

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

Building sustainable livelihoods in... ...Zululand

Background report

A survey based profile

A livelihood profile and service delivery evaluation

Alfred Nzo Chris Hani O.R.Tambo Ukhahlamba Ugu Umzinyathi Umkhanyakude Zululand Sekhukhune Maruleng Bushbuckridge
Kgalagadi Central Karoo Maluti-a-Phofung Mdantsane Motherwell Alexandra Inanda Kwa-Mashu Khayelitsha Mitchell's Plain Galeshewe



social development

Department:
Social Development
REPUBLIC OF SOUTH AFRICA

Acknowledgements

Researched and written for the Department of Social Development

By David Everatt & Matthew J. Smith, Strategy & Tactics
and by Khanya-aicdd. October 2008.

Thanks to Ross Jennings and Dr Geetesh Solanki for their invaluable assistance with statistical modelling and analysis. Thanks also to Field Focus, who provided the fieldwork for the surveys. Also to Steve Motlatla of Dikarabong and Nobi Dube of S&T, who managed the rigorous back-checking and verification exercises. Thanks also to EPA Development for their work in the early stages of this project.



views presented in this paper are those of the authors and do not represent positions of the South African Department of Social Development.

Layout and design by: www.intothelimeilight.co.za

Building sustainable livelihoods in...

...Zululand

CONTENTS

Section 1: A background report	1
Section 2: A survey based profile	25
Section 3: A livelihood profile and service delivery evaluation	85



Section 1

Profiling Zululand background report

Building sustainable livelihoods

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



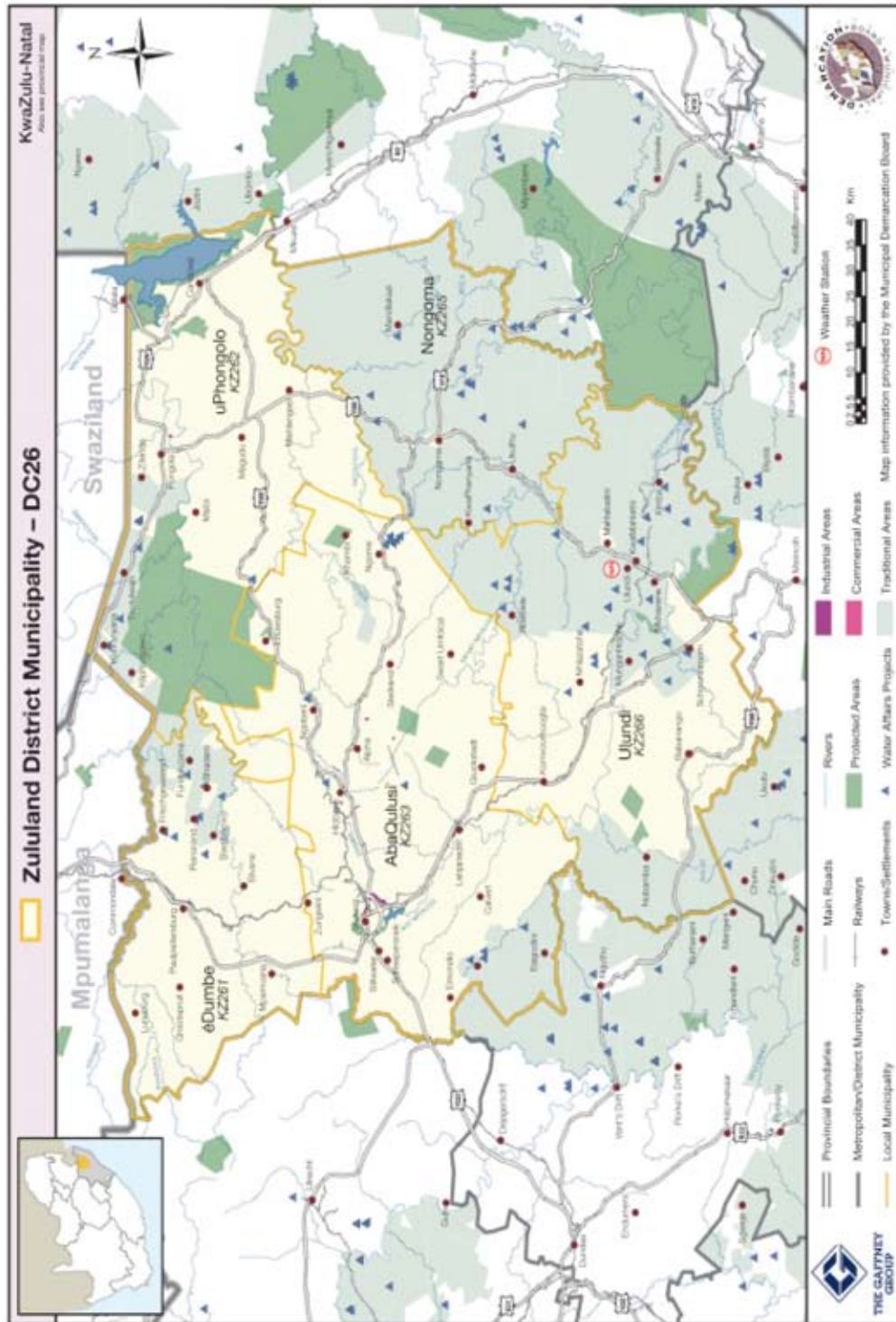


Figure 1: Zululand District Municipality, KwaZulu Natal (Source: Gaffney’s Local Government in South Africa, 2004 – 2006)

Table of contents

Introduction	5
<i>This report</i>	5
<i>Natural variations</i>	7
Spatial analysis	7
<i>Settlement Variations</i>	9
<i>Demographics</i>	11
Poverty levels	13
<i>Social indicators</i>	14
<i>Economic indicators</i>	17
<i>Service delivery indicators</i>	18
<i>Social Development service priorities</i>	21
<i>Poverty index</i>	22
Sources	24
Tables	
Table 1: Node by Population Group	11
Table 2: Indicators used to construct the poverty index	13
Table 3: Individual indicator scores for Zululand	14
Table 4: Education, by highest level achieved	15
Table 5: Employment per sector in Zululand and by sex	18
Table 6: Number of dwellings with access to telephones within the node	19
Table 7: Most common form of local transport in the node	20
Table 8: Poverty index scores for all nodes and South Africa, 1996 and 2001	23
Figures	
Figure 1: Zululand District Municipality, KwaZulu Natal	2
Figure 2: Total rainfall for July 2005 - June 2005	7
Figure 3: Drought Prevalence in South Africa, June 2004 - May 2006	8
Figure 4: Major Vegetation Biomes of South Africa	9
Figure 5: Age/sex profile of Zululand	12
Figure 6: Poverty rate in Zululand	15
Figure 7: Gini coefficient Zululand	16
Figure 8: Provincial HIV prevalence estimates: Antenatal clinic attendees, South Africa	20
Figure 9: DSD service delivery points Zululand	22

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

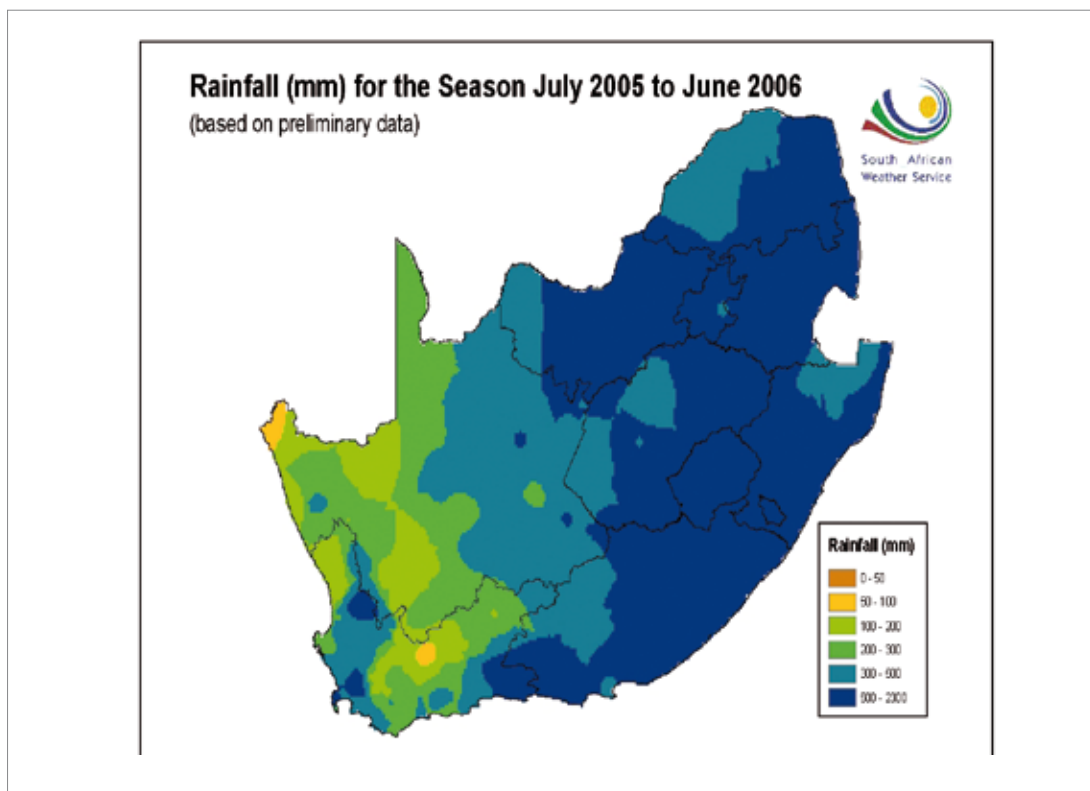


Figure 2: Total rainfall for July 2005 - June 2005 (Source: South African Weather Service)

Despite its **high rainfall the risk of drought** in the node has over the years impacted on the **sustainability of agricultural production**, especially subsistence in which many residents are engaged. Irregular rainfall patterns play havoc with food security, and as we discuss later in the chapter, DSD should continue to provide emergency food relief in the interim whilst sustainable subsistence is gradually transformed into more sustainable food production methods.

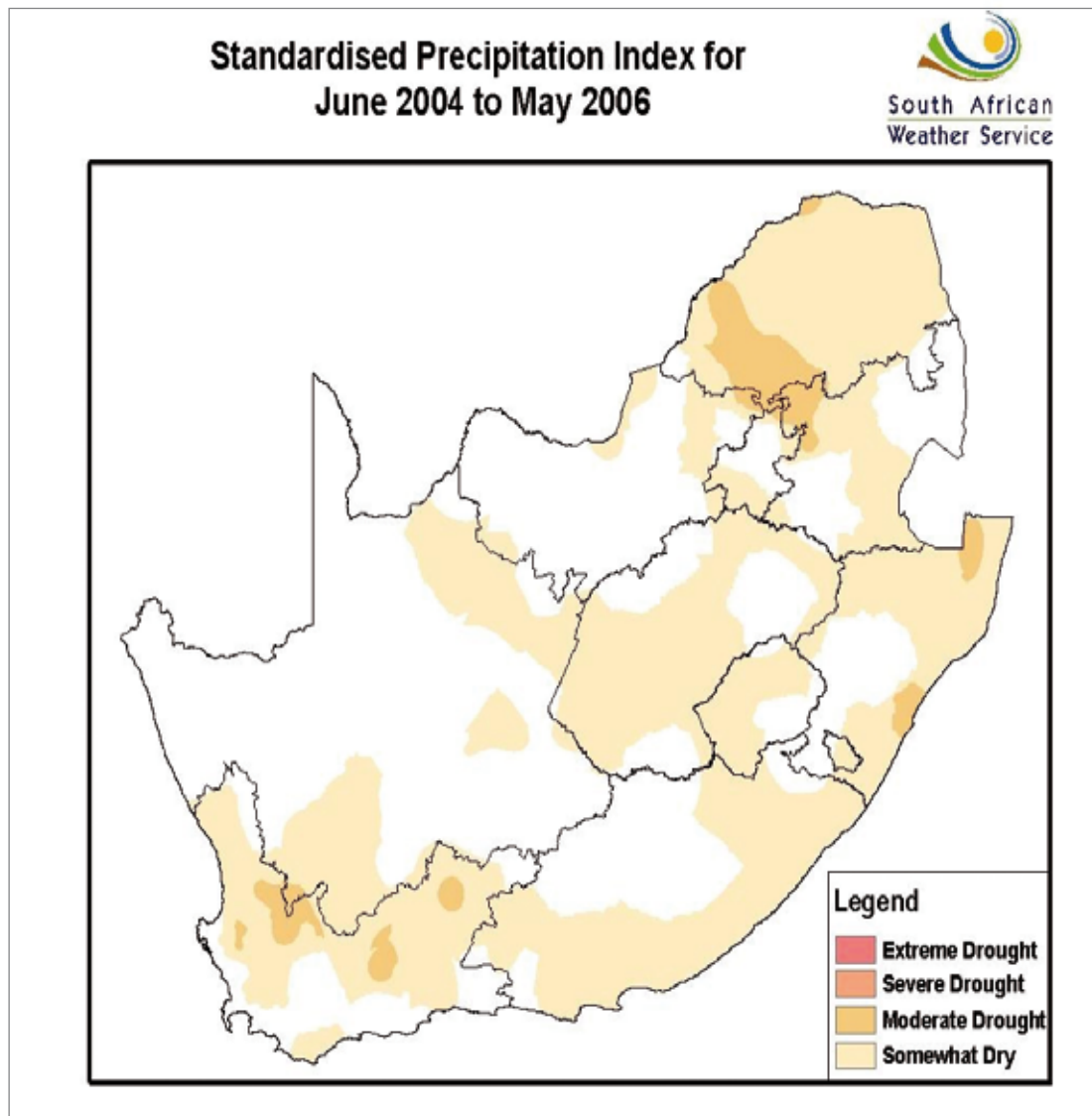


Figure 3: Drought Prevalence in South Africa, June 2004 - May 2006 (Source: South African Weather Service)

Overleaf we can see how both the irregular rainfall in this zone and the risk of drought has led to the node being dominated by **one vegetation biome**, namely grassland (see below). Whilst this vegetation has been found to support limited grazing for cattle and sugar cane, forestry and pineapple plantations, it has not led to much sustainable agricultural production for commercial agriculture. Moreover, those benefiting from the limited outputs of this production remain small in number.

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

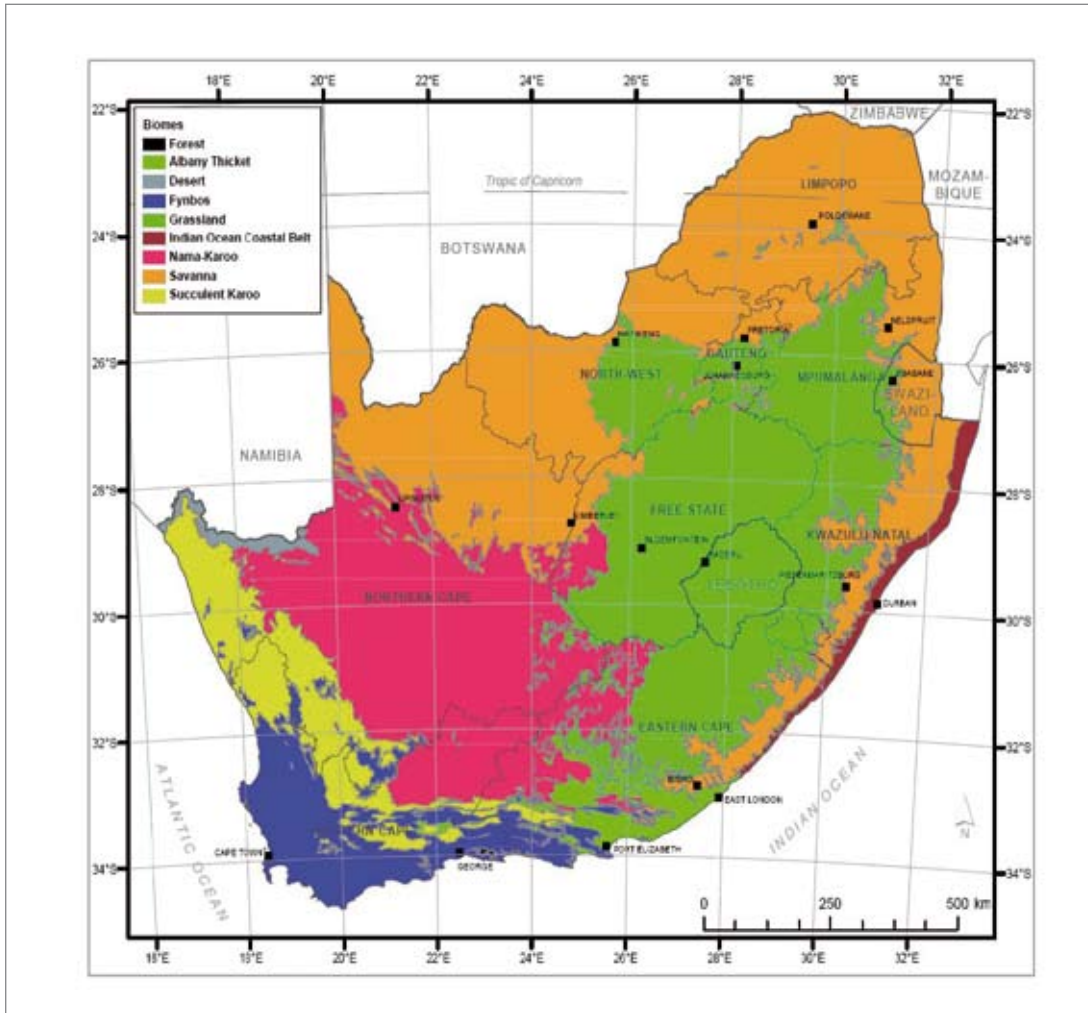


Figure 4: Major Vegetation Biomes of South Africa (Source: South African National Botanical Institute)

Settlement Variations

The **dplg** ISRD website³ has the following to say about this node:

Zululand District Municipality has the population of 954 020 and 81% is rural and live way below the average bread line. The mining sector of this Municipality has long closed shop, adding to the plight of unemployment is the dwindling economy and adverse weather conditions that has seen the farming communities also loose their jobs. The rivers and small communal dams have dried up leaving the communities and their live stock in dire state. The high percentage of migrant labour has come

³ <http://www.dplg.gov.za/html/progs/ISRDP.htm>

back home with little or no prospect of ever getting work in the region. With them, they have brought skills which are irrelevant as there are no industries to employ them and also no capital for them to start their small businesses. There is also high prevalence of the HIV/Aids epidemic with no proper or adequate support systems. With the existing backlog of service delivery in the region, the communities' patience is at it's lowest, as they feel their turn is taking too long to reach them.

This district is **situated** in the North Eastern parts of KwaZulu-Natal province and sits on the borders of Swaziland and Mpumalanga in the North. The population of this region is spread almost evenly throughout. This region has a lot of cultural history, and some natural resources. The majority of the population is involved in agriculture. **Land use** in the District can be divided into two broad categories, viz. commercial farming and traditional settlement areas.

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

The node has a **total surface area** of approximately 13 566 square km. The node comprises five local municipalities namely:

- Abaqulusi Municipality, 40.7% of households are urban
- eDumbe Municipality, 13.8% of households are urban
- Nongoma Municipality, 1.2% of households are urban
- Ulundi Local Municipality, 13.9% of households are urban
- uPhongolo Local Municipality, 15.4% of households are urban

The node is predominantly rural (82.3% of the households in this node are rural) with a range of **settlement types** including small towns, tribal areas and farms. The urban areas (17.7% of households) are largely to be found in the Abaqulusi Local Municipality. Census 2001 reports that like so many of the other ISRDP nodes many of the households in this node live in **traditional or informal dwellings** (46.2% in this node versus an average of 42% for all the ISRDP nodes). Formal dwellings are found predominantly in the two major towns in the node, Vryheid and Ulundi.

In terms of **land tenure** Census 2001 found that more than a third of the landowners in the node (45.8%) owned the land on which their dwelling resided, and a further 35.9% occupied

land for which they paid no rent. A fraction reported they owned the land but had yet to pay it off (9.2%) and the remainder reported that they rented the land (9.0%).

According to Census 2001 the majority of the people who live in this node have done so since 1996 (82.9% said they had) whereas only 4.2% said they had not (i.e. they had moved into the node over the past 5 years) whilst the remaining 12.9% were children who had been born since 1996. **In-migration** is low: of the 4.2% who had moved into the node in the intervening 5 years, 82.6% had moved from elsewhere in the province; Gauteng at 6.1% and Mpumalanga at 3.8% 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 804 451 where the vast majority live in rural households (82.3%) whilst only 17.7% live in urban households. The **population density** for the node is relatively low at 53 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 (98.0%).

	Black African	Coloured	Indian	White	Total
Zululand	788535	1530	647	13739	804451
	98.0%	0.2%	0.1%	1.7%	

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 Zululand (54.0% of the population are females as opposed to 46.0% of males).

The **age profile** of this node demonstrates that more than half of the population (56%) in the node are 19 years or younger, whilst little over a third (37.1%) of the population are in the traditionally economically productive age bracket (20 to 60 years of age).

