Building sustainable livelihoods...

...an overview

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

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Section 1

Analysing a baseline (2006) and
measurement (2008) survey in the 22 nodes of the
Urban Renewal Programme and
Integrated Sustainable Rural Development Programme

Building sustainable livelihoods

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

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Introduction[1]

The Department of Social Development (DSD) has commissioned a set of socio-economic and demographic baseline studies in the 22 nodes[2] that make up the Integrated Sustainable Rural Development Programme (ISRDP) and Urban Renewal Programme (URP), coupled to a management support programme, that has run from 2006 to 2008. This report analyses findings of the 2008 measurement survey, set against the findings of the 2006 baseline survey.

The 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. 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

Two surveys were commissioned: a larger baseline in 2006 and a smaller measurement survey some 18 months later. In the interim, the Department implemented a national, provincial and nodal support programme while considering and reacting to the findings of the first phase of background reports and qualitative nodal-level evaluations. The second survey sought to detect changes (good or bad) that occurred in the interim period. This report combines results from both surveys, in order to present both the baseline and analyse changes that may have occurred.

The report begins with an overview of poverty, social capital, government services, development activity, health and sustainable livelihoods in all 22 nodes. Thereafter, specific sections of the report focus on demographics, health status, service delivery standards, and other core issues and areas. The report will be followed by 22 node-level reports that analyse findings in node-specific detail; these in turn build on qualitative evaluations of DSD work in the nodes.[3]

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[1]   Views presented in this paper are those of the authors and do not represent positions of the South African Department of Social Development.
[2]   Bohlabela was a cross-border node and (during this project) was divided into Maruleng and Bushbuckridge.
[3]   The qualitative reports were prepared by Khanya-AICDD.

Sampling and weighting

The baseline survey

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 400 interviews for Maluti-a-Phofung were spread across the whole district municipality of Thabo Mofutsanyane.

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
ISRDP		
Alfred Nzo	186 011	399
Chris Hani	411 760	399
O R Tambo	757 476	400
Ukhahlamba	176 558	401
Ugu	382 475	400
Umzinyathi	218 406	400
Umkhanyakude	265 147	400
Zululand	385 325	400
Sekhukhune	476 091	400
Bohlabela	291 824	395
Kgalagadi	91 992	399
Central Karoo	32 566	400
Thabo Mofutsanyane	415 168	398
URP		
Mdantsane	112 624	400
Motherwell	74 982	400
Alexandra	118 853	400
Inanda	92 974	400
KwaMashu	99 133	400
Khayelitsha	210 214	400
Mitchell's Plain	246 763	400
Galeshewe	65 475	396
Total	5 111 817	8 387

Table 1: Realised sample across the ISRDP/URP nodes

For the URP nodes, detailed maps at a ward level were generated from the Municipal Demarcation Board website. Again using the principles of probability proportional to size sampling (PPS), a series of starting points across the different wards were identified on the maps. At each starting point in the URP nodes four interviews were conducted. At the end of the fieldwork phase a total of 8 387 interviews across the 22 nodes had been conducted.

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. Given that the samples for each of the URP nodes were self-weighting, no weighting needed to be applied to these samples. In this way, the data presented in this report should be seen as representative of the adult population in each of the 22 nodes.

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 punching was undertaken by S&T led by 'Junior' Khanye, and coding by OmniData.

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%.

The measurement survey

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. In order to allow for comparisons with the 2006 baseline survey, the 250 interviews for Maluti-a-Phofung were spread across the whole district municipality of Thabo Mofutsanyane. 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.

The ISRDP nodes

For the ISRDP nodes, the following steps were followed:

- The sample for each node was firstly stratified by local municipalities (to ensure sufficient interviews were conducted in each municipality).
- Within each municipality, the sample was then stratified by settlement type (rural versus urban).
- According to the principles of probability proportional to size sampling (PPS), a random list of place names in each municipality was then generated.
- At each place name, the fieldworkers were instructed to find a school (if multiple starting points at one place, subsequent starting points were at different schools or crèches).
- From the school, they then walked in the direction of dwellings and started at first dwelling – thereafter, every fifth dwelling was selected.
- The birthday rule was used to select the respondent at each selected dwelling – this random process seeks to interview the adult in the household whose birthday is next.
- For the ISRDP nodes, five interviews were conducted per starting point.

The URP nodes

For the URP nodes, the following steps were followed:

- The sample for each node was firstly stratified by wards.
- Within each ward, the sample was then stratified by settlement type (formal versus informal types).

- Detailed maps at a ward level were generated from the Municipal Demarcation Board website.

- According to the principles of probability proportional to size sampling (PPS), a random series of starting points in each ward were then generated using a random grid of points.

- From the identified starting point, the fieldworkers proceeded in the direction of the centre of the node and interviewed at the first dwelling they came to – thereafter, every fifth dwelling was selected.

- The birthday rule was again used to select the respondent at each selected dwelling.

- For the URP nodes, four interviews were conducted per starting point.

Realised sample

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
ISRDP		
Alfred Nzo	186 011	250
Chris Hani	411 760	250
O R Tambo	757 476	250
Ukhahlamba	176 558	245
Ugu	382 475	249
Umzinyathi	218 406	250
Umkhanyakude	265 147	250
Zululand	385 325	249
Sekhukhune	476 091	248
Bushbuckridge	242 692	175
Maruleng	49 139	75
Kgalagadi	91 992	248
Central Karoo	32 566	250
Thabo Mofutsanyane	415 168	250
URP		
Mdantsane	112 624	253
Motherwell	74 982	242
Alexandra	118 853	250
Inanda	92 974	249
KwaMashu	99 133	247
Khayelitsha	210 214	248
Mitchell's Plain	246 763	252
Galeshewe	65 475	252
Total	5 111 824	5 232

Table 2: Realised sample across the ISRDP and URP nodes

As in the previous report, 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%.

High-level findings: Overview

In this section we provide an overview of poverty, social capital, development awareness, gender inequality, health status and service delivery; and combine these into a global development index at both programme and nodal level. We have created two additional items – an index for reproductive rights and another for gender-based violence. These were created after the 2006 report had been issued, as part of our on-going reporting for DSD and UNFPA, and have not been combined in the 'global' score, for reasons of comparability. These two indexes are however analysed in greater detail in the relevant sections of this report.

This report focuses on high-level results, mainly broken down to ISRDP/URP level. The more detailed nodal analysis will be undertaken in subsequent reports; and nodal data tables will be available from DSD.

The baseline survey questionnaire fell into the following main areas:

- Poverty
- Development awareness
- Social capital
- Health status
- Service delivery
- Gender inequality
- Sustainable Livelihoods

Each of these comprised a set of key indicator questions, as well as sub-sets of questions – health status, for example, in addition to the battery of indicator questions, also included questions about HIV/AIDS, reproductive health, and so on. In addition to the 10-part poverty matrix we had a battery of questions about assets, service payments/arrears/debt, economic issues including job type preferences, children and orphans and grant support, and so on. The only exception is the Sustainable Livelihood Approach (SLA) index, which drew on indicators used in other indexes – as such, it is reported on but not included in the summary of indexes or global total scores (below) since items cannot be used more than once.

To make it easier for the reader to get a quick grasp of the overall findings of the survey, an index summary table was created. This comprised an index for the areas cited above (excluding SLA), and a seventh that combines 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 because (by not being reliant on census data) it includes attitudinal alongside other responses. 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 below summarises the results. We have colour-coded the table for easier reading: red is bad news, yellow is OK but not great, and green is good news. This is based on the *distribution of nodes once the index had been run:* all cells in red denote a node falling into the top quartile (i.e. where high scores are bad news, the node falls into the worst-scoring quarter of all 22 nodes across all the items in the respective index). **The rural nodes are compared with each other, the urban with other urban nodes.** Red cells identify priorities **by comparison with other nodes in the programme; they are not a reflection of an absolute external measure.** For example, social capital may be doing relatively well, but if it is in the bottom quartile (regardless of the score) it will show as a red 'warning' light since it is in worse shape than social capital in other nodes in that particular programme. The yellow stretches across the broad middle distribution, and the green is the bottom quartile.

Using this approach allows policy-makers to identify **priority areas by node within the ISRDP or URP** at a glance. We only use colour-coding to give a snapshot: percentages and detailed analysis follows in this and the nodal reports.

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 for example at Alfred Nzo, O R Tambo, and in particular Zululand, Umzinyathi and Umkhanyakude; in urban areas, look at Inanda for example. But precisely because the index is multi-dimensional, things are never that simple – in **Maluti**, for example, scores are green or yellow across the board, making it second only to the (very different) **Central Karoo** node - until we see a red light flashing for gender based violence, suggesting that gender inequality (in the forms being measured here) also has **socio-cultural roots** that are not open to easy equations, such as high poverty (automatically) equals high gender inequality. Nonetheless, 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).

Note also that **many of the poorest rural nodes enjoy robust social capital** – particularly Eastern Cape nodes. Ukhahlamba and Umzinyathi, by contrast, have red lights flashing in many areas including social capital, making it unclear what social assets are being drawn on to survive the poverty in their

nodes. In the case of **Umzinyathi**, there is little positive – all cells are red or yellow, indicating little improvement since 2006 relative to other ISRDP nodes, and social capital has remained a worry throughout (it has the lowest score of all nodes, urban or rural). Central Karoo, by complete contrast, has low social capital – but everything else is doing well, apart from a worryingly constant support for gender-based violence. In ISRDP nodes, social capital is also a worry in **Bushbuckridge** (red in 2006 and 2008) and **Central Karoo** (from yellow to red).

When service delivery scores red, it tends to cluster with other red warning lights. Service delivery never scores in the red unless at least two other items do, and commonly more. For example, service delivery is a problem in 2 nodes (Mdantsane and O R Tambo) where two other items score similarly; is 1 of 4 red cells in Ukhahlamba, 1 of 5 red cells in Alfred Nzo and 1 of 7 red cells in Inanda and Umzinyathi. In nodes such as Motherwell or Maluti-a-Phofung or Central Karoo, one red cell appears – but it is never service delivery.

Gender inequality also tends to appear alongside other red cells rather than alone, suggesting that context is a considerable trigger. In **KwaMashu**, it appears with hostility to reproductive rights, but in others it commonly appears with multiple items (such as in Inanda – reproductive rights and gender-based violence as well as poor service delivery, poor health status and high poverty), or **Zululand, Umkhanyakude, Umzinyathi or Alfred Nzo, where it is one among multiple red cells**.

It is of concern that **gender inequality has remained constantly red (over the period surveyed here) in 4 of the 5 cells where it scores red**. Gender inequality scores at their worst in urban nodes – KwaMashu at 0.22 and Inanda at 0.27 – are considerably lower than the scores in rural nodes, where the 4 red cells score between 0.33 and 0.35, indicating the severity of gender inequality in these rural nodes. This index includes respondents who said rape or domestic violence were their main local problems, female-headed households with a high child dependency ratio, households where women/girls had to fetch water, and so on.
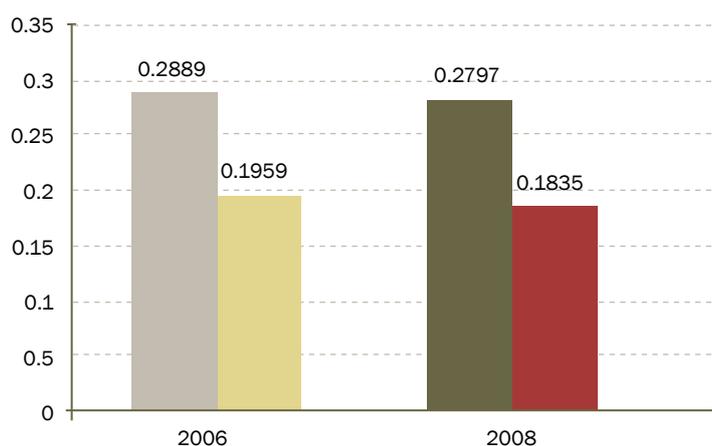
Figure 1: Gender inequality by programme (2006/2008)

Only two URP nodes score red on social capital – **Mdantsane** and **Galeshewe** (in the latter it has remained in the red since 2006). Equally worrying is the very narrow dividing line between the red/yellow/green social capital scoring among urban nodes, which ranges from a low of 0.46 to a high

of 0.66, suggesting that social capital remains weak across the urban nodes; we analyse social capital in greater detail below. In contrast, the health status scores range from a worrying low of 0.45 in **Inanda** and **Galeshewe**, to a high of 0.78 in **Mitchell's Plain**. (The best-off rural node, in terms of health status, is **Maluti** at 0.56 – better off than the worst urban nodes, but far behind the best-off urban nodes. This pattern – of **rural poverty and services being far worse than urban** - holds true throughout the report.)

In the URP, as we see throughout the report, 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, and – as we argued in 2006 – 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. Of concern is the fact that nodes that are doing well and score positively (green) have tended to remain in positive territory – movement up or down the scale is evident among the worse-off urban and rural nodes. In the ISRDP, Ukhahlamba, Umzinyathi, Umkhanyakude and Zululand all score red overall, suggesting a provincial prioritisation is possible as well as a nodal priority-setting exercise.

In the URP, **Galeshewe and Inanda score red**; Mdantsane has a very similar score (lower by 0.001) but just slid into the yellow band. The two Western Cape nodes – Mitchell's Plain and Khayelitsha – were both in the positive (green) band, with the remainder between them. Unlike the ISRDP, in the URP more movement was visible, and the 'green' nodes of 2006 had given way to two new nodes by 2008.

Node	Poverty	Social Capital	Health	Service Delivery	Development	Gender In-equality	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 the first report submitted to the Department, we provided an overview of all 22 nodes, measuring poverty over time using data from Census 1996 and 2001. The data showed that on average (and despite some measurement problems relating to demarcation) **poverty was declining steadily, if not spectacularly, in all 22 nodes**; dropping faster in the rural than urban nodes. Poverty was measured using a 10-part matrix first proposed by Statistics SA.[4] The figures, updated to 2008, appear below.
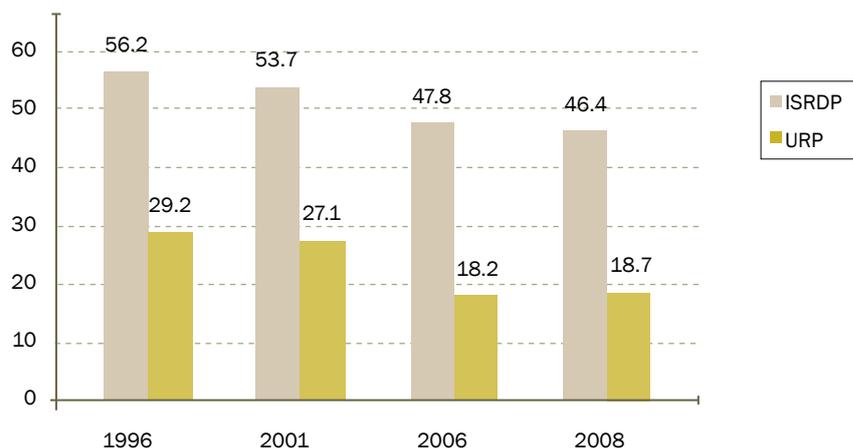
Figure 2: Poverty levels 1996/2001/2006/2008 (Sources: Census 1996 and 2001, DSD baseline surveys 2006 & 2008)

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

Using the same matrix for measuring poverty, we find that the **decline in poverty continued and 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.

Again we also see the **massive differences between the urban and rural 'worlds'**, where rural poverty is more than double that of urban 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. As we see below, cynicism about government – its willingness as well as ability to deliver – is growing in rural areas (it has long been more evident in urban nodes), suggesting that residents of these nodes are looking for rapid delivery of the post-apartheid dividend and growing frustrated with the long wait.

In table 4 we provide detailed scores for each node on each item in the matrix.

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[4]   Statistics South Africa: *Measuring poverty* (Pretoria, 2001)

	Female headed	Illiteracy	Rate of unemploy-ment	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
ISRDP												
Alfred Nzo	65.2	30.0	78.0	3.6	2.4	68.8	92.4	92.8	87.6	29.6	55.0 (+)	56.3
Chris Hani	61.2	31.6	63.1	4.8	2.4	61.6	70.0	66.0	60.8	18.0	44.0 (+)	47.0
O R Tambo	56.4	34.0	74.4	2.0	0.4	76.4	86.4	91.2	90.8	24.8	53.7 (+)	55.5
Ukhahlamba	72.8	38.0	76.9	2.8	14.8	78.8	72.0	78.0	70.4	28.0	53.3 (-)	49.2
Ugu	58.0	31.2	61.7	3.6	2.0	55.6	76.0	75.2	63.6	26.4	45.3 (+)	50.1
Umzinyathi	45.6	34.0	73.9	3.6	2.8	74.4	80.4	84.0	81.2	65.6	54.6 (+)	57.2
Umkhanyakude	51.6	48.0	79.0	1.2	4.8	89.6	83.6	56.8	73.6	63.6	55.2 (+)	57.6
Zululand	60.0	42.4	80.3	4.4	4.0	96.4	86.4	56.8	68.8	40.8	54.0 (+)	52.0
Sekhukhune	42.0	31.6	82.4	4.4	0.0	15.2	96.4	97.2	79.2	10.4	45.9 (+)	46.1
Bushbuckridge	63.5	29.8	79.9	0.5	3.4	6.7	93.3	93.8	76.9	7.2	45.5 (-)	43.0*
Maruleng	45.2	26.2	85.7	0.0	0.0	14.3	100.0	97.6	59.5	14.3	44.3 (-)	43.0*
Kgalagadi	54.8	32.4	68.3	2.4	0.0	13.6	60.4	74.0	65.6	4.8	37.6 (+)	45.7
Central Karoo	57.6	19.2	64.8	2.4	1.6	12.4	16.4	0.4	1.2	1.6	17.8 (-)	17.6
Maluti-a-Phofung	45.0	31.7	81.8	5.0	3.3	28.3	74.2	70.8	19.2	10.0	36.9 (+)	38.8
URP												
Mdantsane	65.2	15.2	71.6	5.2	0.0	0.4	12.0	2.8	2.4	1.6	17.6 (-)	16.5
Motherwell	54.4	22.4	68.9	3.2	4.8	2.4	5.6	0.8	0.0	0.8	16.3 (+)	16.7
Alexandra	50.4	13.6	58.5	1.6	21.2	14.8	7.6	3.6	9.2	1.2	18.2 (-)	17.0
Inanda	54.4	20.0	77.7	1.2	9.2	23.2	5.2	45.2	24.8	8.4	26.9 (-)	24.7
KwaMashu	52.8	15.2	77.6	2.8	6.0	6.8	4.0	9.6	8.0	4.4	18.7 (-)	14.1
Khayelitsha	48.4	13.2	64.6	0.0	1.2	50.0	2.8	15.6	18.4	8.4	22.3 (+)	27.1
Mitchell's Plain	31.2	8.0	32.0	0.4	0.4	7.6	1.6	1.6	3.6	0.0	8.6 (+)	10.6
Galeshewe	60.8	21.2	63.5	8.4	2.0	8.4	19.6	4.0	4.0	7.6	20.0 (-)	18.5
ISRDP nodes	56.7	33.4	73.8	3.0	3.2	53.2	76.2	72.2	66.2	26.2	46.4 (+)	47.8
URP nodes	52.2	16.1	64.6	2.9	5.7	14.2	7.3	10.5	8.9	4.1	18.7 (-)	18.2

Table 4: Poverty scores 2008 (+ positive gain, = unchanged, - negative increase in poverty, comparing 2006/2008 results)
* Scores for Bohlabela (a cross-border node split into Bushbuckridge and Maruleng during the project)

The overall trend – and a significant finding – is that at aggregate level, poverty is dropping in the nodes, in some cases very speedily, in others more steadily. But it is not a linear or equal process – in some nodes poverty levels have risen. In 10 ISRDP nodes, poverty levels dropped between 2006 and 2008, while for two more (Bushbuckridge and Maruleng) it is impossible to be certain because the former cross-border Bohlabela node was split in two in the period between the two surveys. In the urban nodes, poverty dropped in just 3 – Motherwell, Khayelitsha and Mitchell's Plain – but rose in all the others. Overall, poverty in ISRDP nodes dropped by 1.4% while rising in URP nodes by 0.5%. The trend in rural areas remains steady diminution of poverty; in urban areas, poverty seems to have settled, and renewed energy (and approaches) may be needed.

Income

The 2006 baseline survey generated very different – and, we believe, more realistic - responses to questions about household income than had the preceding 1996 or 2001 censuses. **Income questions** are notoriously unreliable, but the censuses generated excessive numbers of households which reported no regular income at all.

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
ISRDP	23.1	34	2.6	3.0
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 (such as remittances), various forms of work that may bring in income, as well as questions about employment status, financial services and so on. These may have helped respondents recall income from sources other than merely paid employment. Responses were dramatically different, with just 2.6% in 2006 and 3% in 2008 of respondents from ISRDP nodes reporting no household income, rising slightly to 3.7% in 2006 and 2.9% in 2008 of those from URP nodes. This is a very different nodal picture from that in the censuses. It presumably reflects the **major roll-out of social grants by the Department of Social Development post-2001**. We return to the issue below.

Somewhat surprisingly, the highest incidence of no reported household income came from an urban node, **Galeshewe** (8.4% of respondents reported no regular household income at all), followed by **Mdantsane** (5.2%). These were higher than any rural node (the highest incidence – 5% - was found in Maluti-a-Phofung in Free State). Access to income is one of a very few areas where rural and urban respondents scored almost identically (an average of 3% in ISRDP and 2.9% in URP nodes).

(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.

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.

The rate of unemployment in all ISRDP nodes averages 73.8% - a terrifyingly high figure, but an improvement on the 2006 rate of unemployment which stood at 79.1%. In the URP nodes, the rate of unemployment has increased slightly between 2006 and 2008, up from 62.6% to 64.6%. **Unemployment continues to hit women (73%) harder than men** (66%), though only by a matter of degree in these poor nodes.
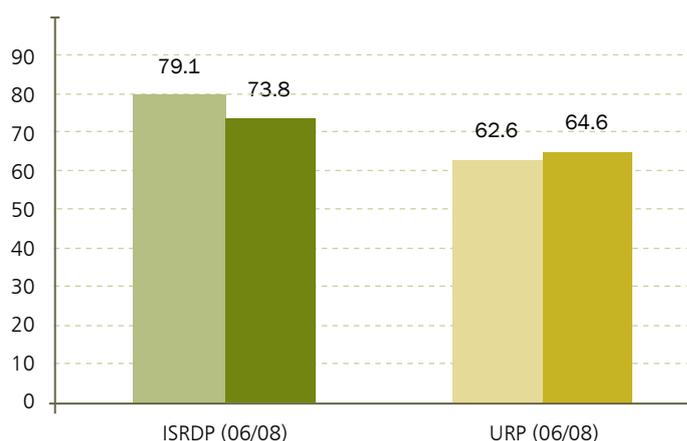
Figure 3: Rate of unemployment (2006, 2008)

In this admittedly gloomy context, it is worth noting that the rate of unemployment dipped – sometimes significantly, others less so – in 13 rural nodes, a very positive finding. It did not extend to the urban nodes, where the rate of unemployment rose in 5 of 8 nodes. No wonder 79% of ISRDP and 78% of URP respondents in 2006 thought finding work was becoming harder.

These figures are a reminder of the fact that many rural nodes in particular were selected by the apartheid regime as dumping grounds for 'surplus people'. They were by design economically unviable and selected to ensure that people had to migrate to urban areas to sell their labour. **Expecting the market to penetrate such areas and bring about the economic transformation envisaged in the ISRDP vision is misplaced**; let alone in a situation where unemployment is at crisis levels in places where market functionality **can** be expected.
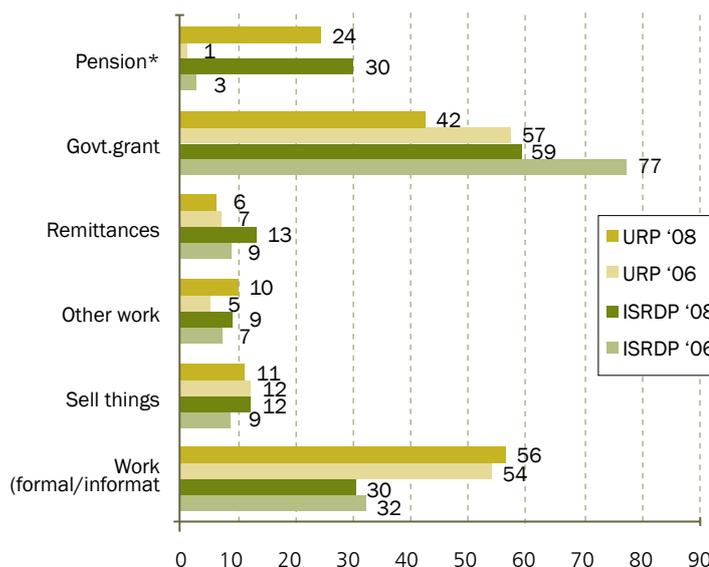
Figure 4: Activities that bring in income (by programme)
(* slight difference in question phrasing in 2008)

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. This is particularly true if grants and pensions are combined – they dwarf all other sources of income by some margin. **A total of 65.5% of households told us they had a household income deriving from a grant or pension** – this comprised 55.8% of URP respondents and rose to 71.8% of ISRDP respondents. Government-derived income completely dwarfs other sources of income, in these 22 poor nodal points.
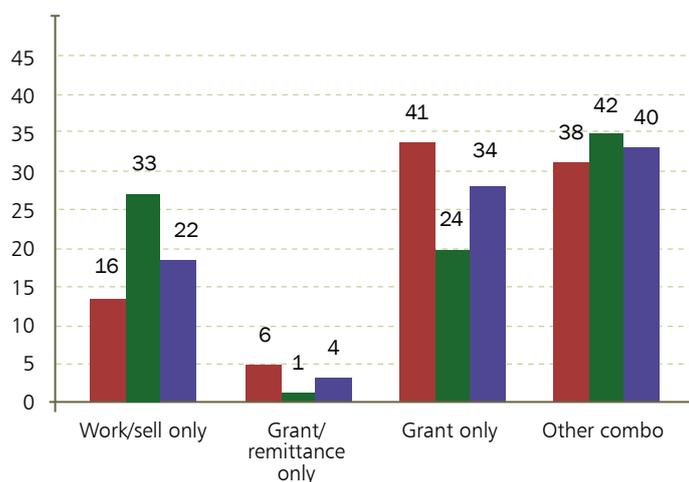
Figure 5: Income-sources (2008 only)

There is nonetheless some anxiety when we recode income sources to highlight households that rely on grants only – as we can see, this is true of 41% of ISRDP respondents, dropping to a quarter (24%) among URP respondents. The urgency of sustainable employment creation – as the only viable means to change this situation – cannot be over-emphasised.

That said, social grants have been very powerful self-targeting mechanisms.
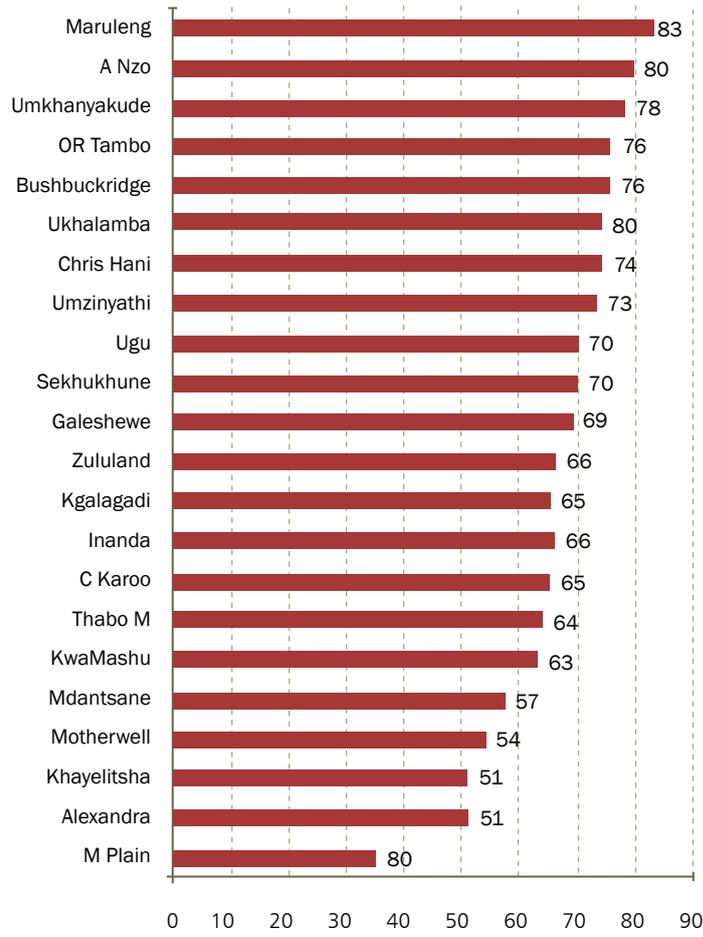
Figure 6: Uptake of social grants (of all types) by node (2008)

Note how the very poorest nodes have the highest uptake of social grants – of any type (we have recoded the data to include pensions, child support grants, disability grants and so on – all types of social grants are included) – and, conversely, the better-off nodes like Mitchell's Plain have the lowest uptake.
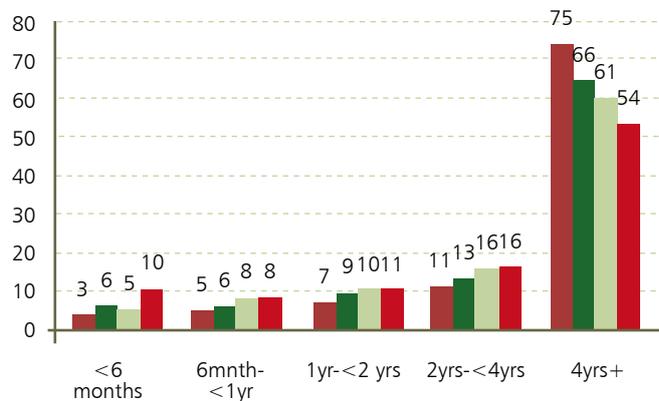
Figure 7: Length of unemployment (among unemployed respondents, by programme)

This was a multi-mention question, so figures do not add up to 100%. **Just 4 in 10 households – 39.4% of the sample – have a household income from paid labour**, while another 11.6% have an income from **a small business**. The latter is even across rural and urban areas, whereas income from paid labour is far higher among urban respondents (56%) than their rural counterparts (29%). Remittances are perhaps less significant than expected, cited by just 10% of respondents – though predictably higher among rural (13%) than urban (6%) respondents.

In ISRDP households, **the importance of grants is enormous**. There are more opportunities for income generation in urban than rural areas, and a consequent unavoidable rural reliance on government grants for cash income.

It should also be noted that in the 22 nodes, **unemployment is not a short-term affair**. We asked respondents who were out of work how long they had been without employment: answers indicate that nodes are populated by the long-term unemployed. **By 2008, it seems that the situation had begun to improve.**

Three-quarters of the unemployed in ISRDP nodes had been unemployed for 4 or more years in 2006, but this had dropped to two-thirds (66%) by 2008. The same was true of urban nodes, where the figures dropped from 61% to 54%. More work is needed to find if this is due to sampling, or if **the long-term unemployed are indeed finding opportunities for paid labour**. If the latter, this would be **a critical breakthrough**.

But it would also be quite surprising, because **the long-term unemployed seem to be profoundly lacking a skills base.** 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.

There is a close congruence in **type of employment across rural and urban nodes**, with largely similar proportions in the same categories of work. The 2006/08 differences are not statistically significant. Government work is slightly more important in ISRDP nodes, while skilled work (predictably) is more evident in URP nodes.

In both, the largest single type of employment is unskilled; and in neither does the informal sector feature well, although this may reflect question formulation. Where people do have work, it tends to be skilled or unskilled. We see later that people in the nodes want opportunities to create their own businesses and thus their own jobs; the data show how few are employed in businesses, and how many rely on selling their labour to others.
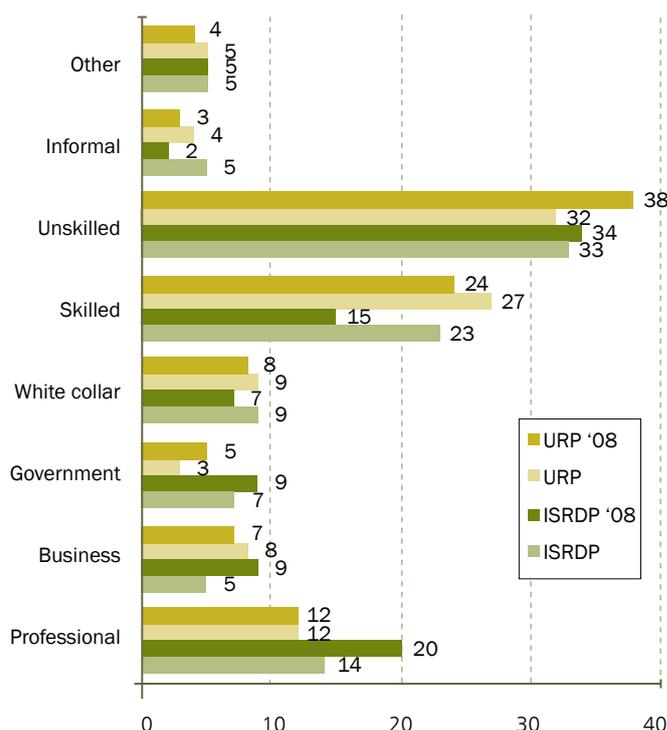
Figure 8: Type of employment (among those in employment, by programme)

But that may still 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 URP
Farming subsidy	29	18
Job	60	73
Start own business	24	31
Land for farming	22	10
Job where I live	53	57

Table 6: Attitudes to employment options (by programme) ('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 residents. Starting your own business only appeals to a minority of URP and ISRDP residents. Explanation, persuasion, robust communication, engaging communities in robust exchanges – all are needed to overcome mental obstacles that put 'proper jobs' ahead of alternatives. Adopting a sustainable livelihood approach (SLA) will also run up against these basic issues of preference. This also underscores the importance of job creation strategies.

