

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

Building sustainable livelihoods in... ...Umzinyathi

Background report

A survey based profile

A livelihood profile and service delivery evaluation

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...Umzinyathi

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Section 1

Profiling Umzinyathi background report

Building sustainable livelihoods

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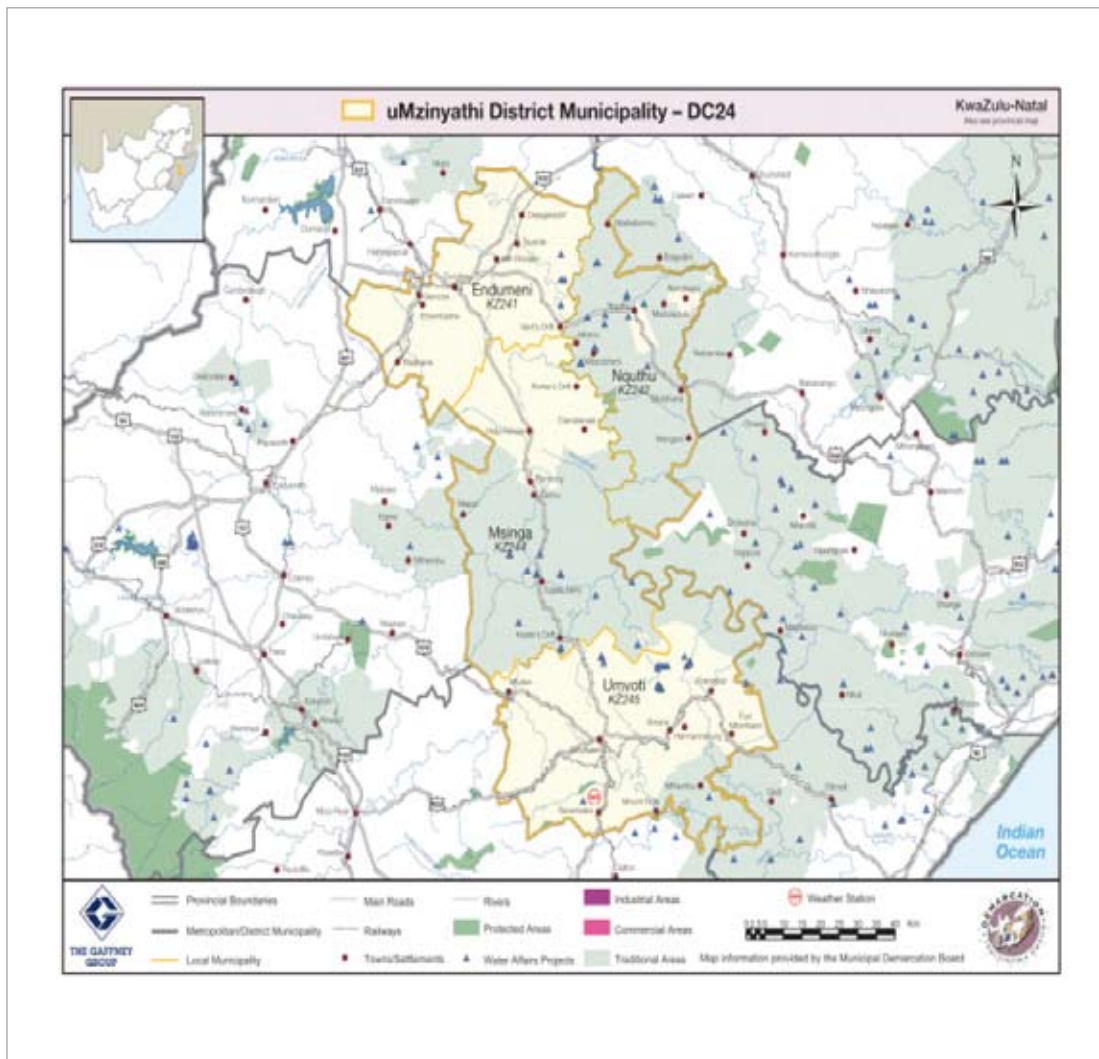


Figure 1: Umzinyathi District Municipality, KwaZulu Natal
(Source: Gaffney's Local Government in South Africa, 2004 – 2006)

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 Umzinyathi node lies, receives, on average, 500 to 2300 mm of rain per annum which places it at the very high end of South Africa's rainfall bands. Nevertheless as shown below the area is still categorised as a potential drought risk area.

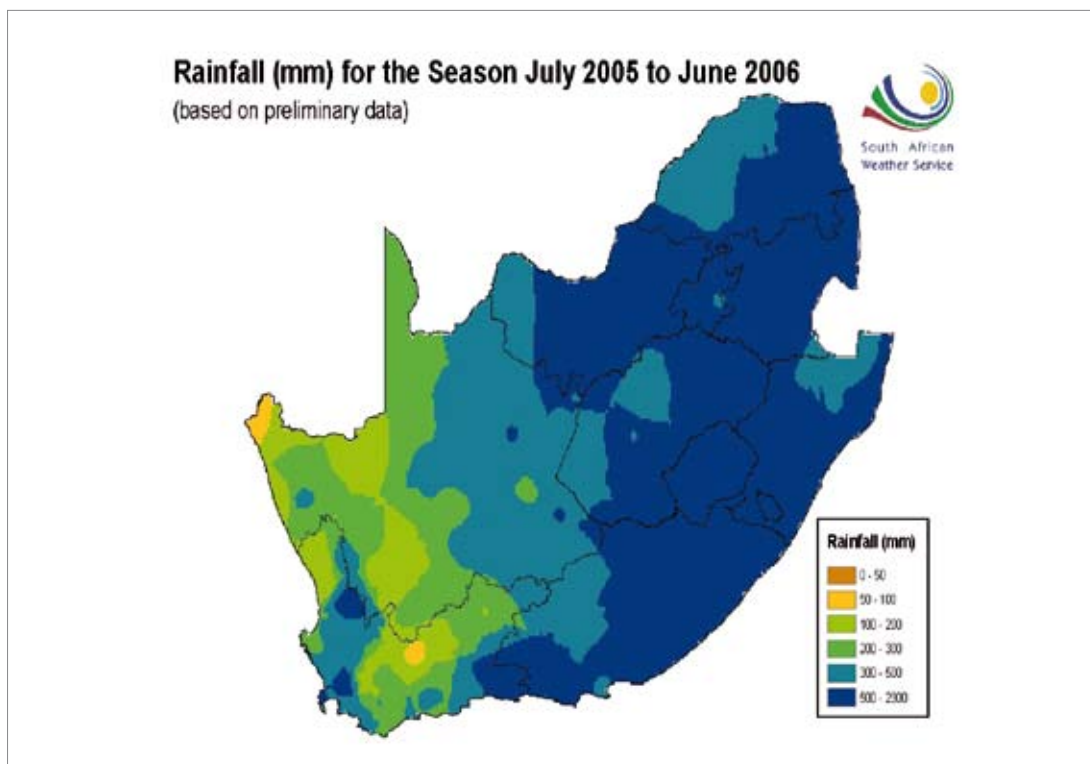


Figure 2: Total rainfall for July 2005 - June 2005 (Source: South African Weather Service)

Despite its high rainfall the risk of drought in the node has over the years had a particularly devastating impact on **the sustainability of agricultural production**, in which many of those living in the node are engaged. Irregular rainfall patterns play havoc with food security, and as we discuss later in the chapter, DSD's emergency food programme has been important; the capacity for continuing it should be maintained, but planning for transforming subsistence agriculture into more sustainable production must also be a priority.

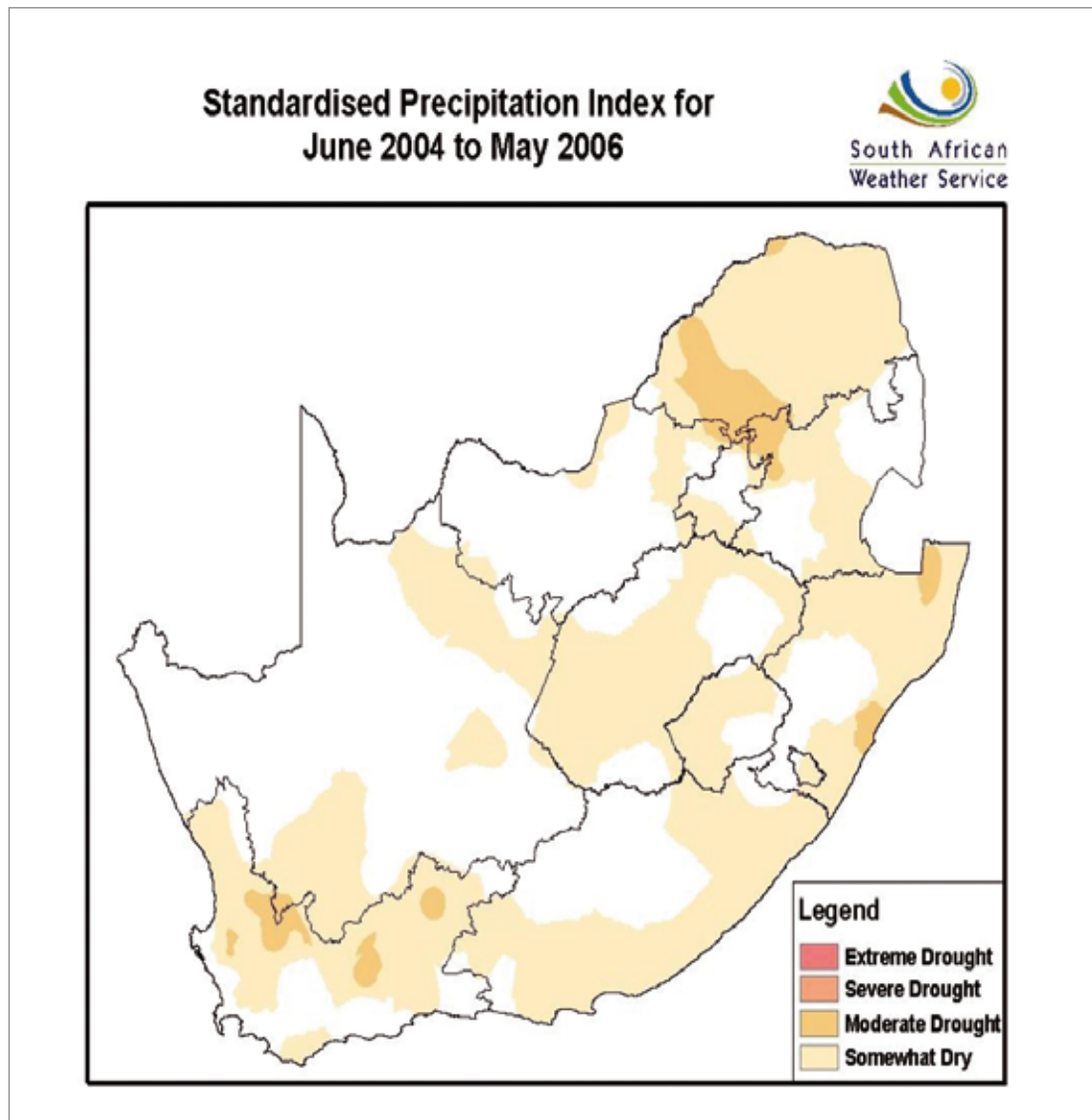


Figure 3: Drought Prevalence in South Africa, June 2004 - May 2006 (Source: South African Weather Service)

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 Grassland (see below). Whilst this vegetation has been found to support limited grazing for cattle, it has also led to enormous sustainable agricultural production for commercial agriculture. However, those benefiting from the outputs of this production remain small in number.

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

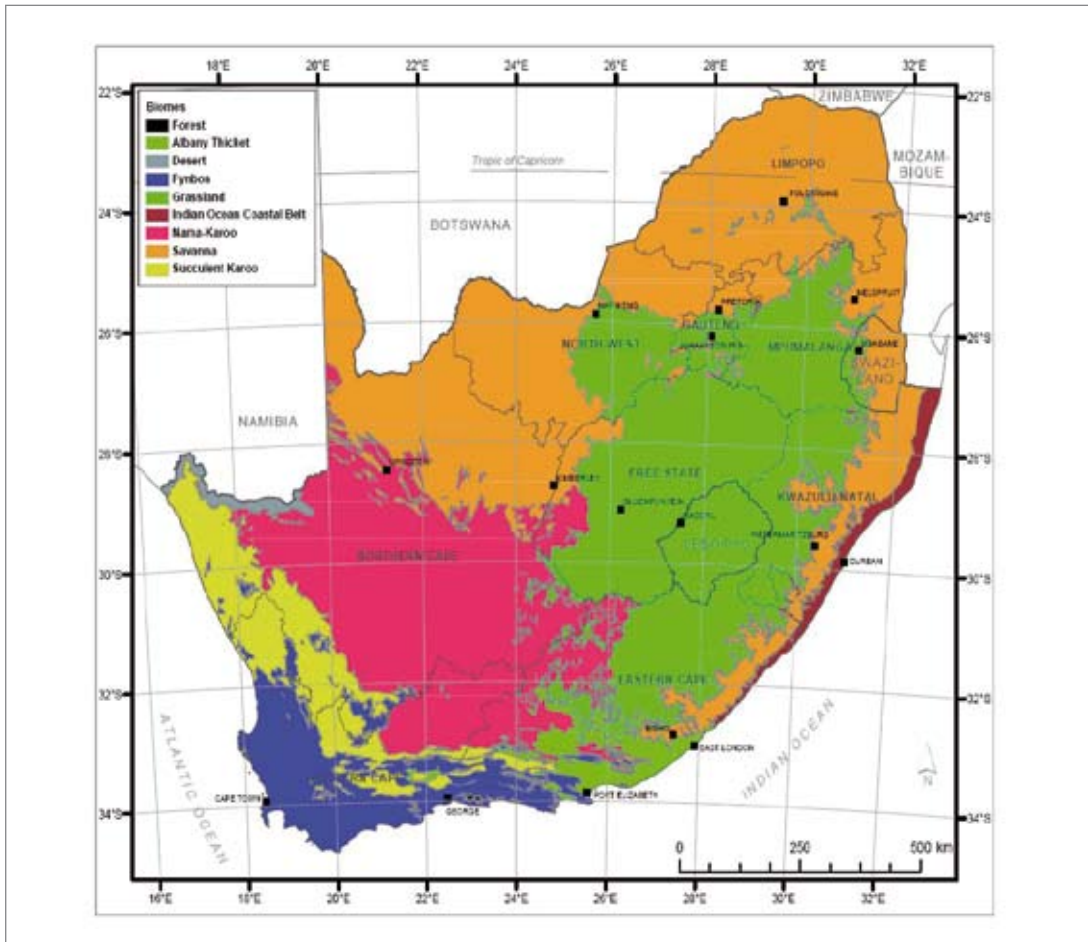


Figure 4: Major Vegetation Biomes of South Africa (Source: South African National Botanical Institute)

Settlement variations

The Umzinyathi District Municipality is located in the **north central areas of KwaZulu-Natal**. The District includes some of the poorest and most underdeveloped rural areas of KwaZulu-Natal, most notably the Msinga and Nquthu Municipalities. More developed urban areas include Dundee located within Ndumeni Local Municipality and Greytown which is in the Umvoti Local Municipality.

Dundee and Glencoe form part of the so called **Coal Rim of KwaZulu-Natal** which have over the past decade been negatively affected by a substantial decline in the coal mining sector which previously formed the economic base of this node. Greytown can be viewed as a strong regional centre with substantial commercial and agricultural activity. This large node is made up of very different types of area and land use, raising questions about the **value**

of the nodal approach – are nodes useful additions to the development arsenal or do they make delivery (to multiple Local Municipalities within a District, each serving a different type of constituency and populace) more complex?

Land use in the District can be divided into two broad categories, viz. commercial farming and traditional settlement areas. This split is primarily along Local Municipality boundaries, with the majority of land in Endumeni and Umvoti being a commercial farming nature, and Nquthu and Msinga primarily traditional settlement areas.

In general the district has a **temperate climate**. The **topography** is undulating, although some areas are far steeper than others and are consequently not suitable for agricultural production. The area is bisected by several of South Africa's largest rivers including the Tugela, Umvoti, and the Buffalo.

The node lies between the main N3 corridor from Durban and Gauteng and the coastal corridor along the East coast. However, as we shall note below the node has yet to capitalise on its geographic location and high annual rainfall and the area remains one of the poorest not only in the province but across South Africa. Moreover, the **arable land** in the node is largely in the hands of white commercial farmers, thus creating land tenure problems for emerging and previously disadvantaged communities in the node who do not have access to arable land.

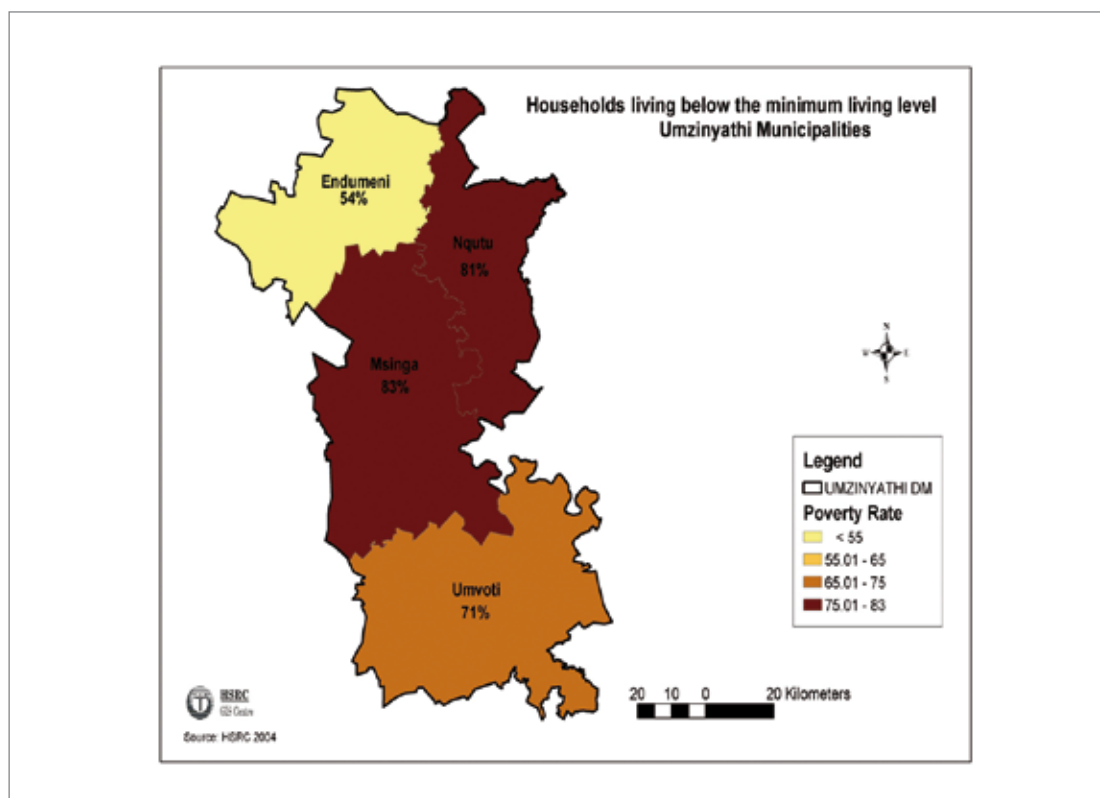


Figure 5: Poverty rate (Source: HSRC GIS Centre)

In later chapters we will be exploring whether 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 policies and strategies.