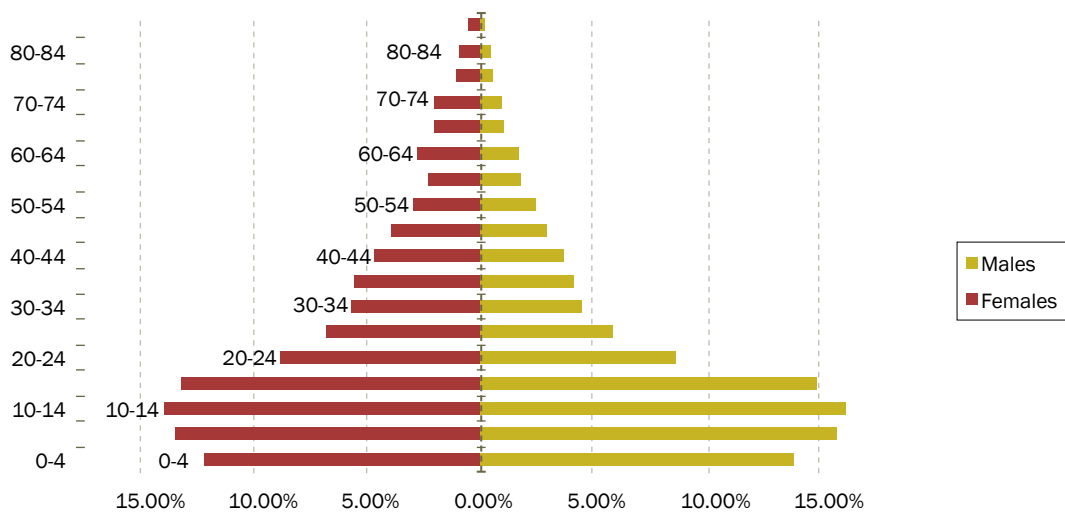


Figure 5: Age/sex profile of Zululand (Source: Stats SA, Census 2001)

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 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, **Zululand scored poorly** on each of the individual indicators – predictably, given that nodes were identified because of their poverty levels. Interestingly almost all of the scores achieved on the individual indicators are roughly equivalent to average score for all the ISRDP nodes. Before commenting on the very high poverty index score assigned to Zululand⁴, we will first examine what each of the indicators are telling us.

⁴ 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.

	Female headed	Illiteracy	Unemployment	Income	Crowding	Dwelling type	Sanitation	Water	Lighting	Refuse	Poverty index
Zululand	53.6	47.8	70.3	33.0	3.0	46.2	75.0	70.4	61.2	78.8	53.9
KwaZulu-Natal	45.5	35.2	55.1	26.4	3.4	38.7	52.1	49.2	37.9	49.6	39.3
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 Zululand

Social indicators

Female-headed households: In South Africa as a whole only 41.9% of households are female headed, yet in Zululand Census 2001 found that more than half (53.6%) of households were female headed. This is higher than the average for the province (45.5%) but slightly below the average for the all ISRDP nodes (54.9%). The absence of males may have a threefold impact on node, namely i) it strongly suggests that the absence of sustainable economic opportunities in the node has forced many men to seek employment outside the node; ii) much of the agricultural work, which provides many households in the nodes with the means to survive, is carried out by women; and iii) many households in the node continue to suffer the traumatic psycho-social effects of absent fathers/brothers that have been well documented in South Africa during the apartheid regime.⁵

Illiteracy: Slightly less than half of the population in this node is functionally illiterate (47.8%). 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 marginally better off than many of the other ISRDP nodes, but significantly worse off than the rest of the province which suggests that 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.

⁵ 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).

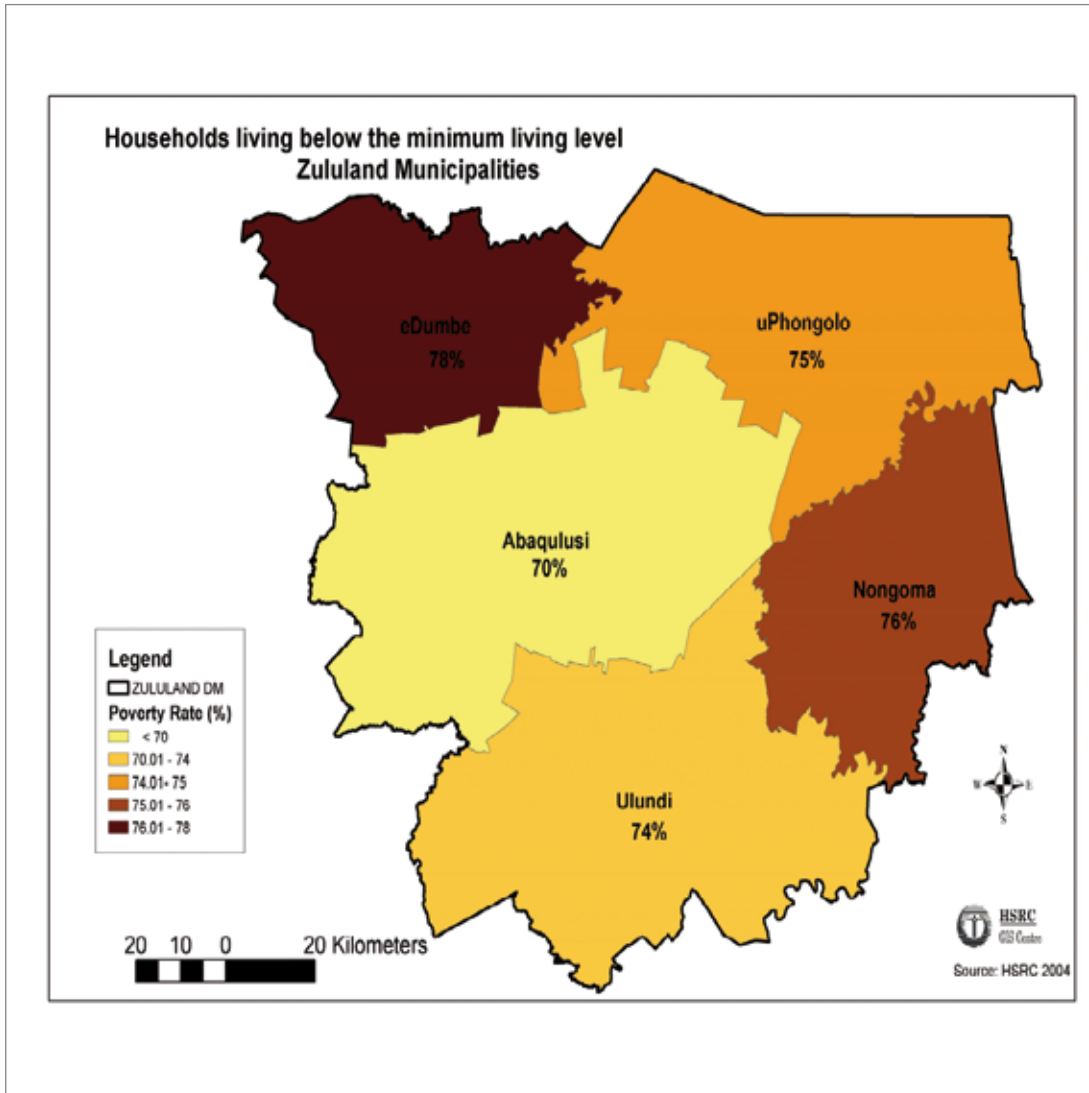


Figure 6: Poverty rate in Zululand (Source: HSRC GIS Centre)

The low level of **educational attainment** amongst those who are literate is also a worry as it precludes many literate citizens in the node from employment opportunities that require high levels of skills. Table 4 shows that less than one in five had studied further than junior secondary (18.5% had completed Matric and an additional 3.4% had studied post matric).

	No schooling	Primary	Junior Sec- ondary	Senior Sec- ondary	Post matric
Zululand	30.9%	23.4%	23.8%	18.5%	3.4%

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

The node is nevertheless well served with **541 schools**, roughly 1.5 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 46.2% 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 very nearly equals the average for all the ISRDP nodes (46.3%).

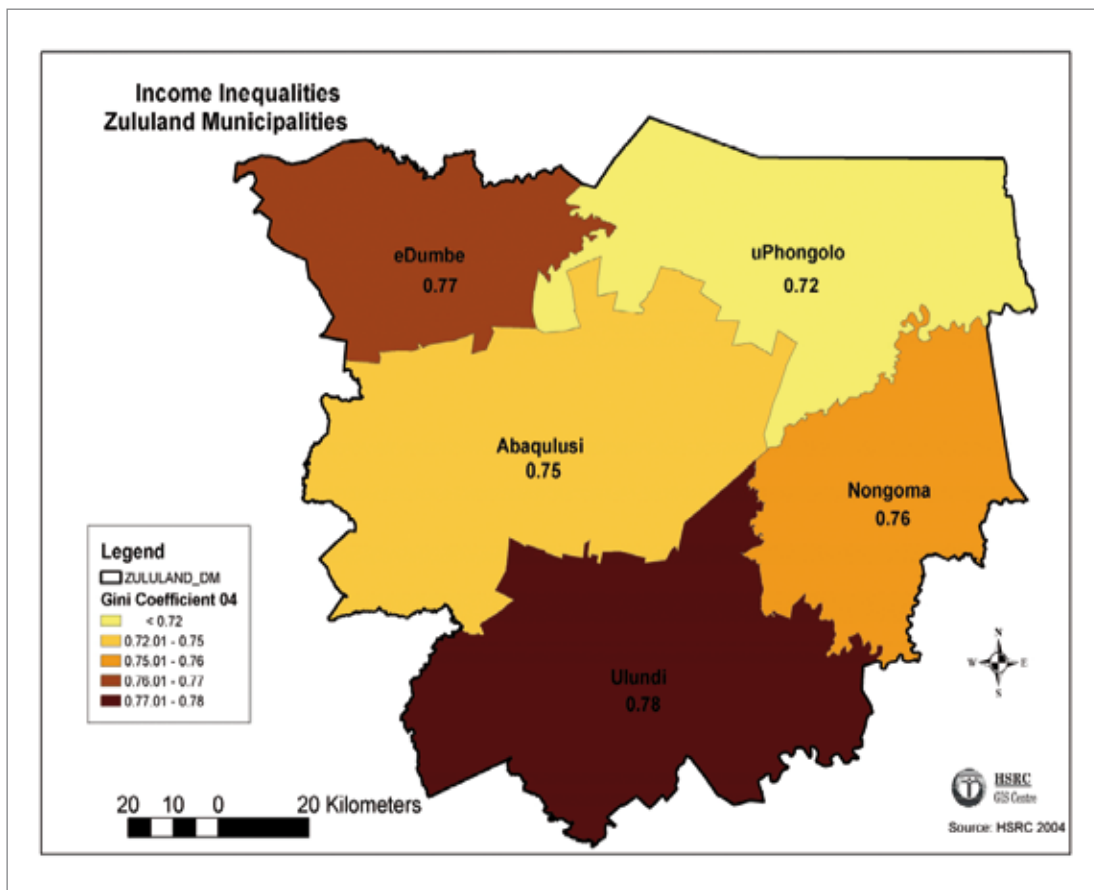


Figure 7: Gini coefficient Zululand (Source: HSRC GIS Centre)

Over-crowding: We define over-crowding as more than 1 household sharing a single room. Housing in this largely rural node is dominated by traditional and informal dwellings leading to little overcrowding. The node again reflects the average of all the ISRDP nodes (3.0% of the population reported multiple households living in a single room, whereas the average for all ISRDP nodes is 2.9%). The average for the whole of South Africa is slightly lower at 2.8%.

Economic indicators

Unemployment: The average **rate of unemployment** for South Africa is 48.2%, in this node unemployment is at an extremely high 70.3%. Again this is higher than the average for the province (55.1%) and higher than the average for all the other ISRDP nodes (67.9%). One of the major reasons for creeping unemployment rates has been the “downsizing” of commercial agricultural enterprises in the area and the remoteness of this node from major commercial centres in the province. The situation has been exacerbated in recent years by droughts in this area and the seasonal nature of employment opportunities.

Income: With such levels of unemployment in the node the levels of income are, not surprisingly, correspondingly low. Whilst a third of households (33.0%) reported no income whatsoever, 11.9% reported an annual income of less than R4 800 (i.e. less than R400 a month), and 23.9% reported earning less than R9 600 per year. This equates to more than two thirds of the households in the node (68.8%) living on less than R800 per month. The anti-poverty impact of DSD’s social grants in this context is self-evident.

Table 5 reveals that like many of the other ISRDP nodes the government sector is the largest contributor to **Gross Geographical Product** for this node (27.2 % of those employed work in this sector). Agriculture, hunting and forestry (1.8.1%) is also a major contributor. Whilst some of the agriculture is of a subsistence nature, there are significant commercial agricultural initiatives in the node. The concern though is that much of this agricultural activity is seasonal and is unlikely to provide much needed growth in employment opportunities for this node. A further significant economic sector in the node is wholesale and retail trade (11.3%). However this sector is also unlikely to provide significant growth in employment opportunities in the future.

Turning to inequalities between sexes in employment by sector (Table 5). The agricultural sector, a major employer in the node, is home to 20.8% of all employed men whereas only 11.7% of employed women work in this sector. The other major employment sector in this node, government services display some differences (21.4% of men as opposed to 34.6% of all employed women). The wholesale and retail sector also displays some very small differences (10.4% of employed men work in this sector compared to 12.4% of all employed women) in terms of gender inequity.

Economic Sector	% Employed	% Male	% Female
Agriculture, hunting; forestry and fishing	16.8%	20.8%	11.7%
Mining and quarrying	2.5%	4.1%	0.6%
Manufacturing	4.8%	6.0%	3.3%
Electricity; gas and water supply	0.6%	0.9%	0.2%
Construction	4.0%	5.8%	1.8%
Wholesale and retail trade	11.3%	10.4%	12.4%
Transport; storage and communication	4.3%	6.6%	1.3%
Financial, insurance, real estate and business services	5.0%	5.5%	4.3%
Community, social and personal services	27.2%	21.4%	34.6%
Private Households	9.6%	5.3%	15.0%
Undetermined	13.9%	13.1%	14.9%

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

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

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

Service delivery indicators

Water: The majority of the households in the node (70.4%) are without running water piped directly to their dwelling. Contrast this with South Africa as a whole (37.7%), the province (49.2%) and all ISRDP nodes (65.1%). There is a major challenge in terms of providing free basic services to poor households not connected to provisioning grids.

Sanitation: With so many households not accessing running water the availability of water borne sewerage, from a health and welfare perspective, is poor (25.0% households had either a flush or a chemical toilet). The health dangers are increased when we note that 39.1% 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 Zululand. Nearly two thirds of households (61.2%) 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 (56.2% 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. So it is of concern to see that more than nearly 8 out of 10 households (78.8%) do not have refuse removed in this node. Worryingly, it does mean that these households either establish their own refuse dump (57.6% of all households in the node) or simply not dispose of the rubbish in a dump (20.5% 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**. For example, whilst the Abaqulusi Local Municipality can report that 37% of households have access to electricity and 65% have access to running water, Nongoma Municipality only provides electricity to 13% of households and water to 17% of households.

Phone in dwelling & cell-phone	Tele-phone 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
7716	5677	26393	15520	52033	6722	13689	23113	150862
5.1%	3.8%	17.5%	10.3%	34.5%	4.5%	9.1%	15.3%	

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

Due to the spread of cell phones, many households now have some form of **communication**. Table 6, although the data may be out of date as the commercial mobile phone operators have rapidly increased the size of their footprint across much of rural South Africa, shows that 15.3% of households in the node had no access to a telephone which is slightly more than the average for the ISRDP nodes (14.2%) another sign of this node's mix of areas that are firmly part of the first economy and other, more geographically remote areas, that are firmly part of the second economy.

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

Transport and road networks vary enormously across the node. The majority of citizens rely on foot for daily transport needs (86.4%). 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 3.3% 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 (2.7%) and the small number who have access to a private car, either as a driver (2.2%) or as a passenger (3.7%).

On foot	By bicycle	By motorcycle	By car as a driver	By car as a passenger	By mini-bus/taxi	By bus	By train	Other
86.4%	0.6%	0.5%	2.2%	3.7%	2.7%	3.3%	0.3%	0.3%

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

The provision of **health clinics** in the node demonstrate that the node is no worse served than other rural areas of the country. Those living in the node have access to 43 clinics and health centres and 11 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.

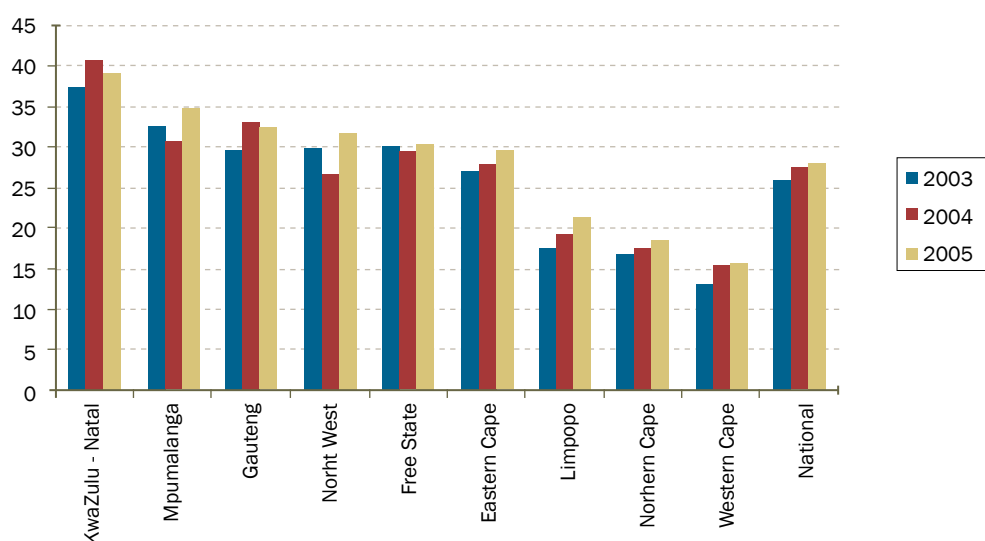


Figure 8: Provincial HIV prevalence estimates: Antenatal clinic attendees, South Africa 2003 - 2005 (Source: National HIV and Syphilis Prevalence Survey 2005, Department of Health)

The number of **police stations** in the node is 13, in other words roughly 1.6 police stations per 100 000 of the population. This is about average for the rural parts of our country, and with **9 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 well positioned to deliver services in the node, thus emphasising the nodes isolation from much of South Africa. Contrast, for instance, the number of service delivery points spread amongst other areas of the province or the ISRDP nodes spread along the Mpumalanga/ Limpopo border, where the number of delivery points are far more common.

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

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

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

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

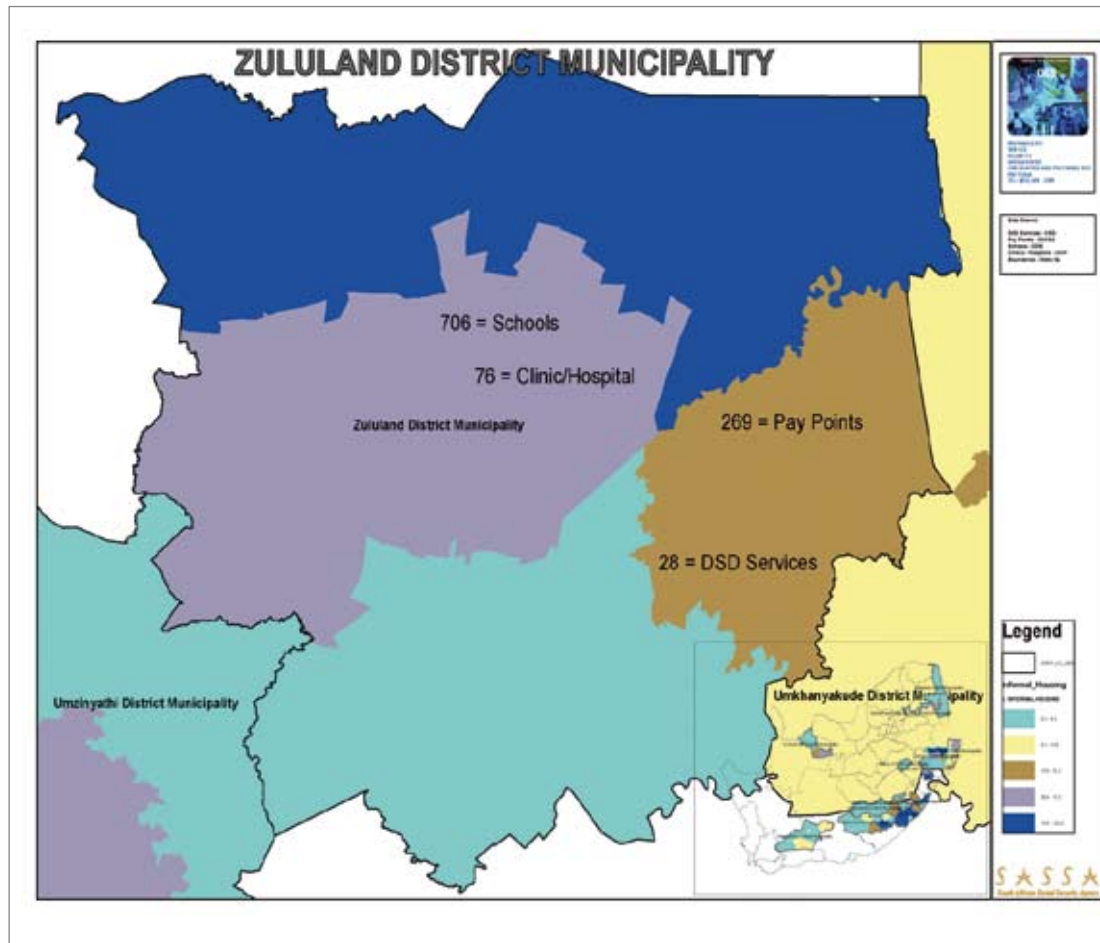


Figure 9: DSD service delivery points Zululand (Source: SASSA)

Poverty index

The indicators, when added together, allow us to calculate 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 Zululand has a score that places it in the middle for ISRDP nodes (53.9). The time period 1996 to 2001 saw some improvement in this node: Zululand saw a 1.8% decrease in poverty over the five year period. Over the same period, the average improvement for all the ISRDP nodes was 2.8%.

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

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

Poverty in rural nodes, measured at aggregate levels, is twice that of urban nodes. This is not helped by the small pockets of peri-urban better-off sites that may exist within the nodes. 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.

Sources

- Department of Health, *National HIV and Syphilis Prevalence Survey*, 2005.
- Department of Provincial and Local Government,
<http://www.dplg.gov.za/html/progs/ISRDP.htm>.
- Everatt, D. and Gwagwa, L. (2005). *Community Driven Development in South Africa*, World Bank discussion paper.
- *Gaffney's Local Government in South Africa, 2004 – 2006*. The Gaffney Group: Sandton.
- South African Social Services Agency, 2006.
- South African National Botanical Institute.
- South African Weather Service.
- Statistics South Africa, *Census 2001*.