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.[5] **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.

This may appear to contradict recommendations made elsewhere in the project, for DSD to better co-ordinate provision at local level (and move away from project-based funding); while we endorse the recommendation, it is generally accepted that re-engineering government is a lengthy affair, and this recommendation applies to the interim period, where poor people living in the nodes cannot be made to wait while government re-organises itself.

It is important that economic interventions are in line with the **National Spatial Development Perspective (NSDP)[6]**, which seeks to identify areas that combine both poverty and economic growth potential. But the NSDP itself should not be uncritically accepted. If there is no prospect for sustainable growth, then investments will be wasted, and the focus has to shift to the social grants and other services provided by the Department of Social Development; and to education and other services that will facilitate future migration out of the area.

But there is also a basic conundrum: the NSDP proposes investment in areas that share both poverty **and** economic growth potential. Many ISRDP nodes in particular have the former but lack the latter. **What then is to be done in such areas?** The current response appears to be scattered, project-based, primarily survivalist initiatives – 'development by piggeries' in the caustic view of a senior Treasury official.[7] The mid-term review of the ISRDP[8] recommended a far more rigorous approach to rural development and planning is needed, beginning with a rural development policy. This would have to include a clear strategy for areas that are unlikely ever to be touched by the market, and lack the financial resources to sustain (or maintain) RDP-level infrastructure. The need for a summit to kick-start a rural policy development process and engender sustainable rural economic development is as needed now as when recommended.

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[5]   See the accompanying qualitative nodal reports and overview urban and rural synthesis reports.

[6]   Presidency (2005) 'National Spatial Development Framework'.

[7]   Quoted in Aliber M., *An overview study of chronic poverty and development policy in South Africa*, (University of the Western Cape, Programme for Land and Agrarian Studies, 2001), chronic poverty and development policy report series no.1, p.52.

[8]   Umhlaba Rural Services (2007) 'Mid-term review of the Integrated Sustainable Rural Development programme'.

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 where the increase (of 1.8%) is within the sampling error margin, between the 2001 census and our baseline survey of 2006. The 2008 survey found a slightly more mixed picture – though most differences were within sampling error. Functional illiteracy was highest among those hardest hit by apartheid, with 49% of those aged 66+ in this category, dropping to (a still very high) 10% among 18-35 year olds. It was also higher among women (30%) than men (24%).

Overall, **literacy levels are rising**, suggesting that younger residents may have a better human resource base than their elders; although illiteracy remains unevenly distributed. Across all ISRDP nodes, illiteracy accounted for an average of 37.6% of respondents in 2006 but had dropped to 33.4% in 2008. That remains every third person, a terribly large number of functionally illiterate people who pose challenges regarding employment, skills training, and so on.

In urban nodes this figure was less than half the rural level, with illiteracy running at an average of 14.2% in 2006 and 16.1% in 2008. That is certainly better than the rural nodes, but still means that 1 in every 6 URP residents is functionally illiterate. The result is a weakened human resource base for rural development, and a squandered urban human resource base where unemployment disallows full utilisation of skills in the population.

Female-headed households and dwelling type

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. It should not be assumed therefore that all female-headed households are inherently vulnerable, weak or the result of male absence rather than female choice.

In the 2008 sample, there were just 9 respondents who were child heads of households (i.e. aged below 18) – of whom three-quarters were female. Women are considerably over-represented at the other end of the scale – **'granny-headed households'**. A fifth (20%) of all households in the sample, where the respondent was the head of household, were headed by respondents aged 66 and above – and of them, 73% were female. And women tend to head larger households – 17% of male respondents who were also household heads, headed single person households – true of 5% of females.

And of course women head up households with more children than do men. Over a third (36%) of male respondents who were household heads had no children in their household, while another 36% had 1-2 children, a quarter (24%) had 3-5 children, and 4% had more than 5 children in the household. **Female respondents heading households were less likely to have no children in the household** – true of just 18% - and more likely to have 1-2 children (42%), 3-5 children (33%) or more (7%). **This included orphans**: 4% of male respondent who were heads of households had orphans living in their household, as did 9% of female respondents who were heads of household.

The inequalities that afflict women in society are magnified among female household heads, where dependency and vulnerability combine with sexist societal attitudes (see below) to ensure that female-headed households are indeed poorer than their male-headed counterparts. For example, in the **economic sphere**, 43% of male respondents who headed households lived in households where wages made up at least one income source – this dropped to just 27% among female respondents who headed households. A third (30%) of male respondents/heads of households had full- or part-time work, true of just 14% of female respondents/heads of households.

Female-headed households (as we saw earlier) were more common in rural than urban nodes, though only by 5%. They were most common in Ukhahlamba, where 73% of households were female-headed; followed by Alfred Nzo (65%) and Bushbuckridge (64%). But the urban nodes were not far behind, led by Mdantsane (65%) and Galeshewe (61%). The lowest incidence of female-headed households was in Mitchell's Plain (31%).

And with children and poverty, coupled with gender inequality, comes vulnerability. We asked respondents if there had been a time when they could not feed the children in their household, in the year prior to being interviewed. Focusing on respondents who headed households, we find that just less than a third of male respondents/heads of households (28%) had been unable to feed children in the preceding year; this rose to almost half (46%) of female respondents/heads of household.

Comparing 2001 with 2006 data, the situation was very mixed, with no clear pattern emerging from the data. In the 22 nodes, incidence of female-headed households increased in 11 and decreased in 10 nodes in the period between 2001 and 2006. Incidence rose in 6 of 8 URP nodes, and in 6 of 14 ISRDP nodes, indicating the feminisation of urbanisation. But between 2006 and 2008, incidence rose in 10 rural nodes and in 5 urban nodes; and did so on aggregate as well, with **female-headed households accounting for 56.7% of ISRDP households in 2008 (against 53.1% in 2006), and for 52.2% of urban households (against 46.8% in 2006).**

Mitchell's Plain was the only node in 2006 (31.3%) and 2008 (31.2%) where female-headed households occurred in less than 4 in 10 cases. The lowest corresponding figure for an ISRDP nodes was 42.8% in Sekhukhune and Thabo Mofutsanyane in 2006, and 45% in Maluti-a-Phofung in 2008. This important social phenomenon must be tracked over time and its socio-economic implications carefully assessed.

Dwelling type

Dwelling type measures incidence of informal or traditional dwelling types, and also showed uneven movement. In urban areas, incidence of informal dwellings dropped in every node, in some cases dropping by a significant margin and presumably reflecting both the delivery of affordable housing and the growing resolve to remove informal settlements entirely in provinces such as Gauteng. This was true again in the 2008 survey, and the overall average of urban households living in informal dwellings dropped from 19% to 14%. Incidence of informal and/or traditional dwelling rose in 9 rural nodes and dropped in the remaining 4 nodes.

Respondents aged 66+ emerge as most afflicted by lack of infrastructure delivery and poverty. It is notable that on a host of infrastructural variables – dwelling type, refuse removal, RDP-level

sanitation and water, access to electricity for lighting – pensioners score worse than all younger age cohorts. This is where the true legacy of apartheid can be found, among older respondents, many of whom (but by no means all) live in ISRDP nodes and lack services. For example, 62% of respondents aged 66+ lack regular refuse removal (true of 39% of 18-35 year olds, the official 'youth' cohort); 58% lack RDP-level sanitation (true of 42% of youth), 53% lack RDP-level water, and a quarter (23%) lack electricity for lighting purposes. In all of these, pensioners score worse than any other age cohort in the sample – as they do on items such as illiteracy, where the effects of Bantu Education can be found in the 49% who are functionally illiterate – compared with 10% of 18-35 year olds, for example. The only area where pensioners score better than other age cohorts is with regard to accessing a regular income: **pensions have made sure that pensioners have a regular cash income** (just 1.9% did not), considerably better than younger age cohorts.

Over-crowding

Measured as multiple households sharing a single room, **over-crowding** was only strongly evident in two nodes: in Ukhahlamba (15%) and Alexandra (21%). The latter makes intuitive sense, the former less so. In Inanda, 9% of respondents lived in over-crowded circumstances, the next highest urban score being Motherwell (5%). Umkhanyakude (4.8%) was the only rural node to approach the 5% level.

Unsurprisingly, over-crowding was twice as likely to occur in URP (6%) as ISRDP (3%) households. It was also more common among the youth cohort – 18-35 year olds, in this sample (14 to 35 year olds by law) – 8% of whom lived in over-crowded circumstances, compared with 3% of 36-65 year olds. Poor young people are likely to remain in their family households until an opportunity allows them to move out.

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. Again, there is a very mixed set of results, reinforcing the fact that the situation is very node-specific. This in itself is a worry – **why is it so difficult to detect an ISRDP or URP 'footprint' across all the nodes falling into one or other programme?**

One very stark difference is the massive gap between levels of provision in urban and rural areas. In the ISRDP nodes in 2008, an average of 76% of respondents did not have their refuse removed at all, dropping to 7% in URP nodes. Sanitation was below RDP standards for 72% of ISRDP respondents, true of 11% of URP respondents. Water provision was below RDP level in two-thirds (66%) of ISRDP respondent households, compared with 10% of URP respondents, In ISRDP nodes, 26% of respondents still used candles for lighting, true of 4% of URP respondents.

A recurrent theme of this report is the parallel existence in South Africa of two very different worlds, the urban and rural – far more obvious than the much-discussed 'two economies' or 'two nations'. The 22 nodes may represent some of the poorest parts of the country, but the urban nodes

have infinitely better service provision, in every respect, than the rural nodes. Their main weaknesses are the social fabric – weaker social capital and greater crime. Rural nodes – while witnessing slow, steady but unspectacular poverty reduction – remain trapped in a cycle of poor or non-existent infrastructure and service provision, coupled with low but rising service payment debt (see below); social capital is less a social good than the necessary glue holding these desperately poor communities together. In this sense social capital is less an asset than a mortgage taken out by people against the hard times they are living through.

Provision of water has long been touted as a success by government and criticised by many social movements for commodifying something that should be a right. The 2006 baseline survey results suggested that the number of people relying on water below RDP standards dropped in all 8 URP nodes, and in 9 of 14 ISRDP nodes. By 2008, 8.9% of URP respondents had water below RDP standards – **a significant achievement by government**. Khayelitsha (30.3%) and Inanda (11.8%) remain key urban nodes where significant problems remain, followed by Alexandra (8.8% have water below RDP standards).

In the 'second world', the ISRDP nodes, **two-thirds of respondents (66.2%) have water below RDP standard**, the worst-off being O R Tambo (where 90.8% lack water at RDP level) and Alfred Nzo (87.6%). The scale of the challenge of water provision – and the associated cost, given the spatial challenges of widely dispersed populations living in often mountainous terrain – is massive.

Later in the report we return to the possible impact of the commodification of water in particular on people living in the 22 nodes. There **is** an on-going improvement in the provision of RDP quality water to people in the poorest areas, but this is more true of urban than rural areas. If metropolitan areas got served early – they were close by, with dense populations, and easy to reach - the 'low hanging fruit' in terms of provision to non-metropolitan areas have now also been picked - peri-urban formal and informal areas.

In 2006 and 2008, 1 in 5 ISRDP respondents accessed water either from trucks bringing it in, or from dams, streams, rivers, and so on. This is not 'below RDP level' – it is entirely unserviced, and yet the daily reality for a fifth of rural respondents. We are left facing the final, massive challenge, **namely providing water to RDP standard to deep rural areas where costs become prohibitive but the right to clean water is equal (and pressing)**.[9] This was always the really tough challenge – and now it has to be met.

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** – in 2008, 72.2% of respondents did not have sanitation to RDP standards, down from 79.4% in 2006. **There were also gains in the URP nodes**, where 10.5% lacked RDP level sanitation, down from 11.6% in 2006.

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9   See Everatt *et al*: 'Summative evaluation of the Masibambane II programme' (Department of Water Affairs & Forestry, 2007).
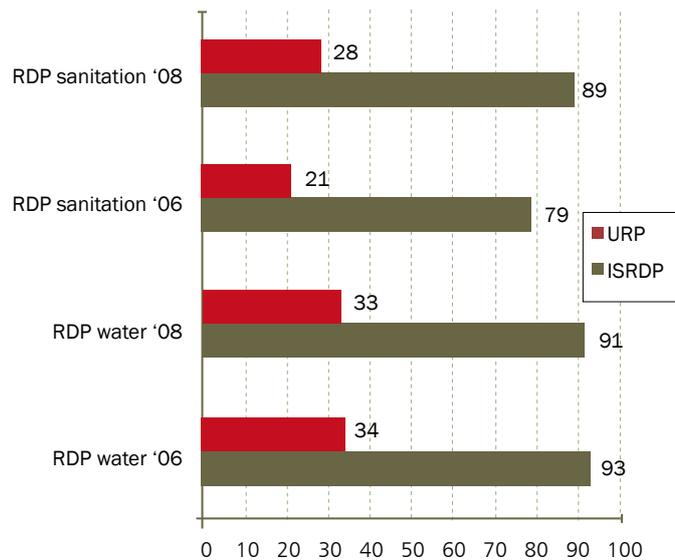
Figure 9: Water/sanitation access (2006, 2008 surveys)

While these overall successes need to be acknowledged, they **obscure enormous variance within both URP and ISRDP**. In the former, for example, nearly half (45.2%) of Inanda respondents lacked RDP sanitation, as did 15.6% from Khayelitsha. This dropped to 0.8% in Motherwell and 1.6% in Mitchell's Plain. The point is made clear in Figure 9.

Another reminder of the challenges inherent in analysing the two programmes – their constituting parts are so different and have very different biographies (compare the long history of urban sites such as Alexandra with the 'recent' appearance of Khayelitsha, for example) – and also of the importance of local-level context and dynamics. The ISRDP is of course another 'world' – but one with its own internal differences on top of those that mark it out as so different from the URP. For example, in Central Karoo, just 0.4% of respondents lacked RDP-level sanitation – compared with 97.6% in Maruleng (the poorer half of the former Bohlabela node) and 97.2% in Sekhukhune. In the ISRDP, there is **only 1 node (Central Karoo) that has less than half of all respondents enjoying RDP-level sanitation; in the remainder, anywhere between 56.8% and 97.6% do not have RDP-level sanitation.**

Refuse removal provided a very similar picture. In the ISRDP, 76.2% of respondents never have their refuse removed by the local authority (identical in 2006 and 2008) – in the URP, 7.3% never do (8% in 2006). Urban priority areas in this area are Galeshewe (19.6%) and Mdantsane (12%) – but they are a world away from Maruleng, for example, where every respondent (100%) told us they had no refuse removal, as did 96.4% of those in neighbouring Bushbuckridge. With three-quarters of all ISRDP respondents lacking refuse removal, it is a self-evident programme-wide priority.

Electricity distribution has also improved. In the 2006 baseline, numbers using electricity for lighting purposes had increased in every one of the 22 nodes. There were very small numbers in urban nodes not using electricity for lighting – the highest incidence was in Khayelitsha at 12% – by 2008 this had dropped to 8.4%. Overall, the average across all urban nodes was 4.5% of households not using electricity for lighting, which improved slightly in 2008 to 4.1%. The

situation was predictably different in rural nodes, where the corresponding average was 28.4% of households in 2006, improving by 2008 to 26.2% not using electricity for lighting. In 2006, more households were using electricity in every node than had been recorded by Census 2001, although some two-thirds of respondents did not use electricity for lighting in nodes such as Umzinyathi (65%) and Umkhanyakude (61%). Worryingly, these latter figures had barely changed by 2008: 66% of Umzinyathi and 64% of Umkhanyakude respondents did not use electricity for lighting. Again, there is massive variation among rural nodes, dropping from the high figures just cited to 1.6% of Central Karoo respondents and 4.8% of Kgalagadi respondents without electricity for lighting.

Sustainable Livelihood Approach[10]

If poverty matrices tell one side of the story, the Sustainable Livelihood Approach (SLA) might tell another, different version. SL 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.[11] In this way, SLA accounts for resources and livelihood assets such as skills, natural resources, access to physical infrastructure, health, access to finances, and so on. Another factor is vulnerability to stresses and shocks, which is therefore included. Together with the external environment, people combine these elements to develop strategies for sustaining a livelihood.

As noted earlier, the livelihood data discussed here form a discrete index since many of the indicators also appear in the poverty matrix or the global development index and its components. The SL index includes the following dimensions and items:

- **Human** (matric+ education; household with more than two children per adult; good health status; range of technical skills such as hair-dressing, repairing things; etc.)

- **Social** (reciprocal giving, trust community members, care for community, community solves own problems well, low anomie, hostility to gender-based violence, belong to at least one CSO)

- **Natural** (access to a range of natural assets)

- **Financial** (access to financial services, employed full- or part-time, employed professional/business/government/white collar, household disposable income more than R500 per month, at least one source of income and find saving money easy)

- **Physical** (no over-crowding, range of assets/livestock owned, house made of bricks, DSD service access good, also good quality education, sanitation, water, electricity and health care access good)

- **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).

....

[10]   Our thanks to Khanya-AICDD for their input on the SLA index.
[11]   IFAD, 2008 (www.ifad.org)

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

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

When the dimensions (human, social, natural, financial, physical and vulnerability) are combined, nodes all score in a reasonably tight range, from Mitchell's Plain at the upper end (with a mean of 0.4000 out of 1.000) and Mdantsane at the lower (0.2774); **the ISRDP mean is 0.3464 and the URP mean is 0.3430.** Using the SL approach immediately produces a very different picture, one where the rural nodes score (even marginally) better than their urban counterparts. **The point at issue is not that one index is 'better' or more accurate than another; they are measuring different, albeit related, ways of understanding development and the most appropriate responses to rural and urban needs. The SL approach measures aspects of peoples' livelihoods.**

If we look briefly at those SL 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 SL index we asked respondents to tell us what skills they had (these are self-reported answers that we have not sought to verify).
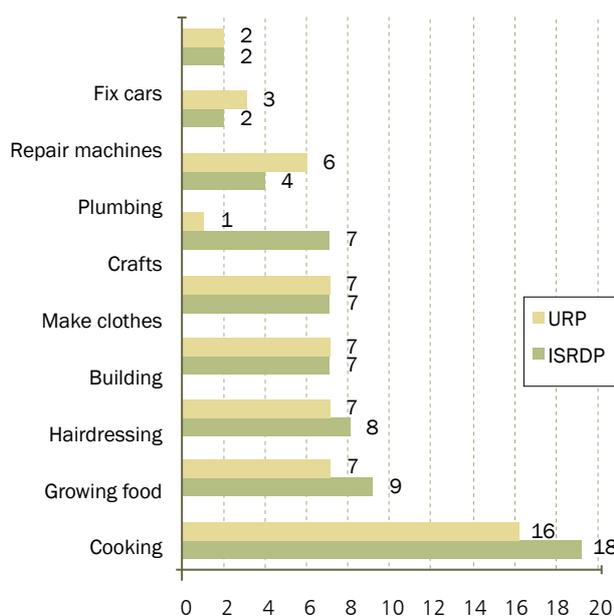
Figure 10: Self-reported skills base (2008)

On 4 of 9 items, ISRDP respondents score higher than urban, and the two score evenly on a further 3 items, leaving only machine repair and plumbing where skills are higher in urban than rural areas. **For any department or agency looking for small-scale interventions, the graph gives an indication of the existing skills base that can be built on.** It is also notable that rural (self-reported) skills extend beyond making crafts or growing food.

The ISRDP nodes also performed better when we asked about ownership of a range of assets, set out below.
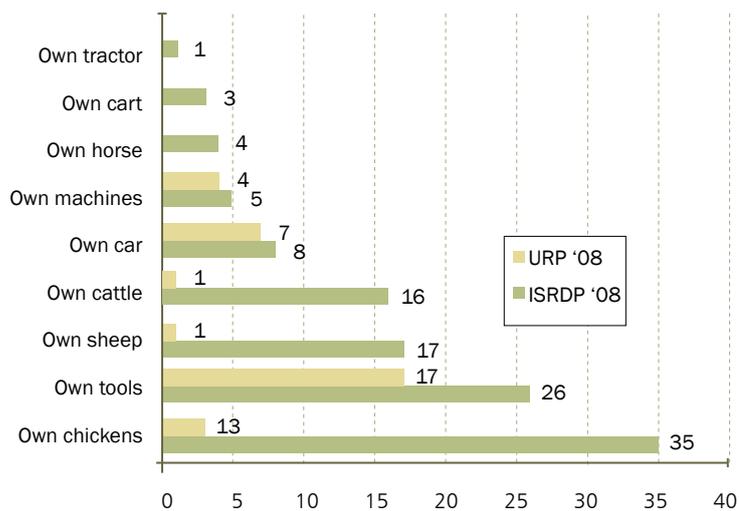
<div align="right">Figure 11: Asset ownership (2008)</div>

Two points emerge from the graphic. First, when asset questions are geared towards rural respondents, they provide a different profile than questions that focus on ownership of assets (traditionally used to create living standard measures (LSMs) and so on) such as TV sets, DVD players, washing machines and the like. So what we have here is a relatively more nuanced picture of the nodes and their asset base. **Note also that many rural assets tend to be productive, rather than consumerist.**

Secondly, however, while showing this alternative reading of urban/rural differences, we also have **an indication of quite how poor the ISRDP nodes really are**. We asked about asset ownership for any member of the respondent's household, not merely individual ownership. In that context, for just a third of respondents (35%) to own chickens seems remarkably low, which seems also to be true of livestock ownership generally, which nowhere approaches a fifth of respondents' households (17% own sheep and cattle respectively). (This may also be the result of question formulation – the respondent may not have 'owned' the items in question.) **So on the one hand we can tell a partially different 'story' of rural capacities and assets; but that story simultaneously highlights precisely how poor the ISRDP nodes actually are.**

It is also interesting to note that **urban/rural social capital in the SL index is less starkly different than might be expected**. This is not necessarily positive – we have already noted that social cohesion emerges as a vital glue holding together poor urban and rural societies as they struggle against enormous odds. Taken with the high vulnerability scores in both areas – there are no rural idylls to be found in the ISRDP - these two sets of scores do seem to show nodes as being under

enormous pressure – from crime, poverty and so on – and holding together with what resources they can find.

The most obvious point is that **the SL index produces far more even urban/rural scores, by making space for capacities and assets that may be more prevalent in rural areas – prevalent but also relevant,** instead of focusing primarily on directly economically viable and cash-based assets. This is most obviously true of natural assets such as access to fishing, wildlife, communal land and so on, but also true of ownership of livestock and farming equipment as well as skills and capacities rather than only formal education (always lower in rural areas) such as hair-dressing, craft-making, farming and so on.
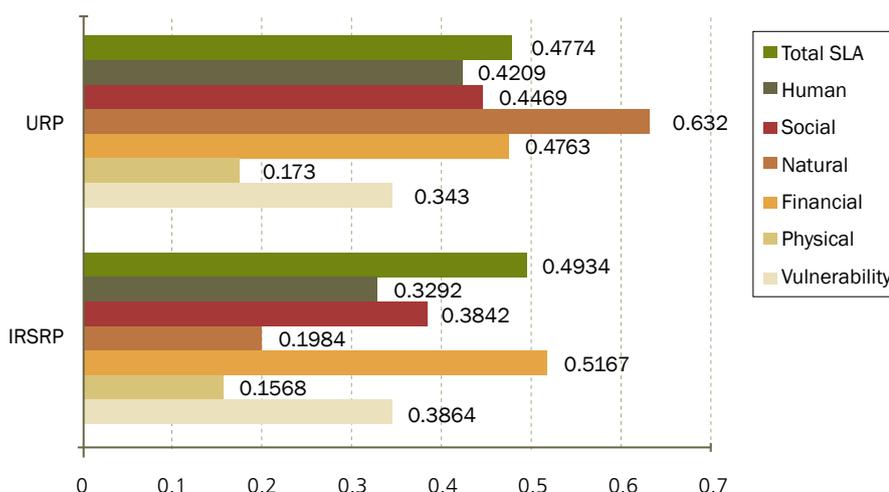
Figure 12: SL scores URP/ISRDP (dimensions and total SL score) (2008 only)

Looking at the top set of rows, we see vulnerability to be very similar in ISRDP and URP nodes – and to score slightly higher (which is good news since we have reverse-scored the results) in rural areas. The URP areas do far better on the physical dimension, as we have already seen – infrastructure and services have been rolled out to urban areas to far greater levels than rural areas. And, predictably, respondents living in urban nodes score higher on the financial dimension. The natural dimension see ISRDP-based respondents scoring far higher than their urban counterparts, while losing ground on the financial dimension. **But when we look at the bottom sets of (black) rows, we see that respondents from ISRDP nodes score slightly higher than their urban counterparts (high scores being a good thing)**. That the rural nodes are poorer than their urban counterparts is not in question. But if one approaches the issue from a livelihood rather than merely a poverty measurement angle, the basis for creating sustainable livelihoods (which are not the same as waged employment, which sits at the heart of the ISRDP vision and logframe[12]) clearly exists in the ISRDP, and to a (slightly) greater extent than in URP nodes.

We know that nodes vary enormously, and it should come as no surprise to find that an overview obscures important local differences. Umkhanyakude, for example, which has thus far appeared primarily as amongst the very poorest nodes, can be found with the highest 'natural' score as

....
[12]   Independent Development Trust (2005) 'Integrated Sustainable Rural Development Programme: Programme Design Document'.

well as the highest 'social' score for the ISRDP nodes. And Maruleng, the 'poorer' half of the former Bohlabela node, has the highest total SL score for all the ISRDP nodes, compared with a straight poverty measure, for example, which puts Central Karoo far ahead of other rural nodes.

It is clear that using this different lens through which to study the nodes rather dramatically shuffles the ranking of nodes; and given DSD's current project-based approach, the matrix allows for better project identification via which assets can be targeted for improvement, or where vulnerability can be reduced, than perhaps has gone before. But the poorest nodes on the poverty matrix remain the poorest nodes on the SL matrix – Mdantsane in the URP, and Ukhahlamba in the ISRDP.

In the urban nodes, there are fewer surprises – the older, more established sites such as Alexandra and in particular Mitchell's Plain dominate most dimensions (barring 'natural'), and Mitchell's Plain has the highest overall score.

We noted earlier but it is worth repeating here that overall, the ISRDP gets a slightly higher score than the URP. It scores higher on 'social' and 'natural' and, unfortunately, 'vulnerability'; the urban nodes do better on 'physical', 'human' and 'financial'. The differences (in favour of the ISRDP) is tiny and not really the point – what matters is that the SL index encourages a more optimistic approach to rural development (in particular) than poverty measures; the latter tend to cast ISRDP nodes as bleak and hopeless, while the SL matrix has identified strengths as well as obvious weaknesses, and suggest locations and directions for future investments in the nodes.

Node	Human	Social	Natural	Financial	Physical	Vulnerable	Total SL score
			ISRDP				
Alfred Nzo	0.1398	0.5708	0.3080	0.3507	0.3340	0.4895	0.3655
Chris Hani	0.1600	0.5515	0.0799	0.3817	0.3425	0.3786	0.3157
OR Tambo	0.1318	0.5531	0.2745	0.3592	0.3180	0.5083	0.3575
Ukhahlamba	0.1092	0.5067	0.0836	0.3691	0.2689	0.4413	0.2965
Ugu	0.1679	0.4924	0.3053	0.4164	0.3489	0.4682	0.3665
Umzinyathi	0.1764	0.3252	0.1985	0.3627	0.3087	0.4593	0.3051
Umkhanyakude	0.1475	0.5929	0.3109	0.3840	0.3046	0.4629	0.3671
Zululand	0.1223	0.5326	0.2325	0.3558	0.2979	0.4771	0.3364
Sekhukhune	0.1630	0.5896	0.1369	0.3020	0.3072	0.5912	0.3483
Bushbuckridge	0.2229	0.4653	0.2933	0.3829	0.3127	0.5739	0.3752
Maruleng	0.2410	0.5410	0.2867	0.3333	0.3178	0.6019	0.3869
Kgalagadi	0.1674	0.5493	0.0276	0.4115	0.3389	0.4796	0.3290
Central Karoo	0.1638	0.4778	0.1145	0.5251	0.4503	0.5611	0.3821
Maluti-a-Phofung	0.1705	0.4774	0.2306	0.4190	0.3639	0.5429	0.3674
			URP				
Mdantsane	0.1715	0.3710	0.0033	0.3907	0.3996	0.3281	0.2774
Motherwell	0.1462	0.4368	0.0076	0.4451	0.4474	0.4416	0.3208
Alexandra	0.1969	0.5263	0.0067	0.4394	0.4249	0.5383	0.3554
Inanda	0.1884	0.4636	0.0529	0.3919	0.3543	0.4538	0.3175
KwaMashu	0.1844	0.5061	0.0337	0.3991	0.4283	0.4211	0.3288
Khayelitsha	0.1728	0.5467	0.3555	0.4372	0.4234	0.4551	0.3984
Mitchell's Plain	0.1685	0.5505	0.0132	0.5334	0.4489	0.6854	0.4000
Galeshewe	0.1557	0.4093	0.0324	0.5385	0.4405	0.4960	0.3454
			Programme totals				
ISRDP	0.1568	0.5167	0.1984	0.3842	0.3292	0.4934	0.3464
URP	0.1730	0.4763	0.0632	0.4469	0.4209	0.4774	0.3430

Table 7: SL index scores by node and programme (2008)

Overview: Conclusion

Overall, poverty levels have declined. In 2006, this happened more steeply in urban than rural areas, but in 2008 the reverse was true- poverty was still declining in the ISRDP but had levelled off in the URP. The steep 2001-2006 diminution was driven in part by the provision of infrastructure but more obviously by the **widespread access to social grants provided by the Department of Social Development**. These cash injections, though not large, and politically contested,[13] have made a major impact on poverty levels in the nodes. It is the combination of the two – services and income support – that is impacting on poverty.

But there are limits to what even this combination can do, while the market continues to either by-pass nodal areas or signally fail to provide employment opportunities in them (and beyond, of course). **The trend-line suggests that on-going - albeit modest - gains will be made in rural areas, while in urban areas poverty levels have steadied and may even be rising very slightly.** As an election poster of 1994 had it, what is most needed is 'jobs, jobs, jobs'.

The performance at nodal level is very uneven. At one level, there is a discernible rural/urban difference, where urban municipalities are outperforming their rural counterparts in providing infrastructure and services to citizens. Between 2006 and 2008, service delivery improved markedly in urban nodes, but not in rural nodes. There is no real evidence of an ISRDP 'footprint' that provides evidence of even implementation – though by the same token, poverty continues to decline in the ISRDP nodes, which some may argue is the critical 'footprint' for the programme.

One key visible change – discussed below – is **improved service delivery across the board by the Department of Social Development in the 2006-2008 period.** This suggests that the results of this and other studies were used to complement the implementation and management support programme implemented as part of this project to good effect.

When we switch to a sustainable livelihoods approach, although the differences in infrastructure and services remain starkly evident, the picture is a far less dramatic less rural/urban have not/have division. The SL approach provides a bottom-up view of the nodes, **where rural nodes appear to provide**

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13   See 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).

better opportunities for sustainable livelihoods to be pursued – but whether these will extend beyond survivalism to become economically viable entities is yet to be seen. It may suggest that there is a potential to enhance livelihoods in rural areas, taking a broad view of livelihoods with the five types of assets, as well as vulnerabilities.

It should be borne in mind that we are in these 22 nodes because the two programmes, the URP and ISRDP, are meant to be enhancing co-ordination among departments, leading to the provision of an integrated basked of services – giving people what they need when and where they need it – and thus making better use of existing resources, rather than pumping additional funds into the nodes. It is apparent from the 2006-2008 measurement that (as we predicted in 2006) the true challenge of co-ordination and integration is in rural areas, where spatial challenges, the small local tax base and limited economic opportunities make the situation more urgent **and** more complex.

