background to the area

The Ugu District Municipality (DM) is located in the southern-most part of KwaZulu-Natal, on the border with Eastern Cape. The node has a total surface area of approximately 5,866km². The node comprises six local municipalities. The main economic sectors are government services, agriculture and wholesale and retail trade. Ugu had the sixth worst level of poverty in the ISRDP nodes in 2006². Poor housing, lack of refuse removal services, and lack of sanitation and water supplies were regarded as critical issues in the node. Ugu had a 74% unemployment rate in

¹ In 2007 Bohlabela cross-border municipality was split. Bohlabela in Mpumalanga remained an ISRDP node and Maruleng in Limpopo became a 14th rural node.

² Information in this paragraph was obtained from Strategy and Tactics 2006 'Department of Social Development baseline survey: Ugu report', Strategy and Tactics, Johannesburg. This report was the quantitative survey accompaniment to the qualitative research carried out by Khanya-aicdd in the first evaluation.

2006. Fifty-one percent of households were female-headed. Alcohol abuse and HIV and AIDS were the most important health concerns noted in the node.

Methodology

Various preparatory activities were carried out at various levels to ensure the success of the intensive baseline research process in the node. Key was a meeting organised by DSD at provincial level and attended by DSD nodal managers and other DSD nodal staff where the participation of DSD staff was secured. It was not feasible to develop a fully representative picture of the variety of services from the very limited research and the aim was to be as representative as possible. Participatory methodologies were used in the first evaluation to carry out analysis with communities in KwaMachi and Emalengeni. DSD-supported projects were evaluated in mid 2006, and some were revisited in early 2008.

Since there were more than three projects visited in the first evaluation, the selection of the projects covered in the second evaluation was done together with DSD nodal staff and one of the criteria was to involve a spread of functioning and non-functioning/struggling projects, to ensure a broader picture of the challenges and opportunities facing projects in the node. The objectives of the second evaluation were to update information on the functioning of DSD-supported projects, and to identify whether and how issues that were raised during the first baseline research were dealt with. The evaluation also sought to identify changes to DSD services in the node since the first evaluation. Finally, the second evaluation sought to identify emerging issues and to assist in planning a way forward for the node based on these issues.

2.A Livelihood profiles in Ugu

How do people see poverty and development

Community participants said that the main cause of poverty in the Ugu node was the multiplication of wants 'beyond the available resources'. Poverty was seen as the absence of, unsatisfactory access to, employment, education, social grants, health care, roads, energy and water.

Participants in the two communities perceived the well off as having access to wealth and privilege and power. Government officials ranked highest amongst those with the most power and privilege and access to symbols of wealth such as government vehicles, nice houses and good schools. Poverty, on the other hand, was associated with the unemployed youth and women, the elderly, the disabled, people living with HIV and AIDS, and farm workers. Table 1 provides a well-being ranking and provides an indication of how people in KwaMachi and Emalengeni understood issues relating to poverty and development. In **KwaMachi**, an average of one in every three people owned more than 10 cattle, which was an indicator of wealth in the community. Issues around tribal factions had not arisen for 10 years and the community respected traditional values and worshipped the royal house. But in Emalengeni, sporadic individual responses indicated that the community did not feel very positive towards the royal house and people indicated that Chief Sibusiso Shozi and *induna* Ntusi had not contributed meaningfully to the livelihoods of the community.

Being poor	Being developed
Pensioners, the disabled and unemployed youths; mostly elderly people; the unemployed women and men involved in food projects, poultry farming and co-operatives such as the Village Bank and live in households of between four and eight people; the youth with no formal education and the disabled.	Tavern owners; business owners; sugar cane and livestock farmers; shop owners, taxi owners; public servants (police, social workers, teachers, nurses etc.) Traditional leaders who have a strong connection with the deceased Chief Sgidi Machi'; Raven Hill Illovo farm owners and the sugar cane farmer who owns a large plantation.

Their children walk to school on gravel roads and often are not adequately clothed for cold weather.	People who are working and earn more the R1,500 a month.
At school, they are not adequately protected from the cold because many of the classrooms have broken windows.	Abomama bezikhwama (“handbag women”) who frequent DSD offices defrauding potential grant beneficiaries of their income.
Live in recently built Reconstruction and Development Programme (RDP) houses and nearby homesteads in households of between four and five people.	Drive the latest Japanese cars associated with their lifestyles.
Eat three meals a day consisting of porridge in the morning, bread and tea for lunch and phuthu (pap) and cabbage or potatoes for supper.	Those who own more than 15 cattle, 10 goats, 10 sheep and five horses.
They often suffer from chronic diseases such as diabetes, arthritis and high blood pressure	

Table 1: Characteristics associated with poverty and development

Livelihood profiles of vulnerable groups in KwaMachi and Emalengeni

The two communities of KwaMachi and Emalengeni were interviewed and identified **mixed youth, the unemployed** and **farm workers** as the most vulnerable. Table 2 summarises the livelihood assets and vulnerabilities of the different social groups, presented as a SWOT. Table 3 shows the desired outcomes and main threats facing these vulnerable groups and Table 4 some opportunities identified across the groups.

Group	Community type	Strengths	Weaknesses
Mixed youth	Semi-rural (Emalangeneni)	Some skills including accounting, computer, business, catering, counselling, code 10 licenses and first aid. Their average educational level is grade 12.	This group is very optimistic about the future to the extent that they set unrealistic goals considering the economic position of Ugu DM.
	Rural KwaMachi village	Praise singers, scathamiya groups and stick fighting skills as well as, farming and building skills. Their average educational level is grade 10.	Growing pessimism impacts negatively on planning. Lack of unity amongst the youth.
Unemployed	Semi-rural Emalangeneni	Car attendants, driving, farming, and cutting sugar cane. Their average educational level is grade 6.	Easily exploited by the Indian community at uMzinto.
	Rural KwaMachi village	Road maintenance, sugar cane cutting, building, mining, and motor mechanics. Their average educational level is grade 5.	This group complained about the locals not being consulted when there are jobs available in the area. None of the group members had cellphones, nor had they worked in the past five years or looked for jobs
Farm workers	Rural KwaMachi	The group is very committed to what they are doing and are assisted by the Department of Agriculture (DoA). They even take turns to feed the chickens at night. They trust each other.	They rely too much on outsiders to assist them in their small farm projects. Besides being involved in farming, they are also involved in other non-farming activities.

