

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

Building sustainable livelihoods in... ...Umkhanyakude

Background report

A survey based profile

A livelihood profile and service delivery evaluation

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Section 1

Profiling Umkhanyakude background report

Building sustainable livelihoods

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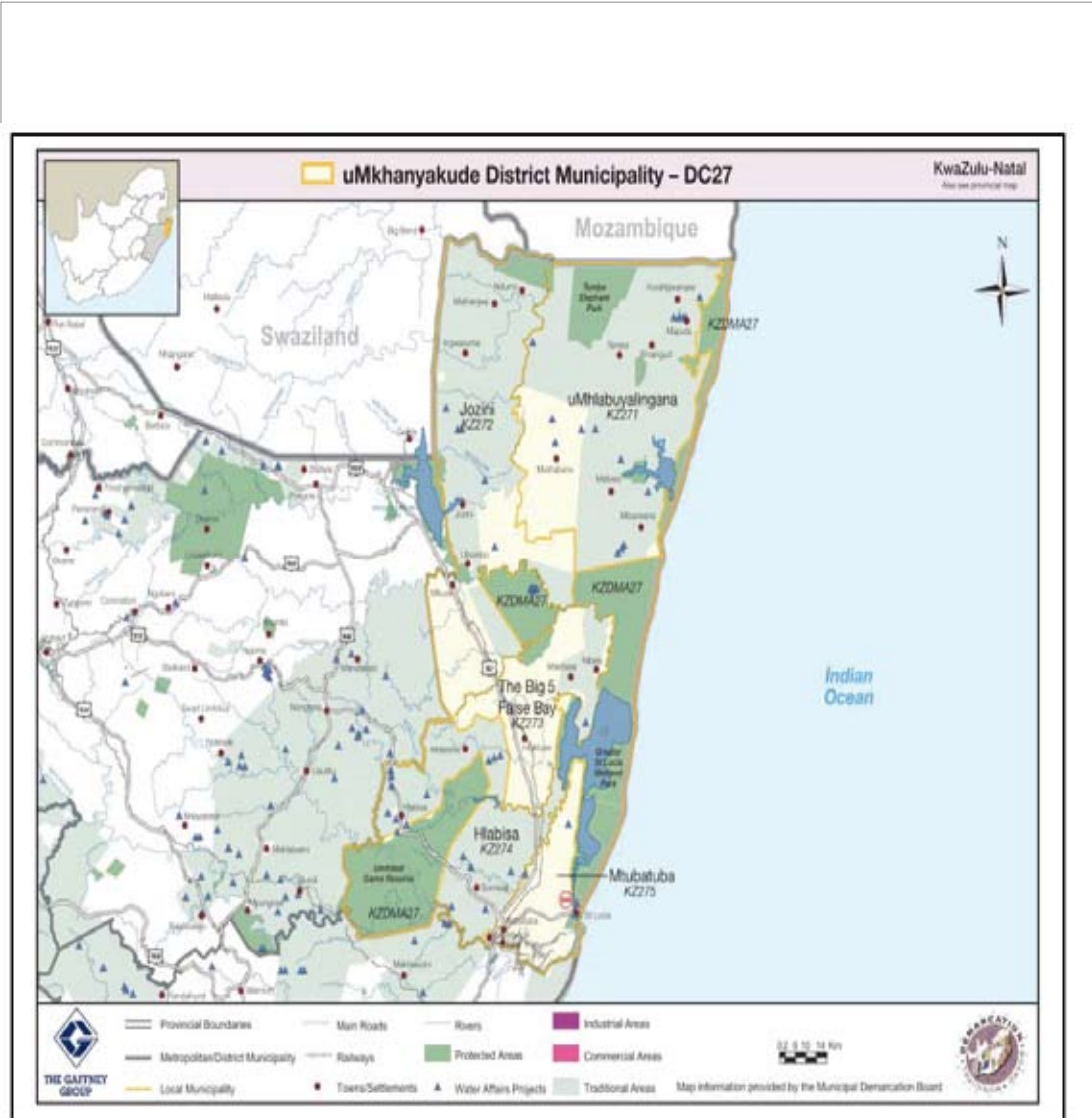


Figure 1: Umkhanyakude District Municipality, KwaZulu Natal (Source: Gaffney’s Local Government in South Africa, 2004 – 2006)

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 Umkhanyakude node lies, receives, on average, 300 to 500 mm of **rain per annum** which places it towards the high end of South Africa's rainfall bands. Nevertheless as shown below the area is categorised as a **drought risk** area.

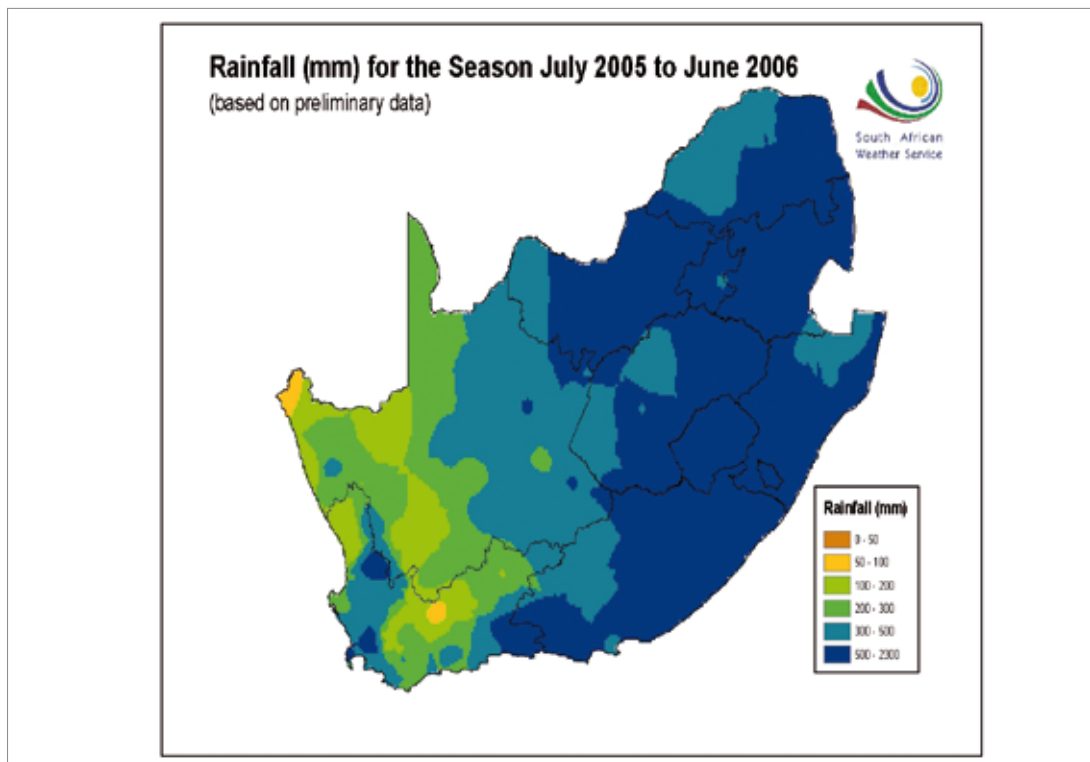


Figure 2: Total rainfall for July 2005 - June 2005 (Source: South African Weather Service)

Despite its **high rainfall** the risk of drought in the node has over the years impacted negatively 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, DSD will presumably have to continue to provide emergency food relief in the interim whilst sustainable subsistence is gradually transformed into more sustainable food production methods.

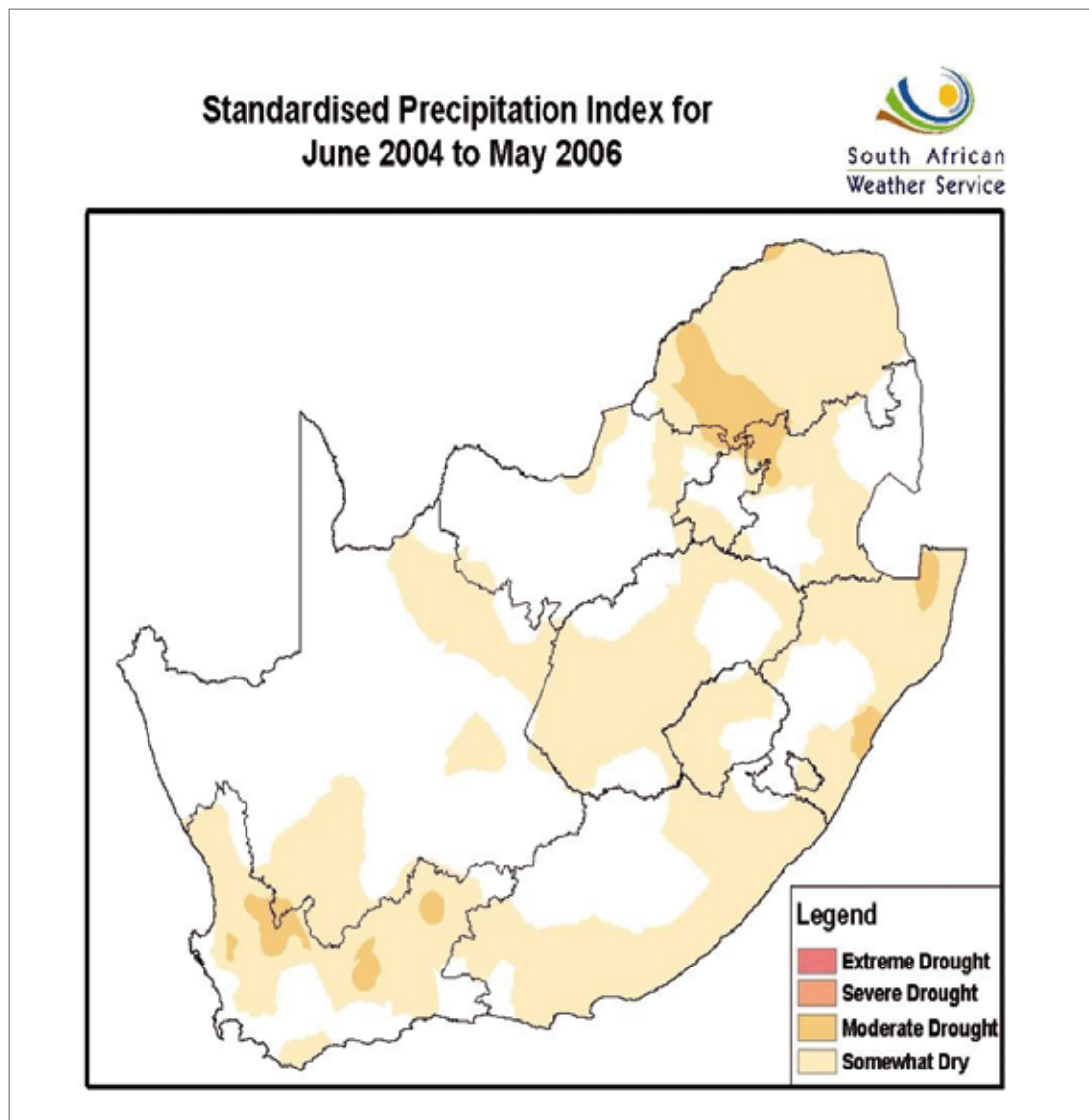


Figure 3: Drought Prevalence in South Africa, June 2004 - May 2006 (Source: South African Weather Service)

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 and Indian Ocean Coastal Belt (see below). Whilst this vegetation has been found to support limited grazing for cattle, sugar cane, forestry and pineapple plantations, it has not led to much sustainable agricultural production for commercial agriculture. Moreover, those benefiting from the limited 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.

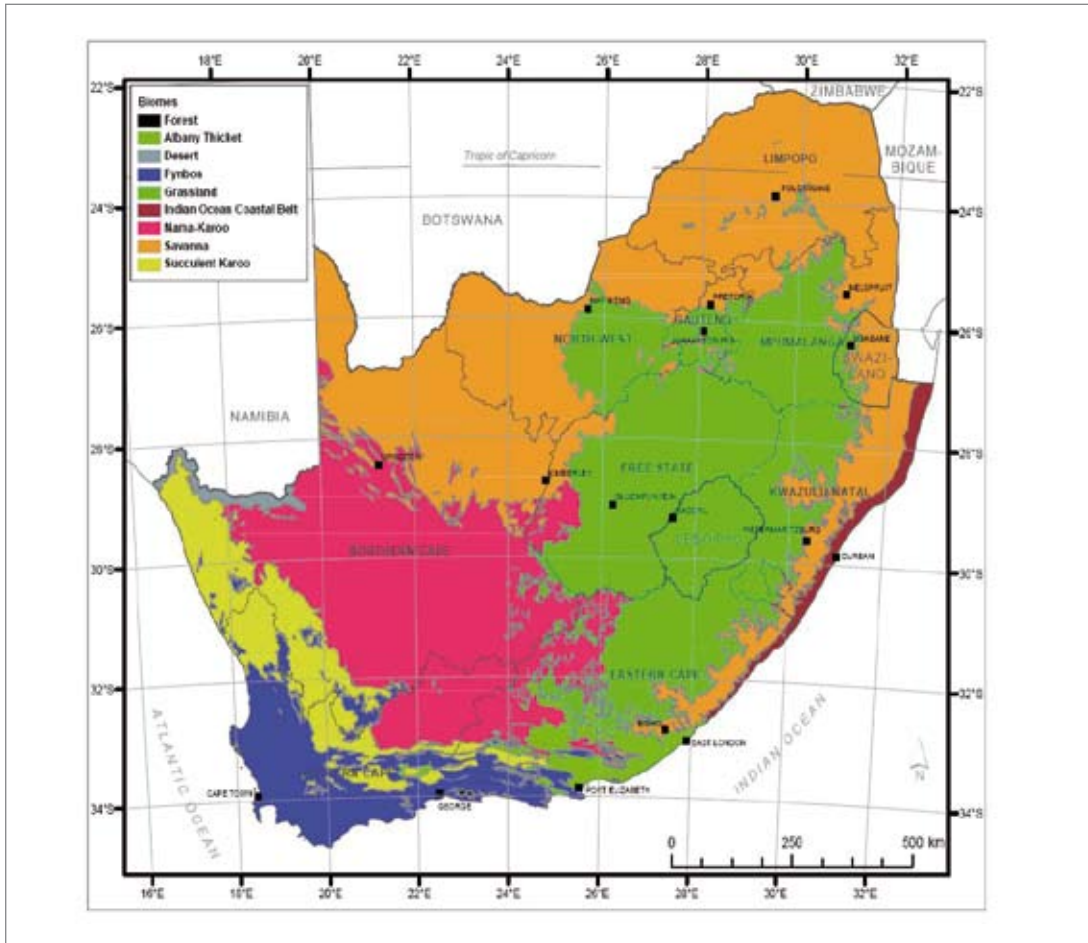


Figure 4: Major Vegetation Biomes of South Africa (Source: South African National Botanical Institute)

Settlement variations

This district is **located** in the northern parts of KwaZulu-Natal province and it sits on the borders of neighbouring countries of Swaziland with Lubombo Mountains as boundary in the east and Mozambique is in the North.

The **population** of this region is spread almost evenly throughout. This region has a lot of cultural history, and some natural resources for example St Lucia wetlands which is a world heritage site. This municipality has flat land hence called Umhlabuyalingana. It has rich soils, suitable for agricultural production and has one of the 2nd biggest dams in the southern Africa, Jozini dam. Commercial farming has invaded the inland region of Makhathini. The majority of the population is involved in **agriculture and tourism**.

Land use in the District can be divided into two broad categories, viz. commercial farming and traditional settlement areas. The node is **geographically isolated** and few have managed to realize the agricultural and tourism potential of this node.

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.

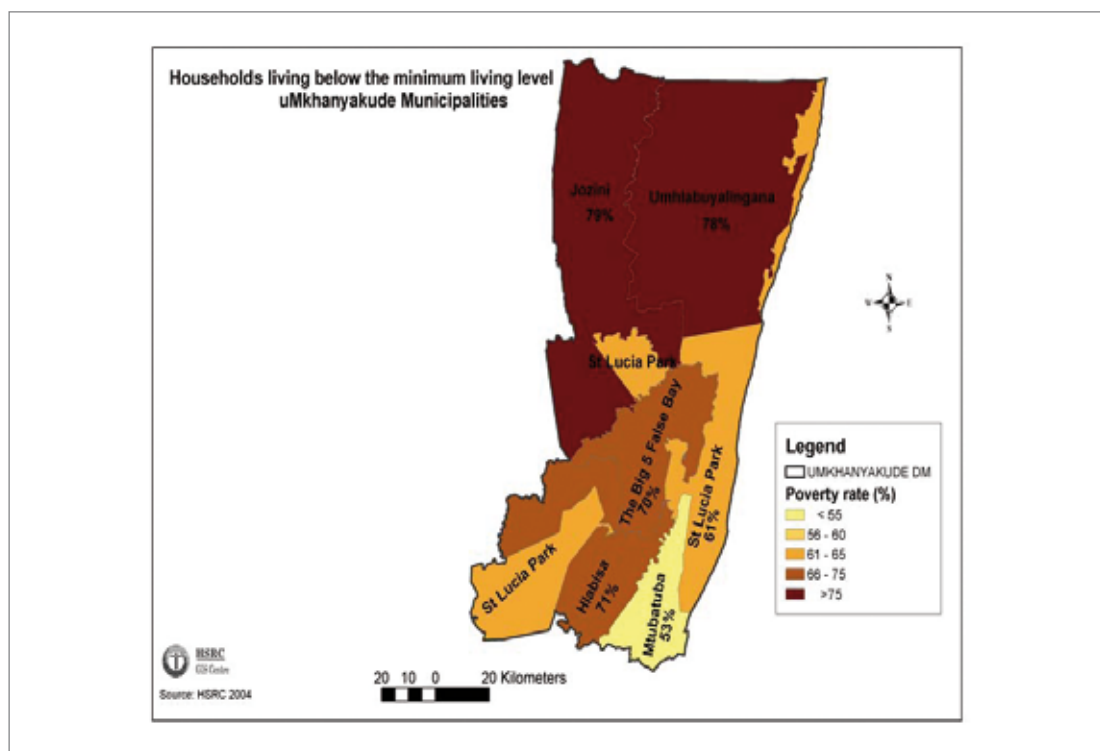


Figure 5: Poverty rate (Source: HSRC GIS Centre)

The node has a total surface area of approximately 12 668 square km. The node comprises constituted of five local municipalities namely:

- Umhlabuyalingana, 99.9% of households rural
- Jozini, 98.4% of households rural
- Hlabisa, 96.1% of households rural

- Big 5 False Bay, 95% of households rural
- Mtubatuba, 45.4% of households rural

The node is predominantly rural (95.5% of the households in this node are rural) with a range of **settlement types** including small towns, tribal areas and farms. The urban areas (4.5% of households) are largely to be found in the Mtubatuba Local Municipality. 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 dwellings (52.4% 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 Jozini, Mkuze, St. Lucia and Hluhluwe.

In terms of **land tenure** Census 2001 found that more than a third of the landowners in the node (37.6%) owned the land on which their dwelling resided, and a further 48.2% occupied land for which they paid no rent. A fraction reported they owned the land but had yet to pay it off (8.9%) and the remainder reported that they rented the land (5.2%).

According to Census 2001 the majority of the people who live in this node have done so since 1996 (84.5%) whereas only 2.1% said they had not (i.e. they had moved into the node over the past 5 years) whilst the remaining 13.4% were children who had been born since 1996. **In-migration** is very low: of the 2.1% who had moved into the node in the intervening 5 years, 84.5% had moved from elsewhere in the province; Gauteng at 4.4% and the Eastern Cape at 2.1% provided a large proportion of the remainder. However, there is no information on the destination of those leaving the node.

Demographics

Census 2001 tells us that the **total population** for this node is 573 346 where the vast majority live in rural households (95.5%) whilst only 4.5% live in urban households. The population density for the node is relatively low at 45.5 persons per square km.