The **differences within the URP and ISRDP** - between different urban nodes and different rural nodes - suggest that local governance remains a critical performance indicator and, in many rural areas, an issue of on-going concern. It is difficult to detect whether or not the URP and ISRDP are having a specific programmatic effect on the municipalities and council areas in which they are located. That said, **there do seem to be provincial trends, as we have seen, such as the poorest rural nodes clustering in KwaZulu-Natal and the better-off urban (and rural) nodes being in the Western Cape.** Whether this is because of harmonisation between the provincial growth and development strategy and nodal Integrated Development Plans (IDPs) leading to improved performance, or provincial growth/poverty trends, or some other set of variables, is unclear.
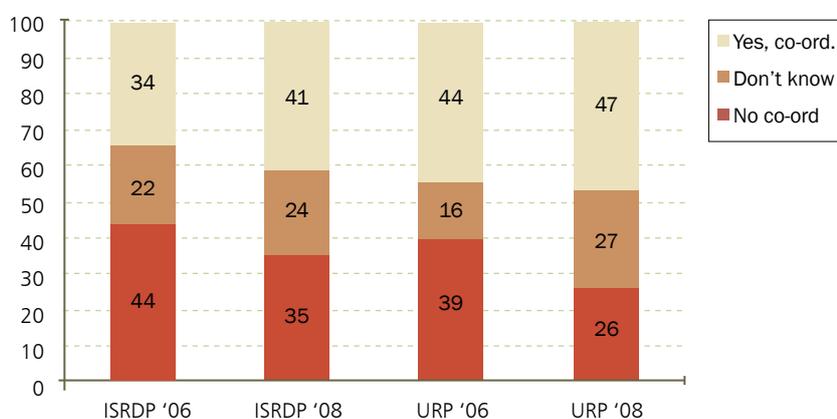
Figure 13: Attitudes to co-ordination (by programme)

What is of concern – we discuss this in greater detail below – is that **the general development project seems to be losing energy and focus**. Knowledge of and participation in IDPs is static or dropping, while belief that co-ordination is occurring dropped, as did faith that any sphere of government was trying to improve the quality of life of nodal respondents.

Respondents in the 22 nodes were **increasingly sceptical as to whether or not co-ordination is occurring between the spheres of government**. In the questionnaire, we read out a brief definition of co-ordination and integration, then asked respondents if they felt this was occurring. As can

be seen in Figure 13, between 2006 and 2008, the period during which the URP and ISRDP both passed their 5th year of implementation, respondents were increasingly clear that co-ordination was **not** taking place – by 2008, just 35% of ISRDP and 26% of URP respondents believed they could see evidence of co-ordination in their nodes. Almost half (47%) of URP respondents – who have seen far greater improvements in service delivery than their rural counterparts – saw no evidence of inter-government co-ordination, true of 4 in 10 (41%) ISRDP respondents. **This is a deeply negative judgement passed by respondents.** This veered wildly, from 59% of Umkhanyakude and 45% of Zululand respondents who felt co-ordination was occurring, as did 43% of Motherwell respondents; to a low of 17% in Maruleng and 18% in Bushbuckridge, joined by just 7% in Mitchell's Plain.

That said, the overall finding remains true, namely that rural poverty continued to decline, while urban poverty had levelled off – but after dropping significantly in the 2001-2006 period. This is the ultimate success indicator of both URP and ISRDP, far more than whether or not nodal residents feel they can see co-ordination occurring. In the chart below (Figure 14), the higher of each set of bars per node represents the poverty score from the 2001 census; the lighter coloured bar below that is the poverty score from the 2006 baseline survey; the third bar is the 2008 survey.

The 2008 survey, with a smaller sample, has a larger node-level error bar, and reaching firm conclusions at nodal level is questionable. We can nonetheless see from the graphic that measured over time, poverty is declining, more visibly in rural than urban nodes, though the trend throughout is for levels of poverty to be dropping. We are a long way from the '50% reduction in poverty per node' target of the ISRDP[14] but given the fact that the ISRDP and URP were launched immediately after demarcation, with new local government structures many of which had to be built from scratch, these are important gains indeed.

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[14]   Independent Development Trust: *ISRDP: Programme Design Document* (Pretoria, 2005)
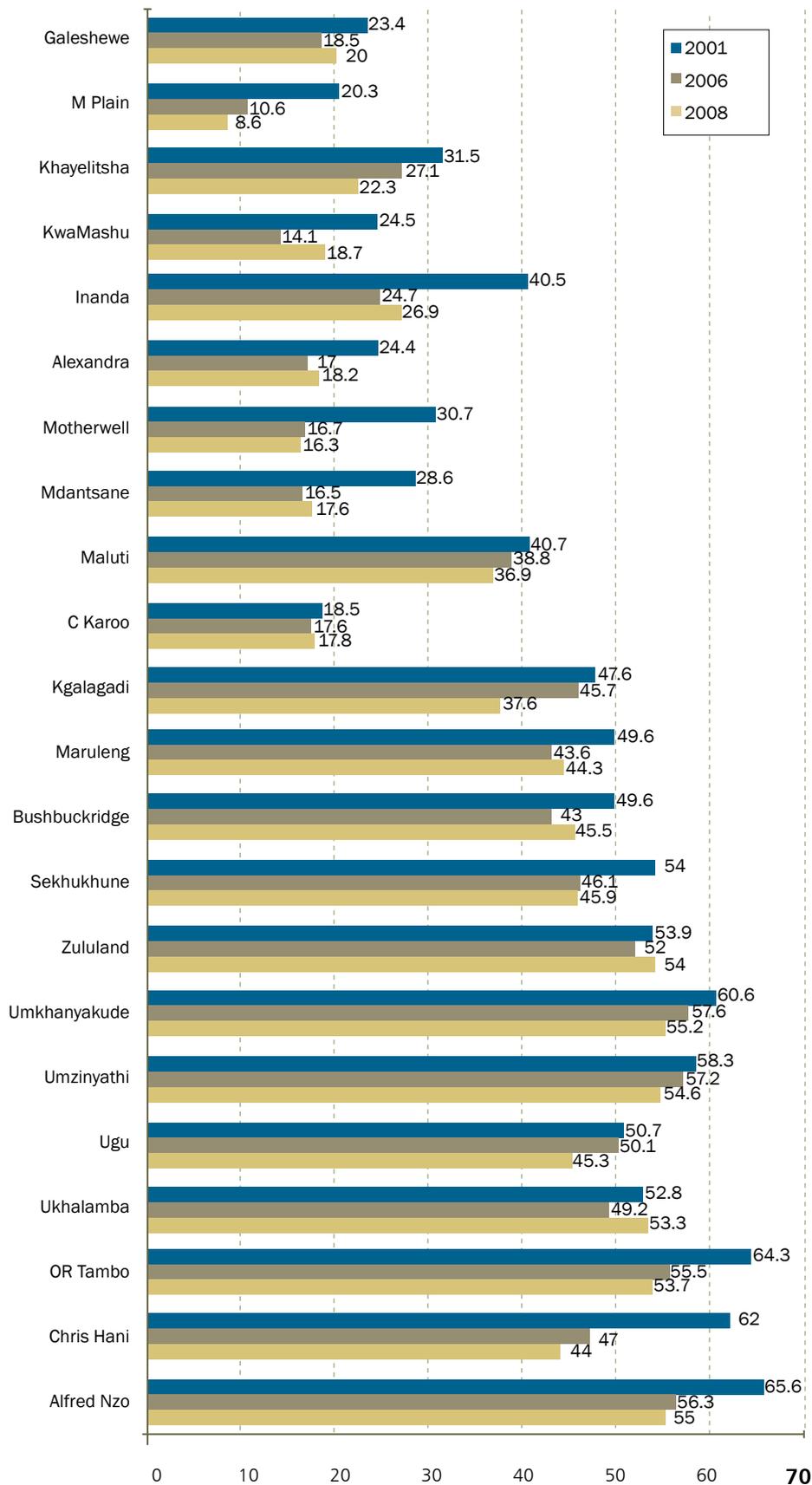
Figure 14: Poverty scores 2001-2006-2008 (by node)

Detailed findings

We now provide more detail on all areas in the survey questionnaire, starting with demographic data. (Demographic data are taken from the baseline survey.) Poverty in South Africa has a well-known **racial dimension**, reflected in the survey data where African respondents dominated in both urban and rural nodes, with coloureds making up the remainder, barring 1% of whites in the rural nodes.

	ISRDP	URP
African	92	89
Coloured	7	11
Indian	0	0
White	1	0

Table 8: Race (by programme) (2006)

The **age profile** of rural and urban nodes differs considerably.
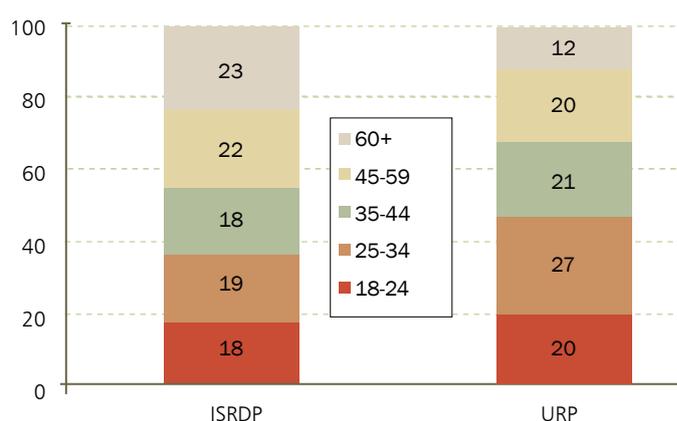
Figure 15: Age profile (by programme) (2006)

The population in the rural nodes tends to be older. The youngest cohort (18-24) is equally likely to be found in urban and rural areas, but the urban areas have more working age inhabitants – see the spike from rural to urban as age increases - while rural nodes tend to have older inhabitants. This has implications for social grants as well as development and service types.

Education levels are also markedly different across URP and ISRDP nodes, reflecting very different human resource bases in the nodal areas.
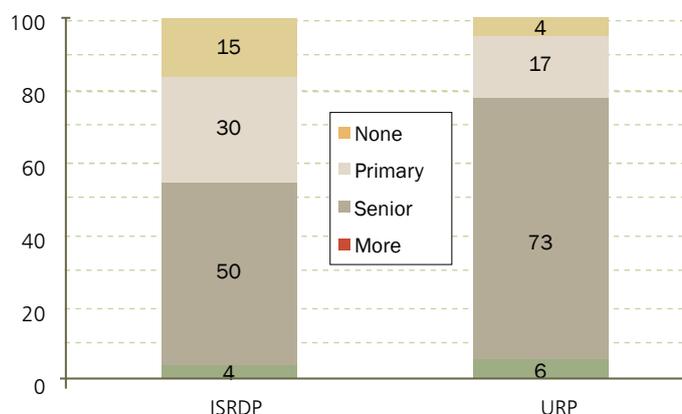
Figure 16: Education (by programme) (2006)

The ISRDP nodes have **large populations without any formal education** (averaging 15% of respondents) as well as with primary schooling only (30%). Almost half of ISRDP respondents have no or very little formal education. In urban areas – even these poor urban areas – the situation is very different, with three-quarters (73%) having completed senior school.

Levels of disability are higher in the nodes than the national average (of 5%).[15] To measure incidence, we asked respondents 'Do you need the support of another person or an assistive device to carry out daily living activities (for example, do you need a sign language interpreter or a hearing aid to understand people)?'
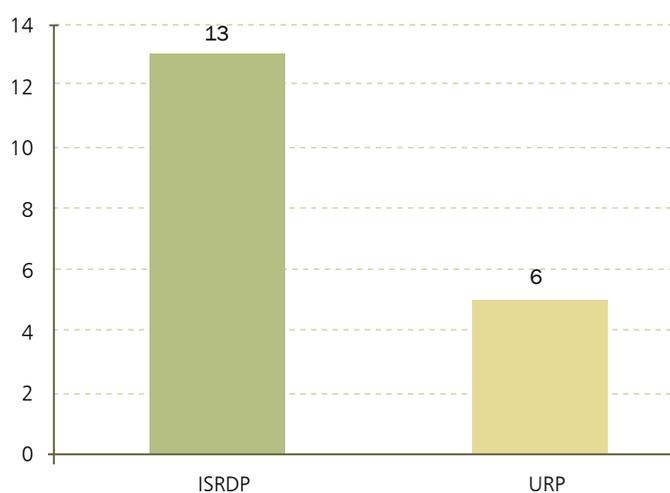
Figure 17: Prevalence of disability (2006)

Disability is more than twice as common in ISRDP nodes as in their urban counterparts. (The 2008 survey had exactly the same results as the 2006 baseline.) This has implications for DSD's delivery of social grants, particularly disability grants; as well as for the developmental welfare model it deploys

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15   Statistics South Africa: *Prevalence of disability in South Africa* (Pretoria, 2005).

in rural nodes, where disability counts for 1 in 8 adults. And this is especially true when we note that in ISRDP nodes, just 21% of people who described themselves as disabled told us they access a disability grant; this dropped to 20% of respondents in URP nodes. We did not seek to verify either reported disability or grant access: these are self-reported findings. **These are very low rates of grant uptake**, especially given that they occur in the 22 poorest nodes in the country, and suggest that a concerted drive to link potential recipients with DSD service points could have a significant impact on the nodes.

As shown in the nodal reports, **incidence of disability varies widely by node**, both within and across rural and urban areas. For example, 0.5% of respondents in Alexandra told us they had a disability, rising to 12% in Mdantsane. In ISRDP nodes, for example, 2% of respondents from Chris Hani told us they had a disability, rising steeply to 31% in Umkhanyakude and 33% in Zululand. These figures underscore the importance of a localised, bottom-up approach to development: a top-down, 'one size fits all' centrally driven programme would be incapable of accommodating these very significant nodal differences.

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. Urban households are slightly more likely to be smaller, but in both cases over half of households include between 4 and 7 people.

In the opening section of the report (where it formed part of the poverty matrix) we noted the **increase in female-headed households** since 2001. There is a rural/urban difference, with 53% of ISRDP households headed by women, dropping to 47% in urban households – but the sample average remains 50%, meaning that 1 in 2 households across all 22 nodes are headed by women. Beneath this are wide variations across the nodes, with a low incidence of female-headed households in Mitchell's Plain (at 31%) contrasting with Ukhahlamba at twice that proportion (65%).

No. in household	ISRDP	URP
1	4	5
2-3	20	27
4-5	29	34
6-7	23	20
8-10	17	11
More	8	3

Table 9: Household size (by programme)

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**, the bars on the right show that URP households are more likely to be smaller than ISRDP households, with a quarter (26%) having no children and almost half (46%) containing between 1 and 4 children. Just 6% of URP households include 5 or more children.

In ISRDP households the situation is very different. Just 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.
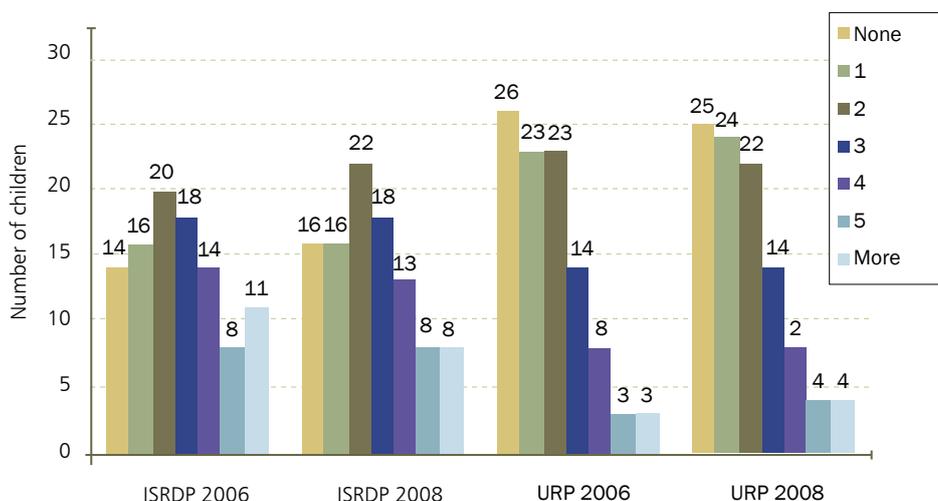
Figure 18: Number of children in household (by programme)

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, 62% have children of the head of household; 45% include children not of the head of household; and 12% include orphans. In URP households the figures are somewhat different: just 5% have taken in orphans, 27% include children not of the head of household.

In the 2008 survey, we found that the overall situation had not altered significantly. The pattern remained the same, with far larger rural than urban households, including significantly more children under the age of 18. Among households with children, 48% in ISRDP nodes included children not born to the head of household, as did 38% of urban households. And 9% of ISRDP respondents with children in the household had orphans without any blood link in their household, as did 4% of URP households with children. **ISRDP households are larger, poorer, contain more children, and are also taking in more orphans, than their urban counterparts**. 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.
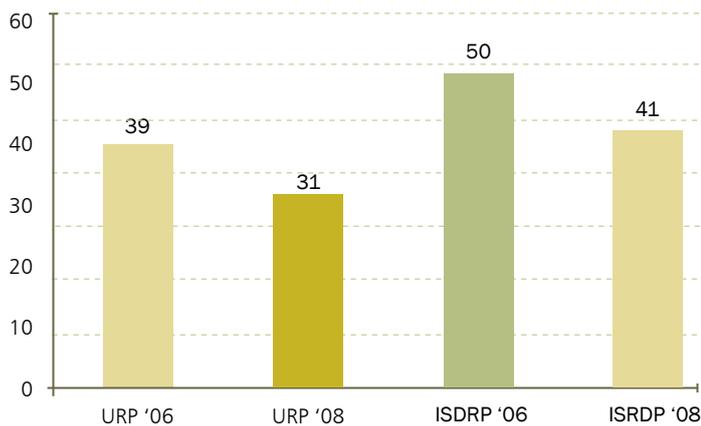
Figure 19: Inability to feed children in household in last 12 months, 2006-2008

We have reported to DSD separately on the Millennium Development Goals[16] and issues of child hunger. It should be emphasised, however, that difficulties in paying for household reproduction impact directly on children in poor households in rural and urban areas. 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, this had dropped by 2008 in both ISRDP and URP nodes, as shown in Figure 19. The downward trend is very positive, suggesting that the general reduction in poverty – and the child support grant in particular – are having a positive impact on this key indicator.
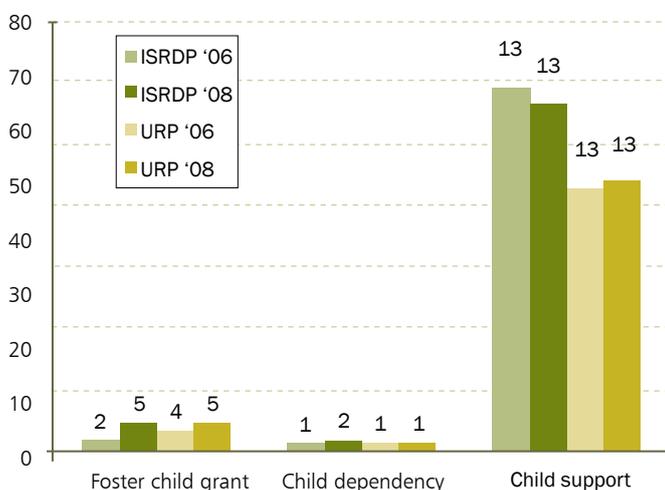
Figure 20: Incidence of children in household and uptake of related grants (by programme), 2006-2008.

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. 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

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16   Smith M, Everatt D (2007): 'Tracking Poverty in South Africa's 21 Poorest Nodes: Using the Millennium Development Goals and Other Poverty Indicators' (S&T/DSD).

in these 22 poor nodes – precisely the kinds of area policy-makers had in mind when designing the grant.

Grants are key in placing cash in the hands of the poor, and allowing them to decide what to do with it. The significance of these cash grants has been demonstrated in this and other studies and does not need to be argued again.[17] But what do people in the nodes do when they need cash but have none?
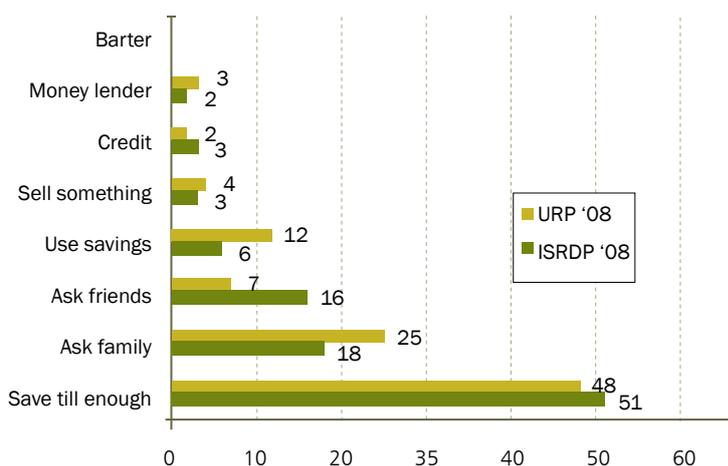
Figure 21: Accessing cash (2008 only)

Half of urban and rural respondents told us they save up until they have enough money, while urban respondents were more likely to ask friends (who are also more likely to be working, as we have seen) while rural respondents were more likely to ask family members. At the lower end are the money-lenders and credit providers, circling like the first few vultures – exactly the trap that the poor are likely to fall into.

[17] See for example the on-going Meth/van den Berg et al debate (as summarized by Meth) in Meth C. (2008) 'The (lame) duck unchained tries to count the poor', School of Development Studies, University of KwaZulu-Natal, Working Paper 49; van den Berg S., Burger R., Rulof B, Louw M and Yu D. (2006) 'Trends in poverty and inequality since the political transition', Development Policy Research Unit Working Paper; Meth C. 'Half measures revisited: The ANC's unemployment and poverty reduction goals' in Bhorat H. and Kanbur R. (eds.) (2006) *Poverty and policy in post-apartheid South Africa* (Human Sciences Research Council, Pretoria), pp.366-458.
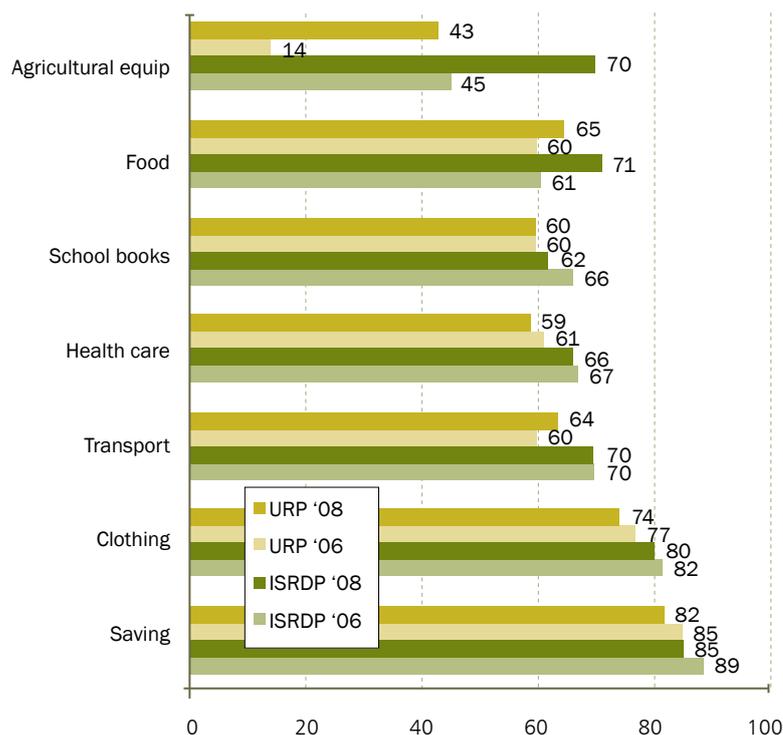
Figure 22: Respondents finding if 'very difficult' or 'difficult' to pay for items (by programme)

Because behind the ideal of saving is the reality of how hard this is for poor people living in poor areas. We asked respondents how much difficulty, if any, they had in paying for a range of household reproduction costs. The rising cost of living is reflected in most bars in the graph – most obviously the lower set, which show how hard the poor find it to save – between 8 and 9 in 10 respondents told us they had difficulties saving money. Buying clothes, paying for transport, school books, food – all are difficult and in the latter case, difficulties are mounting for the poor as costs rise around them.

Assets and purchases

So **what do people living in URP and ISRDP nodes spend their money on? What is their asset base**? The latter has been dealt with in some detail in the SLA matrix, and here we add some additional detail.
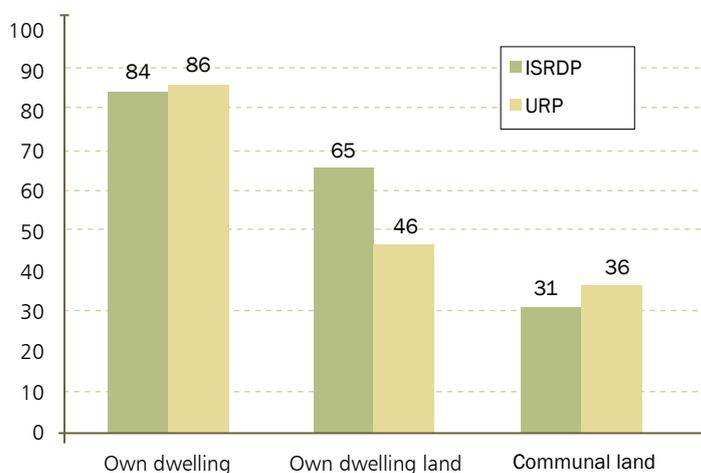
Figure 23: Asset ownership (by programme) (2006)

Dwelling ownership was roughly similar in URP and ISRDP nodes (though in 2008 ownership was considerably higher in rural than urban nodes). Land ownership was more common in rural nodes, and the relatively high incidence of urban communal land may reflect the prevalence of informal settlements in the nodes rather than more formally constituted communal land. Below we see that 19% of ISRDP respondents had access to communal land beyond that on which their dwellings were situated.

On average, 9 in 10 respondents from URP and ISRDP nodes **own their dwelling**, while 2 in 3 **own the land on which the dwelling sits** (using 2008 data). Formal dwellings are nonetheless the norm – 86% of URP respondents lived in brick houses, with the remainder living in dwellings made of mud/thatch/ wood (6%) or cement/corrugated iron/prefab (7%). This reflects the selection of formal townships as the core sites of urban nodes, rather than the newer informal settlements around metropolitan centres, which may be far poorer than the existing urban nodal sites.

 In rural areas, slightly less than half of respondents (47%) lived in brick dwellings. Traditional dwellings, predictably, were far more common, with 28% living in dwellings made from mud/wood/thatch, and a further 25% in prefab/cement/ corrugated iron structures.

In the 2006 baseline, a quarter (24%) of ISRDP respondents **owned cattle** (as did a tiny proportion (4%) of URP respondents). Of those ISRDP respondents who owned cattle, 84% had **access to land on which to graze the animals**, and in most cases did not have to pay for access to the land – just 8% (of those with access to land and with cattle) told us they have to pay for land. In urban areas, land is at a much higher premium, and 78% (of the tiny proportion who own cattle) have to pay for grazing land.

The SL approach is meant to provide a mechanism for unlocking the livelihood potential of these assets, which is why we went into them in greater detail in the overview section of the report. We did delve slightly more into the assets owned by respondents, assets that can help provide foundations for sustainable livelihoods.
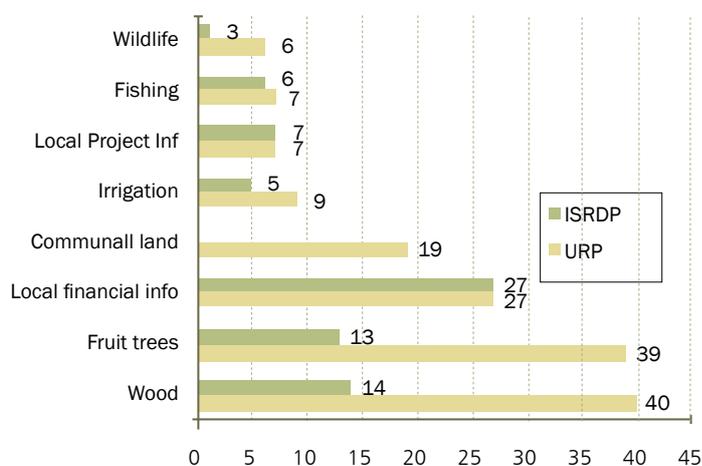
Figure 24: SL asset ownership (2008 only)

A number of the items above appear in the 'natural' dimension of the SL index, showing reasonable access to wood and fruit but considerably less access to wildlife and fishing (highest in the poorest nodes, as we saw).

It is notable – in the middle of the graphic – that **access to local information about grants, project funds and so on, is equally shared among urban and rural respondents**, a positive finding for the ISRDP in particular. But the graphic also begs the question: **what should be considered a 'good' result?** Given government's pro-poor policy thrust, the building of multi-purpose community centres to disseminate information, the public education and information campaigns, is 27% with local project/financial information a good or bad result? A further 7% had access to information about local projects – is this a good or bad outcome? How widespread should such knowledge be? The same applies to the access points – that 4 in 10 (39%) ISRDP respondents have access to fruit trees is clearly positive, but also reminds us that **in no instance do half or more than half of respondents access any of the items we asked about.**

Financial services – not known for being pro-poor and certainly not easily accessible in many rural nodes – are used by a small, but growing, proportion of people living in ISRDP or URP nodes.

	ISRDP '06	ISRDP '08	URP '06	URP '08
Insurance policy	24	28	33	33
Bank account/ATM card/credit card	31	38	46	51
Account at store	8	12	27	26

Table 10: Financial services (by programme)

A quarter of rural and a third of urban respondents had an insurance policy in 2006, rising slightly in 2008. Rather more have a bank account or card, including a third (31%) of ISRDP respondents and just less than half (46%) of urban respondents in 2006, but rising steadily to 38% of ISRDP and 51% of URP respondents by 2008. Credit accounts at shops are a distinctly urban phenomenon, but even then were enjoyed by just 27% of URP respondents in 2006 and 26% in 2008 (and 8% rising to 12% of respondents from ISRDP nodes). **The limited use of financial instruments** suggests that the poor continue to have limited access to the financial services sector, particularly in rural areas. It will be important to track over time the impact that **cell-phone banking** can have on the poor in both urban and rural settings.

In 2006 (but not repeated in 2008) we asked respondents to tell us which item (of an existing list) they had purchased in the 12 months preceding being interviewed.
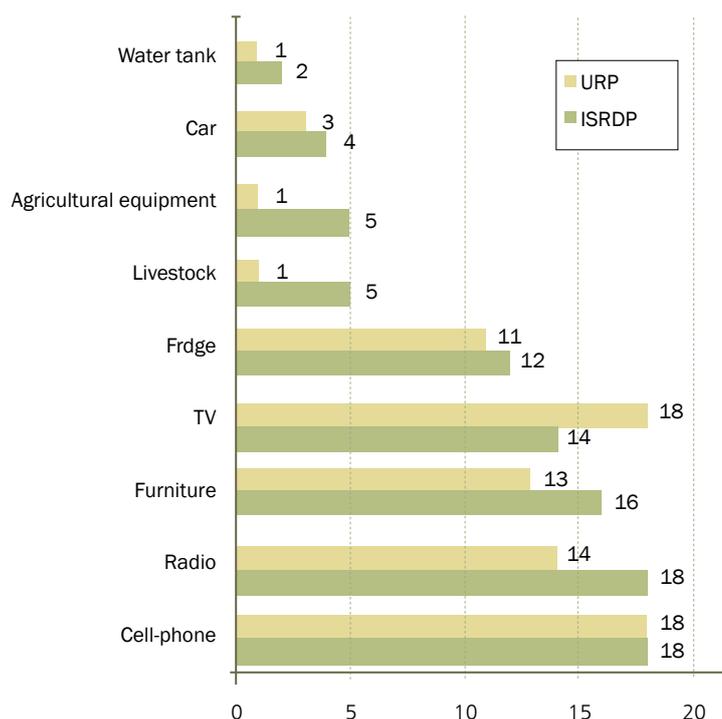
Figure 25: Assets purchased last 12 months (by programme)

The purchasing behaviour of ISRDP and URP respondents was very similar, barring issues such as livestock, agricultural equipment and so on where rural respondents predictably featured more than urban respondents. In both cases, a fifth of respondents (18%) had purchased a cell phone in the 12 months prior to being interviewed, emphasising the enormous potential of cell phone banking for the poor. Rural respondents were slightly more likely to have bought a radio (18%), urban respondents slightly more likely to have bought a TV (18%). Among respondents in these 22 poor nodes, basic accumulation is occurring, in stark contrast with the conspicuous consumption occurring at the other end of the post-apartheid economic scale.

Communication

We know from the background nodal papers[18] that cell-phone access has had a major impact on communication among residents of both ISRDP and URP nodes.

	ISRDP '06	ISRDP '08	URP '06	URP '08
Phone in house/cell	6	5	22	16
Phone in house	3	2	8	6
Cell	43	64	41	56
Public phone nearby	23	14	18	14
Neighbour's phone	4	3	3	1
Phone far away	6	2	3	0
None	15	11	7	6

Table 11: Phone access (by programme) (2006/2008)

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[18]   All nodal reports will be published by the Department of Social Development.