The node has a **total surface area** of approximately 7 909 square km. The node comprises four local municipalities namely:

- Endumeni 85.9% of households are urban
- Nquthu 0% of households are urban
- Msinga 7.2% of households are urban
- Umvoti 19.5% of households are urban

The node is **predominantly rural** (82.7% of the households in this node are in the rural areas) with a range of settlement types including small towns, tribal areas and farms. The urban areas (17.3% of households) are largely to be found in the Endumeni 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 (58%% 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 Greytown, Tugela Ferry, Nquthu, and Dundee.

In terms of **land tenure** Census 2001 found that more than half of the landowners in the node (50.3%) owned the land on which their dwelling resided, and a further 31.9% occupied land for which they paid no rent. A fraction reported they owned the land but had yet to pay it off (7.4%) and the remainder reported that they rented the land (10.4%).

According to Census 2001 the majority of the people who live in this node have done so since 1996 (83.6% said they had) whereas only 3.2% said they had not (i.e. they had moved into the node over the past 5 years) whilst the remaining 13.2% were children who had been born since 1996. This very low **rate of in-migration** sees the 3.2% who had moved into the node in the intervening 5 years mainly (80.6%) moving from elsewhere in the province; Gauteng at 8.2% provided a large proportion of the remainder. However, whilst this suggests that few are moving into the node data is not available on where those who have left the node since the 1996 census have moved to.

Demographics

Census 2001 tells us that the **total population** for this node is 456 449 where the vast majority live in rural households (82.7%) whilst only 17.3% live in urban households. The population density for the node is relatively low when at 57.7 persons per square km.

The **racial mix** of the node is shown in Table 1. Like so many of the other ISRDP nodes, the dominant population (as defined in the Census) is Black African (96.4%).

	Black African	Coloured	Indian	White	Total
Umzinyathi	439847	2635	6632	7336	456449
	96.4%	0.6%	1.5%	1.6%	

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 Umzinyathi (56.0% of the population are females as opposed to 44.0% of males).

The **age profile** of this node demonstrates that more than half of the population (55.7%) in the node are 19 years or younger, whilst little over a third (36.8%) of the population are in the traditionally economically productive age bracket (20 to 60 years of age), yet, as we will see later on this chapter there remain depressingly low levels of household income across the node largely as a result of the unemployment in this node.

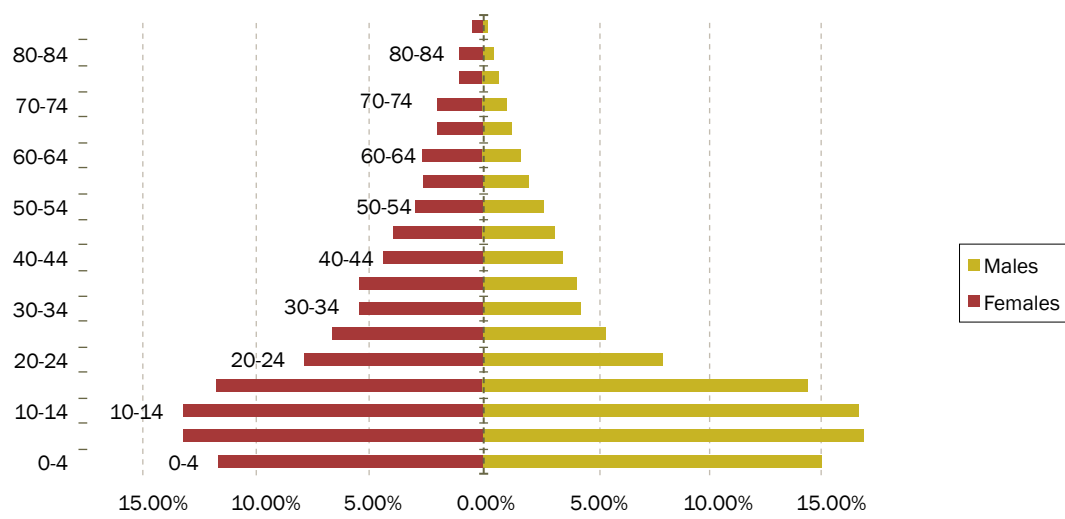


Figure 6: Age/sex profile of Umzinyathi (Source: Stats SA, Census 2001)

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, Umzinyathi scored extremely high (high scores are bad news from a poverty perspective) on each of the individual indicators (Table 3) making it one of the **worst off of all the ISRDP nodes**. The average poverty rate in Umzinyathi is nearly 20% higher than the KwaZulu-Natal provincial average, and also higher than the average for the ISRDP as a whole.

	Female headed	Illiteracy	Unemployment	Income	Crowding	Dwelling type	Sanitation	Water	Lighting	Refuse	Poverty index
Umzinyathi	59.9	54.6	70.5	33.9	3.1	58.0	74.6	74.8	74.1	79.6	58.3
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 Umzinyathi

Before commenting on the very high poverty index score assigned to Umzinyathi³, 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 Umzinyathi Census 2001 found that well over half (59.9%) 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 to head households 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 (54.6%). 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 again strongly suggests that the node is worse

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).

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 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. Less than one in five had studied further than junior secondary (15.5% had completed Matric and an additional 2.9% had studied post matric).

	No school- ing	Primary	Junior Sec- ondary	Senior Sec- ondary	Post matric
Umzinyathi	36.4%	24.6%	20.5%	15.5%	2.9%

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

The node is nevertheless **well served with 511 schools**, roughly 2.6 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). This is problematic,, noting the extreme shortage of skills in the node. Typically FET colleges and higher education institutions should play a pivotal role in supplying these skills and ultimately stimulating much needed economic growth.

Dwelling type: With 58.0% 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%) and the average for all the ISRDP nodes (46.3%). This is yet another example in this node of citizens not receiving basic services.

Over-crowding: We define over-crowding to mean 2 or more households sharing a single room. The fact that housing in this largely rural node is dominated by traditional and informal dwellings has led, unusually, to overcrowding (commonly associated only with poverty in the major urban areas of this country). The node is above average (3.1% 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: We had noted earlier the high illiteracy rate in the node. The impact of which, in conjunction with the absence of any meaningful industrial base in the node, can be seen in the level of unemployment in the node. Whereas the average **rate of unemployment** for South Africa is 48.2%, in this node unemployment is at a extremely high 70.5%. This is

higher than the average for the province (55.1%) and the average for all the other ISRDP nodes (67.9%).

One of the major reasons for high unemployment has been the ‘downsizing’ of the coal industry in the neighbouring areas and the drive towards mechanized agricultural production. The situation has been exacerbated in recent years by droughts in this area and the seasonal nature of employment opportunities.

Income: Inequalities in the distribution of income across the node, commonly measured by use of the Gini coefficient, are shown below. With such levels of unemployment in the node the levels of income are correspondingly low. Whilst a third of households (33.9%) reported no income whatsoever, 11.6% reported an annual income of less than R4 800 (i.e. less than R400 a month), and 26.9% reported earning less than R9 600 per year. This equates to nearly three quarters of the households in the node (72.4%) living on less than R800 per month. The importance of DSD’s social grants in this context is self-evident.

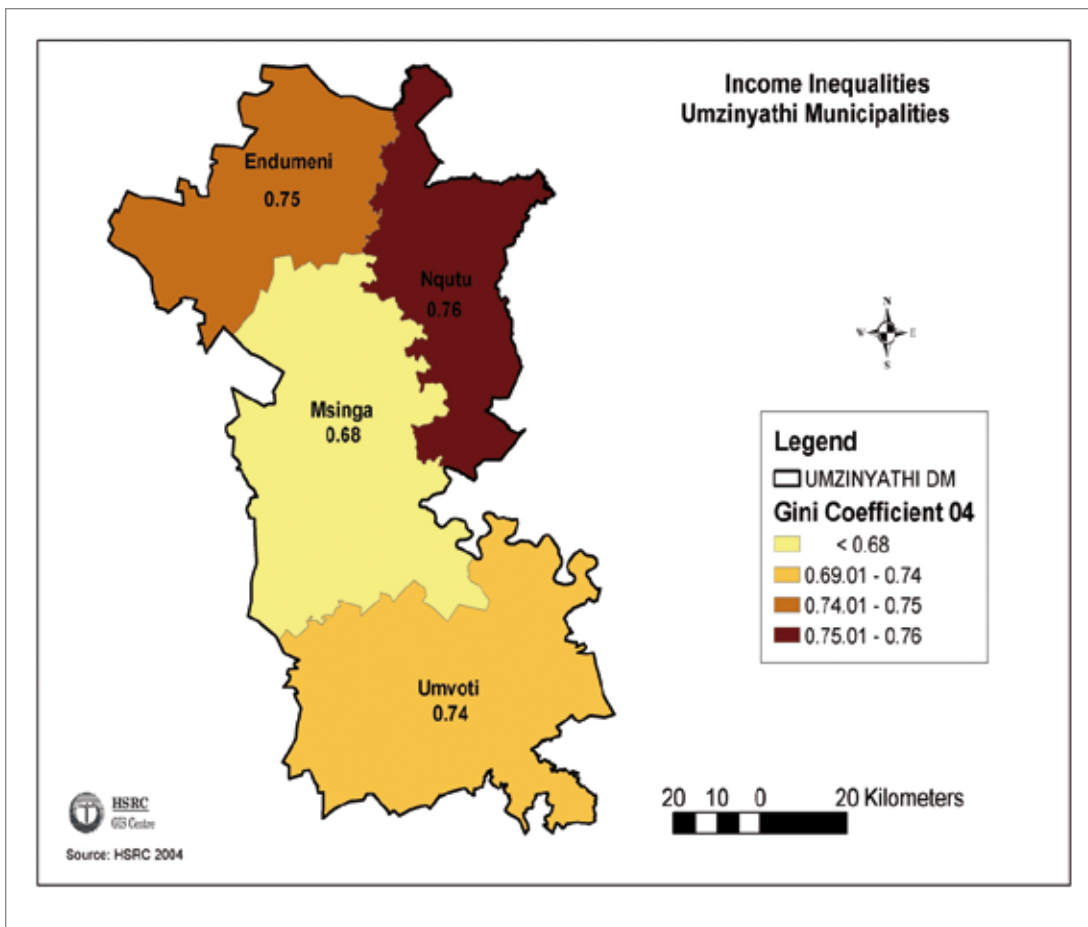


Figure 7: Gini coefficient (Source: HSRC GIS Centre)

Table 5 reveals that like many other ISRDP nodes the government sector is the largest contributor to **Gross Geographical Product** for this node (26.4% of those employed work in this sector). Agriculture, hunting and forestry (19.9%) is the second largest contributor. Whilst some of the agriculture is of a subsistence nature, there are significant commercial agricultural initiatives in the node. The concern though is that much of this agricultural activity is seasonal and is unlikely to provide much needed growth in employment opportunities for this node. A further significant economic sector in the node is wholesale and retail trade (14.4%). However this sector is also unlikely to provide significant growth in employment opportunities in the future.

The **inequalities between sexes in employment are shown** by sector in Table 5. The agricultural sector, a major employer in the node, is home to 21.7% of all employed men whereas 17.9% of employed women work in this sector. The other major employment sector in this node, government services display some differences, (23.2% of employed men as opposed to 30.0% of all employed women). The wholesale and retail sector also displays some very small differences (15.1% of employed men work in this sector compared to 13.5% of all employed women) in terms of gender inequity.

Economic Sector	% Employed	% Male	% Female
Agriculture, hunting; forestry and fishing	19.9%	21.7%	17.9%
Mining and quarrying	0.6%	1.0%	0.3%
Manufacturing	5.9%	7.4%	4.3%
Electricity; gas and water supply	0.3%	0.5%	0.1%
Construction	3.7%	5.5%	1.8%
Wholesale and retail trade	14.4%	15.1%	13.5%
Transport; storage and communication	2.9%	4.8%	0.8%
Financial, insurance, real estate and business services	4.7%	5.8%	3.5%
Community, social and personal services	26.4%	23.2%	30.0%
Private Households	9.4%	3.4%	15.9%
Undetermined	11.7%	11.5%	11.9%

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

Service delivery indicators

Water: The majority of the households in the node (74.8%) 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%). As with many other ISRDP nodes, providing water – as well as other basic services – is a priority, particularly to ensure that poor households can access their basket of **free basic services**.

Sanitation: With so many households not accessing running water the availability of water borne sewerage, from a health and welfare perspective, is poor (25.4% households had either a flush or a chemical toilet). The health dangers are increased when we note

that 41.4% have no toilet whatsoever (regular outbreaks of cholera in this node can be attributed to the poor provision of sanitation services).

Lighting: Electricity is not being successfully delivered in the node. Three-quarters of households (74.1%) 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 (68.6% 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 nearly 8 in 10 households (79.6%) do not have refuse removed in this node. Worryingly, it does mean that these households either establish their own refuse dump (49.3% of all households in the node) or simply dispose of the rubbish any way they can (28.8% 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 real **differences between different local municipalities** in terms of access to basic services, in particular between those municipalities along the coast versus those operating in the interior. For example, whilst the Endumeni Municipality can report that 66% of households have access to electricity and 90% have access to running water, Msinga Local Municipality only provides electricity to 2% of households and water to 8% of households.

Communication is good, largely due to the spread of cell phones. Table 6, although somewhat out of date as the commercial mobile phone operators have rapidly increased the size of their footprint, shows that 18.1% of households in the node had no access to a telephone which is higher than the average for the ISRDP nodes (14.2%) another sign of this node's mix of areas that are firmly part of the first economy and other, more geographically remote areas, that are firmly part of the second economy.

Telephone in dwelling + cell-phone	Telephone in dwelling only	Cell-phone only	At a neighbour nearby	At a public telephone nearby	At another location nearby	At other location; not nearby	No access to a telephone	Total
4122	3771	10226	9801	33671	4888	11296	17136	94911
4.3%	4.0%	10.8%	10.3%	35.5%	5.2%	11.9%	18.1%	

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

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

Transport and road networks vary enormously across the node. The majority of citizens rely on foot for daily transport needs (85.9%). Although some national roads do bisect the node, the road network is made up of primarily district and access roads, the majority of which are in a poor condition. Public transport is almost non-existent in the node. Public buses account for only 2.0% and trains a negligible 0.3%. 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 minibus/taxi	By bus	By train	Other
85.9%	0.6%	0.6%	2.6%	5.0%	2.5%	2.0%	0.3%	0.5%

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

The provision of **health clinics** in the node demonstrates that the node is no worse served than other rural areas of the country. Those living in the node have access to 27 clinics and health centres and 3 hospitals as well as a number of mobile clinic options. However, provision of adequate health care to citizen in this node is compromised by the fact that the majority of health care facilities (like most households in the node) have no water or electricity. Moreover, the shortage of doctors is a major problem affecting the quality of care in the district hospitals.

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

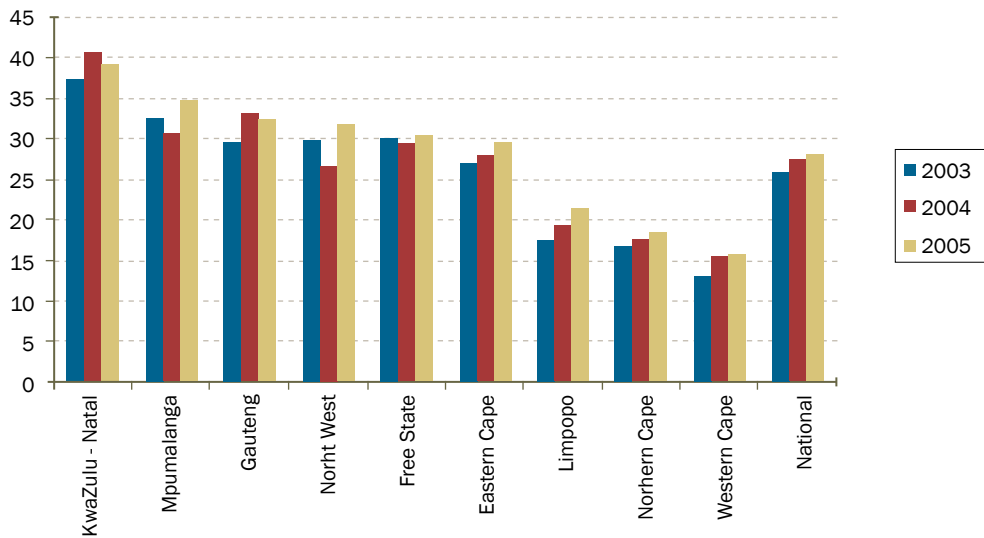


Figure 8: Provincial HIV prevalence estimates: Antenatal clinic attendees, South Africa 2003 - 2005 (Source: National HIV and Syphilis Prevalence Survey 2005, Department of Health)

The number of **police stations** in the node is 12, in other words roughly 1.5 police stations per 100 000 of the population. This is about average for the rural parts of our country, and with 7 courts in the node it would appear that citizens of this node are being provided with adequate safety and security.

Social Development service priorities

The map below illustrates that the DSD is geographically not very well positioned to deliver integrated anti-poverty services in the node. While it has 157 pay points for social grants, it has only 39 other service delivery points – of all types.

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.

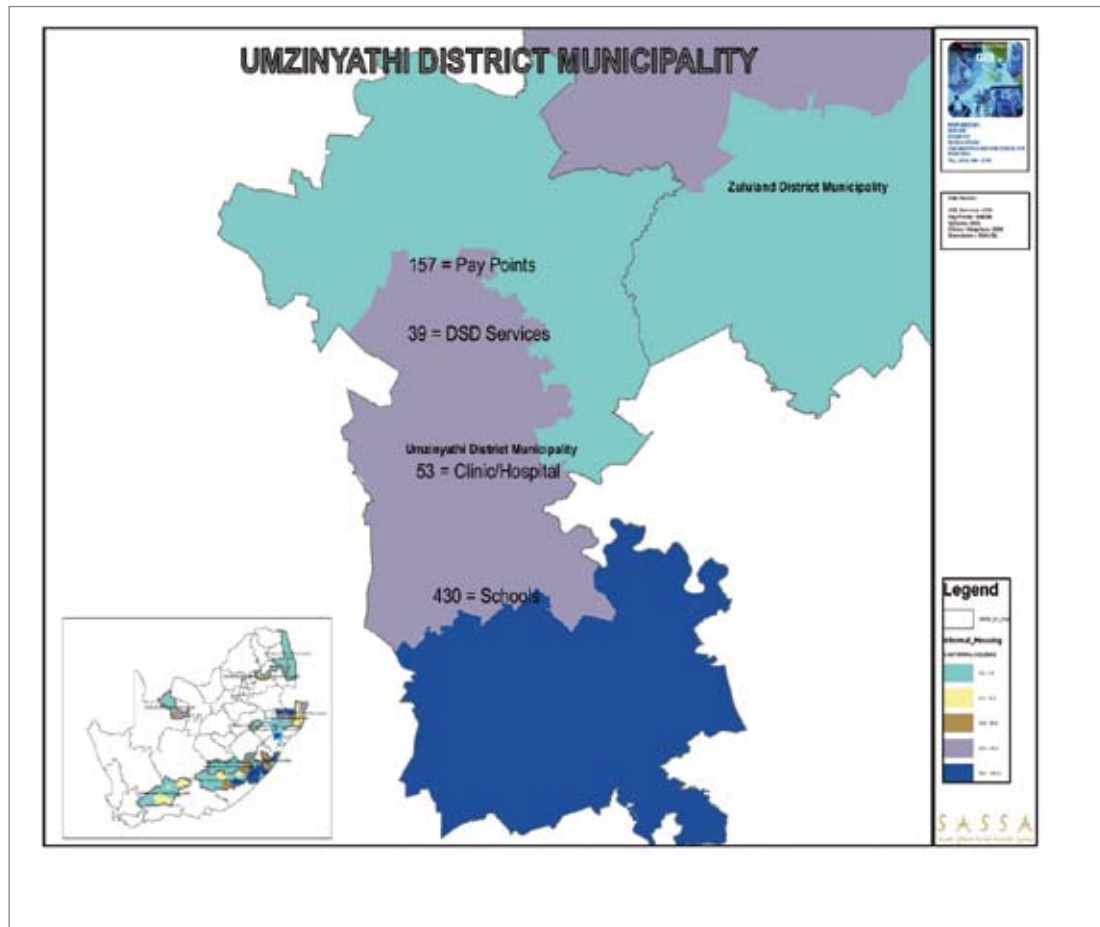


Figure 9: DSD Service Delivery Points (Source: SASSA)

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

Finally, there is a need for **co-ordination** between departments **and** between spheres; and co-ordinated delivery to individuals and communities on the ground. People living in the node, to move out of poverty, need the right services, provided to them in the right places, at the right time, and at appropriate levels of quality. This is the heart of both ISRDP and URP, which effectively bind all departments and spheres, and which should be used as leverage in enhancing the anti-poverty work of government. Contrast, for instance, the number of service delivery points spread with other parts of this province, particularly other ISRDP nodes, where the number of delivery points are not as common.