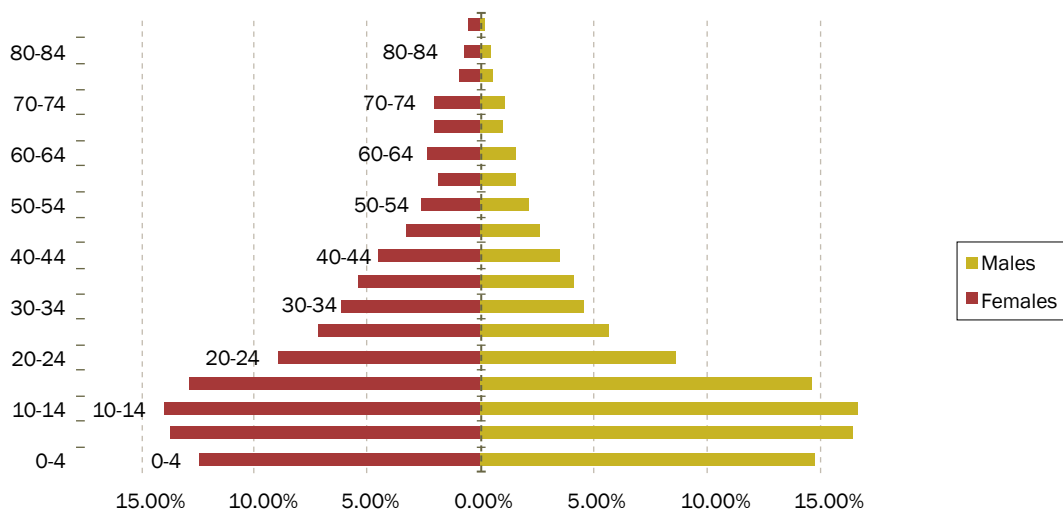


Figure 6: Age/sex profile of Umkhanyakude (Source: Stats SA, Census 2001)

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 (99.2%).

	Black African	Coloured	Indian	White	Total
Umkhanyakude	568845	891	371	3239	573346
	99.2%	0.2%	0.1%	0.6%	

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 Umkhanyakude (54.8% of the population are females as opposed to 45.2% of males).

The **age profile** of this node demonstrates that more than half of the population (57.1%) in the node are 19 years or younger, whilst little over a third (36.3%) 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, Umkhanyakude scored extremely badly on each of the individual indicators (Table 3) making it one of the worst off of all the ISRDP nodes. Poverty is higher in the node than in the province, the average across all ISRDP nodes or the country as a whole.

	Female headed	Illiteracy	Unemployment	Income	Crowding	Dwelling type	Sanitation	Water	Lighting	Refuse	Poverty index
Umkhanyakude	50.6	54.1	73.9	35.5	5.2	52.4	81.1	82.4	78.9	91.9	60.6
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 Umkhanyakude

Before commenting on the very high poverty index score assigned to Umkhanyakude³, 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 Umkhanyakude Census 2001 found that more than half (50.6%) of households were female headed. This node is higher than the average for the province (45.5%) and 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: More than half of the population in this node is functionally illiterate (54.1%). 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 suggests that the node is worse off than many of the other ISRDP nodes and significantly worse off than the rest of the province, and that the cycle of poverty in the node will remain difficult to break as many of these

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).

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 one in five had studied further than junior secondary (16.1% had completed Matric and an additional 2.8% had studied post matric).

	No schooling	Primary	Junior Secondary	Senior Secondary	Post matric
Umkhanyakude	37.1%	23.6%	20.5%	16.1%	2.8%

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

The node is nevertheless well served with **453 schools**, roughly 2 schools per 1000 of the school going population. 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).

Dwelling type: With 52.4% 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%) or the average for all the ISRDP nodes (46.3%).

Over-crowding: We define over-crowding to include more than 1 household sharing a single room. Housing in this largely rural node is dominated by traditional and informal dwellings but poverty has led to overcrowding (commonly associated with poverty in the major urban areas of this country). The node is well above average (5.2% 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** for South Africa is 48.2%, in this node unemployment is at an extremely high 73.9%. Again this is higher than the average for the province (55.1%) and the average for all the other ISRDP nodes (67.9%). Among the reasons for creeping unemployment have been the ‘downsizing’ of commercial agricultural enterprises and the remoteness of this node from major commercial centres in the province, exacerbated by drought and seasonal employment.

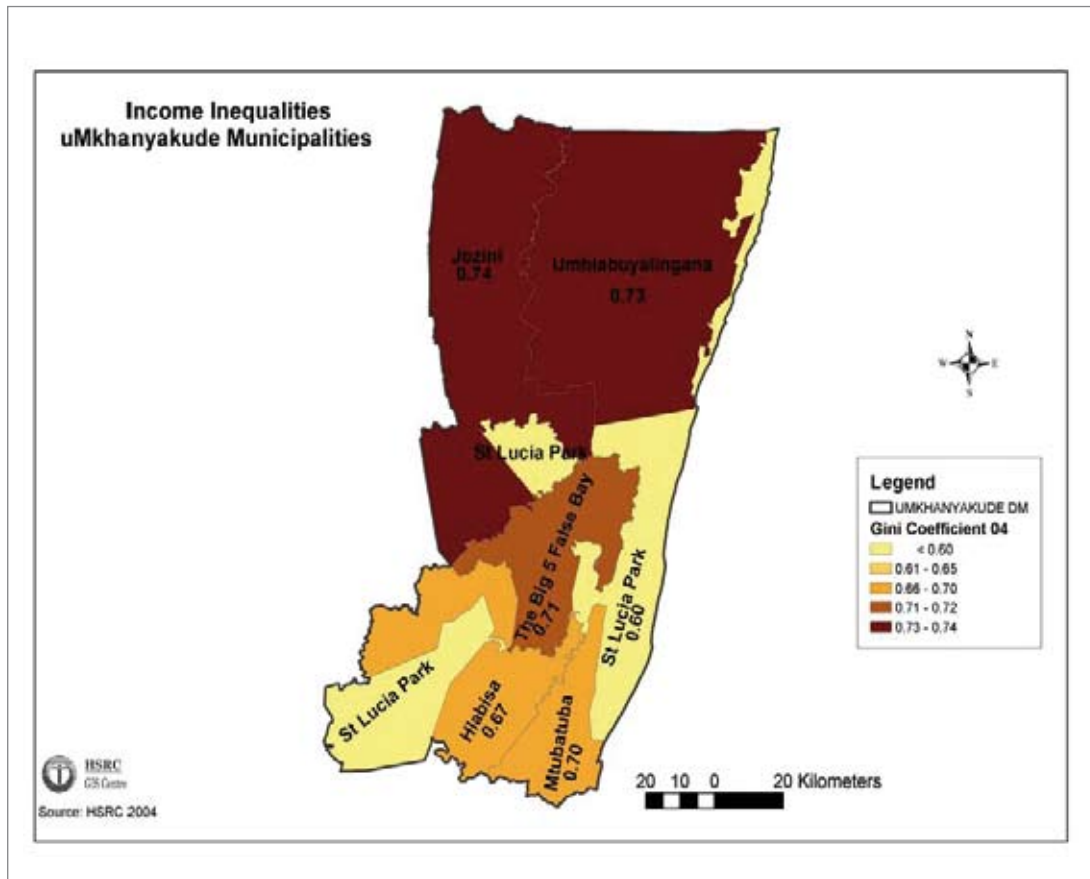


Figure 7: Gini coefficient (Source: HSRC GIS Centre)

Income: With such high levels of unemployment in the node the levels of income are correspondingly low. Inequalities in income distribution are reflected above in the **Gini coefficient**, suggesting wide disparities from north to south. Whilst a third of households (35.5%) reported no income whatsoever, 11.8% reported an annual income of less than R4 800 (i.e. less than R400 a month), and 21.6% reported earning less than R9 600 per year. This equates to more than two thirds of the households in the node (68.9%) living on less than R800 per month.

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 (32.8% of those employed work in this sector). Agriculture, hunting and forestry (12.1%) is also a major 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 (12.1%). 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 not as starkly illustrated when one considers employment by sector (Table 5) as compared with other ISRDP nodes. The agricultural sector, a major employer in the node, is home to 14.7% of all employed men whereas 8.9% of employed women work in this sector. The other major employment sector in this node, government services display some differences in the opposite direction: 28.4% of men as opposed to 38.0% of all employed women. The wholesale and retail sector also displays some very small differences (11.1% of employed men work in this sector compared to 13.4% of all employed women) in terms of gender inequity.

Economic Sector	% Employed	% Male	% Female
Agriculture, hunting; forestry and fishing	12.1%	14.7%	8.9%
Mining and quarrying	0.9%	1.6%	0.1%
Manufacturing	4.4%	5.8%	2.7%
Electricity; gas and water supply	0.6%	0.9%	0.3%
Construction	4.1%	6.2%	1.5%
Wholesale and retail trade	12.1%	11.1%	13.4%
Transport; storage and communication	4.1%	5.9%	2.0%
Financial, insurance, real estate, business services	5.0%	6.2%	3.7%
Community, social and personal services	32.8%	28.4%	38.0%
Private Households	8.6%	4.4%	13.5%
Undetermined	15.3%	14.9%	15.9%

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

The challenge for those working to eradicate poverty in the node is to harness these successful commercial initiatives to provide long term, sustainable projects that benefit the vast number of unemployed in the node and ensure that women have equal access to these initiatives. At present, Umkhanyakude lacks any form of industrial or manufacturing base. Strategies need to be adopted to improve the situation as there may be further decline in the economic performance of this economic region of the Province.

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 (82.4%) 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%).

Sanitation: With so many households not accessing running water the availability of water borne sewerage, from a health and welfare perspective, is poor (18.9% households had

either a flush or a chemical toilet). The health dangers are increased when we note that 55.4% have no toilet whatsoever (regular outbreaks of cholera in this node can be attributed to the poor provision of sanitation services).

Lighting: Electricity is also not being successfully delivered in the node. More than three quarters of the households (78.9%) do not use electricity for lighting their dwellings, which is far 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) and also worse than the average for other ISRDP nodes (54.9% of households). Candles (75.9% of households rely on them) are the primary source of lighting in this node.

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 more than 9 out of 10 households (91.9%) do not have refuse removed in this node. Worryingly, it does mean that these households either establish their own refuse dump (63.6% of all households in the node) or simply not dispose of the rubbish in a dump (27.4% 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.

Within the node there are differences across 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 Mtubatuba Local Municipality can report that 57% of households have access to electricity and 77% have access to running water, Umhlabuyalingana Municipality only provides electricity to 2% of households and water to 15% of households.

Due to the spread of cell phones, many households 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 12.8% 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.

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.

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
3628	2495	17934	7917	45924	3561	10624	13566	105649
3.4%	2.4%	17.0%	7.5%	43.5%	3.4%	10.1%	12.8%	

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

Transport and road networks vary enormously across the node. The majority of citizens rely on foot for daily transport needs (89.1%). 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 1.5% and trains a negligible 0.4%. A further sign of low household income in the node is the small number of households who rely regularly on minibuses or taxis (2.5%) and the small number who have access to a private car, either as a driver (2.6%) or as a passenger (5.0%).

On foot	By bicycle	By motorcycle	By car as a driver	By car as a passenger	By mini-bus/taxi	By bus	By train	Other
89.1%	0.6%	0.6%	1.6%	4.1%	1.7%	1.5%	0.4%	0.4%

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 38 clinics and health centres and 6 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. 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.

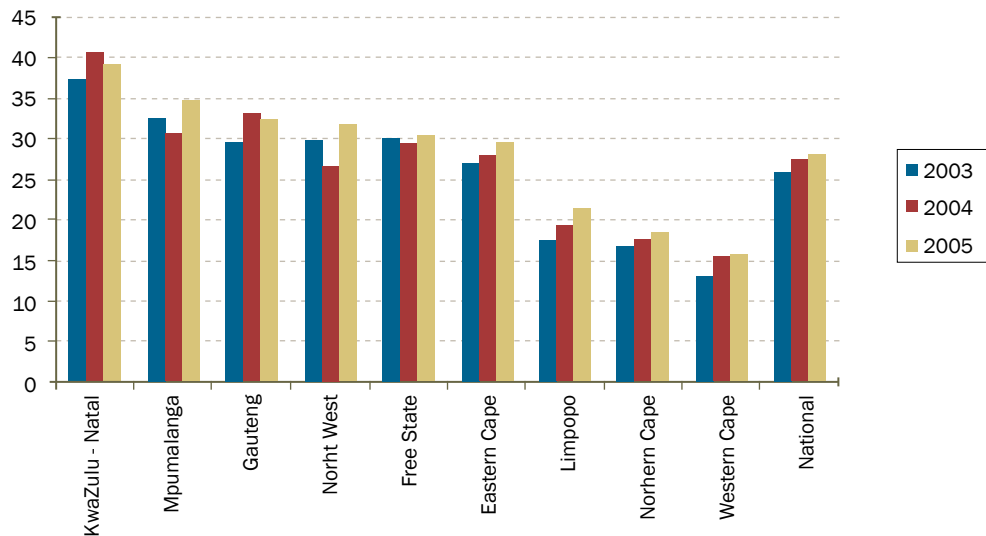


Figure 8: Provincial HIV prevalence estimates: Antenatal clinic attendees, South Africa 2003 - 2005 (Source: National HIV and Syphilis Prevalence Survey 2005, DoH)

The number of **police stations** in the node is 10, in other words roughly 1.7 police stations per 100 000 of the population. This is about average for the rural parts of our country, and with **4 courts** in the node it would appear that citizens of this node are being provided with adequate safety and security.

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.

As we can see, **DSD is not well-positioned** to substantively meet the poverty challenges in the Umkhanyakude node. There, on the positive side, 226 pay points for social grants. But looking at all the other services provided by DSD, there are just 30 – across all types – in the node, lower than many other ISRDP nodes.

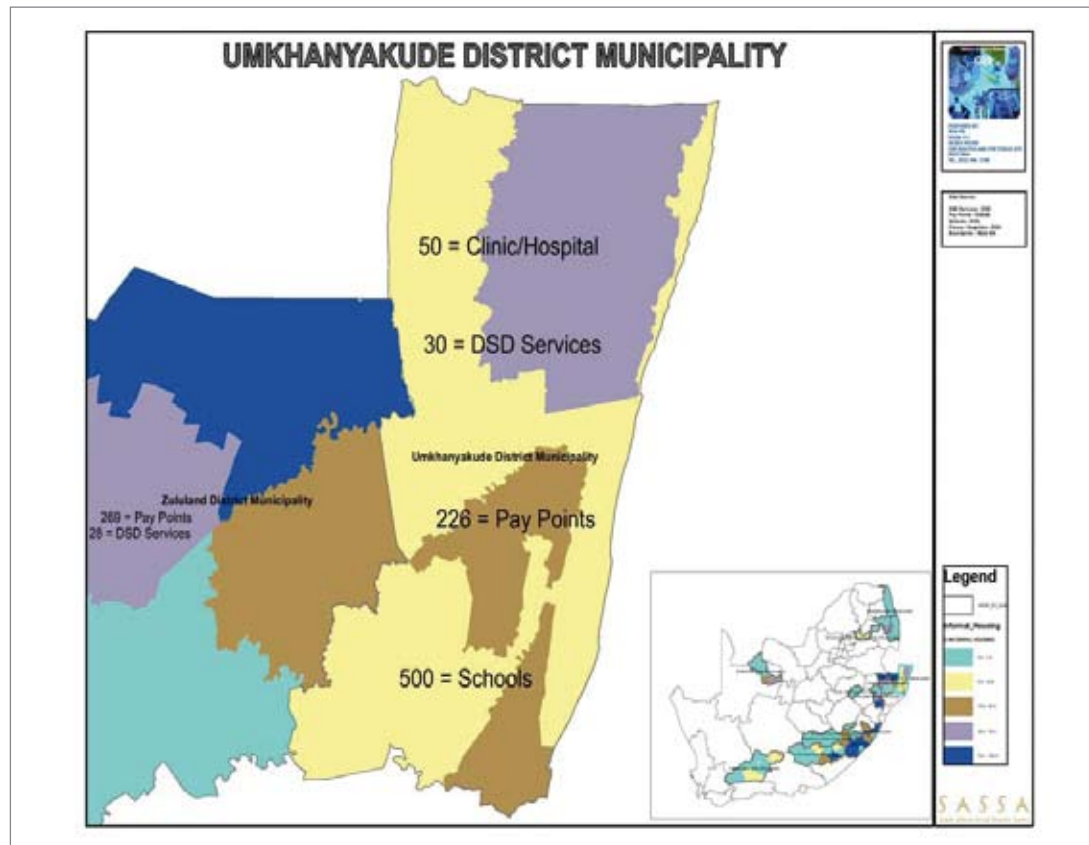


Figure 9: DSD Service Delivery Points (Source: SASSA)

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.

At a different level, given the fact that over half of all denizens of Umkhanyakude are **women**, targeting strategies and services must be skewed towards women generally, and women heading households in particular. The data suggest that the majority of those women are involved in subsistence economic survival, and this should be the starting point – to help stabilise their situation, then to see what possibilities exist for merging individuals into a larger project that can produce, market and sell collectively. Many successful examples of this exist.⁵ This is particularly important given the drought risk that faces the region. The need for a disaster management strategy is clear; and DSD may have to roll out emergency food relief again, if natural conditions so dictate. But the best way of avoiding another food crisis is to transform individual producers into larger collectives – in line with, for example, the Department of Labour and the Department of Public Works around more labour intensive economic activities.

⁵ See for example David Everatt and Lulu Gwagwa: *Community Driven Development in South Africa*, World Bank discussion paper, 2005.

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 Umkhanyakude has a score that places it in the high range even for ISRDP nodes (60.6). There was some infrastructure-driven improvement between 1996 and 2001, when Umkhanyakude saw a 3.2% decrease in 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

It is striking that the relative poverty of rural nodes at an aggregate level is twice that of urban nodes. There are often smaller peri-urban pockets of better-off, particularly those areas where commercial agriculture dominates in the middle of Umkhanyakude, but these make little if any dent on overall poverty levels but rather serve to highlight how acute poverty is. 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 **Umkhanyakude**

Building sustainable livelihoods

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



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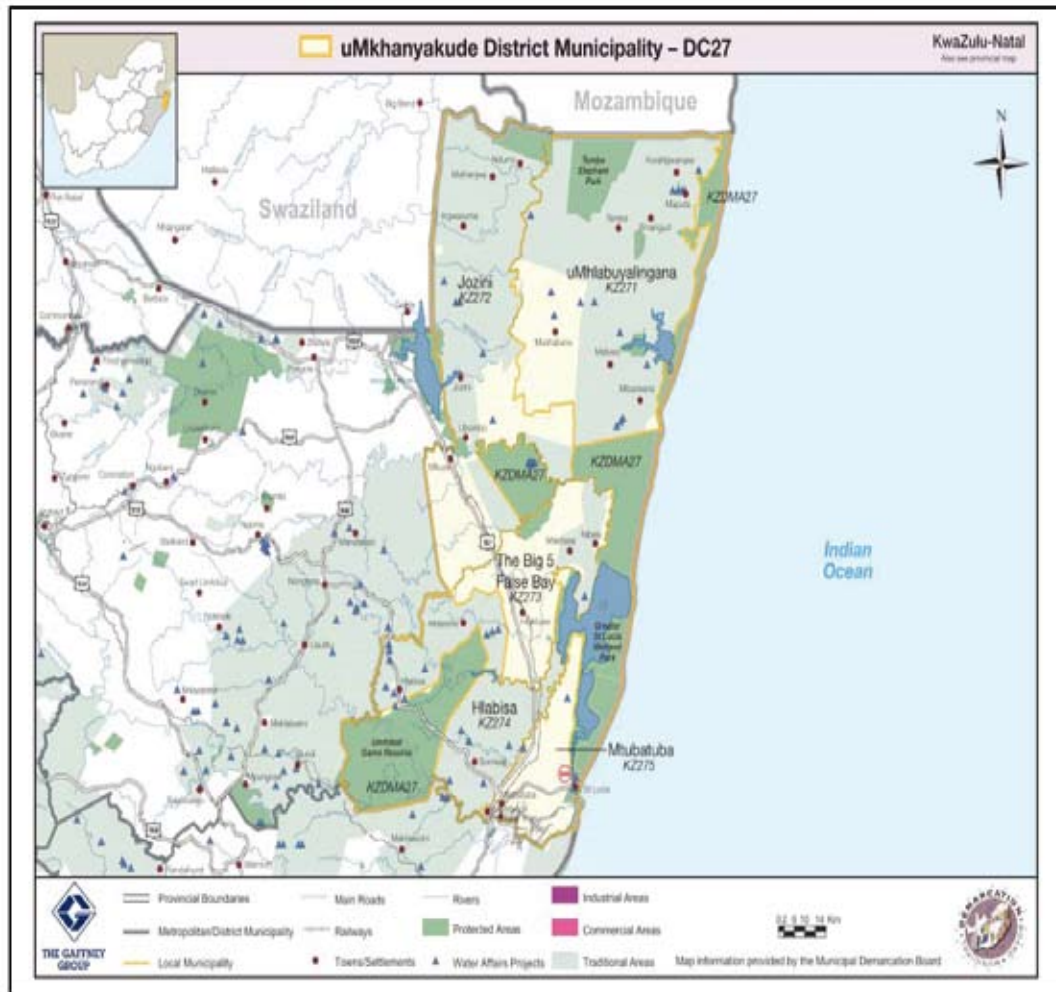


Figure 1: Umkhanyakude District Municipality, KwaZulu Natal (Source: Gaffney's Local Government in South Africa, 2004 – 2006)

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 Umkhanyakude 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
Umkhanyakude	265 147	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
Umkhanyakude	265 147	250

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 on p 37 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, **Umkhanyakude faces multiple challenges, with poverty and gender inequality both scoring red, while the node received an overall global development rating in the red as well. It scored red in both 2006 and 2008. The node does not score in the positive (green) territory on any item. Umkhanyakude is a priority node amongst the ISRDP nodes.**

Many of the poorest rural nodes enjoy robust social capital – particularly Eastern Cape nodes – but this is not true of Umkhanyakude, where social capital scores average, raising questions about possible local foundations for building sustainable livelihoods or cohesive communities.