Section 2

A survey based profile of **Zululand**

Building sustainable livelihoods

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



Table of contents

Introduction	31
<i>This report</i>	31
<i>Methodology</i>	32
The matrix	34
<i>Poverty</i>	36
<i>Income</i>	39
<i>(Un)Employment and income sources</i>	40
<i>Literacy</i>	42
<i>Female-headed households and household structure</i>	43
<i>Dwelling type</i>	46
<i>Over-crowding</i>	46
<i>Infrastructure & services</i>	46
<i>Sustainable Livelihood Approach</i>	48
<i>Service delivery</i>	51
<i>Average proportion receiving grants</i>	52
<i>Average proportion making use of DSD services</i>	53
<i>Rating the different components of service delivery</i>	54
<i>Development</i>	56
Governance	59
Health Status	62
<i>Perceived health problems</i>	64
<i>Major health care providers</i>	65
<i>HIV and AIDS</i>	66
<i>Decision-making and Gender Based Violence</i>	67
<i>Sexual and Reproductive Health</i>	70
<i>Attitudes to abortion</i>	73
The social fabric	75
<i>Crime, safety & security</i>	76
<i>Associational life</i>	78
<i>One thing to make life better....</i>	79
Appendix 1: Indexes	81
<i>Poverty</i>	81
<i>Health status</i>	82
<i>Social capital</i>	82
<i>Development</i>	82

<i>Service standards</i>	83
<i>Global development index</i>	83
<i>Gender inequality index</i>	83
<i>Sustainable Livelihood Index</i>	84

Tables

Table 1: Realised sample across the ISRDP/URP nodes	32
Table 2: Realised sample across the ISRDP and URP nodes	33
Table 4: Poverty scores 2008	38
Table 5: Incidence of no annual household income	39
Table 6: Attitudes to employment options	41
Table 7: Phone access	42
Table 8: Media consumption	43
Table 9: Household size	43
Table 10: Service Delivery Index by node	52
Table 11: Development	56
Table 12: 'I would rather live in a town or city than a rural area'	60
Table 13: Health Status Index, nodal scores for the ISRDP	62
Table 14: Overall rating of health during the past 4 weeks, Zululand	64
Table 15: Proportion of respondents using different health care providers)	65
Table 16: Proportion who agree that in a relationship both partners should decide on four activities	68
Table 17: Gender Based Violence Index	69
Table 18: Proportion who agreed with GBV	70
Table 19: Proportion who either approved or disapproved the use of contraception	70
Table 20: Reproductive Health Index	72
Table 21: Attitudes towards abortion, Zululand and ISRDP	73
Table 22: Social capital index	76
Table 23: Perceptions of safety	77

Figures

Figure 1: Zululand District Municipality, KwaZulu Natal	30
Figure 2: Poverty levels 1996/2001/2006/2008	37
Figure 3: ISRDP poverty scores by node	39
Figure 4: Rate of unemployment	40
Figure 5: Length of unemployment	41
Figure 6: No. of children in household	44
Figure 7: Inability to feed children in household, 2006-2008	45
Figure 8: Incidence of children in household and uptake of related grants, 2006-2008.	45
Figure 9: Water/electricity arrears, cut-offs and evictions	47
Figure 10: Self-reported skills base	49
Figure 11: Asset ownership	50

Figure 12: SLA scores URP/ISRDP (dimensions and total SLA score)	50
Figure 14: Awareness of development activities	57
Figure 15: 'How do you usually first hear about development projects in your community?' 57	
Figure 16: Awareness of and participation in IDPs	58
Figure 17: 'Which sphere has done most for your quality of life?'	59
Figure 18: Alienation and anomie	61
Figure 19: Proportion who say they are stopped from getting medical advice or health when sick	63
Figure 20: Perceived biggest health problems facing the community	65
Figure 21: Proportion aware of others infected with HIV, died of AIDS	66
Figure 22: Proportion supporting statements that have been made about female contraception	73
Figure 23: Trust and reciprocity	76
Figure 24: Victim of crime/attack	77
Figure 25: Main problem facing community	78
Figure 26: CSO membership	79
Figure 27: 'What 1 thing would make your life better?'	80

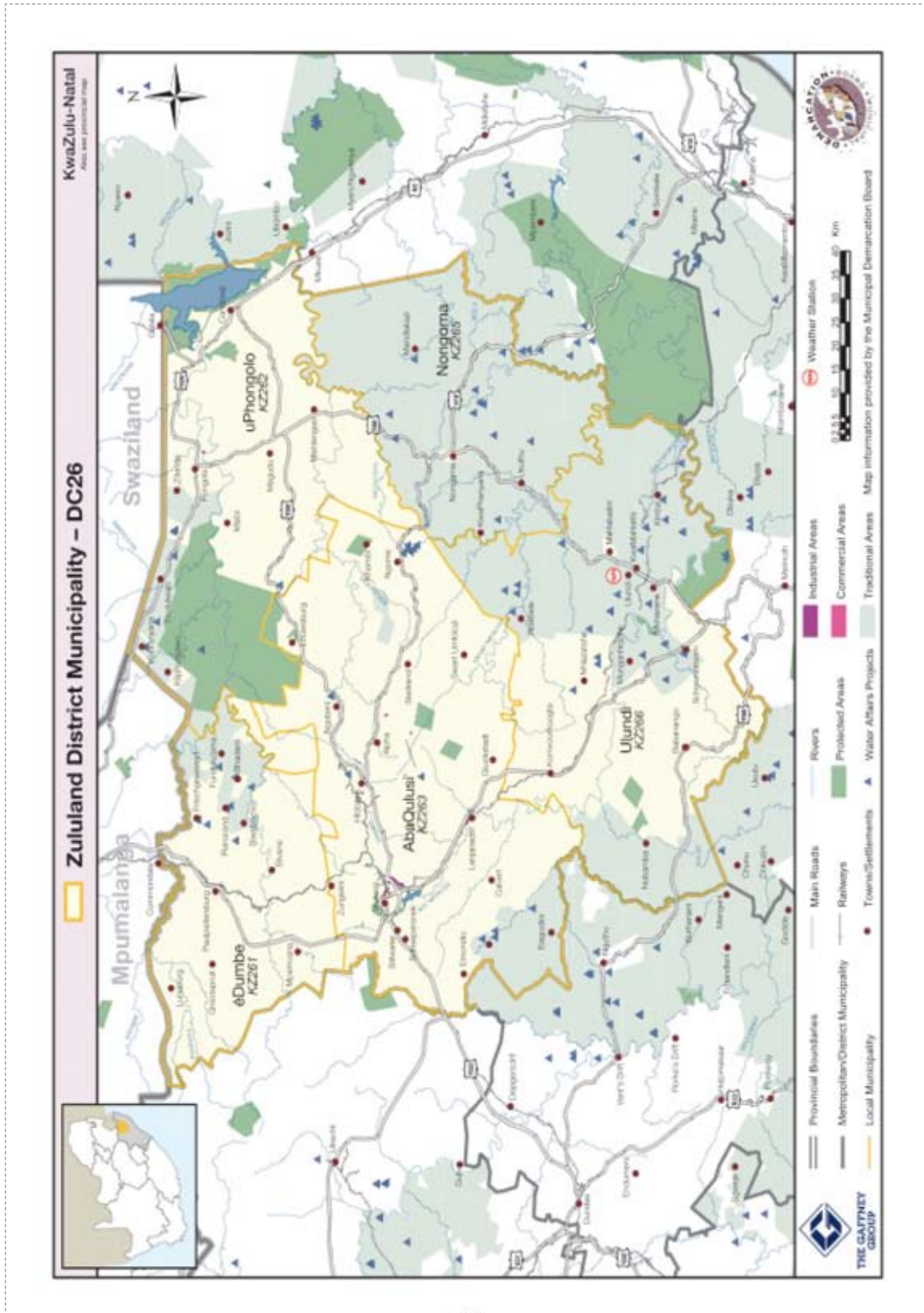


Figure 1: Zululand District Municipality, KwaZulu Natal
 (Source: Gaffney's Local Government in South Africa, 2004 – 2006)

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 Zululand 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
Zululand	385 325	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
Zululand	385 325	249

Table 2: Realised sample across the ISRDP and URP nodes

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

The matrix

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

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

Using this approach allows policy-makers to identify **priority areas by node within the ISRDP or URP** at a glance. And what we see immediately is that by comparison with other ISRDP nodes, **Zululand faces multiple challenges. It scored 'red' overall, meaning it should be a priority among ISRDP nodes (themselves national priority areas).** It has no green lights flashing anywhere – no good news - the best it does is to score yellow on social capital and service delivery. On every other item that comprises the global index – as well as its global (or overall) score – **Zululand has red warning lights flashing.**

Overall, the index indicates 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. Look at Zululand for a clear illustration of this. **It scores 'red' on poverty, health, development – and gender inequality and (beyond the global index) attitudes to gender-based violence.**

The clustering of high gender inequality/low support for reproductive rights/high levels of support for use of gender-based violence in KwaZulu-Natal nodes, urban and rural, suggest that in this key area, **provincial priorities** can be set (in most others, the local dynamic and context seems to be paramount).

Many of the poorest rural nodes enjoy robust social capital – particularly Eastern Cape nodes. Zululand performs adequately, with a yellow light for social capital in 2006 and 2008, suggesting it has some resources to draw on when facing other challenges. **Service delivery** however has dropped from green to red between 2006 and 2008, and needs to be closely monitored.

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

The items (excluding reproductive rights and gender-based violence) are gathered together in the 'global' index, which provides an overall score per node. In the ISRDP, **Ukhahlamba, Umzinyathi, Umkhanyakude and Zululand all score red overall**, suggesting a provincial prioritisation is possible as well as a nodal priority-setting exercise. Between 2006 and 2008. Zululand slipped from yellow to red, suggesting that urgent action is required to arrest the slide and turn the node around.

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 Zululand, poverty scored red, dropping from yellow in 2006. This contrasts with 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)

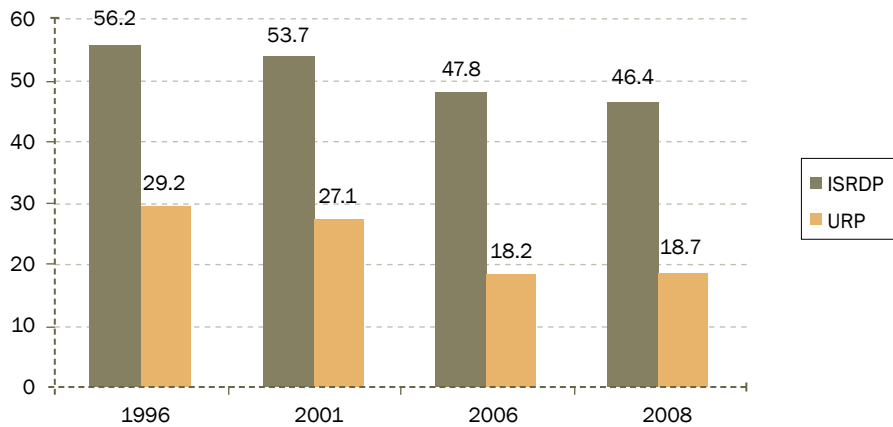


Figure 2: Poverty levels 1996/2001/2006/2008 (Sources: Census 1996 and 2001, DSD baseline surveys 2006 & 2008)

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, has levelled off. The long-term trend remains downwards, but the dramatic impact of social grants has worked itself out – see the massive 2001-2006 gains – and the pace of poverty eradication seems again to have slowed.

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

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

Female headed	Illiteracy	Rate of unemployment	No regular income	Over-crowding	Informal dwelling type	No refuse collection	Sanitation below RDP	Water below RDP	Lighting below RDP	Poverty index '08	Poverty index '06
ISDP											
Alfred Nzo	65.2	30.0	78.0	3.6	2.4	68.8	92.4	87.6	29.6	55.0 (+)	56.3
Chris Hani	61.2	31.6	63.1	4.8	2.4	61.6	70.0	60.8	18.0	44.0 (+)	47.0
O R Tambo	56.4	34.0	74.4	2.0	0.4	76.4	86.4	90.8	24.8	53.7 (+)	55.5
Ukhahlamba	72.8	38.0	76.9	2.8	14.8	78.8	72.0	70.4	28.0	53.3 (-)	49.2
Ugu	58.0	31.2	61.7	3.6	2.0	55.6	76.0	63.6	26.4	45.3 (+)	50.1
Umninyathi	45.6	34.0	73.9	3.6	2.8	74.4	80.4	81.2	65.6	54.6 (+)	57.2
Umkhanyakude	51.6	48.0	79.0	1.2	4.8	89.6	83.6	73.6	63.6	55.2 (+)	57.6
Zululand	60.0	42.4	80.3	4.4	4.0	96.4	86.4	68.8	40.8	54.0 (+)	52.0
Sekhukhune	42.0	31.6	82.4	4.4	0.0	15.2	96.4	79.2	10.4	45.9 (+)	46.1
Bushbuckridge	63.5	29.8	79.9	0.5	3.4	6.7	93.3	76.9	7.2	45.5 (-)	43.0*
Maruleng	45.2	26.2	85.7	0.0	0.0	14.3	100.0	59.5	14.3	44.3 (-)	43.0*
Kgalagadi	54.8	32.4	68.3	2.4	0.0	13.6	60.4	65.6	4.8	37.6 (+)	45.7
Central Karoo	57.6	19.2	64.8	2.4	1.6	12.4	16.4	1.2	1.6	17.8 (-)	17.6
Maluti-a-Phofung	45.0	31.7	81.8	5.0	3.3	28.3	74.2	19.2	10.0	36.9 (+)	38.8
URP											
Mdantsane	65.2	15.2	71.6	5.2	0.0	0.4	12.0	2.8	2.4	17.6 (-)	16.5
Motherwell	54.4	22.4	68.9	3.2	4.8	2.4	5.6	0.8	0.8	16.3 (+)	16.7
Alexandra	50.4	13.6	58.5	1.6	21.2	14.8	7.6	3.6	1.2	18.2 (-)	17.0
Inanda	54.4	20.0	77.7	1.2	9.2	23.2	5.2	45.2	8.4	26.9 (-)	24.7
KwaMashu	52.8	15.2	77.6	2.8	6.0	6.8	4.0	9.6	4.4	18.7 (-)	14.1
Khayelitsha	48.4	13.2	64.6	0.0	1.2	50.0	2.8	15.6	8.4	22.3 (+)	27.1
Mitchell's Plain	31.2	8.0	32.0	0.4	0.4	7.6	1.6	3.6	0.0	8.6 (+)	10.6
Galeshewe	60.8	21.2	63.5	8.4	2.0	8.4	19.6	4.0	7.6	20.0 (-)	18.5
Programme totals											
ISRD nodes	56.7	33.4	73.8	3.0	3.2	53.2	76.2	66.2	26.2	46.4 (+)	47.8
URP nodes	52.2	16.1	64.6	2.9	5.7	14.2	7.3	8.9	4.1	18.7 (-)	18.2

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

* Scores for *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. Zululand is the fourth poorest of the 14 ISRDP nodes. It is notable how the **worst-off ISRDP nodes cluster in KwaZulu-Natal and the Eastern Cape.**

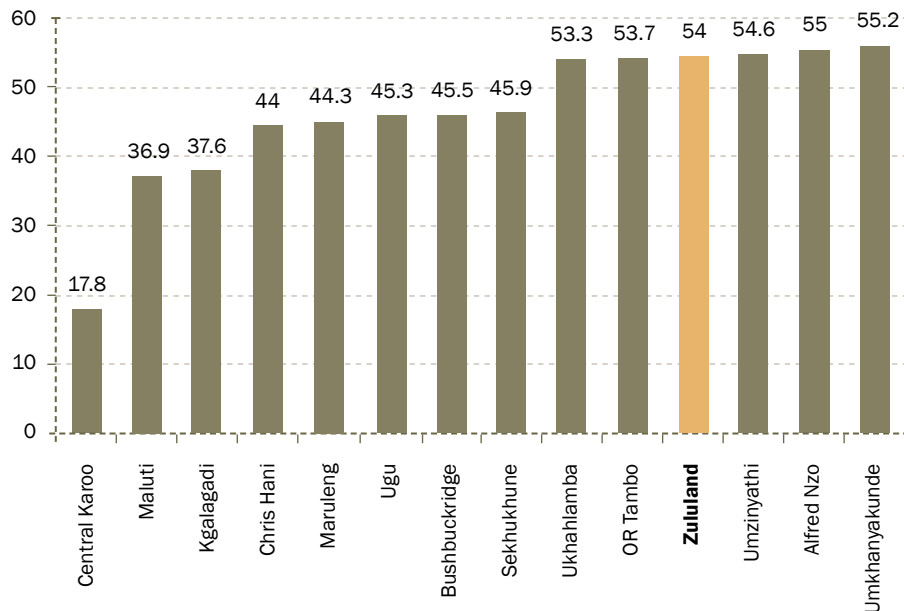


Figure 3: ISRDP poverty scores by node (2008 survey)

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	Zululand '08
ISRDP	23.1	34	2.6	3.0	4.4
URP	17	27.1	3.7	2.9	

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

In the 2006 and 2008 surveys, the question about income followed detailed questions about social grants, various income sources, forms of work that may bring in income, questions about employment status, financial services and so on. These may have helped respondents recall various income sources. At the same time, DSD was rolling out a major programme of social grants. The result was a dramatically different set of responses, with just 2.6% in 2006 and 3% in 2008 of respondents from ISRDP nodes reporting no household income. **In Zululand in 2008, 4.4% of respondents said their household had no regular source of income, the third worst in the ISRDP.**

(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 Zululand**, just 8.7% of respondents (in 2008) had full-time employment, with 6% having part-time employment. A fifth (18.5%) were pensioners – and a massive 60.4% 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 Zululand, the rate of unemployment was a staggering 80.3%**, fourth worst of all the ISRDP nodes. The slight improvement in unemployment elsewhere in the ISRDP is not visible in Zululand.

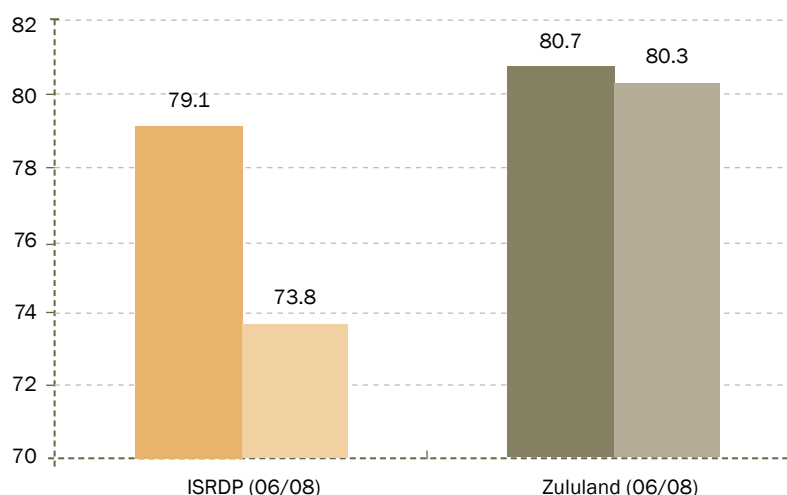


Figure 4: Rate of unemployment (2006, 2008)

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 Zululand, just 17.6% 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'; 13.6% received income from relatives, while 66% 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, Zululand faces a massive challenge with **two-thirds (65%) of its unemployed having been unemployed for 4 years or more**. In Zululand, unlike the ISRDP as a whole, there has been no improvement over time.

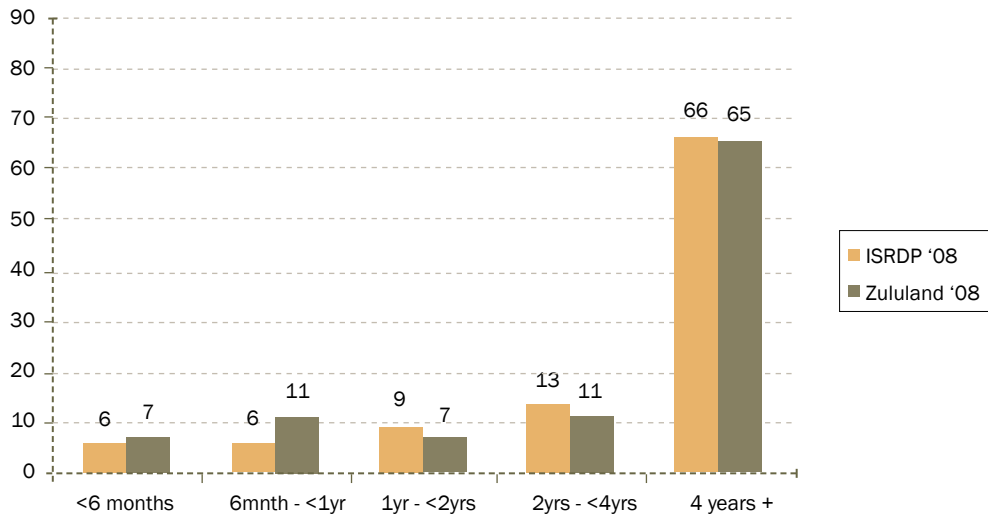


Figure 5: Length of unemployment (among unemployed respondents, ISRDP/Zululand)

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

Among the 15% of respondents in full- or part-time work in Zululand, unskilled labour was most common (45%), with skilled work making up a further 14%. Question formulation may have been a factor, but there was little evidence of a robust informal sector underpinning the node.

But informal sector work may anyway clash with people’s economic expectations. Overwhelmingly, people want a ‘proper job’ – this is rated above a farm subsidy, land for farming or starting their own business. This may be the result of ‘conditioning’ into thinking in traditional ways about what a ‘job’ is and thus may be a perception – or it may be a rational choice based on consideration and/or experience of the alternatives – but either way, **the vast majority of ISRDP and URP respondents would prefer formal sector waged employment to farming or starting their own businesses.**

	% yes ISRDP	% yes Zululand
Farming subsidy	29	37
Job	60	53
Start own business	24	33
Land for farming	22	26
Job where I live	53	40

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 Zululand 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 Zululand, the situation did not shift: in 2006, 42.5% of respondents were functionally illiterate, 42.4% 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 fifth (20.5%) of Zululand respondents had grade 12, while 3% had a diploma, some university education or a degree (the latter comprised 0.4% of respondents).