Table 2: Strength and weaknesses of vulnerable groups from KwaMachi and Emalengeni

The following section of the report gives an outline of the desired outcomes, threats and opportunities for the youth and unemployed groups in KwaMachi and Emalengeni. The dominant desire is for employment.

Group	Desired outcomes	Threats
Youth	Generate employment and finance co-operatives	Lack of support from the local business community.
	Proper structures to deal with HIV positive youth.	More youths are being infected by HIV and AIDS due to the unsafe lifestyles they lead.
	Creation of a drug rehabilitation centre.	The community seems to be ignoring the persistent drug problem at schools.
	Job opportunities	Being left out of the Expanded Public Works Programme (EPWP).
	Skills development	Other departments do not dully complement the efforts from the Departments of Labour (DoL) and Trade and Industry (DTI).
Unemployed	Full employment and decent work. Those involved in co-operatives see themselves as prospective business people in the future.	The possibilities of employment statistics changing for the better in the area are minimal.
	Start own business or migrate to Durban if there is a job there.	The scarcity of financial resources in the area coupled with the lack of intervention from government does not provide them with alternatives.

Table 3: Outcomes, and main threats for different social groups

Livelihood asset	Opportunities identified by groups
Financial	DoL, DoA and DSD income-generating projects 2010 World Cup a huge opportunity to get employment and make a living. Partnerships between government, private sector, and non-government organisations (NGOs), which are already starting to show positive results.
Human-skills	Training in business skills - an opportunity which some have already taken advantage of
Human- security	The intervention by the police and community, which is already helping to address the problem.
Human- health	The facility available at the clinic, which already assists a great deal in dealing with the stress of living with HIV and AIDS.
Physical-personal infrastructure	The proposed chicken abattoir
Physical-public infrastructure	The creation of the multi-purpose centre at uMzinto. The existing stadium could be used for the centre.

Table 4: Opportunities identified by different groups

Livelihoods strategies of vulnerable households in Ugu

The livelihood strategies of different social groups are shown in Table 5. There was a strong reliance on accessing grants as well as self-help community-based service delivery type initiatives run by individuals in the community. However, the frustrations of the youth forced them into crime as a form of survival.

Group	Livelihood strategies			
	Main			Less important
Emalangeni				
Elders	Social grants	Vegetable gardens	Informal trading	Zulu beer brewing
Unemployed youth	Crime	Child grants	Co-operatives and small businesses	Dice gambling
HIV+ women	Disability grants and child grants	Home community-based care (HCBC)	Counselling	Guest speakers at HIV and AIDS seminars
KwaMachi				
Disabled	Disability grants	Shoe making	Donations from churches	
Elders	Pension grants	Informal traders	Subsistence farming	Co-operatives
Unemployed youth	Crime	Co-operatives	EPWP	Grants

Table 5: Livelihood strategies of vulnerable groups

Strong cultural orientation provided the basis for the livelihoods strategies of communities in KwaMachi which in turn acted as their shock absorbers: for example, the young man who took pride in his rich cultural heritage by dressing in **umbhulaselwa** (traditional trousers) made by patching old trousers with different coloured materials and makes a living from selling **izimvubu** (sjamboks), **umbhulaselwa** (traditional attire) and **izimbiza** (herbal mixtures). Crucial to this community was the ability to use conventional methods and the indigenous knowledge system to make a living and protect themselves.

Grass mats, beadwork, grass brooms, sewing, poultry, vegetable gardening, livestock farming, block making, tuck shops, taverns, shoe-making and traditional Zulu beer making, provided some with an extra income while for others, this formed the basis of their livelihoods. A further mapping of the area revealed that the livelihoods of the vulnerable groups were based on co-operatives, crèches, and small unregistered businesses: for example, the Jabula Saga Project, which offered a crèche, sewing service and taught traditional dancing. Despite the lack of employment, it seems that survivalist strategies informed by circumstances are always present in a poverty-stricken area.

2.B Situational analysis of DSD services

Available services

Service delivery at the uMzinto DSD offices had undergone major transformation and cut across all racial groups. Nevertheless, at the time of the first evaluation the DSD at uMzinto had enough permanent personnel to render effective services on a daily basis. An analysis drawn by observing DSD offices in the area was that better office accommodation was needed. The racial composition of staff was skewed towards the previously disadvantaged groups, specifically Africans. Table 6 gives an outline of DSD services in Ugu, their description, frequency of availability and the localities they are offered in.

Prominent in all areas visited during the review was that the DSD was heavily involved in the rendering of services such as social security, welfare provision, and development. Daily queues of grant beneficiaries could be observed from the pension pay-points at Emalangeneni and KwaMachi. DSD was also involved in the fight against HIV and AIDS with its priority on acceleration of HCBC HIV and AIDS projects. Such services were available on a daily basis and there was frequent interaction with the communities via social workers deployed in the areas.

Although there was substantial DSD intervention in poverty relief projects in both uMzinto and KwaMachi, the projects supported by DSD had a narrow vision. At the time of the evaluation the focus was on funding activities of the elderly which in turn resulted in less focus on children, the youth and the unemployed. Nevertheless, the majority of people interviewed said they had access to welfare services on a daily basis excluding weekends and public holidays. South African Social Security Agency (SASSA) officials were also effectively dealing with the management, administration, and payment of social grants in both areas on a frequent basis.