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. In Umkhanyakude, all 'red' items stayed as they were in 2006 and 2008, suggesting little positive movement in the node, a situation that urgently needs addressing.

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 Umkhanyakude, poverty scored red in 2006 and in 2008. This reverses 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.

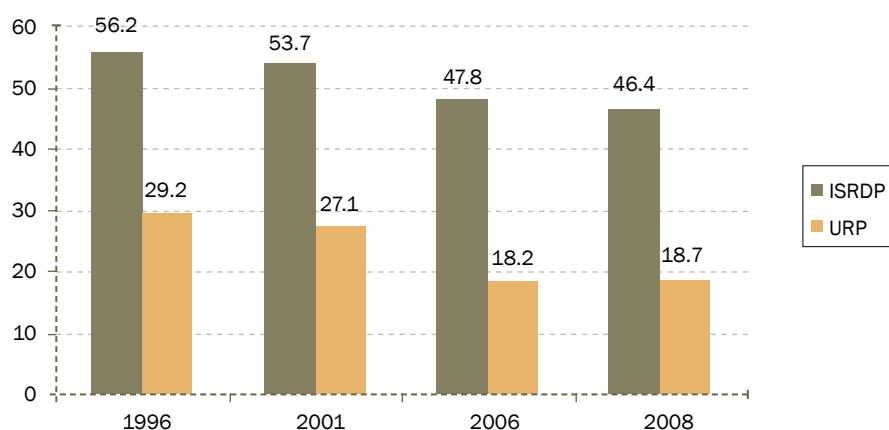


Figure 2: Poverty levels 1996/2001/2006/2008 (Sources: Census 1996 and 2001, DSD baseline surveys 2006 & 2008)

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.

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

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	30.0	78.0	3.6	2.4	68.8	92.4	92.8	87.6	29.6	55.0 (+)	56.3
Chris Hani	31.6	63.1	4.8	2.4	61.6	70.0	66.0	60.8	18.0	44.0 (+)	47.0
O R Tambo	34.0	74.4	2.0	0.4	76.4	86.4	91.2	90.8	24.8	53.7 (+)	55.5
Ukhahlamba	38.0	76.9	2.8	14.8	78.8	72.0	78.0	70.4	28.0	53.3 (-)	49.2
Ugu	31.2	61.7	3.6	2.0	55.6	76.0	75.2	63.6	26.4	45.3 (+)	50.1
Umzinyathi	34.0	73.9	3.6	2.8	74.4	80.4	84.0	81.2	65.6	54.6 (+)	57.2
Umkhanyakude	48.0	79.0	1.2	4.8	89.6	83.6	56.8	73.6	63.6	55.2 (+)	57.6
Zululand	42.4	80.3	4.4	4.0	96.4	86.4	56.8	68.8	40.8	54.0 (+)	52.0
Sekhukhune	31.6	82.4	4.4	0.0	15.2	96.4	97.2	79.2	10.4	45.9 (+)	46.1
Bushbuckridge	29.8	79.9	0.5	3.4	6.7	93.3	93.8	76.9	7.2	45.5 (-)	43.0*
Maruleng	26.2	85.7	0.0	0.0	14.3	100.0	97.6	59.5	14.3	44.3 (-)	43.0*
Kgalagadi	32.4	68.3	2.4	0.0	13.6	60.4	74.0	65.6	4.8	37.6 (+)	45.7
Central Karoo	19.2	64.8	2.4	1.6	12.4	16.4	0.4	1.2	1.6	17.8 (-)	17.6
Maluti-a-Phofung	31.7	81.8	5.0	3.3	28.3	74.2	70.8	19.2	10.0	36.9 (+)	38.8
URP											
Mdantsane	15.2	71.6	5.2	0.0	0.4	12.0	2.8	2.4	1.6	17.6 (-)	16.5
Motherwell	22.4	68.9	3.2	4.8	2.4	5.6	0.8	0.0	0.8	16.3 (+)	16.7
Alexandra	13.6	58.5	1.6	21.2	14.8	7.6	3.6	9.2	1.2	18.2 (-)	17.0
Inanda	20.0	77.7	1.2	9.2	23.2	5.2	45.2	24.8	8.4	26.9 (-)	24.7
KwaMashu	15.2	77.6	2.8	6.0	6.8	4.0	9.6	8.0	4.4	18.7 (-)	14.1
Khayelitsha	13.2	64.6	0.0	1.2	50.0	2.8	15.6	18.4	8.4	22.3 (+)	27.1
Mitchell's Plain	8.0	32.0	0.4	0.4	7.6	1.6	1.6	3.6	0.0	8.6 (+)	10.6
Galeshewe	21.2	63.5	8.4	2.0	8.4	19.6	4.0	4.0	7.6	20.0 (-)	18.5
Programme totals											
ISRDP nodes	33.4	73.8	3.0	3.2	53.2	76.2	72.2	66.2	26.2	46.4 (+)	47.8
URP nodes	16.1	64.6	2.9	5.7	14.2	7.3	10.5	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 Boitabela (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. **Umkhanyakude was the poorest ISRDP node in 2006 and 2008**, even though small improvements have been made – other nodes have improved more than Umkhanyakude.

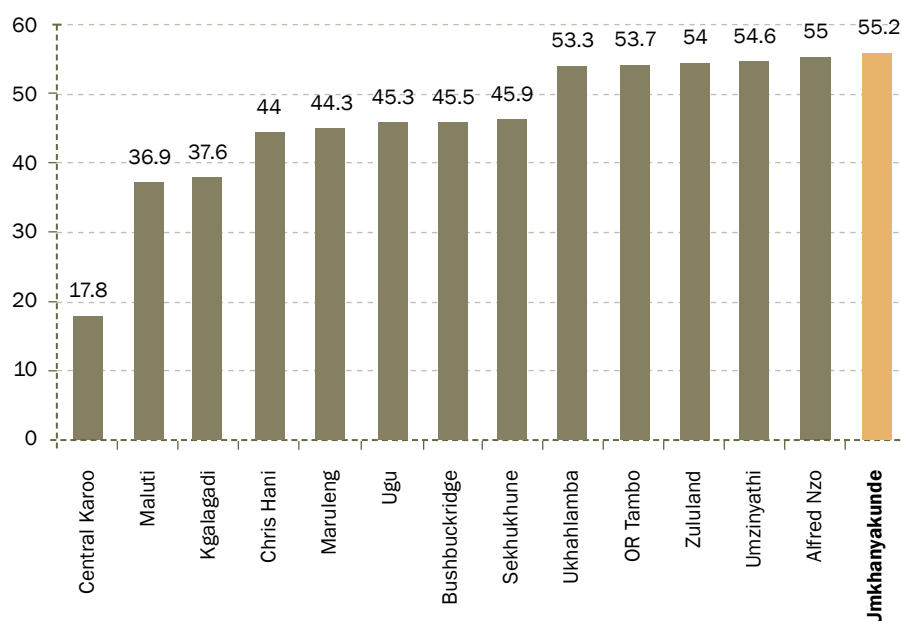


Figure 3: ISRDP poverty scores by node (2008 survey)

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	Umkhanyakude '08
ISRDP	23.1	34	2.6	3.0	1.2
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

Umkhanyakude in 2008, 1.2% 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 Umkhanyakude**, the situation was very similar: 11.6% of respondents (in 2008) had full-time employment, with 1.7% having part-time employment. A fifth (20.6%) were pensioners – and over half (**55.8%**) **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 Umkhanyakude, the rate of unemployment was 79%**. The improvement in employment elsewhere in the ISRDP is almost visible in Umkhanyakude, where **the rate of unemployment stayed largely constant between 2006 and 2008**.

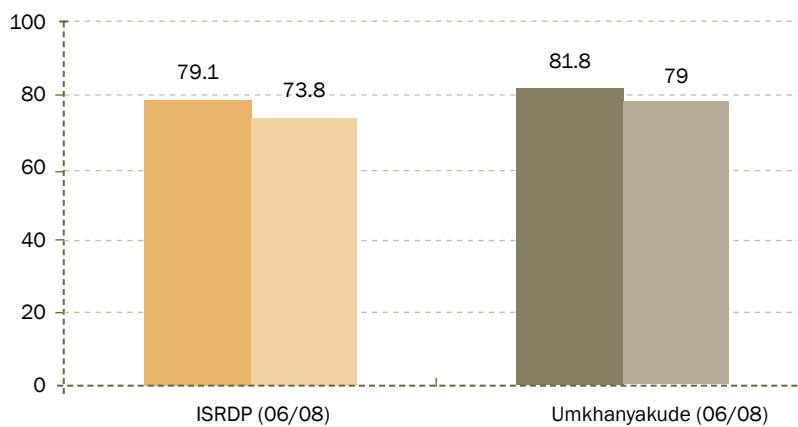


Figure 4: Rate of unemployment (2006, 2008)

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 Umkhanyakude, and considerably higher than many other ISRDP nodes, just 22.8% of respondents told us their household received income from household members working; 28% said their household received an income from small businesses or ‘selling things’; 8.4% received income from relatives (among the lowest in the ISRDP), while 22.4% 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, Umkhanyakude faces a major challenge with **two-thirds (63.9%) of its unemployed having been unemployed for 4 years or more.**

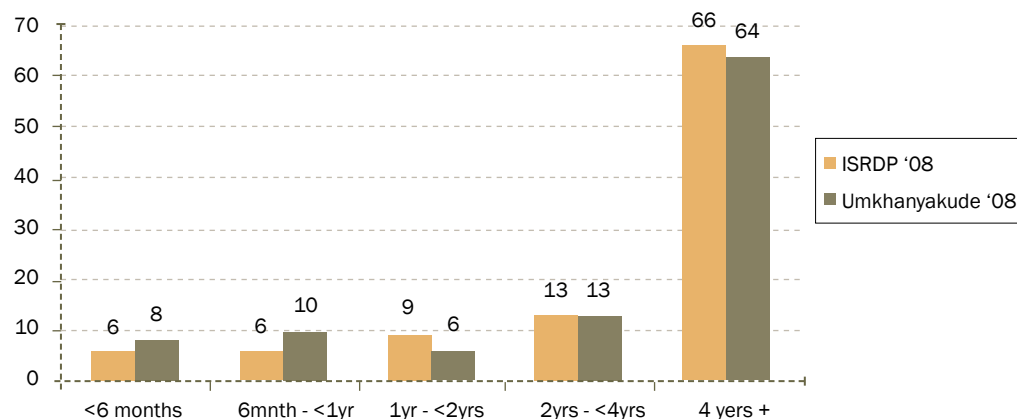


Figure 5: Length of unemployment (among unemployed respondents, ISRDP/Umkhanyakude)

The long-term unemployed seem to be profoundly lacking a skills base. Looking at the ISRDP as a whole (the Umkhanyakude 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.

The 12% of respondents in full- or part-time work in Umkhanyakude do not permit detailed analysis because of sample size, but in the ISRDP, unskilled and skilled work are most common among those in employment. 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. **The vast majority of ISRDP and URP respondents would prefer formal sector waged employment to farming or starting their own businesses.**

	% yes ISRDP	% yes Umkhanyakude
Farming subsidy	29	34
Job	60	60
Start own business	24	33
Land for farming	22	26
Job where I live	53	41

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 Umkhanyakude 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 Umkhanyakude, the situation worsened: in 2006, 41.3% of respondents were functionally illiterate, 48% 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 (18.2%) of Umkhanyakude respondents had grade 12, while 2% had a diploma, some university education or a degree (the latter comprised 0.6% of respondents).

Communication & media consumption

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

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

	ISRDP '08	Umkhanyakude '08
Phone in house	2	2
Cell	64	75
Public phone nearby	14	12
Neighbour's phone	3	2
Phone far away	2	7
None	11	2

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 half (54%) respondents accessing a cell-phone in Umkhanyakude. A tiny 2% have no telephonic communication at all, making (cell-phone) connectivity a major success for the node.

With regard to media consumption, **radio predictably dominated the situation in Umkhanyakude**, with 61% of respondents using this medium daily, compared with the very small 19% who watch television daily, and the even smaller numbers who read newspapers.

	ISRDP '06	Umkhanyakude '06
Watch TV		
Daily	40	19
Weekly	12	10
Monthly	2	2
Seldom/never	45	69
Listen to radio		
Daily	68	61
Weekly	10	11
Monthly	1	2
Seldom/never	21	26
Read newspaper/have read to you		
Daily	8	6
Weekly	12	19
Monthly	4	3
Seldom/never	77	72

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 overview report, and the arguments are not repeated here. **Umkhanyakude falls towards the lower end of the ISRDP, with 51.6%** of households headed by a woman in 2008. This compares

with 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	Umkhanyakude
1	4	2
2-3	20	11
4-5	29	23
6-7	23	26
8-10	17	2
More	8	17

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 Umkhanyakude, 19% of respondents lived in households with 8 or more people. Half (49%) lived in households with 4 to 7 people in them.**

ISRDP households are 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 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.

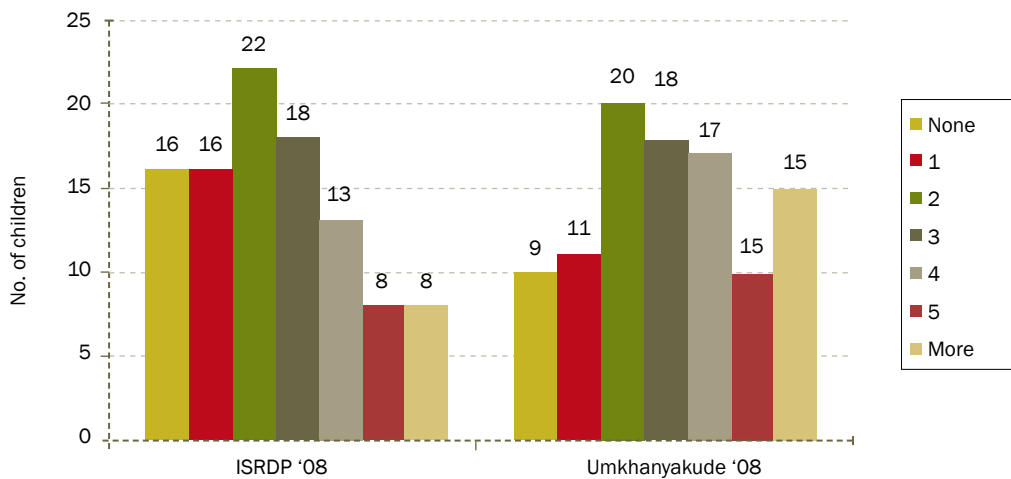


Figure 6: No. of children in household (ISRDP/Umkhanyakude, 2008)

The Umkhanyakude profile stands out even amongst ISRDP nodes. Just 9% of households included no children at all, while 15% had more than 5 children in the household.

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

- 58% had children of the head of household – true of 69% in Umkhanyakude;
- 48% included children not of the head of household, true of 52% in Umkhanyakude; and
- 9% included orphans, rising to 13% in Umkhanyakude.

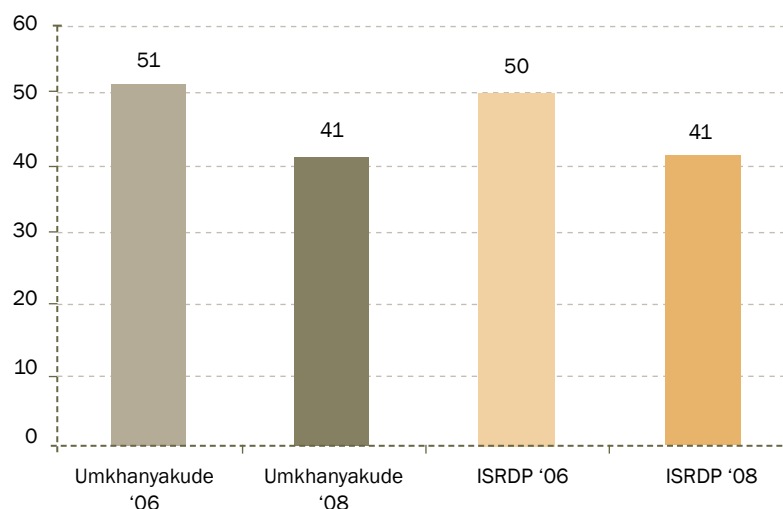


Figure 7: Inability to feed children in household, 2006-2008

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 improved in Umkhanyakude, however. Where 51% had been unable to feed household children in 2006, this dropped to 41% in 2008.** But it still means that every fourth 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 Umkhanyakude as it is for the ISRDP as a whole. And despite this, uptake of child support grants is just 67% (among respondents living in households with children 18 years of age and younger).

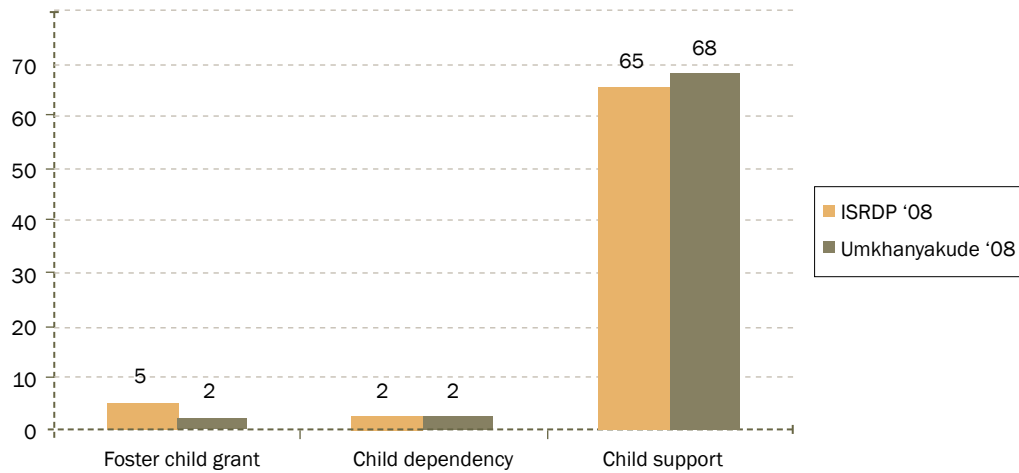


Figure 8: Incidence of children in household and uptake of related grants , 2006-2008

In ISRDP households that have children, two-thirds (67% in 2006, 65% in 2008) **received the child support grant**, dropping to half (49% and 50%) of URP households. The 2006/2008 differences are not statistically significant. In Umkhanyakude, the pattern is similar – despite the high incidence of households with multiple children, uptake is only 66.7% (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 Umkhanyakude.** 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. Umkhanyakude has the second highest incidence (after Zululand) of traditional/informal dwellings, with 89.6% of respondents living in such dwelling types, way above 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 Umkhanyakude, where 4.8% of respondents lived in such circumstances in 2008, an improvement on the Census 2001 figure of 5.2%.