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 Umzinyathi has a score that places it in the high range for ISRDP nodes (58.3). The period 1996 to 2001 saw little improvement in the node: poverty decreased by just 1.4%. Over the same period, the average improvement for all the ISRDP nodes was 2.8%.

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

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

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

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

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Section 2

A survey based profile of **Umzinyathi**

Building sustainable livelihoods

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



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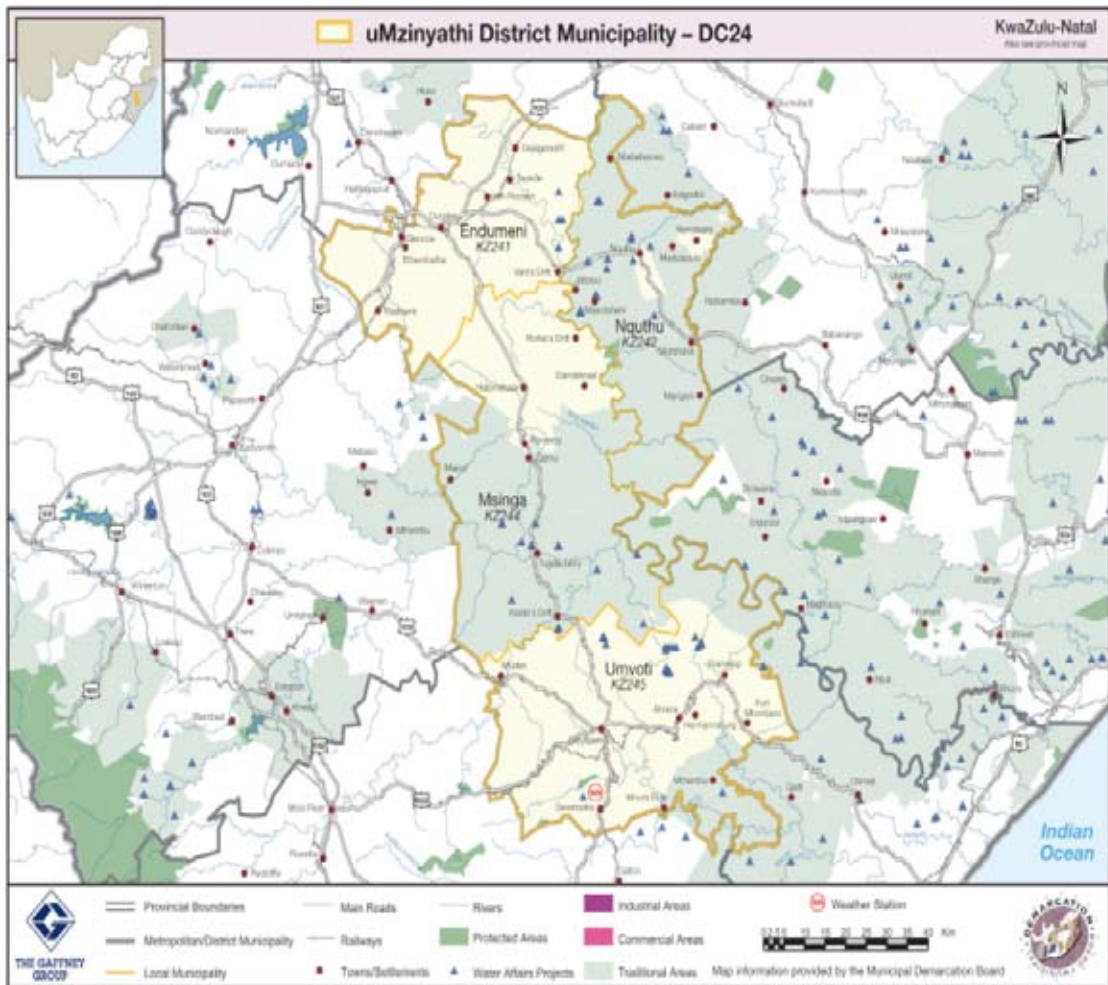


Figure 1: Umzinyathi District Municipality, KwaZulu Natal (Source: Gaffney’s Local Government in South Africa, 2004 – 2006)

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 Umzinyathi 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
Umzinyathi	218 406	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
Umzinyathi	218 406	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%.

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

The matrix

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.

The table below 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, **Umzinyathi faces multiple challenges, scoring red on every item bar health status and development awareness, where it is in the mid-range (yellow); the node received an overall global development rating in the red, in 2006 and 2008. The node does not score in the positive (green) territory on any item. Umzinyathi 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 Umzinyathi, where social capital scores red, 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 Umzinyathi, the only improvement was in health status (which moved from red to yellow); **all other areas either stayed the same or worsened**, 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 Umzinyathi, 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.

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

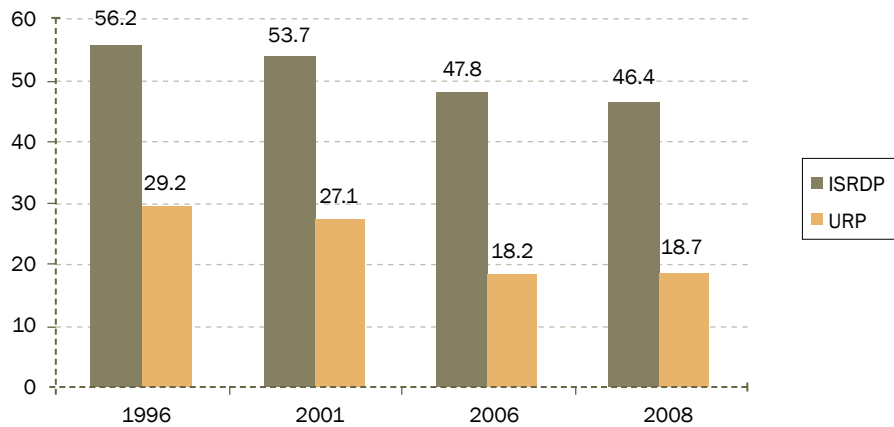


Figure 2: Poverty levels 1996/2001/2006/2008 (Sources: Census 1996 and 2001, DSD baseline surveys 2006 & 2008)

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

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

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

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

	Female headed	Illiteracy	Rate of unemployment	No regular income	Over-crowding	Informal dwelling type	No refuse collection	Sanitation below RDP	Water below RDP	Lighting below RDP	Poverty index '08	Poverty index '06
ISDP												
Alfred Nzo	65.2	30.0	78.0	3.6	2.4	68.8	92.4	92.8	87.6	29.6	55.0 (+)	56.3
Chris Hani	61.2	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	56.4	34.0	74.4	2.0	0.4	76.4	86.4	91.2	90.8	24.8	53.7 (+)	55.5
Ukhahlamba	72.8	38.0	76.9	2.8	14.8	78.8	72.0	78.0	70.4	28.0	53.3 (-)	49.2
Ugu	58.0	31.2	61.7	3.6	2.0	55.6	76.0	75.2	63.6	26.4	45.3 (+)	50.1
Umzinyathi	45.6	34.0	73.9	3.6	2.8	74.4	80.4	84.0	81.2	65.6	54.6 (+)	57.2
Umkhanyakude	51.6	48.0	79.0	1.2	4.8	89.6	83.6	56.8	73.6	63.6	55.2 (+)	57.6
Zululand	60.0	42.4	80.3	4.4	4.0	96.4	86.4	56.8	68.8	40.8	54.0 (+)	52.0
Sekhukhune	42.0	31.6	82.4	4.4	0.0	15.2	96.4	97.2	79.2	10.4	45.9 (+)	46.1
Bushbuckridge	63.5	29.8	79.9	0.5	3.4	6.7	93.3	93.8	76.9	7.2	45.5 (-)	43.0*
Maruleng	45.2	26.2	85.7	0.0	0.0	14.3	100.0	97.6	59.5	14.3	44.3 (-)	43.0*
Kgalagadi	54.8	32.4	68.3	2.4	0.0	13.6	60.4	74.0	65.6	4.8	37.6 (+)	45.7
Central Karoo	57.6	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	45.0	31.7	81.8	5.0	3.3	28.3	74.2	70.8	19.2	10.0	36.9 (+)	38.8
URP												
Mdantsane	65.2	15.2	71.6	5.2	0.0	0.4	12.0	2.8	2.4	1.6	17.6 (-)	16.5
Motherwell	54.4	22.4	68.9	3.2	4.8	2.4	5.6	0.8	0.0	0.8	16.3 (+)	16.7
Alexandra	50.4	13.6	58.5	1.6	21.2	14.8	7.6	3.6	9.2	1.2	18.2 (-)	17.0
Inanda	54.4	20.0	77.7	1.2	9.2	23.2	5.2	45.2	24.8	8.4	26.9 (-)	24.7
KwaMashu	52.8	15.2	77.6	2.8	6.0	6.8	4.0	9.6	8.0	4.4	18.7 (-)	14.1
Khayelitsha	48.4	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	31.2	8.0	32.0	0.4	0.4	7.6	1.6	1.6	3.6	0.0	8.6 (+)	10.6
Galeshewe	60.8	21.2	63.5	8.4	2.0	8.4	19.6	4.0	4.0	7.6	20.0 (-)	18.5
Programme totals												
ISRD nodes	56.7	33.4	73.8	3.0	3.2	53.2	76.2	72.2	66.2	26.2	46.4 (+)	47.8
URP nodes	52.2	16.1	64.6	2.9	5.7	14.2	7.3	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 Bohtabela (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. **Umzinyathi was the second poorest ISRDP node in 2006 and third poorest in 2008.**

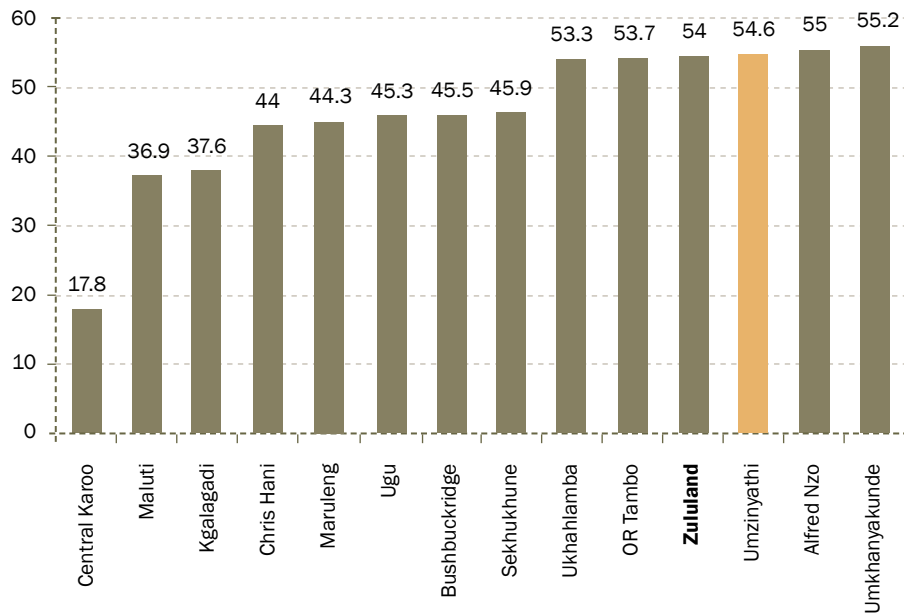


Figure 3: ISRDP poverty scores by node (2008 survey)

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	Umzinyathi '08
ISRDP	23.1	34	2.6	3.0	3.6
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 Umzinyathi in 2008, 3.6% of respondents said their household had no regular source of income.**

(Un)Employment and income sources

In the ISRDP nodes, just **11% of respondents told us they had a full-time job**, rising to **16% among URP respondents**. Another 3% of rural and 6% of urban respondents had part-time work, while 4.1% in both cases had casual employment. Half (50% in ISRDP nodes, 48.4% in URP nodes) were out of work. **In Umzinyathi, the situation was similar**: 7% of respondents (in 2008) had full-time employment, with 7.7% having part-time employment. A quarter (25.2%) were pensioners – and **40.8% 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 Umzinyathi, the rate of unemployment was 74%**. The improvement in employment elsewhere in the ISRDP is also visible in Umzinyathi, where **the rate of unemployment dropped between 2006 and 2008**.

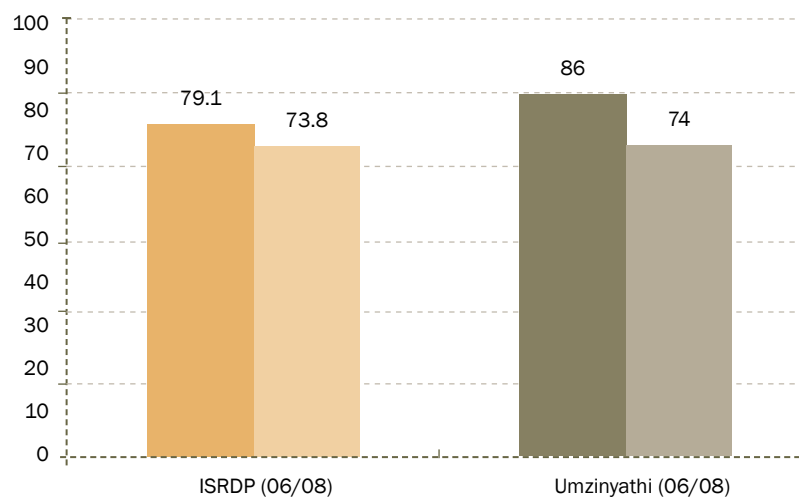


Figure 4: Rate of unemployment (2006, 2008)

We asked respondents to tell us about all the **activities that bring in income to their households**. The results show that government grants disbursed by the Department of Social Development are the mainstay of many households in ISRDP (and to a lesser extent URP) nodes. In Umzinyathi, 25.6% of respondents told us their household received income from household members working; 11.6% said their household received an income from small businesses or 'selling things'; 16% received income from relatives (among the lowest in the ISRDP), while 73.2% 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, Umzinyathi faces a major challenge with **half (51.2%) of its unemployed having been unemployed for 4 years or more** (though it has a higher proportion of short-term unemployed than most ISRDP nodes).

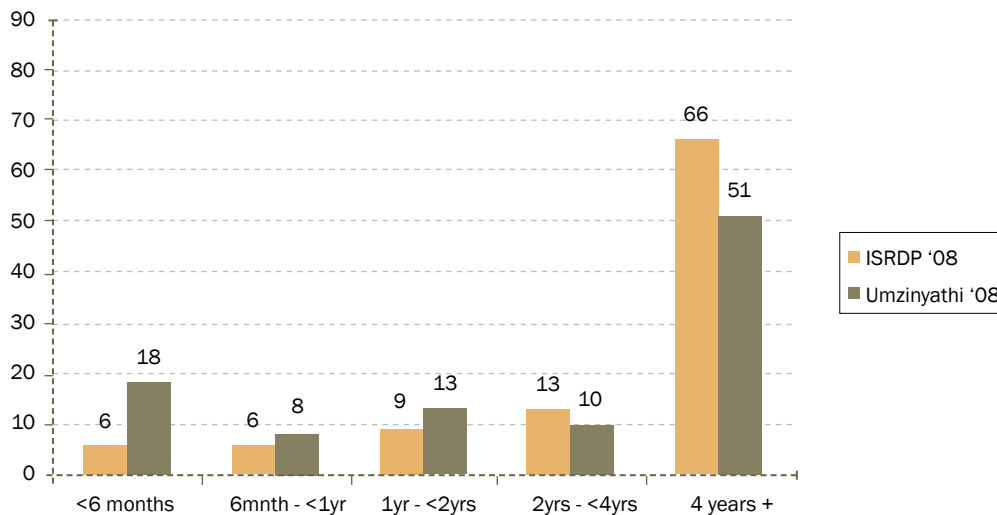


Figure 5: Length of unemployment (among unemployed respondents, ISRDP/Umzinyathi)

The long-term unemployed seem to be profoundly lacking a skills base. Looking at the ISRDP as a whole (the Umzinyathi 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 reached 10% in urban and rural areas (among the long-term unemployed); only cooking scored higher.

The 12% of respondents in full- or part-time work in Umzinyathi 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' – though in Umzinyathi there is greater support for the other options than in other ISRDP nodes, including 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 Umzinyathi
Farming subsidy	29	41
Job	60	54
Start own business	24	31
Land for farming	22	25
Job where I live	53	44

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 Umzinyathi 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 Umzinyathi, the situation improved: in 2006, 48.8% of respondents were functionally illiterate, 34% 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 quarter (24.6%) of Umzinyathi respondents had grade 12, while 5.1% had a diploma, some university education or a degree (the latter comprised 1.3% of respondents). This is a better education profile than many ISRDP nodes.

Communication & media consumption

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

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

	ISRDP '08	Umzinyathi '08
Phone in house	2	3
Cell	64	69
Public phone nearby	14	3
Neighbour's phone	3	3
Phone far away	2	2
None	11	20

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 (69%) respondents accessing a cell-phone in Umzinyathi. But inequalities are still evident, with a fifth (20%) having no telephonic communication at all.

With regard to media consumption, **radio predictably dominated the situation in Umzinyathi**, with 73% of respondents using this medium daily, compared with the 26% who watch television daily, and the tiny numbers who regularly read newspapers.

	ISRDP '06	Umzinyathi '06
Watch TV		
Daily	40	26
Weekly	12	7
Monthly	2	2
Seldom/never	45	66
Listen radio		
Daily	68	73
Weekly	10	6
Monthly	1	1
Seldom/never	21	21
Read newspaper/have read to you		
Daily	8	6
Weekly	12	8
Monthly	4	4
Seldom/never	77	82

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. **Umzinyathi falls towards the lower end of the ISRDP, with 53% 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	Umzinyathi
1	4	4
2-3	20	19
4-5	29	30
6-7	23	23
8-10	17	18
More	8	7

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 Umzinyathi, 25% of respondents lived in households with 8 or more people. Half (53%) 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.