Service programme	Categories of intervention	Frequency service available
Development Implementation Support		
PRP	Emalangen Youth Club	Service depends on availability of resources and agreement reached with the club.
	Shayamoya Youth Organisation	Service is pre-determined in a district municipality
	Umdoni Youth Council	Service is dependent on councillors approval
	Young Entrepreneurs Co-operative	DSD visits the project once a month
	Thobekani sewing, gardening, block making project and poultry farming	Frequent visits by the community development practitioner (CDP)
HCBC	Thandanani Support Group	Annual grants
	Hospice	
National Food Emergency Scheme	Food parcels	Once a month if funds are available
Drop-in centres	Jabula Saga Project	Weekly visits to the project
	Isixaxa shoe making repairing project	Service is rendered on monthly basis
Social Security		
Social security safety-net	Provision of social grants	Monthly
Welfare services		
Services rendered by private welfare organisations	Simthembile Day Care Centre	Weekly visits to the projects
Services targeting vulnerable groups	Umzinto Senior Citizens Cluster	Weekly visits to the projects
HIV AND AIDS support	HIV and AIDS Awareness Campaign	The frequency varies depending on request and the availability of funds.
	Provision of food parcels to HIV+ households	
	Provision of disability grant to HIV+	Events are organised by the DM and local municipalities.
	Information on the availability of condoms, prevention methods, the voluntary counselling and testing (VCT) centres.	
	VCT: Rapid testing, Elisa testing	
	Prevention of mother-to-child transmission: antiretroviral treatment (ART) provision to HIV+ people	Daily
ART: CD4 count is done free on Ugu DM ARV roll-out sites.	Daily	
	Sexually transmitted diseases	Daily

Table 6: Services provided by DSD in the node

It can be concluded that the youth, elderly, sick and disabled had access to services offered within the clinics. This can be attributed to the clinic working in partnership with other government departments, NGOs, community-based organisations, the business sector, volunteers and traditional leadership.

Alignment of DSD services and working relationships with stakeholders

The only significant positive correlation between DSD and other policy documents was the commitment to poverty eradication. Missing was the fundamental understanding that access to basic services cannot be divorced from social development. For example, social wages alone cannot do much to alleviate poverty due to its multidimensional nature. An analysis drawn from the trends of DSD service delivery showed that government has limited financial resources and these must be directed at strategically addressing the real issues facing citizens. Who decides what issues are 'real' remains debatable and the question that must be answered is whether spending R500,000 on birthday parties, Christmas parties and holidays for 30 elderly people is justifiable considering the high levels of poverty that exist in these communities. Such spending contradicts the very foundations of local economic development (LED) strategies.

LED is not feasible unless the DSD starts to seriously consider investing in community infrastructural development. As per the LED plan, a study should be conducted to identify possible markets for small agricultural farmers and the poultry farm, which is part of the Young Entrepreneurs Co-operative. There was also very little alignment of DSD services with the Provincial Growth Development Strategy (PGDS), the Integrated Development Plans (IDPs) and the LED strategy. This was evident from the comments provided by various people in focus groups. An alignment of DSD services with the broader frameworks should be treated as a major priority if poverty alleviation and the protection of vulnerable groups in society are to be achieved.

Questions could be asked about whether the working relationship between DSD and other spheres of government did exist at local level in uMzinto (Emalangeneni and Shayamoya) and KwaMachi. Service delivery is political in the KwaZulu-Natal. With the past, present and future political realities of the province, the local political leadership as community representatives in both areas are actively involved in shaping service delivery trends. Through interaction with local leadership and the community in areas researched, one critical negative aspect that became apparent was the lack of trust and faith community members showed towards DSD.

There were significant tensions between DSD at district, provincial and national levels, fuelled by bureaucracy and political agendas.

Recommendations for addressing service delivery gaps and services

- Locals must be given the first priority in PRP projects:** PRP projects that took the form of Special Public Works Programmes, such as those taking place in the rural areas, should consider the wealth of talent that lies within these communities. Unless such talent is discovered and harnessed, the future of the rural poor will remain bleak. Conversely, if such talented is harnessed, it can speed up service delivery of infrastructure such as roads, water, electricity and sanitation while creating jobs. In the long run, government will be able to render services and still be able to recover costs.

- **Investment in education:** The state of the infrastructure of most schools in the municipality was very poor with a lack of desks, playing facilities, and large shortfalls in the student-teacher ratio, particularly in KwaMachi.
- **Cost-benefit analysis on government spending:** Questions as to what the budget is spent for in the communities will remain critical in the next few years. The IDPs of Umdoni and Umuziwabantu municipalities revealed that most infrastructural backlogs and service delivery gaps were budgeted for in the past financial year. This calls for a synergy between planning, budget, and execution of tasks.
- **Investing in human capital development:** Because most DSD staff were not trained in *Batho Pele* principles, many delays in service delivery occurred. It is therefore evident that better training needs to occur. Other departments should also ensure that their staff are trained in these principles.
- **Collaboration among all stakeholders:** There was a serious deficit when it comes to departments working together in both areas. The command and obey approach was also evident when junior staff members were dealing with senior staff members from other departments.
- **Deficient maintenance:** Inefficient operating in most departments was caused mainly by the lack of maintenance. These were seen in deteriorating roads, frequency of electricity failures, grants not processed in time, etc. The available capacity will have to shift focus and direct efforts to the present, as opposed to the future.

3. Design and implementation of local PRP projects

Introduction

The PRP was a short to medium-term programme of the DSD funded through government's R1.8bn Social Investment and Infrastructure Fund for the purpose of alleviating poverty. The vision of the PRP was to reduce the vulnerability of families, groups and communities to poverty through sustainable social development strategies and institutional capacity development. Poverty reduction initiatives in the Ugu node have been undertaken by DSD in partnership with the Department of Health (DoH) and the Global Fund (managed through the DoH).

3.2 Review of mechanisms for the implementation of local projects under the PRP

Nine projects were visited in the first evaluation with three being selected for revisiting in the second evaluation. Some of the key issues emerging as obstacles to the implementation of local projects included lack of commitment to poverty alleviation by the government, NGOs and the private sector; lack of funding e.g. some projects were in existence in name only because of the shortage of funding; lack of transparency in project formulation, which negatively affected the implementation phase of many projects; and transport issues which affected the smooth operation of projects. A poor skills base was also identified as a major problem in the implementation of projects and the quality of service rendered. The projects and status are listed in Table 7.