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 seems to have remained constant, rather than improve, in Umkhanyakude: **73.6% of respondents did not have water provided to RDP standard** in 2008, true of 75.8% 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 Umkhanyakude residents still lacking RDP-level water. Umkhanyakude 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.

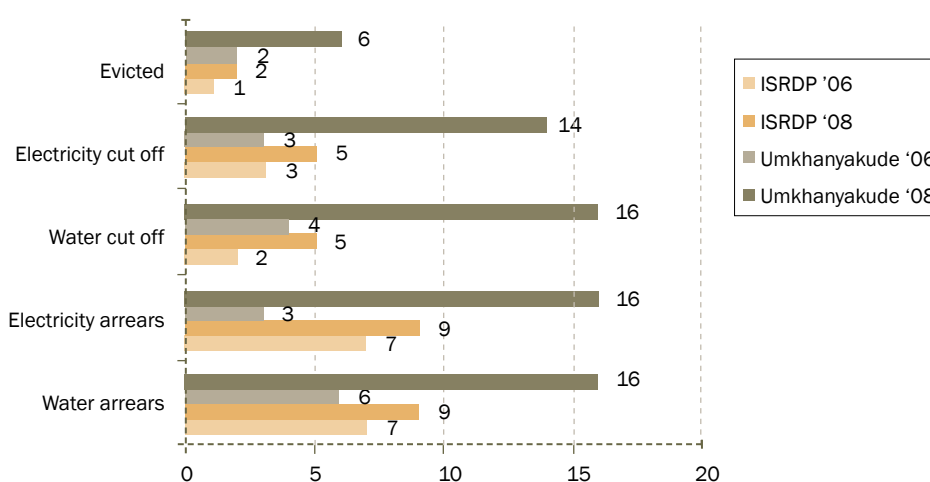


Figure 9: Water/electricity arrears, cut-offs and evictions (2006/2008)

And there are real risks associated with poor water provision: in Umkhanyakude, 7.5% of respondents get their water from a river or stream, 10% from a dam and 0.4% have it trucked in. **The health implications of these figures – 17.5% of Umkhanyakude respondents access water from a potentially unsafe source – are self-evident.** Thirteen percent of Umkhanyakude respondents told us their water is (in their opinion) 'never' clean, and for a fifth (18.9%) it is only 'sometimes' clean.

Having RDP-level water – for which user fees are levied - can also create problems, though these are often most pronounced in the very poorest nodes. Umkhanyakude provides a dramatic picture of how the poor are hard hit by user fees and an energetic local authority acting as enforcer. Those with arrears for water rose to 16% (from 6%), electricity arrears also to 16% (from 3%), cut-offs have dramatically spiralled to 16% for water and 14% for electricity, and 6% have been evicted as a result of non-payment – in the poorest node in the ISRDP. These figures show **a worsening situation for Umkhanyakude residents as the cost of living rises as do arrears, cut-offs and evictions.**

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. These gains are replicated in Umkhanyakude: in 2006, 96.5% lacked RDP sanitation, true of 56.8% in 2008. **Improvements notwithstanding, just over half 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 Umkhanyakude, 83.6% 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 summary, we see how – when these 10 variables are combined – Umkhanyakude emerges as among the poorer 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, 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

³ IFAD, 2008 (www.ifad.org)

- 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.

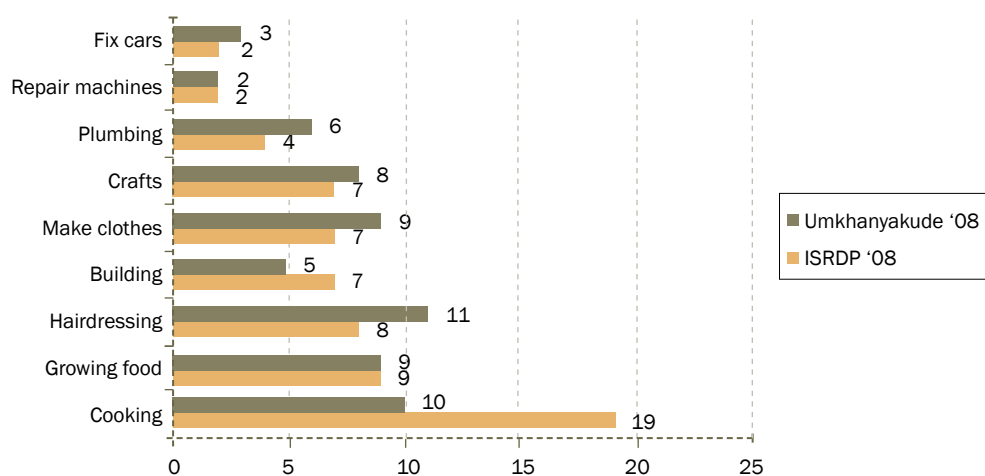


Figure 10: Self-reported skills base (2008)

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. 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.

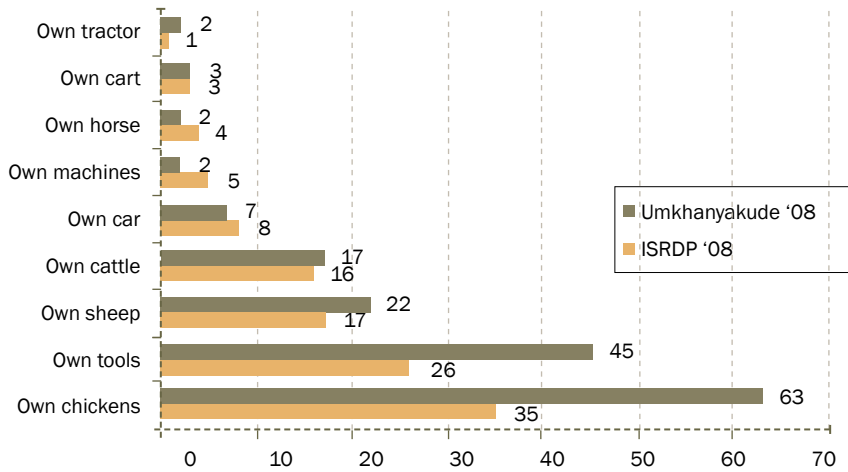


Figure 11: Asset ownership (2008)

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). It is also notable that rural (self-reported) skills extend beyond making crafts or growing food, and note that despite its poverty, Umkhanyakude has a better skills base than many other ISRDP nodes, though still limited.

Another axis of SLA is to ask about relevant assets that people living in poor areas may own and be able to utilise. Umkhanyakude respondents certainly did not emerge as the poorest – the asset base was relatively high, true of livestock, tools and so on. These indicate possible areas for building long-term sustainable livelihoods.

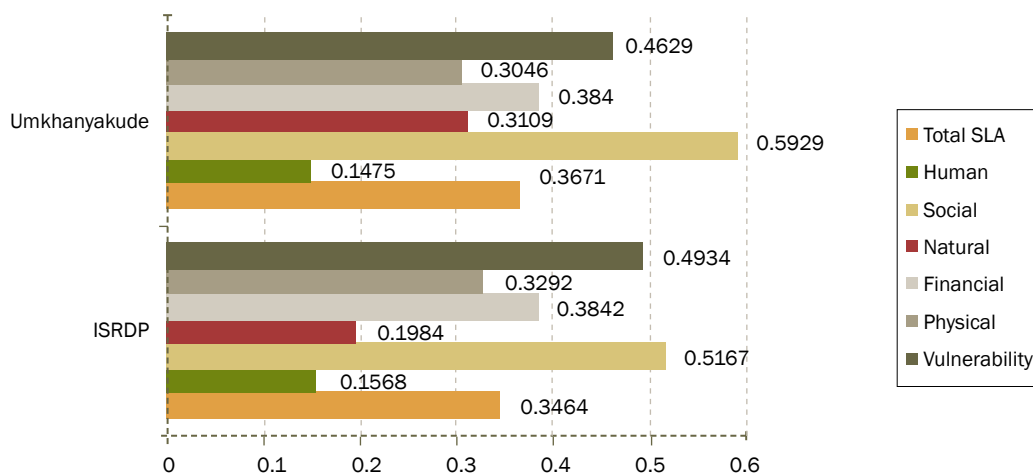


Figure 12: SLA scores URP/ISRDP (dimensions and total SLA score) (2008 only)

Looking at the SLA summary graph (Figure 12), it is clear that (using the SLA definitions) **Umkhanyakude reverses its position to emerge as one of the better-off nodes, from an SLA perspective. Vulnerability is lower, which is bad news (having been reverse scored, low scores are bad news); on the positive side are the financial, social and natural dimension; it scores worse than the ISRDP average on physical and human dimensions.**

Read together, the SLA matrix places Umkhanyakude among the better off ISRDP nodes, while the global development matrix and the poverty matrix did the opposite; 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 shuffles the ranking of nodes; the poorest nodes on the poverty matrix sometimes remain the poorest on the SLA matrix (Mdantsane in the URP, and Umkhanyakude in the ISRDP), while others change; but when the various matrices are read together, the reader is given a rounded version of the state of Umkhanyakude.

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 Umkhanyakude has performed over time in comparison to the other ISRDP nodes. The node has remained out of the "red zone" in both surveys. **Moreover Umkhanyakude has remained one of the "average" performers in terms of the service delivery index, in both surveys.**

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 why Umkhanyakude has seen little improvement over time with respect to service delivery, 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 Umkhanyakude. However data from the most recent survey suggests that in Umkhanyakude there has been a slight decrease in total 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 six out of ten of households (67%) with children under 18 years of age were receiving the grant. This is slightly down on the 2006 survey, which found that more than seven out of ten households (74%) who qualify for this grant were receiving the grant. However, this is better 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 four out of ten households (44%) were accessing an old age pension in 2008, which is an improvement from the 2006 survey, in which three out of ten (32%) 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 decreased slightly between 2006 and 2008 (from 16% in 2006 to 12% in 2008, a figure which is identical to 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, Umkhanyakude 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 Umkhanyakude there has been a sharp drop** from six out of ten accessing services in this manner to about four out of ten (63% in 2006 down dramatically to 43% 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, Umkhanyakude has bucked this trend. Whereas in 2006 six out of ten were accessing services through pension points this had **now dropped to five out of ten** (66% in 2006 dropping to 51% in 2008).

The 2006 survey, as noted above, had portrayed Umkhanyakude 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 10% of respondents reported using the old age homes. Nevertheless, even though this number only represents about 26 000 across the node, this is the highest reported usage in any node in the ISRDP. 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 victim empowerment shelters (1%), centres for older people (8%), disability workshops (3%), children’s home (1%), drop in centres (2%), rehabilitation centres (less than 1%) and places of safety (8%).

But again some differences can be found between Umkhanyakude 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 three out of ten households in Umkhanyakude (33%) reported using this service (down to 20% in 2008, but still nearly 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 old age homes/ centres for older people 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, but it should be noted that the node still has far more respondents reporting that service delivery is below average than the average for the programme as a whole.

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.

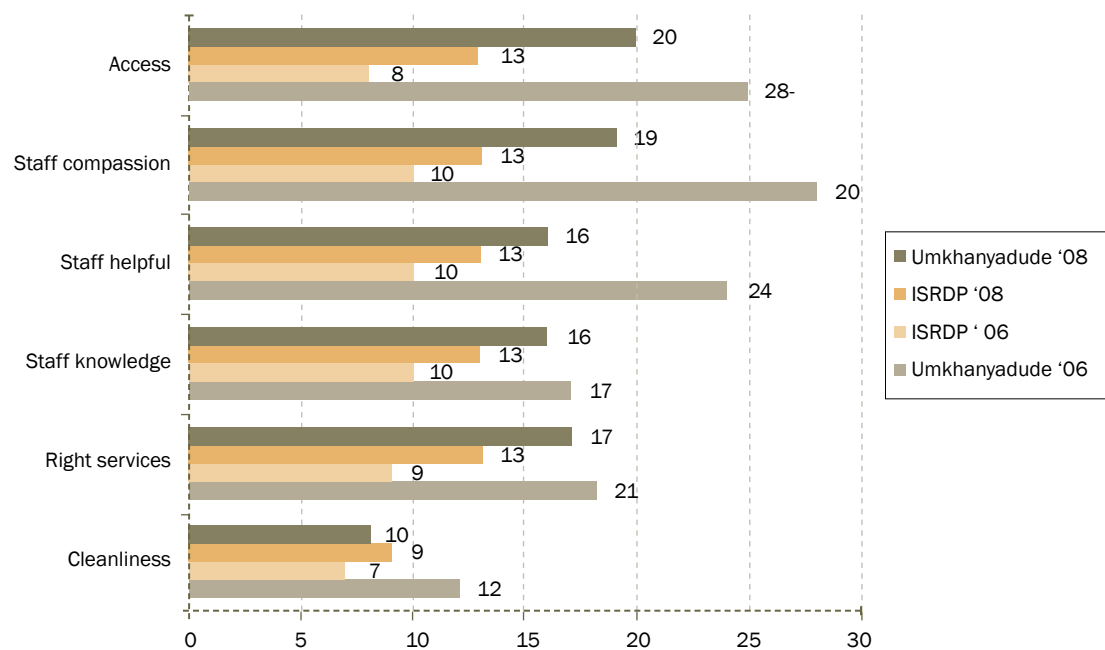


Figure 13: Proportion of respondents rating different components of DSD service delivery as below average (ISRDP/Umkhanyakude by year)

In the 2006 survey the dimensions of staff compassion (28% rated this as below average), staff helpfulness (24% 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 decreased between 2006 and 2008 (down to 19% in 2008 from 28% rating it as below average in 2006). Similar declines can be seen across the other dimensions (note for instance that those complaining about staff helpfulness has now dropped from 24% in 2006 to 16% in 2008).

What the data suggests for Umkhanyakude 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 drop from 28% in 2006 reporting that access to DSD services was below average to 20% reporting access is below average in 2008) and thus services are gradually improving in the node. However, **the data also suggests that it is not just poor service delivery by DSD that is driving potential beneficiaries away but also 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 **Umkhanyakude scored adequately on the development awareness index, remaining mid-range (yellow) from 2006 to 2008**. 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 Umkhanyakude, as can be seen in Figure 14, **awareness of development activities is generally slightly higher than the ISRDP average**, a positive finding. This is particularly true of health and educational projects.

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

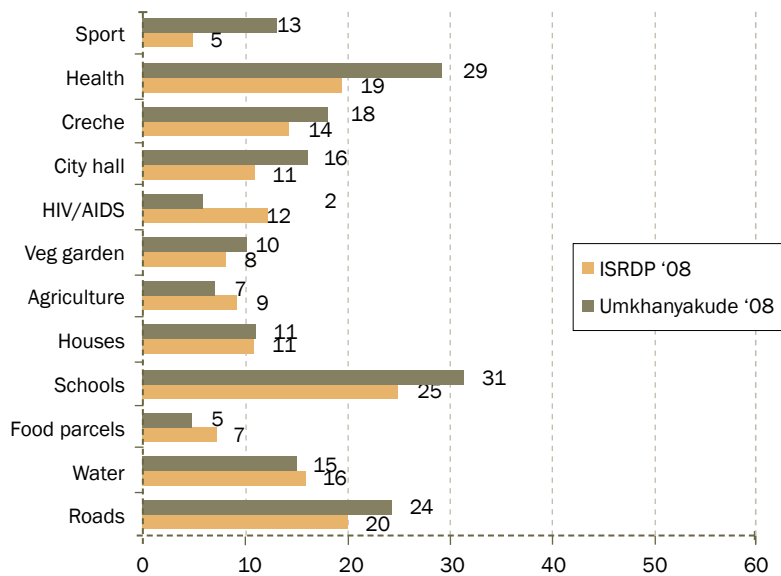


Figure 14: Awareness of development activities

We have already seen that media consumption in Umkhanyakude is on the low side, and radio was the only formal medium of any note. While Umkhanyakude respondents access a wide range of communication channels – a great advantage to development workers – ranging from community meetings and meetings with the local councillor, the primary form of information transmission is oral – at community meetings, from friends & family, though disappointingly low with regard to meetings with the local councillor and chief.

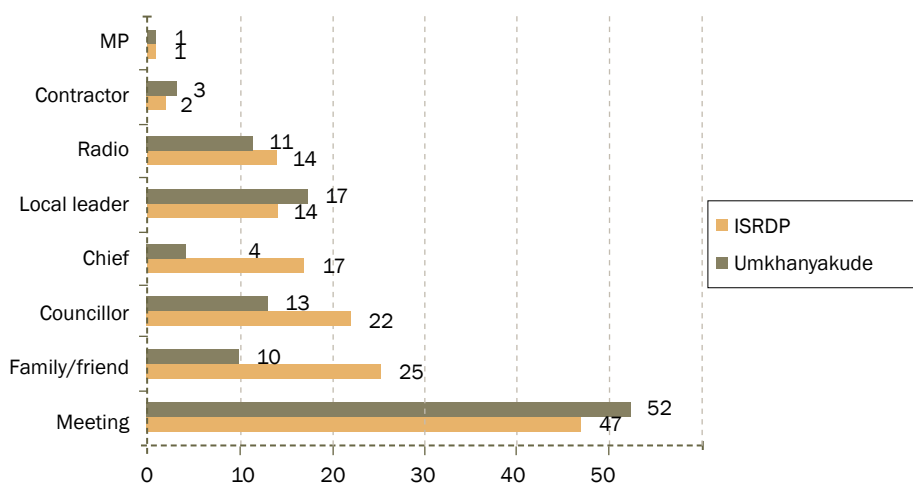


Figure 15: 'How do you usually first hear about development projects in your community?' (2006)

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 the ISRDP but far better in Umkhanyakude, and improving over time, jumping from 8% who had heard of IDPs in 2006 to 25% two years later.**

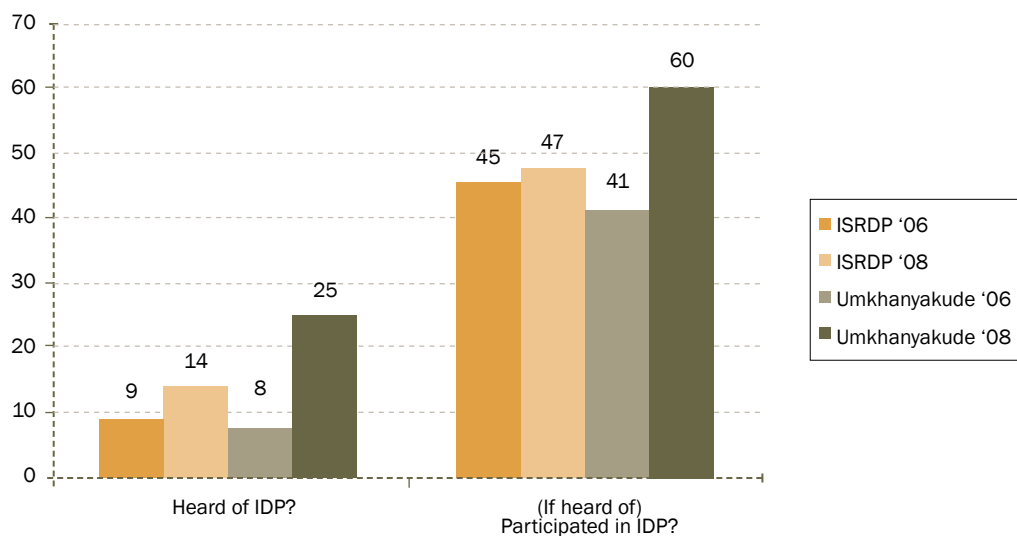


Figure 16: Awareness of and participation in IDPs (by programme by year)

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. A quarter (25%) of **Umkhanyakude respondents had heard of IDPs in 2008, and two-thirds of them (60%) 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, supported by Community Development Workers, 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 Umkhanyakude was an important channel for communicating development information, but even then, just 21% of respondents rated their council performance 'good' or 'excellent' – another 53.8% 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.