Communication & media consumption

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

	ISRDP '08	Zululand '08
Phone in house/cell	5	7
Phone in house	2	1
Cell	64	62
Public phone nearby	14	14
Neighbour's phone	3	0
Phone far away	2	6
None	11	10

Table 7: Phone access (2006/2008)

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

Communication is predictably easier for urban than rural respondents - but the **penetration of cell-phones in rural nodes is breath-taking**, with two-thirds (64%) of respondents accessing a cell-phone by 2008, true of 62% in Zululand. At the less positive end of the scale, 1 in 10 respondents (10%) had no access to a telephone, suggesting that accessing emergency services (or even local help) would be extremely difficult.

With regard to media consumption, **radio predictably dominates the situation in Zululand**, with 96.3% of respondents using this medium, compared with the 34.3% who watch television (lower than the ISRDP average of 40%), and the much smaller numbers who read newspapers.

	ISRDP '06	Zululand '06
Watch TV		
Daily	40	34
Weekly	12	8
Monthly	2	1
Seldom/never	45	58
Listen radio		
Daily	68	69
Weekly	10	7
Monthly	1	0
Seldom/never	21	24
Read newspaper/have read to you		
Daily	8	5
Weekly	12	8
Monthly	4	2
Seldom/never	77	86

Table 8: Media consumption

Female-headed households and household structure

Female-headed households are commonly understood to be vulnerable to external shocks because of the unequal position of women in society and in the economy, which is why the variable features in the poverty matrix. The extent of vulnerability is analysed in the programme-wide overview report, and the arguments are not repeated here. In Zululand, 60% of households were female-headed in 2008 (up slightly from 57% on 2006). This is slightly higher than 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	Zululand
1	4	3
2-3	20	7
4-5	29	21
6-7	23	25
8-10	17	44
More	8	3

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 Zululand, a massive 44.1% of respondents lived in households with 8 or more people. Another 46% live in households with 4 to 7 people in them.**

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

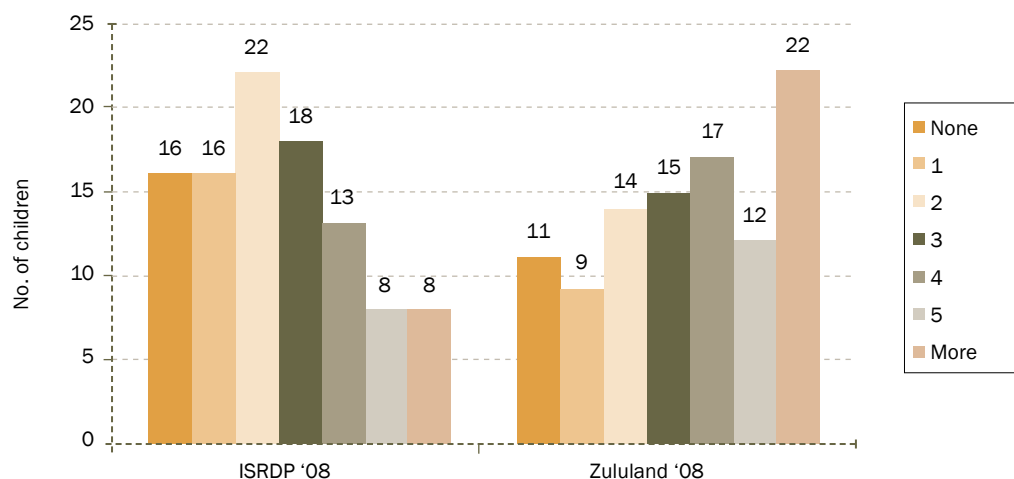


Figure 6: No. of children in household (ISRDP/Zululand, 2008)

Zululand has a quite startling profile, with 22% of households including more than 5 children under the age of 18. Even by ISRDP standards, Zululand stands out.

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

- 58% had children of the head of household – true of 65% in Zululand;
- 48% included children not of the head of household, true of 53% in Zululand; and
- 9% included orphans, rising to 16% in Zululand.

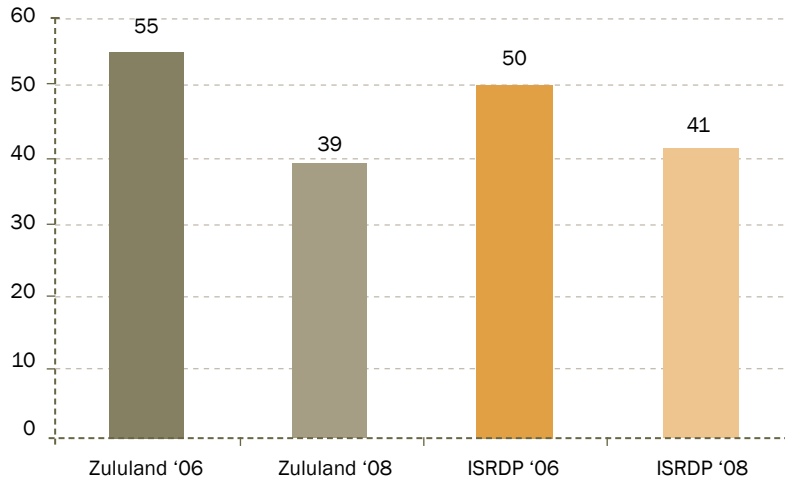


Figure 7: Inability to feed children in household, 2006-2008

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. **Positively, however, there was a quite dramatic improvement in Zululand**, where 55% had reported being unable to feed household children in 2006, down to 39% in 2008. But we should be clear: improvements aside, 4 in 10 respondents were unable to feed their household children in the year before being interviewed (in 2008), a massive challenge for Zululand as it is for the ISRDP as a whole.

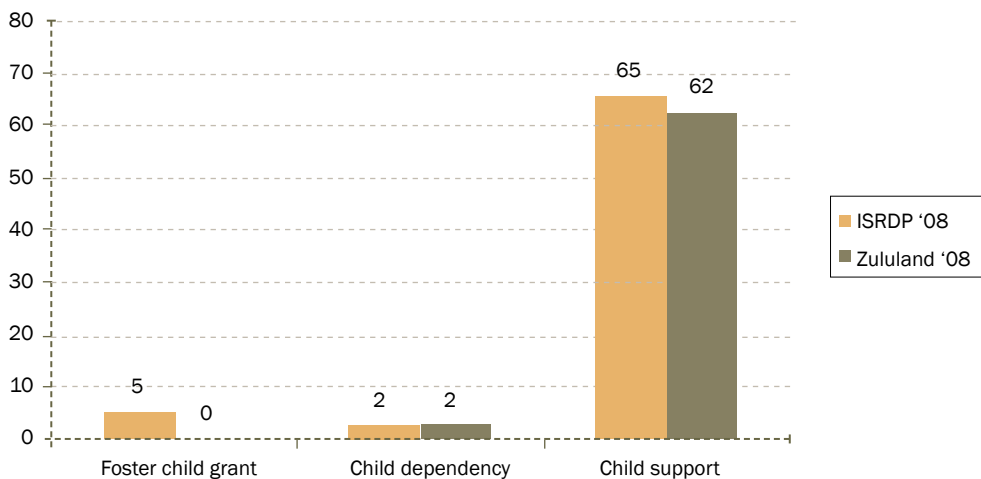


Figure 8: Incidence of children in household and uptake of related grants, 2006-2008.

In ISRDP households that have children, two-thirds (67% in 2006, 65% in 2008) **receive the child support grant**, dropping to half (49% and 50%) of URP households. The 2006/2008 differences are not statistically significant. In Zululand, the pattern is almost identical – despite the far higher incidence of households with multiple 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 Zululand.** 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 Zululand, the overwhelming majority of respondents in 2008 – 96% in all – lived in such dwellings, up from 76% in 2006, compared with an 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 Zululand, where just 4% of respondents lived in such circumstances (in Census 2001, the figure was 5.2%).

Infrastructure & services

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

Provision of water to RDP standards is not a great success in Zululand: **68.8% of respondents did not have water provided to RDP standard** in 2008, up slightly from 61% 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 Zululand residents. Zululand exemplifies 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.

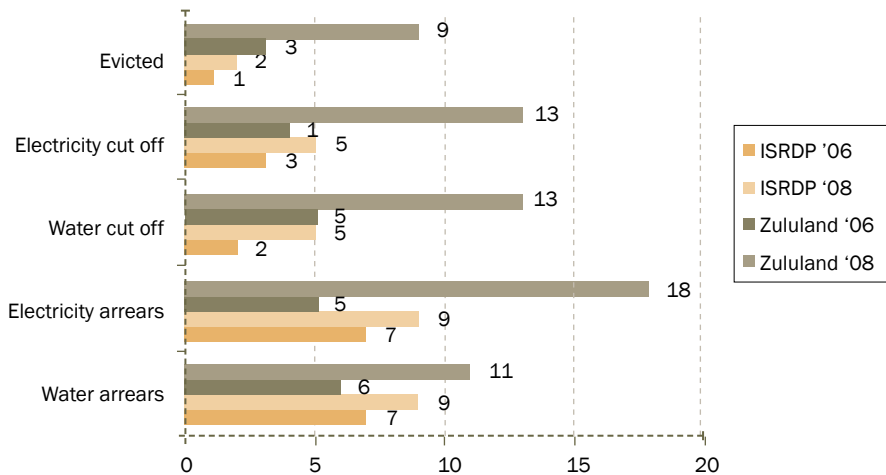


Figure 9: Water/electricity arrears, cut-offs and evictions (2006/2008)

And there are real risks associated with poor water provision: in Zululand, 17.2% of respondents get their water from a river or stream, 16.4% from a dam, 2.4% have it trucked in, and 6.4% have no regular water source. **The health implications of these figures – 4 in 10 Zululand respondents access water from a potentially unsafe source – are self-evident.** A fifth (18%) of Zululand respondents told us their water is (in their opinion) ‘never’ clean, and for 25% it is only ‘sometimes’ clean.

Having RDP-level water – for which user fees are levied - can also create problems. In Zululand, 11.2% of respondents told us they had arrears for water, and 18% had payment arrears for their electricity. **The local authority is among the more energetic enforcers in the ISRDP:** 13.3% of Zululand respondents had had their water cut off for non-payment, the same proportion their electricity cut off, and a massive 9% had been evicted as a result of non-payment.

Providing decent sanitation has long been and remains a key developmental challenge, with obvious health implications alongside the political imperative to provide dignity where apartheid signally failed to do so. **There are improvements across the ISRDP as a whole –** 72.2% of respondents did not have sanitation to RDP standards, down from 79.4% in 2006. In Zululand there seem to have been some significant gains between the low of 2006, where 88.3% of respondents lacked RDP-level sanitation, and a better showing in 2008, where the figure had dropped to 56.8% of respondents lacking RDP-level sanitation. **The basic point remains the fact that over half the nodal sample lack decent sanitation.**

Refuse removal is another nodal challenge. In the ISRDP as a whole, 76.2% of respondents never have their refuse removed by the local authority (identical in 2006 and 2008). This is the worst-performing service in the ISRDP. In Zululand, 86.4% 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 (65%) and Umkhanyakude (61%). In Zululand in 2006, 38.5% of respondents did not use electricity for lighting, true of 40.8% in 2008, suggesting that little or no improvements had been recorded in this area of infrastructure provision.

In summary, we see how – when these 10 variables are combined – Zululand emerges as the fourth poorest node in the ISRDP. Some important improvements have been made – but some significant challenges remain. But all is not gloomy, and 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)

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

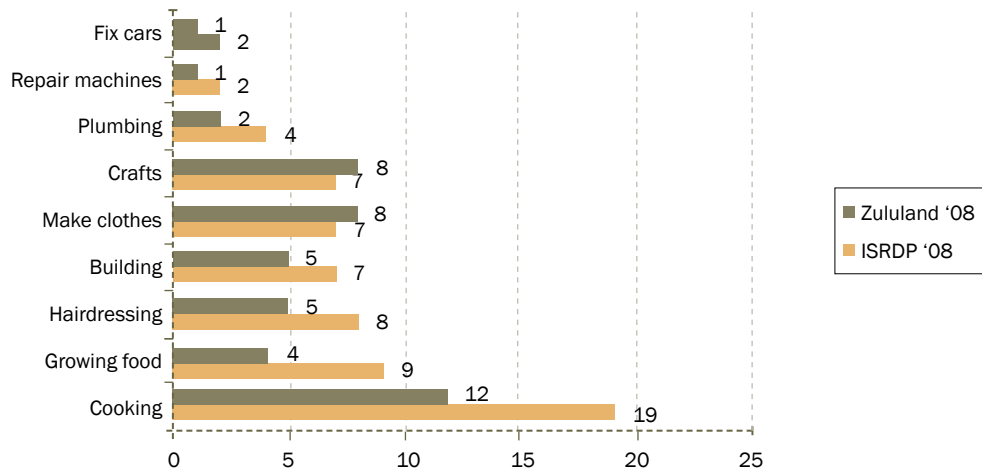


Figure 10: Self-reported skills base (2008)

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

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

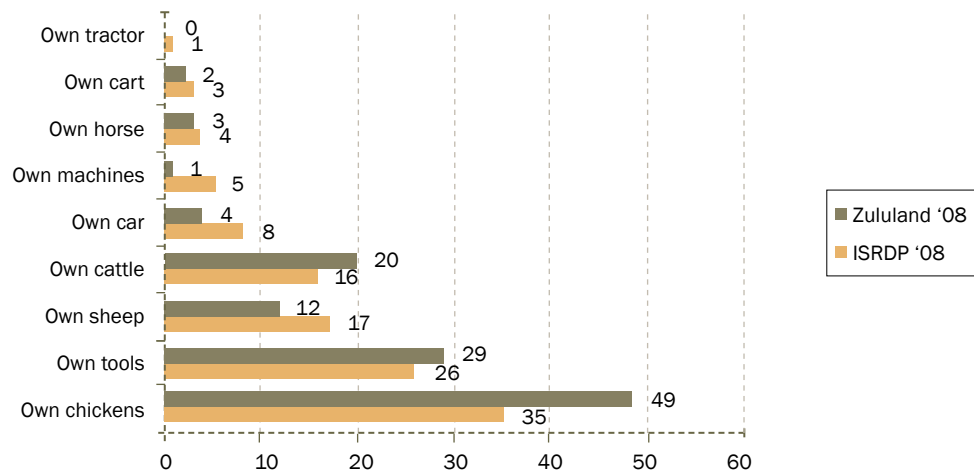


Figure 11: Asset ownership (2008)

It is also notable that rural (self-reported) skills extend beyond making crafts or growing food. But it is also striking quite how low these self-reported skills levels are – only cooking reaches double figures – compounding problems of low education and long-term unemployment in Zululand.

Another axis of SLA is to ask about relevant assets that people living in poor areas may own and be able to utilise. In a number of areas – ownership of poultry, tools and cattle – Zululand scores above the ISRDP average, indicating possible areas for building long-term sustainable livelihoods.

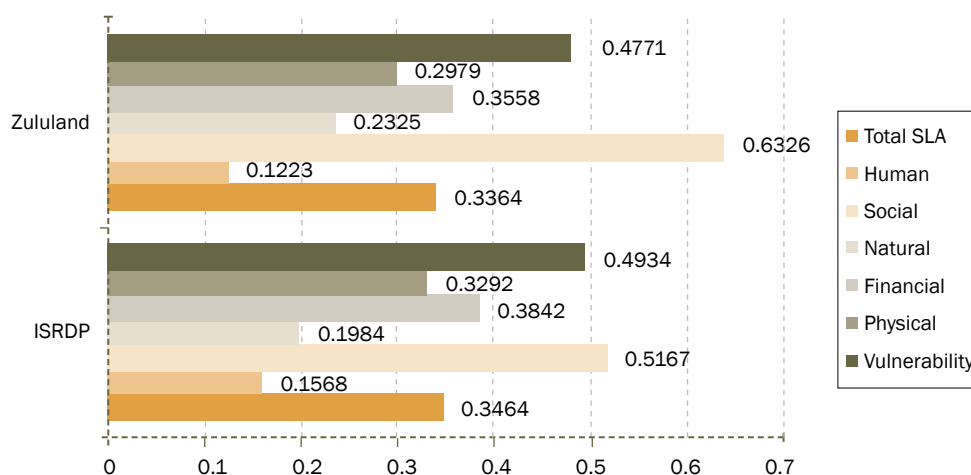


Figure 12: SLA scores URP/ISRDP (dimensions and total SLA score) (2008 only)

Looking at the SLA summary graph (Figure 12), it is clear that (using the SLA definitions) **Zululand has more robust social capital than the ISRDP average, slightly better access to productive natural surrounds, but vulnerability is worse (it has been reverse scored so low scores are bad news)**. Taken together, Zululand has a slightly lower overall score than the ISRDP average – a better performance than the global development matrix, which focused

primarily on infrastructure and delivery gaps, high poverty and other challenges facing the node.

Read together, the matrices correctly place Zululand among the poorest nodes, with major challenges in delivery; but the SLA 'lens' also highlights the resources (human, natural, etc.) that exist in the node, and on which development interventions should focus.

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

Service delivery

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

- receiving grants (disability, old age, war vets, foster child, care dependency, child support)
- making use of DSD services
- rating services of poor quality (water, electricity, water-borne sewerage, refuse removal, housing, transport, roads, health care, security, education)
- have clean water only some of time or never
- with no phone access or phone far away
- who believe that there is no co-ordination between government departments
- believe local council has performed badly/ terribly
- have not heard/don't know of IDPs.

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

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

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

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

Average proportion receiving grants

Child support grants and pensions are by far the most common grant accessed by beneficiaries in the ISRDP, and this is certainly the case in Zululand. Moreover data from the most recent survey suggests that in Zululand there has been a slight improvement 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 just over two-thirds of households (68%) with children under 18 years of age were receiving the grant. This is slightly down on the 2006 survey, which found that more than seven out of ten households (72%) who qualify for this grant were receiving the grant. However, this nevertheless better than the programme as a whole, (67% of households who qualified in 2006 accessed this grant as opposed to 65% in 2008) reflecting the breadth and depth of poverty across the node.

In terms of pensions four out of ten households (40%) were accessing an old age pension in 2008, which is a noticeable increase from the 2006 survey, in which only three out of ten (32%) reported benefiting from this grant. Again, as one would expect with the very high poverty levels in the node, this is better than the programme as a whole (35% of households reported receiving a pension in 2008, up from 31% in 2006). With respect to pensions this is an encouraging finding, but **there is still room for considerable improvement in ensuring greater uptake of both these grants.**

The picture with respect to the other grants is more perplexing, which suggests that those in the node continue to struggle to access these grants. Thus we find that the number accessing

disability grants has decreased from 23% to 15% (however this is still above the programme average of 12% of households accessing this grant), whilst in terms of other grants such as the **war veterans grants** and **foster grants** there were no notable number of respondents. This suggests that **the Department needs to ensure that lingering barriers to accessing all grants are removed.**

Average proportion making use of DSD services

The majority in both surveys access DSD through DSD offices or pension points, however, Zululand 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 Zululand there has been a sharp drop** from three quarters accessing services in this manner to well below half (75% in 2006 down dramatically to 42% 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, Zululand has bucked this trend significantly. Whereas in 2006 two thirds were accessing services through pension points this had **now dropped to less than half** (67% in 2006 dropping sharply to 48% in 2008).

The 2006 survey, as noted above, had portrayed Zululand as a strong node in terms of service delivery. However, this **sharp drop in those accessing services either through pension points or DSD offices is disturbing and needs to be flagged for urgent attention.** First to verify these findings and more importantly to explore in more detail why so many previous clients are no longer accessing DSD services in the manner they used to.

Few respondents were found using other services provided by DSD. The other services were typically used by well below 1 in 10 of the respondents, which is a common finding across the whole of the ISRDP. This is not surprising given what we know about the role and importance of pensions and the child support grant in rural areas. Thus only 4% of few respondents reported using the **Victim Empowerment Shelter** (also known as VEP 1-stop centre) in the 2008 survey. Nevertheless, even though this number only represents about 15 000 across the node, this is the highest reported usage in any node. This reflects well on the department that suggests that some progress is being made on this important issue. Similarly, with respect to the other services few respondents made mention of services such as old age homes (4%), and centres for older people (3%), disability workshops (2%), children's home (1%), drop in centres (1%), rehabilitation centres (less than 1%).

But again some differences can be found between Zululand and other ISRDP nodes. For instance, although only 11% of respondents reported using **child welfare services** (down to 5% in 2008), the 2006 survey found that a third of households in Zululand (33%) reported using this service (down to 16% in 2008, but still three times more than the average for the programme).

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

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

Rating the different components of service delivery

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

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

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

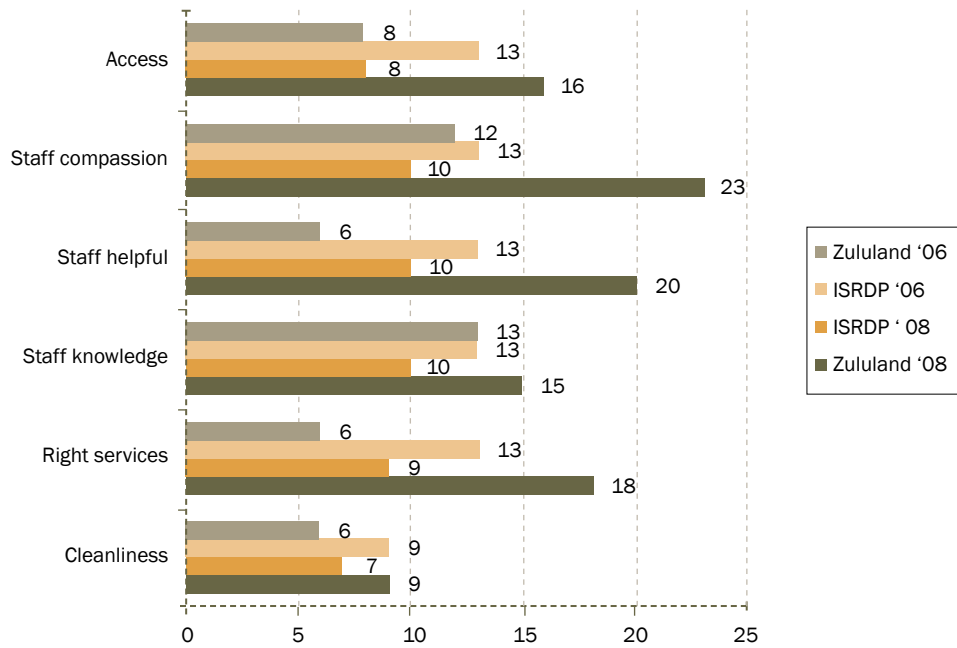


Figure 13: Proportion of respondents rating different components of DSD service delivery as below average in Zululand as compared with the ISRDP average (2006 and 2008)

In the 2006 survey the dimensions of staff compassion (23% rated this as below average), staff helpfulness (20% 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, markedly** in certain instances. For instance, those complaining about staff compassion have halved between 2006 and 2008 (down to 12% in 2008 from 23% rating it as below average in 2006). Similar declines can be seen across the other dimensions (note for instance that those complaining about right services has now dropped from 18% in 2006 to 6% in 2008).