Name of project	Status of project ¹	
	2006	2008
Poverty Relief Programme		
Young Entrepreneurs Co-operative		
Thobekani Pumza Sewing and Blockmaking project		
Financial Service Co-operative		
Isixaxa shoe making and repairing project		
Simthembile Day Care Centre*		-
Umzinto Senior Citizens Cluster*		-
Drop-in centres		
Jabula Saga Project*		-
Ubuntu Abande**	-	
Food scheme		
Sunshine Creche**	-	
Home community-based care		
Siyabathanda Support Group**	-	
Services rendered by private welfare organisations		
Hospice*		-
Khulisa*		-

Table 7: PRP projects in Ugu

*Projects no longer functioning/DSD no longer supporting

**New projects since 2006

A number of projects ceased to exist when DSD stopped funding them after 2006. However, three new projects were launched. Project members raised several issues as areas where DSD intervention was urgently required. The life cycle of the projects was an area of particular concern. Some felt that the increasing number of people wishing to be part of these projects would cause the projects to implode and collapse. Members also raised the issue of who had the power to refuse potential members entrance to the project. When the projects were implemented, it was left to the sole discretion of project members to decide who to accept and not. This is a questionable practice.

Table 8 summarises the relevance of the projects according to responses gathered in the first evaluation. Even though the few projects that were running in the area could not solve all the problems associated with poverty, the nine projects evaluated made a significant impact on the different vulnerable groups in the area. More funding and skills are needed to make the projects viable and to increase their impact.

Sector	Projects	Relevance of projects to the needs of target groups	Comments
Youth	Young Entrepreneurs Co-operative	This project provided the youth with opportunities to earn a living. To some extent it gave young entrepreneurs an opportunity to get hands-on involvement in business. Cheap poultry could be accessed easily by the community as a result of the project.	The youth should be trained on budgeting, stock taking, savings, and business skills. The vision of the project was very narrow considering the project plan. Sometimes clients had to wait two weeks for chickens.
Women	Thobekani Pumza	The project provided members with food and clothing. The clothing was sold at pension pay-points to generate income. In places like KwaMachi bricks are in high demand due to bad weather that often destroys houses. The project also supplied chickens to nearby shops. People could not afford to slaughter goats for cleansing ceremonies and instead bought chickens.	More funding should be allocated to new projects. The brick-laying project required transport to deliver the bricks. It also required storage facilities for cement. The DSD community liaison officer (CLO) should visit the project frequently. Members should be offered project management skills.
	Financial Services Co-operative Limited	This financial institution managed to instil a sense of pride in members and the community. It gave people access to loans without having to go to <i>mashonisas</i> (money-lenders in the nearest town).	At first there was limited support from government. But DTI provided helpful support. The problem with this 'gold mine' project was that only a few people had 'mining rights.'
Disability	Isixaxa Shoe Repair and Sandal Making Group	Shoe-making is an activity that the disabled can effectively perform, considering the unemployment rate in the area and the lack of development.	The shortage of social workers in the area paralysed projects such as this. The project ought to receive continuous support from appropriate institutions.
Elderly	Simthembele Day Care Centre	Before the project was introduced in the community, the elderly used to sit, starve and await their last days. With the project, a meal was guaranteed and some income was also generated.	Funds should be made available to nearby villages to start similar projects. Lessons learnt from this project can be used as a point of reference for other areas.
	Umzinto Senior Citizens Cluster	This project helped the elderly to earn a living and sustain themselves. DoA taught beneficiaries how to make pumpkin juice. The elders generated additional income supplying tents and chairs which now belonged to them.	An agreement should be entered into with various departments such as DoA, DTI, as well as with Uthingo, the local municipality (LM) and NGOs to continue sponsoring the project. The planned exit strategy for the project should be delayed until the project can sustain itself.
Drop-in centres	Jabula Saga Project	A concern raised was the increasing number of orphaned children being cared for by the project. Teenage pregnancy was high and babies (especially those born HIV-positive) required medical attention and care beyond the budget of the project. The funding received from donors was exhausted.	Financial difficulties had not stopped the project leaders from rendering a quality service, but the available space only catered for a limited number, and could not accommodate the increasing number of children needing assistance.

Table 8: Relevance of selected PRP projects implemented in Ugu

The evaluation of these projects – to establish whether they were responsive and relevant to the community – indicated that they made a significant contribution to their respective communities. But it was also clear that the availability of projects alone could not do much in the node. The deeper systemic problems in the node stem from the high rate of unemployment, disease and lack of capacity among communities. Although the above-mentioned projects did empower people to take charge of their lives, they were only able to address the superficial symptoms, and not the underlying systemic causes of poverty. The rupture of the social fabric resulting from the death of breadwinners often meant that communities had to rebuild their human capacity resource bases from scratch, over and over again. Also central to the lack of development was the urban-rural divide. People from the node were frequently quoted saying, “go to the city if you want to progress in life”.

Researchers encountered children who clearly did not have sufficient food. Children such as these have been failed with regard to protecting the rights of the child. Every child should receive adequate support, but this was not happening. Focus groups with service providers such as the Thandanani Support group revealed that their ability to respond to community needs was limited by budgetary constraints, and the slowness of interventions from government departments such as DoH and DSD, and NGOs.

Another aspect of a community battling with limited resources was the resentment felt by community members who were not members of projects. Many older non-members believed that corrupt practices and mechanisms were used to select members. They believed that, were they given the opportunity, projects could have benefited them a great deal.

Table 9, below lists selected PRP projects and the different service providers involved as well as the implementation mechanisms. All the projects had a range of different service providers with CDPs also supporting in the management structures of some. A variety of methods were used to introduce the projects to the community (see Table 10). The Young Entrepreneurs Co-operative and the Jabula Saga projects were self initiated by beneficiaries. The rest were externally initiated by government departments. Members’ livelihoods improved significantly as a result of the projects. Members’ perception that they owned the projects was also high.