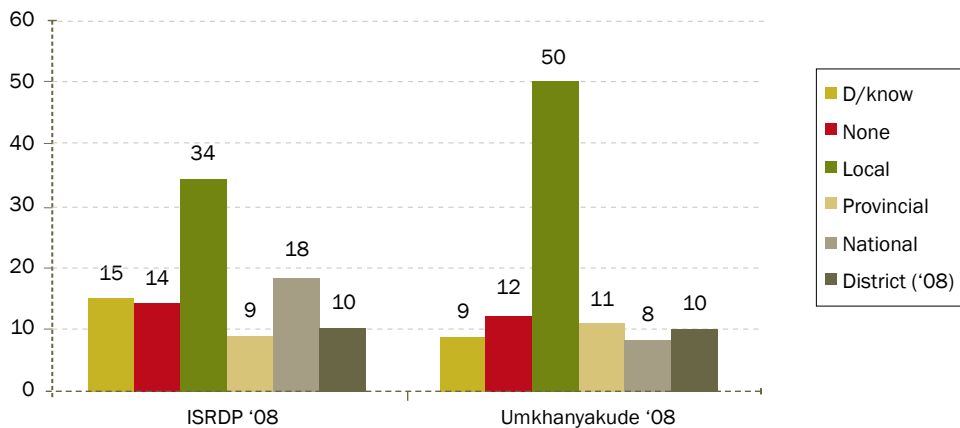


Figure 17: 'Which sphere has done most for your quality of life?' (ISRDP/Umkhanyakude, 2008)

As we can see, the local sphere is primarily regarded by Umkhanyakude respondents as having done most for their quality of life. But it is worrying that Umkhanyakude exemplifies the national trend, which sees growing cynicism – or scepticism, anyway – reflected in the proportion of respondents who say **no sphere has done anything for them**.

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 12% of ISRDP respondents agreed or strongly agreed – a massive 77.3% rejected the idea.

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 Umkhanyakude, a fifth (21%) agreed that they would rather live in an urban area, but 73.3% rejected the notion** - the question is whether they will be able to remain in their rural area as service deficits and payment arrears mount, while urban areas (even poor ones) appear more and more attractive by comparison.

	ISRDP	Umkhanyakude
Strongly agree	11	7
Agree	23	14
Neutral	11	5
Disagree	32	29
Strongly disagree	23	45

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

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.

Umkhanyakude – allowing for sample error – shows a worrying surge in alienation and anomie, both of which jumped from single digits to covering over a third of respondents. These need to be tracked over time – two points do not make a trend, particularly with the differing sample sizes we have here – but it is a matter of concern that levels of alienation and anomie have jumped in this manner.

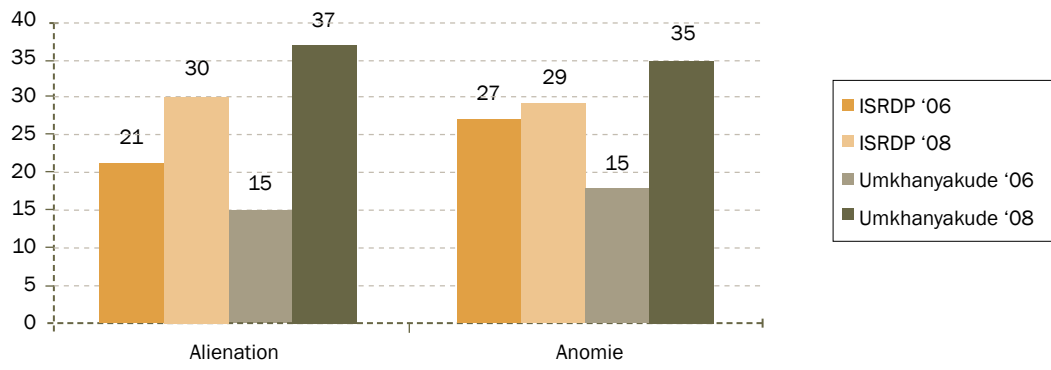


Figure 18: Alienation and anomie

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.**

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, ISRDP nodal scores (2006/2008)

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 therefore unique in exploring this issue amongst impoverished communities outside of the developed world and it highlights the need for further research on this topic.

In Table 13 we note that 1 is good news and 0 is bad news, thus we find **some progress in Umkhanyakude and that the node now records an “average” score whereas previously it had one of the worst scores on the health index.** Health status has therefore improved, albeit that it remains at 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 Umkhanyakude are far more likely to perceive their health as poor than those living in other ISRDP nodes.

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 nearly six out of ten of the respondents in Umkhanyakude (57% in 2008 down from 61% in 2006) identified ability to pay as the major problem, followed by distance to the facility (42% in 2008 down from 59% in 2006).

In both surveys the four barriers discussed with respondents were cited as typically more of a problem in Umkhanyakude than the average for the programme. Moreover with more than four out of ten of the 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.

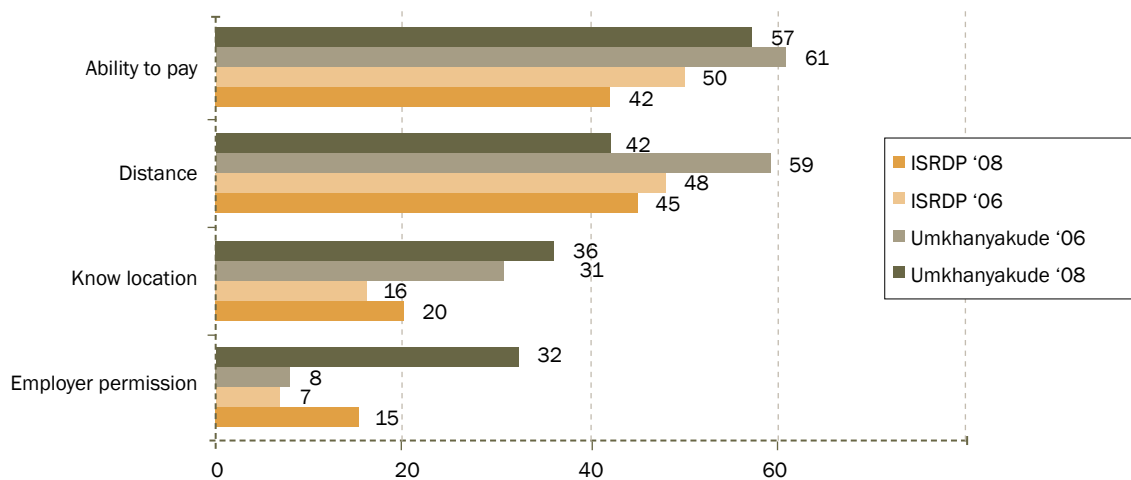


Figure 19: Proportion who say they are stopped from getting medical advice or health when sick, by type of problem (ISRDP/Umkhanyakude by year)

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

In Table 14 we can see that roughly half the respondents in Umkhanyakude (49% in the 2006 and 58% 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 23% in 2006 to 25% in 2008). Despite this relatively small proportion, this does nevertheless equate to **a total of more than 66 000 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 25% in Umkhanyakude who reported this).

	ISRDP '06	Umkhanyakude '06	ISRDP '08	Umkhanyakude '08
Excellent	22	17	25	14
Good	40	32	35	44
Fair	22	28	22	17
Poor	14	20	15	24
Terrible	2	3	3	1

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

Less than one in ten respondents in Umkhanyakude 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%, with Umkhanyakude ever so slightly higher at 8%). 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, Umkhanyakude was slightly lower than the programme average with 9% 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 Umkhanyakude**.

Perceived health problems

The following graphic shows how that the health concerns of those living in Umkhanyakude 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 36% of those in Umkhanyakude). **Alcohol abuse** worryingly has received more mention by respondents in 2008 than in the previous survey (24% mentioned this as the biggest health problem in 2008, up from 17% in 2006), which suggests that attempts to deal with this issue are not yet succeeding. **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 more than two out of ten continue to cite it as a major problem, 23% in 2006 versus 22% in the 2008 survey). **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.**

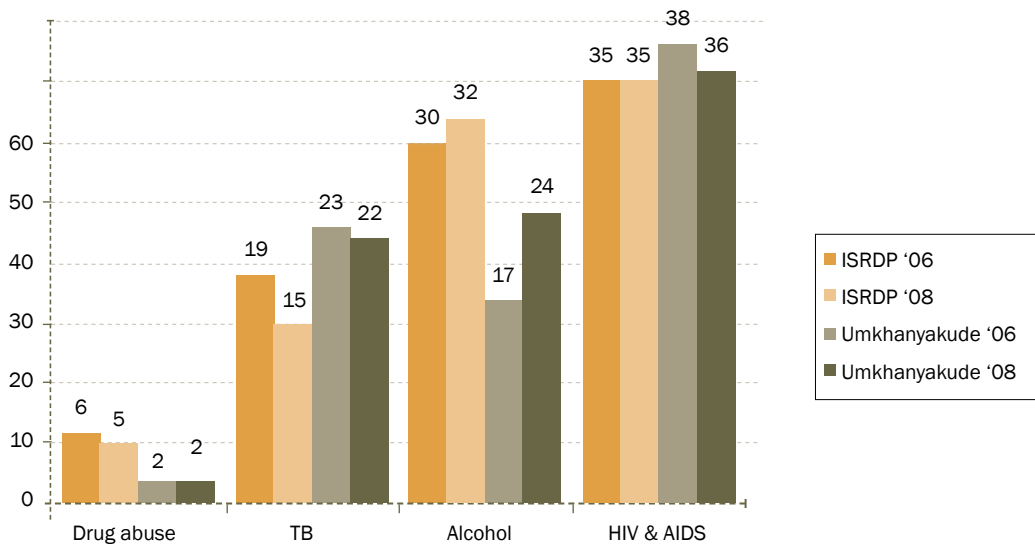


Figure 20: Perceived biggest health problems facing the community (ISRDP/Umkhanyakude by year)

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).** Umkhanyakude is no different.

As to be expected the use of **private health care** within the node is very small (only 7% used a private doctor in the node in 2008, and only 2% reported using a private hospital). **Traditional healers** received no mention at all in either surveys.

	ISRDP '06	Umkhanyakude '06	ISRDP '08	Umkhanyakude '08
Public clinic	78	78	79	85
Public hospital	10	9	9	5
Private doctor	10	13	8	7
Private hospital	0	0	2	2
Traditional healer	0	0	1	0
Shop/ Pharmacy	0	0	1	0
Other	1	0	1	3

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

HIV and AIDS

The picture that Figure 21 paints is that amongst respondents in this node there has been a big drop in who know **people living with AIDS** (from 72% in 2006 to 57% in 2008), and who know people who have **died of AIDS** (down from 70% in 2006 to 53% in 2008), and that there is an increase within the node amongst those who said that they would want to keep it secret if someone in their household were to be infected with the HI virus (increasing from 23% in 2006 to 36% in 2008 reporting that they would want to keep it a secret). **This suggests that stigmatisation is not dropping in face of unavailability 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, albeit that there appears to be a perceived decline in the actual impact of the virus. 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.**

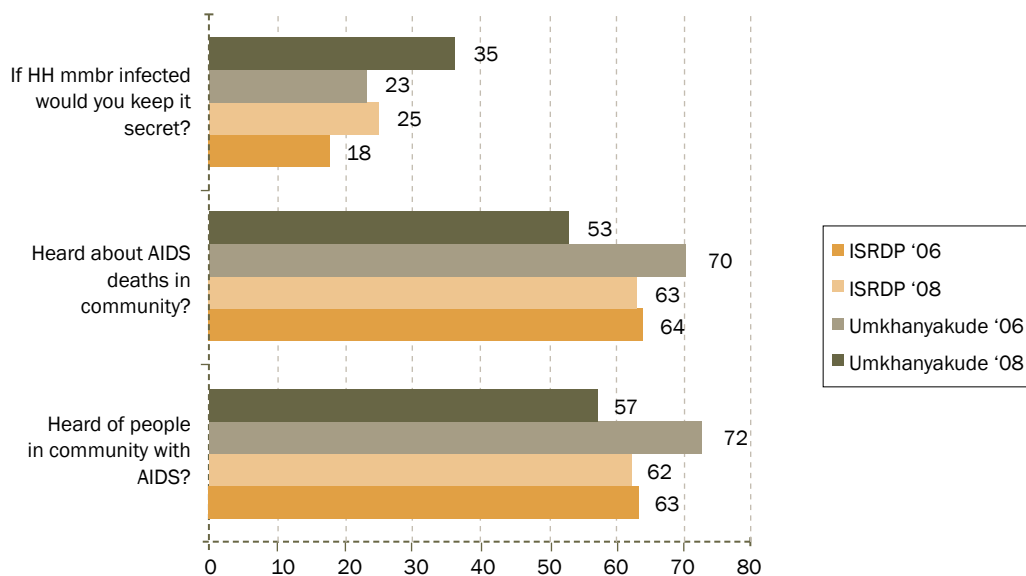


Figure 21: Proportion aware of others infected with HIV, died of AIDS and would keep positive status of household member secret (ISRDP/Umkhanyakude, 2006/2008)

Despite relatively 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 Umkhanyakude 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 not changed markedly in this node. Disturbingly this means that the node when compared with the ISRDP as whole is well below the average on most aspects that were tested amongst respondents. This means for instance that whilst five out of ten in the node (55% 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 seven out of ten (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 lower incidence of joint decision making than average for the ISRDP.

	ISRDP '06	Umkhankude '06	ISRDP '08	Umkhanyakude '08
Agree whether to use family planning	65	43	65	54
Agree on when to have children	78	51	74	55
Agree on using income to pay for health care or medicines	68	34	64	33
Agree on whether to take a sick child to the clinic	57	18	57	26

Table 16: Proportion who agree that in a relationship both partners should decide on four activities (ISRDP/ Umkhanyakude 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, **Umkhanyakude showed little improvement between the two surveys and thus continued to score as one of the 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 Umkhanyakude, suggest that in this key area, priorities can be set.

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 70 000 of those living in Umkhanyakude would agree that it is acceptable to beat one's partner if she is unfaithful**.

Alarming, one in five in the node would support the idea that it is justifiable to abuse women **if they ignore the children and if the partner goes out without telling the man**. Lesser support for abusing women was found if the woman refused sex and burnt the food.

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 Umkhanyakude.

Regardless of the age or sex of the respondent, similar proportions can be found supporting these statements. Whilst it is encouraging to see a drop in the numbers endorsing GBV in the node from the horrifically high levels in 2006, there is still urgent need for a programme by the Department and its partner the UNFPA that is based on nuanced understanding of the different attitudes in Umkhanyakude. **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	Umkhankude '06	ISRDP '08	Umkhanyakude '08
Is unfaithful	23	42	24	26
Does not look after the children	21	43	21	20
Goes out without telling him	16	41	16	21
Argues with him	15	42	17	18
Refuses to have sex with him	9	14	10	6
Burns the food	7	14	11	13

Table 18: Proportion who agreed with GBV (Umkhanyakude/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	Umkhankude '06	ISRDP '08	Umkhanyakude '08
Approve	67	52	63	42
Disapprove	26	44	23	40
Don't know	7	24	14	17

Table 19: Proportion who either approved or disapproved the use of contraception (ISRDP/ Umkhanyakude 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 42% in 2008). Although these proportions are relatively small this nevertheless equates to about 110 000 who disapprove the use of contraception in Umkhanyakude 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 Umkhanyakude.

Differences were found to exist between male and female respondents at the programme level, and Umkhanyakude is no different. 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). In Umkhanyakude, we find a similar finding, namely that females were far more receptive to the use of contraception than males were (46% of females and 33% 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 four out of ten of the youth (45%) approved contraception, less than three in ten (28%) 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 Umkhanyakude has remained in the middle of the scores on this particular index, with little improvement seen between 2006 and 2008. As noted above the node remains 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 Umkhanyakude, suggest that in this key area should be prioritised, but that any initiative developed must take into account the context of the node.

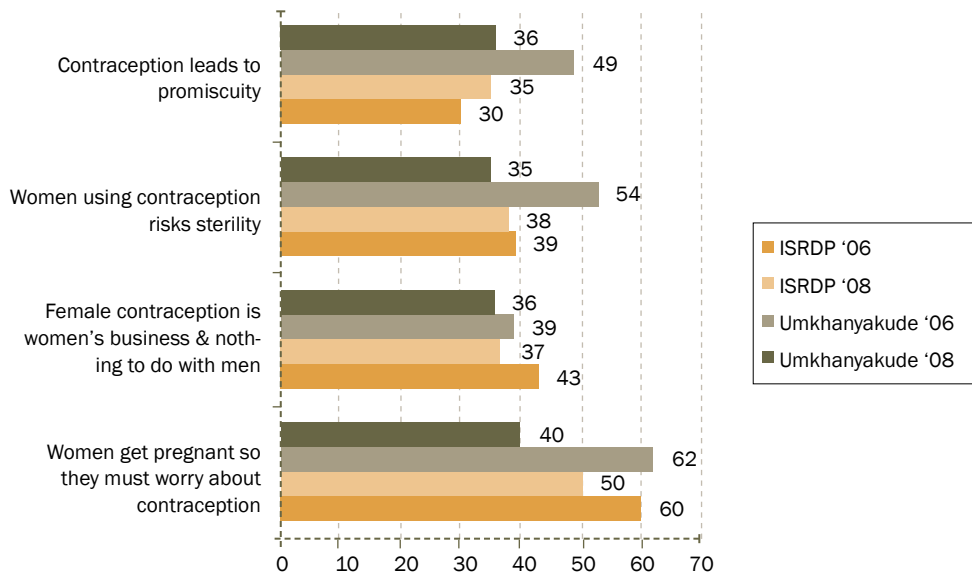
Node	2006	2008
Alfred Nzo	0.50	0.31
Chris Hani	0.32	0.60
O R Tambo	0.37	0.35
Ukhahlamba	0.33	0.61
Ugu	0.42	0.27
Umzinyathi	0.42	0.27
Umkhanyakude	0.40	0.39
Zululand	0.41	0.37
Sekhukhune	0.30	0.43
Bushbuckridge	0.27	0.44
Maruleng	0.41	0.45
Kgalagadi	0.43	0.68
Central Karoo	0.41	0.46
Maluti-a-Phofung	0.43	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 this node are relatively similar to the ISRDP in most instances.** What is **nevertheless encouraging is to see that support for these myths has declined since 2006.** For instance whereas more than five out of ten believed that the use of contraception by women could lead to sterility in 2006 (53% believed this), this has declined to less than four out of ten believing this in 2008 (35% believed this in 2008). However this still equates to more than 90 000 believing in this particular myth which signifies the enormity of the challenge for DSD and its partner the UNFPA to reverse this myth (and others) about female contraception.

Moreover it is it is disturbing to note that Figure 22 highlights that there continues to be a large number in the node who believe that **contraception has nothing to do with men** (40% still hold this view in 2008, albeit down from 62% in 2006), which again highlights the need for a solid understanding of the local context when developing initiatives to shift attitudes towards reproductive health.