As we can see, **communication** is somewhat easier for urban respondents, only 6% of whom have no access to a telephone at all – highest in Inanda (12%) - but the penetration of cell-phones in rural nodes is breath-taking, with two-thirds (64%) of respondents accessing a cell-phone by 2008. This overall score also hides quite sharp differences: Just 2% of Maruleng and Umkhanyakude respondents had no telephone access at all, rising to 20% in Umzinyathi and 24% in Ukhahlamba. At the less positive end of the scale, 1 in 7 rural respondents (15%) had no access to a telephone at all, suggesting that accessing emergency services (or even local help), for example, would be extremely difficult.

Among URP respondents, almost three-quarters (71%) had **landline or cell-phone access inside their dwelling** (this had risen to 78% by 2008), with a further 21% accessing telephones nearby in 2006, 15% in 2008. 1 in 10 (10%) told us that telephones were far away or they had no means of telecommunication, which had dropped to 6% by 2008. As we saw, both URP and ISRDP households were likely to have bought a cell-phone in the last 12 months, suggesting that the communication foot-print is constantly expanding. This is borne out by the 21% increase in cell-phone access among ISRDP respondents, and a corresponding 14% increase among URP respondents. **The key challenge facing DSD is finding creative, developmental applications to improve service delivery to its target group via cell-phone and thus benefit from this remarkable expansion of cell-phone access.**

	ISRDP '06	URP '06
Watch TV		
Daily	40	68
Weekly	12	12
Monthly	2	1
Seldom/never	45	9
Listen radio		
Daily	68	70
Weekly	10	12
Monthly	1	1
Seldom/never	21	15
Read newspaper/have read to you		
Daily	8	25
Weekly	12	30
Monthly	4	7
Seldom/never	77	40

Table 12: Media consumption (by programme)

Media consumption (only asked about in the 2006 baseline) varied strongly across the urban/ rural axis. Almost half (45%) of ISRDP respondents seldom or never watch **TV**, true of 1 in 10 (9%) urban respondents. **Radio listening** is similar; but **newspaper consumption** is worlds apart, with three-quarters (77%) of ISRDP respondents seldom or never reading a newspaper or having one read to them, true of 40% of their urban counterparts. This is the result of various factors including cost, access and literacy levels.

Water and electricity

We have already discussed improved access to water provided to RDP standards, where it formed part of the poverty matrix. But we must be aware of failings too: **17.8% of the entire sample (ISRDP and URP respondents) lack any safe water source.** The picture is one of deeply uneven provision.

In 2006, a fifth (18%) of ISRDP respondents had **water piped into their dwelling**, either with or without a meter, prepaid or other. This had barely moved by 2008, where the corresponding figure was 19%. In urban areas the figure, predictably, was far higher. In 2006 it rose to half (49%) of urban respondents, but in 2008 had dropped back to 41%. A further 44% of URP respondents had water piped to their yard in 2006, rising to 50% in 2008; this was true of 17% of ISRDP respondents in 2006 and 15% two years later.

But the key point to make is that **a massive 23.5% of ISRDP respondents – equivalent to 912 000 people – have no safe water source at all.** Their water access ranges from rivers and streams to dams, trucked water, tanks and those with no regular source at all. The comparable statistic for URP nodes – those with no safe water source – is 1%. **These people – especially those living in ISRDP nodes - should be the key target group for provision by DWAF.** The failure to provide – more than halfway into the lifespan of the ISRDP - reflects the way in which urban and peri-urban provision has taken precedence over rural (especially 'deep rural') provision.

In all, 93% of urban respondents have piped water to dwelling or yard, true of just 35% of ISRDP respondents.

	ISRDP '06	URP '06	ISRDP '08	URP '08
Piped in no meter	4	5	6	5
Piped in + pre-paid meter	4	7	5	3
Piped in + meter	10	37	9	33
Piped in yard	8	13	6	8
Piped in yard + pre-paid meter	3	3	3	5
Piped in yard + meter	6	28	6	37
Piped, free communal	32	6	32	7
Piped, prepaid communal	4	1	5	1
Borehole	8	-	5	0
Rainwater tank	1	-	2	0
River/stream	15	-	13	0
Dam	2	-	4	0
Truck	1	-	1	0
Other	1	1	1	0
No regular source	0	0	2	1

Table 13: Water access (by programme)

Metered water provision is most common in urban nodes, with a marked increase in metered water piped to yards (rather than into dwellings). **Rural nodes show little if any change over time, itself a damning comment on nodal provision.**

For rural respondents, water is more likely to be communal – 36% of ISRDP respondents get their water from a communal tap, as do 7% of URP respondents.

We went on to ask respondents **if the water they receive is clean**, in their view.
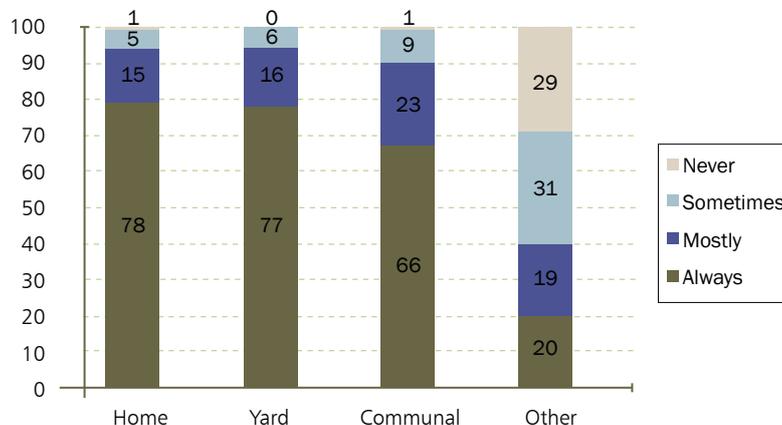
Figure 26: Cleanliness of water by source (all respondents)

Looking at the right-hand bar, we see that people who access water from any source other than piped – in this case, virtually all ISRDP residents – are most likely to have to deal with **poor quality water.** Just a fifth have a supply that is always clean, and another fifth said it was 'mostly' clean water, but for 60% their water is not clean. In Bushbuckridge (18%), Zululand (18%) and Umzinyathi (20%), a fifth of respondents said their water was 'never' clean. In the URP this was true for just 1% in Inanda and Mdantsane.

A small proportion of rural respondents have access to free communal water, something not enjoyed by most urban respondents. But rural respondents are hit by a double-whammy: most do not get water piped to their dwelling, and the water they rely on is frequently unclean.

And, of course, if water is not piped to the dwelling, someone has to fetch it. And, commonly, **that is a task for women or girl children**. In urban areas, they will commonly be fetching from the yard (if at all); but in rural areas, 'fetching water' is an innocuous-sounding phrase that can absorb hours of time.

We asked respondents who accessed water anywhere beyond their dwelling and yard how often a day someone had to fetch water for the household. In 2006, a fifth (22%) of ISRDP and URP respondents fetched water more than 3 times a day; for the majority, it was fetched 2-3 times daily. In 2008, a quarter (25%) of ISRDP respondents said water was fetched more than thrice daily, dropping to 21% of URP respondents.
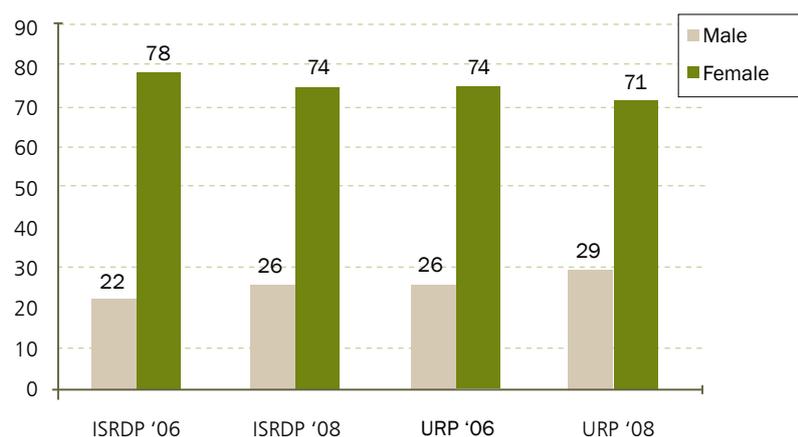
Figure 27: Who fetches water by sex (by programme), 2006/2008

We asked who fetches water – in those households where this was required – and gave a range of options that we have recoded to reflect males or females (including adults and children) who have to fetch the water. But the response pattern was explicit and largely unchanged over time: whether in URP or ISRDP households, **the burden of water collection, where the state fails to supply it, falls on women**, further entrenching both sexist attitudes towards 'women's work' and damaging the life chances of girl children (where their education or other time is sacrificed for the needs of the household). **It is worth emphasising the fact that infrastructure provision can have major (positive) social implications** – in this instance, freeing up girl children from fetching water and allowing time for school, homework, play-time and so on would be an example.

In 2006, compared with Census 2001, **electricity distribution** had improved in every node. In the 2008 measurement survey, the situation had continued to improve in the urban nodes, but was less even in the rural nodes.

Electricity: source	ISRDP '06	ISRDP '08	URP '06	URP '08
In-house pre-paid meter	63	57	76	84
In-house meter	5	11	15	11
Connected to paid source (e.g. grid)	2	2	3	1
Connected to unpaid source (e.g. neighbour)	-	2	2	1
Generator/battery	1	1	-	0
Other	1	1	1	0
No access	28	26	5	4

Table 14: Access to electricity (by programme)

There were very small numbers in urban nodes not accessing electricity – the average across all urban nodes was 4.5% of households in 2006 and 4.1% in 2008. **The situation was predictably different – i.e. worse - in rural nodes, where 28% of households did not access electricity at all in 2006, true of 26.2% of households two years later.** Rolling out services in rural nodes is costly and challenging, but also clearly a major need that is not yet being met.

'Commodification', service payments and service quality

A great deal has been written about the commodification of rights into products – for example, water is a human right but is sold as a product, with the poor either not accessing it at all or paying proportionately more than they should and suffering widespread disconnection, asset seizure and the like.[19] Government has committed itself to providing free basic services, but these too have become mired in controversy over both the amount provided and the extent to which the poor can access those services.
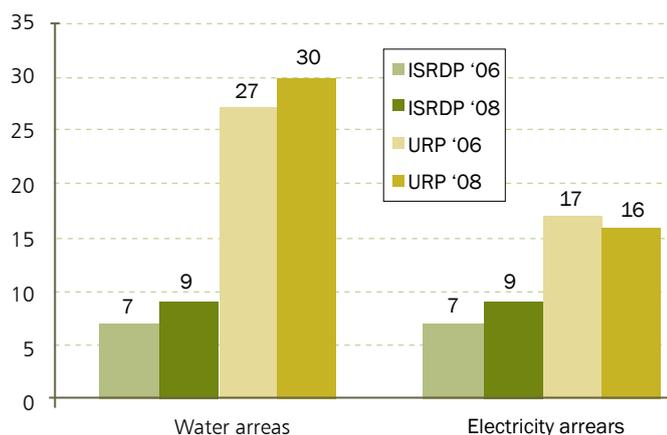
Figure 28: Service payment arrears (by programme by year)

We have argued consistently from the overview section of the first report from this project that there was a growing tension between infrastructure provision on the one hand, and unemployment and low income levels on the other: at some point, the poor would be locked out of enjoying the benefits of infrastructure. We have since seen that spatial variables compound this: huge numbers of rural nodal respondents are not receiving infrastructure, whether they can afford it or not, and thus cannot enjoy the free basic services intended for them. We asked respondents whether they had arrears for non-payment for water or electricity; and then asked if they have had their services cut off or had been evicted due to non-payment for services.

19   See *inter alia* McDonald D and Pape J (eds.) (2002) *Cost recovery and the crisis of service delivery in South Africa* (Human Sciences Research Council, Pretoria); McDonald D and Ruiters G (eds.) (2005) *The age of commodity: Water privatization in southern Africa* (Earthscan, London).
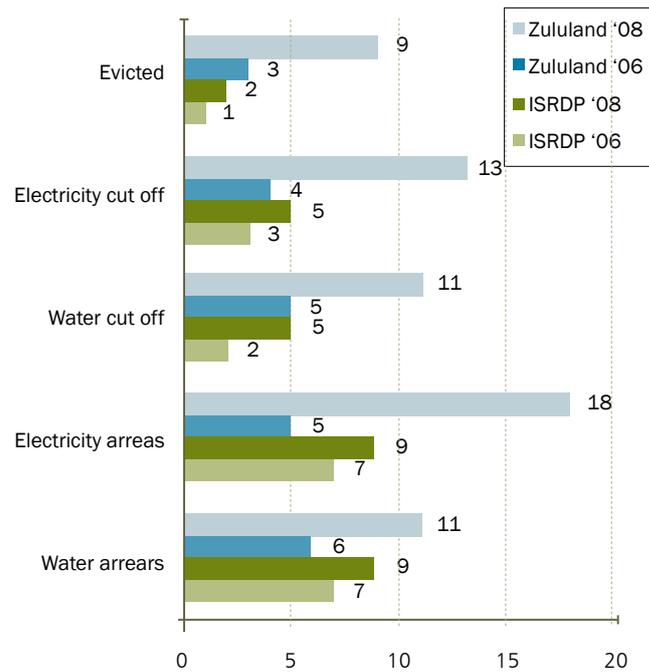
Figure 29: Incidence of service cut-offs and evictions (by programme by year)

Fewer than 1 in 10 ISRDP households have service payment arrears for water or electricity, al though this did rise slightly between 2006 and 2008. The main exception to this trend among ISRDP nodes remains Central Karoo – anyway a more urban than rural node – where 52% of respondents told us they had water arrears in 2006, dropping to 38% in 2008; and 59% had electricity arrears in 2006, rising to 68% in 2008.

Considerably more URP households have arrears, including 17% who had electricity arrears in 2006 and 16% in 2008; and 27% with outstanding water payments in 2006, rising to 30% in 2008. And, predictably, cut-offs and the like are also far more of an urban than a rural phenomenon – because the services are simply far less available in rural areas.

Very small proportions of ISRDP respondents had been **cut off for non-payment for water or electricity** in 2006, and just 1% had been evicted for non-payment. But these rose between 2006 and 2008, as did incidence of arrears, to include 5% of ISRDP respondents who had had either water or electricity cut off. Evictions remained low – rising from 1% to 2%, not statistically significant – but these figures should however be seen in the context of poor provision of services as well as high poverty. **In the poorest rural sites in the country, targeted for integrated service delivery, 1 in 20 households have had water or electricity cut off, and 1 in 50 evicted as a result of non-payment.**

The URP respondents painted a bleaker picture. Provision is higher, and so are attendant problems. In 2006, one in ten (11%) had had their water supply cut off for non-payment, rising to 14% by 2008 – equivalent to 1 in 7 urban respondents. Where electricity was concerned, figures dropped from a 2006 high of 18% to 12% in 2008. In 2006, 2% had been evicted for non-payment, rising (though not significantly) to 3% in 2008.

The policies of local government seem to be a key driver. For example, cut-offs for water and electricity were most common for both in Zululand and Umkhanyakude in the ISRDP, and Mdantsane, Galeshewe, Motherwell and KwaMashu in the URP. To illustrate the differences, 2.4% of respondents had had their water cut off for non-payment in Alexandra, compared with 17% in Motherwell and 34% in KwaMashu. The same was true of electricity: 0% had been disconnected for non-payment in Khayelitsha and Mitchell's Plain, for example, while cut-offs were high in Mdantsane (39%) and Galeshewe (26%) as well as KwaMashu (12%) and Motherwell (11%). Evictions followed suit, most commonly found in Umkhanyakude, Zululand, Galeshewe, KwaMashu and Mdantsane.

On the one hand, it can be argued that these are fairly small numbers. On the other hand, it can reasonably be asserted that in a pro-poor state, to find that in the 8 poorest urban nodes, 1 in 8 urban households have had electricity cut off, 1 in 7 have had their water disconnected, and 1 in 33 evicted for non-payment, does indeed represent **a crisis for the poor – and for the state**, particularly an erstwhile developmental state. Rural areas have a different but equally compelling set of challenges, namely massive under-delivery by the post-apartheid state.

In the table below, compare the right and left columns – that on the left shows **respondents (mainly from URP nodes) happy with their service quality, while that on the right shows the massive numbers of overwhelmingly ISRDP respondents who do not access the service at all.** In between are those who access the service but are less than happy with quality. Note also the increase in urban service provision, but the frequently static nature of rural provision. (The question was revised for the 2008 survey to allow respondents to answer 'no service', which is why these figures are only available for that year.)

	Good quality		OK		Poor quality		None
	2006	2008	2006	2008	2006	2008	2008 only
Water ISRDP	35	28	23	23	43	30	19
Water URP	65	55	25	34	10	10	1
Electricity ISRDP	42	33	24	28	34	17	22
Electricity URP	50	46	33	32	17	18	4
Water-borne sewerage ISRDP	9	10	12	9	79	14	68
Water-borne sewerage URP	41	42	35	28	24	15	15
Refuse removal ISRDP	11	10	12	10	77	15	65
Refuse removal URP	53	55	35	33	12	8	4
Affordable housing ISRDP	19	14	22	21	59	20	45
Affordable housing URP	28	34	42	42	30	20	5
Public transport ISRDP	24	23	33	33	44	34	10
Public transport URP	46	51	41	39	13	9	2
Roads ISRDP	21	18	24	25	56	52	5
Roads URP	37	45	38	32	25	22	1
Health care ISRDP	27	32	31	34	42	23	12
Health care URP	35	45	43	40	23	13	3
Security ISRDP	16	21	24	27	60	29	23
Security URP	28	38	36	36	36	18	8
Education ISRDP	54	51	32	34	15	12	4
Education URP	47	57	42	36	12	5	2

Table 15: Quality of service provision (by programme by year)

To be poor in rural South Africa is to be in the toughest place in the country – about as far from a rural idyll as possible. **In every instance, rural under-provision is marked** – the only exception being education, where a tiny 4% of ISRDP and 2% of URP respondents said they lacked any provision. But compare that with sewerage, or refuse removal, or water provision, or affordable housing, and in every instance the numbers of ISRDP respondents lacking provision dwarfs those from the URP. On 4 items – water, refuse removal, public transport and education – over half of URP respondents are happy with the quality of service. The only item on which more than half of ISRDP respondents expressed positive sentiments was education.

The table further suggests that urban service quality is improving as rural quality diminishes and under-provision remains a massive problem. On 8 of the 10 axes, URP respondents recorded improvements – comparing 2006 with 2008 scores - in service quality, with negative scores only for water and electricity (discussed above). ISRDP respondents noted improvements in the areas of security, health care and sewerage (where the positive score rose by 1% from 9% to 10%) – on every other item ISRDP respondents gave a negative score. (Even education ratings dropped by 3%.)

This takes our basic argument, about the existence of two 'worlds' – rural and urban – a step further, by indicating that the rural nodes are distinctly under-serviced, while in the urban nodes services are both expanding and improving.

The oft-expressed notion – which implicitly underpins the ISRDS, the strategy that gave rise to the ISRDP – that the rural to urban migration can be stopped and reversed, will not be worth considering

if **poor people, living in poor rural areas, continue to receive poor quality services – or no services at all.** What incentive is there for them to stay in rural areas when they can move to urban areas where they may remain poor, but in relative terms, will be a lot less poor, and enjoy a far greater set of choices, than if they remained in their rural homes? The data in the table provide a damning indictment of service delivery to the rural poor.

It is difficult to avoid the conclusion that there is a **service delivery crisis in ISRDP nodes that urgently requires solution**. The ISRDP has been in place for more than half a decade, Project Consolidate for less time, but the service delivery problems in rural municipalities remain and neither programme has had a visible impact across all the rural nodes. More creative thinking, and more appropriate support vehicles, seem to be needed.

Service delivery

In order to assess how respondents perceived the delivery of services by government in their node we asked a series of related questions focussing on different aspects of services being delivered. These included:

- Average proportion receiving grants (disability, old age, war vets, foster child, care dependency, child support)

- Average proportion making use of DSD services

- Average proportion rating services of poor quality (water, electricity, water-borne sewerage, refuse removal, housing, transport, roads, health care, security, education)

- Proportion who have clean water only some of time or never

- Proportion with no phone access or phone far away

- Proportion who believe that there is no co-ordination between government departments

- Proportion who believe local council has performed badly/ terribly

- Proportion who 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 16 below highlights not only which nodes have the best DSD service delivery (according to respondents who have used DSD services), but also shows how service delivery may have improved over time.

ISRDP nodes	Baseline	2008
ISRDP		
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
Thabo Mofutsanyane	0.41	0.38
URP		
Mdantsane	0.47	0.42
Motherwell	0.55	0.57
Alexandra	0.51	0.54
Inanda	0.49	0.40
KwaMashu	0.53	0.48
Khayelitsha	0.55	0.57
Mitchell's Plain	0.53	0.50
Galeshewe	0.58	0.58

Table 16: Service delivery index by node (2006 and 2008)

It was noted earlier that **when service delivery scores red, it tends to cluster with other red warning lights.** Reading from Table 16 it can be seen that nodes that have already been identified as the weakest in terms of addressing critical development issues are also ones that have fared poorly on the service delivery index. These include Ukhahlamba and O R Tambo as the weakest amongst the ISRDP nodes, and Mdantsane and Inanda amongst the URP nodes.

Moreover, we note that for 2008, that whilst the two URP nodes of Khayelitsha and Galeshewe continue to deliver the best DSD services in comparison with other URP nodes, the picture has changed within the ISRDP. In 2008, the strongest ISRDP nodes were now Ugu, Maruleng, Kgalagadi and Central Karoo.

Average proportion receiving grants

Child support grants and pensions are by far the most common grant accessed by beneficiaries in both the URP and ISRDP nodes. Moreover data from the **Nodal Measurement Survey** suggests that in the ISRDP nodes there has been a slight improvement in take up of the two main grants, namely the child support grant and pensions.

Again important distinctions can be found between, and within, the URP and the ISRDP. Whilst slightly above two thirds of households with children under 18 years of age were receiving the child support

grant in the ISRDP (67% of households who qualify in 2006 and 65% in 2008), half did so in the URP (49% who qualified in 2006 and 50% in 2008). Both programmes however have shown no growth in terms of those accessing the grants and thus there is still considerable room for improving uptake, particularly in the poor urban and rural areas.

Variation within the programmes was also marked. For instance, the 2006 survey found that within the URP only 25% of households with children under 18 years of age from Mitchell's Plain report accessing child support grants (dropping to 20% in 2008), whereas 67% reported accessing this grant in Khayelitsha (dropping to 55% in 2008).

In the ISRDP similar differences were noted, for example in 2006 74% of households reported accessing this grant in Sekhukhune (dropping slightly to 72% in 2008), whilst 48% of households who qualify accessed the child support grant in the Central Karoo in 2006 (increasing to 58% in 2008) .

Similar distinctions can be found with respect to pensions. On average about two out of ten URP households (22% in 2006, increasing slightly to 23% in 2008) receive pensions, whereas about a third (31% in 2006, increasing to 35% in 2008) of ISRDP households benefit from this grant.

With respect to disability grants there are significant fluctuations in the numbers of recipients. For instance, the baseline survey found that the three nodes with the greatest number of respondents receiving **disability grants** were Galeshewe (24%), Zululand (23%) and Maluti-a-Phofung (22%). The lowest were Bohlabela (4%), Alexandra (6%), Sekhukhune (8%) and Inanda (8%). This strongly suggests that certain barriers are preventing potential recipients from accessing these grants.

There were no notable number of respondents receiving **war veterans grants** in any of the nodes. The number of households reporting **foster grants** were also notably small.

Ideally one would have expected the proportions to be roughly similar. For instance, proportionately each node would have roughly similar numbers of old age pensioners, people with disabilities and so on. (There may be urban/rural differences, as we know, but differences among ISRDP nodes would be surprising.) If not, it implies that **in certain nodes recipients are finding it more difficult to access these grants than in others. The Department needs to ensure that lingering barriers to accessing grants are removed.**

Average proportion making use of DSD services

The majority in both surveys access DSD through DSD offices or pension points. However, again, differences can be seen between the URP nodes and the ISRDP nodes. Within the URP nodes approximately four out of ten (44% in 2006, decreasing to 39% in 2008) clients access DSD services through a DSD office. In the ISRDP, about half (50% in 2006, 51% in 2008) access services provided by DSD at a DSD office.

With respect to pension pay out points, a third of recipients (35% in 2006, increasing to 38% in 2008) in the URP nodes receive DSD services at such a venue. In the ISRDP 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).

Within the programmes enormous variation can be found with respect to accessing DSD services. The baseline survey found that the nodes which recorded the highest number **making use of DSD services** were the ISRDP sites of Zululand (75%), Ukhahlamba (72%) and Umzinyathi (72%). The sites where respondents **used DSD services the least** were (better-off) URP sites such as Mitchell's Plain (26%).

Few respondents were found using other services provided by DSD. The other services were typically used by well below one in ten respondents. This is not surprising given what we know about the role and importance of pensions in rural areas, the different demographic profiles of urban and rural nodes, and the spatial distribution of and access to different services. Thus few respondents report using the **Victim Empowerment Shelter** (also known as VEP 1-stop centres). Whether this is because of unavailability or access issues is not clear. Similarly, with very few respondents mentioning using old age homes (1%), and centres for older people (1%), disability workshops (1%), children's home (1%), drop in centres (1%), rehabilitation centres (less than 1%), there was no node that stood out in this regard. Similarly, places of safety were only mentioned by slightly more than 2% of all respondents. The only node where a greater number mentioned this DSD service was Umkhanyakude (12% mentioned using these sites in the baseline survey).

But again some differences can be found between the nodes. For instance, although only 8% of respondents reported using child welfare services, the baseline survey found that in certain ISRDP nodes a sizeable proportion were accessing these services. For instance Sekhukhune (43%), Zululand (33%), Umkhanyakude (33%) and Umzinyathi (20%) all reported notable incidence of using these services. There is significant variation at nodal level, a factor that should be driving the two programmes. **The problem is identifying areas or issues that can be regarded as successes for the ISRDP/URP, such as integrated service provision (i.e. locations where a centrally-driven programme can add value). These have been few and far between.**

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 some of the nodes. This suggests that in certain nodes these services might not be offered or that recipients are not aware of them if they are being offered. **We should note that in the background reports, we noted that in most nodes – especially rural nodes – 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**. It is vital that DSD responds 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.
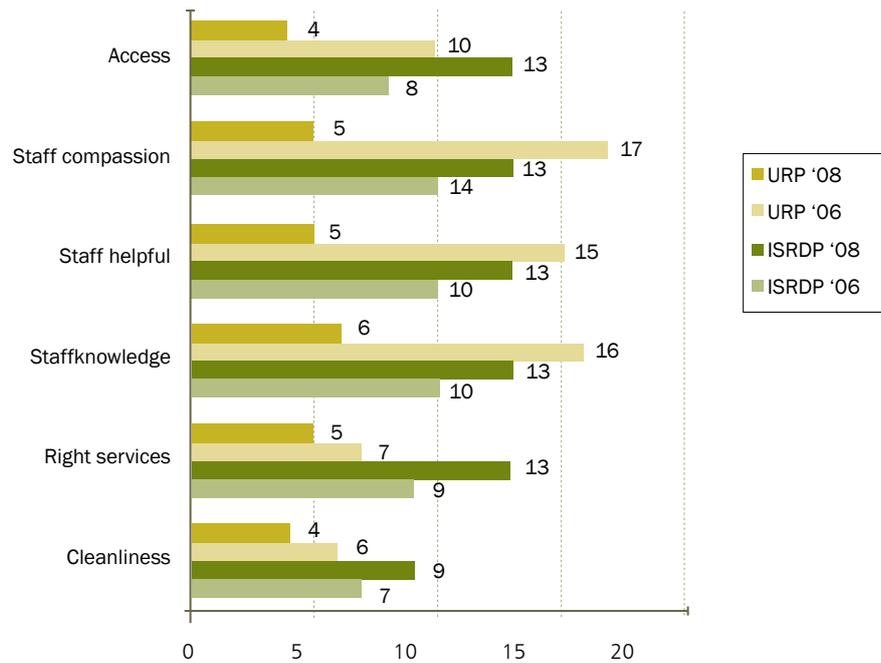
Figure 30: Proportion of respondents rating different components of DSD service delivery as below average, by programme (2006 and 2008)

Encouragingly, Figure 30 illustrates that there were fewer respondents complaining about DSD service delivery in the measurement survey than there were two years prior to this when the baseline survey was conducted. This is particularly marked in the URP nodes, **where in most instances the number of respondents deeming DSD services as poor has more than halved.** For instance in 2006, 17% of respondents in the URP rated staff compassion as below average, whereas in 2008 only 5% found it below average. This trend can also be seen with regards to staff knowledge: where 16% had rated it as below average in 2006, only 6% found it below average in 2008. No differences were found with respect to dissatisfaction with service delivery by either sex or age.

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).

Again when we examine the various nodes over time we find marked differences. Thus the baseline survey found that within the ISRDP, OR Tambo (25%), Chris Hani (20%) and Sekhukhune (13%) had the most respondents who perceived service delivery to be poor; Central Karoo (6%) had the lowest proportion of respondents who rated service delivery as poor. In 2008, there has been a marked improvement in service delivery, in OR Tambo 9% and in Chris Hani only 13% now perceive service delivery to be poor 9% in Sekhukhune, and 3% in Central Karoo.

Within the URP nodes the ratings of service delivery are equally encouraging. Mdantsane (30%), Inanda (20%) and KwaMashu (19%) recorded the highest proportion of respondents who rated service delivery as poor in the baseline survey. The nodes with the fewest respondents rating service delivery as poor in the baseline survey were Alexandra (4%) and Mitchell's Plain (9%).

However, there has been a significant change since 2006 as the 2008 survey reports that 14% in Mdantsane, 10% in Inanda and 4% in KwaMashu now perceive services as poor. Those who felt that service delivery was poor in Mitchell's Plain and Alexandra amounted to only 2% in both nodes.

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.

Sharp differences between nodes, and between the two programmes, can also be found when one examines the different components of DSD service delivery. For instance the baseline survey found that whilst more than a quarter of respondents (26%) in Maruleng reported that access to DSD services was below average, less than 3% in Ugu reported that access was a problem. Within the URP, Mdantsane was the only node where more than one in ten respondents (15%) reported access to DSD services as problematic.

However, when one focuses on the behaviour of DSD staff, the number of respondents expressing dissatisfaction increases in certain nodes. For instance, using data from the most recent survey, nearly a third of respondents (32%) in Ukhahlamba reported that staff helpfulness was either poor or below average. In Ugu, the same survey found that only 3% reported dissatisfaction with staff helpfulness. Thus again we note that where there are problems with service delivery it is not uniform across all nodes, but rather certain aspects of service delivery need to be dealt with in specific nodes. **The survey data should be used by the Department to target nodes where specific problems have been identified by respondents.**

What this suggests is that the Department will need to focus internally on shifting the attitude and behaviour of its staff so that they provide professional services effectively and efficiently. These are the main concerns of citizens as opposed to whether or not, for instance, the facility is clean. It is also clear that the **Department has a major challenge in Ukhahlamba in the ISRDP and Mdantsane and Inanda in the URP**, where respondents consistently score its services poorly.

Development

We have discussed a number of issues pertaining to development in the context of the policy matrix in the opening section of this report. Here we provide some additional detail.