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

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

Table 11: Development (ISRDP nodes, 2008)

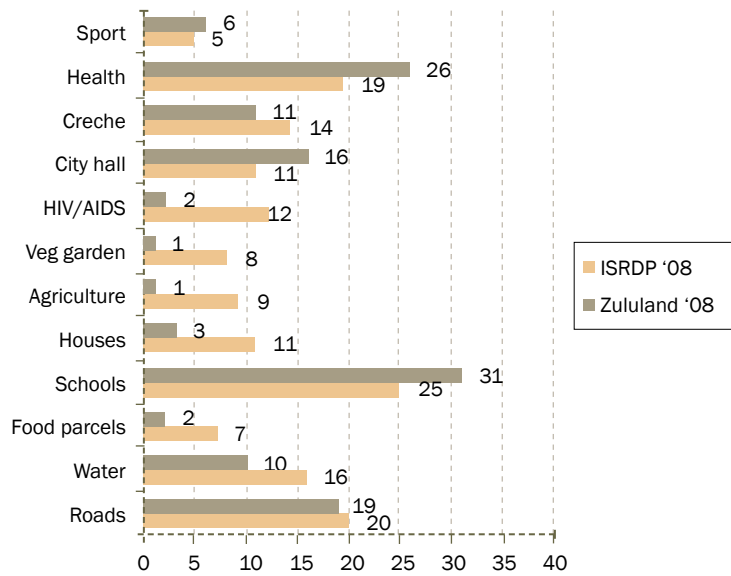


Figure 14: Awareness of development activities

In Zululand, as can be seen in Figure 14, school building and health facilities are most widely known about, while (unfortunately) HIV/AIDS projects as well as agricultural projects are least known about.

Awareness of development may be raised through better communication, which may in turn translate into greater citizen participation in development. We have already seen that media consumption is low: to reach Zululand respondents, community meetings, and meetings called by the local councillor, are key.

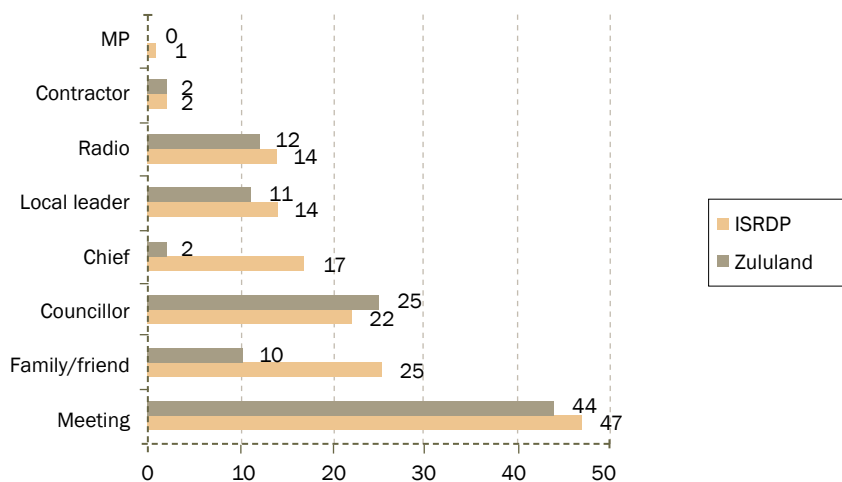


Figure 15: 'How do you usually first hear about development projects in your community?' (2006)

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 extremely low in both ISRDP and Zululand**; and although there was an encouraging rise in knowledge in the ISRDP as a whole between 2006 and 2008, this was not true of Zululand, where (by 2008) just 7% of respondents had heard of IDPs.

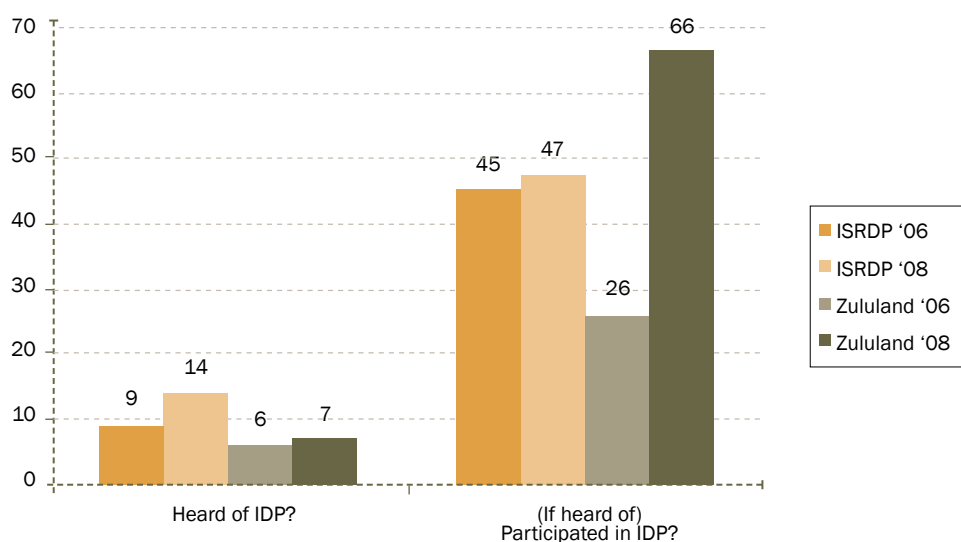


Figure 16: Awareness of and participation in IDPs (by programme by year)

Crucially, awareness seems to lead to action. This is particularly true in rural nodes, although the impressive-seeming bar on the right of the graph is based on only a handful of respondents and should be treated with caution. **Although just 7% of Zululand respondents had heard of IDPs in 2008, two-thirds of them went on to take part in IDP-related activities.** The same pattern is true across the ISRDP: where people know about the IDP, participation rates are high. **Knowledge transmission is critical.** The data suggest that **if IDPs were properly communicated to citizens and embedded in a process that facilitated participation, IDPs could indeed take up the prominent local developmental role designed for them.** At the moment, the survey suggests that IDPs are more potential than actual. Recent research has suggested fairly easy ways of enhancing IDP participation.⁴

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

Governance

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

Respondents from ISRDP nodes were more likely to rate their local authority positively when comparing it with other spheres than respondents from URP nodes. That may be scant comfort for Zululand councillors. In Zululand, just 1.3% rated their council as 'excellent', with a quarter (26.4%) rating it as 'good' – compared with 36.5% who rated its performance as 'bad' and 6.5% who rated it as '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.

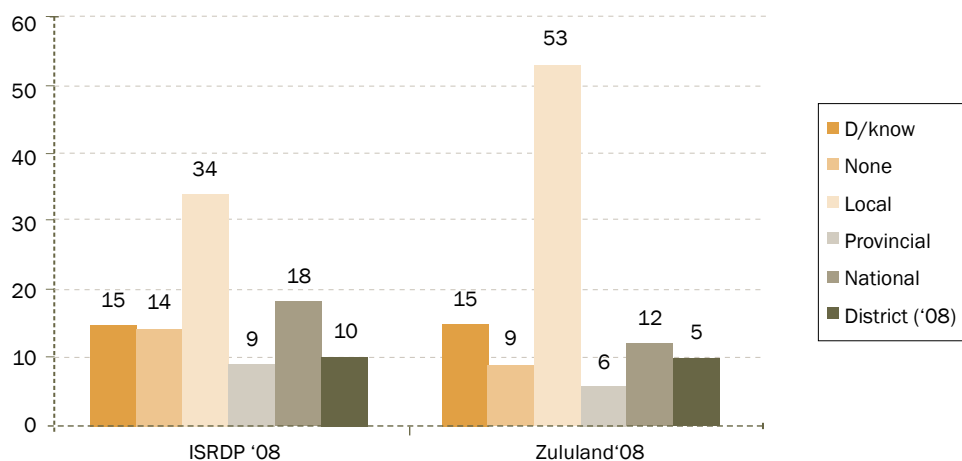


Figure 17: 'Which sphere has done most for your quality of life?' (ISRDP/Zululand, 2008)

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

When responding to a statement that read: ‘The government cares a lot about people living in rural areas’, only asked in 2006, just 23% of ISRDP respondents agreed or strongly agreed – and well over half (58%) rejected the notion. In Zululand, just 7% of respondents agreed with the notion, while 72% rejected it.

	ISRDP	Zululand
Strongly agree	11	5
Agree	23	20
Neutral	11	4
Disagree	32	44
Strongly disagree	23	28

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

There is scepticism about government commitment to rural development. 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 Zululand, just 25% agreed that they would rather live in an urban area. Most rural respondents want to stay in rural areas** - the question is whether they will be able to do so as service deficits and payment arrears mount, while urban areas (even poor ones) appear more and more attractive by comparison.

Headspace

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

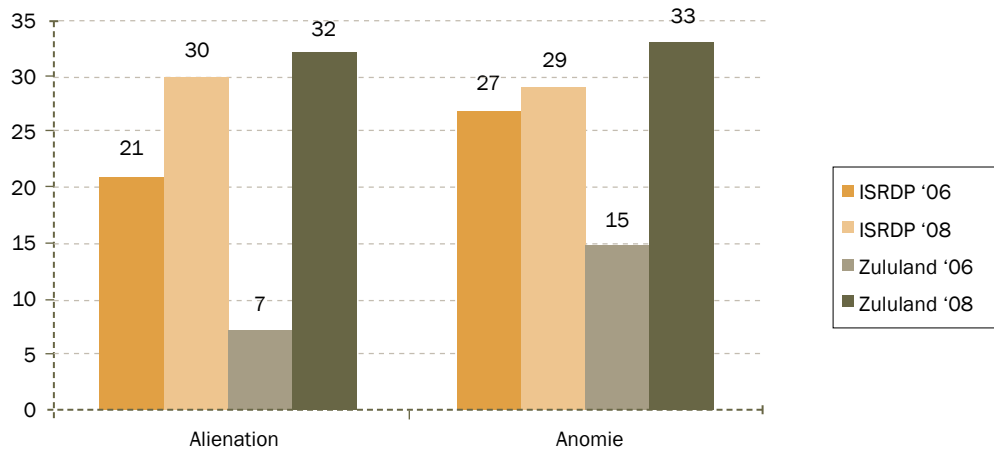


Figure 18: Alienation and anomie

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

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

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

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

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

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.

Health Status

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

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 Zululand 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 half the respondents in Zululand (59% in 2008) identified this as the major problem, followed by distance to the facility (51% in 2008). **In both surveys the four barriers discussed with respondents were cited as more of a problem in Zululand the average for the programme. This finding linked to the discussion of service delivery above is most worrying as it highlights that access to services is most often the main problem rather than the quality of the services.**

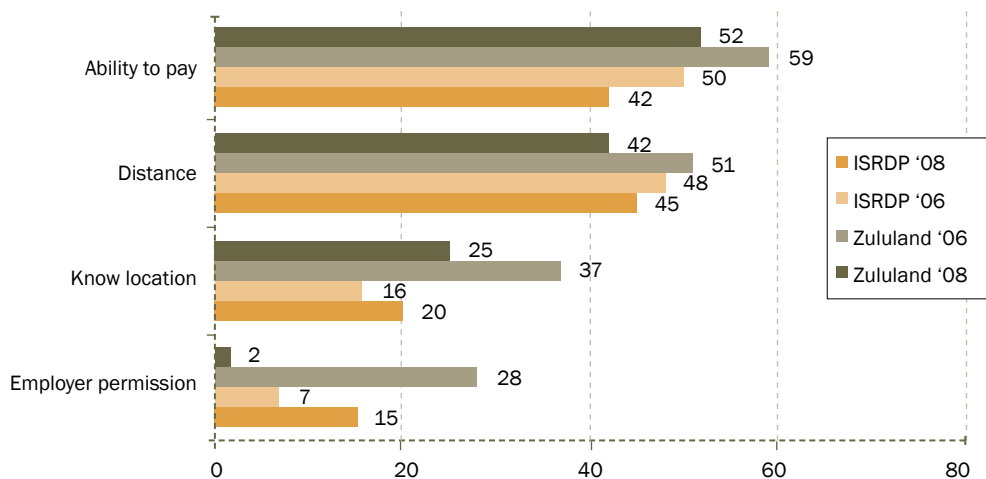


Figure 19: Proportion who say they are stopped from getting medical advice or health when sick, by type of problem (ISRDP/Zululand by year)

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

In Table 14 we can see that the roughly half the respondents in Zululand (50% in the 2006 and 55% 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 25% in 2006 to 30% in 2008). Despite this relatively small proportion, this does nevertheless equate to **a total of more than 115 000 who perceive their health to be poor across node in 2008**. Moreover, those reporting their health to be poor or terrible is much greater 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 30% in Zululand who reported this).

	ISRDP '06	Zululand '06	ISRDP '08	Zululand '08
Excellent	22	12	25	21
Good	40	38	35	34
Fair	22	25	22	15
Poor	14	16	15	19
Terrible	2	9	3	11

Table 14: Overall rating of health during the past 4 weeks, Zululand compared with average for ISRDP (2006 and 2008)

2 in 10 respondents in Zululand reported that their poor health prevented them from doing work, which was roughly triple the average for the ISRDP (The 2008 survey found that the average for the ISRDP was 6% as opposed to 18% in Zululand). 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). This was also the case in Zululand, where less than one in ten reported poor health impacting 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 far worse than many of the other nodes in the ISRDP programme. 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 Zululand**.

Perceived health problems

The following graphic shows how that although **HIV and AIDS remains the major perceived health problems** across the ISRDP (cited by 35% of respondents in the ISRDP in 2008) the health concerns of those living in Zululand are slightly different. **Alcohol abuse** being the most cited health problem in the node in 2008 (34% mentioned this, versus only 21% in 2006). The drop in those mentioning HIV and AIDS in the node between 2006 and 2008 is noticeable and will require additional research to understand whether this is the result of health initiatives in the node making important gains or whether there are other reasons for this shift. **What this does highlight however is the need to tailor 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 that the node also require interventions that speak to the concern with alcohol abuse.

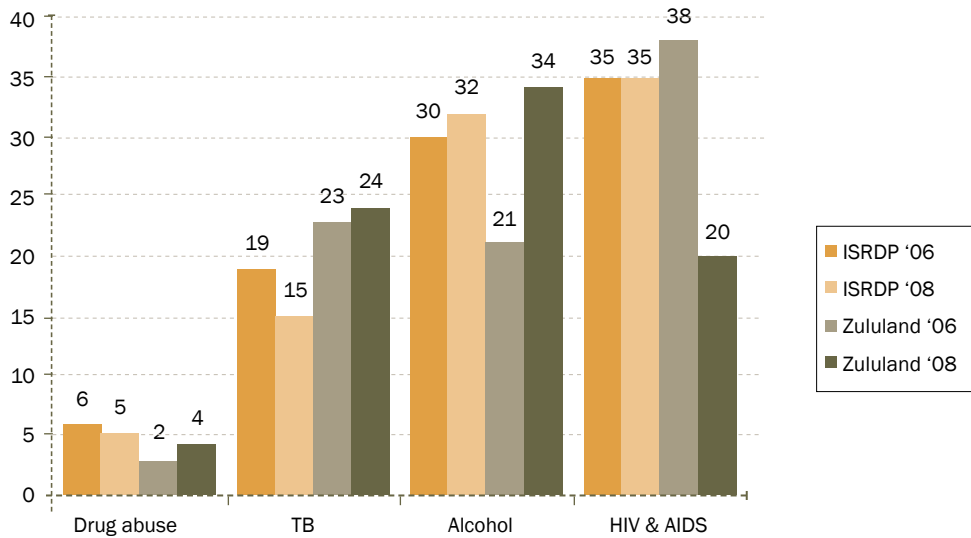


Figure 20: Perceived biggest health problems facing the community, across all nodes by programme (2006 and 2008)

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 a slight increase from 23% to 24% 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. One other key health problem mentioned in the node which received very little attention across the programme as a whole is the issue of **Cholera**. Two out of ten residents (22%) in the node mentioned this in 2006, a third less (14%) cite this as a major health problem in the node in the most recent survey. Thereby suggesting that cholera is on the decline in the node. An exploration of **gender and age with regards to perceived health problems uncovered no tangible differences**.

Major health care providers

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

	ISRDP '06	Zululand '06	ISRDP '08	Zululand '08
Public clinic	78	81	79	84
Public hospital	10	8	9	7
Private doctor	10	10	8	6
Private hospital	0	1	2	1
Traditional healer	0	0	1	0
Shop/ Pharmacy	0	0	1	0
Other	1	0	1	2

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

As to be expected the use of **private health care** within the node is very small (only 6% used a private doctor in the node in 2008, and only 1% reported using a private hospital). **Traditional healers** received no mention at all in either surveys.

HIV and AIDS

The picture that Figure 21 paints is that amongst respondents in this node there has been a drop in this who know **people living with AIDS** (from 73% in 2006 to 44% in 2008), and who know people who have **died of AIDS** (down from 72% in 2006 to 42% in 2008), and that there are slightly more in 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 (increase from 27% in 2006 to 30% in 2008 reporting that they would want to keep it a secret).

These findings link up with point made above that fewer respondents in the node were seeing HIV and AIDS as **the** major health problem in the node. **Additional research will need to be done on this issue to ensure that initiatives by the Department on this important issue take these shifts in the perception, with regards to HIV and AIDS, into account.**

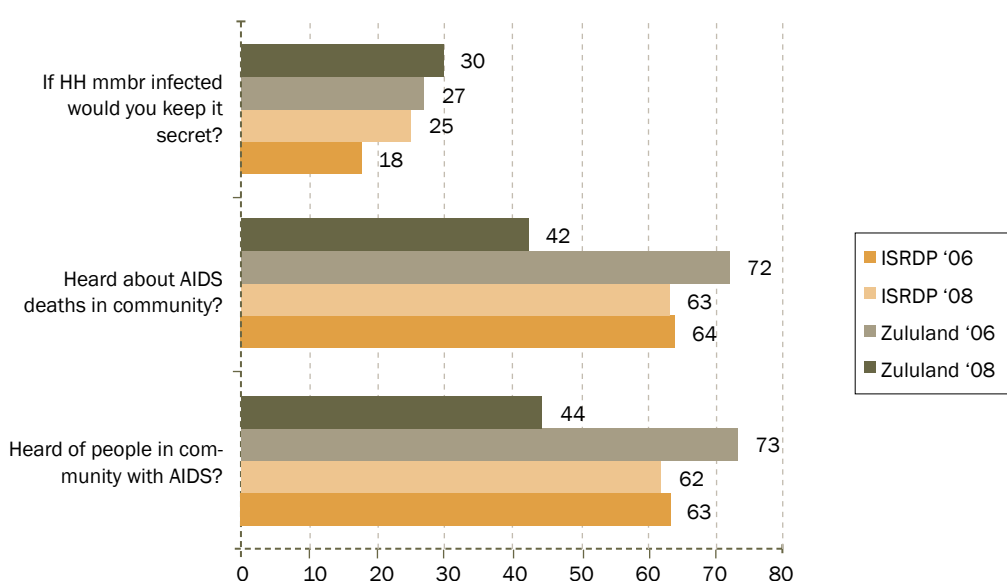


Figure 21: Proportion aware of others infected with HIV, died of AIDS and would keep positive status of household member secret (ISRDP/Zululand, 2006/2008)

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.**

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 Zululand 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.

Interestingly, **Zululand where malaria is common was the node within the ISRDP that was most likely to be incorrect about mosquitoes transmitting the virus** (the 2006 survey found that 62% of respondents, thought they could transmit HIV, dropping slightly to 59% in 2008). No discernible differences could be found between males and females, youth and older adults and so on. This nevertheless suggests that additional research is needed to understand how the incorrect knowledge has come about and how best to ensure that all those living in Zululand are aware of what does and does not transmit HIV. This research could then be used to help shape existing initiatives currently working with communities on these topics.

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 largely remained the same. Disappointingly this means that the node when compared with the ISRDP as whole remains well below the average on all aspects that were tested amongst respondents. This means for instance that whilst about half in the node (58% in 2006 dropping to 47% in 2008) agreed that both partners should be involved in deciding **when**

to have children, in the ISRDP as a whole the average was three quarters of respondents agreed with this statement (78% in 2006 and 74% in 2008). Similar findings were noted on **whether to use family income to pay for health care, family planning and taking a sick child to the clinic**. 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	Zululand '06	ISRDP '08	Zululand '08
Agree whether to use family planning	65	51	65	38
Agree on when to have children	78	58	74	47
Agree on using income to pay for health care or medicines	68	38	64	38
Agree on whether to take a sick child to the clinic	57	27	57	39

Table 16: Proportion who agree that in a relationship both partners should decide on four activities, Zululand compared with ISRDP average (2006 and 2008).

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, it is again disturbing to note that **Zululand showed little improvement between the two surveys and thus continued to fare amongst 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 Zululand, suggest that in this key area, priorities can be set.

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

Table 18 shows that whilst GBV is more prevalent in the than the programme as a whole, 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 Zululand would agree that it is acceptable to beat one's partner if she is unfaithful**.