Figure 22: Proportion supporting statements that have been made about female contraception (ISRDP/ Umkhanyakude 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 Umkhanyakude, 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 Umkhanyakude the increase has been even more dramatic, from under half in 2006 (48% of respondents) saying **never to abortion** to nearly eight out of ten in 2008 (79% of respondents). **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	Umkhanyakude '06	ISRDP '08	Umkhanyakude '08
Never	47	48	56	79
Mother in danger	46	47	36	18
On request	7	4	7	2
Don't know	0	0	1	1

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

It is disturbing to note that **just as women were as conservative about the use of contraception as men in this node so were as resistant to abortion**. Women were just as likely to say never to abortion as men (for instance the 2008 survey found that 79% of females said never to abortion, and 81% of males don't support abortion in the node). However, some differences could be found between age groups as to who did or did not endorse abortions (for instance the 2008 survey found that 76% of youth said never to abortion, lower than the 87% 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 Umkhanyakude 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. Remember that the green lights are the bottom quartile 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 that Umkhanyakude performed adequately with regard to social capital, rising from 'red' to 'yellow' between 2006 and 2008.

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)

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.

As we can see, **Umkhanyakude respondents score identically to the ISRDP average on the first set of items and better than average on the second.**

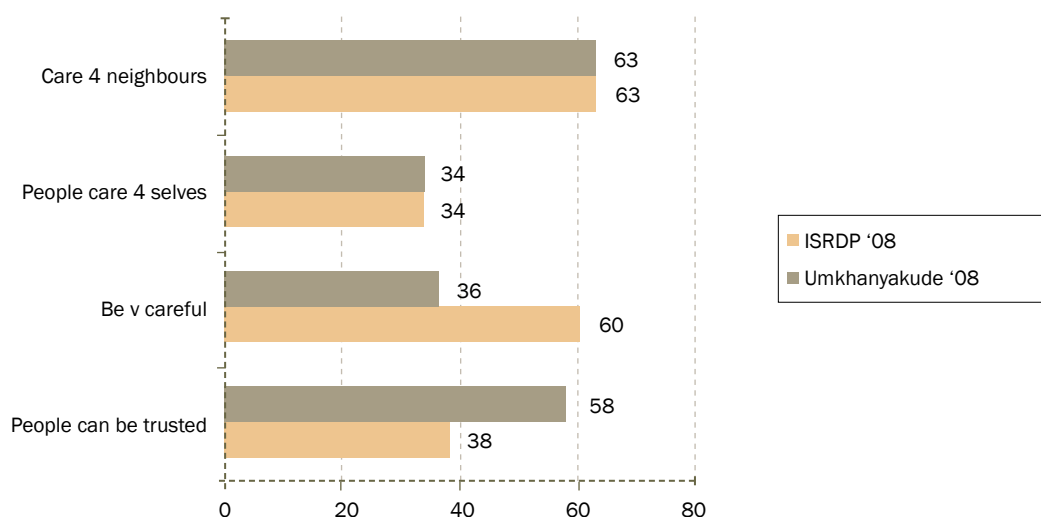


Figure 23: Trust and reciprocity

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.

Umkhanyakude scores unevenly, given that it started off a very poor base, with 40% of respondents in 2006 feeling ‘very unsafe’ in their homes – this has ‘improved’ to the point where 35% of respondents feel ‘very unsafe’.

	ISRDP '06	ISRDP '08	Umkhanyakude '06	Umkhanyakude '08
Very safe	25	25	8	23
Rather safe	33	33	27	17
Rather unsafe	24	24	25	26
Very unsafe	18	19	40	35

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

That said, crime and assault rates are largely unchanged in Umkhanyakude. 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 Umkhanyakude, 14% of respondents reported a household member suffering from a criminal incident in 2006, while assault was worse at 22%. Umkhanyakude was one of the least safe ISRDP nodes. In 2008, the figure had improved somewhat, with crime at 16% and assault at 13%.

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 half (50%) of Umkhanyakude respondents felt their local communities could solve problems ‘well’ or ‘very well’. In Umkhanyakude, local leaders/elders (44%) and the local councillor (27%) were most likely to play a key role in dispute resolution.

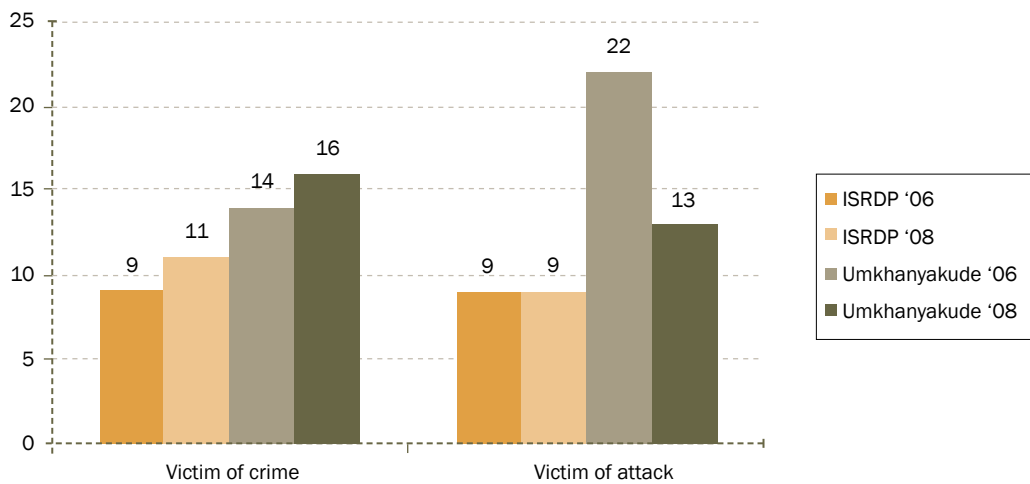


Figure 24: Victim of crime/attack

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.**

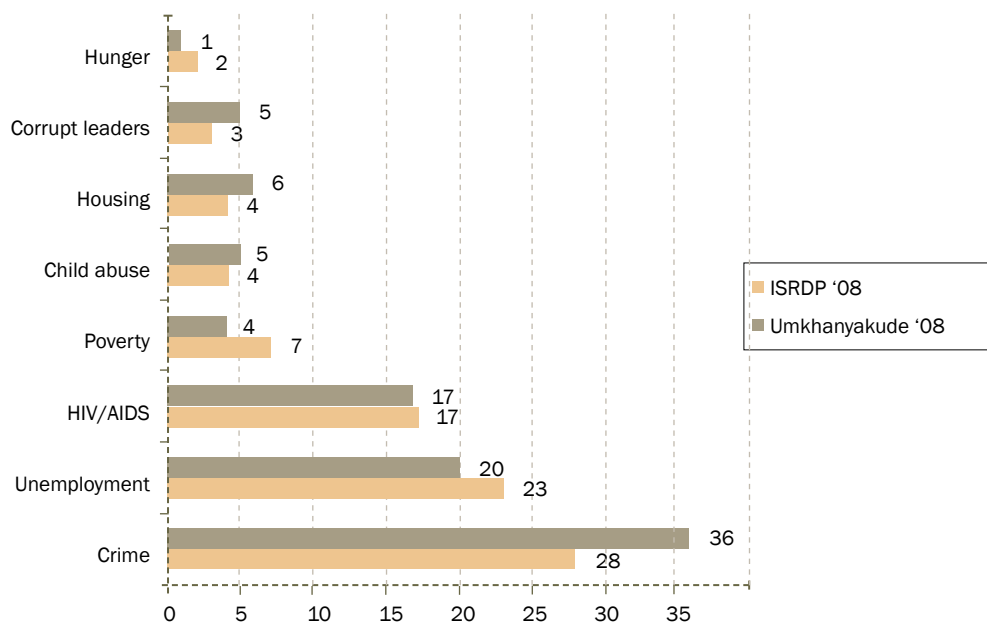


Figure 25: Main problem facing community (ISRDP/Umkhanyakude by year)

The ranking of issues was similar but more stark in Umkhanyakude, where crime was cited by 36% of respondents, followed by unemployment (20%) and HIV/AIDS (17%).

Associational life

Associational life – membership of a wide range of civil society organisations (CSOs) – is critical in 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.

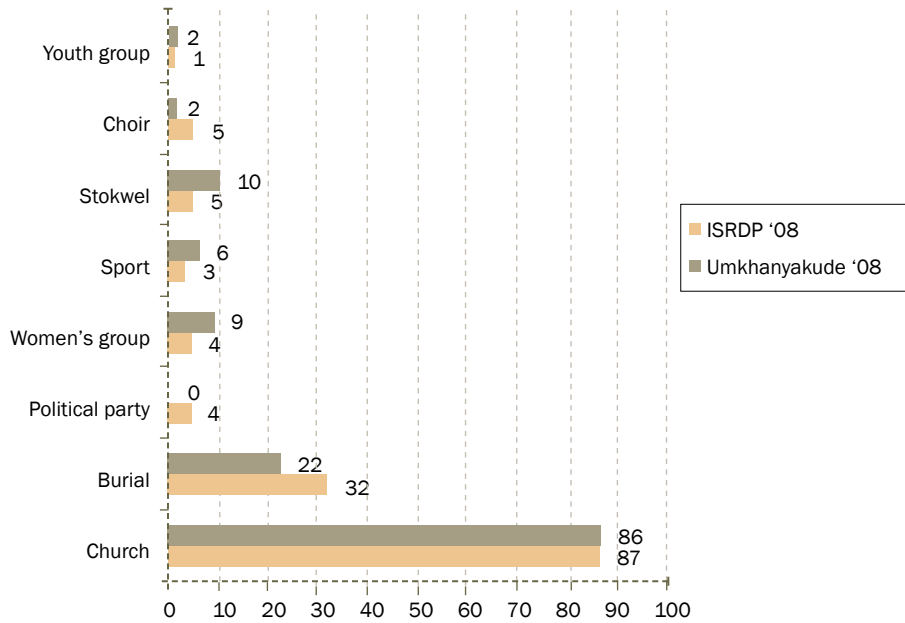


Figure 26: CSO membership

A similar pattern is evident in Umkhanyakude, though stokvels are above average, as are women’s organisations. But note also the very low membership of other CSOs in the node. The development partners in Umkhanyakude – for outreach and communication – are dominated by faith-based organisations.

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.

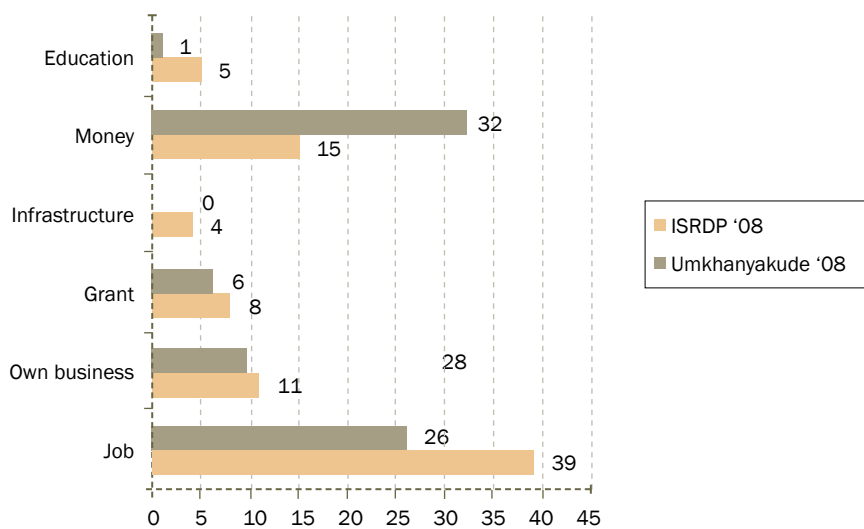


Figure 27: ‘What 1 thing would make your life better?’ (by programme)

The key point is that people are not standing with open hands asking for cash, as often characterised⁶; as the cost of living has increased, so those asking for 'money' have increased – but they peak in ISRDP nodes at a total of 15% across the entire sample. Umkhanyakude respondents 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.

⁶ See for example Everatt D. (2008) 'The undeserving poor: poverty and the politics of provision in the poorest nodes in South Africa' (Russian Academy of Sciences Africa Institute, Moscow).

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
	score for each skill possessed
Social	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
Natural	belongs to at least one CSO
	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 **Umkhanyakude**

Building sustainable livelihoods

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



Glossary

CDP	Community Development Practitioner
DoA	Department of Agriculture
DSD	Department of Social Development
GBV	Gender-based violence
HCBC	Home community-based care
HRDO	Hlabisa Rural Development Organisation
IDP	Integrated Development Plan
ISRDP	Integrated Sustainable Rural Development Programme
LAC	Local AIDS Council
LM	Local municipality
NDA	National Development Agency
NGO	Non-governmental organisation
OVC	Orphans and vulnerable children
PLWHA	Persons Living with HIV and AIDS
PRP	Poverty Relief Programme
SALGA	South African Local Government Association
SASSA	South African Social Security Agency
URP	Urban Renewal Programme

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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 8 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 undertaken in Umkhanyakude district and rural ISRDP node. A baseline qualitative research into DSD's clients, programmes and services was undertaken in 2006 followed by a second evaluation in 2008 aimed at updating information on the functioning of DSD-supported projects and identifying whether and how issues that were raised during the first baseline research were dealt with.

Umkhanyakude is located in the former KwaZulu homeland. It was rated as the poorest of the ISRDP nodes in 2006. Lack of sanitation, electricity, quality water supplies and refuse removal, poor housing and unemployment were critical issues in the node. Umkhanyakude had a rate of unemployment of 82% in 2006, above the ISRDP average. Forty-five percent of households were female headed, lower than the ISRDP average of 53%. The node suffered from a deficit of social capital with the third worst ranking amongst ISRDP nodes. HIV and AIDS, alcohol abuse, tuberculosis and cholera were the most important health concerns in the node.

The purpose of the qualitative baseline research was to gather information about DSD activities in the nodes. A community livelihood analysis was carried out in two areas that were representative of the node. There was an evaluation of DSD projects and services. Three projects that were included in the first evaluation were revisited during the second evaluation and changes within DSD were captured. The second evaluation also sought to identify emerging issues and to assist in planning a way forward for the node based on these issues.

The poor in Umkhanyakude viewed poverty as a lack of capacity to articulate their own situation or to be understood by those with power over how resources are employed for development – most of whom are outsiders. For the rural poor, wellbeing was also related to being part of

decision making. Even where development projects are implemented, the fact that these efforts are made in their name, but without them, is problematic.

Women of all ages, the elderly, unemployed youth and persons with disabilities were identified as vulnerable groups in the area. Community analysis exercises were undertaken with the vulnerable groups, who identified a variety of livelihood strategies employed to generate income and supplement household needs. There was a heavy reliance by all groups on both the state for social assistance and extended family members to make ends meet. Casual and informal employment were other strategies employed. The youth sought skills and employment or self-employment opportunities. Women sought the same but were also concerned for the health and educational opportunities of their children. Persons with disabilities sought opportunities for employment and access to public facilities.

There were 13 poverty relief programmes in Umkhanyakude. Three were visited as part of the research. Thembalesizwe Drop-in-Centre was a relief project reaching over 1,000 children orphaned through HIV and AIDS and people living with HIV and AIDS (PLWHA). The project rated itself as thriving. Challenges they faced included transport constraints limiting how many beneficiaries could be reached by each care-giver, and the constant need to find donors to support the project. Thembaletu Co-op was a multi-project concept, a cluster of projects that focused on gardening, raising chickens and sewing. Challenges included capital to increase the number of chicken houses and access to water and electricity. Hlabisa Rural Development Organisation had a chicken project and a vegetable project but collapsed due to theft and death of chickens, financial mismanagement and lack of support from stakeholders. Thembalesizwe and Thembaletu improved their situation between 2006 and 2008 but Hlabisa was unable to turn their situation around.

There was a well-defined working relationship on paper from national DSD down to community, through province and district, but there were deficiencies in practice. People at the district level felt their voice was not sufficiently heard when budget allocations were made. Even though the district reports on its needs, the negotiations and trade offs were done at a level far divorced from where delivery took place. Some of the problems were related to lack of capacity.

An assessment of Poverty Relief Programme (PRP) and ISRDP projects showed that many were pitched at too low a scale in terms of their financial outlay and investment and so could not achieve the intended impact on improving livelihoods or addressing poverty. There was a need for better project planning encompassing a cluster of projects with many activities supporting and reinforcing each other. Funding could then be used more strategically and cost effectively as many aspects of the project would be using the same capital resources, land and labour that could lead to a level of investment that allowed for levels of capital accumulation sufficient to re-invest in even higher levels. This re-investment in repetitive cycles at a sufficient rate could then actually pull these members from an informal, second economy to a formal first economy.

Findings

- There were serious and critical **internal issues** within DSD that impeded efficiency and effectiveness. The issues of low budgets, high staff turnover, low staff morale, overworked staff, poor transport and communications and other resources, weak co-ordination of other stakeholder efforts and lack of integration of services were key challenges facing DSD in the region. Documentation of projects was haphazard. Records were incomplete and insufficient. The high turnover of staff exacerbated the problem of capturing and passing on information.
- Many PRP projects were pitched at a scale too low in terms of the financial outlay and investment for them to succeed. However, there was also **little effective support**, whether technical, training or guidance to enable projects to develop into sound economic enterprises.
- The practice in some instances of DSD initiating projects and handing them over to communities or asking communities to come together in order to access funding created **lack of commitment and ownership** or the necessary perseverance when challenges are met. Meanwhile local residents, who had potentially beneficial ideas and high levels of motivation to undertake projects, were unsure of where to begin. They often did not know who to approach with their ideas, how to start, implement, or manage a project, where to access funds, where to acquire the additional skills they may need or how to include others in their activities.
- **Community development practitioners** (CDPs) have a critical role to play in terms of identifying project needs, facilitating transfer of information, mentoring, monitoring and evaluation and supporting with financial management. However few of these functions are fulfilled by them presently.

Recommendations

DSD should consider how to develop a more efficient process for **allocating funds** to projects and ensuring that **outside service providers** also do what is necessary to ensure that services are provided as quickly and as meaningfully as possible.

DSD officials should assist community members to access outside **information** so they may develop plans of their own. This could involve the development of information or business advice centres; provision of public internet points; initiating mentoring programmes between existing and planned projects.

DSD must revise the **conditions of service** for development practitioners. Practitioners leave out of frustration with their conditions of service and poor salaries.

The recruitment of sufficiently **qualified DSD support staff** in the right numbers is a key priority. Although it may not be practical to have one CDP for every project, it is recommended that there be sufficient quantity to ensure that the needs of each project are met. These additional staff

members need to be proactive in communicating and working with projects. Moreover, they must further balance this with the need to encourage independent growth and development by, for example, identifying the members with potential for leadership and putting in place mentorship programmes.

- **Developing the capacity of CDPs** is critical if DSD supported interventions are to become more meaningful and actually improve peoples' livelihoods in a sustainable way. The recruitment for CDPs should reflect the job specification of development (as opposed to welfare) and CDPs have to become better planners, facilitators and mentors.
- Measures must be in place to ensure that **hand-over** from one member of DSD staff to another is structured to cause minimal negative impact on projects.
- **Municipal officials** must acknowledge projects managed by DSD and not take credit for them simply because they are within the municipal boundary and included in the Integrated Development Plan (IDP).

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 Umkhanyakude district and rural ISRDP node. Section 2 reports on the qualitative livelihood profile of the node and 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 the 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 reports on a follow-up evaluation which took place in early 2008 which updated the nodal and project issues and examined what had changed in the intervening period.

Background to the area

Umkhanyakude is located in the former KwaZulu homeland. Umkhanyakude is one of the areas in South Africa longest settled by Bantu speaking people (the **Nguni**) who chose to settle there owing to the large open spaces and vast vegetation that allowed for a dynamic mixed economy, with cattle keeping at its heart. Umkhanyakude comprises five local municipalities, namely Hlabisa, Jozini, Mtubatuba, Ngwavuma and the Big Five, an area also referred to as the Elephant Coast. The forced removal of Africans from 'white areas' into KwaZulu under apartheid, introduced more congestion and over-population in an already fragile environment. The node is predominantly rural, with only Mtubatuba Local Municipality (LM) having any significant urban concentration.