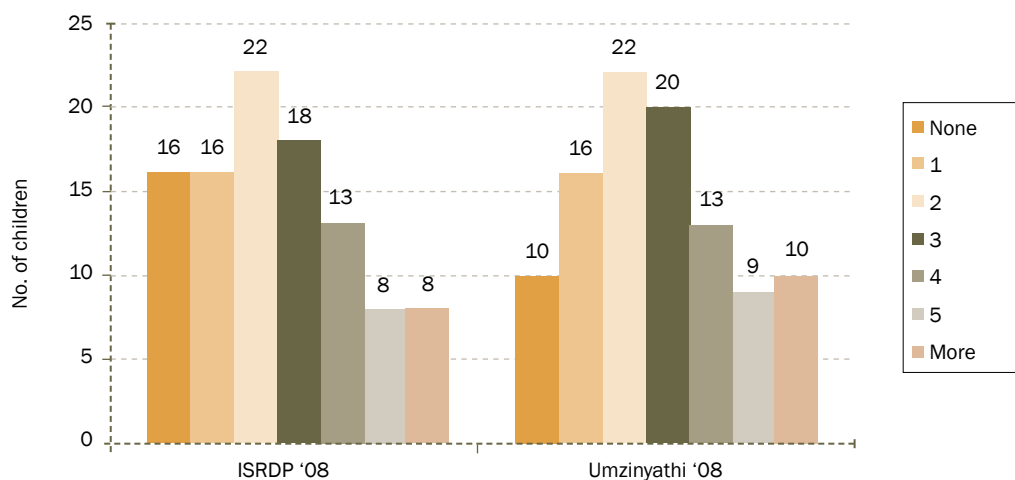


Figure 6: No. of children in household (ISRDP/Umzinyathi, 2008)

The Umzinyathi profile is very similar to that of the ISRDP, though just 1 in 10 households (10%) have no children at all.

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 Umzinyathi;
- 48% included children not of the head of household, true of 43% in Umzinyathi; and
- 9% included orphans, 6% in Umzinyathi.

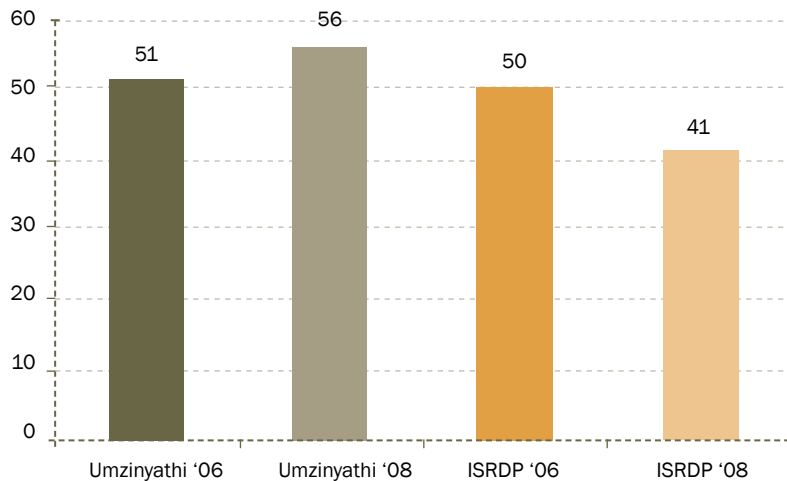


Figure 7: Inability to feed children in household, 2006-2008

Asked if there has been a time in the last 12 months when there was **not enough money in the household to feed children**, half (50%) of respondents from ISRDP nodes said this had been the case, dropping to 4 in 10 (39%) of URP respondents. **The situation seems to have worsened slightly in Umzinyathi, however. Where 51% had been unable to feed household children in 2006, this rose to 56% in 2008. In the node, every second household** had been unable to feed them on some occasion in the 12 months prior to being interviewed in 2008, a massive challenge for Umzinyathi as it is for the ISRDP as a whole. And despite this, uptake of child support grants is just 63% (among respondents living in households with children 18 years of age and younger).

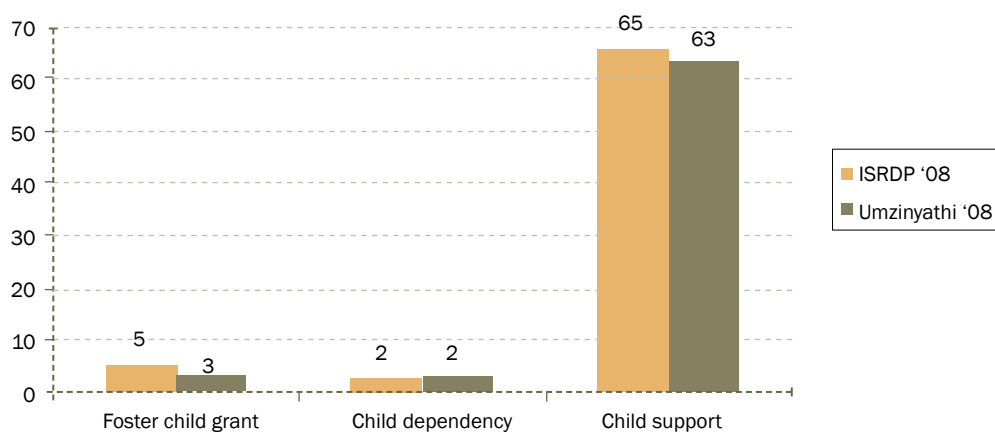


Figure 8: Incidence of children in household and uptake of related grants , 2006-2008

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 Umzinyathi, the pattern is similar – despite the high incidence of households with multiple children, uptake is only 62.7% (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 Umzinyathi.** The financial, emotional and developmental implications are enormous and need careful consideration by government, given that this is occurring in already very poor rural (and to a lesser extent urban) areas.

Dwelling type

Dwelling type measures incidence of informal or traditional dwelling types. In Umzinyathi, 74.4% of respondents lived in traditional/informal dwellings, 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 Umzinyathi, where 2.8% of respondents lived in such circumstances in 2008, an improvement on the Census 2001 figure of 3.1%.

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 –and poor - rather than improve, in Umzinyathi: **81.2% of respondents did not have water provided to RDP standard** in 2008, true of 77% 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 Umzinyathi residents still lacking RDP-level water. Umzinyathi 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.

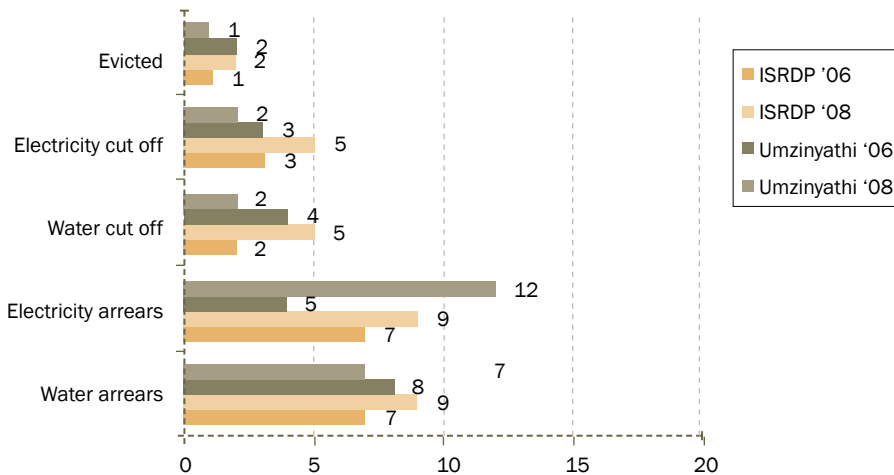


Figure 9: Water/electricity arrears, cut-offs and evictions (2006/2008)

And there are real risks associated with poor water provision: in Umzinyathi, 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 Umzinyathi respondents access water from a potentially unsafe source – are self-evident.** Thirteen percent of Umzinyathi 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. In Umzinyathi, arrears have increased between 2006 and 2008, especially for electricity, but thankfully the local authority is active in taking action against the poor than many other ISRDP nodes, and cut-offs and evictions are low.

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 not replicated in Umzinyathi, where the situation has stagnated: in 2006, 83% lacked RDP sanitation, true of 84% in 2008. **Four-fifths of households 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 Umzinyathi, 80.4% 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 (64.8%).

In summary, we see how – when these 10 variables are combined – Umzinyathi 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
- 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.

³ IFAD, 2008 (www.ifad.org)

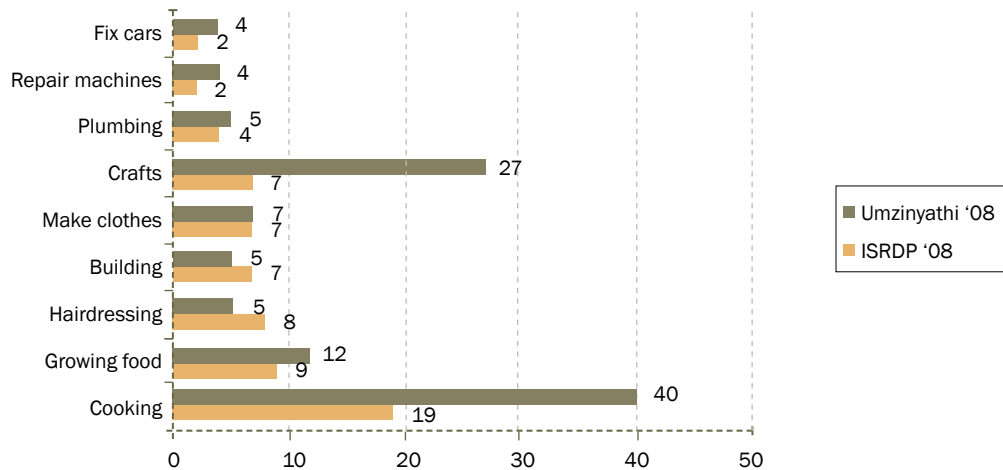


Figure 10: Self-reported skills base (2008)

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.

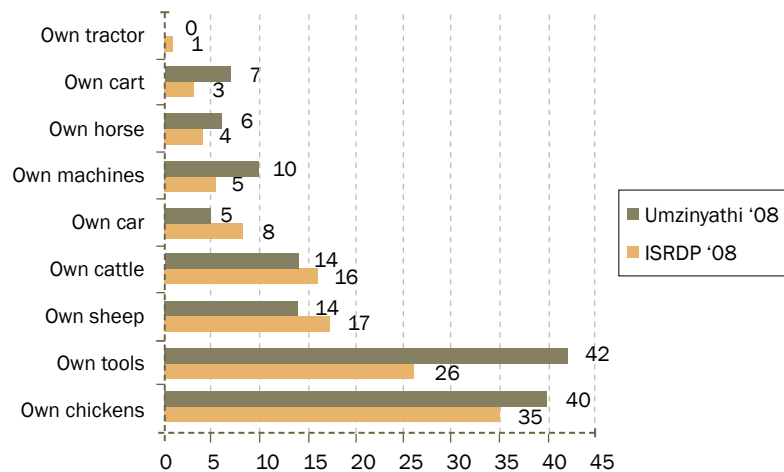


Figure 11: Asset ownership (2008)

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, though not by very much in Umzinyathi.

Another axis of SLA is to ask about **relevant assets** that people living in poor areas may own and be able to utilise. Umzinyathi respondents had a reasonable asset base, including both tools and livestock ownership. These indicate possible areas for building long-term sustainable livelihoods.

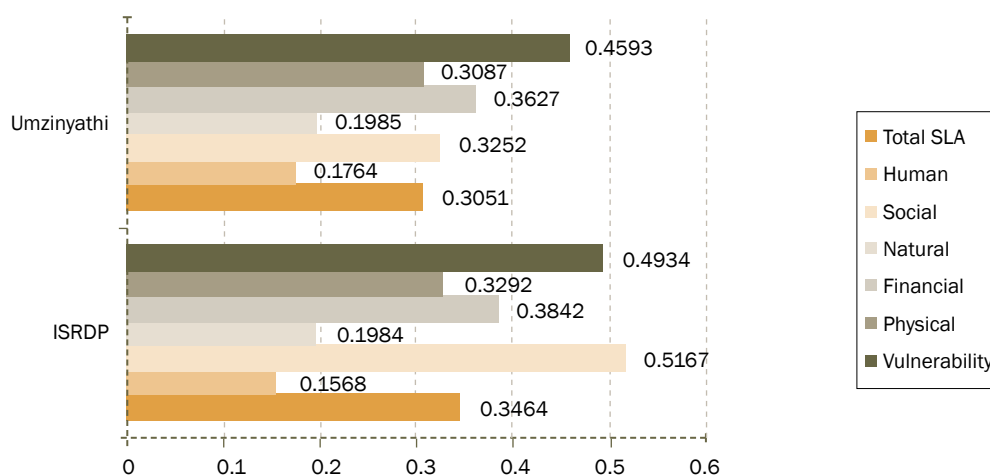


Figure 12: SLA scores URP/ISRDP (dimensions and total SLA score) (2008 only)

Looking at the SLA summary graph (Figure 12), it is clear that (using the SLA definitions) **Umzinyathi is the poorest ISRDP node. Its social capital score is much lower than the average,**

as is the physical (infrastructure) dimension and financial connectivity; vulnerability is worse than average (having been reverse scored so low scores are bad news), while the natural dimension is better. Read together, the SLA matrix places Umzinyathi among the poorest ISRDP nodes, as do the global development matrix and the poverty matrix; the SLA 'lens' also highlights the resources (human, natural, etc.) that exist in the node, and on which development interventions should focus.

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.

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)

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 Umzinyathi has performed over time in comparison to the other ISRDP nodes. **Disappointingly the node has gone from being one of the best performers on this particularly index in 2006 to being firmly in the “red zone” in 2008.** The 2008 survey found that Umzinyathi was now seen to have the worst score with respect to the service delivery index.

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

Average proportion receiving grants

Child support grants and pensions are by far the most common grant accessed by beneficiaries in the ISRDP, and this is certainly the case in Umzinyathi. However data from the most recent survey suggests that in Umzinyathi there has been a slight decrease in take up of the two main grants, namely the child support grant and pensions. With respect to the child support grant, the 2008 survey found that more six out of ten households (63%) with children under 18 years of age were receiving the grant. This is slightly down on the 2006 survey, which found that seven out of ten households (70%) who qualify for this grant were receiving the grant. Moreover, this is marginally worse than the programme as a whole in 2008, (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 (42%) were accessing an old age pension in 2008, which was identical to the situation in 2006. Moreover, as one would expect with the very high poverty levels in the node, this is better than the programme as a whole (35% of households reported receiving a pension in 2008, up from 31% in 2006). With respect to pensions this is an encouraging finding, but **there is still room for considerable improvement in ensuring greater uptake of both these grants.**

The picture with respect to the other grants is more perplexing, which suggests that those in the node continue to struggle to access these grants. Thus we find that the number accessing disability grants has remained static at two out of ten households between 2006 and 2008 (19% reported receiving this grant in 2006, and 20% reported this in 2008). However this is still above the programme average of about one in ten households (12%) 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, Umzinyathi 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 Umzinyathi there has been a sharp drop** from more than seven out of ten accessing services in this manner to less than half (72% in 2006 down dramatically to 47% 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, Umzinyathi has bucked this trend significantly. Whereas in 2006 nearly seven out of ten were accessing services through pension points this had **now dropped to four out of ten** (68% in 2006 dropping sharply to 43% in 2008).

The 2008 survey, as noted above, had portrayed Umzinyathi as the worst node in terms of service delivery. It is therefore not surprising that there has been a **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.

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 few respondents made mention of services such as the Victim Empowerment Shelter (1%), old age homes (3%), and centres for older people (3%), disability workshops (3%), children's home (4%), drop in centres (1%), rehabilitation centres (2%) and places of safety (2%).

Moreover, with respect of the critical **child welfare services** the node performs below the average for the programme. Although only 11% of respondents across the ISRDP reported using (down to 5% in 2008) this service in 2006, the node has seen a sharp reversal from an impressive three out of ten households (33%) making mention of this service to less than one in ten in the most recent survey (3% reported using this service).

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 this node needs to learn from other nodes to address the sharp reversal witnessed in this node with respect to service delivery.

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 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. However, the node still remains above average on most of the dimensions when compared with the average for the programme.

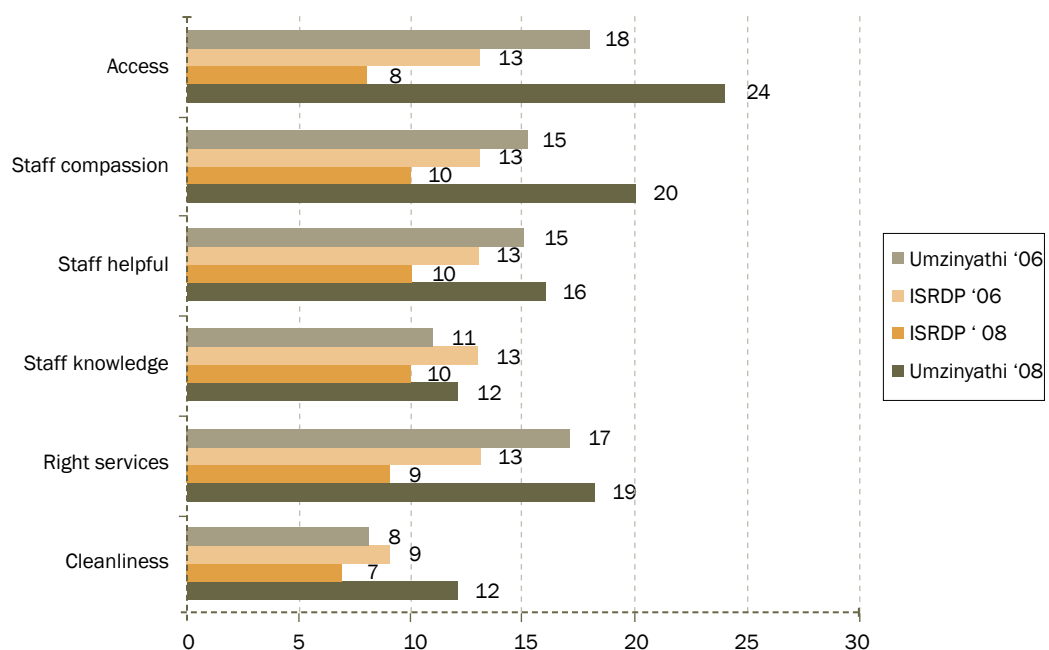


Figure 13: Proportion of respondents rating different components of DSD service delivery as below average (ISRDP/Umzinyathi by year)

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.

In the 2006 survey the dimensions of staff compassion (20% rated this as below average), staff helpfulness (16% rated this as below average) and the ability to deliver the right services (18% 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**, on all of the dimensions. For instance, those complaining about staff compassion has decreased from 20% to 15% between 2006 and 2008. Similar declines can be seen across the other dimensions.

What the data suggests for Umzinyathi 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 24% in 2006 reporting that access to DSD services is below average to 18% reporting below average access in 2008) and thus services are gradually improving in the node. However, **the data also suggests that it is not poor service delivery by DSD that is driving potential beneficiaries away but rather physical barriers to the services** (e.g. such as knowledge of the service).

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

Development

The policy matrix found that **Umzinyathi 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 Umzinyathi, 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 educational projects.

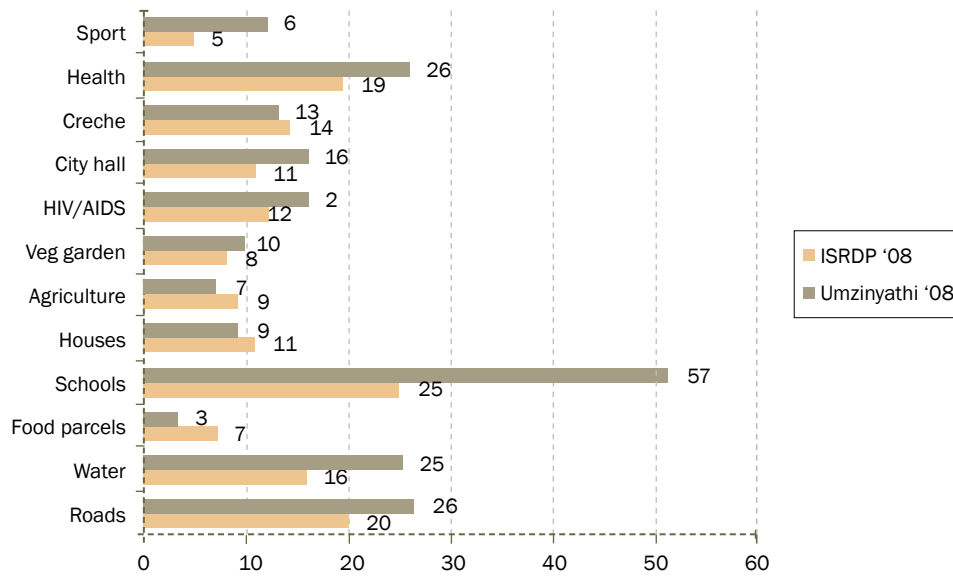


Figure 14: Awareness of development activities

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

We have already seen that media consumption in Umzinyathi is on the low side, and radio was the only formal medium of any note. While Umzinyathi 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 the local councillor, or – quite rare for an ISRDP node – via radio.