It is also disturbing is that the differences between males and females, and young and old, in terms of attitudes towards Gender Based Violence are not large in Zululand. 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 Zululand. **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	Zululand '06	ISRDP '08	Zululand '08
Is unfaithful	23	22	24	24
Does not look after the children	21	25	21	21
Goes out without telling him	16	21	16	21
Argues with him	15	22	17	23
Refuses to have sex with him	9	9	10	13
Burns the food	7	6	11	18

Table 18: Proportion who agreed with GBV (Zululand/ISRDP by year)

Sexual and Reproductive Health

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

	ISRDP '06	Zululand '06	ISRDP '08	Zululand '08
Approve	67	52	63	44
Disapprove	26	42	23	31
Don't know	7	6	14	25

Table 19: Proportion who either approved or disapproved the use of contraception, by Zululand and the ISRDP (2006 and 2008)

At the programme level approximately two out of ten respondents **disapproved of the use of contraception** (Table 19). Whilst there has been little change over time within the ISRDP, attitudes towards contraception have hardened in the node, where more respondents reported they approved of contraception in 2006 than in 2008 (52% approved in 2006, down to 42% in 2008). Although these proportions are relatively small this nevertheless equates to **about 115 000 who disapprove the use of contraception in Zululand** according to the 2008 survey. It will be noted below that this is part of a pattern which suggests attitudes towards sexual and reproductive rights are hardening and that there is a strong sense that there is less tolerance for progressive views on sexual and reproductive rights within Zululand.

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 Zululand, 44% of females and 43% of the males approve contraception. 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 half the youth (47%) approved contraception, only one in five (19%) of those aged 61 years of age approved of the use of contraception. A finding that mirrors that recorded across the programme, albeit that the approval rating for contraception is much higher in the programme as a whole (for instance, the 2006 survey found that 74% of youth versus 52% of those who are 61 years and older in the ISRDP approved contraception, and the 2008 survey found a similar gap, namely 70% of youth versus 49% of those 61 years and older). This is nevertheless a positive finding as it suggests that the target group of campaigns conducted by the Department on this matter, such as family planning, are indeed largely receptive to the ideas being advocated by the Department.

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

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

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

When looking at Table 20 it is important to remember that in this instance 1 is good news and 0 is bad news. Thus Zululand in both 2006 and 2008 sits in the middle when compared with the other nodes in the ISRDP. However the scores are still relatively low. 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 Zululand, suggest that in this key area should be prioritised, but that any initiative developed must take into account the context of the node.

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

Table 20: Reproductive Health Index (2006 and 2008)

Attitudes towards contraception were also further tested by exploring a number of commonly held views with respondents (Figure 22), which illustrates that **support for sexual and reproductive myths remain high in this node compared to the ISRDP in certain instances**. What is most startling is that **the high number of respondents (45% in 2008 in this node, lower 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 170 000 in the node holding this view across 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 nevertheless encouraging is that Figure 22 highlights that there has been a subtle drop in the number of respondents who believe these myths. For instance, the idea that **contraception leads to women becoming sterile** was upheld by far more respondents in 2006 than in 2008 (51% as opposed to 41%), which again highlights the need for a solid understanding of the local context when developing initiatives to shift attitudes towards reproductive health.

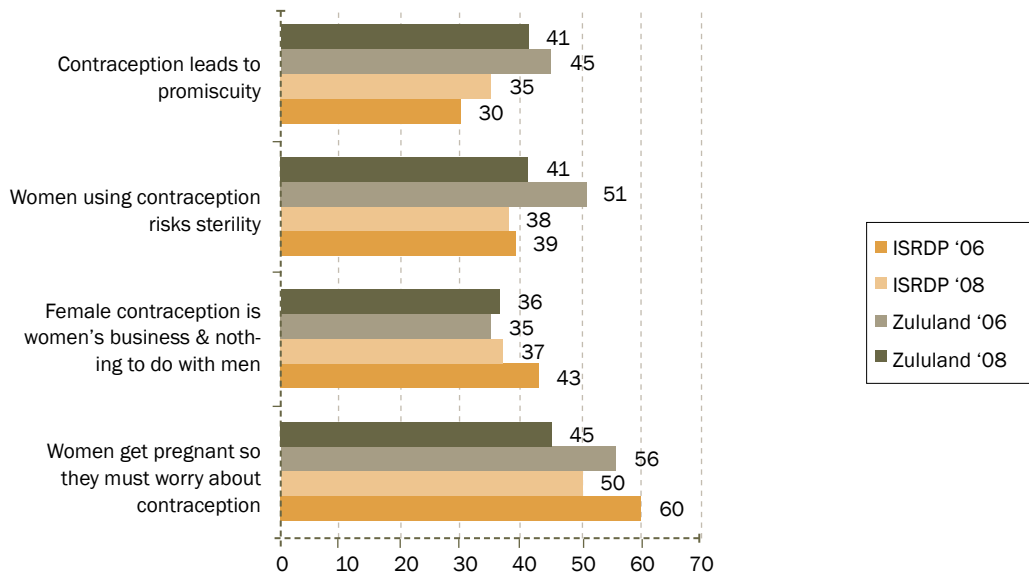


Figure 22: Proportion supporting statements that have been made about female contraception, by programme (2006 and 2008)

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 Zululand, and that they are as widely held amongst males as they amongst females**. This must inform programme design.

Attitudes to abortion

To end the exploration of reproductive health, respondents were asked to share their opinion on **abortion**. Table 21 shows that attitudes towards abortion appear to have hardened since the 2006 survey, with roughly a 10% increase across the ISRDP as a whole in the number now stating they would never support abortion. Within Zululand the increase has been even more dramatic with 70% of respondents in 2008 saying **never to abortion** than 54% who stated this in 2006 (70%). **Again this highlights the enormity of the challenge facing the Department in this node with seven out of ten opposing abortion in any circumstance.**

	ISRDP '06	Zululand '06	ISRDP '08	Zululand '08
Never	47	54	56	70
Mother in danger	46	43	36	28
On request	7	3	7	2
Don't know	0	0	1	0

Table 21: Attitudes towards abortion, Zululand and ISRDP (2006 and 2008)

It is disturbing to note that just as there were no real differences between male and females, and between age groups, with respect to sexual myths in this node, **no discernible differences could be found on who did or did not support abortion**. Thus as many women as men were likely to oppose abortion in both surveys (for instance the 2008 survey found that 70% of females said never to abortion, slightly less than the 73% of males who don't support abortion in the node), and there was little difference between age groups for who did or did not endorse abortions (for instance the 2008 survey found that 69% of youth said never to abortion, slightly more than the 65% of those aged 61 years and older who do not support abortion in any circumstances in this node).

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

The social fabric

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

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, on each item, Zululand respondents score more positively than the ISRDP average – they were more likely to believe that people in their local community cared for others in the community rather than looking out for themselves, and were also more likely to believe people can be trusted – though 57% warned that care is needed in dealing with people. Social capital remains one of Zululand's key assets.

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)

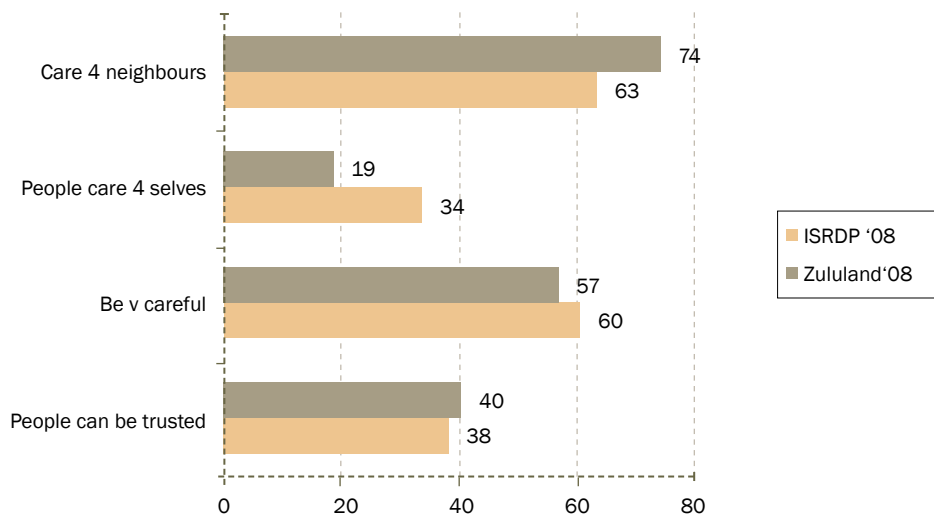


Figure 23: Trust and reciprocity

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.

Zululand scores positively in this regard, with a big jump in the proportion of respondents feeling safe – up from 10% in 2006 to 25% in 2008. This is a very positive finding, comparing well with the ISRDP average, where scores remained largely constant over the two surveys.

	ISRDP '06	ISRDP '08	Zululand '06	Zululand '08
Very safe	25	25	10	25
Rather safe	33	33	30	23
Rather unsafe	24	24	28	29
Very unsafe	18	19	32	23

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

We asked respondents if anyone in their household had been the **victim of crime, or had been physically attacked**, in the year before being interviewed. **Self-reported incidence of crime and assault were both higher in URP nodes than ISRDP nodes**, but in both cases crime seems widespread and rising. In the ISRDP, 1 in 10 respondents (9% in 2006, 11% in 2008) and 1 in 5 URP respondents in 2006, rising to 1 in 4 by 2008, had been the victim of crime in the year before being surveyed, confirming that while crime is more intense in urban areas, it is by no means an urban phenomenon.

In Zululand, 8% of respondents reported a household member suffering from a criminal incident in 2006, while assault was far higher at 19%. In 2008, the crime figure had increased very slightly to 10.3%, while the assault figure had dropped to 9.1%.

Part of the solution lies in the capacity of local communities to get together and solve their own problems. We asked respondents how well they felt their community could solve its own problems, and two-thirds (65%) of Zululand respondents felt their local communities could solve problems 'well' or 'very well'. In Zululand, the local councillor (49%) and local leaders (35%) were most likely to play a key role in dispute resolution, followed by the local chief (9%).

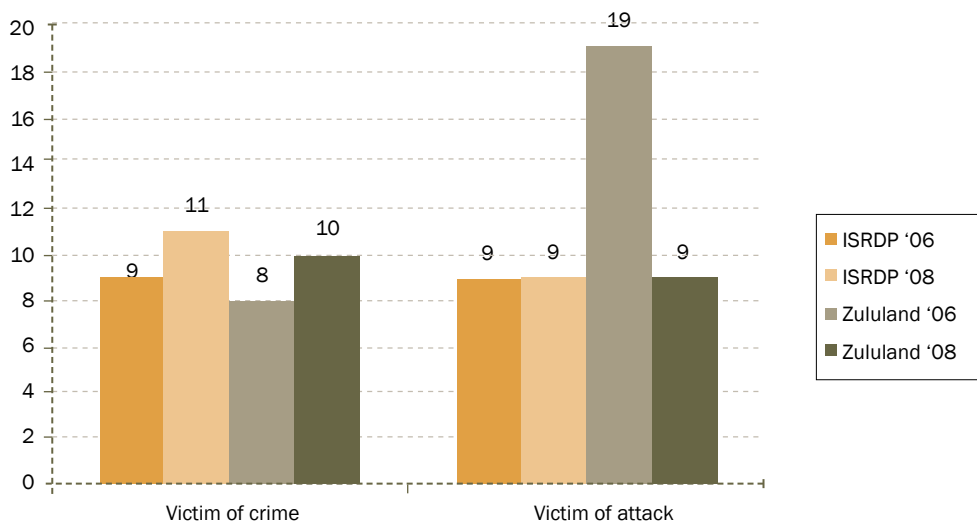


Figure 24: Victim of crime/attack

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.**

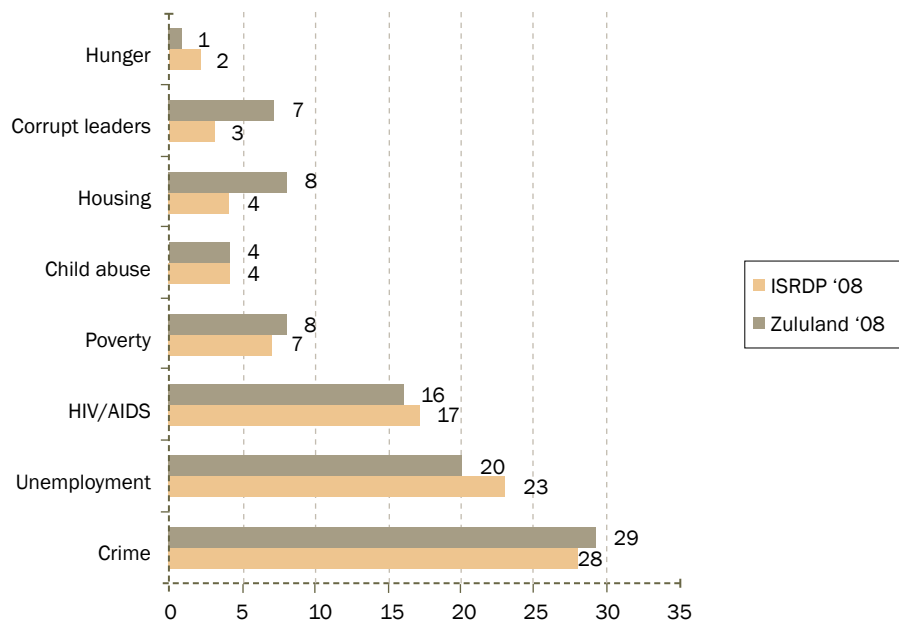


Figure 25: Main problem facing community (by programme by year)

The ranking of issues was identical in Zululand: crime, unemployment and HIV and AIDS.

Associational life

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

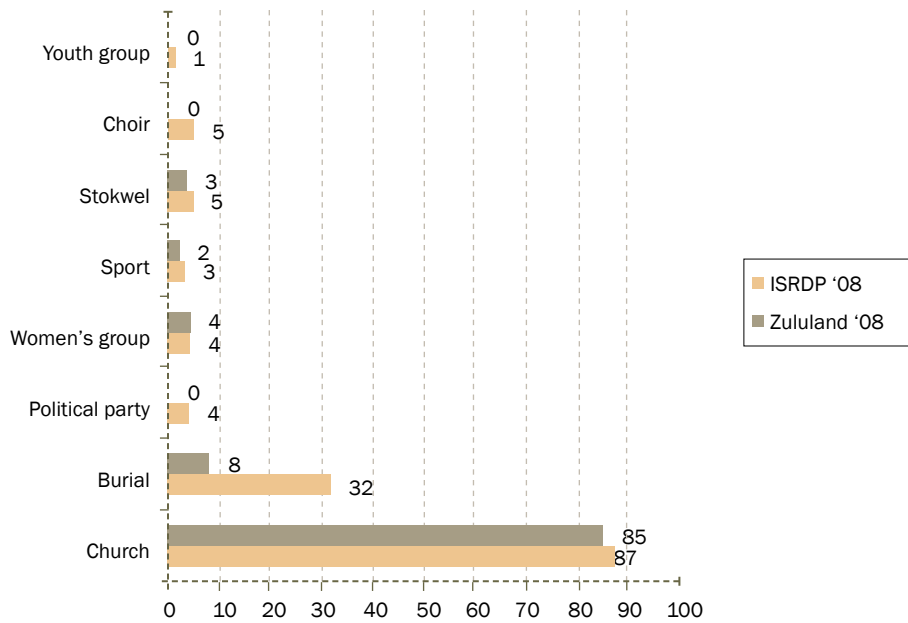


Figure 26: CSO membership

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

One thing to make life better....

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

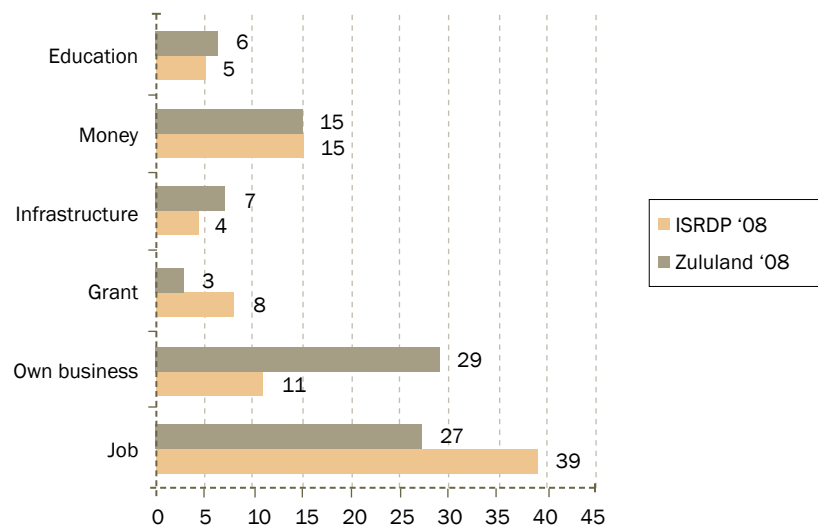


Figure 27: 'What 1 thing would make your life better?' (by programme)

The key point is that people are not standing with open hands asking for cash, as often characterised⁶; as the cost of living has increased, so those asking for 'money' have increased – but they peak in ISRDP nodes at a total of 15% across the entire sample. Respondents either want a job, or the means to create one for themselves. **This is pronounced in Zululand, where more people want their own business than merely said that a job would change their lives.** 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 Zululand

Building sustainable livelihoods

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



Glossary

CDP	Community development practitioner
CDW	Community development worker
CLO	Community liaison officer
DM	District municipality
DoAE	Department of Agriculture and Environment
DSD	Department of Social Development
HBC	Home-based care
HCBC	Home community-based care
IDP	Integrated Development Plan
IDT	Independent Development Trust
ISRDP	Integrated Sustainable Rural Development Plan
LED	Local economic development
M&E	Monitoring and evaluation
MPCC	Multi-purpose community centre
Nafcoc	National African Federated Chambers of Commerce
OVC	Orphans and vulnerable children
PLWHA	People living with HIV and AIDS
PRP	Poverty Relief Programme
SASSA	South African Social Security Agency
TB	Tuberculosis
URP	Urban Renewal Programme

Table of contents

Executive summary	89
<i>Findings</i>	90
<i>Recommendations</i>	91
1. Introduction	93
<i>Background to the ISRDP/URP research</i>	93
<i>Background to the area</i>	93
<i>Methodology</i>	94
2.A Livelihood profiles in Zululand	95
<i>How do people see poverty and development</i>	95
<i>Livelihood profiles of vulnerable groups</i>	96
<i>Livelihoods strategies of vulnerable households in Zululand</i>	97
<i>Available services</i>	99
2.B Situational analysis of DSD services	99
<i>Recommendations for addressing service delivery gaps and services</i>	100
3. Design and implementation of local PRP projects	101
<i>Introduction</i>	101
<i>Review of mechanisms for the implementation of local projects under the PRP</i>	101
<i>Comments and analysis</i>	103
<i>Recommendations from first evaluation for improving PRP projects</i>	107
<i>Support process</i>	107
4. Second evaluation of DSD services and projects	108
<i>Background to the second evaluation</i>	108
<i>Update on the projects</i>	109
<i>Changes in the node since the first evaluation</i>	114
Findings and recommendations	116
<i>Recommendations</i>	117

Tables

Table 1: Levels, characteristics and trends of well-being as perceived by the community	96
Table 2: Strengths and weaknesses of vulnerable groups	97
Table 3: Desired outcomes, and main threats for different social groups	97
Table 4: Opportunities identified by different groups	97
Table 5: Livelihood strategies of vulnerable groups	98
Table 6: Services provided by DSD in the node	99
Table 7: PRP projects in Zululand	102
Table 8: Relevance of selected PRP projects evaluated in Zululand	103
Table 9: Service providers and implementation mechanisms	105
Table 10: Beneficiaries' perception of project implementation and benefits in sample projects	106
Table 11: Sample projects covered in second evaluation	108
Table 12: Events and changes since first evaluation: Bambanani Food Production Project	109
Table 13: Perceived impact of the projects	111
Table 14: Project assessment: Tholukukhanya Development Project	112
Table 15: Project issues: Nqobuzulu Creche and Aged Project	113
Table 16: Changes in DSD services/projects and causes/impact	114

Executive summary

The Zululand node is situated in north-eastern KwaZulu-Natal in the Zululand District Municipality (DM) and consists of five local municipalities. The node has a population of 964,000 (2005), 65% of whom reside in rural villages away from the main road network. The main economic sectors are government services, agriculture and forestry, and wholesale and retail trade. Poverty in Zululand was higher than the average for the ISRDP nodes in 2006. Lack of sanitation, poor housing and unemployment were critical issues (the node had an unemployment rate of 81% in 2006). The node had a high reliance on grants, especially child support grants. Lack of child welfare services was noted as a key service delivery deficit for DSD. Health was a serious issue in the node, and it ranked as the worst of the URP nodes on health measures. HIV and AIDS, alcohol abuse, tuberculosis (TB) and cholera were the most important health concerns in the node.

The research process in Zululand carried out community livelihood and vulnerability analyses and reviewed DSD's services and Poverty Relief Programme (PRP) projects. 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. The groups interviewed in the Zululand node viewed poverty as the inability to provide for family and dependents, and regarded development as investment in community infrastructure e.g. tarred roads, electricity and sanitation. Community participants identified women, the aged, youth, orphans and men as vulnerable groups in the community and access to employment opportunities and further education were identified as top priorities. Social grants were the most important mechanism supporting the livelihoods of vulnerable groups.

Several recommendations were made for addressing service delivery in the Zululand node, including: investigating various mechanisms to increase communication and information flow to the various vulnerable sectors of the community; identifying and facilitating relevant training programmes for various sectors of the community; emphasising the inclusion and participation of intended beneficiaries in the planning and implementation of activities in each community; developing working relationships between DSD and Zululand DM, setting up private/public

partnerships and facilitating involvement by potentially key participating organisations; exploring government initiatives such as Multi-Purpose Community Centres (MPCCs) and drop-in centres; addressing transport, road infrastructural and staff complement issues; and establishing facilities and training for local community members to conduct counselling sessions or bereavement programmes, particularly for children.

Three PRP projects were evaluated in depth, namely Bambanani Food Production, Nqobuzulu Crèche and Aged, and Tholukukhanya Development projects. Two were designed for people living with HIV and AIDS (PLWHA) and orphans and one was designed for the aged and children. They all had a food security component. Common problems the projects faced included lack of necessary skills and the ending of funding. Some of the projects were not income generating and could not survive without grant funding. Those that were income generating faced challenges because they were far away from markets and infrastructure, such as roads and telecommunication. Community members initiated the projects and introduced to the rest of their communities through community meetings and the tribal authority. Members felt they owned the projects because they initiated them. The projects had some successes and many challenges. There was a long way to go in trying to establish a measure of sustainability.