Issue	Young Entrepreneurs Co-operative	Thobekani	Financial Service Co-operative	Isixaxa Group	Simthembile Day Care Centre	Umzinto Senior Citizens	Jabula Saga Project
Service providers	Ithala Bank DSD, DM, DoA, DoL	DSD, DoL, DoA, Umuziwabantu LM	DoL, DSD DTI, LED	DSD, Umziwabantu LM, Simthembile Day Care Centre, DoH, Special Projects Office	DSD, DoL Independent Development Trust (IDT), DoA, DoH	DSD, Umndoni LM, DoA, DoH, DoL	DSD, Umndoni LM, DoH, local bakery and taxi association
How is the project managed?	Ithala Bank Department of Local Development	DoL, DSD, DoA	Project co-ordinator Auditor from DTI	Project co-ordinator Project committee	DSD, DoL, project committee	Project committee, DSD, Umndoni LM	Project committee DSD via social workers
Accountability arrangements	Accountable to Ithala Bank and Department of Local Development	DoL, DSD, DoA	Responsible to the DTI Self managed with the help of the CDPs	Locally responsible SPO CDPs	DSD, IDT	IDT, DSD Project office bearers	Accountable to European funders Accountable CDPs Accountable to the DoH
Funding arrangements	Ithala Bank initially funded the Co-operative Co-operative now generating income independently	DoL Contribution from the project members	Guaranteed source of income generated from interest charged clients Donations from the members	DSD DM Self-generated income	IDT Uthingo Self-generating Local donations	IDT DoA Uthingo Self-generating	European donors Monthly contributions from the community
M&E system	Weekly and monthly reports Annual audit process	CLOs Weekly and monthly reports Annual audit process	CDPs Annual audit process provided by DTI	CDPs Annual reports and monthly reports	DSD Weekly and monthly reports Annual audit process by IDT	DSD Annual audit process	Auditors financial statements Annual and monthly reports

Table 9: Service providers and implementation mechanisms

Issue	Young Entrepreneurs Co-operative	Thobekani	Financial Service Co-operative	Isizaxa Group	Simthembele Day Care Centre	Umzinto Senior Citizens	Jabula Saga Project
How was project introduced to the community?	Unemployed youth, realising the scarcity of job opportunities, decided to initiate a poultry project. Members approached the local councillor for space allocation and were granted it.	The project was introduced by the DoL and supported by the DSD. Unemployed community members realised the scarcity of jobs and decided to join the project.	The project was introduced by the DTI	The project was introduced through the disability forum meetings	Project was initiated by the DSD as a poverty alleviation strategy for elders.	Initiated by the DSD as a poverty alleviation strategy for the elders, done via local political leadership.	The project was initiated by local women and subsequently introduced to the DSD.
How were members selected?	A meeting of interested individuals was held and those who took the initiative and showed interest in the project became full members.	They were a <i>stokvel</i> group, they decided to put their contributions together to start a project. As a group they approached DoL and DSD for sewing project training.	Members were employees of an illegal money lending scheme	108 people with disabilities were selected via local forums to be trained in trauma management and HIV and AIDS.	Members were selected based on age and locality	They were selected based on age and locality	Members volunteered
Has the project improved the members' livelihoods?	They were able to generate income. However, they were still paying back their loan and they hoped to generate more income once the loan payment is settled.	The project had a valid bank savings account and was growing. Income from the project allowed members to eat a decent meal each day.	DTI trained some members, and they were well versed in basic accounting practices.	The project contributed significantly to the lives of the disabled. Twenty people received computer and business management training, and others learnt to make cane furniture.	Beneficiaries regarded the project as vital, both for their livelihood and quality of life. They were given mealie meal and chicken weekly to cook at home. They were provided with transport to go to clinics, pension pay points and even - as a treat - to visit a hotel in Durban.	They opened a business which hired out a tent and chairs. They had their own space for the operational requirements of their business.	The project provided children with a decent place to learn and get food.

Table 10: Beneficiaries perception of project implementation and benefits in sample projects

Recommendations from first evaluation for improving PRP projects

- **Identification procedure for potential beneficiaries:** DSD should put in place a proper mechanism whereby project beneficiaries are identified, and a follow-up process should be instituted to determine whether the beneficiaries of PRP projects are indeed the intended targets. This exercise could be performed by the CDPs, who are best situated within DSD to contribute positively. The process would entail widely publicising any projects to be offered in the node. The identification process should also stress the importance of the locality of the project, and provide transparent and widely advertised criteria for qualifying and participating in the project.
- **Introduction of projects to communities:** The next phase of the PRP projects would be to introduce the project and its beneficiaries to the community. During this stage community members should be allowed to raise their concerns about the beneficiaries and the proposed project. Such concerns, together with the verification of beneficiaries by communities, could be incorporated into the PRP plan. Resolutions that are agreed upon during this introductory phase should be disseminated to the community constituency. Doing so will enable the community to determine whether the intended project will address their needs. The entire exercise will assist DSD in ensuring that there is buy-in from all stakeholders, and long-term ownership of the project.
- **Beneficiary database:** It will be very useful for each project to have a proper database, which tracks the project beneficiaries, and perhaps the non-beneficiaries that the project interacts with. Such a database will help the DSD to evaluate if the project is addressing ongoing needs in the area. It will also assist future research that might be conducted in the node. All projects should be updated electronically to avoid the loss of documents. This exercise can be undertaken in collaboration with DSD and other departments.
- **Acquisition of qualified personnel:** For any project to succeed, proper personnel should be employed to deal with the administration of the project. In most instances it was surprising to discover that the project leaders were also involved in the administration of the project. This meant they were not always free to lead effectively. There is a tendency in the node for the local council to distribute food parcels, instead of communicating with the project committee. In all local municipalities there should be clearly identified employees who are responsible for PRP projects. This will require that the DSD make some funds available so that such a position can be created and staffed.
- **Establishment of accountability structures:** Accountability is the cornerstone of all successful projects. When things go wrong, people must take responsibility for their actions. When accountability structures are not in place, the entire organisation suffers. Decisions that ought to be taken are delayed and sometimes never taken. Resources intended for beneficiaries end up in project leaders' homes - in other words, corruption in PRP projects becomes inevitable. Thus accountability mechanisms that make, and hold, project leaders answerable must be put in place, facilitated by DSD staff. Of course, the whole node needs to be transparent and accountable about how monies received are spent.