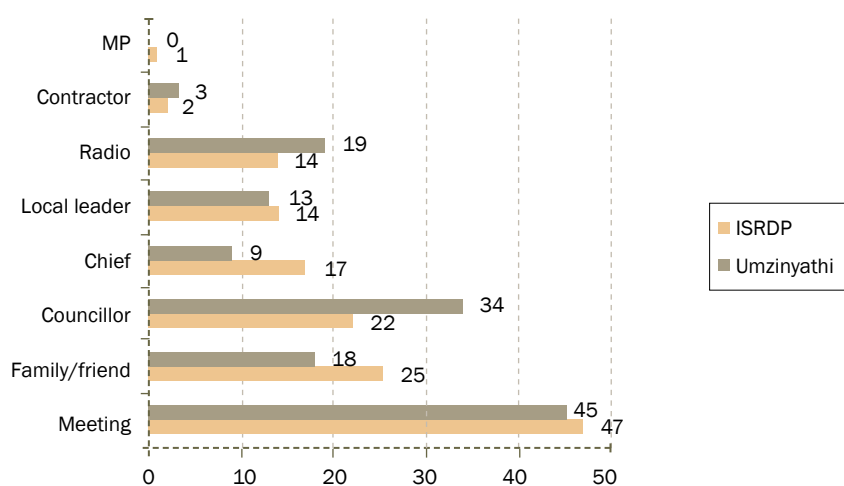


Figure 15: 'How do you usually first hear about development projects in your community?' (2006)

Integrated Development Plans (IDPs) are key interventions, meant to operate as the cornerstone of demand-driven development by allowing citizens to participate in the identification and prioritisation of local development needs, elaborated by a range of formal tools and planning inputs, to shape the development landscape of their communities.

What we can see from the left-hand set of columns in Figure 16 is that **awareness of IDPs is low in the ISRDP and in Umzinyathi, where it moved from just 6% who had heard of IDPs in 2006 to 10% two years later.**

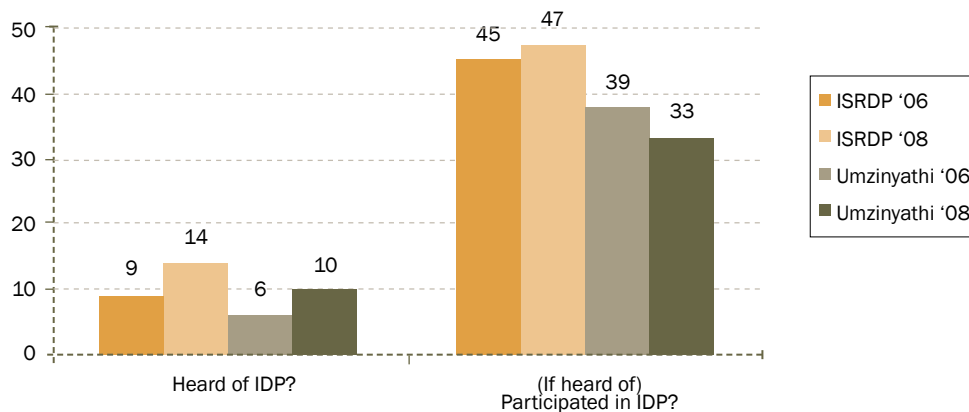


Figure 16: Awareness of and participation in IDPs (by programme by year)

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. **Umzinyathi, however, has among the lowest participation rates in the ISRDP.** In the rest of 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 Umzinyathi was an important channel for communicating development information, and a third (33%) of respondents rated their council performance 'good' or 'excellent' – high for the ISRDP – while another 34% rated it 'bad' or 'terrible'.

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

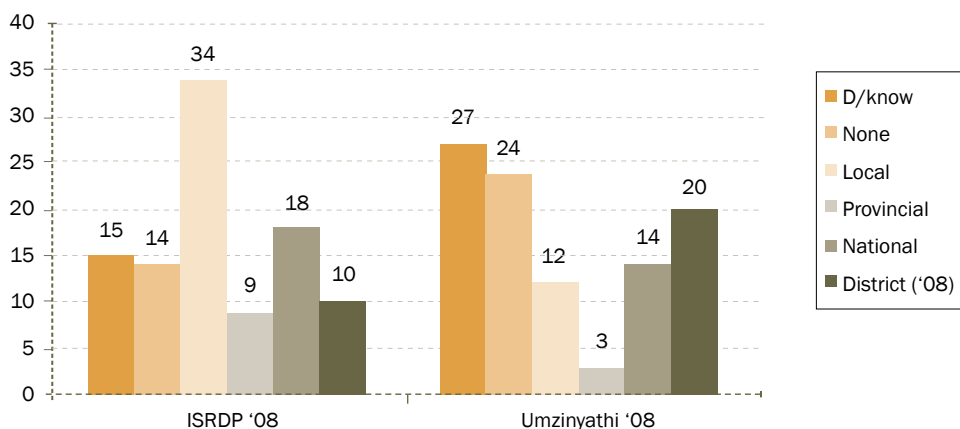


Figure 17: 'Which sphere has done most for your quality of life?' (ISRDP/Umzinyathi, 2008)

As we can see, the District Council is highest rated – but the categories ‘don’t know’ and ‘none of them’ score even higher. Umzinyathi exemplifies the national trend, which sees growing cynicism – or scepticism, anyway – reflected in the proportion of respondents saying **no sphere has done anything for them**.

There is also 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 Umzinyathi, 38% agreed that they would rather live in an urban area, but 59% 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	Umzinyathi
Strongly agree	11	6
Agree	23	32
Neutral	11	3
Disagree	32	34
Strongly disagree	23	25

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.

Umzinyathi – 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.

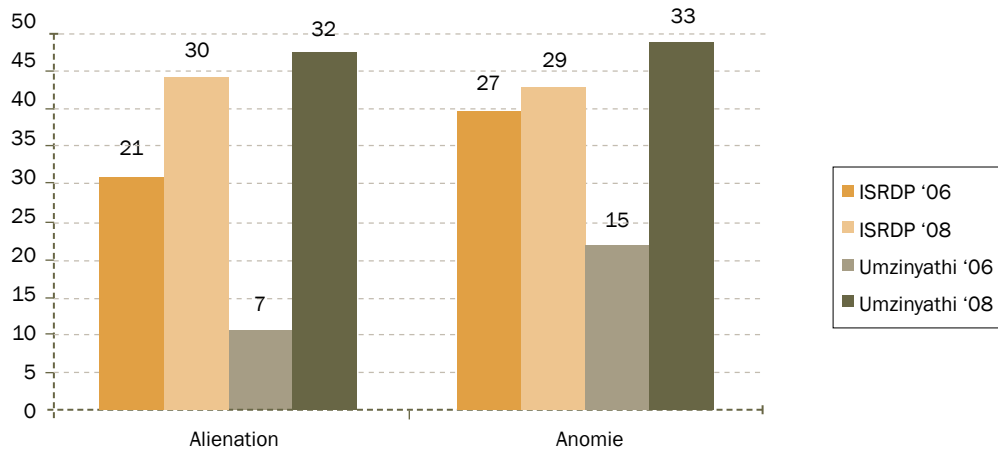


Figure 18: Alienation and anomie

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.**

In Table 13 we note that 1 is good news and 0 is bad news, thus we find **that Umzinyathi has shifted slightly from being one of the worst performers in 2006 to sitting in between the worst and the best on the health index in 2008.** Health status has therefore improved marginally, albeit that it remains at low levels in this node, even when compared with other nodes in the programme.

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.

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, nodal scores for the ISRDP (2006 and 2008)

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 Umzinyathi 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 more than a third of the respondents in Umzinyathi (39% in 2008 down from 51% in 2006) identified distance to the facility as the major problem, followed by ability to pay (32% in 2008 down from 49% in 2006).

In both surveys the two of the barriers discussed with respondents (ability to pay and distance to facility) were cited as slightly less of a problem in Umzinyathi than the average for the programme, whereas the other two were very similar to the average of the programme (knowledge of the location of the facility and whether one's employer provided permission to use the facility). Nevertheless with about one in three of respondents in the 2008 survey citing access issues (distance and ability to pay) as a key health issue this resonates with the earlier finding with respect to DSD service delivery that access rather than quality of service delivery is the major service delivery issue in this node.

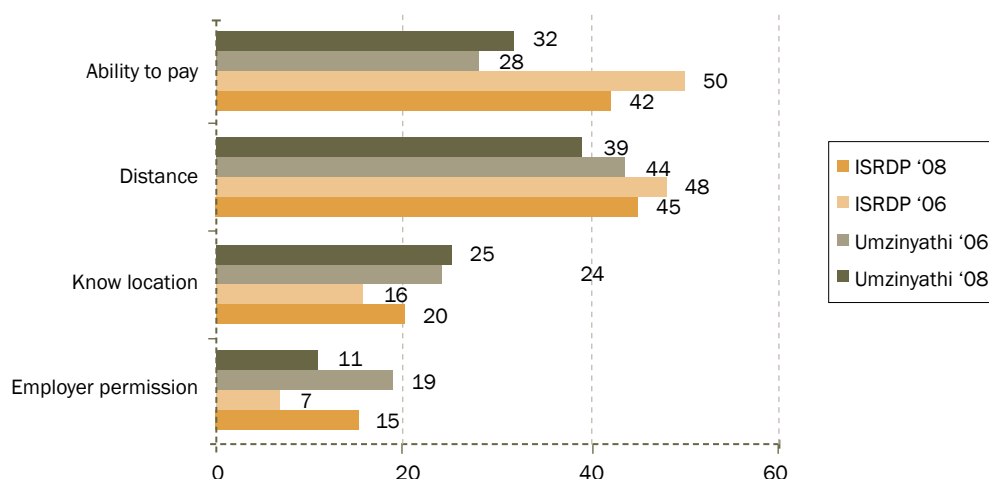


Figure 19: Proportion who say they are stopped from getting medical advice or health when sick, by type of problem (ISRDP/Umzinyathi by year)

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

In Table 14 we can see that the about half the respondents in Umzinyathi (68% in the 2006 and 47% 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 24% in 2006 to 33% in 2008). Despite this relatively small proportion, this does nevertheless equate to **a total of more than 72 000 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 33% in Umzinyathi who reported this).

	ISRDP '06	Umzinyathi '06	ISRDP '08	Umzinyathi '08
Excellent	22	12	25	25
Good	40	46	35	22
Fair	22	18	22	20
Poor	14	21	15	29
Terrible	2	3	3	4

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

Less than one in ten respondents in Umzinyathi 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%, slightly lower than the 9% in Umzinyathi). 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). Umzinyathi was even lower than this with less than one in ten (9%) 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 Umzinyathi**.

Perceived health problems

The following graphic shows how that the health concerns of those living in Umzinyathi 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 53% of those in Umzinyathi). **Alcohol abuse** being the most cited health problem in the node in 2006 has now dropped enormously suggesting that attempts to deal with this issue are beginning to succeed (33% mentioned this in 2006, versus only 10% in 2008). **What this does highlight however is the importance of tailoring programmes specific to the needs facing those in this node**. This is not to suggest that for instance that HIV and AIDS awareness programmes should not be run in this node, but rather the importance of running programmes that also speak to other health concerns in the node such as alcohol abuse.

TB continues to be mentioned as a key problem, which is not the trend in the programme as whole (the ISRDP has seen a drop from 19% in 2006 to 15% in 2008, whereas in this node there has been no shift from 14% over the same period). **Drug abuse** remains a small problem in the node, with far less than one in ten mentioning this as a problem. An exploration of **gender and age with regards to perceived health problems uncovered no tangible differences**.

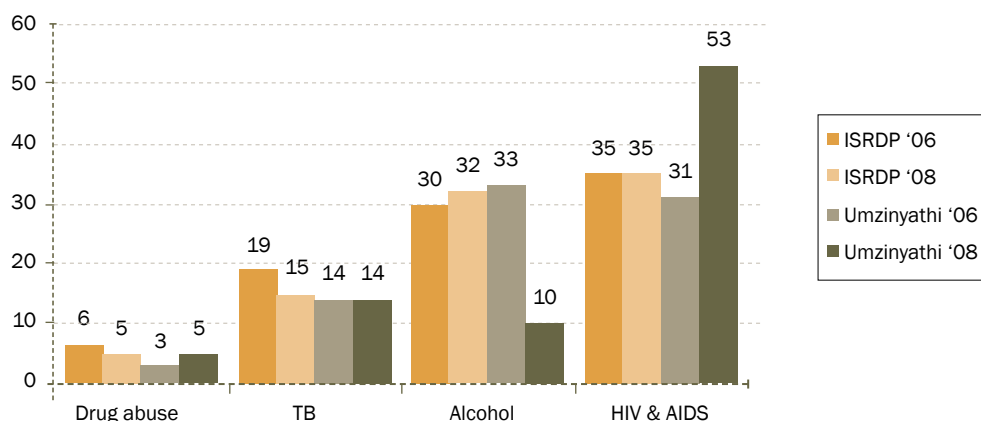


Figure 20: Perceived biggest health problems facing the community (ISRDP/Umzinyathi by year)

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 82% of those living in the ISRDP were using these clinics). Umzinyathi is no different.**

As to be expected the use of **private health care** within the node is very small (only 9% used a private doctor in the node in 2008, and only 2% reported using a private hospital). **Traditional healers** received very little mention in 2008 (2% reported using a traditional healer), having not been mentioned at all in 2006.

	ISRDP '06	Umzinyathi '06	ISRDP '08	Umzinyathi '08
Public clinic	78	81	79	82
Public hospital	10	6	9	3
Private doctor	10	12	8	9
Private hospital	0	1	2	2
Traditional healer	0	0	1	2
Shop/ Pharmacy	0	0	1	0
Other	1	0	1	2

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

HIV and AIDS

The picture that Figure 21 paints is that amongst respondents in this node there has been a drop in who know **people living with AIDS** (from 70% in 2006 to 55% in 2008), and who know people who have **died of AIDS** (down from 68% in 2006 to 55% in 2008), and that there is a small decrease within the node who said that they would want to keep it secret if someone in their household were to be infected with the HI virus (decreasing from 33% in 2006 to 32% in 2008 reporting that they would want to keep it a secret). **This suggests that stigmatisation may be dropping in face of unavoidability of the epidemic.**

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

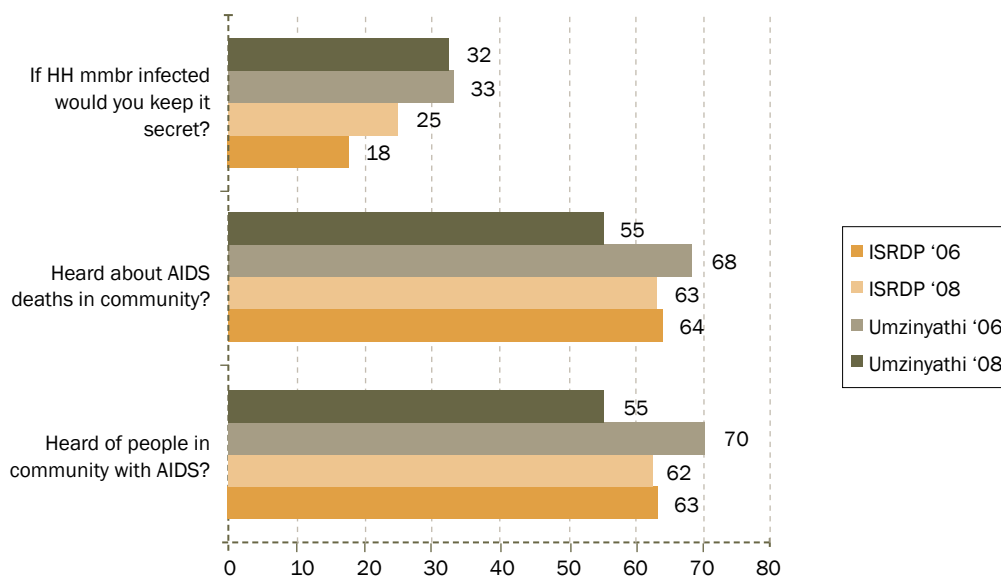


Figure 21: Proportion aware of others infected with HIV, died of AIDS and would keep positive status of household member secret (ISRDP/Umzinyathi, 2006/2008)

Despite high levels of awareness of AIDS sufferers in the node, **few respondents appear to be in a position to actively assist**. Both surveys found that in Umzinyathi less than one in ten households were **providing** home based care, **receiving** home based care and/ or *providing support to AIDS orphans*. Whilst these figures may not reflect voluntary and/or *ad hoc* assistance respondents are providing to their fellow community members, they nevertheless highlight the abject poverty in most of these nodes which leaves people unable to help each other in significant ways. Nodes **where incidence is high, levels of poverty are so crippling few can do much to assist those who are infected and suffering**.

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

Knowledge

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

Decision-making and Gender Based Violence

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

Table 16 demonstrates that on the whole (i.e. including both male and female respondents) attitudes towards whether or not decisions should be made jointly in a relationship have changed markedly in this node, often for the worse. Disappointingly this means that the node when compared with the ISRDP as whole is still well below the average on most aspects that were tested amongst respondents. This means for instance that whilst four out of ten in the node (40% 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 far higher at 74% in 2008). Similar differences between the node and the average for the programme were also 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	Umzin- yathi '06	ISRDP '08	Umzin- yathi '08
Agree whether to use family planning	65	53	65	40
Agree on when to have children	78	58	74	68
Agree on using income to pay for health care or medicines	68	33	64	28
Agree on whether to take a sick child to the clinic	57	30	57	21

Table 16: Proportion who agree that in a relationship both partners should decide on four activities (ISRDP/ Umzinyathi 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, **Umzinyathi 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 Umzinyathi, 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 more than 90 000 of those living in Umzinyathi would agree that it is acceptable to beat one's partner if she is unfaithful**. Alarming nearly half of all the respondents) in the node would support the idea that it is justifiable to abuse women **if they ignore the children** (49% in 2008 survey) **argue with the male partner** (48% in 2008 survey supported this) and if the **partner went out without telling the male partner** (47% in 2008 supported this). **The strong support for GBV in this node is far higher than in any other node and in many instances there is more than twice as much support for GBV than for the programme as a whole.**

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 Umzinyathi. Regardless of the age or sex of the respondent, similar proportions can be found supporting these statements. What is therefore urgently needed is a nuanced programme by the Department and its partner the UNFPA that is based on nuanced understanding of the different attitudes in Umzinyathi. **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	Umzinyathi '06	ISRDP '08	Umzinyathi '08
Is unfaithful	23	25	24	43
Does not look after the children	21	27	21	49
Goes out without telling him	16	22	16	47
Argues with him	15	24	17	48
Refuses to have sex with him	9	12	10	29
Burns the food	7	10	11	38

Table 18: Proportion who agreed with GBV (Umzinyathi/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.

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 softened in the node, where more respondents reported they approved of contraception in 2008 than in 2006 (47% approved in 2006, up to 49% in 2008). Although these proportions are relatively small this nevertheless equates to **about 55 000 who disapprove the use of contraception in Umzinyathi** according to the 2008 survey. It is nevertheless encouraging that there has been a shift in the number who approve contraception in the node, especially as the strong support for GBV suggests that the department might find it difficult to ensure the tolerance of progressive views on sexual and reproductive rights within Umzinyathi.