Following the baseline research, the three projects that were included in the first evaluation were revisited to evaluate how well they were doing and what their challenges and opportunities were. All three projects rated themselves as 'orange' (functioning, but with significant challenges). Reasons given for the rating included that projects were not achieving all their goals but members remained hopeful that they would succeed (but only with funds from DSD); income-generating components needed strengthening; the skills of the committees needed strengthening (e.g. leadership, financial management etc); lack of funds; some members were not committed in their work and they were not trained well; and, they were not getting the support they needed to be successful.

In terms of DSD staffing, the main issue was that the recruitment and employment process caused delays because it was managed at provincial level and it should therefore be decentralised. If filling vacant posts was done in time, it would prevent overloading current employees with work (which they did not always get compensated for). Some staff expressed hope that the forthcoming revised staffing structure would alleviate some of this. In terms of operational programmes, there was still much to be done to develop the formal relationships the office had with other offices inside and outside DSD. The research process also revealed that employees appreciated safe and secure accommodation which is not close to their workplace. The relocation of the provincial office from Ulundi to Pietermaritzburg had a positive impact in this regard.

Findings

- Differences between DSD and Independent Development Trust (IDT) systems and procedures had the potential to cause divisions between officials and projects:** Projects preferred IDT to

monitor them as they did not have to follow the long process in accessing funds they had to go through with DSD. While the process the projects go through in accessing funds was not that long, the DSD monitoring systems – specifically the lack of availability of officials to sign the relevant documents (requisition forms) – caused delays.

- The issue of **sourcing three quotations** for every item that they needed to buy was problematic because there are not many service providers in the rural areas. Service providers with high prices tended not to want to give quotations as they knew that projects never came to buy products from them. Trying to find three quotations is, of itself, a long process and then getting all the signatures from the service office to the regional office also took a lot of time. Sometimes by the time the regional office approved the purchase requisition, it was too late for the project.
- **Most of the projects monitored by IDT did not grow.** They did not generate an income or profit and were unlikely to become independent entities.
- Participants interviewed in the evaluations felt that IDT **allowed or encouraged projects to spend funds on things that were not main activities** or that did not form part of the main objectives of the projects. These things usually did not support the sustainability of the projects. For example, the Nqobuzulu project's trip to Nongoma Lodge could have been done in a much more affordable way.
- There was a **lack of resources** (i.e. vehicles, laptops, etc.) from DSD service offices and this hindered or delayed service delivery. It is impossible to have a team of 12 people needing to use cars to do fieldwork but who are expected to share only three cars on a daily basis. This will surely have a huge negative impact on work to be done.
- **Most youth did not appear interested** in playing a role towards and volunteering for PRP projects. The fact that they did not receive any stipends did not assist with their objective of securing employment.

Recommendations

- **Standardise monitoring systems of key agencies for PRP projects**, in particular between IDT and DSD. In addition, signing powers should be decentralised. This means that the nodal managers should have the authority to approve purchase requisition forms without them having to go through the regional office. Projects should be allowed to submit less than three quotations with a substantiating letter where this occurs. Some of the reasons could be if funds are needed urgently; if there are not enough service providers to give quotations; if there are enough but they don't want to give quotations because they assume/know that the projects will not buy from them as they are expensive; if quotations were submitted before and they got lost from one of the DSD offices; etc.
- **Improve practice around contracting service providers:** It is advisable that in the monitoring system of IDT and DSD, community development practitioners (CDPs) assist the projects by making sure that after providing a service, service providers make themselves available to

the projects, in case there are issues arising that relate to the service provided. In addition, CDPs need to build capacity in projects to negotiate the terms and conditions of service with service providers before they reach or sign an agreement.

- **Clarify roles and relationships:** The relationship between IDT, DSD and projects and the roles and responsibilities played by the different parties should be communicated and understood by all parties.
- **Fill vacant posts:** The issue of vacant posts should be addressed. In most of the Zululand service offices, there are vacant posts in all components.
- **Implement practical approaches for improving integration:** Integration of government departments from higher to lower levels as well as within departments must improve. If senior officials could initiate integration at all levels (district, local, etc.), it could be easier for all staff members to buy in to this idea. It is recommended that the senior officials sign an interdepartmental Memorandum of Understanding, where they agree on certain issues and dates for meetings. It would be easier for officials to adhere to something explicit rather have high and unmet expectations about integration in or from their different offices.
- **Empower youth:** Youth forms an important aspect of the community. It is recommended that strategies be developed to engage youth in identifying, designing and implementing projects to allow them to feel more empowered in their communities and as part of DSD's emerging thinking around sustainability.

Recommendations for improving PRP projects are:

- Recognition is needed that 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 home-based care (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).
- These different kinds of projects need **different types of support.** Income-generating projects should be treated the same as formal business ventures, and additional funding and a long-term support strategy is needed for projects that are designed to extend the reach of DSD's welfare services, and which can not be expected to sustain themselves without grant funding;
- **Capacity** building and empowerment of steering committees and community liaison officers (CLOs) is required;
- Regular **monitoring and evaluation** (M&E) of projects;
- **Wages or stipends** should be provided to encourage volunteers;
- **Alignment with Integrated Development Plans (IDPs);**
- Greater **community involvement** with project implementation.

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 the Zululand 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 Poverty Relief Programme (PRP) projects from the project beneficiaries' point of view. There is also some description and analysis of institutional performance, especially regarding service providers. Both description and some of the analysis came from the project beneficiaries and the service providers themselves during an evaluation of projects in 2006. Section 4 updates the nodal and project issues, drawing from follow-up evaluations in early 2008.

Background to the area

The Zululand node is situated in north-eastern KwaZulu-Natal in the Zululand District Municipality (DM) and consists of five local municipalities. The node had a population of 964,000 (2005), 65% of whom resided in rural villages away from the main road network. The main economic sectors were government services, agriculture and forestry, and wholesale and retail trade. Poverty in Zululand was higher than the average for the ISRDP nodes in 2006². Lack of sanitation, poor housing and unemployment were critical issues (the node had an unemployment rate of 81% in 2006). The node had a high reliance on grants, especially child support grants. Lack of child

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

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

welfare services was noted as a key service delivery deficit for DSD. Health was a serious issue in the node, and it ranked as the worst of the URP nodes on health measures. HIV and AIDS, alcohol abuse, tuberculosis (TB) and cholera were the most important health concerns in the node.

Methodology

The research process started with a meeting organised by DSD at provincial level attended by DSD nodal managers and other DSD staff in the node. Researchers and nodal staff then identified potential areas that they felt were representative of the node to carry out community livelihood analyses. Based on officially defined vulnerable groups (youth, the elderly, women and the disabled) as well as those defined in the general community livelihood analysis (single mothers or those with no fields or livestock), community vulnerability analyses were undertaken. Research methodologies included Venn diagrams, vulnerability analysis, well-being rankings, social group identification, focus group discussions, and analysis of long-term trends and timelines. For purposes of sampling, three areas were selected: Ceza, Nongoma and Pongola.

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

2.A Livelihood profiles in Zululand

How do people see poverty and development

The groups interviewed in the Zululand node viewed poverty as the inability to provide for family and dependents, and considered development to be investment in community infrastructure e.g. tarred roads, electricity and sanitation. Development was perceived as having political connotations e.g. some councillors were seen to assist the process of development while others blocked the process. Tribal Authorities were seen as structures that should be driving development. Where relationships were good with the authorities, development took place. Table 1 below provides a well-being ranking identified by the community and gives an indication of how people in the node understood issues relating to poverty and development.

Well-being level	Characteristics and trends
Well-off	The <i>well-off</i> are generally shop owners, businessmen, government employees and farmers . They tend to own more than one car and brick houses, sometimes with a number of buildings on their premises. They have access to electricity, water and cell-phones. Government employees have permanent, salaried posts with benefits. Farmers have vast land, employ labour and live in a farm house with modern trappings. They can afford a number of luxury cars and earn an excellent income. They are usually men who are middle-aged and who were able to rise out of rural poverty through having been educated and being informed about opportunities.
Quite well-off	The <i>quite well-off</i> are involved in agriculture e.g. sugar cane and livestock farmers. They usually earn an income from their produce and own a car. Teachers and nurses were also considered quite well-off because they are salaried and have benefits but they do not have secure posts. They are able to own homes, livestock and often have a car. Their homes tend to have electricity and tank water. Others in this category were those who are in polygamous marriages who are capable of providing for large families and several wives (these wives generally work at home and tend subsistence crops), youth receiving a stipend for services rendered for government such as home-based care (HBC) trainers and community development workers, government employees (from young adults to those nearing retirement) who have certain benefits such as a vehicle and housing allowance, and men with cattle and grazing land .

Poor	The <i>poor</i> are pensioners supporting the unemployed, retrenched men and widowed women who, although they may receive a monthly grant, often have no independent sources of income but need to become the breadwinner and support the family. Grants are not perceived as being enough to cover the costs of daily living and raising children either. This group ranges in age; often they have a home that is basic and that is constructed from natural resources. They don't have electricity or running water in the home.
Very poor	The <i>very poor</i> are orphans or orphans with grandparents; child-headed households; the aged supporting families, the aged with no identity documents; the sick; and people living with HIV and AIDS (PLWHA) . This category of people range in age from the very young to the elderly, are dependent on others for their livelihood and invariably have compromised health. Orphans with no guardians depend on social workers to assist them with applying for grants and neighbours to assist with meals and clothes until they can access grants and take care of themselves. Grandparents tend to take on guardianship of orphaned relatives and eke out an existence on their pensions. Processing of social grants and pensions is often a lengthy and tedious bureaucratic process which throws individuals at the mercy of kind neighbours and relatives who are already under-resourced and financially stretched to provide for themselves. The living quarters of these households tend to be very rudimentary mud huts with no running water or electricity.

Table 1: Levels, characteristics and trends of well-being as perceived by the community

Livelihood profiles of vulnerable groups

The communities of Ceza, Nongoma and Pongola identified **women, the aged, youth, orphans and men** as vulnerable groups. There was a lack of many of the services offered in peri-urban and urban areas. Access to education, good roads, water and sanitation, markets and income-generating opportunities was minimal. Table 2 summarises the strengths and weaknesses of each vulnerable group.

Group	Strengths	Weaknesses
Youth and women in Ceza	<p>Youth have matric education</p> <p>Youth volunteer for HBC work</p> <p>A good working relationship exists between Ceza Hospital and community programmes e.g. feeding schemes for babies and orphans and for PLWHA</p> <p>Women have sustainable livelihoods skills e.g. food cultivation</p>	<p>Lack of access to information on youth programmes</p> <p>Inadequate water supply for agricultural projects</p> <p>History of poorly-researched projects incapable of generating income</p> <p>Financial uncertainty</p>
Women in Nongoma	<p>Women have craft skills for the tourist market e.g. beadwork, clay pots, grass mats and needlecraft</p> <p>Women have sustainable livelihoods skills e.g. food cultivation</p> <p>Older women are committed to assisting the needy</p> <p>Support from the tribal chief, which opened funding opportunities through DSD and training through Department of Agriculture and Environment (DoAE)</p>	<p>Poor road infrastructure which reduces access to markets</p> <p>Food insecurity owing to seasonal nature of vegetable production</p> <p>Small-scale production e.g. school uniforms which have not yet been turned into larger income-generating ventures</p>

Group	Strengths	Weaknesses
Mixed men and women in Pongola	<p>Women and men were given infrastructure for a piggery, goat farm, poultry and vegetable production as well as stock to start agricultural ventures and register co-operatives</p> <p>They are committed and continue to participate without any pay except that which they receive for their produce at harvesting time</p> <p>DSD was able to involve DoAE at local level to provide training</p>	<p>Poor access to water makes vegetable production extremely difficult</p> <p>Lack of market research when conceptualising the piggery has meant the piggery is not able to supply the demand on the terms of the end buyer</p> <p>Lack of business and financial skills</p> <p>Lack of monetary income for daily running of households</p>

Table 2: Strengths and weaknesses of vulnerable groups

Table 3 shows the desired outcomes and main threats facing the vulnerable groups and Table 4 some opportunities identified across the groups. Access to employment opportunities and further education were top priorities.

Desired outcomes	Threats
Gain opportunities for employment	Lack of job-creating industries and employment opportunities in the area
Further education beyond the level of matric	Lack of funding for further education because tertiary institutions are far away
	Lack of information on educational opportunities

Table 3: Desired outcomes, and main threats for different social groups

Livelihood asset	Opportunities identified by groups
Health, skills and social	Voluntary work in HBC or food garden projects to gain experience and show community commitment
Financial and skills	Learnership programmes that not only offer theory and practical training but also pay a stipend and offer the opportunity of employment once the programme is complete

Table 4: Opportunities identified by different groups

Livelihoods strategies of vulnerable households in Zululand

The livelihood strategies of different social groups are shown in Table 5. The vulnerable relied heavily on social grants for survival. Informal selling and piece work were also significant income-generating activities.

Vulnerable Group	Livelihood strategies (could be in order if that has come out)			
	Main ←			→ Less important
Unemployed youth	Social grants for child support	Piece jobs	Crime	Alcohol
Women	Selling food at schools	Selling vegetables	Selling uniforms	Selling crafts e.g. mats and beadwork
Widowed youth with children	Social grants for child support	Selling food at schools		
Unemployed men	Social grants	Piece jobs	Volunteering in projects for food	
The aged	Social grants	Volunteering in projects for food		

Table 5: Livelihood strategies of vulnerable groups

2.B Situational analysis of DSD services

Available services

Table 6 gives an outline of DSD services in Zululand; their categories of intervention and frequency of availability.

Service programme	Categories of intervention	Description	Frequency of service available	Localities offered
Development Implementation Support				
PRP	Food security	Clustered PRP projects	Weekly	Nongoma, Mahlabathini and Pongola
Home community-based care (HCBC)	HCBC services provided by projects that are funded by DSD	HCBC volunteers do home visits where they take care and support sick people and the elderly	Daily	Nongoma, Mahlabathini and Pongola
Integrated Social Development Programme	Soup kitchen	A group of people provide cooked meals to certain vulnerable groups of people from the community. People who receive social grants are not entitled to receive the free cooked meals.	Daily	Nongoma, Mahlabathini and Pongola
Drop-in centres	Khululekani Community Care Centre	Soup kitchen, food parcels, HBC, identification of orphans and vulnerable children (OVC)	Daily	Nongoma, Mahlabathini and Pongola
Social security safety-net	Social grants	Provision of social grants to pensioners, disabled, OVC	Monthly	Tribal Authorities, Welfare Offices and pay-out points in Nongoma, Mahlabathini and Pongola
Welfare services				
Services rendered by private welfare organisations	Zamimpilo for the Disabled	Provision of a home and schools for disabled children	Daily boarding and schooling	Mahlabathini- KwaCeza
Services targeting vulnerable groups	General welfare services - social grants and community development projects	Provision of social grants and funding of community development projects	Community project: daily Social grants: monthly	Nongoma, Mahlabathini and Pongola

Table 6: Services provided by DSD in the node

Recommendations for addressing service delivery gaps and services

The following recommendations were made for addressing service delivery in the Zululand node:

- Investigate various mechanisms to **increase communication and information** flows to the various vulnerable sectors of the community in order to address the issue of access to information and training opportunities available to members of the community e.g. through their participation in projects;
- Identify and facilitate relevant **training programmes** for various sectors of the community, emphasising skills training related to capacity building and training in financial management, conflict management, marketing as well as book and record keeping skills;
- Emphasise the **inclusion and participation of intended beneficiaries** in the planning and implementation of activities within each community;
- Encourage the development of **working relationships** between DSD and Zululand DM and set up **private/public partnerships** around issues raised in the Integrated Development Plan (IDP) as well as **facilitate involvement** by potentially **key participating organisations** such as the Department of Economic Affairs and Development, the National Development Agency, KwaZulu-Natal Gijima (EU funded), Industrial Development Corporation, National African Federated Chambers of Commerce (Nafcoc), Small Enterprise Development Agency and the Companies and Intellectual Property Registration Office's Co-operative Incentive Scheme – all of whom focus on sustainable livelihoods through local economic development (LED);
- Explore the potential for government initiatives such as Multi-Purpose Community Centres (MPCCs) that are one-stop information and service centres and have been put forward as the vehicle for service delivery. Municipal infrastructure grants are available for the establishment of MPCCs;
- Address **transport and road infrastructural** issues to improve access to, and from, markets and general market-related facilities;
- Address **staff** complement issues by engaging additional community liaison officers (CLOs) dedicated solely to DSD activities within the node;
- Initiate the establishment of **drop-in centres** and possibly include local community members in the awareness campaigns. This would reduce the added burden placed on clinics and hospitals which are currently fulfilling the role of drop-in centres;
- Establish **facilities and training** for local community members to conduct **counselling** sessions or bereavement programmes, particularly for children.

3. Design and implementation of local PRP projects

Introduction

The PRP was a short to medium-term programme of the DSD funded through government's R1.8bn Social Investment and Infrastructure Fund for the purpose of alleviating poverty. The vision of the PRP was to reduce the vulnerability of families, groups and communities to poverty through sustainable social development strategies and institutional capacity development.

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

DSD was supporting eighteen projects at the time of the second evaluation. Of those rated, seven (41%) were rated red, meaning they were not functioning or were experiencing serious problems. The remainder were evenly split between those that were functioning well (green) and those that had problems but were still in operation (orange). Three projects were selected for detailed evaluation: two were designed for PLWHA and orphans and one was designed for the aged and children. They all have a food security component to their activities. The projects and status are listed in table 7 below. The relevance of selected projects is summarised in Table 8.

Name of project	Status of project ³ in 2008
HIV and AIDS	
Masibambisane Support Group	-
Mabeka Community Project	Orange
Umthombo wempilo	Green
Poverty Relief Programme	
Ekushumayeleni Development Project	Orange
Siyazama Women's Club	Green
Imvunulo yesizwe	Green
Ekukhanyeni Community Garden	Red
Vukani Disabled Project	Red
Thuthukisani Disabled Project	Green
Mabedlane Development Project	Red
Masibumbane	Red
Zenzeleni Gardening	Green
Ntelezane Gardening	Red
Siyaphambili	Red
Ncengani	Red
Bambanani Food Production	Orange
Nqobuzulu Crèche and Aged	Orange
Tholukukhanya Development	Orange

Table 7: PRP projects in Zululand

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.

Sector	Projects	Relevance of projects to the needs of target groups	Comments
HIV and AIDS	Bambanani Food Production	The project initially catered for the nutritional needs of orphans and PLWHA	Members wanted to gain more from the project in terms of generating income and expansion. However, project planning let them down and the likelihood of the project surviving once funding came to an end was slim. The co-operative model lent itself to additional funding and support from the many sectors wanting to see rural communities making a more significant contribution to the second tier economy.
	Tholukukhanya	The project offered support for PLWHA, community gardens for the nutritional needs of children and the aged, and uniforms and school books for orphans.	This project enjoyed support from the Department of Housing and the Department of Agriculture (DoA) provided training for the garden project.
The aged	Nqobuzulu Crèche and aged	The project catered for the aged and OVC. It was relevant in that it catered for children who had very little by providing vegetables, uniforms and an education. It provided the aged with a chance to relax and escape from the daily grind.	There could be more of a focus on financial management of the project. The children's programmes could incorporate a component that focuses on dealing with bereavement.

Table 8: Relevance of selected PRP projects evaluated in Zululand

Comments and analysis

The PRP projects fell into different categories as they were clustered projects and had a multi-project focus. Common challenges the projects faced include the ending of their funding period and a concern that they might be unable to sustain themselves after the funding ended. Some of the components were not income generating and could not survive without grant funding. This should not, however, be taken to mean that they should be scrapped. DSD was implementing two very different types of projects, even though some of them were combined into a single project. On the one hand were projects designed to generate income and that aimed to become self-standing businesses over time. On the other hand were projects that assist DSD to widen its provision of essential welfare services (e.g. HBC).

These different projects or components need to be treated differently. Income-generating projects should have a clear support plan and exit strategy, and a limit to the transfer of resources, since they are designed to benefit the individual members first and foremost. These projects should not be expected to provide free services or products, since this undermines their ability to become self-sustaining. On the other hand, projects such as HBC that assist DSD to extend the reach of essential service should not be made to become financially self-sustaining. They should be considered as an extension of DSD, and integrated into its long-term budgeting, and provided with appropriate support.

Projects with income-generating components faced challenges because they were far from markets and lacked access to essential infrastructure, such as roads and telecommunications. Necessary skills were also lacking for projects to be successful co-operatives and the necessary market research, business meeting good practice, financial management, and SWOT and risk analyses were not adequately conducted.

There is a need to sustain the project components that provide essential services in order to ensure the viability as a co-operative but there was some potential for the income-generating components to become sustainable, especially if located near a central business district and if industry and road infrastructure was being upgraded. The assistance of the Department of Economic Development and/or government agencies tasked with assisting small business was required as was provision of small business tools, funding and monitoring and evaluation (M&E) support.

Table 9 below focuses on the project management structures put in place for the implementation of projects, while table 10 indicates members' perceptions regarding project implementation and benefits received. Communities initiated projects and they were introduced to the rest of their communities through community meetings and the tribal authority. Members felt they owned the projects because they initiated them. This was particularly evident where a committee had stayed intact, even though they never received wages. They continued to drive the process even though at this stage there was little reward. They are social entrepreneurs looking for a way to uplift their communities and, in particular, the vulnerable.

The projects had some successes and many challenges. There was a long way to go in trying to establish a measure of sustainability. Bambanani Food Production needed a specific focus on its income-generating potential. The others offered mostly welfare services that needed constant grant funding and were not well-positioned to generate a meaningful income.