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

Umkhanyakude was rated as the poorest of the ISRDP nodes in 2006². Lack of sanitation, electricity, quality water supplies and refuse removal, poor housing and unemployment were critical issues in the node. Umkhanyakude had a rate of unemployment of 82% in 2006, above the ISRDP average. However, all respondents said that they receive some regular income through one form of grant or another, as well as income from informal (second) economy activities. Forty-five percent of households were female headed, lower than the ISRDP average of 53%. The node suffered from a deficit of social capital with the third worst ranking amongst ISRDP nodes. HIV and AIDS, alcohol abuse, tuberculosis and cholera were the most important health concerns in the node.

Methodology

The purpose of the qualitative baseline research was to gather qualitative information about DSD activities in the node. The researchers worked with DSD staff to identify two areas, in which to carry out a community livelihoods analysis, that were representative of the node. One analysis was to be with a community in or near the main town of the node and another in a more remote and rural location. The following tools were part of the methodological kit that was used: well-being ranking and social group identification, where participants identified significant vulnerable groups; timelines that included the elderly and the youth and Venn diagrams to analyse services and service providers. Groups of people from the vulnerable groups then participated in category-specific focus groups. The research teams also met separately with service providers, project beneficiaries and non-beneficiaries. A report-back and closing workshop - at which a draft report was presented for amendment and verification - wound up the research phase of the first evaluation.

Three projects that were included in the first evaluation were revisited during the second evaluation which took place in early 2008. The selection of the projects was carried out together with DSD nodal staff and one of the criteria was to involve a spread of functioning and non-functioning/struggling projects, which would ensure a broader picture of the challenges and opportunities facing projects in the nodes. 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 Information in this paragraph was obtained from Strategy and Tactics 2006 'Department of Social Development baseline survey: Umkhanyakude 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.

2.A Livelihood profiles in Umkhanyakude

How people see poverty and development

The respondents in Umkhanyakude viewed poverty as a lack of capacity to articulate their own situation and be understood by those who have power over resources – most of whom are outsiders. For the respondents, wellbeing meant having resources and also being part of decision making. They found it problematic that development projects were implemented in their name but without their involvement. Table 1 captures how the respondents saw poor people and those who were able to move out of poverty.

Being poor	Being developed
Part-time or contract farm workers, domestic workers or work in the fields of the well off and quite well-off people	High ranking government officials, leaders of non-governmental organisations (NGOs), business operators, civil servants, small business owners and the rural intellectuals
They are also of migrant origin	Senior members of the house of traditional leaders, traditional leaders who are in position to attract resources through patron-client relations with the community they have authority over.
They live in shack dwellings situated in squatter camps	They stay in big houses with electricity and water and some have town houses
They make use of dumping areas and recover iron, metals and other used things to sell	They drive big cars and have many options for sustaining their consumerist lifestyles
They lead a precarious life and do not have the channels and capacity to express themselves politically and organise as a constituency	They are also distinguishable by the number and quality of meals per day
They do not have the identity documents that allow them to access government grants	This class is able to send children to good schools and in some cases take in orphaned children from extended families
They lack the capacity to articulate their own situation and be understood by those who have the development dispensing powers over resources	They are able to withstand severe shock
These have land and sometimes goats and cattle	They have greater access to land, more houses, cattle, goats and other assets.

Table 1: Characteristics associated with poverty and development

Those with cattle, goats and donkeys were able to withstand shocks. However, traditional rites required households to sacrifice some of their cattle. Increased poverty also forced many households to sell their cattle to provide an income.

Livelihood profiles of vulnerable groups in Hlabisa and Manguzi

Young unmarried, middle aged divorced and widowed women, the elderly, unemployed youth and the disabled were identified as vulnerable groups in the area. Women were identified as vulnerable because they generally lacked freedom of economic production choices, lacked education and had limited access to property, especially land. Their well being was mostly decided by their relationships to male figures in a male dominated and patriarchal society.

The elderly carried the burden of sustenance for orphaned grandchildren, and their grants provided the income in families where able-bodied adults were unemployed. They were an important asset to these families and such grants were a key poverty relief intervention. Their money was hardly enough to be invested in poverty reduction and income generation ventures so it was largely circulated from hand to mouth.

The unemployed youth were mostly born from poor families, grew-up in a female-headed household and did not study beyond matric. Generally they had no skills and could not join the urban pool of employment seekers at the same level as those from better off communities. Their capacity to integrate in the capitalist, labour-selling urban community was therefore highly compromised. For the most part, the youth were never employed anywhere and the girls went into early marriages with older men, as traditional marriage systems precluded poor young males from marrying. Those with disabilities suffered a double disadvantage of lack of access and a social perception that disability is inability. Table 2 indicates the strengths and weaknesses of the identified groups in the communities of Hlabisa and Manguzi.

Group	Strengths	Weaknesses
Women	<ul style="list-style-type: none"> Child support grants Extended family system Access to land Skills for daily use such as grass thatching Basketry and craft making Participation in women's development forums and garden projects 	<ul style="list-style-type: none"> Lack of education Lack of employment Increased vulnerability to HIV and AIDS due to poverty and uneven power relations Deaths of children/younger generation due to HIV and AIDS Power relations are skewed in favour of men Lack of land ownership and decision- making capacity in their own right Patronage relations in a patriarchal society make them subservient to men's desires Traditional understanding of gender roles expose women to various forms of exploitation

Group	Strengths	Weaknesses
Rural petty commodity producers	<p>Indigenous knowledge</p> <p>Knowledge of local varieties of plants reducing dependency on imported varieties</p> <p>Reduced dependency on inputs</p> <p>Livestock</p> <p>Land, irrigation (for approximately 30%)</p>	<p>Lack of education</p> <p>Deaths of children/younger generation due to HIV and AIDS</p> <p>Rebellious and restless youth who see no future in subsistence agriculture</p> <p>Climate prone to drought</p>
Pensioners	<p>Social grants</p> <p>Social capital developed over a long time</p> <p>Indigenous knowledge</p>	<p>Have to use their grant to support the whole family</p> <p>Deaths of children/younger generation due to HIV and AIDS</p>
Unemployed youth	<p>Extended family system</p> <p>Have the energy to sell labour in infrastructure development contracts and other informal work opportunities</p>	<p>Lack of skills and education</p> <p>Lack of employment opportunities</p> <p>Exposure to infection with HIV and AIDS</p> <p>Considered unreliable</p> <p>Prone to exploitation by unscrupulous tender holders</p> <p>Traditional notions of respect expose the youth to exploitation by their elders</p>

Table 2: Strength and weaknesses of vulnerable groups from Hlabisa and Manguzi

The strengths and weaknesses of the vulnerable groups, captured in table 2, suggest that the youth most needed access to gainful employment and the community needed to increase its consciousness of the rights of women. Table 3 captures the outcomes and main threats for the different social groups. Greater employment and improved health for the general population including a reduction in the incidence of HIV and AIDS as well as better management of the disease would greatly ease the burden on old people, who had to support the younger generation at a time in their lives when they should be receiving support themselves. Women's first priority was the health and well being of their children and the means to provide for them. Small rural farmers wanted access to water, inputs and markets. Those with physical disabilities suffered from lack of access to public facilities.

Group	Desired outcomes	Threats
Unemployed youth	<p>Acquire relevant skills and competency that could facilitate self-employment or entry into gainful employment.</p> <p>Access technical and business skills training</p> <p>Learn how to develop a business plan</p> <p>Generate sustainable income earning opportunities</p>	<p>Unemployment and economic redundancy</p> <p>Drug and alcohol abuse</p> <p>Lack of skills and experience</p> <p>Exposure to infection with HIV and AIDS</p> <p>Teenage pregnancies</p> <p>Loss of personal pride</p>
Elderly	<p>Need the atmosphere of peace and stability within which they could maximise the use of the government grants</p> <p>Desire for long life for their children</p> <p>Opportunities for schooling for their grandchildren and access to jobs</p> <p>Good health facilities</p>	<p>Con artists at the pension payout points</p> <p>Vulnerability to exploitation by unscrupulous officials due to illiteracy</p> <p>Loss of their children and grandchildren to HIV and AIDS - related illnesses</p> <p>No one to bury them when they die as many young people are falling victim to HIV and AIDS</p>
Women	<p>Freedom of self determination and economic participation</p> <p>Well being of their children</p> <p>The education of their children</p> <p>Better opportunities for their children</p> <p>The capacity to provide for the family</p>	<p>Lack of access to land</p> <p>Lack of freedom of movement between rural and urban sectors - as men have - in pursuit of alternative economic opportunities</p> <p>Sense of compromised safety and security</p>
Rural petty commodity producers	<p>Better access to land</p> <p>Irrigation development</p> <p>Control over inputs</p> <p>Better access to markets</p>	<p>Lack of interest by the youth in agriculture threatens the future of petty commodity production</p> <p>Lack of investment in irrigation and total dependency on rain-fed production</p> <p>Lack of market access</p>
Persons with disabilities	<p>Physical access</p> <p>Skills development</p> <p>Equal opportunities</p> <p>Targeted opportunities</p>	<p>Lack of access to information</p> <p>Transport and building structures not designed to permit access for the disabled including DSD offices</p>

Table 3: Outcomes and main threats for different social groups

Livelihood asset	Opportunities identified by groups
Financial	<p>Projects funded by DSD and other organisations such as the PEACE Foundation in Ndumo</p> <p>A specific percentage of local and district level tenders could be made available for youth</p> <p>Small home-based businesses</p> <p>Short term contracts from the local and district municipalities</p> <p>DSD projects and opportunities targeted at women</p> <p>A specific percentage of tenders could be earmarked for women</p> <p>Increase in food prices could benefit petty commodity producers</p> <p>Increased demand for organic foods produced by petty commodity producers</p>

Livelihood asset	Opportunities identified by groups
Human skills	Business training for the youth Skills development such as thatching for women Food self-sufficiency Skills development and education funding for persons with disabilities
Legal	Constitutional guarantees against discrimination towards those with disabilities Legal guarantees towards inclusion for the disabled
Social	Umkhanyakude Support Centre Umkhanyakude Youth Development Forum

Table 4: Opportunities identified by different groups

Livelihoods strategies of vulnerable households in Umkhanyakude

During the community analysis exercises and focus group meetings with vulnerable groups, participating residents identified a variety of livelihood strategies employed to generate income and supplement household needs. As can be seen in Table 5 below, in most cases, representatives of vulnerable groups relied heavily both on the state for social assistance and extended family members to make ends meet.

Group	Livelihood strategies			
	Main	Less important		
Unemployed youth	Social grants Employed family members Family members with access to social grants	Short-term contracts with the local and district councils Small, home-based businesses (sewing, computer work, brick laying) Street vending (fruit and vegetables, cigarettes)	Ad hoc jobs	Committing Crime Dealing in drugs Prostitution with contract workers and long -distance lorry drivers
Retrenched residents	Social grants Retrenchment packages Employed family members Family members with access to social grants	Short-term contracts with municipalities	Ad hoc jobs	
People living with HIV and AIDS (PLWHA)	Social grants (disabled) Employed family members Family members with access to social grants	Small home-based businesses (sewing, knitting, beadwork, building)	Clothing and household good production	Food parcels

Women	Social grants (child care) Employed family members Family members with access to social grants	Small businesses (spaza shops)	Small home-based businesses (sewing, knitting, beadwork) Clothing and household good production	Maintenance from fathers
Persons with disabilities	Social grants (disability grants) Family members with access to social grants	Small home-based businesses (sewing, knitting, beadwork) Clothing and household good production	Food gardening	
Pensioners	Social grants (pensions) Family members with access to social grants Employed family members	Small home-based businesses (sewing, knitting, beadwork) Clothing and household good production	Food gardening	

Table 5: Livelihood strategies of vulnerable groups

The researchers noted that at the pension day market most of the goods being traded on the local market were brought from outside the community. The chickens and vegetables were sourced from large scale commercial farms. Communities could take more advantage of this market by selling produce that they grew themselves and so circulate the money coming into the community via social grants within the community.

Local communities could also benefit from accessing forest products in their localities. However, many communities in Umkhanyakude experienced reduced access to these resources as their areas suffered from years of environmental degradation. Those areas with resources were either fenced off as game and nature reserves or were considered private property – under the ownership of either private companies or individuals.

2.B Situational analysis of DSD services

The district was working on integrating its programmes, initially at the level of planning. The AIDS Councils were an example of where there was a strong drive for integration. As part of the integration, all DSD projects were being implemented alongside other institutions and government departments such as the South African Police Service, and the departments of Agriculture, Justice, Labour, Environment and Tourism. This integration can be reflected in the consultation process that led to the district Integrated Development Plan (IDP) and its evaluation. The need for cordial working relations and co-operation across departments was uniformly acknowledged as central to meeting the *Batho Pele* (people first) ideals of the government.

Available services

DSD provided services to address the challenges of orphans and vulnerable children (OVC), young offenders, the very old and the chronically ill and their families, PLWHA, gender-based violence (GBV), to provide nutritional support for families in dire need, and to increase awareness of sexual and reproductive health issues, all of which have a direct impact on poverty and the quality of life among the rural poor. DSD also had a development wing which provided grants and support for development projects through the PRP. These programmes were rolled out throughout the district and local municipalities with the participation of community-based organisations, faith-based organisations, NGOs and private partners. While these programmes were spread throughout the node, the key challenge was to increase their frequency, quality and relevance. These programmes could also benefit from greater participation by and consultation with the intended beneficiaries. The challenge is to have the implementing agencies working towards giving ownership of the programmes to the vulnerable communities that should benefit from them.

There were sexual reproductive health care programmes, HIV and AIDS and GBV programmes that were in the planning and approval stages for Umkhanyakude. The programmes centred on capacity building and awareness-raising aimed at the youth, women, men and home community-based care (HCBC) workers. There was an alignment of programmes with the African Mayors'

Initiative for Community Action on AIDS with support provided by the South African Local Government Association (SALGA).

Table 6 describes the different programmes directly offered or supported by DSD in the node, the frequency with which they were offered and the locality. All the social grants were in the process of being handed over to the South African Social Security Agency (SASSA) and would no longer be part of DSD's services.

Service programme	Categories of intervention	Description	Frequency of service	Localities offered
Development Implementation Support				
Poverty Relief Programme	Thembaletu co-op	This is a cluster of various co-operatives whose activities include sewing, chickens and vegetable gardening.	Ongoing	In five locations over 12 wards
	Ithembaletumbano community development	Women and youth project involved with income generation	Ongoing	Covers close to eight wards
National Food Emergency Scheme	Mpukunyoni farmers Co-operative	Project for the maintenance of traditional food systems to improve food self-sufficiency. Started as a long-term measure to move away from food parcel dependency	Ongoing	One ward in Manguzi
Drop-in centres	Thembalesizwe	Located at Nkodibe in Mtubatuba and reaches out to children living with or orphaned by HIV and AIDS.	Ongoing	Covers nine wards
	Ndumo Ubombo drop-in-centre	Located in Ndumo and reaches out to children living with or orphaned by HIV and AIDS.	Ongoing	Six wards
Social Security				
Social security safety-net		Child support grants, old age pension, disability and HIV grants – transferred to SASSA		
Welfare services				
Services rendered by private welfare organisations	Vukuzakhe Integrated HCBC	HCBC and care of OVC		13 wards
Services targeting vulnerable groups	Lulisandla kumntwana	Social services to OVC	Ongoing	Eight wards
	Epilepsy Foundation Ingwavuma	Care of children with disability	Ongoing	Ingwavuma LM
	Mzamo Child Guidance Clinic	DSD probation officers work with the youth lacking guidance and assist them to stay out of jail.	Ongoing	Jozini LM
	Mtubatuba Child and Family Welfare Society	Social services to OVC	Ongoing	Mtubatuba LM

Table 6: Services provided by DSD in the node

Note: ~~strikethrough~~ indicates no longer directly provided

Working relationships with other stakeholders

There was a well defined system of working relationships in theory from DSD national to community level, through province and district. The division of functions and duties looked very sound on paper but there were deficiencies in practice. For example, personnel at the district level did not have a final say on budget allocations and votes – a function taken by Treasury at the national level, with provincial involvement. Even though the districts documented their needs, the negotiations and trade offs were done at a level far from where delivery takes place. Some of the problems were related to lack of capacity.

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.

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

DSD was supporting 13 projects in Umkhanyakude as listed in table 7. Project members and DSD officials rated the projects' performance and potential.

Name of project	Status of project ³
Poverty Relief Programme	
Thembaletu Co-operative	Green-orange
Hlabisa Rural Development Organisation (HRDO)	
Nyakusa Co-operative	
Home community-based care	
Ingwavuma Women's Centre	Green-orange
Drop-in centres	
Thembalesizwe	
Ndumo	
Ubombo drop-in-centre	
Services rendered by private welfare organisations	
AMREF	
Africa Centre	
Services targeting vulnerable groups	
Lulisandla kumntwana	
Mtubatuba Child and Family Welfare Society	
Epilepsy Foundation Ingwavuma	
Mzamo Child Guidance Clinic	

Table 7: PRP projects in Umkhanyakude

³ Status based on a simple classification: green = well-functioning; orange = functioning but with problems; red = not functioning. During the evaluations project members and DSD nodal officials were asked to indicate the project's status according to this classification.

As can be seen from the table, all the projects were doing well except for HRDO and Nyakusa Co-operative which were PRP income generation projects. Three projects were visited and researched in more depth.

Thembaletu Co-op was a multi-project concept, a cluster of projects that focused on gardening, raising chickens and sewing. The project was funded by DSD, the National Development Agency (NDA) and the Department of Agriculture (DoA). It targeted the youth and unemployed people, especially women. A positive factor in the project was that there was one dedicated co-ordinating manager handling the administrative function which was more efficient than different projects each having their own administrative function. Thembaletu's sub-projects were dotted across different wards: Mtubatuba, Hlabisa and Duku Duku. With such varied and dispersed activity this project had the potential to become a model development project since the cluster nature could help reduce costs whilst optimising the numbers of people potentially reached. However it needed to operate at a much larger scale, to provide training for participants and improve levels of co-ordination of resources by stakeholders. A negative factor was that project members were all paid the same at the end of the month, no matter the number of hours of work they put into the project. Members felt this encouraged absenteeism as there was no penalty. The income members received was not enough to sustain them so they took on piece jobs as a survival mechanism. The project at that time did not have sufficient chicken houses so they could not have chickens ready every week to keep a constant supply to the market. This meant they were not able to maximise their profits. The project felt that the DSD, NDA and DoA had only monitored spending of the funds given, but they could have played more of a support role with production and related issues.

Thembalesizwe Drop-in-Centre was a relief project targeting children orphaned through HIV and AIDS and PLWHA. They had over 1,000 beneficiaries at the time of the first evaluation. Thembalesizwe is located at Nkodibe in Mtubatuba and serviced the area up to Hlabisa. It was one of only two centres in the whole node. The other centre was in Ndumo and covered the southern half of the node. Its objectives were to providing food, support with school work and emotional support. It was not a community initiative but an initiative of DSD for meeting its mandate to relieve social crisis in poor areas. The manager, therefore, had to be properly remunerated to be able to attract people to the post with the right competence to achieve the intended objectives. The project paid caregivers stipends which they felt was very positive. However, at times there were difficulties and confusions over the stipends as different sponsors had different approaches. They had links with other stakeholders such as other HIV and AIDS NGOs and the Africa Centre. Projects such as these will always be dependent on funding and will never become self sustaining. However, the project could consider developing income generation activities to reduce dependency upon erratic and scarce donor funds.

HRDO had separate activities taking place at two different locations. The vegetable garden project was located at Mpembeni and the chicken project was located at Hlabisa centre. Apparently the

project had run well when it was managed by the original core funders but after it absorbed other members to increase its funding, difficulties arose. The chicken project suffered the set back of theft of chickens and loss of chickens in transit and subsequently collapsed. The vegetable garden slowed down to just subsistence production for some of the members of the original group. Table 8 examines the relevance of two of the projects to the needs in the node.