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 just less than half (47%) in URP nodes. This is considerably lower than may have been expected, given the programme and policy focus on the 22 nodes, in addition to the anchor projects that kick-started the programmes. In 2008, 53% of ISRDP respondents were aware of development activities, a positive increase; but among urban respondents, the corresponding figure had dropped to 40%.
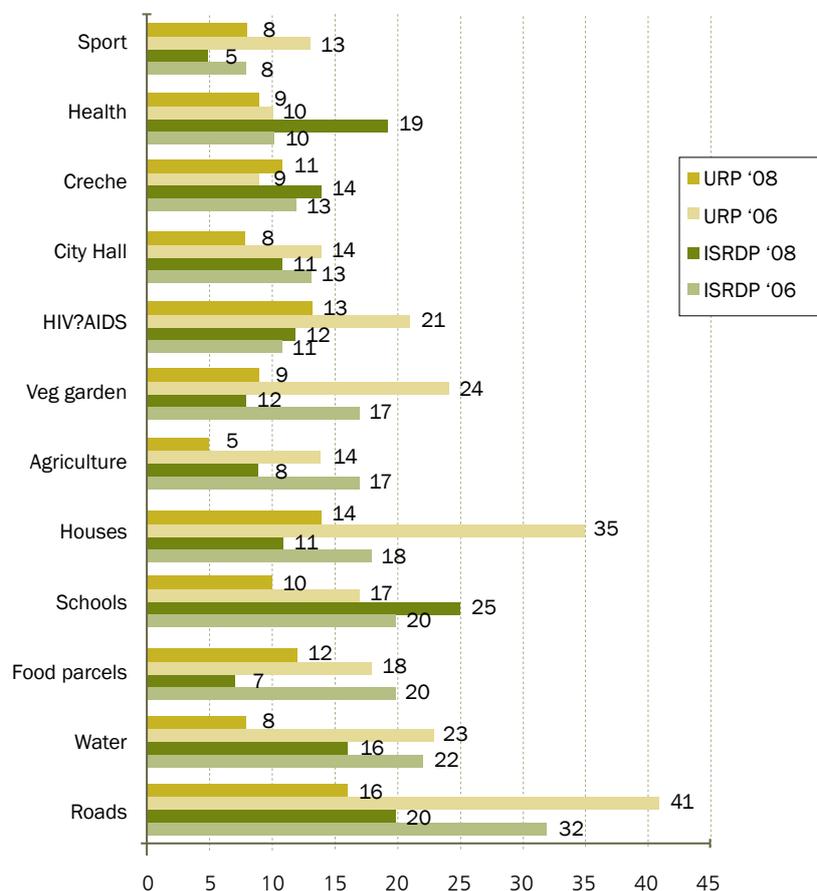
Figure 31: Awareness of development activities (by programme)

The point of the (not very user-friendly) graphic is to make the broader point, that awareness of virtually every type of development activity has dropped in the period between the 2006 baseline and 2008 measurement survey, certainly in URP nodes. On 8 areas, awareness has dropped in ISRDP nodes, increasing in just 4 areas. As we noted at the outset, **the development project seems to be losing energy and volition, borne out by these results**. Moreover, the 2006 pattern, which saw URP respondents more likely to be aware of development activities than their ISRDP counterparts, has largely been reversed.
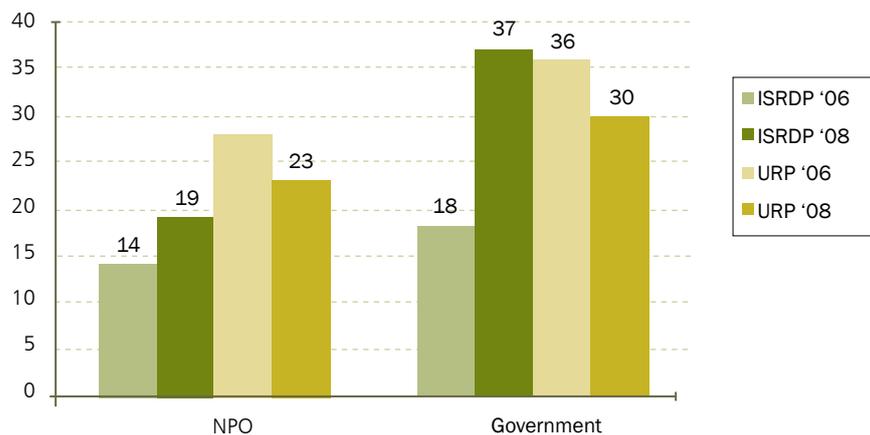
Figure 32: Awareness of NPO/Government activities (by programme by year)

We asked all respondents – regardless of whether or not they knew of development projects in their locale – if they knew of any initiatives undertaken by **Non-Profit Organisations** (NPOs) in their area, and similarly if they knew of any development initiatives by **government departments** from any of the 3 spheres. It is encouraging to note that awareness of activities by NPOs exists in both ISRDP and URP nodes, and is at similar levels (by 2008, anyway) across URP and ISRDP nodes. This suggests that NPOs are active in the 22 nodes, which is to be expected.[20] Maruleng and Alfred Nzo (79%) had the highest levels of awareness of development; in the URP nodes, Galeshewe (67%) had the highest awareness. Nodes with the lowest awareness of development were Sekhukhune (68%) in the ISRDP and Mitchell's Plain (83%) in the URP.

Awareness of who is implementing the development activities – non-profits or government – has increased in ISRDP nodes but declined in URP nodes.

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[20]   See Swilling M and Russell B. (2002) *The size and scope of the non-profit sector in South Africa* (University of Witwatersrand, Johannesburg) for more on typologies of NPOs, their work and locales.
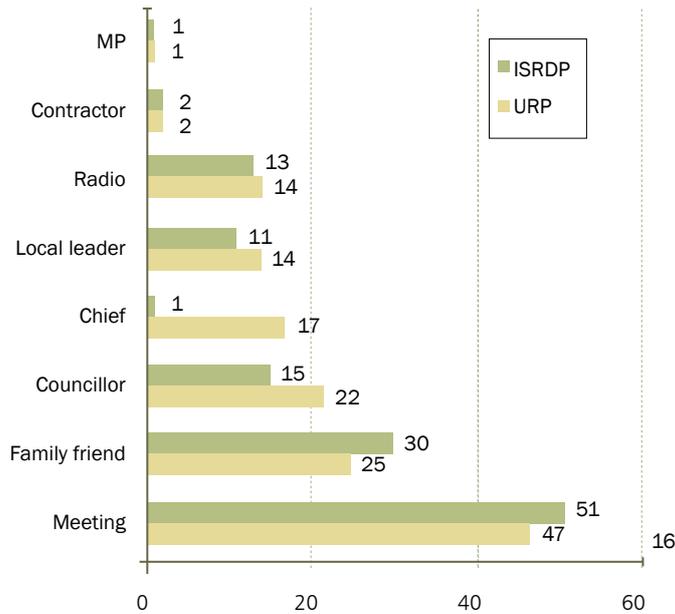
Figure 33: 'How do you usually first hear about development projects in your community?'
(by programme, 2006 only)

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 in rural areas in particular. We asked respondents how they usually first hear about development projects in their area – the information channels that need to be penetrated if awareness is to be raised.

Interestingly, **ISRDP respondents rely heavily on communication through formal channels** – the local chief, local councillor, other local leaders and so on. Respondents from urban areas rely more heavily on **word of mouth** whether communicated via meetings or from friends and family. It should be noted however that more formal channels of communication tend to favour older men; youth and women rely far more heavily on word of mouth.
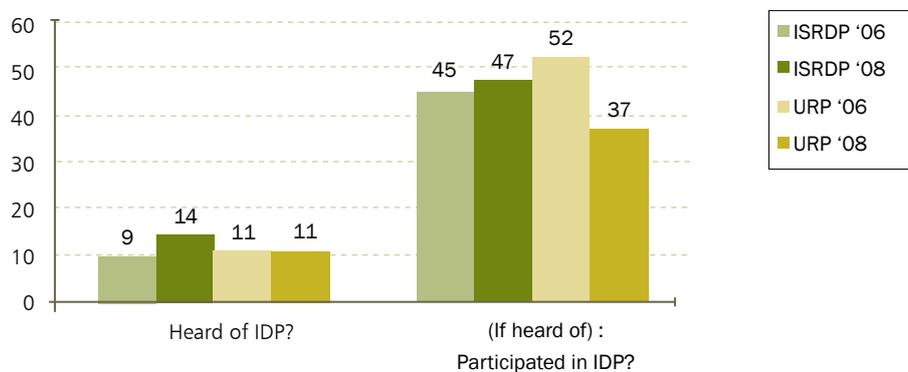
Figure 34: Awareness of and participation in IDPs (by programme by year)

Government has put in place various mechanisms for local participation in development. Key amongst these are the **Integrated Development Plans** (IDPs) which are 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 34 is that **awareness of IDPs is extremely low in both ISRDP and URP nodes**, where an average of 1 in 10 respondents had heard of IDPs in 2006, rising – positively – in ISRDP nodes to 14% by 2008. Awareness was slightly higher among men (13%) than women (9%). It may be argued that this is fact a fairly high recognition rate, given the fact that these are very poor nodes with relatively low educated residents.

On the other hand, the nodes have also been at the centre of development since being identified as nodes for the URP or ISRDP, and it is not unreasonable to assume that IDPs should have been heavily backed by the local authorities as a key mechanism for unlocking the potential of both communities and government resources. Nonetheless, awareness remains low – and this self-evidently affects participation. **Nodal variation was extreme**, shifting from 32% of Alfred Nzo respondents who had heard of IDPs, to 0% in Kgalagadi. The positive side of this is that hard work by local stakeholders and role-players, such as Community Development Workers, can have a considerable impact on awareness – and that is a key step in engendering participation.

Crucially, awareness seems to lead to action. This is particularly true in rural nodes, but appears to be waning in URP nodes. Although just 1 in 10 respondents had heard of IDPs in 2006, **around half of those who had heard of IDPs also participated in their local IDP process**, true of 45% of ISRDP respondents and 52% of URP respondents. By 2008, URP participation in IDPs (among those who knew of the IDP process) had dropped back to 37%, while in rural nodes it had gained very slightly, rising to 47%. Again, nodal variation was enormous. Among those who had heard of IDPs, participation peaked at 85% in Chris Hani and 80% in Ukhahlamba, but fell to 3% in Mitchell's Plain and 6% in Sekhukhune. The potential of participation in IDPs in ISRDP nodes is clear – the challenge is realising it in practice.

It is important to note that participation – among those who know of IDPs – is high in rural nodes, suggesting 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.[21]

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[21]   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, just 1 in 20 URP and ISRDP respondents rated it 'excellent', while just more than 1 in 4 rated it as 'good'.

A sizeable group had no view – rating council as 'neither good nor bad' – and the remainder had negative views, including 10% of ISRDP respondents who rated their council performance 'terrible', where they were joined by 12% of URP respondents. 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.

But **respondents from ISRDP nodes were more likely to rate their local authority positively when comparing it with other spheres than respondents from URP nodes**. Responses ranged from 37% of Bohlabela respondents who saw their local authority as 'terrible' to 13% of Central Karoo respondents who thought theirs was 'excellent'.
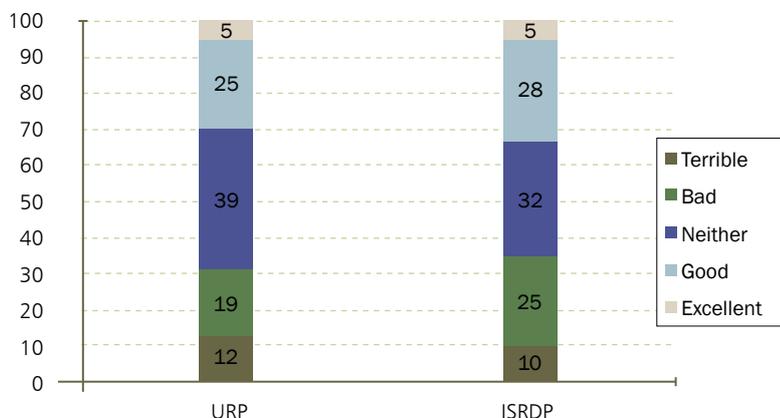
Figure 35: Rating the performance of local councils (by programme) (2006 only)

But **cynicism – or scepticism, anyway - is creeping into the way nodal respondents view government, and growing at a fairly alarming rate**. 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.

In 2006, **a tiny 9% of ISRDP respondents rated their provincial government as having done most for them, compared with 28% who said it was the local sphere and 39% who thought the national sphere had done so.** In all, 79% of Bohlabela respondents pointed to the national sphere, while the provincial sphere was most cited by Sekhukhune respondents (32%); the local sphere was mentioned by respondents from 60% of Alfred Nzo compared with 3% of Bohlabela respondents. But an unhappy 12% told us that 'none of them' had improved their quality of life. By 2008, when we added the option of District Councils, the national sphere had dropped significantly in ISRDP responses, while local and District accounted for 44% of responses.
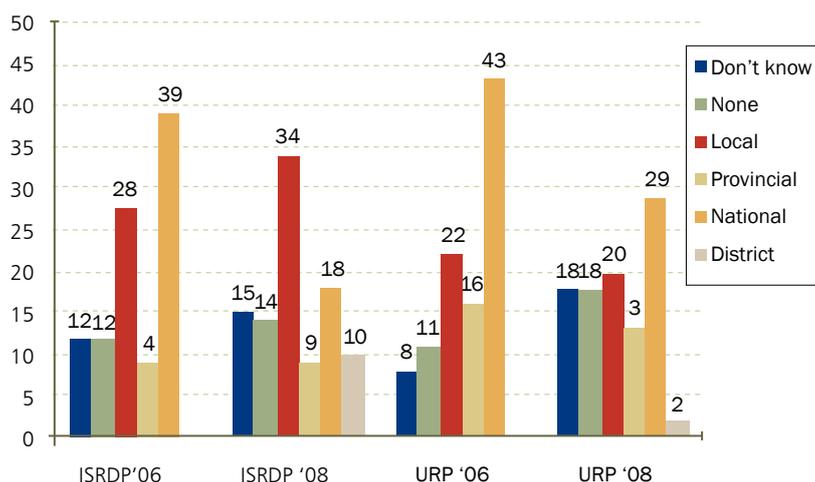
Figure 36: 'Which sphere has done most for your quality of life?' (by programme by year)

In **URP areas in 2006, national and provincial spheres performed better, and the local sphere worse, than among ISRDP respondents**. And again, 1 in 10 respondents (11%) believe no sphere of government has done anything to improve their quality of life. The national sphere was cited by 81% of Alexandra respondents, the provincial sphere peaked at 35% in KwaMashu and the local sphere in Khayelitsha (42%). In the urban nodes, District Councils did not attract much support, and **all spheres declined**.

What is worrying is the 2008 increase – in rural but especially in urban nodes – in the proportion of respondents who said 'none' had improved their quality of life. Among URP respondents, this rose to 1 in 6 respondents (18%), a worrying tendency that needs to be monitored and understood. This may be part of the reason behind the 10 000 annual protests that occur in South Africa (according to SAPS statistics), many dealing with service delivery complaints.

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. **There is scepticism about government commitment to rural development. 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. 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'.

	ISRDP	URP
Strongly agree	11	26
Agree	23	39
Neutral	11	12
Disagree	32	17
Strongly disagree	23	5

Table 17: 'I would rather live in a town or city than a rural area' (by programme)

While a third (34%) of ISRDP respondents would indeed prefer to live in a town or city, over half (55%) would not. The urge to migrate was highest in Sekhukhune (59%) and lowest in Alfred Nzo (19%). Two-thirds (65%) of URP respondents are clear that they would rather live in urban than rural areas, despite living in one or other of the 8 poor nodes of the URP.

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.

In 2006, both alienation and anomie were higher among urban than rural respondents, suggesting that both result from the fragmentation and isolation of urban life in poor areas rather than simply the impact of poverty, which is higher in rural than urban areas by some margin. But by 2008, we found alienation levelling or falling off in the urban nodes but rising steeply in the rural nodes. Anomie also dropped in urban areas, while rising very slightly (and not significantly) among rural respondents.

These need to be tracked over time – two points do not make a trend – but we can note with concern the seemingly growing gulf between the two 'worlds', rural and urban, that we have seen emerging from the survey data. Here it takes on psycho-social dimensions, on top of the existing differences in terms of poverty, service delivery and other variables considered earlier.

These levels vary enormously across different nodes. Anomie was highest in KwaMashu, where a staggering 47% of respondents felt they had no influence on their surrounds or community, true of 42% in Galeshewe and 38% in Alexandra. In the ISRDP, the highest incidence was in O R Tambo (51%).

Alienation also varied widely. In the 2008 survey, it peaked in Umzinyathi (46%) in the ISRDP, and in the URP at Alexandra (44%) and Inanda (44%). It showed in single digits in only two nodes, both urban, both in the Western Cape, and among the best off of all the nodes – Mitchell's Plain (5%) and Khayelitsha (7%).

It is worth noting the **correlation between development, attitudes and possible outcomes**. For example, in 2006, Bohlabela had high levels of alienation and anomie – and had the highest proportion of respondents who had never heard of IDPs, at 91%. In Sekhukhune, also a node affected by high alienation and anomie, we did not find a single respondent who had participated in the IDP process. **Put in very basic terms, while poor communities remain as psychologically scarred as we see in both URP and ISRDP, the elaborate set of participative mechanisms (such as IDPs) will simply not operate anywhere near optimal levels.** An enormous amount of community building – and individual support – is needed.

Urban and rural communities also had different perceptions of the **main threat to unity** in South Africa (the question was only asked in 2006).
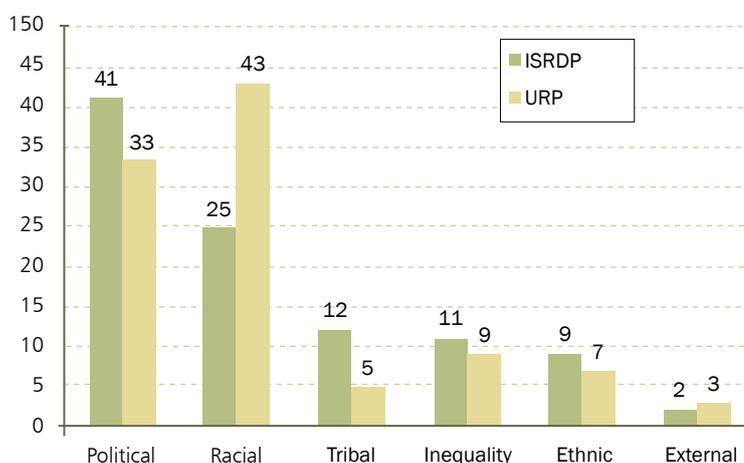
Figure 38: Threats to national unity (by programme)

Respondents from ISRDP nodes were most likely to point to political differences as the main threat to unity in South Africa, while urban respondents cited racial differences as the key threat. Importantly, 1 in 10 from both rural and urban areas cited **inequality in the distribution of resources** as the main threat to unity. This should be seen alongside the 58% of ISRDP respondents and 57% of URP respondents who believed that in the last 5 years, the gap has grown between rich and poor in South Africa.

Health status

In order to assess the perceived health status of respondents we used an internationally recognised set of questions[22]. These included:

- Proportion who experience difficulty accessing health care

- Proportion who rated their health poor/terrible during past 4 weeks

- Proportion who had difficulty in doing daily work

- Proportion 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 context and situation poses.

	Baseline	2008
ISRDP		
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
Thabo Mofutsanyane	0.34	0.56

....

[22]   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 important in exploring this issue outside of the developed world and highlights the need for further research on this topic.

URP		
Mdantsane	0.53	0.60
Motherwell	0.38	0.55
Alexandra	0.64	0.59
Inanda	0.42	0.45
KwaMashu	0.39	0.51
Khayelitsha	0.55	0.46
Mitchell's Plain	0.83	0.78
Galeshewe	0.52	0.45

Table 18: Health Status Index, nodal scores (2006 and 2008)

In Table 18 - where 0 is bad news and 1 is good news - looking at the 2008 data, we note that within the ISRDP, Central Karoo and Thabo Mofutsanyane have recorded the best health status, whereas Ukhahlamba and Zululand have both recorded the lowest. In the URP, Mitchell's Plain has scored highest on this index, whereas Inanda and Galeshewe have performed the lowest. This is very similar to the poverty profiles of the nodes.

Table 18 also provides evidence of **a subtle shift in perceived health status between 2006 and 2008**. Nodes that were the worst performing in 2006 were no long the worst performers in 2008. By comparing the aggregated responses to the questions on both surveys we are able to determine that in overall terms respondents have perceived their health status to have worsened between 2006 and 2008 for ISRDP respondents and improved slightly for URP respondents. Thus for the sample as a whole, mean (average) health status was reported to be 0.44 in 2006, improving ever so slightly to 0.46 in 2008. Whilst the URP score had improved (0.53 to 0.55), the ISRDP mean score had worsened (dropping from 0.44 in 2006 to 0.41 in 2008).

The primary reason for the ISRDP mean health status score decreasing is that **the worst performing nodes, such as Ukhahlamba and Zululand have scored very low on the health status index** (0.28 and 0.32 respectively) **in sharp contrast to URP nodes**, where the lowest reported score was in Galeshewe and Inanda (both scored 0.45 nearly double the score of Ukhahlamba). Again this highlights the large gap between rural and urban areas.

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 (officially defined as those between 14 and 35 years of age) were as likely as adults to rate their health as poor. Thus perceptions of poor health cut across both gender and age.

In the following pages we explore in greater depth the variables that were used to create the Health Status Index. In particular it is noted that those living in the ISRDP nodes are far more likely to perceive their health as poor than those living in the URP nodes.

Proportion who experience difficulty accessing health care

Four aspects of access to 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 39 shows that the ability to pay (50% of ISRDP respondents identified this in 2006, dropping to 42% in 2008; 29% of URP respondents in 2006 cited this as a significant problem dropping slightly to 27% in 2008) was seen as the major barrier to accessing health care, followed by distance to the nearest health care facility, which has particular resonance with respondents from the rural areas.
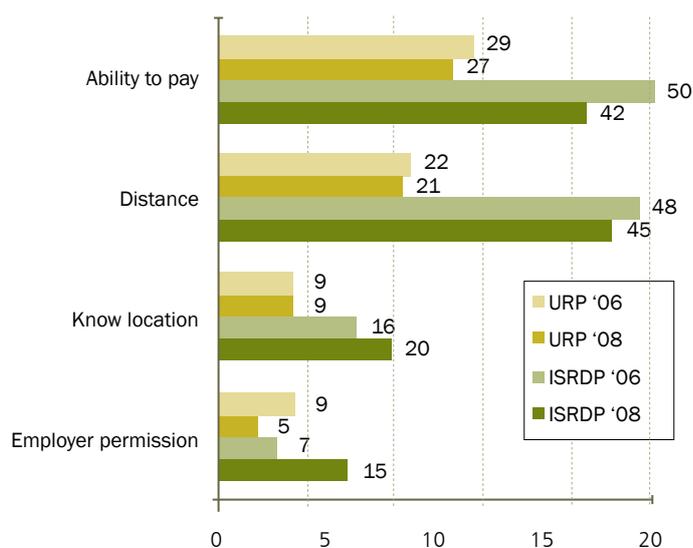
Figure 39: Proportion stopped from getting medical advice or health care when sick, by type of problem and by programme (2006 and 2008)

In the ISRDP nodes respondents were more than twice as likely to cite distance as a problem than those in URP nodes (in 2008 45% of ISRDP respondents reported this versus 21% of those in the URP). **If we extrapolate this to real numbers, it is equivalent to more than 2,100,000 residents in the 22 nodes citing difficulty with the distance to health care facilities.**

Knowledge of the location of the facility was also likely to be more of a problem in the ISRDP than the URP (20% of ISRDP respondents mentioned this as opposed to 9% of URP respondents in 2008). So too was employer permission (15% mentioned this in the ISRDP versus just 5% in the URP in 2008). Furthermore, as noted below, some differences can be noted between and within the two programmes with regards to difficulties in accessing health care.

It was primarily those living in the ISRDP that displayed poor knowledge of the location of the nearest health facility, in particular those living in Umkhanyakude. Nearly a third (31%) of those living in this node reported this difficulty. Other nodes where a large proportion of residents reported a lack of knowledge of the location of the nearest health facility were Mdantsane (30%), Sekhukhune (29%) Zululand (25%) and Ugu (22%).

The nodes where the lowest number of respondents reported problems with knowledge of the location of the nearest health care facility were Mitchell's Plain (1%), Galeshewe (1%) and KwaMashu (3%), all nodes that fall within the URP – and the scores are tiny by comparison with the ISRDP. No major differences were noted between men and women, or between youth and older adults with regards to knowing the location of the nearest health care facility.

Another potential barrier to accessing health care is whether or not **employers provided permission** to attend a health care facility during working hours. Those living in the URP nodes were far more likely than those from the ISRDP nodes to be refused permission. The baseline survey found that in Motherwell, a quarter (24.7%) reported this as a problem. Other nodes where this was a problem were Kgalagadi (20%), Central Karoo (15%) and Mdantsane (14%). The nodes where this was least likely to happen were Galeshewe (0%), Mitchell's Plain (2%) Chris Hani (2%) and Zululand (2%).

The measurement survey found that of those who were employed, those living in the ISRDP nodes were three times more likely than those from the URP nodes to be refused permission (22% in the ISRDP cited this as a problem versus 8% in the URP). Quite why these figures reversed is unclear and presumably due to sampling. No notable differences were found between male and females living in the nodes or between youth and older adults. However, those respondents who performed **skilled work**, most often reported difficulty in obtaining permission from their employers.

Ability to pay for health care was also a major barrier to accessing health care, even in the public health sphere where fees are often greatly reduced. Nodes with a notable number of respondents reporting this as a problem were Umkhanyakude (61%), Sekhukhune (60%) and Chris Hani (54%). Those with the fewest respondents identifying this as a problem were Alexandra (9%) and Galeshewe (12%).

Understandably, **distance from the health care centres can also create difficulties** in accessing health care. Again, not surprisingly, this is **particularly prevalent amongst those living in the ISRDP nodes**. The nodes most likely to report this as a problem were those living in Kgalagadi (65%) and in Umkhanyakude (59%). Those living in the URP nodes were far less likely to signal this as a problem. Galeshewe (2%), Mitchell's Plain (7%) and Alexandra (8%) had the lowest incidence of respondents reporting distance created difficulties when accessing health care. Together, these factors point to major barriers to people being able to access health care, particularly in rural areas.

Proportion who rated their health 'poor' or 'terrible' during the 4 weeks prior to interview

In Table 19 we can see that the majority of respondents in both programmes (60% in the ISRDP and 73% in 2008), rated their health as either excellent or good, whereas only a small minority reported their health as either poor or terrible (in 2008 18% of ISRDP respondents said so, 11% from the URP did so). Despite this relatively small proportion, in real numbers it would equate to some **810 000 people who perceive their health to be poor across the 22 nodes**.

	ISRDP		URP	
	2006	2008	2006	2008
Excellent	22	25	27	36
Good	40	35	40	37
Fair	22	22	21	6
Poor	14	15	10	10
Terrible	2	3	3	1

Table 19: Overall rating of health during the past 4 weeks, by programme (2006 and 2008)

However, sharp differences can be found with regards to the rating of health **across the different nodes.** As noted earlier, not only were differences found between social groups living within the node such as between youth and older adults or between males and females, but differences were witnessed between and within the programmes. For instance the baseline survey found that a notable number of respondents perceived their health to be either poor or terrible in Zululand (25%), Umzinyathi (23%) and Umkhanyakude (22%), all ISRDP nodes. The nodes where respondents were least likely to report their health as either poor or terrible were Mitchell's Plain (2%), Sekhukhune (6%) and Central Karoo (8%).

Proportion who had difficulty doing daily work

Those living in ISRDP nodes were far more likely to report they had difficulty in doing daily work as a result of poor health (9% on average in 2006, decreasing slightly to 6% in 2008) than those living in the URP nodes (3% on average in 2006, decreasing marginally to 2% in 2008).

No major differences were found when cross-tabulated by sex or by age, however in a few nodes the incidence was notable. For instance, the baseline survey found that **those living in Ugu (20%), Umkhanyakude (19%), Umzinyathi (18%) and Zululand (18%) recorded the highest proportion of respondents reporting that ill health affected their work**. The node where respondents were least likely to report health difficulties was the URP node of Mitchell's Plain (0%).

Proportion whose usual social activities were limited by physical/emotional problems

The final measure in the 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, like the 2006 baseline, found relatively few participants reported that their health had an impact on social activities. In all, 13% of ISRDP participants reported that their health had limited social activities, and slightly less in the URP (10% reported this).

However, differences can be found between the programmes, with the URP nodes more likely to report a higher incidence of respondents reporting that physical and/or emotional problems impacting upon their social activities. Thus the baseline survey for example, found **two URP nodes**, Mdantsane (26%) and Inanda (20%), recorded the highest number of respondents reporting physical and/or emotional problems impacting upon their social activities. This points to the negative impact that living in poor, often informal settlements, also in often transient communities, has on maintaining and developing

social activities. The nodes where respondents were least likely to perceive physical and emotional problems affecting their social activities were Mitchell's Plain (1%) and Sekhukhune (3%).

The health index (as described in the opening section of this report) found that it was primarily those in the ISRDP nodes who perceived their health to be worse than those living in URP nodes. However, when the index is unpacked differences can be found between nodes, both within the ISRDP and the URP. Moreover, conducting social activities, often an important strand of community life, were seen to be affected by physical and mental health problems, particularly amongst those living in certain URP nodes.

Perceived health problems
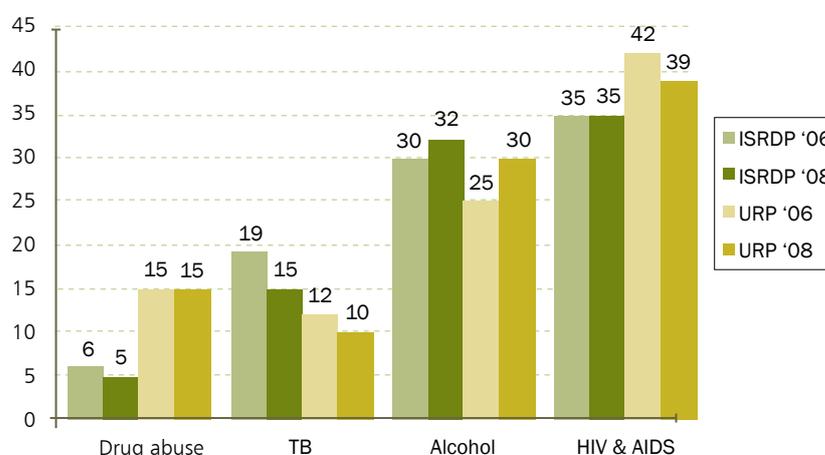
Figure 40: Perceived biggest health problems facing the community, across all nodes by programme (2006 and 2008)

Figure 40 highlights how **HIV and AIDS remains the major perceived health problem across both programmes** (cited by 35% of respondents in the ISRDP and 39% in the URP in 2008). Concerns over **alcohol abuse** also remain (in 2008 32% cited this as the major problem in the ISRDP and 30% in the URP) reporting it as the most significant health problem. **TB** as a major health concern is surprisingly dropping (down to 12% in 2008 versus 22% in 2006), but as the disease is often very closely associated with HIV and AIDS one should not read too much into this shift. **Drug abuse** was seen by one in ten (11% in 2006, dropping slightly to 9% in 2008) across both programmes as the major health problem in their community.

Not surprisingly there were marked differences between what the different nodes identified as the most significant health challenge in their community. No major differences were found between age groups, between male and female respondents, and between those with different education qualifications.

Moreover, there is no simple urban/rural pattern either. For instance, the 2008 survey found that the rural node of Bushbuckridge recorded the highest number of respondents declaring that HIV and AIDS is the biggest health problem facing their community (60%) followed by the urban node of Inanda (56%) and then the rural node of Maruleng (54%) (Bushbuckridge's neighbour). At the

other end it was the urban node of Mitchell's Plain (6%) where respondents were least likely to identify HIV and AIDS as their primary health problem.

Nodes that were most likely to report that **alcohol abuse** was their major health concern included Galeshewe (49% in 2006, increasing to 58% in 2008) and Ukhahlamba (increasing dramatically from 39% in 2006 to 70% in 2008).

A third of those living in Sekhukhune (33% in 2006 and 28% in 2008) identified **TB** as their primary health concern. The nodes that were least likely to identify TB as a major health problem were KwaMashu (3% in 2006 and 1% in 2008) and Galeshewe (4% in 2006 and 2% in 2008).

The baseline survey found that more than a third of those living in Mitchell's Plain (37%) identified **drug abuse** as their primary health problem. Alarmingly the 2008 survey found that **more than half the respondents (58%) in this node cited this as their major health concern**. No other nodes reported significant numbers of respondents referring to drug abuse as a major health problem in their node.

The data strongly suggests that **HIV and AIDS and alcohol abuse have become more of a health problem since the baseline survey in both ISRDP and URP nodes**, reflecting the need for greater urgency in developing appropriate initiatives to tackle these critical health challenges. What this all highlights **is the need to tailor programmes specific to the needs facing communities**. This is not to suggest that, for instance, HIV and AIDS awareness programmes should not run across all nodes but rather to suggest that certain nodes require interventions that speak directly to the specific problems they are facing. Ukhahlamba, for example, clearly requires integrated interventions that *inter alia* address alcohol abuse, Mitchell's Plain requires programmes that speak to concerns about drug abuse and so on.

Major health care providers

Table 20 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 22 nodes are using public clinics** (the 2008 survey found that 79% of those living in the ISRDP and 74% of those in the URP were using these clinics). This equates to more than 3,800,000 in the 22 nodes who depend on public clinics for their health needs.

	ISRDP		URP	
	2006	2008	2006	2008
Public clinic	78	79	64	74
Public hospital	10	9	14	14
Private doctor	10	8	17	18
Private hospital	0	2	3	1
Traditional healer	0	1	1	1
Shop/ Pharmacy	0	1	0	0
Other	1	1	0	0

Table 20: Proportion of respondents using different health care providers (multi-mention) (2006 and 2008)

The urban nodes typically (and predictably) reported the highest incidence of hospital use, so for example the baseline survey found that Mitchell's Plain was also the node reporting the **highest use of public hospitals (40%)**. The other **high end users of public hospitals** were KwaMashu (23%), Motherwell (21%) and Bohlabela (21%). However, it was also the urban node of Alexandra (4%) where people were least likely to use a public hospital for their health care (the vast majority, 82%, instead using public clinics). Whilst this finding may please policy makers who advocate that patients must first seek care at primary health institutions before visiting secondary or tertiary institutions such as hospitals, it does nevertheless raise questions about access to public hospitals.