	ISRDP '06	Umzinyathi '06	ISRDP '08	Umzinyathi '08
Approve	67	47	63	49
Disapprove	26	48	23	25
Don't know	7	5	14	26

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

Differences were found to exist between male and female respondents at the programme level, but surprisingly not within the node. For instance, the 2006 survey reports that within the ISRDP 70% of all female respondents (dropping to 66% in 2008) would approve contraception use as opposed to more than half the males (57 in both 2006 and 2008). However in Umzinyathi, males were far more receptive to the use of contraception than females were (59% of females and 45% of the males approve contraception in the most recent survey). This finding strongly supports earlier reports which called for pro-contraception initiatives to have a strong rural focus, in particular focussing on more conservative elements within rural society, cutting across gender.

From an age perspective **youth were far more likely to approve of contraception than those who were 61 years of age or older in this node.** Thus whereas more six out of ten youth (62%) approved contraception, about one in ten (16%) of those aged 61 years of age approved of the use of contraception in the node in 2008. 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 **Umzinyathi has gone from being one of the best in 2006 to one of the worse in 2008**. As noted above the node is particularly resistant to the use of contraception and the Department will need to urgently tailor its programmes to counter the pervasiveness of this resistance across the whole node. It was noted above that nodes scoring red on reproductive health index often scored red on 2 or more items which suggests a strong link between gender and poverty. Moreover, the clustering of relatively low support for reproductive rights/high levels of support for use of gender-based violence in Umzinyathi, 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)

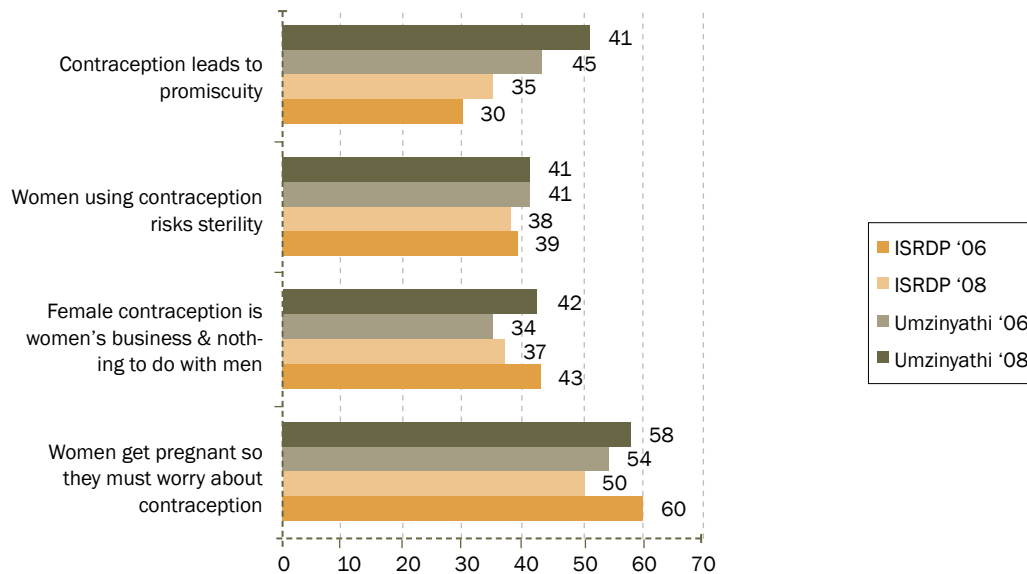


Figure 22: Proportion supporting statements that have been made about female contraception (ISRDP/Umzinyathi by year)

Attitudes towards contraception were also further tested by exploring a number of commonly held views with respondents (Figure 22), which illustrates that **support for sexual and reproductive myths remain high in this node compared to the ISRDP in most instances**. What is most startling is that **the high number of respondents (58% in 2008 in this node, higher than 50% of respondents in the ISRDP) agreed with the statement that women get pregnant so contraception is their problem**. This equates to more than 125 000 in the node holding this view and thus signifies the enormity of the challenge for DSD and its partner the UNFPA to reverse this myth (and others) about female contraception.

What is very disturbing however is that Figure 22 highlights that there has been an increase in the number of respondents who believe these myths in the node since 2006. For instance, the idea that **contraception leads to promiscuity** was upheld by far more respondents in 2008 than in 2006 (51% as opposed to 43%), which again highlights the need for a solid understanding of the local context when developing initiatives to shift attitudes towards reproductive health.

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 Umzinyathi, and that they are as widely held amongst males as they are 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 Umzinyathi the increase has been as dramatic with 68% of respondents in 2008 saying **never to abortion** than 56% who stated this in 2006. **Again this highlights the enormity of the challenge facing the Department in this node with seven out of ten opposing abortion in any circumstance.**

It is disturbing to note that **women were nearly as conservative about abortion as men in this node**. For instance the 2008 survey found that 67% of females said never to abortion, marginally less than the 71% of males who don't support abortion in the node. However sharp differences between age groups were noted for who did or did not endorse abortions (for instance the 2008 survey found that 58% of youth said never to abortion, far lower than the 86% of those aged 61 years and older who do not support abortion in any circumstances in this node).

	ISRDP '06	Umzin-yathi '06	ISRDP '08	Umzin-yathi '08
Never	47	56	56	68
Mother in danger	46	40	36	28
On request	7	4	7	4
Don't know	0	0	1	0

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

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 Umzinyathi 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 **social capital in Umzinyathi dropped into the worrying 'red' zone in 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, **Umzinyathi respondents are more wary of others than the ISRDP average.**

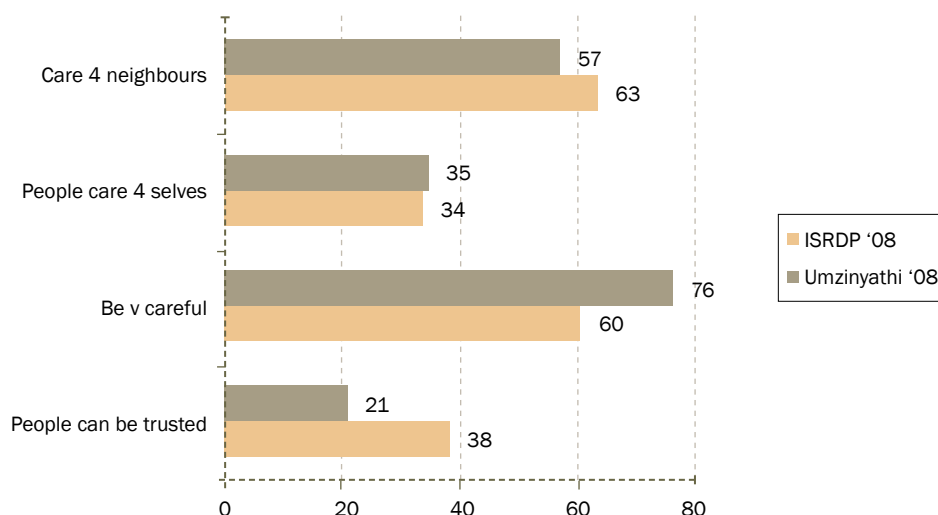


Figure 23: Trust and reciprocity

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.

Among Umzinyathi respondents there seems to be a marked improvement in their sense of security: just 8% felt 'very safe' at home in 2006, up to 28% in 2008. The proportion feeling very unsafe, however, has not diminished.

	ISRDP '06	ISRDP '08	Umzinyathi '06	Umzinyathi '08
Very safe	25	25	8	28
Rather safe	33	33	43	30
Rather unsafe	24	24	23	14
Very unsafe	18	19	27	29

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

And crime and assault rates are low and largely unchanged in Umzinyathi. 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 Umzinyathi, 5% of respondents reported a household member suffering from a criminal incident in 2006, while assault was worse at 14%. Umzinyathi was one of the safest ISRDP nodes, with crime at 7% and assault at 5% in 2008.

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 over half (57.4%) of Umzinyathi respondents felt their local communities could solve problems ‘well’ or ‘very well’. In Umzinyathi, the local councillor stood out – 53% said s/he was key in resolving local disputes – followed by local leaders/elders (27%) and local chief (12%).

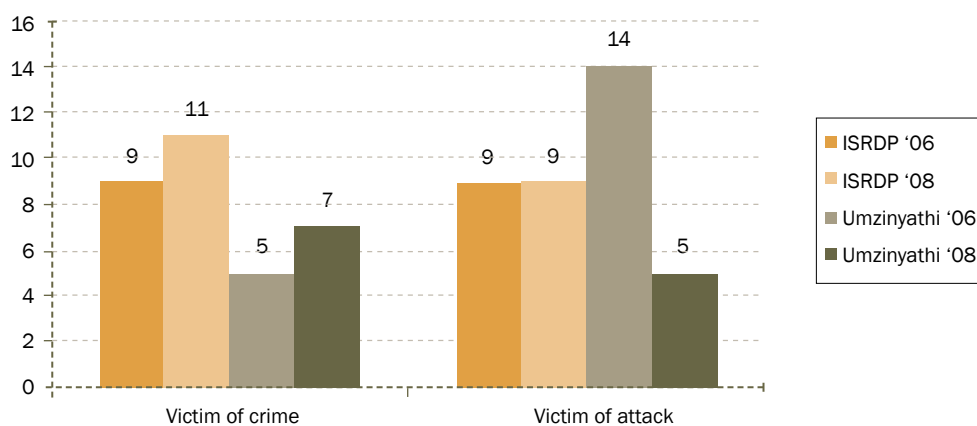


Figure 24: Victim of crime/attack

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.**

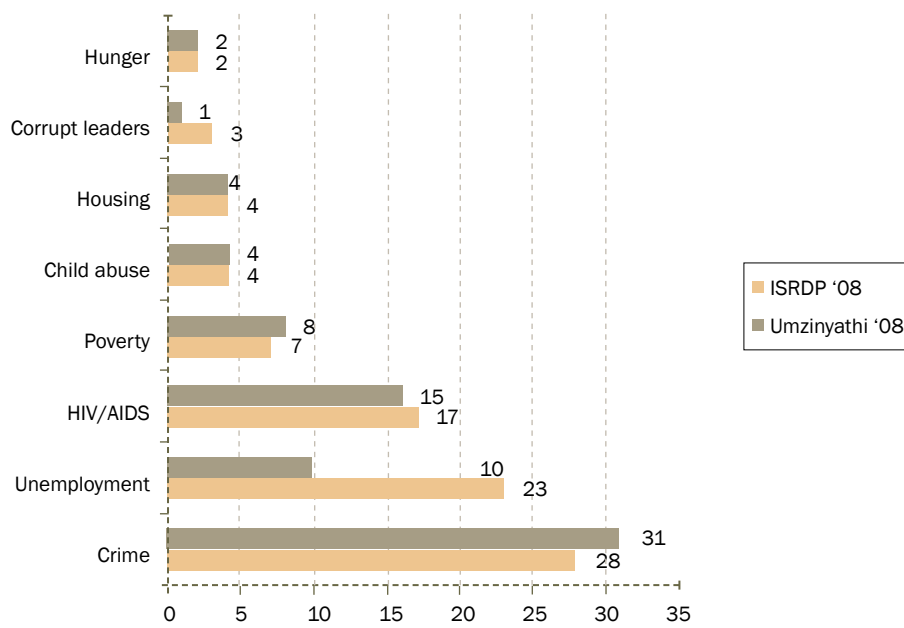


Figure 25: Main problem facing community (ISRDP/Umzinyathi by year)

The ranking of issues was similar in Umzinyathi, where crime was cited by 31% of respondents, followed by HIV and AIDS (15%) and unemployment (10%).

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.

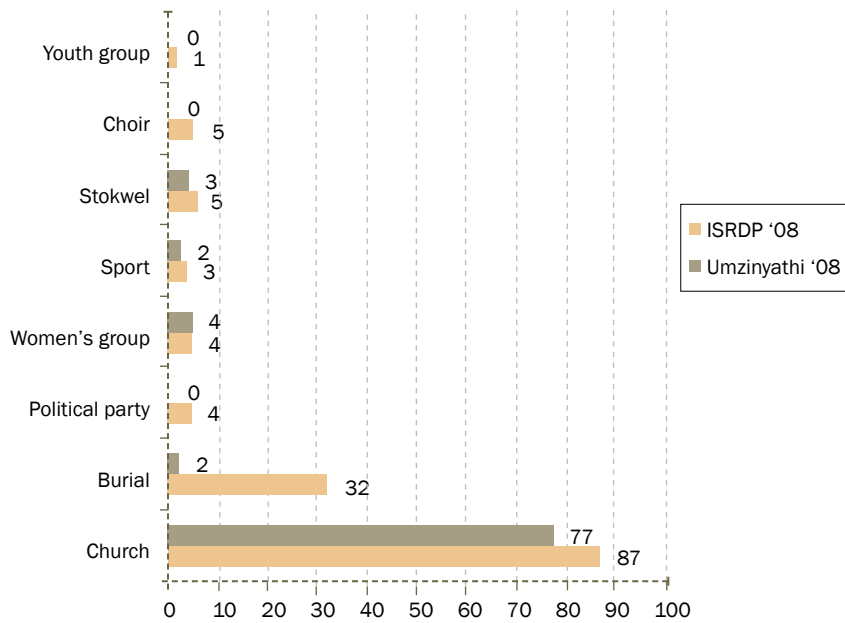


Figure 26: CSO membership

The very low CSO membership levels in Umzinyathi – barring church – helps explain why the social capital score is so low.

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.

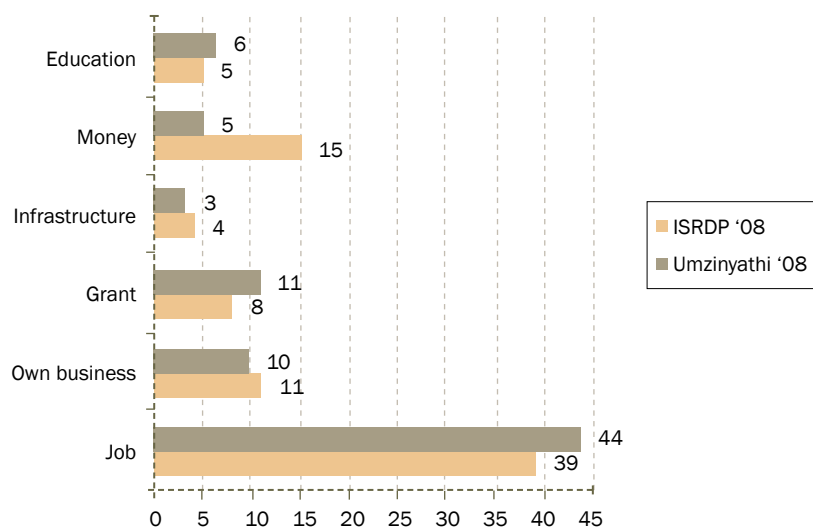


Figure 27: 'What 1 thing would make your life better?' (by programme)

The 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. Umzinyathi 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 **Umzinyathi**

Building sustainable livelihoods

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



Glossary

CBO	Community-based organisation
DoA	Department of Agriculture
DoH	Department of Health
DSD	Department of Social Development
EPWP	Extended Public Works Programme
HBC	Home-based care
HCBC	Home community-based care
IDT	Independent Development Trust
ISRDP	Integrated Sustainable Rural Development Programme
LED	Local economic development
MEC	Member of the Executive Committee
NGO	Non-governmental organisation
NPO	Non-profit organisations
OVC	Orphans and vulnerable children
PFMA	Public Finance Management Act
PGDS	Provincial Growth and Development Strategy
PLWHA	People living with HIV and AIDS
PRP	Poverty Relief Programme
SABS	South African Bureau of Standards
UNFPA	United Nations Population Fund
URP	Urban Renewal Programme

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Executive summary

In 2006-2008 the national Department of Social Development (DSD) commissioned a research programme in the 13 Integrated Sustainable Rural Development Programme (ISRDP) nodes and eight Urban Renewal Programme (URP) nodes throughout South Africa. This report summarises the qualitative research process undertaken in Umzinyathi district municipality and rural ISRDP node.

The Umzinyathi node is located in the north-central area of KwaZulu-Natal. The district includes some of the poorest and most underdeveloped rural areas in the province and had one of the highest levels of poverty in the ISRDP nodes in 2006. However on other scores such as social capital, development and service delivery it fared better than most nodes. Lack of quality water supply, poor housing, lack of electricity and functional illiteracy were critical issues in the node.

A baseline qualitative research process was undertaken in Umzinyathi in mid-2006 to gather information about DSD activities in the node. In-depth work was carried out on livelihoods in two areas in the node, Ntinini and KwaHlongwa, to determine service delivery patterns, vulnerability and livelihood profiles. A community livelihoods analysis, with a representative range of community groups, sought to determine the influence and impact of DSD programmes, services and projects among vulnerable groups. The research teams also met separately with service providers, project members and non-members. A second evaluation in early 2008 updated information on the functioning of DSD-supported projects and identified whether and how issues that were raised during the first baseline research were dealt with.

Community participants were explicit about the devastating impact HIV and AIDS was having and recognised it both as a key indicator and cause of poverty. Development was perceived as a process that will come from government because of the promises made during the lead-up to national and local government elections. Participants identified key vulnerable groups as the youth, disabled people and women. Access to opportunities such as training or volunteering were considered important outcomes, possibly as steps towards securing regular employment and a stable income.

The vulnerable groups, who are the most disadvantaged and excluded members of the community, view poverty as extreme within the node. Communities defined themselves as extremely poor with relatively few assets to draw on to improve their livelihoods. There was no real evidence of livelihood strategies to cope with the existing situation of poverty and despair although there was some evidence of household vegetable gardens supplementing food consumption. Given the extremely difficult living conditions that exist in both areas, livelihood strategies need to emanate mainly from state interventions in order to succeed.

DSD divisions in the node had an integrated yet specific scope of functions and operational imperatives, but on the ground social workers had to double-up as development workers due to staff shortage, client diversification and volume, and the long distances that had to be travelled on poor-quality gravel roads.

The research indicated various levels of alignment between DSD services with the Provincial Growth and Development Strategy (PGDS) and local economic development (LED) strategies. However, the geographical and social reality is difficult to overcome, especially given the burden of responsibilities facing not only the top district and regional leadership of all departments, but also the stark reality of under-staffing within DSD. Strategic funds allocated to the various departments were spent without taking into account the multi-dimensional challenge of poverty. The lack of an overall, integrated planning and implementation programme led to increasing vulnerability on the ground. There appeared to be problems in the relationship between the provincial and national components of DSD, most likely associated with the existence of bureaucratic structures and questions of authority and mandates. However many people in the communities were satisfied with the role of DSD staff, especially in the Nqutu and Kranskop/KwaHlongwa areas. Service delivery must be depoliticised in order to effectively address the service delivery gaps.

Of the three Poverty Relief Programme (PRP) projects evaluated in the node, all reported a high degree of ownership amongst members and have alleviated poverty, malnutrition and suffering amongst household members and the wider community. Performance though could be enhanced with better equipment and facilities, the provision of additional training, and stipends for volunteers. Additional PRP projects and services needed in the node include expansion of home-based care, intensive and expanded condom distribution and enhancing co-operative efforts especially amongst initiatives involving women and food production and access to the Expanded Public Works Programme (EPWP). In addition DSD needs to work with Home Affairs to deal with unregistered potential grantees.