- **Community development practitioners:** For meaningful development to occur, CDPs must play a leading role in the poverty relief projects. However, the turnover of CDPs in the node is very high. Many CDPs only spent a few months in the job before moving on. The reasons cited were not the frustrations associated with the job but the poor remuneration they receive. It would be helpful if they received a stipend, so that they remain in the community longer.
- **Access to funding:** Poverty relief projects cannot be successful without proper financial support from various institutions. The responsibility to eradicate poverty cannot lie solely with government. The private sector, including big and small businesses should be encouraged to sponsor poverty relief projects, and funds that are currently allocated to needs that are not of great importance to the community should be used instead to fund poverty-related projects.
- **Skills development initiatives:** Most poverty relief initiatives lack skilled personnel that will enable the projects to run smoothly. In the node the shortage of skills has had a negative impact on development in the area. The transfer of skills to the community is an end in itself, which obviously impacts positively on the drive to reduce poverty. Poverty relief must capture the importance of life-long learning which in the end enables people to provide for themselves.
- **Improvement of communications channels:** Communication channels between the DSD and the community about PRP projects must be improved. For a project to be successful a bottom-up strategy must be adopted so as to get the buy-in of the community. The Emalangeneni Multi-Purpose Centre is a good example of a top-down strategy. The community was not properly and systematically informed about the Centre, and so many community members opposed the project. They questioned the system used in the selection of construction companies, and claimed (with some justification) that local companies should have benefited from the project rather than outside contractors.
- **Continuous evaluation of projects:** It is absolutely critical that poverty relief projects are continually evaluated, to see if their work is still relevant. In many instances, a project might only be relevant for a short period of time. Ongoing evaluation by the DSD can help projects to refocus and re-skill to cope with the changing needs of the communities they serve. This evaluation process will be much easier when more projects begin to make audited documents available on an annual basis. If the evaluation process is done properly, gaps in service delivery can be identified and new projects can be more easily initiated.

3.4 Support process

Following the baseline research, researchers facilitated a process with nodal DSD officials to prioritise the issues emerging from the baseline, and to develop an action plan to respond to these priorities. The researchers then facilitated a support process to carry out the action plan based on the identified priorities. This process continued throughout 2007, with a series of support visits by the researcher during this period.

4. Second evaluation of DSD services and projects

Background to the second evaluation

The objectives of the second evaluation were to update information on the functioning of DSD-supported projects, and to identify whether and how issues that were raised during the first baseline research were dealt with: what changed since the first evaluation; what impacts were there on project beneficiaries; what worked and did not work; were issues that arose in the first evaluation dealt with and were there new issues. The evaluation also sought to identify changes to DSD services in the node since the first evaluation: what changes were there in services and projects; what changes in staffing levels; and what were the reasons for the changes and their impacts. Finally, the second evaluation sought to identify emerging issues and to assist in planning a way forward for the node based on these issues.

Three projects that were included in the first evaluation were revisited to cover a spread of projects in terms of success, and also to select projects with a diversity of beneficiaries, according to gender and age, to ensure a broader picture of the challenges and opportunities facing them in the nodes. These selected projects are listed in table 11.

Project	Target group	Total no of members
The Young Entrepreneurs Co-operative	Unemployed youth	5
The Financial Service Co-operative	Unemployed women	5
Thobekani Pumza Sewing and Block Making Project	Unemployed women	7

Table 11: Projects evaluated in second evaluation

DSD nodal staff provided information on major changes in services and staff capacity prior to the fieldwork. Following the project visits, a workshop was held with DSD and other key nodal stakeholders to verify the changes and to confirm the staffing levels, to discuss issues arising from the projects and have discussions about the specific challenges and opportunities facing DSD in the nodes.

Update on the projects

Changes since first evaluation

Table 12 highlight the events and changes since the first evaluation in the Young Entrepreneurs Co-operative, as an example. The co-operative is a youth-run project. Whilst it experienced problems, members had managed to solve these problems.

Event or stimulus for change since first evaluation	Change or action taken	Impact of event
The project received R100,000 funding from DSD.	Purchase of more equipment and chick stock.	The project generated sufficient income through chicken sales to the local community.
Financial mismanagement in the co-operative.	When the investigation was completed, the nodal manager and CDPs agreed that the committee should be reshuffled.	DSD closed the project closed for a month to assess the situation. The CDPs, nodal manager and auditors were involved in the investigation. A series of meetings were held with the members to discuss and resolve the issue.
Some members resigned because they got jobs with the Umdoni municipality and others felt that the project was not benefiting them financially.	Training of the existing members on duties that were performed by members that had left the project.	Increased workloads of the available project members.
The local <i>induna</i> (chief) is threatening to evict project members from the space which he had allocated to them. The possible threat for eviction was triggered by rumours from the community that the project had collapsed.	The project members informed the <i>induna</i> that the project was continuing.	Members felt devastated and hopeless.

Table 12: Events and changes since first evaluation: Young Entrepreneurs Co-operative.

Participants' perception of the impact of the projects

Table 13 gives perceptions from members on the projects, as well as other stakeholders. Two of the projects had significant impact on the lives of the members and these were rated 'green' (functioning well). Although the Young Entrepreneurs Co-operative went through problems that had a negative impact on the lives of its members, the members were more committed to making the project work. Members rated the co-operative 'red' (not functioning). The three projects benefited the wider community in which they were located.

Young Entrepreneurs Co-operative	Project Financial Service Co-operative	Thobekani
<p>The remaining project members were severely distracted by the financial irregularities that happened which affected their optimism about the project, but they had a plan to rebuild the project.</p> <p>The project managed to provide employment to one person for one month in December on a monthly salary of R700.</p> <p>The community bought chickens from the poultry project at a very low cost. The project also supplied soup kitchens with chickens.</p>	<p>The project significantly changed the members' lives. They all got jobs in the bank.</p> <p>Three additional staff members were since employed at the bank.</p> <p>The unemployment rate at Nqunqumeni village was very high; as a result most banking institutions did not offer loan assistance to people without proof of income. The only available lender at their disposal was the village bank.</p> <p>Families borrowed from the bank to send their children to schools.</p> <p>The community used the bank for their <i>stokvels</i> and personal banking accounts which made it convenient and easier to withdraw money when needed.</p>	<p>Project members felt the project significantly changed their lives for the better. The small stipends they received from the project went a long way in assisting in their households.</p> <p>The R500 monthly grocery allowance for the project received from DSD negated any chance of poverty nesting itself in the project. This monthly allowance did not come from the project budget.</p> <p>The individual households significantly benefited from the financial resources generated through the project.</p> <p>Food was no longer a scarcity in households with project members.</p> <p>Community members were no longer required to undertake a 50km return trip to Harding to buy blocks and aprons.</p>

Table 13: Perceived impact of the projects

The Young Entrepreneurs Co-operative project originally had 10 bona fide members but at the time of the second evaluation there were only five left. A couple of months ago the project was rated orange, but since the financial mismanagement that took place in December last year, the project was instructed by DSD to stop functioning until irregularities were sorted out. This was the reason for the red rating members gave. However it should be noted that there was enough money in their budget to resume their operations.