Use of **private doctors** was also high in the urban nodes. For instance the 2008 survey found that more than half the respondents (54%) from Mitchell's Plain, and a quarter (24%) from Motherwell used private doctors as opposed to state run health facilities. **Traditional healers** received very little mention in both surveys, with only Bushbuckridge (4% in 2008 survey) and Kgalagadi (3% in 2008 survey) reporting any noticeable number of users.

HIV and AIDS

The picture that Figure 41 paints is that amongst respondents, many know **people living with AIDS** (e.g. 63% for ISRDP in 2006), and know people who have **died of AIDS** (64% for ISRDP in 2006), and that they would not want to keep it secret if someone in their household were to be infected with the HI virus (18% for ISRDP in 2006).

There has been little significant change between the baseline and 2008 surveys and little difference exists between the programmes. However there are clear differences among nodes. For example, nodes where infection rates are known to be high, such as KwaMashu, reported very high levels of awareness (the baseline survey found that 89% had heard of someone who is infected and 88% had heard of someone who had died of AIDS) whereas nodes where rates are not as high, such as Mitchell's Plain, awareness was much lower (the baseline survey found that 8% had heard of someone who is infected and 9% had heard of someone who had died of AIDS).

The issue of keeping infection status secret is not as easy to explain and will require additional research. KwaMashu, a high infection area, reported the highest number of respondents who would keep the fact that they were infected a secret (43%). In Mitchell's Plain, a relatively low infection area, only one in five would want to keep positive status a secret. There does not seem to be an easy correlation between prevalence and privacy. The sex, age or education level of the respondent did not seem to have a significant impact on responses. Women and men, young and old and so on were equally aware of what impact the disease is having on their community.
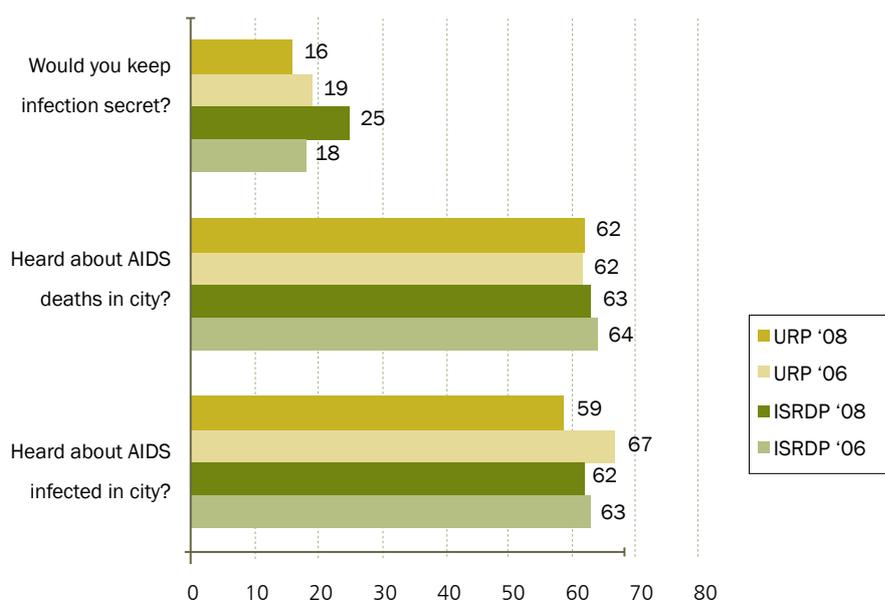
Figure 41: Proportion who were aware of others who were infected with HIV, died of AIDS and would keep that positive status of a household member a secret, by programme (2006 and 2008)

Despite high levels of awareness of AIDS sufferers in their communities, **few respondents appear to be in a position to actively assist**. The baseline survey found that only 7% were **providing** home based care, and only 5% were **receiving** home based care. A small 3% were able to provide support to AIDS orphans. The findings from the 2008 survey suggest that the small numbers who are able to help appear to be dropping further (the survey found that less than 3% across both programmes were in a position to actively assist), despite the fact that HIV and AIDS is more of a health concern in 2008 than it was in 2006.

Whilst these figures may not reflect voluntary and/or *ad hoc* assistance respondents are providing to their fellow community members, they nevertheless highlight the impact of poverty in most of these nodes which leaves people unable to help each other in significant ways.

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,

Figure 42 illustrates that both surveys found that, other than in the case of mosquitoes (where nearly a third of respondents in the ISRDP and less than two out of ten in the URP had the correct knowledge), less than one in ten were incorrect when questioned about what does and does not transmit HIV.

Interestingly, in nodes where malaria is common, people were most likely to be incorrect about mosquitoes transmitting the virus (in Zululand, for example, the baseline survey found that 62% of respondents, thought they could transmit HIV). However, on the other items no discernible differences could be found between different nodes, nor 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 these

communities 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.
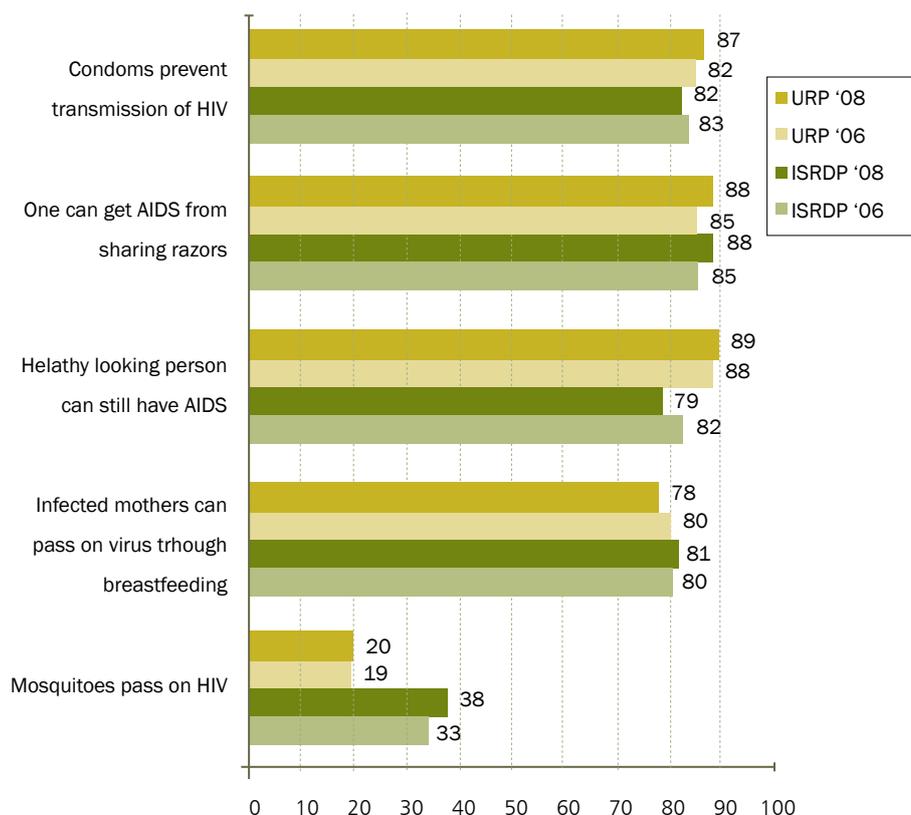
Figure 42: Proportion having correct knowledge about the transmission of HIV, by programme (2006 and 2008)

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 attitudes to gender-based violence.

Table 21 demonstrates that on the whole (i.e. including both male and female respondents), more than half the respondents agree that decisions should be made jointly in a relationship.

	ISRDP		URP	
	2006	2008	2006	2008
Agree whether to use family planning	65	65	68	78
Agree on when to have children	78	74	84	90
Agree on using income to pay for health care or medicines	68	64	72	85
Agree on whether to take a sick child to the clinic	57	57	67	74

Table 21: Proportion who agree that in a relationship both partners should decide on four activities, by programme (2006 and 2008)

More than three-quarters (74% in the ISRDP, 90% in the URP according to 2008 survey) agreed that both partners should be involved in deciding **when to have children**. More than two thirds supported the view that both partners should make a decision regarding **whether to use family income to pay for health care**. A similar number would confer with their partner about **family planning** and more than half would consult with their partner about **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 URP nodes reported a far higher incidence of joint decision making than those in the ISRDP.

Responses across the nodes were not markedly different, nor were any major differences found between males and females, nor between those of different ages. This suggests that many, in theory at least, would support the idea that many decisions in the household require decision making by both partners not just one.

Gender-based violence (GBV)

However, as discussed below there are many across the nodes **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 does not agree with. In order to assess the prevalence of GBV in each node we created a GBV index from items in the questionnaires:

Proportion of respondents who stated that:

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

Bearing mind that 0 is good news and 1 is bad news, it is disturbing to note that several nodes showed little improvement between the two surveys and thus continued to fare the worst amongst all the nodes (Table 22). Thus within the ISRDP, **Umzinyathi and Umkhanyakude are two nodes where GBV remains at very disturbing levels**. Within the URP, Inanda and Motherwell were the worst performing urban nodes on the GBV index.

Node	Baseline	2008
ISRDP		
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
Thabo Mofutsanyane	0.35	0.29
URP		
Mdantsane	0.10	0.04
Motherwell	0.16	0.32
Alexandra	0.18	0.07
Inanda	0.25	0.24
KwaMashu	0.34	0.18
Khayelitsha	0.07	0.04
Mitchell's Plain	0.03	0.08
Galeshewe	0.11	0.11

Table 22: Gender Based Violence Index (2006 and 2008)

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 indexes, suggesting that gender is an early victim of social, economic or service-related poverty. **The clustering of high levels of support for GBV in KwaZulu-Natal nodes, urban and rural, suggest that in this key area, provincial priorities can be set.**

Differences between the programmes are not that great, albeit the ISRDP typically fared worse than the URP on each item, in particular on the issue of faithfulness. Alarmingly, **nearly a quarter of all ISRDP respondents** (24% in the 2008 survey) **felt it was justifiable to physically abuse a woman if she was unfaithful.**

	ISRDP		URP	
	2006	2008	2006	2008
Is unfaithful	23	24	23	14
Does not look after the children	21	21	15	13
Goes out without telling him	16	16	13	11
Argues with him	15	17	11	11
Refuses to have sex with him	9	10	7	6
Burns the food	7	11	10	6

Table 23: Proportion who agreed that sometimes a man is justified in hitting or beating his partner in certain situations, by programme & year

Within the URP the number who supported this statement was lower at (a still worrying) 14%. One in five (21% in 2008 survey) in the ISRDP would support that it is justifiable to abuse women **if they ignored the children**. Within the URP the figure was again slightly lower at 13%. Lower support for abusing women was found if the woman went out without telling her partner, refused sex or burnt the food.

Table 23 shows that whilst GBV is more prevalent in the ISRDP than the URP, incidence is at worryingly high levels in both programmes. The differences between urban and rural are not great, and 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 1 million of those living in the 22 nodes would agree that it is acceptable to beat one's partner if she were to be unfaithful**.

Moreover, the extremely disturbing picture portrayed in Table 23 is exacerbated when one explores the abuse of women in the different nodes. For instance the baseline survey found that In the ISRDP nodes of Umkhanyakude and O R Tambo, **four out of ten respondents (41% and 40% respectively) agreed that a women should be physically abused if she went out without telling her partner.** In 2006, nearly half the respondents (47%) in Umzinyathi supported abuse of the partner is she went out without telling her partner. Both surveys found that in the URP nodes of Mitchell's Plain (0%) and Khayelitsha (1%) almost no respondents sanctioned such behaviour.

Differences can be found on other, related items tested in the survey. For instance, the baseline survey found that in O R Tambo and Umkhanyakude many respondents again agreed that if a woman ignored her children, physical abuse against her was justifiable (45% and 43% respectively agreed with this). In URP nodes both surveys again found that in nodes such as Mitchell's Plain (1%) and Khayelitsha (2%), very few supported this view.

It is also disturbing that differences between males and females, and young and old, in terms of attitudes towards GBV are not large. Regardless of the age or sex of the respondent, similar proportions can be found supporting these statements. What is urgently needed to achieve higher effectiveness and efficacy in shifting attitudes and behaviour is a programme by the Department and its partner the UNFPA that is based on a nuanced and locally-grounded understanding of the different attitudes in the different nodes.

Sexual and reproductive health

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

	ISRDP		URP	
	2006	2008	2006	2008
Approve	67	63	83	73
Disapprove	26	23	12	20
Don't know	7	14	5	7

Table 24: Proportion who either approved or disapproved of the use of contraception, by programme (2006 and 2008)

At the programme level approximately two in ten respondents **disapproved of the use of contraception** (Table 24). Whilst there has been little change over time within the ISRDP, there has been a subtle shift in the URP, where more respondents reported they disapproved of contraception in 2008 than in 2006 (20% disapproved in 2008, up from 12% in 2006). Although these proportions are relatively small this nevertheless equates to **over a million people who disapprove of the use of contraception by women in the 22 nodes** 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 in a number of nodes there is a strong sense that there is less tolerance for progressive views on sexual and reproductive rights.

Differences between nodes are however more distinct than between programmes on this issue, particularly amongst the ISRDP nodes. For instance, the baseline survey found that nearly half those in Umzinyathi (47%) disapproved of female contraception use, followed closely by Ugu (46%) and Umkhanyakude (44%). This contrasts with Chris Hani, the node where the least number of respondents (7.3%) disapproved.

Differences were found to exist between male and female respondents. Females were more likely to approve the use of contraception than males, the gap particularly large again in the ISRDP. For instance, the baseline survey found that within the ISRDP 70% of all female respondents (dropping to 66% in 2008) approved of contraception use as opposed to more than half the males (57% in both 2006 and 2008). Within the URP, overall support for contraception was far higher than within the ISRDP, and the differences between males and females were much smaller (86% of women approved of the use of contraception versus 78% of males in 2006, dropping to 76% of females and 67% of males in 2008). 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.

From an age perspective youth in both programmes were far more likely to approve of contraception than those who were 60 and above, though the gap was far greater within the ISRDP than the URP. For instance, the baseline survey found that 74% of youth versus 52% of those who are 60+ in the ISRDP approve contraception (the 2008 survey found a similar gap, namely 70% of youth versus 49% of those 60+). In contrast, 86% of youth versus 72% of those who are 60+ and older in the URP approve of contraception (the 2008 survey found a similar gap, albeit less support than in 2006, namely 74% of youth versus 64% of those aged 60+). **This is a positive finding as it suggests that the target group for DSD campaigns 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 'teenage pregnancy'. Such programmes need to deal appropriately and effectively with the concerns of communities where the incidence of disapproval is high.

Reproductive rights

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:

- Proportion of respondents who approved of the use of contraception

- Proportion of respondents who agreed with the statement that female contraception is women's business and nothing to do with men

- Proportion of respondents who agreed with the statement that women who use contraception will become promiscuous

- Proportion of respondents who agreed with the statement that women who use contraception risks being sterile

- Proportion of respondents who agreed with the statement that women get pregnant so women must worry about contraception

- Proportion of respondents who support abortion on request.

When looking at Table 25 it is important to remember that in this instance 0 is bad news and 1 is good news. Thus nodes that best reflect positive attitudes towards sexual and reproductive health are Kgalagadi and Central Karoo in the ISRDP, and Mitchell's Plain and Mdantsane in the URP. The nodes where respondents were the most negative about sexual and reproductive rights were Ugu and Umzinyathi in the ISRDP and the two urban nodes from KwaZulu-Natal Inanda and KwaMashu.

Node	Baseline	2008
ISRDP		
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
Thabo Mofutsanyane	0.43	0.42
URP		
Mdantsane	0.47	0.55
Motherwell	0.39	0.49
Alexandra	0.49	0.51
Inanda	0.41	0.36
KwaMashu	0.41	0.38
Khayelitsha	0.38	0.41
Mitchell's Plain	0.46	0.56
Galeshewe	0.51	0.47

Table 25: Reproductive Health Index (2006 and 2008)

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 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)
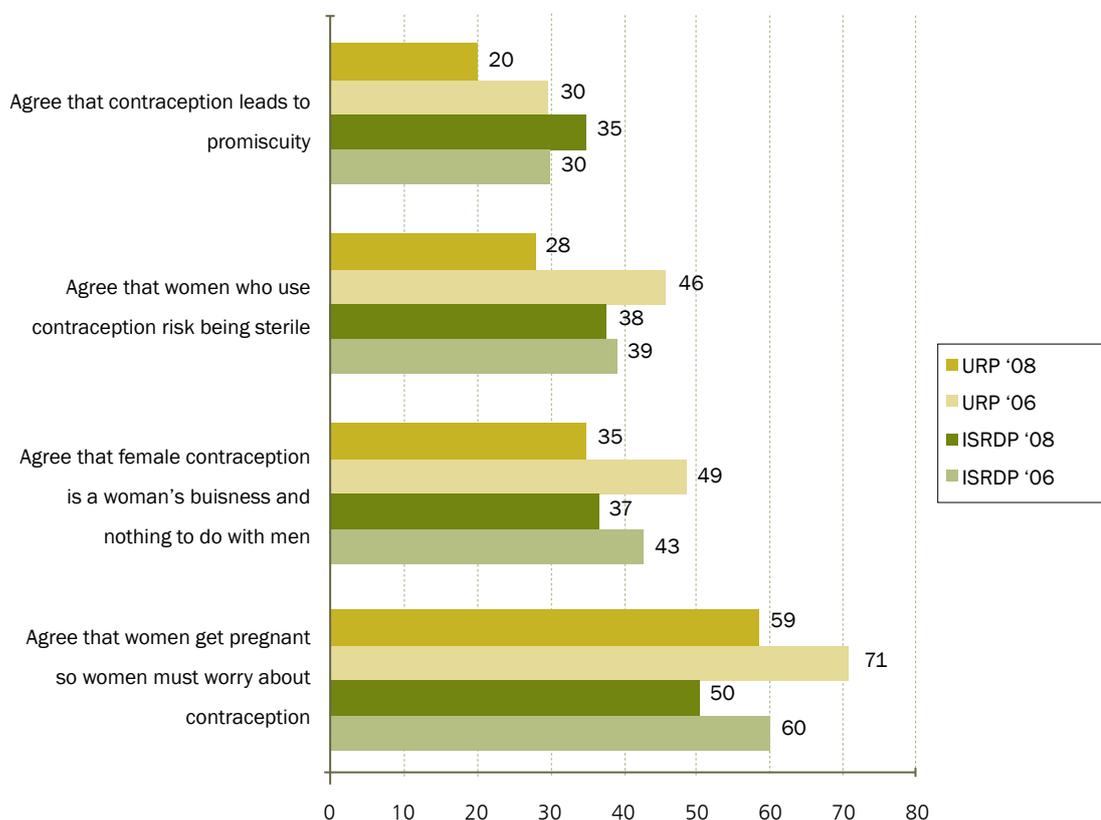
Figure 43: Proportion supporting statements that have been made about female contraception, by programme (2006 and 2008)

Attitudes towards contraception also further tested by exploring a number of commonly held views with respondents (Figure 43), which illustrates that **support for sexual and reproductive myths remain high, particularly in the ISRDP. The majority all respondents (50% of respondents in the ISRDP and 59% in the URP in 2008) agreed with the statement that women get pregnant so contraception is their problem.** This equates to 2,500 000 holding this view across the 22 nodes and thus signifies the enormity of the challenge for DSD and its partner the UNFPA to reverse this myth (and others) about reproductive rights and the responsibilities that go with them.

Nodal differences are again striking. For instance, the baseline survey found that this view was most strongly held in KwaMashu where eight out of ten respondents (81%) agreed with it. Sekhukhune respondents were least likely to agree with this comment, where four out of ten disagreed (42%).

More than a third (37% in the ISRDP and 35% in the URP in the 2008 survey) were of the opinion that **contraception has nothing to do with men** (the more overt version of the same sentiment). Sharp differences were found between nodes. Again looking at the baseline survey, we found that

KwaMashu (69%) was the node which reported the highest number agreeing with this comment. Galeshewe (66% disagreed) and Ugu (65% disagreed) were least likely to support this view.

About a third of respondents (38% in the ISRDP and 28% in the URP in 2008) across all the nodes agreed with the view that contraception enhances the risks of women becoming sterile. This view was most widely held in Sekhukhune, where more than half (57%) agreed. Galeshewe and Alfred Nzo (57% disagreed) were least likely to support this view.

The idea that **contraception leads to promiscuity** was held by far more respondents in the ISRDP than the URP (35% opposed to 20%), which again highlights the different attitudes towards sexual and reproductive rights in the two programmes, albeit there is not always an urban/rural pattern to responses. This is particularly borne out on this issue as whilst it was the rural nodes of Ugu (47%) and Zululand (45%) where the there was most support for this statement, the two nodes which reported the highest number of respondents disagreeing were an urban node (Mdantsane, where 66% disagreed) and a rural node (Alfred Nzo, where 64% disagreed).

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**. Nor were any real differences found between age groups. This suggests that **the myths behind each of these statements are widely held across these nodes, 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 26 shows that attitudes towards abortion appear to have hardened since the 2006 baseline survey, with a roughly 10% increase in both programmes in the number now stating they would never support abortion. The distinction between URP and ISRDP nodes remains, with 47% in the URP nodes saying "never", whereas 56% said "never" in the ISRDP nodes in 2008. **Again this highlights the enormity of the challenge facing the Department as equivalent to 2 600 0000 in all 22 nodes oppose abortion under any circumstance.**

Nevertheless, despite this hardening of attitudes, there were marked differences between nodes on the issue. The 2008 survey, for example, found that abortion was strongly opposed in Umkhanyakude (79% said never) Ugu (76%) and Alfred Nzo (76%). However, in Chris Hani and Bushbuckridge the majority (52%) supported abortion when the mother was in danger.

	ISRDP		URP	
	2006	2008	2006	2008
Never	47	56	34	47
Mother in danger	46	36	54	45
On request	7	7	12	8
Don't know	0	1	0	0

Table 26: Attitudes towards abortion, by programme (2006 and 2008)

Within the URP more than three quarters of those in KwaMashu (77%) said never to abortion, whereas more than three quarters of those in Mitchell's Plain (79%) supported **abortion when the mother was in danger.**

In the ISRDP only two nodes had noticeable numbers of respondents supporting **abortion on request**, namely Kgalagadi (22% of respondents agreed) and Ukhahlamba (20%). In the URP, Motherwell reported the highest number of respondents agreeing that abortion should be provided on request (16% of respondents agreed with this.

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, **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 (the 2008 survey found that 57% of females said 'never' to abortion, slightly more than the 54% of males who did not support abortion), and there was little difference between age groups for who did or did not endorse abortions (the 2008 survey found that 51% of youth said 'never' to abortion, slightly less than the 61% of those aged 60+ who did not support abortion in any circumstances) .

It is difficult to delve in depth in these issues using surveys, for obvious privacy and ethical reasons. Nevertheless these findings do suggest that more work needs to be done exploring the strong resistance in certain nodes 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.

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.

In the ISRDP, we see **Alfred Nzo has remained in positive territory, joined in 2008 by Chris Hani, Sekhukhune and Maluti-a-Phofung. Bushbuckridge, worryingly, has remained in the worst-off quartile – clearly indicating the need for DSD intervention** – and has been joined by Central Karoo and Ukhahlamba.

In URP nodes, the **red lights are flashing in Galeshewe and Mdantsane**, replacing Inanda, KwaMashu and Mitchell's Plain which were problematic in 2006. **Two Western Cape nodes –** Mitchell's Plain and Khayelitsha – are in positive (green) territory.

Node	Social Capital
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 27: Social capital index (2008 scores)

We asked respondents some questions about trust and sharing in their communities. In one question, we asked if a neighbour asked for sugar would the respondent not give it; give it out of a sense of duty even though they won't get anything back; or give it knowing that when they are in need, they will get it back. Rural/urban differences were immediately visible. Two-thirds (64%) of ISRDP respondents said they would give knowing it would be returned, true of less than half (48%) of URP respondents. A third (33%) of ISRDP respondents said they would give out of a sense of duty (rather than reciprocity) which rose to 49% of URP respondents. In both programmes, 4% of respondents said they would not give at all – in 2006, no ISRDP respondents replied in this manner.
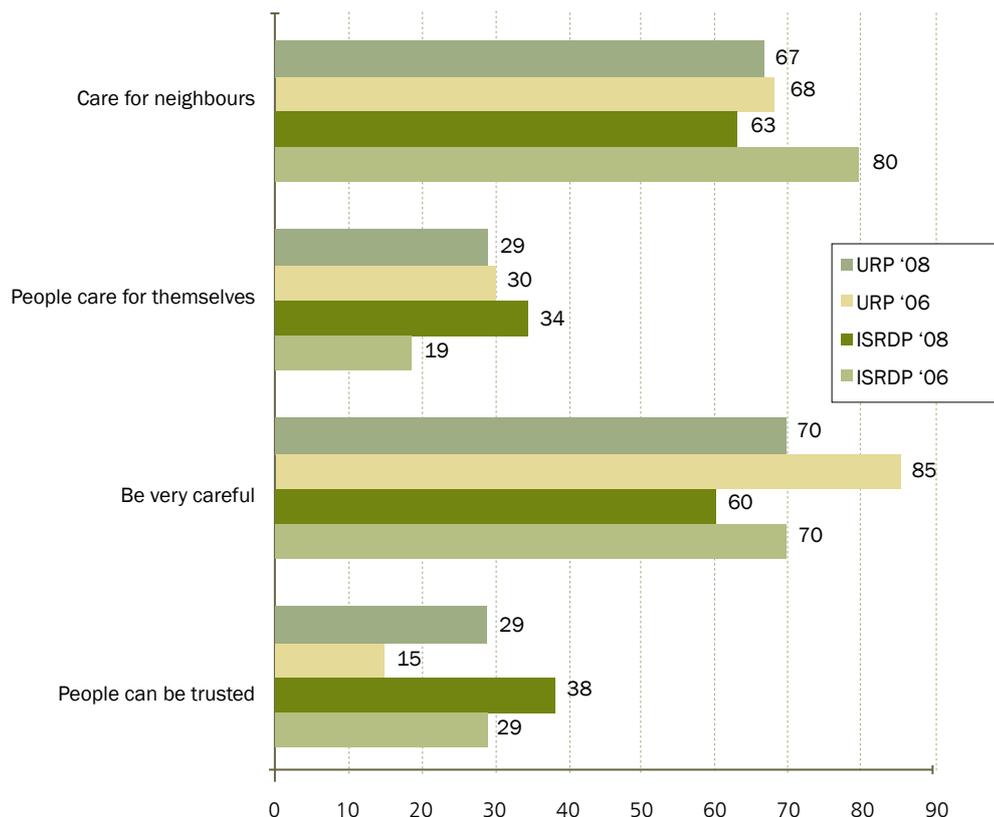
Figure 44: Trust and reciprocity (by programme)

The graph shows two sets of couplets. In the first, 80% of ISRDP respondents in 2006 and only 63% in 2008 believe that **people care for their neighbours**, while a fifth (19%) thought people only care about themselves in 2006, rising steeply to 34% two years later. URP respondents followed a similar pattern but in considerably smaller numbers: while two-thirds (68%) agreed that people care for their neighbours in 2006 and 67% in 2008, a third (30%, 29% two years later) thought **people only care about themselves**. In Kgalagadi, for example, 94% of respondents believed people care for their neighbours in 2006, as did 80% in Motherwell, the highest in a URP node.

We also asked respondents if they thought, 'generally speaking … that most people can be trusted or that you need to be very careful when dealing with people?' **Most respondents, perhaps unsurprisingly, feel the need to be very careful when dealing with people** – but, oddly, this dropped between 2006 and 2008, and levels of trust rose. So the graphic shows two contrary sets of

movements: greater wariness about reciprocal giving, but rising levels of trust – though the latter, it must be stressed, remain in the distinct minority.

Crime, safety & security

The social fabric is put under great strain by the high incidence of crime in the society and in the 22 nodes. This seems more node-specific than programme-wide. For example, we asked respondents to think about their physical safety while in their dwelling and how safe they and their household felt. It is immediately apparent from the figures in Table 28 that urban respondents have a growing sense of insecurity which is less apparent in the ISRDP nodes.

	ISRDP '06	URP '06	ISRDP '08	URP '08
Very safe	25	23	25	17
Rather safe	33	29	33	41
Rather unsafe	24	23	24	26
Very unsafe	18	25	19	17

Table 28: Perceptions of safety (by programme)

By 2008, considerably more ISRDP respondents felt safe than their URP counterparts. The nodal reports show quite how wide the nodal-level variations are in this regard. Feelings of insecurity among ISRDP respondents were highest ion Umkhanyakude (35%) and Umzinyathi (29%), but rocketed in the URP to include 41% of Khayelitsha respondents (contrasted with 0.4% feeling 'very unsafe' in Mitchell's Plain).

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.
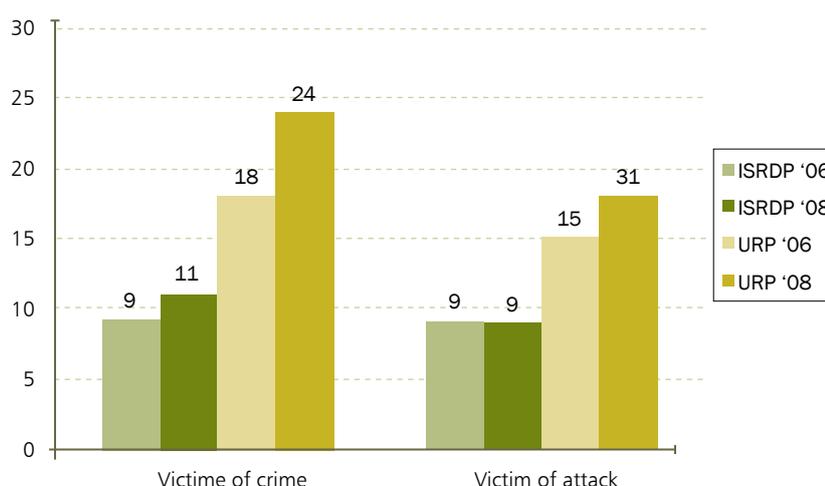
Figure 45: Victim of crime/attack

Self-reported incidence of crime and assault are 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. And again, there is enormous nodal variation. This was also reported in the qualitative study, where crime was the most cited problem facing members of DSD-funded projects.
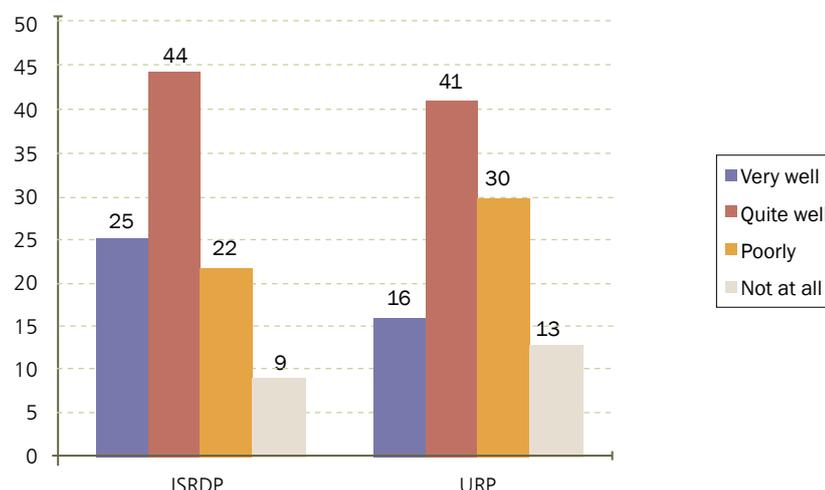
Figure 46: Rating community capacity to solve own problems (by programme) (2006 figures; 2008 almost identical)

1 in 10 ISRDP respondents had been **the victim of assault** in the preceding 12 months (in 2006 and 2008), true of 1 in 7 URP respondents in 2006, rising to 1 in 6 by 2008. But self-reported incidence of assault varies more by node than along an urban/rural axis. It was highest in Alexandra (28%) and KwaMashu (26%), dropping to a low of 0.4% in Sekhukhune in the ISRDP.

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 as we can see from the graph, there is a slight variation across a URP/ISRDP axis in favour of the rural nodes, but again it is a matter of degree. (The 2008 results were almost identical and have not been graphed.) The real differences are at nodal level. For example, looking at the negative end – respondents who said their community could not solve its own problems at all – there was a mixture of URP and ISRDP nodes including Inanda (22%), Alexandra (21%), Umkhanyakude (20%), Bohlabela (19%) and Zululand (16%). But at the other end of the scale – where respondents said their communities did 'very well' in resolving their problems, ISRDP nodes tended to feature most strongly including Kgalagadi (45%), Ukhahlamba (32%) and O R Tambo (30%).

	ISRDP	URP
Chief	30	1
Local councillor	29	36
Community leader/elder	25	32
Religious leader	1	1
Don't know	8	13
Other	7	16

Table 29: 'Who usually resolves local disputes?' (by programme)

If this situation is to be improved, there are key local players who need to be drawn into finding solutions. Asked who usually resolves disputes in the community, 30% of ISRDP respondents (in 2006, when we asked this question) cited their local chief, who did not feature in URP responses. Councillors play an important role in both, as do local leaders.