Issue	Nqobuzulu Crèche and Aged	Tholukukhanya Project
Service providers responsible for implementation	Independent Development Trust (IDT)	IDT
How is the project managed?	Through a committee that meets at regular intervals with representatives from IDT and DSD	Through a committee that meets at regular intervals with representatives from IDT and DSD
Accountability arrangements	The committee was accountable for the funds. They had problems in allowing non-members to draw project funding on their behalf and as a result, money was stolen. The perpetrator was convicted and was paying the money back. This highlights to the need for a better system to access funds and manage finances.	The committee has been accountable for the funds coming in and out of the projects as per the tranches received
Funding arrangements	The project was funded over four years with tranches paid at regular intervals	The project was funded over five years with tranches paid at regular intervals
M&E system	DSD and IDT provided M&E support	DSD and IDT provided M&E support

Table 9: Service providers and implementation mechanisms

Issue	Nqobuzulu Crèche and Aged	Tholukukhanya Project	Bambanani Food Production
How was the project introduced to the community?	<p>The projects were community initiated. The induna (headman) was approached with an idea and a request for land. As the custodian of the land on behalf of inkosi Zulu, it was imperative that a formal request be submitted. The inkosi and her council were then approached so that the community at large would be involved. This solicited the buy-in of the inkosi who, having established what the community members involved wanted to see happening on the ground, then approached DSD social workers to assist with access to funding.</p>	<p>The community initiated the project and requested the social worker to assist them to find funding. It was introduced to the community by way of community meetings and introductions through the tribal authority.</p>	<p>The community initiated the project. They had committee elections and introduced the project to the local community through meetings involving stakeholders such as local councillors, community members and the tribal authority.</p>
How were beneficiaries selected?	<p>Beneficiaries were selected based on the policy as laid out by DSD. For the crèche, only children who did not have a guardian are eligible to benefit.</p>	<p>Beneficiaries were selected based on need. The poorest children, i.e. those heading households or orphaned and not receiving any support, were assisted. Those households identified by the committee as being poor were also assisted. The local schools had a database of orphaned children.</p>	<p>Initially, the committee selected beneficiaries based on need. When the committee realised that many of the guardians of beneficiaries were able to contribute but chose not to, the selection was then based on whether the beneficiary had contributed anything.</p>
Has the project improved the beneficiaries' livelihoods?	<p>Yes: there were a few improvements to beneficiaries' livelihoods. However, due to an incident where money was stolen from the project, income generators were suspended until the necessary financial controls were put in place.</p>	<p>Yes: the beneficiaries received school uniforms and books and there was food on a seasonal basis. However, the income generators did not make a significant contribution as the area was financially depressed.</p>	<p>Yes and no: there was very little financial gain from sales. However, vegetables were available during harvesting seasons.</p>
Do beneficiaries have ownership of the project?	<p>Beneficiaries felt a sense of ownership as they were the initiators of the project. However, they did not actively take part in the development of business and project plans, most likely due to the fact that they did not have the capacity.</p>	<p>Beneficiaries felt a sense of ownership as they were the initiators of the project.</p>	<p>Beneficiaries felt a sense of ownership as they were the initiators of the project. However, they did not actively take part in the development of business and project plans, most likely due to the fact that they do not have the capacity.</p>
How can the performance of the project be improved?	<p>The project committee required basic financial skills. They required a marketing plan for the products aligned with tourism possibilities in the area e.g. to have products displayed in Ulundi and at the Royal Palace Enyokeni for the Reed Dance. Continued funding for the crèche teachers and maintenance was also required, as these projects cannot support themselves.</p>	<p>As the number of children requiring care grew, the committee felt that distribution of food and donations would be easier if the project had a vehicle. There was a need for the income generators to be strengthened and supported.</p>	<p>The project committee required funding to expand and equip their projects properly. They needed assistance by a department or agency dealing with economic ventures that would be able to advise, assist, monitor and evaluate the business model of the co-operative.</p>

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

Recommendations from first evaluation for improving PRP projects

- If the next phase of PRP projects has **income generation** as one of its core components, the project should be treated with all the seriousness of a formal business venture. The necessary research should be undertaken in identifying the market and its needs and what it will take to start up and reach sustainability.
- **Capacity building and empowerment of the steering committee** is imperative. They must be part of the drawing up of business plans so that the committee can use them as the road map to running the business, otherwise, business plans will simply become redundant documents. A business plan is a living document that changes as the business grows and sets the pace for growth. If it is not understood it will not be used.
- Project **M&E** should be conducted at regular intervals and specific funds should be allocated for visits once the project funding is closed. This will allow for learning and improvements in the way the projects operate. After a significant initial investment of funding and time it is important to have **longer-term plans** for the success of projects.
- If the project is in an area that is unlikely to sustain itself without grant funding, it will need **additional funding**.
- The notion of voluntarism seems to drive away potential project workers. It is difficult to expect that people will work for months without an income while they wait for their vegetables or their livestock to be ready for market. It is the champions who will continue to work if they initiated the project and particularly those who are receiving a grant. Perhaps **wages or a subsistence stipend** need to be built into the project, with the understanding from the beginning that project funding will eventually come to a close and will need to sustain itself in the longer-term.
- CLOs need to be empowered by being informed of the **funding opportunities** available. They should be able to complete the complex forms, which include; logical frameworks, Gantt charts, Excel spreadsheets and narrative data.
- **Alignment with IDPs** is becoming even more important and perhaps if the CLOs do not have the capacity to assist with funding applications, then the Planning Department at municipal level could be the solution.
- **Project implementation should not at any point leave the community out of the process.** The project is theirs and is for their benefit. If they champion their own process they are more likely to do everything possible to make the project work. **Committees should be empowered** and should not feel like their project has been hijacked and turned into something they did not want when they conceptualised it.

Support process

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

The three projects that were included in the first evaluation were revisited in the second evaluation. These projects were:

Project	Target group	Total no of members
Bambanani Food Production	Needy community members	19
Nqobuzulu Crèche and Aged	Senior citizens and children	30
Tholukukhanya Development	Mainly unemployed women	45

Table 11: 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 12 highlights the events and changes since the first evaluation in Bambanani Food Production project, as an example. It reveals a number of positive changes, but some negative changes as well. Overall, although the project has suffered some setbacks, there appeared to be a core of committed members determined to make the project work.

Event or stimulus for change since first evaluation	Change or action taken	Impact of event
In 2007, the cluster received R400,000 top-up funding from DSD.	They started a poultry project, built a storeroom and a toilet and bought equipment and tools for the project.	IDT monitored previous funds and there was more flexibility around use of the funds. With the new funding, procedures became tighter e.g. purchase requisition forms had to go via the regional office which took a lot of time. The project started income-generating activities with the top-up funding and this enabled it to support the sub-projects through lending finances with minimum interest. The members were more motivated. The project would be in a position to make profit through own income generated.
Failed sub-projects	Some sub-projects failed before the top-up funding through lack of funds for Bambanani, which could not supply food and material to the rest of the sub-projects. These projects also had no sort of accommodation or venue for meeting.	This had a negative impact on other existing but struggling sub-projects. Membership was reduced.
The members of the old committee were scattered in terms of location. It was difficult for them to meet regularly.	New committee was elected.	It was easier to work together because monthly meetings became possible.
Some of the individual project members resigned from the cluster because they were not receiving immediate benefits.	The number of members was decreasing and there were gaps in service delivery.	This had a negative impact on the project members and meant there was more work but fewer people to do it.
Piggery training	More skills and knowledge on how to handle pigs.	Knowledge was shared among project members and they were all able to use that knowledge.

Table 12: Events and changes since first evaluation: Bambanani Food Production Project

Participants' perception of the impact of the projects

Table 13 gives project members' perceptions and the perceptions of other stakeholders, such as secondary beneficiaries and the wider community, of the impact of the projects. All three projects rated themselves as 'orange' (functioning, but with significant challenges). Reasons given for this rating included that projects were not achieving all their goals but members remained hopeful that they would succeed (but only with funds from DSD); income-generating components needed strengthening; the skills of the committees needed strengthening (e.g. leadership, financial management etc); lack of funds; some members were not committed in their work and they were not trained well; and, they were not getting the support they needed.

The different experiences that projects were exposed to during their lifecycle taught project members a lot of important things. In terms of the functioning of the project, it became easier for them to identify good and bad practice. However, some projects lacked a sense of ownership of the project as a result of members feeling they could not determine how to best use any available funds. This was seen as a role of the community development practitioner (CDP) or CLO. Members regarded the identification and organising of training to be the responsibility of the CDP and never requested particular training themselves. This gave a clear sense that members were not adequately empowered through their involvement with the projects, demonstrated by their lack of knowledge about their right to identify a service provider. Some projects lack confidence in what they had achieved. This was mostly true when funds were about to be finished and the future started looking bleak.

Bambanani Food Production	Nqobuzulu Crèche and Aged Project	Tholukukhanya Development Project
<p>Members received training in business and financial management as well as in marketing, for which they received a certificate. They also had bookkeeping skills, worked hard and had a positive approach.</p> <p>They had knowledge of and received training on how to handle chickens, pigs, goats and gardens.</p> <p>They benefited from the respect, discipline and knowledge they gained as well as from the teamwork in the project.</p> <p>Secondary beneficiaries also gained knowledge on how to handle chickens, pigs, goats and gardens and through training on handling businesses, they had their own small businesses that benefited the whole household.</p> <p>They were able to eat fresh vegetables from the garden.</p> <p>The wider community also benefited through the training members were able to give interested neighbours and friends on how to handle chickens, etc.</p> <p>Although the community used to benefit more when the project was giving out its produce for free, it still benefited from being able to buy fresh vegetables, chickens, goats, pigs, etc. without having to walk long distances, and at affordable prices. Trustworthy community members (senior citizens) were also able to buy on credit and pay at the end of the month.</p> <p>Community members were able to get piece jobs from certain contractors if the projects needed construction work done. However, contractors were not allowed to bring their own people.</p>	<p>Members received training on committee skills and bookkeeping and attained basic writing skills. They benefited from learning how to handle and facilitate meetings and gained discipline. They were able to assist people and teach them to volunteer for good reasons and not for gain or profit.</p> <p>They had a good reputation in the community and benefited from the unity and socialisation the project gave them.</p> <p>Family members benefited from the project through the fresh vegetables they got from the garden and, by seeing the good example set by the senior citizens, they were motivated as well.</p> <p>Older children stood the opportunity of getting piece jobs from the project and children from crèches and OVC sometimes received gifts and food.</p> <p>Children were motivated to go to crèches as it proved to have benefits.</p> <p>The project shared basic life skills, gardening skills and knowledge with the community and imparted knowledge (basic and traditional) to children.</p> <p>There were piece jobs for community members and senior citizens were given free, fresh vegetables.</p> <p>The project was a good example and motivational factor as almost all community households had gardens.</p> <p>Indunas and inkosi (Matheni tribal area) were proud of the project.</p>	<p>Members learnt gardening, (limited) financial management and basic life skills and received HBC training.</p> <p>They gained personal growth through knowledge and experience.</p> <p>Through being exposed to different social problems that people go through, they attained knowledge on how to assist in those circumstances.</p> <p>They understood and moved beyond stereotypes about HIV and AIDS.</p> <p>Some received stipends that assisted with some of the needs of the household e.g. groceries.</p> <p>Secondary beneficiaries gained gardening and HBC skills and sometimes they received food from the garden.</p> <p>The wider community benefited because the project referred people to the relevant departments e.g. DSD – so some people ended up getting social grants through the assistance and support of project members.</p> <p>Orphans and TB and HIV and AIDS patients receiving treatment received free food from the soup kitchen and food from the garden.</p> <p>The community benefited from the HBC services provided by the project and the chickens they bought from the project.</p>

Table 13: Perceived impact of the projects

What worked and what didn't work?

Table 14 shows an example of the assessment of what worked well and what did not in Tholukukhanya Development Project.

What worked well in this project?
Soup kitchen
Gardening
Buying of uniforms and paying of school fees for orphans
Feeding the orphans and the people receiving TB and HIV and AIDS treatment
What did not work well?
Lack of funding had a huge impact on the services that were going well i.e. HBC services – the project could not afford to buy equipment and pay stipends for the HBC
Poultry project was not successful because the situation was not conducive for the project
What was the role of DSD and/or intermediate service providers?
DSD and IDT provided training, funding and monitoring to the project

Table 14: Project assessment: Tholukukhanya Development Project

Update on project issues arising from the first evaluation

With each group the findings of the first evaluation (2006) were presented and participants were reminded of the dreams they identified for the next year, followed by a discussion of these and emerging issues. Table 15 shows an example of one of the findings from Nqobuzulu Creche and Aged Project.

Project issues	Comments and/or recommendations
Findings/recommendations from first evaluation	
Training provided by service providers was questionable and some projects had not received relevant training	Service providers charged large amounts of money e.g. a five day bookkeeping course for 15 people cost R40,000. The IDT development practitioner suggested this training and was paid for by the project's funds. The same service providers promised to give participants certificates but they had not yet received the certificates and the training took place in September 2007. The project only wanted to be trained on activities that they felt will help them personally and as a team. They wanted to get training on what they felt they needed rather than what officials thought they needed e.g. cooking, farming, etc (which is also relevant at home) and basic training that all projects should receive at the beginning of the project i.e. financial management, committee skills.
Signing power should be decentralised	They no longer had this problem as IDT was quick in releasing funds. DSD should also try to improve its system of releasing funds
Stipends for volunteers	Neither the volunteers working for the senior citizens nor the committee received any income. They benefited by getting fresh vegetables from the garden and traditional mats they made. Nothing could be done as the committee was also not allowed to get paid.
Project members travelled long distances to submit bank statements	Nothing had to be changed as they got R250 petty cash which was be used for the bus fare of the committee members.
Projects needed to have clearly defined beneficiaries	This was no longer an issue because beneficiaries are clearly defined i.e. OVC and children in crèches.

Project issues	Comments and/or recommendations
R36,000 of project funds was stolen	This was the only incidence of funds being stolen and the case was taken to the police. The person who stole the funds was meant to pay them back but the project members were not sure what arrangements were put in place for re-payments and only R4,000 was returned at the time of the second evaluation. Committee members needed a meeting with relevant IDT and DSD staff to seek a way forward because the project was running out of funds.
Issues emerging since 2006	
Project members were concerned about the funds they had to spend on service providers who charged them large amounts of money for services they did not even request	Project members felt that most of the services they received were imposed on them. They were not given a chance to look for their own service provider or negotiate prices with them. Addressing this issue would intensify the members' sense of ownership and give them an enhanced understanding of finances. They were also concerned that sometimes funds were spent for the sake of it and not because there was a need – there was an idea that if they did not use and finish the funds, government would take them back.
Auditing of the project took place in December 2007	The project did not understand why they were audited when it wasn't long since they were last audited (sometime earlier in the year) – they still had to finish paying more than half of the amount that was charged by the auditor.
The project expanded their services by taking care of OVC because of the demand for this service	Offering free food to the needy community members was problematic in the sense that beneficiaries did not want to contribute by working in the gardens. The project decided that community members who did not want to contribute by working in the garden would not have access to food/fresh vegetables but the project would still continue to give to those who could not work in the garden (either because of old age or ill-health).
Funds were almost finished so the future looked bleak for the project. This would result in the failing of their gardens and all their initiatives	There was confusion among the project members as to what to do next and they had not started seeking more funding from relevant departments. The project needed to get more funding in order to get back on track.
Activities and dreams for 2006-2007	The project site needed electricity: Eskom had not come to install electricity but insisted that the project was on the waiting list. A suggestion was made that the project should sell the electrical engines and buy diesel engines instead.

Table 15: Project issues: Nqobuzulu Creche and Aged Project

Changes in the node since the first evaluation

Changes to DSD services and projects

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

Changes to services and projects
Trends/summary:
Most of the projects which were funded before 2006 ran out of funds and some of them did not exist anymore. Some projects applied for and were waiting for funding from DSD.
Description of major changes:
Changes to services:
Poverty relief projects gave food parcels to needy people but because DSD (Mahlabathini office) owed the service provider (local retail store) R37,000, the service provider refused to continue giving out food on credit until the debt was paid up in full.
Changes to the projects supported by DSD:
DSD did not fund projects that did not appear in the IDP database. However, when influential politicians, e.g. the Minister, came to visit the area, they gave out funding to any projects as they saw fit without following the necessary procedure of checking the database of projects from the IDP. Sometimes the projects funded by the Minister did not even have the relevant documents that projects required in order to be funded by DSD.

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

Why did these changes happen?

The DSD monitoring system was complicated and the responsibility for opening accounts with service providers lay with the regional office. Furthermore, at the time these accounts were opened, grant provision was still handled by DSD. But when the South African Security Agency (SASSA) took over this role, it was supposed to pay the debt off because it was accumulated as a result of the food parcels given to social grant beneficiaries while they were not able to receive the grant. The impact of this was that service providers lost trust in DSD and did not differentiate between SASSA and DSD. The overall result was that there was poor service delivery to the community as they could not benefit from the food parcel service.

It is a requirement from DSD that for projects to receive funding they had to appear on the IDP database. This eliminates duplication of services. It also improves integration with other stakeholders. IDP listed all projects in the database according to wards. It is easier to monitor projects in the IDP database.

Changes in staffing levels

At the time of the second evaluation there were 23 filled posts and 9 vacancies, that is, a 28% vacancy level. The main issue was that the recruitment and employment process caused delays because it was managed at provincial level. It should be decentralised. If filling vacant posts is done in time, it can prevent overloading current employees with work (which they did

not always get compensated for). Some respondents expressed the hope that the forthcoming revised staffing structure would alleviate some of this. In terms of operational programmes, there was still much to be done to develop the formal relationships the office had with other offices inside and outside DSD.

There were no major changes in staffing apart from the upgrading of the service office managers' level from level 10 to 12 to ensure uniformity so that those holding the same positions are on the same level. However, the research process revealed that employees appreciate safe and secure accommodation close to their workplace. The move of the provincial offices from Ulundi to Pietermaritzburg had a positive impact in this regard. As a result of the move, local DSD officials were able to get accommodation closer to their offices and this eliminated transport and security issues as well as the duplication of services. On the other hand, it resulted in the physical distance between government staff and citizens widening.

Findings and recommendations

Findings

- **Differences between DSD and IDT systems and procedures had the potential to cause divisions between officials and projects:** Projects preferred IDT to monitor them as they did not have to follow the long process in accessing funds they had to go through with DSD. While the process the projects go through in accessing funds was not that long, the DSD monitoring systems – specifically the lack of availability of officials to sign the relevant documents (requisition forms) – caused delays.
- The issue of **sourcing three quotations** for every item that they needed to buy was problematic because there are not many service providers in the rural areas. Service providers with high prices tended not to want to give quotations as they knew that projects never came to buy products from them. Trying to find three quotations is, of itself, a long process and then getting all the signatures from the service office to the regional office also took a lot of time. Sometimes by the time the regional office approved the purchase requisition, it was too late for the project.
- **Most of the projects monitored by IDT did not grow.** They did not generate an income or profit and were unlikely to become independent entities.
- Participants interviewed in the evaluations felt that IDT **allowed or encouraged projects to spend funds on things that were not main activities** or that did not form part of the main objectives of the projects. These things usually did not support the sustainability of the projects. For example, the Nqobuzulu project's trip to Nongoma Lodge could have been done in a much more affordable way.
- There was a **lack of resources** (i.e. vehicles, laptops, etc.) from DSD service offices and this hindered or delayed service delivery. It is impossible to have a team of 12 people needing to use cars to do fieldwork but who are expected to share only three cars on a daily basis. This will surely have a huge negative impact on work to be done.

- **Most youth did not appear interested** in playing a role towards and volunteering for PRP projects. The fact that they did not receive any stipends did not assist with their objective of securing employment.

Recommendations


- **Standardise monitoring systems of key agencies for PRP projects**, in particular between IDT and DSD. In addition, signing powers should be decentralised. This means that the nodal managers should have the authority to approve purchase requisition forms without them having to go through the regional office. Projects should be allowed to submit less than three quotations with a substantiating letter where this occurs. Some of the reasons could be if funds are needed urgently; if there are not enough service providers to give quotations; if there are enough but they don't want to give quotations because they assume/know that the projects will not buy from them as they are expensive; if quotations were submitted before and they got lost from one of the DSD offices; etc.
- **Improve practice around contracting service providers:** It is advisable that in the monitoring system of IDT and DSD, CDPs assist the projects by making sure that after providing a service, service providers make themselves available to the projects, in case there are issues arising that relate to the service provided. In addition, CDPs need to build capacity in projects to negotiate the terms and conditions of service with service providers before they reach or sign an agreement.
- **Clarify roles and relationships:** The relationship between IDT, DSD and projects and the roles and responsibilities played by the different parties should be communicated and understood by all parties.
- **Fill vacant posts:** The issue of vacant posts should be addressed. In most of the Zululand service offices, there are vacant posts in all components.
- **Implement practical approaches for improving integration:** Integration of government departments from higher to lower levels as well as within departments must improve. If senior officials could initiate integration at all levels (district, local, etc.), it could be easier for all staff members to buy in to this idea. It is recommended that the senior officials sign an interdepartmental Memorandum of Understanding, where they agree on certain issues and dates for meetings. It would be easier for officials to adhere to something explicit rather have high and unmet expectations about integration in or from their different offices.
- **Empower youth:** Youth forms an important aspect of the community. It is recommended that strategies be developed to engage youth in identifying, designing and implementing projects to allow them to feel more empowered in their communities and as part of DSD's emerging thinking around sustainability.

Recommendations for improving PRP projects are:

- Recognition is needed that 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).

- These different kinds of projects need different types of support. **Income-generating** projects should be treated the same as formal business ventures, and **additional funding** and a long-term support strategy is needed for projects that are designed to extend the reach of DSD's welfare services, and which can not be expected to sustain themselves without grant funding;
- **Capacity** building and empowerment of steering committees and CLOs is required;
- Regular **M&E** of projects, linked to organisational learning;
- **Wages or stipends** should be provided to encourage volunteers;
- **Alignment with IDPs**;
- Greater **community involvement** with project implementation.



Department of Social Development
Chief Directorate Communication
Private Bag X901, Pretoria, 0001
134 Pretorius Street, HSRC Building, Pretoria

Tel: +27 (12) 312 7500/7641/7939
Fax: +27 (12) 312 7470/7988
Toll free line: 0800 60 10 11

RP281/2008 ISBN: 978-0-621-38305-8

Building a Caring Society. Together.

www.dsd.gov.za
www.population.gov.za