The second evaluation confirmed that two of the three projects had acquired experience and organised themselves efficiently and effectively. They had a shared vision, they worked towards achieving their objectives and most importantly they felt ownership for their respective projects. Another common factor was that they had steady committees which had acquired good leadership skills. DSD played a significant role and important relationships were established

between development practitioners and project members. Paying members encouraged them to work harder knowing that they would be compensated for work done. It also discouraged them from looking for other employment, although most of the people working in home community-based care (HCBC) organisations are dedicated to providing a service to the needy in their communities.

Changes to services in the node related mainly to staffing and turnover, including a high rate of inter-departmental transfers caused in part by staff wanting to work closer to their homes and the attraction of better pay from other departments. There was also a sense that other departments didn't suffer the shortage of staff as much as DSD. There was a 50% vacancy rate for social work posts and two-thirds vacancy rate for the principal social worker posts. The shortage of social workers caused a huge backlog especially in the foster care placement programme. The presence of auxiliary workers had a positive impact of the work of the social workers but they were inadequately trained.

Findings

- Most development practitioners and projects were not clear enough about what an **exit strategy** is. An exit strategy is a stage that income-generating projects should be working towards and is more like a graduation of projects from one stage to another. However it is not clear if the implication of an exit strategy means that the projects will no longer be funded by DSD as they are regarded as successful and sustainable or if it means that they will continue to receive funding but be less closely monitored. However it can also mean that DSD will exit its funding/assistance if the project is failing to achieve its goals and meet its targets.
- There are two **different kinds of projects**: those that aim to generate income and become small businesses in their own right; and those that provide an outreach service for DSD to realise its welfare function, such as HBC 'projects'. These are conflated at the moment and a single strategy applied to both (start-up funding followed by an expectation of financial self-sufficiency after a few years).
- In a discussion with DSD officials about the **sustainability of income-generating projects**, the officials mentioned that DSD was no longer interested in funding projects involved in income generating activities, i.e. sewing and baking, unless produce is given freely to the vulnerable groups of the society. It was mentioned that the problem with projects that do income generating activities is that they do not donate anything to the needy people but rather sell to the community whereas the intention of DSD is to meet the social welfare needs of the poor people. This flies in the face of the logic of an income-generating project and suggests the necessity of a rethink about what sort of projects DSD supports.
- Although both the evaluated projects had an **independent entity status** there is lack of clarity amongst members, development practitioners and researchers about what precisely this meant. Does it mean that funding from DSD is less likely once this status is achieved? If so, are groups likely to feel sufficiently motivated to achieve it unless they have adequate support for implementing a rigorous and well-conceived business plan? Can independent status enhance

a project's sustainability? What are the criteria for a project achieving independent status and who is responsible for assessment of a project's status?

- It is beneficial to service delivery and development to provide **staff accommodation** close to DSD offices. This might be one way of keeping social workers working in the rural areas for longer and there would be less concern about transport, especially when staff are working overtime and then struggling to reach their homes.
- Most of the community development projects struggled with the issue of finding **an appropriate venue/structure** to work from. Although the needs of projects differed according to their scope and remit, a physical base is a place to meet or work from, enabling storage for equipment and encouraging a stronger sense of identity. Adjacent or surrounding land could even then be used for gardening.
- The three sewing projects (Sinothando, Asibemunye and Isandlwana) which **formed a consortium** saw value in coming together. Although they still worked independently of each other, the consortium was useful for big contracts. For example, they started working together when Asibemunye received a major tender with tight deadlines from a hospital, so they needed more people to work with them to meet the deadlines. They also worked together when there were special programmes to be implemented like training unemployed youth.

Recommendations

- A clear distinction is required between income-generating projects that are aiming to become small businesses, and social service projects that are deepening DSD's reach into poor communities. DSD needs to design different strategies to support these different types of projects appropriately, and not make unrealistic demands on the projects. The former cannot be expected to provide free services or products if they are to be converted into businesses, while the latter should not be forced into becoming self-sufficient when they are providing critical services to communities that do not, and should not, generate income.
- DSD, working with DoH and other relevant stakeholders, needs to standardise the provision of stipends to social service projects, with all volunteers receiving stipends. Members of income-generating projects should not receive stipends, since they should be generating income to pay their members.
- The senior levels of DSD should thoroughly explain to local service offices the meaning, implementation and implications of exit strategies and independent status.
- There should be a discussion of how DSD can assist projects like Philani to extend the working space they currently have, in order to fit the current and future beneficiaries.
- DSD should address the issue of shortage of staff as a matter of urgency as well as lack of resources i.e. motor vehicles.
- DSD administration staff recommended that there should be options for officials from administration components to upgrade their levels.

1. Introduction

Background to the ISRDP/URP research

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

Background to the area

The Umzinyathi node is located in the north-central area of KwaZulu-Natal. The district includes some of the poorest and most underdeveloped rural areas in the province. The node comprises four local municipalities. The main economic sectors are government services, agriculture and forestry, and wholesale and retail trade. In 2001, 82.7% of the population was living in rural areas. The node had a population density of just 57.7 people/km². The male to female ratio was 44:56. More than half (55.7%) of those living in the node were younger than 20. Just over a third the population (36.8%) were in the traditionally economically productive age bracket (20 to 60 years of age) in 2001.

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

Umzinyathi had one of the highest levels of poverty in the ISRDP nodes in 2006². However on other scores such as social capital, development and service delivery it fared better than most nodes. Lack of quality water supply, poor housing, lack of electricity and functional illiteracy were critical issues in the node. Umzinyathi had a rate of unemployment of 86% in 2006. Fifty-three percent of households were female headed. Respondents were less likely to complain about DSD services in the node compared with other ISRDP nodes. There was a higher than average take-up of pensions in the node. Alcohol abuse, followed by HIV and AIDS, 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 nodes. In-depth work was carried out on livelihoods in two areas to determine service delivery patterns, vulnerability and livelihood profiles. Ntinini and KwaHlongwa are both deeply rural and lack most, if not all, basic services (e.g., water, electricity, sanitation). Data was also collected during this process about Poverty Relief Programme (PRP) projects. The aim with the community livelihood analysis was to be as representative as possible of the variety in livelihoods and standards of living but the number of analyses undertaken was dependent on local conditions and on the time and resources available. Community vulnerability analyses were similarly dependent on local circumstances, but researchers aimed to meet representative groups of vulnerable people as officially defined (youth, the elderly, women and the disabled) as well as groups that community participants defined as vulnerable, for example single mothers, or those with no fields or livestock.

The following participatory tools were part of the methodological kit that researchers used: well-being ranking and social group identification, where participants identified appropriate and significant vulnerable groups; timelines that included the elderly and the youth; and Venn diagrams to analyse services and service providers. Groups of people identified as vulnerable then participated in category-specific focus groups. The research teams also met separately with service providers, project members and non-members. At a closing workshop a draft report was presented for amendment and verification.

The second evaluation aimed 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. This involved meetings with members of selected projects as well as with DSD staff and other stakeholders.

² Information in this paragraph was obtained from Strategy and Tactics 2006 'Department of Social Development baseline survey: Umzinyathi 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 Umzinyathi

How do people see poverty and development

Community participants were explicit about the devastating impact HIV and AIDS was having and recognised it as both a key indicator and cause of poverty. Development was perceived as a process that would come from government because of promises made in the lead-up to national and local government elections.

Characteristics community respondents associated with poverty included:

- Vulnerable to widespread and negative impacts of HIV and AIDS;
- High rates of dependency on social grants and family structures;
- Not having any means to make a living and little prospect of gainful employment;
- Lack of access to financial resources or income generating possibilities: no money to buy essentials not even through grants;
- No access to information;
- May be destitute and without a home;
- Disintegration of community and family support structures;
- Crime - resorting to it and/or being a victim of it;
- No access to basic municipal services and complete lack of basic needs, such as water electricity and sanitation.

Livelihood profiles of vulnerable groups in Ntinini and KwaHlongwa

The sampling frames described followed intensive debates and discussions amongst participants in relation to the types, nature, significance and existence of very vulnerable groups in these communities. The community meetings were powerful in terms of identifying levels and types of vulnerability, suffering and tribulations of large parts of the community. Table 1 below shows that

amongst these vulnerable groups there was a broadly equal weighting between their weaknesses and strengths: whilst lack of access to particular assets or opportunities feature strongly, these groups nevertheless shared some distinct skill sets and important personal attributes like patience and commitment.

Group	Strengths	Weaknesses
Youth	Some skills Some formal education Commitment to do something in life Patience	Lack of access to finance Lack of information on opportunities Exposure to infection with HIV and AIDS
Disabled	Commitment to work and to achieve something in life Patience	Lack of access to information Lack of access to finance
Women	Some skills (administrative, computers, home-based care) Commitment to finding work and the community at large Front yard vegetable gardens	Exposure to infection with HIV and AIDS – no access to condoms Lack of business/employment opportunities Boredom No access to finance Little access to information

Table 1: Strength and weaknesses of vulnerable groups from Ntinini and KwaHlongwa

The following section of the report gives an outline of the desired outcomes, threats and opportunities for specific vulnerable groups of Tabankulu and Ngquqha. Table 2 shows that for most groups the prevalence and impact of HIV and AIDS was a significant threat whilst access to opportunities such as training or volunteering were considered important outcomes, possibly as steps towards securing regular employment and a stable income. Table 3 indicates that community members actually had relatively few assets to draw on to improve their livelihoods. Social assets, for example, were particularly weak with no identification of informal support networks that can be used to build social capital and enhance livelihoods.

Group	Desired outcomes	Threats
Youth	Training in business management Effectively dealing with the HIV and AIDS crisis Training in financial matters Artisanal vocations Extension of home-based care programmes which they can volunteer for and gain work experience Participation in Extended Public Works Programme (EPWP)	No access to finance Lack of access to skills training HIV and AIDS prevalence Politicians' inability to provide opportunities

Group	Desired outcomes	Threats
Disabled	Better treatment by government, although all are grateful for social grants; Training; Income generation	Perceived and/or real family disintegration due to the impact of HIV and AIDS Unfair treatment by government in terms of income generation training and job creation opportunities
Women	Employment/income-generation Home-based care (HBC) Co-operative action Social groups	Lack of finance Lack of condoms Lack of training on life skills, and in dealing with HIV and AIDS
Elderly	Establish a centre like the one in Newcastle (Ezidakweni) catering for disabled and old people who produce cultural items and provides accommodation, meals, and opportunities to generate additional income.	Occasional crime
Children	Better school facilities Computers and toilets at schools Training on HIV and AIDS and life skills HBC for HIV positive family members Recreational facilities	Poor school facilities Lack of qualified teachers The impacts of the HIV and AIDS crisis Child-headed households

Table 2: Outcomes, and main threats for different social groups

Livelihood asset	Opportunities identified by groups
Human - skills	Transport department run public works programmes (building of roads) EPWP Training for skills and entrepreneurship Life skills training
Financial	Social grants including income from disability grants
Human - health	Financial access HIV and AIDS Centre for women and children
Social	Forming co-operatives

Table 3: Opportunities identified by different groups

2.B Situational analysis of DSD services

Available services

Within Umzinyathi, DSD's divisions had an integrated, yet specific, scope of functions and operational imperatives and included divisions on Social Welfare, Social Development, Social Security and Administrative Support. However such official divisions on the ground were blurred. Social workers had to double-up as development workers due to staff shortage, client diversification and volume, and the long distances that needed to be travelled, further aggravated by very poor-quality gravel roads throughout the municipality.

Service Programme	Categories of intervention	Description	Frequency of service available	Localities offered
PRP	Food security	Food parcel distribution	In some circumstances, food parcels were not only distributed once a month but as needed, i.e. in emergencies.	Local DSD service offices
PRP	Community development projects	Community members initiate projects which assist in poverty alleviation	Grants paid to selected projects	Nquthu and Nondweni
Home community based care (HCBC)	Funding for HBC organisations (soup kitchen)	Provision of grants to assist the organisations in providing their services continuously.	Annual grants	Local DSD service offices
Drop-in centres	Funding for HIV and AIDS organisations. Feeding scheme	Provision of meals, care for orphans and vulnerable children (OVC)	Daily	Nquthu and Nondweni
Social security safety-net	Various types of social grants	Vulnerable groups receive cash supplements	Monthly grants	Local DSD service offices
Services targeting vulnerable groups	DSD/PRP-based projects	Produces garments for schools and other educational institutions	Women work everyday for 8 hours in the workshop	Vulamehlo, outside Nqutu

Table 4: Services provided by DSD in the node

Alignment of DSD services and working relationships with stakeholders

DSD's Development division was crucial in helping communities become part of local economic development (LED) and growth. Nonetheless, one of the major hurdles in such alignment was the problem of the long distances and the geographical dispersion of people in these two deep rural areas. This geographical and social reality is difficult to overcome, especially given the burden of responsibilities facing not only the top district and regional leadership of all departments, and at all levels, but also the stark reality of under-staffing in DSD.

Solid and sustainable alignment of DSD's programmes services and projects with the Provincial Growth and Development Strategy (PGDS) and LED strategies can only be based on integrated efforts at all levels and between all departments. It became apparent in interviews at both municipal and DSD levels that the 'inter-departmental, ministerial task teams' were not operational in the area.

The situation in relation to DSD's operational level was described as un-coordinated and top down, as it became apparent that nodal leadership was not consulted regarding budgets and budget allocation. This feeling was general and it was assumed by the interviewees that such decisions were the absolute prerogative of the top leadership of the department. It was also felt that there were political considerations in the allocation of budget funds. A staff member in the Department of Agriculture (DoA) indicated that attempts to organise meetings between different layers of government did not materialise due to under-staffing and differing priorities of individual departments and their leadership. The limited strategic funds allocated to the various departments were spent without taking into account the multi-dimensional challenge of poverty, especially in the deep rural areas that were sidelined for decades. Policy frameworks and strategic plans are vital elements of service delivery, but the lack of an overall, integrated planning and implementation programme was evident and led to increasing vulnerability on the ground. There were a number of national and provincial interventions, such as the EPWP, that required co-ordination and alignment of purpose between different agencies and departments. There appeared to be problems in the relationship between provincial and national DSD, most likely associated with the existence of bureaucratic structures and questions of authority and mandates.

Despite these challenges, many community participants were satisfied with the role of DSD staff, especially in the Nqutu and Kranskop/KwaHlongwa areas (but not with the Dundee office). There was interaction and good relationships were formed between DSD staff and these communities. There were some problems with the very few non-government organisations (NGOs) and community-based organisations (CBOs) in both areas, due in part to irregular community visits and tense working relationships.

Recommendations for addressing service delivery gaps and services

KwaZulu-Natal is a politically contested province. Most aspects of co-ordination and relationships at all levels of government were perceived to be taking place on a highly contested terrain. This

reality is rooted in past and present animosities and contradictions and needs to be overcome. Service delivery must be depoliticised in order to effectively address the service delivery gaps that currently include: lack of self-sustaining HIV and AIDS care centres that are centrally situated and can cater for heavily infected communities; the continuous lack of stipends for volunteers, who spend much of their time productively helping the communities; weak co-operation, collaboration and synergy between the various departments of the province, including the leadership of local government; and a lack of active community participation in the methods used by DSD development workers, especially in the two areas under investigation.

3. Design and implementation of local PRP projects

Introduction

The PRP was a short to medium-term programme of DSD funded through the 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. This section provides basic information about PRP projects in Umzinyathi from project members' point of view. There is also some description and analysis of institutional performance, especially regarding service providers.

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

In 2008 there were 13 DSD-supported projects in Umzinyathi. Nine of these were ranked orange, and three were ranked green³ (one was not given a status). Three projects were selected for in-depth evaluation, focusing on HIV and AIDS prevention and care and income generation for women. They were Simunye Women's Group, KwaHlongwa CBO and Philani drop-in centre.

Name of project	Status of project
Poverty Relief Programme	
Asibemunye Women's Club	Green
Zakheleni Poultry	Yellow
Naledi Poultry Club	Yellow
Simunye Women's Group	Green
Bambanani Garden Club	Yellow
Mangwebuthanani Cluster (five gardens)	Yellow
Nquthu AIDS Action Committee	Yellow

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.

Name of project	Status of project
Home community-based care	
KwaHlongwa	
Nquthu AIDS soup kitchen (Isandlwana)	
Masheseleni soup kitchen	
Zakheleni soup kitchen	
Sinothando soup kitchen	
Drop-in centres	
Philani Drop-in Centre	

Table 5: PRP projects in Umzinyathi

Table 6 summarises the relevance of three of the evaluated projects, all of which were regarded as critical and purposeful interventions. Two of the three provided a range of services to people living with HIV and AIDS (PLWHA), one of which focused on children. The third, a sewing project, generated income for its 27 members as a result of high demand for its quality products.

Sector	Projects	Relevance of projects to the needs of target groups	Comments
HIV and AIDS drop-in centre	Philani drop-in centre	High relevance and extremely important. The project was achieving its intended purpose in relation to the programme objective through hard work, professionalism, solid organisation and very good relations with DSD, other departments and all stakeholders and role-players. The present success created expectations of increased implementation to reach more people.	Provided HBC for a wide variety of children infected or affected by HIV and AIDS, providing child care, market gardening, paralegal services, food distribution, daily meals for children, feeding schemes, and HIV and AIDS training and counselling. A large number of children used to live with their grandparents, but were now better cared for, in that they received three meals a day and were in a good environment with their peers.
HIV and AIDS HBC	KwaHlongwa CBO	High relevance. Commitment and approach to the HBC services won high acclaim not only amongst the beneficiaries but throughout the community. Strong sense that what they provided to the community helped in poverty alleviation and expansion of knowledge amongst young people.	Dealt with a wide variety of services and functions and operated efficiently. While lacking in infrastructure and equipment such as up-to-date computer equipment, the level of commitment was high and members acquired a range of skills.
Women	Simunye Co-operative	Highly relevant with increased incomes for members and market demand. In fact demand sometimes exceeded supply, due to high quality of product.	Provided support and a source of revenue to a group of 27 women from the area, who operated sewing machines bought by DSD and produce high quality garments, mainly school uniforms for surrounding schools. The number of beneficiaries of the project was between 500-550 people, meaning income derived from the members benefited up to 15-20 people each.

Table 6: Relevance of selected PRP projects implemented in Umzinyathi

Table 7 shows project management structures put in place for the three evaluated projects. The available information suggests good working relations between project members and DSD with a range of government departments providing adequate and appropriate input. Table 8 describes the project implementation and benefits as members perceived them. All three projects emerged from DSD although communication and consultation with local communities appear to have been thorough and appropriate. Identification of target groups involved the local community drawing on their knowledge and experience. Members generally reported a high degree of ownership and that the projects brought a range of benefits to themselves and, in some cases, other household members and the wider community.