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. In 2006 we tried to get respondents to focus on issues other than unemployment – which was self-evidently a massive problem – but in 2008 included it in the survey. The top 3 issues across the board are crime – which scored higher than unemployment in ISRDP and URP nodes – unemployment and HIV/AIDS. These in effect constitute the pro-poor agenda as set out by the poor themselves.
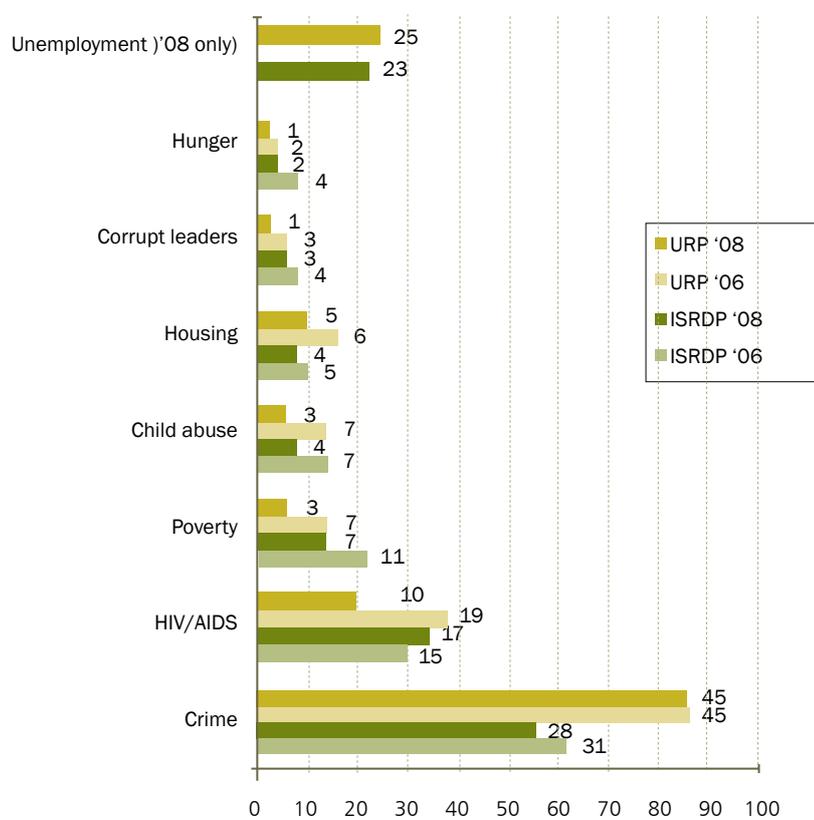
Figure 47: Main problem facing community (by programme by year)

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**.

	ISRDP '06	URP '06	ISRDP '08	URP '08
Daily	5	9	5	9
Weekly	74	62	86	67
Monthly	15	18	13	15
Hardly ever	7	11	5	10

Table 30: Religiosity (by programme)

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.

This has two implications. Firstly, churches are of critical importance as partners, as mechanisms for outreach in the 22 nodes, and for organising and mobilising communities. And people in the nodes are regular church-goers, enhancing the point. Secondly, however, it is crucial that those people who belong to no CSO, and simultaneously live in any one of these 22 poor nodes, are reached, are aware of their rights and the services offered in particular by DSD, and are not left as isolated, atomised individuals outside the charmed circle of the engaged. These people tend to be in the younger age cohorts, and are twice as likely to be male as female. Young men, in brief, are most likely to be outside the structures that operate within the nodes. Reaching them is extremely hard work – especially in large, dispersed rural nodes – but critical. It may be an area where NPOs can play an important role in supporting the work of DSD.
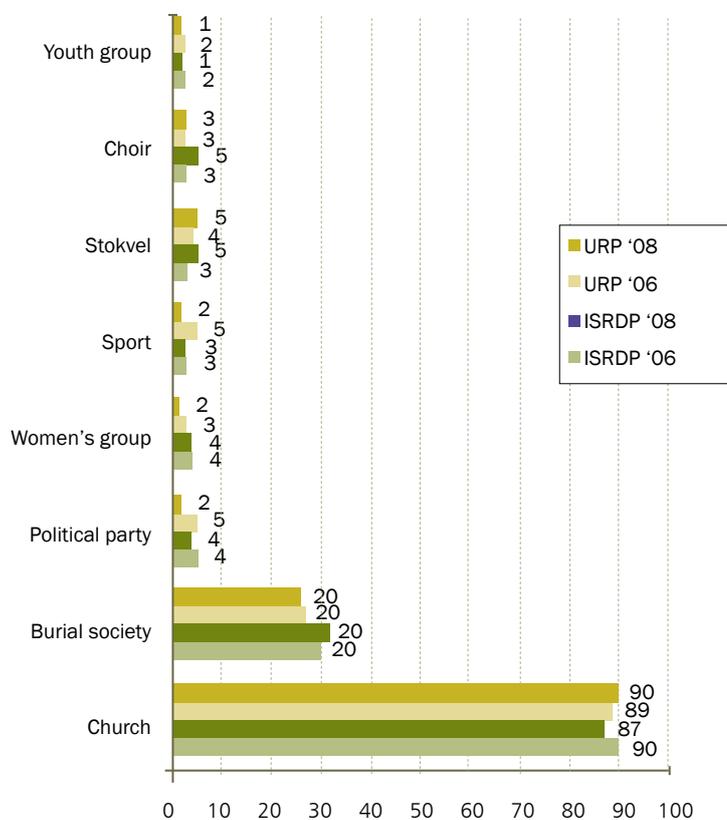
Figure 48: CSO membership

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 living in the 22 nodes of the URP or ISRDP 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. The key point is that people are not standing with open hands asking for cash, as often characterised[23]; 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. These are among the key services that the ISRDP and URP are in place to deliver.
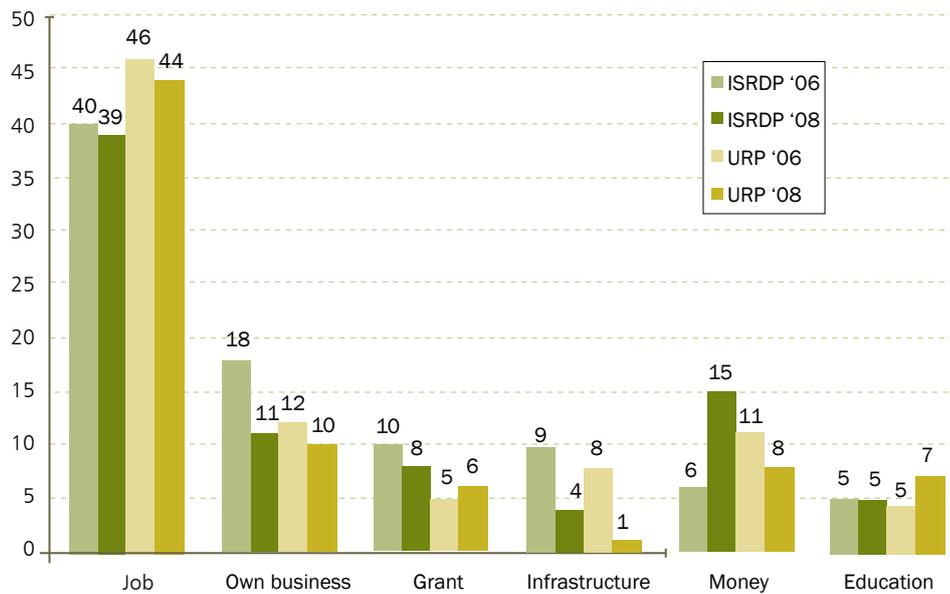
Figure 49: '**What 1 thing would make your life better?' (by programme**

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23   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: Indices

The indices score negatively to remain in sync with the poverty index, which was first generated (in this project) in chapter 1. In the case of the poverty index, it is intuitive to report 'high poverty' as 'bad news' – and we sought to keep the same logic running through the different indices. Thus the social capital index measures the **absence** of social capital – high scores remain bad news, since high scores on that index equate with absence of social capital. Health status similarly measures poor health status as 'high', and so on.

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 provided 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
	• belongs to at least one CSO
Natural	• score for each that household has access to: wood, fruit trees, fishing, irrigation, wildlife, communal grazing land
Financial	• score for each financial service owned by respondent
	• employed full or part time
	• job type is professional/business/government/white collar
	• household disposable income more than R500 per month
	• at least one source of income
	• saving money is easy/very easy
Physical	• 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 2

Rural synthesis report
Second evaluation of DSD services and projects

Building sustainable livelihoods

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

Contents

List of tables

Glossary

AIDS	Acquired Immunodeficiency Syndrome
CBO	Community-based organisation
CDP	Community development practitioner
CLO	Community liaison officer
DAC	Department of Arts and Culture
DHSS	Department of Health and Social Security
DISS	Development Implementation Support Services
DM	District municipality
DoA	Department of Agriculture
DoH	Department of Health
DoL	Department of Labour
dplg	Department of Provincial and Local Government
DSD	Department of Social Development
DTI	Department of Trade and Industry
DWAF	Department of Water Affairs and Forestry
ECD	Early childhood development
GBV	Gender-based violence
HBC	Home-based care
HCBC	Home and community-based care
HIV	Human Immunodeficiency Virus
IDP	Integrated Development Plan
IDT	Independent Development Trust
ISRDP	Integrated Sustainable Rural Development Programme
LED	Local economic development
M&E	Monitoring and evaluation
NDA	National Development Agency
NGO	Non-government organisation
NPO	Non-profit organisation
OVC	Orphans and vulnerable children
PGDS	Provincial Growth and Development Strategy
PRP	Poverty Relief Programme
SEDA	Small Enterprise Development Agency
SASSA	South African Social Security Agency
URP	Urban Renewal Programme

Executive summary

The Integrated Sustainable Rural Development Programme (ISRDP) was launched in 2001 to focus attention on 13 rural nodes identified as areas facing extreme poverty. These nodes were selected because of the deep poverty in which many of their citizens live. In 2006 the Department of Social Development (DSD) commissioned quantitative and qualitative studies to evaluate the department's performance in the URP nodes and in the eight related Urban Renewal Programme (URP) nodes. An evaluation of DSD services and projects in the nodes was carried out in 2006. This report provides a synthesis of findings from a follow-up evaluation held in early 2008.

Despite being the whole point of the ISRDP, **lack of co-ordination and integration** was top of the list of key issues from the first evaluation carried out in 2006. **Lack of staff and resources**, problems with **business plans** and the need for an **expansion of DSD interventions** also featured strongly. All these issues reappeared strongly in the second evaluation in 2008.

The objectives of the second evaluation were to update information on the functioning of DSD-supported projects, and to identify whether and how issues 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.

Forty-one projects from thirteen nodes were evaluated in the second round. Twenty-eight of these (68%), were income generating projects i.e. they existed to sell a product or service at a profit to generate an income for the project members. thirteen (32%) existed to provide a free service to the community such as caring for orphans and vulnerable children (OVC).

Project members reported the following **positive changes** since the first evaluation, roughly in order of how often they were mentioned: financial improvements at project level; additional inputs for projects; training and skills development; improved access to markets; improved support and interaction with others; improved staffing situation; access to sites to house their projects; and increased confidence, happiness and motivation.

Project members reported the following **negative changes** or ongoing problems since the first evaluation: theft; lack of water (crop production and crèches); loss of crops and poultry through disease; inadequate machinery or machinery in need of repair; loss of members; internal conflict and poor management (including financial management). Some successful social projects were facing closure as they were no longer receiving DSD funding and did not have the skills to fund raise. A key issue is that if there is no long term plan to support successful social projects the question must be asked why the investment is being made in the short term.

Despite these challenges, project members reported **positive impacts** in both **material terms** and **social, psychological and spiritual terms**. In the former, specific impacts included learning new skills; improved incomes or receipt of stipends; savings; and improved nutrition. For the latter, specific impacts included a sense of pride, status and respect in the community; deepening relationships with others; members kept active, focused and productive; and greater awareness of community issues.

Benefits to the wider community centred on the products and services the projects offer to the community such as cheap, locally available farm produce, baked products, school jerseys, tracksuits, banking services and a local photocopying facility. Other benefits were employment opportunities created by the project when they needed to employ drivers, caretakers or casual labour.

Half the **projects** evaluated **rated themselves** as 'green' i.e. functioning well, about 40% rated themselves 'orange' (some problems) and the remaining 10% rated themselves 'red' or no longer functioning. It must be noted that the researchers had set out to visit projects which varied in their level of success. Nevertheless, even projects which rated themselves green showed considerable vulnerabilities. Although not all the projects received a rating in the first evaluation, of those that did, the rating of 31% went down, and the rating of 25% went up. 44% stayed as they were, although of these all of them, but one, were already rated green. Overall this gives a fairly positive picture from participants although, given the generalised problems and challenges highlighted elsewhere in this report, it is quite possible that project members are indicating their appreciation for support received more than considering the projects to be well-functioning and sustainable.

Participants highlighted the following as key areas where **improvements** had occurred since the first evaluation: improved production and/or income; receipt of inputs and training; institutional improvements (including registering the project, employing a project manager, paying stipends to caregivers and a faster requisition process as a result of decentralisation); improved discipline and commitment of members; and better networking.

Participants highlighted the following as things that **did not work** since the first evaluation: poor management skills and mismanagement of resources; lack of money and necessary inputs (such as electricity, appropriate workspace); loss of markets; poor planning (including crop planning and marketing); inappropriate or difficult training; theft; and internal conflict. Only one of the nine projects that reported water problems reported progress with solving their problems in the period between the two evaluations. Overall, a high proportion of issues were not resolved in the period between the two evaluations.

The relationship between **service providers** and projects remained weak. Half of the projects evaluated received support from at least one organisation other than DSD. Projects were almost evenly divided on whether DSD was making a positive contribution or not. Reasons for dissatisfaction included lack of assistance, lack of communication and responsiveness, not being informed when the CDP leaves, losing the CDP and having to adapt to a new one, the CDP being too dominant, having business plans imposed on them which do not work, having training imposed on them which they had not requested and having decisions imposed on them.

Only three of the projects mentioned recent support from their local **municipality** which indicates a very low involvement. The information from the evaluation suggests that projects are not receiving adequate support overall. In particular, the role of the municipality in driving integrated development planning and guiding implementation and co-ordination is inadequate. The inability of municipalities to play the role required from them is a key weakness in the development system at present.

Policy shifts at higher levels drove the **key changes at nodal level** in the period between the two evaluations. Most significantly, DSD's emphasis on social development rather than welfare and the associated separation of the South African Social Security Agency (SASSA) marked the start of a reorientation of activities at nodal level. A number of nodes reported improvements in services, although others had cuts in services or challenges in delivering services as required. There were at least a few cases of improvements in integration and internal systems. Decentralisation of control over some decisions and finances to nodal level also opened up the possibility of more efficient delivery of services. There was a shift in DSD's emphasis in some nodes. Staff conditions and satisfaction remained a challenge in some nodes, but there were improvements over the previous year, especially once the transition to SASSA worked its way out of the system.

Vacany rates were high and the percentage of **vacant posts** in districts varied between 20% (Central Karoo) and 83% (Alfred Nzo) and averaged 45%. Many social worker posts and administrative clerk posts were vacant. This had a negative impact on service delivery. In some places, there was an improvement in staffing levels. However, there was also a sense that the number of posts is inadequate for the scale of the job. Many more people are required for DSD to carry out its mandate of social development. Staff shortages mean that existing staff are overworked, leading to undue pressure and stress. High staff turnover is both a cause of and a consequence of the work environment, and makes it difficult to carry processes forward, resulting in loss of morale. Key skills and institutional memory are also lost as a result.

Key project-level issues included lack of financial and project management skills; lack of understanding of business and marketing, weak internal systems; need for more appropriate and tailored capacity development and training; major problems with the business plan approach; general underfunding of development; challenges around entitlement and dependency on government; and lack of appropriate hands-on support, with implications for clarity on the role and responsibilities of community development practitioners (CDPs).

Key issues on DSD's services included poor internal co-ordination and communication, especially between spheres; lack of integrated service delivery in the nodes in general; poor working conditions

and lack of resources for staff to do their jobs properly; continuing confusion about the relationship between welfare and development; very weak M&E and reflection systems to allow for learning from practice; and the uneven and often poor quality of services and facilities being offered to the public.

A key issue that emerged was the conflation of two very different types of projects: **income-generating projects and service organisations**. Service organisations extend DSD's reach into the community and care for the traditional clients of DSD. They perform an essential service and are not profit-making organisations. On the other hand, members of income-generating projects are assisted to set up their own micro business and should be able to pay themselves out of their profits. Strategies for these have to be different, but they are treated the same, and income-generating projects are encouraged to establish themselves as not-for-profit organisations, a contradiction.

Recommendations are that **DSD should stop seeing itself as the driver of income-generating projects where it has limited competence, and at the same time massively increase its support for the creation and maintenance of community-based service organisations in social welfare and social development.** The second evaluation can do no more that reiterate the importance of DSD shifting from trying to run income-generating projects to making a broader intervention across government to ensure positive social impacts of government interventions.

In this approach, DSD's **core functions** would be twofold:

i)   assess development activities, and develop and support interventions that ensure **positive social impacts**, together with partners in civil society and other government departments;

ii)   support the **massification of DSD services** through building and providing ongoing support to community-based organisations that implement DSD's services. This would have a major impact on livelihoods, both through increased service provision, but also potentially through more widespread stipends if a community-based model is used, as in home and community-based care (HCBC).

This in turn suggests a different role for DSD staff, a role that emphasises **process facilitation**, not project management. They would help to facilitate communities planning and taking forward their own development, and could become key facilitators partnering with municipalities in community-based planning, a system being promoted by the Department of Provincial and Local Government (**dplg**).

The home-based care model provides a **practical model of government-civil society co-operation** that has the potential for far wider replication across the development sector. The model provides for the direct participation of communities in their own development, while retaining a clear role for government. The massification of the delivery system, and the centrality of partnerships in the model are critical to improved service delivery.

DSD's involvement in income-generating projects should be reduced to **identifying and making interventions related to the social impacts of the projects,** working hand-in-hand with other departments that lead each project intervention. DSD staff would not perform these tasks on their

own, but would work with project members, others in the community and service providers both to carry out the tasks and to develop capacity at project and community level to continue with this after a clearly defined period. This does also highlight a problem – that **there is a lack of community level structures to support income-generating projects.** Models of farmer extensionists, community animal health workers have been shown to work in countries such as Lesotho and Kenya, where existing farmers are trained to support other farmers, as in the HCBC model. However there is as yet no such model for community-based business advisors – and the Small Enterprise Development Agency (SEDA) does not reach to communities. This is a service gap which needs to be explored if there is to be massification of income generation, but DSD is not the right organisation to lead this for the reasons outlined above. DSD however, having a mandate for the poor and vulnerable can champion in government that such a service needs to be provided if the dependency on social grants for income is to be overcome.

The role of the **CDPs** in relation to both core functions of DSD (social impact assessment and support to community-based social service organisations) needs to be clarified. CDPs will require training in process facilitation, as well as the opportunities to practice these skills, e.g. in community-based planning.

Integration and co-ordination of service delivery remains very weak. The municipality is the key structure in integration and co-ordination at local level yet is not playing this role. DSD can provide support by developing capacity in the municipalities around the social impacts of development interventions.

Policy making should take into account the **perspective of all levels of government.** Local offices should be obliged to develop partnerships with civil society, other government departments and other relevant actors to develop plans.

Management structures need to encourage a culture of **reflection, learning,** analysis and action planning on all levels and should commit to regular structured reflection sessions.

Community organisation is key to building community-driven development processes, and DSD should root itself these in community structures. To upscale the rollout of community-based services and build the capacity of community structures to take forward their own development will need **widespread capacity-building and organisational development of civil society organisations (CSOs)**, ranging from HCBC groups, ward committees, farmer groups, youth groups, faith-based organisations etc. **The mandate of DSD's non-profit organisation (NPO) section has been extended to include capacity-building and not just registration and a suitable model for massification of capacity building is needed**.

Introduction

Background to the Integrated Sustainable Rural Development Programme nodes

The Integrated Sustainable Rural Development Programme (ISRDP) was launched in 2001 to focus attention on 13 rural nodes identified as areas facing extreme poverty[1]. These nodes were selected because of the deep poverty in which many of their citizens live. In 2006 the Department of Social Development (DSD) commissioned quantitative and qualitative studies to evaluate the Department's performance in the ISRDP nodes and in the eight related Urban Renewal Programme (URP) nodes.

High rates of unemployment characterise the ISRDP nodes[2]. The average rate of unemployment[3] in the nodes stood at 74% in 2008, down from 79% in 2006. Two-thirds of these people were out of work for four or more years, indicating a structural problem of unemployment. Fifty-seven percent of households were headed by a female in 2008. Forty-eight percent of households had children in them who were not children of the head of the household. Nine percent of households were looking after orphans. Nearly two-thirds (65%) of households in the rural nodes accessed child support grants in 2008. Government grants (including pensions) were by far the most important source of income for households in the nodes, followed by income from work.

Respondents indicated a decline in service quality for water, electricity, affordable housing, roads, education, water-borne sewerage and refuse removal. Slight improvements were indicated for security and health care. A high proportion of rural residents had no access to some services at all, in particular water-borne sewerage, refuse removal and affordable housing. Unhappiness with water quality

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[1]   The nodes are Alfred Nzo, Chris Hani, OR Tambo and Ukhahlamba (all Eastern Cape), Bohlabela (subsequently split into Maruleng in Limpopo and Bohlabela in Mpumalanga), Sekhukhune (Limpopo), Central Karoo (Western Cape), Kgalagadi (Northern Cape, formerly North West), Maluti-a-Phofung (Free State), Ugu, Umkhanyakude, Umzinyathi and Zululand (all KwaZulu-Natal).

[2]   Information in the following paragraphs in this section was obtained from Strategy and Tactics 2008 'ISRDP/URP 2006 baseline/2008 measurement survey', Strategy and Tactics, Johannesburg. This report was part of the quantitative survey accompaniment to the qualitative research carried out by Khanya-aicdd comparing data from the 2006 baseline and a follow-up survey in 2008. The surveys were both statistically sound and are a reliable indictor of conditions across the nodes.

[3]   Unemployment as a proportion of the economically active population, excluding pensioners, full-time students, those on disability grants and other similar categories

appeared to be growing. There was a sharp increase in the percentage of people saying they found it difficult to pay for their food needs (from 61% in 2006 to 71% in 2008). Knowledge about the food parcel programme dropped from 20% to 7% over the same period. Fourteen percent of respondents felt that no sphere of government was doing anything to improve their quality of life. HIV and AIDS and alcohol abuse remained the top health concerns for residents of the rural nodes. Although home-based care (HBC) is very important, just 3% of households were accessing it in 2008, and 3% were able to provide HBC to others (combined with URP result).

Churches and burial societies remained the most important organisational forms in the rural nodes. Crime, unemployment and HIV and AIDS were the primary concerns for rural residents in 2008. A significant minority of people saw a job as the first solution to poverty. Of all the rural nodes, Umzinyathi and Zululand appeared to be doing worst across a range of poverty-related indices, and Central Karoo the best.

Key issues from the first evaluation

Table 1 below highlights key issues that came from the first evaluation in 2006. Of concern is that lack of co-ordination and integration was top of the list, being mentioned in eight of the rural nodes as a priority issue, despite being the whole point of the ISRDP. Lack of staff and resources, problems with business plans and the need for an expansion of DSD interventions also featured strongly. All of these concerns reappeared in the second evaluation, as this report later indicates.

Group	Issue	Mentioned in node
Co-ordination and integration	Working in silos and lack of co-ordination, integration and communication (within DSD, between departments, with local government and with service providers)	Alfred Nzo, Central Karoo, Maluti, OR Tambo, Ugu, Umkhanyakude, Umzinyathi, Zululand
DSD services	Lack of strategic direction	Maluti
	Lack of staff and resources	Kgalagadi, Maluti, OR Tambo, Sekhukhune, Umzinyathi, Zululand
	More social development interventions needed	Bohlabela, Central Karoo, Umzinyathi, Zululand
	Lack of M&E and learning systems	Alfred Nzo, Central Karoo, Kgalagadi
	Community development practitioners (CDPs) being held responsible but lacking authority	Sekhukhune, Ukhahlamba
	Lack of technical support and skills development	Kgalagadi, OR Tambo
Approach to projects	Business plans (lack of participation, inappropriate approach)	Chris Hani, Sekhukhune, Ukhahlamba, Umkhanyakude
	Problems with project selection criteria	OR Tambo, Sekhukhune
	Lack of sense of ownership by members	Bohlabela, Central Karoo
	Project management issues (training, poor organisational and financial management, guidelines needed)	Alfred Nzo, Bohlabela, Ukhahlamba
	Mistrust between project members and DSD	Chris Hani
	Need for exit strategies	Alfred Nzo, Ukhahlamba
	Problems with service providers	Kgalagadi, Ukhahlamba
	Project networks	Alfred Nzo

Strengthening support for economic projects	More work needed on markets and market research	Alfred Nzo, Kgalagadi, Ukhahlamba
	Low production, limited or no benefits	Bohlabela, Kgalagadi
General	High dependency on grants	Central Karoo, Umkhanyakude

Table 1: **Key issues from the first evaluation**

Background to second evaluation

In 2006 a qualitative baseline research on the DSD's services and activities was held in each of the ISRDP and URP nodes. The baseline provided a description of the livelihoods profiles of residents in the nodes, information about DSD services and projects and it identified service delivery gaps. A focus on DSD PRP projects provided information from the point of view of project beneficiaries and nodal DSD staff.

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 five visits by the researcher/facilitator in this period.

Objectives and methodology

The objectives of the second evaluation were to update information on the functioning of DSD-supported projects, and to identify whether and how issues that were raised during the first baseline research were dealt with: what had changed since the first evaluation; what impacts were there on project beneficiaries; what had worked and hadn't worked; had issues that arose in the first evaluation been 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.

Researchers worked with DSD nodal staff to identify three projects in each node for the second evaluation. The projects were selected from a list of those that were previously evaluated and the aim was to select projects of varying success to enable some indication of the criteria for success or failure of projects. Researchers did some methodology training in January 2008 and carried out fieldwork for two weeks between February and May (the latter in places where there were some difficulties in finding appropriate times to do the evaluations). DSD nodal staff provided updated information on projects and services based on information from the first evaluation prior to the individual project evaluations. Where required, researchers carried out preparatory interviews and made logistical arrangements with the DSD nodal manager or another appropriate staff member. In most cases a community liaison officer/community development practitioner accompanied the researchers to the projects and assisted with the evaluations. Key themes were consolidated and presented to a workshop of DSD nodal staff,

to which DSD provincial staff members were also invited. Other relevant stakeholders, including other government departments and service providers, where applicable, were invited to these workshops.

Update on projects

Types of projects visited

Forty-one projects from the 13 nodes were evaluated in the second round and the full list of these is in Table 3. Twenty-eight of these (68%), were income generating projects i.e. they existed to sell a product or service at a profit to generate an income for the project members. Thirteen (32%) existed to provide a free service to the community such as caring for orphans and vulnerable children (OVC). Table 2 shows the types of activities the projects were engaged in, with the income generation projects listed in the left column and the community service projects listed on the right. Almost all projects were involved in more than one type of activity so are recorded more than once. The most common activity was farming with **half of all projects involved in some form of farming enterprise** as a primary or secondary activity.

Income generation	No of projects	Social service	No of projects
Food gardening/vegetable growing/ crops/plant nursery	21	Running a creche	5
Poultry	13	Home and community-based care	5
Sewing	8	Caring for orphans and vulnerable children	3
Handicrafts	8	Soup kitchen	2
Bakery	4	Skills training	2
Goats, pigs or sheep	5	Elderly supporting and mentoring young children	1
Stokvel	2	Support for abused women and children	1
Financial services (village bank)	1	Awareness raising re HIV and AIDS	1
Coffin making, funeral services	1		
Furniture making	1		
Block making (for construction)	1		
Photocopying service	1		

Table 2: Project activities

Most projects were engaged in **more than one activity** e.g. Tswelopele Pitso community project in Alfred Nzo was involved in pig farming, poultry, vegetable gardening, baking and sewing. The income generation projects had sometimes diversified into other activities in an attempt to find something

more profitable or because of coming up against a constraint. For example, Tsolobeng Rainbow Programme in Ukhahlamba tried vegetable growing which suffered as the soil was water-logged clay (though they will try again next season on a new site), pigs which they could not rear profitably, chickens which all died from an unknown cause, and, finally, they tried making Sta-soft fabric softener which they were selling at a good profit. Sometimes projects diversified opportunistically because they were offered resources such as chickens or seeds by the Department of Agriculture (DoA). With the projects providing a community service, sometimes an additional activity was added with the aim of providing an income to fund the services it provides. Many projects, for instance, started food gardens as a secondary activity.

It was common that projects started with a large number of **members** but then the numbers drop e.g. Alpha Osborne in Alfred Nzo started with 42 members but the number went down to 15. Khanyisile Bullhoek Programme in Chris Hani started with 50 but declined to 26. The numbers usually reduced to a core membership which remained stable. Reasons commonly recorded for people leaving were:

- no stipends/no income;

- a particular group is dominant and those on the periphery feel excluded and leave;

- feel discouraged by lack of management/lack of progress;

- lack of transparency/suspected mismanagement of money;

- found employment elsewhere.

Sometimes projects drew in new **members**. In some cases, government put pressure on groups to accept new members to access more funding. New members joining could be beneficial, e.g. Wonkumntu Development Project in OR Tambo reported that younger members joining had brought new ideas for designs and one project had even won a design award. New members sometimes also provided more energy and motivation. In other cases, tensions arose between newer and older members, especially if there was a generation gap. Sometimes newer members felt that older members wanted to keep control and keep the newer members on the periphery. In other cases, there was a problem of newer members not having had the training that the original group received (Aganang Support Group in Kgalagadi, YOFCA in Maluti-a-Phofung).

There was only one project for people with disabilities, in Sekhukhune. Five of the 41 projects were all women, and the remainder were mixed. Some projects started out with restricted membership e.g. just women or just older women but then the membership broadened. Projects with older women expressed the wish to include younger women as they felt they were better able to carry out project management tasks such as book keeping. Sicambeni HIV and AIDS project (OR Tambo) started out intending to only have people with HIV and AIDS as members but subsequently relaxed this restriction.

In terms of **income** for project members, the Department of Trade and Industry (DTI) were paying salaries to staff members of the Financial Service Co-operative, the village bank in Ugu. The social service projects generally received stipends from DSD or the Department of Health (DoH) of up to R1,000 a month. However, few of the income generation projects had reached a stage where they could afford

to pay a reasonable wage to members. Some projects only took income once a year. Where projects did pay stipends, figures were rarely given but where they were, the amounts were small – in the range of R100 to R300 a month. One project in Kgalagadi paid all its members R160 a month. This amounted to a monthly wage bill of R1,920. However, this was more than four times the income generated from the vegetable gardening business, meaning the project was draining its funding from DSD and hence financially unsustainable in those conditions. There was pressure on projects to pay monthly stipends to members and volunteers and lack of stipends or lack of income was the main reason given why members withdrew from projects. Members' comments (summarised in section 2.2) indicated that even the smallest stipend had a significant impact on their lives.

Events and changes since the first evaluation

Some of the projects reported positive changes since the first evaluation. The changes can be clustered as follows:

- **Financial improvements**: eight projects reported receiving grants, four increased production or sales, and two reported obtaining a loan;

- **Additional inputs** for projects: six had materials or equipment donated to them, six bought or built additional assets themselves, one got an electricity supply, and one adopted a uniform for identification;

- **Training and skills development**: seven projects received formal training, two improved their book-keeping, a member in one project got a driver's licence. The types of training received included agricultural management, agricultural technical skills, book-keeping, quality assurance, sewing and childcare;

- **Improved access to markets:** two increased the number of clients, two won contracts with major clients – a factory, a municipality and hospital, and one sold to buyers from outside their community for the first time;

- **Improved support and interaction with others**: two improved their networking with other welfare agencies, two got legal registration as co-operatives, one went on a study visit to another project, one formed a consortium with other sewing projects, and one got veterinary support.

- Three had an **improved staffing situation** and two got a **site for their project**;

- A quarter of the projects reported **increased skills, confidence, happiness or motivation** as a result of a sense of progress through increased outputs, because of receiving support in the form of funding or training, or because of recognition by others through an award or a visit from a VIP.

On the negative side, **theft** was a big threat. Twelve projects (29%) reported acts of theft or vandalism since the last evaluation. All three Sekhukhune projects had theft as a major concern. Items stolen included fence posts, roofing sheets, machinery, live chickens, tools, cash, food, furniture and even a toilet and entire electricity box! Fences were repeatedly broken and did not provide sufficient protection

so members had to resort either to sleeping at the site themselves or employing someone to stay on the site at a cost to the project. Organisations which were sharing premises noted that they felt the project's possessions were vulnerable as a result. Crime was a challenge for the women-only projects as women were unwilling to sleep alone at the project site. None of the projects were positive about the response of the police. The quantitative research in the nodes identified crime as one of the dominant problems (Strategy and Tactics, 2008). Dealing with crime is therefore important in creating a supportive environment for productive activity even amongst very poor people. This speaks directly to integration of police services with activities other departments are supporting.