Sector	Projects	Relevance of projects to the needs of target groups	Comments
HIV and AIDS	Thembalesizwe drop-in centre	Assisted HIV and AIDS orphans. In the event where a child lost his or her parents and did not have any relatives, they took care of these orphans. The children were fed in these centres and were well taken care of by trained staff. The problem was that there was insufficient funding for these centres and as a result staff were underpaid. However, there is a need for such centres and they also create jobs for local people.	While these centres work hand in hand with the Department of Health, they are insufficiently funded. The LM assisted in these projects, but usually they were left in the hands of local communities. As a result, they did not function properly.
Youth	Thembalethu Co-operative	This local project aimed at assisting youth who had completed matric and could not proceed to the tertiary level of education to learn skills required by the local municipality.	Assisted in creating job opportunities and helped youth avoid becoming involved in criminal activities.

Table 8: Relevance of selected PRP projects implemented in Umkhanyakude

The extent of poverty in Umkhanyakude made the PRP projects one of the key focus areas in the effort to ameliorate the punishing conditions suffered by the rural poor. The fact that many of the service welfare projects were given green status was an indication that they were well planned and managed which was very positive. However, the status of the income-generating projects was cause for concern. These projects were meant for people silenced by harsh poverty. Their participation in the designing and decision making round their project was therefore very important.

On the surface, people who lived beyond the reach of the urban-based capitalist system as well as state channels of delivery appeared to be pre-occupied with economic survival and where their family's next meal was coming from, and had little time or enthusiasm for politics. This lack of political engagement by the beneficiary groups often allowed those in charge of service delivery to become complacent about community participation and the way projects were delivered and implemented. But poor people were realising that survival is increasingly difficult to achieve alone; it requires ties and connections to others, both with other poor people and those in positions of power. To the extent that Africans ease their daily hardships by reformulating old reciprocities or creating new organisations for collective action, suggests that an endogenous process of political development was under way. This endogenous process should be harnessed, encouraged and be mainstreamed in the development process.

The levels of poverty in Umkhanyakude required that programmes be amplified and properly planned and implemented. The roll-out of projects to create more widespread employment

creation and income generation remained a pipe dream. However, any slight amelioration in poverty is a step in the right direction. Table 9 considers some aspects of project implementation in relation to two projects.

Issue	Thembalesizwe Drop in Centre	HRDO
How was the project introduced to the community?	The Social Welfare Department introduced the project through its campaign to assist children orphaned by HIV and AIDS.	The organisation was comprised of various projects, including small groups of farmers who owned small portions of land for their small gardens to small poultry farms.
How were beneficiaries selected?	Beneficiaries are selected from a list developed by tward councillors, volunteer social welfare and home-based care givers	
Has the project improved the beneficiaries' livelihoods?	Beneficiaries were able to eat and go to school.	
Do beneficiaries have ownership of the project?	Beneficiaries saw the project as being for the very poor resulting in some stigma	
How can the performance of the project be improved?	Expanding the scope of the project in terms of the number of people it provides for and also striving towards income generation.	

Table 9: Beneficiaries' perception of project implementation and benefits in sample projects

Recommendations from the first evaluation for improving PRP projects

- It is recommended that additional mechanisms be explored for informing community members about the potential to become involved in projects so that more residents have the opportunity to take part.
- Some dissatisfaction was noted with the manner in which beneficiaries are selected. It is advised that DSD be sensitive to non-partisan issues and attempts to select as representative a sample as possible.
- The current programmes being offered need to be fine-tuned to address the socio-cultural sensitivities of the communities so that there is buy-in and less resistance by those that feel threatened by certain projects.
- **Staffing:** There are currently too few staff responsible for overseeing DSD activities in Umkhanyakude and in particular, those who deal specifically with PRP projects.
- **Community development practitioners (CDPs):** There is an urgent need to employ more CDPs. Although it may not be practical to have one CDP for every project, it is recommended that there be a sufficient quantity to ensure that the needs of each project are met.

- **Alternative sources of funding:** DSD must help projects with fund-raising skills and contacts so that projects do not cease to operate should DSD withdraw funding and all the investment in setting up the project be lost.
- **Ongoing skills training:** The provision of appropriate technical and entrepreneurial skills training is key to the success of projects. Also, training at the start of projects is insufficient to ensure their sustainability. It is essential that training is an ongoing process.
- **Access to information:** Lack of information appears to be a major factor hampering the development of community projects or small businesses in the node. It is recommended that DSD officials assist local residents to network with other similar projects elsewhere and to find supporters and mentors so that projects build self-reliance and move away from dependence on DSD.
- **Information transfer:** Residents and project beneficiaries frequently indicate that they are left out, or are inadequately informed about, decision-making related to their projects. It is recommended that CDPs make more effort to include the beneficiaries in decision-making, as well as keeping members up to date about decisions that affect them.
- **Handover of office:** It is recommended that measures be put in place to ensure a smoother transition when a CDP is replaced and to minimise loss of momentum with the hand over. Ensuring proper note taking and documentation, allowing for sufficient overlap between outgoing and incoming staff and the identification of mentors within the organisations to cover shortfalls can help to alleviate these problems.
- **Transportation and communications:** Logistical problems were identified as major obstacles limiting service delivery in the node. Recommendations include ensuring that projects realistically budget for transport costs and communication expenses.
- **Stipends and salaries:** Project organisers have expressed the need for some form of compensation to be provided in the initial months of the project development phases or until the project starts generating an income. It is therefore recommended that such issues be taken into consideration when planning projects and preparing budgets.
- **Supply-driven development:** DSD and its partners should be wary of providing funds for projects that externally driven rather than community-driven. There needs to be a balance between state support and individual innovation and enterprise.
- **Project planning and implementation:** DSD needs to look into speeding up the process of getting a project fully planned, approved and funded, and ensure that outside service providers also do what is necessary to ensure that services are provided quickly and effectively.

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 visits by the researcher in this period.

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 had changed since the first evaluation; what impacts were there on project beneficiaries; what had worked and not worked; 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 had there been 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. The aim was to cover a spread of projects in terms of how well they were doing and also to select projects with beneficiaries varying according to gender and age in order to ensure a broad picture of the challenges and opportunities facing projects in the nodes. The projects selected in Umkhanyakude are captured in table 10.

Project	Target group	Total no of members
Thembalethu Co-op	Women and unemployed youth	62
Thembalesizwe	HIV-affected orphans and PLWHA	Over 1,000 beneficiaries
Hlabisa Rural Development Organisation	Women	15

Table 10: Sample projects which participated in the 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

4.2.1 Changes since the first evaluation

Table 11 highlights the events and changes since the first evaluation in Thembaletu Co-operative, as an example. Despite there being problems with staff capacity and resources the project was still running.

Event or stimulus for change since first evaluation	Change or action taken	Impact of event
Members took employment as and when it became available.	There were no specific figures supplied but it seemed that many people, at different times, got temporary employment elsewhere and when the contract was over they returned to continue. This happened to the extent that there was rarely a time when all project members were at work.	Loss of labour left the garden and crops unweeded which resulted in loss of income from the garden side of the project.
Theft of tools and no security.	A temporary arrangement to have someone stay on site to guard the premises, with accommodation as payment, was made until such time as there was money to pay a full time security guard.	Difficult to get work done without proper tools so reduction in production.
No electricity	Increased pressure to have own electricity point that involved an approach to local political heavyweights. Finally, in March 2008 electricity services reached the project.	Could now freeze the chickens
Transport	A van was sourced and funds were being raised for the delivery of produce to markets.	It was easier to get the chickens speedily to market and bring in inputs
Hiring of project manager.	Having employed a manager for the project, the project needed to raise enough money so this didn't become a liability for the project. The project needed chicken houses so they could produce more. There was a market for their produce which they were unable to satisfy.	Better financial management and accounting procedures and greater dedication to production by project members.

Table 11: Events and changes since the first evaluation: Thembaletu Co-operative

4.2.2 Participants' perception of the impact of the projects

Table 12 indicates how the beneficiaries saw the impact of their project on themselves, on their families and on the wider community.

Thembaletu Co-operative	Thembalesizwe	HRDO
Members were upbeat about its prospects. They had confidence that the project could be a gateway out of poverty.	Seen as a vital service for many orphans who would suffer without the project.	Minimal impact on lives of project members other than feelings of being let down. The beneficiaries felt they were set up for failure by the system.
They wanted the projects to be run as viable commercial enterprises and did not mind if the project was privatised.	The project was not well known in the community but those that knew about it felt it was saving children and families who would be destitute, and giving them an acceptable standard of living within the community.	Community had benefited, when the project was active, from access to local chickens that were cheaper and terms of trade that were friendlier.
There is respect for people who try to help themselves so the community generally had a high regard for project members.		

Table 12: Perceived impact of the projects for three sample projects

Both Thembaletu Co-op and Thembalesizwe had aspects of project activity that were green (functioning well) while others were rated orange (functioning, but with significant challenges) or, in Thembalesizwe's case, even red (not functioning). Thembaletu had no store room for produce which made it difficult to store the uniforms made by the sewing project. Chickens required storage once they were dressed for the market. The project had no toilet and this affected the standards of hygiene in the project while dealing with consumable products. Thembalesizwe reported that the project spent a lot of money on car hire because caregivers travel long distances between beneficiary homesteads. The project manager was putting together a proposal to acquire the donation of a vehicle. The manager did not have a computer. The computer equipment that used to be there has either disappeared, or became outdated and obsolete. It was recommended that an office inventory was developed to list all the equipment and their serial numbers, to be checked in the event of change of management. Ensuring care of project equipment should be also one of the duties of the committee. Thembalesizwe complained of micro-management by the CDP which they found unhelpful. This illustrates what a skill it is for CDPs to know when and where to help so they are supportive but not dominating a project.

Both Thembaletu and Thembalesizwe projects required more support to improve project planning, implementation and co-ordination of efforts. HRDO was rated a definite red as the project was no longer operational. It was not clear where the project books were and what the closing balance was. The project suffered from lack of project mentoring as well as its unfortunate location at the edge of the community rather than at the centre of the community where it would have been more secure and easily accessible.

4.2.3 What worked and what didn't work?

Table 13 shows an example of the assessment of what worked well and what did not in Thembalesizwe.

What has worked well in this project?
Use of older volunteers as care givers.
Paying caregivers stipends.
Having an organised structure of a trained committee.
Employing a project manager
USAID donated a park-home to increase the office space.
Linking with other stakeholders such as Africa Centre and other HIV and AIDS related NGOs.
Raising the project profile among local government, municipal and government stakeholders.
What has not worked well?
Younger caregivers do not stay.
At times there was lack of clarity and confusion about stipend payments to caregivers depending on who was sponsoring the stipends.
How have you seen the role of DSD and/or intermediate service providers?
The role of each stakeholder must be clearly defined to avoid duplication with what other stakeholders are doing. A stakeholder forum like the Local Aids Council (LAC) would be useful. It seemed that the participation of community groups, beneficiaries and stakeholders in the LAC and IDP forums was only for the purpose of fulfilling requirements rather than for true consultation purposes and as such became a mere patronising process.

Table 13: Project assessment: Thembalesizwe Drop-in-Centre

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 had identified for the following year, followed by a discussion of these and emerging issues. Table 14 shows an example of the findings from HRDO.

Project issues	Comments and/or recommendations
Findings/recommendations from first evaluation	
Disintegrated, fragmented and operating at too small a scale to make a meaningful impact on poverty.	DSD and stakeholder partners to redesign the project to make it part of a whole cluster of linked and co-ordinated projects with a functional infrastructure.
Lack of staying power on the part of members.	Membership turnover was high because the project was not generating enough income to reward beneficiaries.
Issues emerging since 2006	
Financial mismanagement	The project finally collapsed due to financial mismanagement and lack of proper planning. There was also very little mentoring from DSD or any other service provider and a poor relationship between project members and the facilitating office.
Security and theft.	Theft was a big issue in the area due to poverty, but this had been accentuated by a lack of proper security measures. The project site was far away from the community which made it vulnerable.
Activities and dreams for 2006-2007:	
Revive the project.	The project members wanted to revive the project. They had money in the account and wished to be assisted with the re-opening of relations with DSD officials as well as with the people who held the project records. Given the amount of resources they had in technology and infrastructure outlay, the project could be resuscitated or the equipment rented out to local entrepreneurs so as to pay back the capital invested. It was recommended that a meeting be called of all stakeholders and that proper training be given to the project members in terms of project planning and management.

Table 14: Project issues: Hlabisa Rural Development Organisation

It seems that many PRP and ISRDP projects are pitched at a scale too low in terms of their financial outlay and investment and intended impact on improving livelihoods or addressing poverty. There is need for better project planning that can encompass a cluster of projects with many activities supporting and reinforcing each other. Funding could then be used more strategically and cost effectively as many aspects of the project will be using the same capital resources, land and labour that will lead to a level of investment that allows for levels of capital accumulation sufficient to re-invest in even higher levels. This re-investment in repetitive cycles at a sufficient rate may then actually pull these members from an informal, second economy into a formal first economy.

This kind of project planning requires that CDPs increase their skills and competence in development planning and implementation. They also have to become better facilitators and mentors. Projects such as HRDO were clearly floundering with no proper leadership and there is

a role here for leadership training. The CDPs have to be also much better at identifying members with potential for leadership and put in place mentorship programmes that speak to the specific project needs.

DSD has to desist from initiating projects and handing them over to communities or asking communities to come together in order to access funding. The proper procedure should be one that identifies groups that have voluntarily come together whether they are family or co-operative groups. Such groups are easy to work with because they have a vision and the role of DSD would be to support that vision and dedication. The idea of making people come together because there is money available creates many pitfalls including lack of dedication, ownership and lack of follow-up.

Changes in the node since the first evaluation

Changes to DSD's services and projects

Changes in the services and projects of DSD in the node are recorded in table 15.

Changes to services and projects
Trends/summary:
More projects were in the pipeline since 2006 which could lead to lowering of the quality of facilitation and co-ordination as they compete for limited staff time and attention.
Description of major changes:
Changes to services: Establishment of SASSA as a separate entity.
Changes to the projects supported by DSD: The DSD workshop was unable to provide a complete list of projects due to time constraints. It was only indicated that there were new projects and some of the old ones had collapsed. In other words, the status of the projects in Umkhanyakude could not be specified at the time.

Table 15: Changes in DSD services/projects and causes/impact

Changes in staffing levels

The regional office could not provide statistics on the staff vacancy rate and posts, arguing that the figures they had were out of date and they were awaiting the new profiles. However, it was made clear that there was a high vacancy rate and that it was taking too long to have positions filled. It can happen that if a position becomes vacant through death, retirement or a resignation and the position remains empty for more than a certain period, that the position can disappear from the system. There was a sense that fewer people are doing more work with fewer resources.

There was a real need for more DSD staff in the node. In particular, more CDPs were needed. There was only one Chief CDP responsible for all activities in Umkhanyakude, which was insufficient to provide adequate support for existing projects as well as to assist in drawing up plans to support

additional ones. New officials should provide additional multiple services to facilitate project development. The DSD staff were not oriented towards development. CDPs have mostly been trained in social welfare and not in development. The high staff turnover in the rural nodes, as employees move to towns, is such that staff development does not really take place. This means that staff are not well qualified to do the work.

Documentation of what had happened or not happened in specific projects was weak. This was allegedly a result of the lack of operational budget for development practitioners, who therefore were not able to provide the level of support and follow up necessary. Lack of updated data made it difficult for the purpose of this exercise to meaningfully reflect on the situation. However there was clearly a critical need to make changes and do things differently if any benefits are to be yielded and the objectives of DSD's programmes are to be realised.

The DSD workshop mostly focused on staff dissatisfaction with the budget system as well as the lack of money for key instruments for the facilitation of better service delivery. Officials felt disempowered by the lack of resources for communication, transport, research and training. Regional and local staff expressed dissatisfaction with processes at provincial and national office and indicated a lack of integration within DSD itself. There were a lot of unknowns and a lot of things being done or progressing on the basis of guess work.

Findings and recommendations

Findings

- There were serious and critical **internal issues** within DSD that impede efficiency and effectiveness. The issues of low budgets, high staff turnover, low staff morale, overworked staff, poor transport and communications and other resources, weak co-ordination of other stakeholder efforts and lack of integration of services remain key challenges facing DSD in the region. The fact that some of the requisite information for sections of this report could not be provided is symptomatic of levels of dysfunction within DSD affecting work in Umkhanyakude.
- **Projects** were also struggling with **transport and communication problems**. It seemed that projects had underestimated the costs of these items when submitting their budgets. Service projects therefore found themselves lacking funds to provide service delivery to all areas of the community. HCBC projects with home-based caregivers who travel to make home visits were particularly affected. Additionally, many projects found it prohibitive to pay the travel or telephone costs to source the multiple quotes needed when purchasing items for their projects. They also could not afford to make telephone calls to co-ordinate project activities and liaise with DSD and other service providers.
- **Documentation of projects** was haphazard. Records were incomplete and insufficient. The high turnover of staff exacerbated the problem of the capturing of and passing on of information.
- It seemed to be the case that many PRP and ISRDP **projects** were pitched at a **scale** too low in terms of their financial outlay and investment to achieve the intended impact of improving livelihoods and addressing poverty. However, there was also little effective training, guidance and support available to enable them to develop into sound economic enterprises.
- The practice in some instances of DSD **initiating projects** and handing them over to communities or asking communities to come together in order to access funding created lack of commitment, ownership and the necessary perseverance when challenges are met. Meanwhile local residents, who have potentially beneficial ideas and high levels of motivation

to undertake projects, are unsure of where to begin. They often do not know who to approach with their ideas, how to start, implement, or manage a project, where to access funds, where to acquire the additional skills they may need or how to include others in their activities. It must be made easier for community members to access this information.


- **Technical support** to projects is insufficient and inadequate. Even at Thembaletu which has a dedicated project manager and a range of funders, support is mainly focused on monitoring expenditure rather than assisting with 'on the ground' planning and implementation.
- With resources and proper management, **drop-in centres** like Thembalesizwe Drop-in-Centre have the potential to become important sites of development in the rural areas. They can become information centres, testing centres, counselling, as well as skills training sites.
- **CDPs** have a critical role to play in terms of identifying project needs, facilitating transfer of information, mentoring, monitoring and evaluation and supporting with financial management. However they were fulfilling few of these functions at the time of the evaluation.

5.2 Recommendations

- DSD should consider how they can develop a more efficient process for **allocating funds** to projects and ensuring that outside service providers also do what is necessary to ensure that services are provided as quickly and as meaningfully as possible. Alongside this budgets at all levels must be sufficient and include transportation costs and make allowances for necessary communication expenses. In some projects even a fleet of bicycles could greatly assist with mobility of members.
- DSD officials should assist community members to **access outside information** so that they may develop plans of their own. This could involve the development of information or business advice centres; provision of public internet points; initiating mentoring programmes between existing and planned projects.
- DSD must revise the **conditions of service** for the development practitioners. Practitioners leave out of frustration with their conditions of service and poor salaries although the housing and health packages for working in a rural area provide some level of incentive, at least in the short term.
- **The recruitment of sufficiently qualified DSD support staff** in the right numbers is a key priority. Although it may not be practical to have one CDP for every project, it is recommended that there be sufficient quantity to ensure that the needs of each project are met. These additional staff members need to be proactive in communicating and working with projects. Moreover, they must further balance this with the need to encourage independent growth and development by, for example, identifying the members with potential for leadership and putting in place mentorship programmes.
- **Developing the capacity of CDPs** is critical if DSD supported interventions are to become more meaningful and actually improve peoples' livelihoods in a sustainable way. The recruitment

for CDPs should reflect the job specification of development (as opposed to welfare) and CDPs have to become better planners, facilitators and mentors.

- Measures must be in place to ensure that **hand-over** from one member of DSD staff to another causes minimal negative impact on projects.
- **Municipal officials** must acknowledge projects managed by DSD and not take credit for them simply because they are within the municipal boundary and included in the IDP.



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