Issue	Philani Drop-in Centre	KwaHlongwa CBO	Simunye
Service providers	DSD, DoA, Department of Health (DoH)	DSD, DoH, DoA and Ilembe Municipality	DSD
How is the project managed?	The project was being managed extremely well. There was complete ownership and commitment to the project by all stakeholders, members and the community. There was a perception that planning was excessively meticulous, but the success of the programme justified this.	The project was being managed well. There was no direct interference by DSD, but careful monitoring and assessment through meetings and visits.	The project was being managed well. There was complete ownership of the project and mutual trust and respect between the women and DSD
Accountability arrangements	There were meetings between service providers, managers and community meetings. However there was the belief amongst all role-players that the project's success is based on integrity, humanity, commitment and professionalism.	There were meetings between service providers, managers and community meetings	There were meetings between service providers, managers and community meetings together with members
Funding arrangements	Funded by DSD and external funders	Funded by DSD	Funded by DSD
M&E system	DSD and other stakeholders monitored the project	DSD and other stakeholders monitored the project although there was a desire for more community participation in the future.	DSD and other stakeholders monitored the project

Table 7: Service providers and implementation mechanisms

Issue	Philani Drop-in Centre	KwaHlongwa CBO	Simunye
How was project introduced to the community?	DSD and some other officials came to the community and introduced the project. Decisions were made and the community was kept informed of the development until the building was inaugurated.	DSD selected volunteers after discussions with young people in the area who saw the misery of the people because of poverty and HIV and AIDS. There were community meetings organised by the induna, Mr. Ntuli.	DSD facilitated meetings in communities and most vulnerable women were selected and trained.
How were members and/or beneficiaries selected?	The community knew who the most vulnerable people were in the affected areas, especially the children. The community and the initiators were instrumental in selecting the beneficiaries. DSD social workers who knew the area were important in assisting this process.	The community was aware of the levels of poverty and deprivation amongst them and those who were selected went through a screening involving the DSD officials and the community. It was felt that those selected to be beneficiaries were the correct choices in most (but not all) cases.	In community meetings. The community is small and they were aware of who the most vulnerable people were. The most vulnerable women were selected in the process.
Has the project improved the beneficiaries' livelihoods?	There was unanimous agreement that the project really changed the lives of the children and the community at large. Both the children and other community members agreed that children had a place they could call their own, they had food, which was previously scarce, they had school and playing facilities, their families' burdens were reduced and they were all happier.	To a large extent, although there was much more to be done in the process. The children were more impressed with the positive changes in their lives compared with the adults.	Most of them were extremely poor and did not have access to grants. The project gave them the opportunity to rebuild their lives financially and socially. Without the project their lives were described as unbearable, miserable and this had very serious repercussions for their families. They felt that they led more fulfilling lives after the project started.
Do beneficiaries have ownership of the project?	Absolutely. It was seen as a collective or community project that changed their lives.	To a certain extent. They were grateful for what was happening and they had respect for, and gratitude towards, DSD officials and CBO volunteers.	They were very committed to the project, which they saw as integral to their lives now.
How can the performance of the project be improved?	More funding and extension of facilities. The project also lends itself well to replication throughout the province and the country. Financial stipends for volunteers.	Financial stipends for the volunteers. More groceries as those provided for the month are not adequate. It needs to be understood that many more people than those intended benefit from these groceries. The DoH parcel needs to include more condoms (only one packet of condoms is provided for the month).	Increased funding for more and improved machinery. More projects can be established of the same nature in other areas of Umzinyathi. Needs expansion of buildings and more workers to be employed.

Table 8: Beneficiaries perception of project implementation and benefits in Umzinyath projects

All the evaluated projects alleviated poverty, malnutrition and suffering amongst many vulnerable people. Critical features that may also be indicators of their success include the following:

- They were managed by groups of people who were mostly volunteers and who were committed and dedicated workers, and showed a high degree of professionalism;
- They were very much aware of the plight of their communities;
- They had a sense of belonging;
- They were all keen to continue their good work;
- They were prepared to collaborate, work with and be an integral part of the integrated development plans of all spheres of government.

The Philani drop-in centre achieved considerable success through hard work, solid organisation and commitment of both its leadership and volunteers. It sought funding from various sources provincially, nationally and internationally as its leadership wished to expand the centre, and was counting on the support of the DSD leadership. The centre would benefit from the introduction of auxiliary social workers when the training of such professionals is completed under the auspices of the DSD. There was a need for the DSD to assist financially with a stipend for volunteers.

The Simunye Women's Co-operative had some successes but needed help in upgrading its facilities, marketing and communication strategies and addressing transport problems. Purchasing and merchandising strategies are inevitable necessities for such an establishment, as is financial literacy for both its leadership and members. Upgrading of technological skills around design and production would be useful.

The KwaHlongwa CBO would be an invaluable cog in the future efforts of United National Population Fund (UNFPA) implementation projects as their knowledge of HIV and AIDS, their training capacity and intimate knowledge of rural communities makes them very competent. Additional equipment in their offices, such as better computers, would aid the expansion of their activities. A stipend to their committed volunteers would be a just reward for their efforts. Additional training in terms of reproductive health services and addressing gender-based violence would improve their ability to assist their communities.

Recommendations from first evaluation for improving PRP projects

- The overall approach of the PRP could be strengthened by ensuring that newly-appointed service providers, especially social workers, are trained in the principles and objectives of PRP programmes.
- Performance across all projects will be enhanced with better equipment and facilities, the provision of additional training and stipends for volunteers. Some projects require more volunteers, especially amongst women and youth.

- Additional PRP projects and services needed in the node include expansion of HBC, intensive and expanded condom distribution, enhancing co-operative efforts, especially amongst women, around food production and access to the EPWP.
- DSD needs to work with Home Affairs to facilitate the registration of currently unregistered potential grantees.
- A more coherent integrated approach is needed by all stakeholders in planning, implementation and monitoring. This includes closer co-operation with all service providers involved in the programmes, including the DSD and municipalities.

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 regular visits by the researcher in this period.

4. Second evaluation of DSD services and projects

Background to the second evaluation

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

Two projects that were included in the first evaluation were revisited 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 broader picture of the challenges and opportunities facing projects in the nodes. These projects were:

Project	Target group	Total no of members
Asibemunye Women's Club	Unemployed women	23
Philani drop-in centre		33

Table 9: Sample projects covered in second evaluation

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

Update on the projects

Changes since first evaluation

Table 10 highlight the events and changes since the first evaluation in Asibemunye Women's Club, as an example and demonstrating the group's steady growth and development towards being a sustainable enterprise.

Event or stimulus for change since first evaluation	Change or action taken	Impact of event
Bought embroidery sewing machine in early 2006. The machine cost R25,000	Project members used to go to Vryheid to make school badges for the uniforms and had to wait a long time (about a month sometimes) before getting the badges. They don't have to do this now. Members had to get training on how to operate the machine.	The work was made easier and customers don't wait for long as they use to. The machine can almost operate itself, it needs little attention and generates extra income. There is a saving element as they don't have to travel to Vryheid or pay for the service of making badges so their profit increases.
Bought a photocopying machine for R16,000	The machine is located in the park container that serves as the project office. It is in demand as the community uses it a lot. The machine generated a profit and the group has finished paying instalments for the machine.	The project is growing bigger and stronger. This facility boosts the sewing business when it is quiet.
One member passed away in 2007 after being sick	The project lost a hardworking member.	The project members had to do extra work.
Received sewing and catering training from the Department of Labour in 2006.	Sewing and catering skills were refined and service delivered was improved.	Sewing standards have improved. There is more competition in the catering field of work as there are many organisations that do catering; as a result it is difficult to get work.
Formed a consortium with two other sewing projects within the node: Isandlwana dress makers and Sinothando sewing co-operative.	Trained a group of six youth who were unemployed.	The project is expanding and can in the future employ some of the youth that was trained. Skills were transferred.
Secured new target markets - the municipality and the hospitals, in addition to the schools and churches they are already serving.	More exposure and an enhanced reputation. The new market assisted women when business of making uniforms and tracksuits was slow because of the season.	They are now able to work through out the year because of availability of business and market. Sewing different kinds of products (sleeping gowns, night dresses, tracksuits, school and church uniforms) means they are increasing their skills and knowledge.
Have moved from primary to secondary co-operative in 2007.	More recognition from different levels of government departments	The shift in status is a positive achievement for the project and moves them to a higher level. They believe this will bring a lot of training and business opportunities.

Event or stimulus for change since first evaluation	Change or action taken	Impact of event
Established Asibemunye saving club (stokvel)	Brought more unity within the team.	They are able to lend money to the community and gain a small amount of interest from that money.
Got a visit from the DSD provincial Member of the Executive Committee (MEC).		Members were able to report their desires and issues of concern to the MEC. They felt encouraged by the visit.
Received a certificate from DSD and the Independent Development Trust (IDT) for developing a PRP into an independent entity in October 2007.		This recognition enhanced their motivation and encouraged them to continue growing and working hard.
The project was doing well and there was a need to separate the funds granted by DSD from the profit they made.	Opened a profit account.	They are able to share the profit through monthly payments (stipend).

Table 10: Events and changes since first evaluation: Asibemunye Women's Club

Participants' perception of the impact of the projects

Table 11 gives perceptions from beneficiaries on the projects, as well as other stakeholders. Members rated both as green (fully functional). Both the projects had acquired experience in their various fields of work. They had organised themselves efficiently and effectively. They understood the scale they were working at and the quality of service to be delivered. They had a shared vision, worked towards achieving their objectives and most importantly they felt ownership for their respective projects. Another common factor was that they had steady committees which had acquired good leadership skills.

Philani Drop-in Centre	Asibemunye Women's Club
<p>Project members benefited from different kinds of training, developed their teamwork skills and learnt good customer service skills. The socialisation provided them with opportunities to share experiences and they gained extensive knowledge from project activities. As a result of their work and commitment they gained recognition and a good reputation from community. They received incentives (i.e. stipends) for the work they were doing. Members had income to buy school stationery and groceries and pay for school fees. Their children benefited from improved education and life skills because there was improved communication and education about HIV and AIDS at home. OVC gained entertainment activities such as travelling and sports. Members were assisting school children with homework, and educating the community about children's rights.</p> <p>The wider community got fresh food from their gardens and vulnerable community members received regular food through the soup kitchen, feeding scheme and food parcels. There was increased HIV and AIDS awareness amongst the wider community. Appropriate referrals were made to departments so there was improved targeted care. Clients were transported to relevant destinations. Other projects (e.g. Masiphilisane Luncheon club) benefited as they learnt about the centre's work and there was collaboration with schools to identify OVC.</p>	<p>Members gained knowledge and skills so could sew clothes, uniforms, tracksuits, bed materials, cushions, curtains, etc for family members and children. They and their families ate healthier diets as they could afford to buy food. They developed customer service skills and a good reputation from all stakeholders (churches, schools, shops, etc). They were able to save money and join clubs and funeral societies and could pay school fees for their children. There was an increased sense of social responsibility as they donated clothes and tracksuits to orphaned children in schools. The club brought business to the community though they were willing to sometimes give products on credit.</p> <p>The club provided catering and sewing services so customers (including government departments and other companies) had a good local service. Individual customers were able to save their bus-fare. Members shared skills and resources with other projects when needed and trained some of the unemployed youth from the community. Through the stokvel they lent money to community members, charging minimum interest.</p>

Table 11: Perceived impact of the projects

What worked and what didn't work?

Table 12 shows an example of the assessment of what worked well and what did not in Philani drop-in centre..

What worked well in this project?
<p>Decentralised signing power worked well for the HIV component from DSD. This was useful and it got work done because purchase requisition forms did not have to go to the regional office before they were approved. They could be signed by the HIV co-ordinator and the nodal manager only.</p> <p>Entertainment activity for OVC was approved after being requested although it was not in the original budget</p>

What did not work well?

The project was promised a social worker but that never happened. This would really improve their service delivery. DSD argued that the HIV co-ordinator (who was a social worker) would assist and monitor them closely although he was not based at the centre.

The documents for requisitions of food parcels was regularly delayed and even sometimes got lost.

They were trying to get funds to buy a vehicle to assist in delivering food from the soup kitchen. The issue still had to be negotiated with DSD officials.

They wanted a day care centre but lack of space and funds were a problem. DSD questioned if the day care centre idea was on the budget, and it was not, hence it was not a success.

They tried to form a child care forum but after the first meeting they were advised by DSD to get formal training on it first before they could continue.

They tried to buy a machine that would make nappies for children. The project failed to find three quotations for this machine. This machine was going to greatly assist in generating income. The DSD manager advised the project to shift their focus and not get delayed on something that is not working.

What was the role of DSD and/or intermediate service providers?

Supportive - it granted funds and monitored the progress and financial management of the project. It also offered advice on different issues.

Table 12: Project assessment: Philani 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 identified for the next year, followed by a discussion of these and emerging issues. Table 13 shows an example of the findings from Asibemunye Women's Club.

Project issues	Comments and/or recommendations
Findings/recommendations from first evaluation	
Lack of integration.	It was better to a limited extent. Project should continuously work with all relevant departments to gain the desired level of integration.
More physical working space is needed.	The space was still a problem but they were working on it. The project must continuously encourage the municipality to push the process forward.
A stipend is needed for volunteers.	This was not specifically relevant for this project but according to the members' knowledge, the volunteers from the drop-in centre and other HIV and AIDS related projects did get stipends.
There are delays in receiving payments after providing a service.	This was still a problem. Projects needs to negotiate, discuss and agree on everything including time of payments and dates before providing services.
Project members travel long distances to project site.	This was still a problem but it was not too bad because members could now take public transport and come to work, because they were getting some income from the project. It is impossible to eradicate the problem as people will always need to come to work. Having a vehicle that belongs to the project could be a solution as it could also be used in transporting members to the project.
Networking and life skills are needed.	Some of the project members acquired these skills through working experience but they still need professional training.

Project issues	Comments and/or recommendations
Issues emerging since 2006	
The project needs to be South African Bureau of Standards (SABS) approved.	They had started taking necessary steps to reach this goal. The project was to continue with the steps necessary to become SABS approved.
Activities and dreams for 2006-2007	
A computer is needed specifically for the functioning of the embroidery machine.	It would assist in operating the embroidery machine as the badge designs of the clients need to be saved in a computer and retrieved when needed. The project was in the process of saving money to buy the computer.
There is more competition for catering which is an additional activity of the project.	The project complained of favouritism in awarding tenders for catering. Stakeholders had started to discuss the issue and made some recommendations.

Table 13: Project issues: Asibemunye Women's Club

One important point that can be drawn from these projects is the significant role that DSD played in the lives of the projects, and the important relationships between development practitioners and project members. In most of the cases, if the relationship between these two parties is good, then there is a better chance of the projects doing well. Often projects have a tendency to believe that development practitioners are there to dictate how things should run in the project, whereas the practitioner should be there to guide, advise and assist when needed.

A number of factors were identified in the first evaluation as needing attention. In the second evaluation it was discovered that although those issues are not all fully resolved, some that had gone through positive changes. The changes that took place in the two years were partly due to DSD but mostly the hard work of the project members. This again emphasises the sense of ownership members felt towards their respective projects.

Paying members encourages them to work harder knowing that they will be compensated for working. It also discourages them from looking for other employment although most of the people working in HBC organisations were dedicated to providing a service to the needy in their community.

Changes in the node since the first evaluation

Changes to DSD services and projects

Changes in the services and projects of DSD in the node are recorded in table 14.

Changes to services and projects
Trends/summary:
The services delivered by DSD to the communities were negatively affected because of the reduced number of DSD employees. Each employee ended up doing work that should be done by two or three people.
Description of major changes:
Changes to services: There were a number of inter-departmental transfers, i.e. DSD employees took up employment opportunities in Correctional Services and DoH. Four new people were employed in the admin section
Changes to the projects supported by DSD: A number of projects applied for funding and their business plans were going through the review process. Staff turnover had an impact on service delivery. New people had to be trained continuously and they came with different styles and approaches to work, i.e. the advice that they gave to projects. DSD was not planning to continue funding income generating projects anymore as they were not meeting the needs of the poor. There was a proposal that each project has an assistant to deal directly with the project members and then report to the development practitioners. There was to be a budget allocated for this person for each project, and a monthly stipend of R600.

Table 14: Changes in DSD services/projects and causes/impact

Why did these changes happen?

Changes identified relate mainly to staffing and turnover. Many staff chose to find work nearer their home towns, although an increased budget enabled more administration posts to be created and filled. This was significant because projects needed a lot of attention and support from development practitioners, which they were not always able to provide when workloads were high.

Changes in staffing levels

There was a 50% vacancy rate for social work posts and two-thirds vacancy rate for the principal social worker posts. Many of the other posts (senior social worker, development practitioner, administrators) were all filled. However the shortage of social workers caused a huge backlog especially in the foster care placement programme. The one principal social worker employed was not physical located at Nquthu for almost a year. He worked at the regional office and was relocated, though supposedly only for a short time. This meant that although he was part of the structure of the office he was physically absent and so unable to fulfil his role there. There was a high rate of turnover of staff, inter-departmental transfers caused in part by staff wanting to work closer to their homes and the attraction of better pay from other departments. There was also a sense that other departments didn't suffer the shortage of staff as much as DSD. The presence of auxiliary workers had a positive impact of the work of the social workers. But since they were not trained as social workers, they were not able to do all that social workers do.

Findings and recommendations


Findings

- Most development practitioners and projects were not clear enough about what an **exit strategy** is. An exit strategy is a stage that income-generating projects should be working towards and is more like a graduation of projects from one stage to another. However it is not clear if the implication of an exit strategy means that the projects will no longer be funded by DSD as they are regarded as successful and sustainable or if it means that they will continue to receive funding but be less closely monitored. However it can also mean that DSD will exit its funding/assistance if the project is failing to achieve its goals and meet its targets.
- There are two **different kinds of projects**: those that aim to generate income and become small businesses in their own right; and those that provide an outreach service for DSD to realise its welfare function, such as HBC 'projects'. These are conflated at the moment and a single strategy applied to both (start-up funding followed by an expectation of financial self-sufficiency after a few years).
- In a discussion with DSD officials about the **sustainability of income-generating projects**, the officials mentioned that DSD was no longer interested in funding projects involved in income generating activities, i.e. sewing and baking, unless produce is given freely to the vulnerable groups of the society. It was mentioned that the problem with projects that do income generating activities is that they do not donate anything to the needy people but rather sell to the community whereas the intention of DSD is to meet the social welfare needs of the poor people. This flies in the face of the logic of an income-generating project and suggests the necessity of a rethink about what sort of projects DSD supports.
- Although both the evaluated projects had an **independent entity status** there is lack of clarity amongst members, development practitioners and researchers about what precisely this meant. Does it mean that funding from DSD is less likely once this status is achieved? If so, are groups likely to feel sufficiently motivated to achieve it unless they have adequate support for implementing a rigorous and well-conceived business plan? Can independent status enhance a project's sustainability? What are the criteria for a project achieving independent status and who is responsible for assessment of a project's status?

- It is beneficial to service delivery and development to provide **staff accommodation** close to DSD offices. This might be one way of keeping social workers working in the rural areas for longer and there would be less concern about transport, especially when staff are working overtime and then struggling to reach their homes.
- Most of the community development projects struggled with the issue of finding **an appropriate venue/structure** to work from. Although the needs of projects differed according to their scope and remit, a physical base is a place to meet or work from, enabling storage for equipment and encouraging a stronger sense of identity. Adjacent or surrounding land could even then be used for gardening.
- The three sewing projects (Sinothando, Asibemunye and Isandlwana) which **formed a consortium** saw value in coming together. Although they still worked independently of each other, the consortium was useful for big contracts. For example, they started working together when Asibemunye received a major tender with tight deadlines from a hospital, so they needed more people to work with them to meet the deadlines. They also worked together when there were special programmes to be implemented like training unemployed youth.

Recommendations

- A clear distinction is required between income-generating projects that are aiming to become small businesses, and social service projects that are deepening DSD's reach into poor communities. DSD needs to design different strategies to support these different types of projects appropriately, and not make unrealistic demands on the projects. The former cannot be expected to provide free services or products if they are to be converted into businesses, while the latter should not be forced into becoming self-sufficient when they are providing critical services to communities that do not, and should not, generate income.
- DSD, working with DoH and other relevant stakeholders, needs to standardise the provision of stipends to social service projects, with all volunteers receiving stipends. Members of income-generating projects should not receive stipends, since they should be generating income to pay their members.
- The senior levels of DSD should thoroughly explain to local service offices the meaning, implementation and implications of exit strategies and independent status.
- There should be a discussion of how DSD can assist projects like Philani to extend the working space they currently have, in order to fit the current and future beneficiaries.
- DSD should provide more information to the projects about the Public Finance Management Act (PFMA) to assist projects understanding of DSD's financial systems and regulations.
- DSD should address the issue of shortage of staff as a matter of urgency as well as lack of resources i.e. motor vehicles.
- DSD administration staff recommended that there should be options for officials from administration components to upgrade their levels.



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