Two years ago, the Financial Service Co-operative was a small co-operative with a limited number of clients but with funding from DTI and support from DSD it became a recognised, thriving and respected institution. The project managed to employ three youths from the local area which was a good indicator of progress and development. The financial position and management of the project were very sound. Hence the project was classified as green.

The Thobekani Pumza Sewing and Block Making Project operated from its own premises and was financially sound. Members underwent extensive training on sewing and block making. The revenue generating aspect of the project and confidence shown by the local business community towards the project were positive influences on sustainability.

What worked and what didn't work?

Table 14 shows an example of the assessment of what worked well and what did not in the Financial Service Co-operative.

What has worked well in this project?
Commitment, trust, transparency, accountability and co-operation within the project.
Technical support received from community, NGOs and various government departments.
Funding that the project received from DTI.
What has not worked well?
Marketing of the bank to clients residing in different local wards.
Lack of computers to load client's files.
No data clerk to handle queries.
What was the role of DSD and/or intermediate service providers?
DSD's intervention was through capacity building and monitoring.
Backing and support from DTI.
South African Micro-finance Apex Fund (SAMAF) assists with reporting and audit skills.
Vulindlela Development Finance Consultants offered financial advice.

Table 14: Project assessment: Financial Service Co-operative

Update on project issues arising from the first evaluation

With each group the findings of the first evaluation (2006) were presented and participants were reminded of the dreams they identified for the next year, followed by a discussion of these and emerging issues. Table 15 shows an example of the findings from the Thobekani Pumza Sewing and Block Making project.

Project issues	Comments and/or recommendations
Findings/recommendations from first evaluation	
Lack of access to sand and cement.	Access to sand and cement for the project was possible provided they acquired their own transport. Additional resources need to be generated to purchase a project vehicle.
Issues emerging since 2006	
Lack of access to water and electricity.	The issue was already discussed with the DM who visited the project but no progress was made at the time of the second evaluation. DSD should check on the developments and put pressure on the DM.
More training related to sewing.	DSD started talks with a service provider to train them in advanced sewing skills to enable the project to be more productive.
Activities and dreams for 2006-2007:	
The site needs to be converted to a fully fledged factory.	The project still needed to get the buy-in from the DSD nodal personnel as to the viability of the proposed conversion. Financial and technical expertise was required.
A partnership should be forged with the municipality to supply the blocks for RDP houses under construction.	The discussion with the municipality had not yet started but correspondence in relation to the proposal was to be forwarded to them. DSD could a mediator between the municipality and the project members.
To supply local schools with uniforms.	The nodal manager was to negotiate with local school principals.

Table 15: Project issues: Thobekani Pumza Sewing and Block Making

The projects' fortunes from the first evaluation had changed significantly. Two of the projects that were not financially stable previously were flourishing, although the third was in a more uncertain position. The project successes could be attributed to the support that they received from various service providers. The commitment in some projects was outstanding, reflecting positively on their success. All the projects were assessed had received funding from DSD or other reputable financial institutions. The main problem identified with some projects was that before they were funded, they were borrowing money from local financial institutions to finance their projects. When they started receiving funds, they were then obliged to use the profits they generated to repay the debts incurred prior to funding.

The Financial Service Co-operative did well compared to the first evaluation. The Thobekani Pumza Sewing and Brick Making Project also did well, emphasised by their success in obtaining a tender with the Singisi Forest Company. The Young Entrepreneurs Co-operative did not excel due to financial mismanagement and the lack of dedication and commitment by some of its members. Overall the projects with more youth involvement seemed not to do well when compared with those run by older members of the community. This might be attributed to the fact that DSD prioritised projects that address the needs of the aged and that there were more resources allocated to the aged as compared to the youth.

Most project issues that emerged during the first evaluation were addressed and current dreams were more important than past achievements. In future it is important that funds allocated for purchasing equipment for projects should be separated from the budget to ascertain whether a project is generating income or not. Indeed, project viability is influenced by the skills of the project members which calls for continuous investment in skills to enable members to deal with

the ever-changing demands of project management. Projects should also be encouraged to learn from other successful projects existing in the node.

Changes in the node since the first evaluation

Changes to DSD services and projects

Changes in the services and projects of DSD in the node are recorded in table 16.

Changes to services and projects
Trends/summary:
At the time of the first evaluation, it was evident that services and projects provided by DSD in the node were not properly co-ordinated. The identified shortcomings of the projects and services began to be addressed during the support visits that followed. The second evaluation phase identified more improvement in services and projects and the stakeholder participation reflected higher participation in the research process from the constituency than before. Overall the changes that happened contributed positively to the infrastructural and service development in the node.
Description of major changes:
Changes to services: The workload of DSD and SASSA multiplied due to the foster care backlog that had to be addressed. The backlog was caused by the delay from social workers to register children who were in need of care, orphaned, abandoned, at risk, abused or neglected. SASSA's intervention in this matter was to ensure that the backlog was reduced and to create space for new cases. Through the provincial offices in Pietermaritzburg DSD implemented a major food parcel programme. Community outreach campaigns by DSD and Home Affairs ensured that services were accessible to remote rural areas. There was more co-operation between DSD and DoH HCBC workers. DSD in partnership with South African Police Services (SAPS) was actively involved in crime prevention in the area since the brutal Emalangeneni serial killings and rapes. PRP projects were prioritised as part of a robust food security campaign spearheaded by the Minister.
Changes to the projects supported by DSD: More projects emerged in the node e.g. soup kitchens, vegetable gardens. Projects received financial support from institutions such as Ithala Bank, DoA and DTI and were viable and financially stable. Projects that were initiated to provide food were capable of providing stable employment to a few individuals. Since the training of members on project and financial management skills, projects were functioning properly. Reorganising and reshuffling committee members within one project led to greater transparency and accountability.

Table 16: Changes in DSD services/projects and causes/impact

Why did these changes happen?

Changes around service delivery were attributable to the municipal demarcation. New areas were incorporated into the jurisdiction of Ugu DM which in turn distorted the client:staff ratio in the municipality. The deep rural areas were neglected in the past due to lack of accessible road infrastructure. The recent increase of the number of people who required bedside attention necessitated the change in the nature of services provided by DSD, DoH and HCBC workers.

The food security projects were about addressing hunger and creating employment in the rural areas. As projects grow and gain access to markets, new opportunities are created which in turn require more people to assist. Project members identified greater skills as a requirement for projects to be successful. The reshuffling of committee members was attributable to financial mismanagement by some project founders of the Young Entrepreneurs Co-operative.

Most programmes and projects were not addressing people's needs, so DSD with the assistance of CDPs visited projects and communities to understand their needs. The campaign paved the way to ensuring that development is community driven. The results of the first and second evaluations showed that DSD ought to facilitate capacity development and ongoing technical support for struggling projects. The continuous mugging of pensioners coming from pay-points and also the recent serial killings of women at the nearby sugar cane plantation at Emalangeni led to stakeholders supporting SAPS initiative in the fight against crime.

Changes in staffing levels

The DSD in the Ugu node managed to fill all vacant posts with the exception of the Production Social Workers, where eight out of 12 available posts were filled. This placed pressure on the existing social workers with high levels of burnout.

The shift from welfare to social development led to the demand for qualified development practitioners. The shift in approach encompasses a more people-driven and community-centred process where local people themselves play a more central and active role in the development of their communities. The discourse of sustainable livelihoods, which is core to sustainable development, necessitated the changes and the need for new staffing patterns. The emergence of community CDPs brought about the necessary expertise required for project-based interventions whilst relieving social workers to focus on their primary social work function.

5. Findings and recommendations


Findings

- The **positive role played by DSD** in ensuring that projects were funded and technically supported contributed to improving people's lives. There was optimism in the node due to the commitment shown by various government departments in supporting developmentally driven projects. The **concentrated support shown by other agencies** and departments such as the Department of Trade and Industry (DTI), DoA, DoL, Ithala Bank and various NGOs assisted local municipalities to address the needs of projects.
- Skills deficiencies made it difficult for project members to formulate proper business plans which captured the needs and demands of the projects.
- The mushrooming of projects in the node did not match the **funds** available for their support. As a result, new projects struggled and were collapsing before even getting funding from DSD.
- Initially the **vision, mission and objectives of most projects were only narrowly defined** during the planning phase. Indeed the life-span of some projects was dependent on the availability of DSD funds rather than income generated by the project. This perpetuates a dependency syndrome which was fuelled by stringent decisions, coming from the DSD regional office in Pietermaritzburg, stipulating amounts to be spent before the financial year ends.
- The **selection criteria for members** caused a great uproar when participants raised it during the stakeholder workshop. Most projects which were designed to benefit the elderly and children had not satisfied the intended objective. Some senior citizens clusters had youth members who were family related, contrary to the goal of setting safety nets for the elderly.
- The DM agreed to **co-ordinate all developmental services** taking place in the node.
- **CDPs' working arrangements limited their effectiveness.** They were expected to play a vital role in ensuring that projects were supported and that services destined for the vulnerable did reach them. But they were bogged down by serious report writing protocols which limited their opportunities to visit and support projects. Furthermore the CDPs did not have

access to email which made communication with service providers, the municipality and the community very difficult.

5.2 Recommendations

- **Improve co-ordination between DSD offices:** To avoid duplication of service in the node and enable development to be more efficient and transparent there should be a proper co-ordination of events and projects between the various DSD offices. The existing events calendar should be the point of communication amongst service providers and various government departments. The cost of events and services provided must be shared amongst departments and the municipality.
- **Review nodal funding strategy and procedures:** For DSD to be able to reach a large number of beneficiaries, projects should be dispersed equally across rural areas in the node. Procedures for approval of projects and release of funds should be made more easier but nonetheless robust.
- **Lack of capacity** requires an urgent intervention from various service providers to ensure that civil servants (including CDPs) and communities at large are skilled in aspects such as computers, project management, accounting practices etc. Assessment should always be linked to skilled training invested in a project and DSD should continually assess whether the skills learnt were transferred to good use in the project.
- **Ensure match between intended and actual beneficiaries:** DSD should conduct a thorough audit to ascertain whether the current beneficiaries of PRP projects were indeed the intended targets.
- **Recruit more CDPs:** Despite the fact that all CDP posts were filled, there is a serious need for more of these posts to be created because of the increasing volume of projects in the node.
- **Align DSD initiatives with DM processes supporting LED:** Pro-poor growth can be achievable through rigorous LED initiatives which in turn require communities to be at the centre of their own development. The available platform for such an inclusive approach is located within the DM where the voice of stakeholders has a significant bearing. So DSD programmes and projects aimed at LED should be driven by the community and responsible departments through district council processes.
- **Improve and maintain infrastructure:** Infrastructure development and maintenance in the node needs to be prioritised to avoid further deterioration of the existing infrastructure.
- **Consider more one-stop shops to improve service delivery:** Insufficient service delivery points in rural areas can only be addressed through a one-stop shop. Housing all service providers in one locality and in an accessible area will alleviate problems for clients created by the need to move from one office to the other. The multi-purpose centre in Umdoni Shayamoya township is a useful model and it is recommended that the effects and impact of this new facility be closely monitored.
- **Develop lesson sharing opportunities:** DSD should find ways to share lessons learnt from some of the successful initiatives at nodal, provincial and national levels.



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