Nine projects (22%) cited **lack of water** as a problem for their project either for farming or for centres such as crèches where lack of water is a health hazard. All the Bohlabela and Alfred Nzo projects had water access problems. In Bohlabela, large areas of the community seemed to be affected. Problems with boreholes, water tanks, pumps or irrigation systems were described and seemed to be long-standing problems not easily solved. One of the Bohlabela projects had their tank and pump stolen. One project was paying R150 a week to have a bakkie come and fill their tank, while others used wheelbarrows to carry water from taps or streams some distance away. These results confirm the quantitative research which found that one in eight ISRDP respondents still fetch their water from streams, and one in five from streams, tanks, dams or have it trucked in (Strategy and Tactics, 2008).

Heavy rain and hail damage caused **loss of crops** or vegetables to three projects. Six of 13 chicken-rearing projects reported major **chicken losses** from illness, in transit or from a storm. Sekhukhune Project for the disabled lost 2,500 chickens from bird flu. Systematic technical support from DoA and service providers is required if these projects are to succeed. This basic kind of integration is vital for the success of projects. Supply of day old chicks to broiler projects is an ongoing national problem which affected three of the evaluated projects. This affected their ability to ensure a constant supply of chickens to the market.

Eight projects reported that their **machinery was inadequate or needed repair**. The machinery included ovens, sewing machines, water pumps, a tractor, a maize milling machine and printing machines. One project admitted not servicing their tractor which, when it broke down in 2007, cost R9,000 to repair. Transporting machinery from rural areas to service centres or calling out repair specialists can be extremely costly and can easily wipe out a year's profit. Projects in rural areas need high quality, industrial grade equipment which will give long and trouble free service. There also needs to be strategising around maintenance such as grants to train local people in basic maintenance of equipment commonly found in rural areas. The quantitative research reported that just 2% of respondents in the ISRDP nodes had skills in repairing machines or vehicles. The issue of maintenance, and the ability of people at project level to maintain equipment, remains a critical issue for project sustainability.

Some projects mentioned that they had **lost members**. Six projects had lost trained, capable volunteers who obtained paid employment elsewhere. Six projects mentioned losing members because of illness or death. Two projects noted that members disappear when piece work is offered in the area, with the effect that they rarely all work at the same time. This affected production as weeding was not done

at a crucial time. This indicates that the need to earn money in the short-term can drain energy from a project and reduce its productivity. Two projects mentioned the problem that new members who replace those who leave do not have the same level of training, threatening the quality of production or service delivery in the project.

Four projects reported **internal conflict** as a challenge. Three reported misappropriation of funds and others mentioned suspected misappropriation of funds causing disillusionment. One reported fraud by an intermediary who took R17,000 to the IDT for delivery of day old chicks but the chicks were never delivered and the intermediary could not be located. One project reported that an audit of their organisation was arranged for which they were billed R13,000 when they had no idea that such costs would be incurred. Three projects said that **management and book-keeping** was a struggle for them and that their record keeping was poor.

Lesedi Arts and Cultural Centre in Maluti was one of the few successful dual purpose projects in which older members of the community were encouraged to get involved with children for the benefit of both. Members of this project derived enormous satisfaction from running a crèche for children and making uniforms for them but the project is now without funding. DSD invested in the members to give them high quality training in educare. It seems that the members did not have the skills to fundraise. **If there is no long-term plan to support successful social projects then one must ask the question why the investment is being made in the short-term**.

Earlier it was noted that many projects were involved in multiple activities. Success seems to be equated with expansion rather than with making a profit. An example of this is Alpha Osborne in Alfred Nzo. The members were involved in market gardening, sheep and goats. They wanted a tractor in their first evaluation. By the second evaluation DSD had donated them a tractor, but now their aspiration was to get into poultry farming which does not use their existing asset and requires donation of additional physical assets. YOFCA, a coffin making project in Maluti, expanded into offering full funeral services. Questions arose in both cases as to whether the decisions had a strategic basis.

Participants' perception of the impact of the projects

Despite observations which suggest that many projects did not achieve their objectives, project members themselves reported many positive impacts on their lives as a result of participating in projects. The impacts are inter-connected but can be broadly categorised as **material or social impacts.** Material impacts included:

- **Learning** new things and gaining skills including in teamwork, finances, and in productive skills like baking;
- **Income** or stipends received/money at the end of the year;
- **Savings** that allowed for participation in stokvels and other community systems;
- Improved **nutrition**.

Social, emotional and spiritual impacts included:

- A sense of **pride**, status and/or respect from family and community;
- A peer **support group** and friendship, safety, and a greater ability to have relationships with others;
- Members kept **busy**, productive and focused;
- **Networking** with other organisations;
- Greater **awareness** of community issues.

The important personal, psychological and social benefits from participating in projects cannot be underestimated. However, a proper cost-benefit analysis should be done because **it is quite possible that using the same resources as were used in supporting these projects could be used to realise better outcomes for many more people.**

Very few projects talked of negative **impacts**. Perhaps the word 'impact' is understood to mean positive impact rather than any type of impact. Other comments related to lack of support, insufficient income, limited impact on the lives of members, and concerns about financial mismanagement or irregularities.

When members were asked to talk about the impact the projects had on **secondary beneficiaries** such as their family, they expressed their pleasure at bringing home food to feed the family or having cash to meet their family's needs for food, school fees, school stationery and uniforms. They reported greater happiness in the home, improved nutrition, health and stability. One person commented that there was greater harmony in the home of people involved in projects because "families are in the project so there is no time for petty issues".

Some said as members of the projects they were role models for their children in showing care for others in need. Some said they could pass on skills and knowledge to their children. Comments made were: "My family does not believe myths surrounding HIV and AIDS any more"; "I can sit and talk to my kids about sex". Other members commented that it was good that their children see them engaged in something productive and their children are proud of what they are doing. Some projects provided support when a family member of one of the project members had a funeral. A gardening project said that project members were making gardens at home with their families. There was very little reporting of negative impact on secondary beneficiaries. It is surprising that no-one said anything about the time spent on project business taking away time that could be spent with the family. The one negative comment was: "Families of project members do not value the project's opportunities: at the moment there is little the families feel they benefit from".

Benefits to the wider community centred on the products and services the projects offer to the community such as cheap, locally available farm produce, baked products, school jerseys, tracksuits, banking services and a local photocopying facility, to give some examples. As most of the projects are in rural areas, having services locally available can save transport costs for community members. They also sold products on credit to trusted customers such as senior citizens. Other projects cared for the

bedridden, for orphans, AIDS patients or young children. To quote from Aganang support group, a home-based care (HBC) organisation in Kgalagadi: "Patients receive care, love and compassion, have somebody to talk to, who listens with empathy and understanding. They get clothes and blankets through the project. They learn how to deal with their illness and get medication when they can't get to the clinic any more". Families of patients also got support with sick relatives or help in accessing welfare grants. Lesedi Arts and Crafts in Maluti reported that the project was able to provide a safe crèche, services like school uniforms and to feed the children.

Other benefits were employment opportunities created by the project when they needed to employ drivers, caretakers or casual labour. There was a benefit to service providers and suppliers who got their custom. These were mentioned though many of the suppliers are from outside the immediate community. Other benefits mentioned were greater community awareness and understanding. Philani Drop-in Centre in Umzinyathi said that they taught the community about social grants and life skills. Sekhukhune Project for the Disabled felt that they were changing attitudes towards disabled people and also assisting other disabled people who were not involved in the project. Some of the projects model social responsibility as they work voluntarily for the community or donate items such as school uniforms for OVCs.

Status of the projects

Projects were requested to rate their status in terms of the 'green', 'orange' or 'red' classifications used in the Reid research and to motivate the decision. Table 3 shows the change in these self-ratings between the two evaluations. Note that green is represented as the darkest, orange as mid tone and red as white. A dash means not done

Node	Project name	Main activities	Status using REID's classification	
			2006	2008
Alfred Nzo	Alpha Osborne community project	Market gardening, sheep and goats	G	O
	Tswelopele Pitso community project	Egg production and gardening. Bakery	O	G
	Natala women's co-operative	Bakery; poultry	O	G
Bohlabela	Islington educare centre of the aged	Running a crèche; vegetable gardening	-	O
	Lehlabile bakery	Baking and running a crèche.	-	O
	Twananani project of the aged	Sewing and running a crèche	-	O
	Nwakhwidyana piggery	Pig rearing	-	G.
Central Karoo	Badisa	Soup kitchen, skills training, assistance with social grants.	G	G
	Khululeka	Food and support for OVCs and home-based care for elderly.	G	G
	Zanokhanyo	Skills training for unemployed youth.	O	O

Node	Project name	Main activities	Status using REID's classification	
			2006	2008
Chris Hani	Dordrecht programme for the elderly	Women's sewing project	O	G
	Ezibeleni one-stop shop centre	Support for abused women and children	G	G
	Khanyisile Bullhoek programme	Multi-purpose centre with bakery, sewing and gardening	-	G
Kgalagadi	Aganang support group	HBC	-	G
	Itekeng garden project	Vegetable growing	-	O
	Bankhara Bodulong dual purpose centre	Elderly supporting and mentoring young children; sewing.	-	R
Maluti-a-Phofung	Tsheseng women's flagship project	Bakery and sewing	-	G
	Sehlajaneng Woodwork	Furniture making	-	G
	YOFCA	Coffin making and burial services	-	G
	Lesedi arts and cultural centre	Crèche and arts and crafts centre	-	G
OR Tambo	Ngquqha development project	Farming with poultry and crops-mealies	G	G
	Wonkumntu development project	Vegetable production, poultry and crafts	-	O
	Masiphilisane project for the aged	Vegetable production, poultry and crafts	-	O
	Sicambeni HIV and AIDS project	Vegetable production and poultry farming	-	R
Sekhukhune	Tlou ya Mamphela project	Make handiwork and cultivate vegetables	-	O
	Sekhukhune project of the disabled	Poultry and gardening.	O	G
	Civil Society development initiatives	Looking after bedridden and orphans	G	G
Ugu	Young Entrepreneurs Co-operative	Poultry farming	O	R
	Financial Service Co-operative	Village bank	-	G
	Thobekani Pumza sewing and block making project	Block – making; crèche.	G	G
Ukhahlamba	Kuyasa community centre	Mats, beadwork, vegetable garden, chickens.	G	O
	Bensonvale development foundation	Maize, nursery for vegetables.	G	O
	Tsolobeng rainbow programme	Vegetable garden, pigs, chickens. Stasoft production.	G	O
Umkhanyakude	Thembalethu co-op	Chicken project, vegetable garden and sewing	-	O
	Thembalesizwe drop-in centre	Food and support for OVC	-	O
	Hlabisa rural development organisation	Poultry project and vegetable garden	-	R

Node	Project name	Main activities	Status using REID's classification	
			2006	2008
Umzinyathi	Asibemunye women's club	Sewing; badge embroidery; photocopying services; stokvel	-	G
	Philani drop-in centre	HBC, distribution of condoms, food parcel distribution, candle making, gardening, child care provision; advocacy in schools	-	G
Zululand	Bambanani food production project	Food gardening, poultry, piggery and goats	-	O
	Nqobuzulu crèche and aged project	Gardening, beadwork, sewing and running a crèche.	-	O
	Tholukukhanya development projects	Gardening, HBC, soup kitchen.	-	-

Table 3: Projects' assessment of their status (2006 and 2008)

Twenty projects, half the total, rated themselves as green, seventeen rated themselves orange and four rated themselves red or no longer functioning. Nevertheless, even projects which rated themselves green showed considerable vulnerabilities. Although not all the projects received a rating in the first evaluation, of those that did, the rating of 31% went down, and the rating of 25% went up. Forty four percent stayed as they were, although of these, all of them but one were already rated green. Overall this gives a fairly positive picture from participants although, given the generalised problems and challenges highlighted elsewhere in this report, it is quite possible that project members are indicating their appreciation for support received more than considering the projects to be well-functioning and sustainable. The Natala Women's Co-operative in Alfred Nzo illustrates the challenges to sustainability for a project that nevertheless rated itself green:

> *"The project was rated green by the group. The group has been good at egg production and market gardening. They have gone through three years of chicken production. The minimum income has been R28,000 per year. They have not however been able to save any money. Poor management of business for profit is still a problem. Input costs of sales are not catered for in their business operations. They do not budget and they do not see their project as a business for profit. Chickens are being fed well beyond the market-ready stage so eating the profits. They have recently borrowed to finance chicken feed and new stock of chicks. Members saw their project as green because they are able to produce. They borrowed money from Uvimba which is giving them a wake up call as they have started paying back at R900 per month. They now see the need to make money so they can pay back the loan."(Alfred Nzo nodal report)*

The discussion illustrates how much learning is going on in projects but also all the complexities of running a business. It also illustrates a common threat observed in many projects which is poor financial planning and failure to see the need to build up capital reserves for future expenditure. This means that when the money from DSD is spent, the project has no capital reserves for new inputs or

to expand infrastructure. While projects have a large amount of money in the bank the pressure to do the calculations to see that the enterprise is running at a profit is not there. Most of the projects need a sustained period of hands-on mentoring to develop that kind of business mindset.

Strong bonds between members, determination, continued hope and pleasure in the work were factors that affected project status classification as much as economic factors. For instance, Lesedi Arts and Cultural Centre in Maluti rated their programme green even though they had run out of funding and were unable to generate enough income from selling crafts to keep their crèche going. The project members felt that the project had had a huge positive influence in their lives and appear to have a charismatic and respected leader. Lehlabile Bakery in Bohlabela rated their project as orange because, although their income was low and they were not meeting their obligations, they "will not give up".

Reasons why a project would classify itself as red, orange or green reflect the same comments made in 2.1 and 2.2. Criteria for a positive status would be that the project is currently receiving funding or training or is producing or trading (even if not making a real profit), while negative status would be that funding is running out, lack of resources, weak management and loss of resources through theft, debt or inability to make a profit.

Assessment: what worked and what didn't work

As part of the evaluation, projects were asked what worked well and didn't work well in the period since the first evaluation and what role DSD or any other service provider had played in helping them overcome challenges facing them. Participants highlighted the following as key areas where things had improved since the first evaluation: improved production and/or income; receipt of inputs and training; institutional improvements (including registering the project, employing a project manager, paying stipends to caregivers and a faster requisition process as a result of decentralisation); improved discipline and commitment of members; and better networking.

Participants highlighted the following as things that had not worked since the first evaluation: poor management skills and mismanagement of resources; lack of money and necessary inputs (such as electricity, appropriate workspace); loss of markets; poor planning (including crop planning and marketing); inappropriate or difficult training; theft; and internal conflict. **Only one of the nine projects that reported water problems reported progress with solving their problems in the period between the two evaluations.** Overall, a high proportion of issues were not resolved in the period between the two evaluations.

The relationship between **service providers** and projects remained weak in the second evaluation. When donors organised services, projects commonly failed to get a copy of the receipt, guarantees and other paperwork. When a problem arose they were unable to take control of the situation. One project in Alfred Nzo reported that the municipality had organised for a borehole to be sunk for their project in 2005. When the borehole didn't work, the project went back to the municipality. However, no records could be found of the work done or of the service provider, and the person at the municipality who had arranged the work had left. They were still waiting for the municipality to sort out the problem

three years later. Also in 2005, the DoA put in a solar water pump system for the same project to pump water from the river, but the installation was never completed.

Some projects reported that **DSD** had given funding or training, but the participants did not make comments about the relationship. Twelve other projects were positive about DSD's role. To quote Ngquqha, a farming project: "*DSD's role is much appreciated because the group could not have achieved what it has without DSD's help. Knowing that someone out there does care and appreciate what we are doing encourages us more*". The members also said that constant monitoring from DSD kept them on their toes. Members of Wonkumntu in OR Tambo said "*DSD are the only people who come whenever we need them and they even organise technical advice where necessary*". In Bohlabela the Department of Health and Social Services (DHSS) employed community liaison officers (CLOs) and all three projects said they received support from the CLOs who helped with writing business plans and with NPO registration.

Ten projects expressed dissatisfaction with DSD. Reasons for dissatisfaction included lack of assistance, lack of communication and responsiveness, not being informed when the community development practitioner (CDP) leaves, losing the CDP and having to adapt to a new one, the CDP being too dominant, having business plans imposed on them which do not work, having training imposed on them which they had not requested and having decisions imposed on them. DSD was seen to be slower and more bureaucratic than IDT in processing spending requisitions. Some projects indicated that they did not know how to report, what to report and how often to report to DSD, indicating that there was no monitoring plan in place.

Half of the projects (21) received support from at least one organisation other than DSD. Ten mentioned support or management from **the Independent Development Trust (IDT)** and in some provinces DSD outsourced project management to IDT. Some projects expressed appreciation for the IDT some had criticisms.

Seven projects had received support from the **DoA** at some point since the last evaluation in the form of donations (for example, a tractor, seeds and chickens), training, advice or veterinary services. Three of the seven projects were in Alfred Nzo where it appears the DoA was very active. However, all three had water problems which limited their activities. Six other projects raised the issue of not getting needed technical advice. **Given that half of all the evaluated projects were involved in agriculture, the fact that only a third of them were receiving support from the DoA is cause for concern.** Many projects reported loss of livestock or other similar challenges, suggesting that support is inadequate and skills were not adequately transferred.

One organisation was getting funding from the **National Development Agency (NDA)**. Another was also getting NDA funding but it had stopped without any communication or explanation. Two, both in Ugu, were being supported by **Ithala Bank** in the form of grants and loans. Three had received funding or equipment from **Department of Health (DoH)**. Three had received training organised by the **Department of Labour (DoL)** and two from the **Small Enterprise Development Agency (SEDA). Other organisations** each mentioned by one project were: Age in Action, Department of Water Affairs and Forestry (DWAF), the Tourism Board, Department of Arts and Culture, Department

of Trade and Industry, the European Union, the Elton John Aids Foundation, the South African Micro-finance Apex Fund, Vulindlela Development Finance Consultants, the National Association of Child Care Workers, Mala Development Agency, Jabulani and Ntsoanatsatsi (educare training), Itemoheleng and Boithusong (training for the coffin makers/funeral services).

Only three of the projects mentioned recent support from their local **municipality** which indicates a very low involvement. However, some projects were using municipality buildings as a base to operate from. One project indicated that the municipality building they were housed in was not well maintained or secure. Only one project mentioned support from their local councillor. **Local government is not playing its key role of co-ordinating, supporting and monitoring local level initiatives.** The inability of municipalities to play the role required from them is a key weakness in the development system at present.

The information from the evaluation suggests that **projects are not receiving adequate support overal**l. In particular, the role of the municipality in driving integrated development planning and guiding implementation and co-ordination is inadequate. Municipalities have a key role to play but this is not being carried out effectively. An integrated and co-ordinated approach especially with DoA on agricultural and food production projects is essential yet is only being delivered in a third of the relevant projects. DSD is setting up projects that require support from other actors but this support is not forthcoming. **From the point of view of projects, role clarification and co-ordination between DSD, technical service providers and the municipalities as drivers of co-ordination and local development is a priority.** This is of great concern given that the point of setting up the ISRDP and URP in the first place was to improve integration and co-ordination. It is not being given the attention it requires.

Changes in the nodes since the first evaluation

Changes to DSD services and projects

Table 4 indicates changes to DSD services and projects since the first evaluation. The district that reported node-specific changes is named in brackets. Policy shifts at higher levels drove the key changes at nodal level in the period between the two evaluations. Most significantly, DSD's emphasis on social development rather than welfare and the associated separation of the South African Social Security Agency (SASSA) from DSD marked the start of a reorientation of activities at nodal level. A number of nodes reported improvements in services, although others had cuts in services or challenges in delivering services as required. There were at least a few cases of improvements in integration and internal systems. Decentralisation of control over some decisions and finances to nodal level also opened up the possibility of more efficient delivery of services. There was a shift in DSD's emphasis in some nodes. Staff conditions and satisfaction remained a challenge in some nodes, but there were improvements over the previous year, especially once the transition to SASSA worked its way out of the system.

Description of the change	Why it happened/who or what caused the change	Implications/impact
Macro-level changes likely to have a big impact		
Change from welfare to development focus	Change in policy in DSD national	Greater emphasis on helping communities to help themselves rather than depend on handouts
DSD has been split into two separate entities: SASSA for administration of grants and DSD to manage social development issues	National policy	More efficient administration of grants
Administration of food parcels handed over from DSD to SASSA	National policy – food parcels given to grant applicants.	
Improved services in some nodes…		
Marked increase in HIV and AIDS services (a number of nodes)	Requests from people living with HIV	Response increasing in accordance with increased need

Description of the change	Why it happened/who or what caused the change	Implications/impact
Many new projects initiated in 2007 (Chris Hani, Kgalagadi, Ukhahlamaba, Ugu, Umkhanyakude)	DSD policy	
Victim protection unit established (OR Tambo)		
Projects involving the elderly got funding to provide food at their meetings (Alfred Nzo)	National DSD to comply with the law	Improved attendance and productivity
Outreach campaigns by DSD and Home Affairs (Ugu)	Awareness of neglect of deep rural areas	Making services accessible to remote rural areas; increase in uptake of social grants
When SASSA left the DSD structure in 2006/7, there was no funding for social relief. In 2008, DSD re-introduced relief funding to districts (Chris Hani, Ukhahlamba)	DSD policy	Alleviation for people in crisis or extreme poverty.
Major food parcel programme (Ugu)	Directive of provincial offices in Pietermaritsburg	Hunger alleviation
Increase in those accessing the child support grant (Bohlabela)		
A new NGO is working to educate the youth about drugs (Central Karoo)	Concern about drug abuse in the province	The district will monitor to see if drug abuse declines
…but poorer services in others		
Phasing out of soup kitchens (Kgalagadi)	Change from welfare to development; policy decision at national level	Reduce 'hand out' mentality
Income generation projects will no longer be supported (Umzinyathi)		
Food parcels not being issued by retailer responsible (Zululand)	DSD owes the retail store R37,000. Believe it is SASSA's responsibility to pay.	The retail store is losing money and could go bankrupt. Beneficiaries are suffering.
Projects started in earlier years no longer receiving funding (Chris Hani, Maluti-a-Phofung, Ukhahlamba, Zululand)	In Maluti, there was a change in policy at provincial level away from development projects.	DSD staff lost contact with the projects, had no idea whether they were still functioning or what had happened to the project assets. Significant information on the sustainability of projects in the post-funding era being lost
Funding to employ project members as their project administrator working in clusters came to an end. (Sekhukhune)	The funding was for a limited time period until projects were stronger.	These administrators no longer have a stipend. Projects negatively affected.
The DM was non-functional due to legal political battles for more than six months (Central Karoo)	Political instability in the province	Service delivery hindered
Improved integration, decentralisation and internal DSD systems		
Decentralisation of decision making from provincial to district level • some project and budget allocation decisions decentralised (Alfred Nzo, Central Karoo, Ukhahlamba) • establishment of programme management unit in the district (Chris Hani, OR Tambo)	DSD policy	Will speed up process of project approval and funding Greater district control and co-ordination

Description of the change	Why it happened/who or what caused the change	Implications/impact
Social workers from DSD are now receiving training in the administration of anti-retrovirals (ARVs) from the DoH (Alfred Nzo)	DoH recognised the advantage of involving social workers in the administration of ARVs to reduce default rates	Increase in awareness and in administration of the drug to patients
Services are now more specific to particular clients. Creation of SASSA also helped with this. (O R Tambo)	Rendering services of all kinds from one service point used to create long queues. Research promoted a change in policy.	More efficient systems; DSD's reputation improved.
Greater integration of HBC programmes between DSD and DoH, and between DSD and the police service (Ugu)	Recent high profile crimes led to stakeholders working closely with the police	To reach more people more effectively and efficiently
HCBC centres have evolved into multi-purpose centres (Chris Hani)	DSD policy	Can provide a more integrated service
The role of NPOs recognised; NPOs funded. (OR Tambo)	Provincial instructions	
Relationship between DSD and SASSA clearer than when SASSA was first set up. (OR Tambo)	Roles and responsibilities clarified	Easier for staff
DSD set up a project M&E unit (Central Karoo)	Insufficient monitoring and reflection on DSD's activities	To establish a more structured approach to track project performance
Guidelines & a framework for running projects developed (OR Tambo)	Concern over poor direction and monitoring.	Better direction, clarity over stipends, exit policies etc than in 2006.
Move away from a top-down approach to community consultation (Kgalagadi)	Policy decision	The aim is to increase project ownership and responsibility
A shift in emphasis		
Children who commit minor offences are given a chance to change their behaviour within a home and family environment rather than a place of detention	DSD and other stakeholders who are dealing with children in conflict with the law	Children exposed to a positive environment. Reduced risk of children being influenced by seasoned criminals
Child and Family services replaced by Family and Children services (Kgalagadi)	Change in DSD policy	Emphasis more on the family rather than the individual child
Strong focus on ECD centres (Maluti)		
Greater emphasis on LED and on food security in the district (Ugu)	Campaign spearheaded by the Minister	Create jobs and reduce poverty
Staff conditions and satisfaction remain a challenge…		
Bohlabela became part of Mpumalanga. CLOs felt their conditions of service worsened and there was high turnover of CLOs	Low salary and lack of career pathing. DSD needs to professionalize and adequately remunerate	CLOs are trained but then leave. Lack of continuity and progress
Staff turnover and shortages (Umzinyathi)	Poor rural areas do not attract staff	Insufficient support to projects
…but bigger budgets, more staff and training for some		
Increase in district budget, improvements in infrastructure and increase in staffing (Kgalagadi, OR Tambo)	In Kgalagadi, due to incorporation of old North-West districts into Kgalagadi	
DSD lost staff with the split into DSD and SASSA. DSD's budget increased again in 2007 so able to increase staff again (OR Tambo, Ukhahlamba)	DSD policy	Staff less stressed; greater impact in the community.

Description of the change	Why it happened/who or what caused the change	Implications/impact
Increased budget to DISS unit (including CLOs) for capacity building of staff (Kgalagadi)	DSD national and provincial policy decision	Expansion and improvement of services
Increased budget, improved infrastructure and staffing (OR Tambo)		Improved morale in DSD
Guidelines and a framework for managing projects developed and followed (OR Tambo)		Greater clarity on how to manage and monitor projects. Better relationships between projects and DSD
CDPs trained before they start their work (OR Tambo)		CDPs have improved capacity
New staffing structure to be instituted (Zululand)		
DSD staff working with projects to have the support of one assistant appointed per project (Umzinyathi)		More effective support to projects

Table 4: Changes in the node since the first evaluation

Changes in staffing levels

Node	Total no. of posts	No. of vacant posts	% vacancy	Comments
Alfred Nzo	172	143	83%	Critical staff shortage. High staff turnover as not a popular place to live due to lack of facilities; staff retention strategy needed. Staff demoralised.
Bohlabela	121	45	37%	Bohlabela became part of Mpumalanga. High turnover of CLOs in the district due to low salary and lack of career-pathing. DSD needs to professionalise and adequately remunerate the position of CLO as projects need skilled guidance.
Central Karoo	46	9	20%	DSD has filled critical positions since Sept 2007 and is in the process of filling the remaining vacancies
Chris Hani				Information on staffing not made available. Auxiliary workers and interns appointed which reduced pressure on social workers.
Kgalagadi	143 Corporate: 15 DISS: 21 Social work: 108	84	59%	Dramatic increases in staff. Before the demarcation changes, Kuruman was a "satellite" service point. Now it has become a full district but staffing is taking time to catch up and, despite increases, there is still a shortage of social workers. However, recruitment is still ongoing.
Maluti-a-Phofung	418	234	56%	Low staff morale; developmental services understaffed.
OR Tambo	723	230	32%	High staff turnover. Not a popular place to live.
Sekhukhune	512	393	77%	High staff turnover. Not a popular place to live. Poor facilities. Incentives needed to retain staff. Poor communication services e.g. internet. Staff demoralised.

Node	Total no. of posts	No. of vacant posts	% vacancy	Comments
Ugu	35	8	23%	4 vacancies in social work posts and 4 vacant administrative clerk posts.
Ukhahlamba	131	73	56%	Some staff appointments are in the process and some areas are having posts filled that were empty for many years.
Umkhanyakude				Figures not supplied (office said they were out of date). High vacancy rate reported. Perception that ever fewer people are doing more work with diminishing resources.
Umzinyathi	38	11	29%	Only 9 social workers for the whole district (50% vacancy rate) causing backlog in foster care placement. High staff turnover – unpopular place to live and work.
Zululand	32	9	28%	The vacancy rate for social workers is 31%. 75% vacancy rate for admin clerks. New staffing structure to be instituted. Recruitment process too slow. Consider decentralising the process of appointing district level staff to district level.

Table 5: **Present vacancy rate of DSD in the node**

Figures were available for 11 out of the 13 nodes. The percentage of vacant posts in districts varied between 20% (Central Karoo) and 83% (Alfred Nzo) and averaged 45%. Many social worker posts and administrative clerk posts were vacant. Reasons given for the high numbers of unfilled posts were:

- **SASSA** took some personnel from DSD and DSD is still in the process of filling the posts vacated;

- A national shortage of social workers;

- Many districts are not seen as desirable places to live and work. The lack of staff housing, poor facilities such as schools and shops, distance from major centres, bad roads, poor transport facilities, staff shortages and high staff turnover - in short, all the conditions that make rural poverty so bad - make them unpopular postings. They are unable to attract staff and staff move on as soon as they can (Alfred Nzo, Kgalagadi, OR Tambo, Sekhukhune, Ukhahlamba, Umkhanyakude, Umzinyathi). Government urgently needs to implement an effective incentives policy to attract and retain staff in these areas;

- The process of advertising and **recruiting new staff is too slow** and happens at a level higher than the posts are required at. Kgalagadi was a particular case. Kuruman was a "satellite" service point. Now it has become a full district but staffing is taking time to catch up and, despite dramatic increases in staff, there is still a staff shortage.

In some places, there was an **improvement in staffing** levels. For example, in Ukhahlamba posts were being filled that were empty for many years. However, there is also a sense that the number of posts is inadequate for the scale of the job. Many more people are required for DSD to carry out its mandate of social development. Staff shortages mean that existing staff are **overworked**, leading to undue pressure and stress. High staff turnover is both a cause of and a consequence of the work environment,

and makes it difficult to carry processes forward, resulting in loss of morale. Key skills and institutional memory are also lost as a result. In Alfred Nzo, for example, after the first evaluation revealed a lack of integration among stakeholders working in development, there was a drive to form a coalition to co-ordinate stakeholders. The District Municipality (DM) took the role of secretariat and progress was made. However the person leading the process left and the coalition fell apart.

Key emerging issues

Key project-level issues

Financial and project management: Basic book-keeping in many projects was weak. Concern was expressed about the capacity of many projects to achieve their goals on their own. Projects lack the capacity to develop a coherent project strategy. Their goals are usually to acquire additional physical infrastructure. CDPs are powerless to facilitate objectives being reached when faced with the projects' lack of capacity.

Understanding of business: There was confusion over terminology such as the distinction between income and profit. Projects get given funding which they use for capital costs and for inputs. When money comes in from sales, this money is seen as profit i.e. the cost of the inputs is not taken into account. The problem was acknowledged and the response was that much more training should be done. However, there was widespread agreement that current training approaches are not yielding results. Linked to this is that very few income generation projects received guidance on how to distribute their income from sales so that some money is retained for future cost of sales, some retained for future capital expenditure and some distributed to members. Some projects distribute excessive amounts to their members, especially at Christmas, putting the future of the project in jeopardy. Others fear withdrawing any at all in case they are accused of financial mismanagement.

Marketing: Asibemunye women's club was an example of a project that succeeded in getting contracts to supply municipalities and hospitals with goods and had formed a consortium to make sure that they had the capacity to deliver. However, many projects struggled to secure market outlets for their products. Chicken projects struggled to get a reliable supply of baby broiler chickens. A lack of formal organisational status held other projects back from getting contracts. Marketing agents which could help organisations identify new markets, assist with ideas for different products and work with projects on costing, pricing and packaging are needed, ideas such as producing organically grown vegetables, special soaps or candles for niche markets.

Business plans: The long time lag between submission and approval of business plans had a demotivating impact. Service providers wrote business plans instead of project members. The result

was that many business plans were overambitious, their outcomes and time frames were unrealistic, and they set projects up for failure. Members understood business plans as a document needed to procure funds, not a tool to guide the project. In many cases members did not have the skills to update and adapt their business plans as circumstances changed so plans were not working as a business management tool.

Internal project systems and management: Examples were cited of committee members, usually the most educated in the project, refusing to relinquish control, either by not calling annual elections or not co-operating with a newly elected committee by failing to hand over documentation or failing to co-operate with changing bank signatories, or not being transparent about finances. In some social projects volunteers were trained and given senior roles when there was no guarantee how long they would be part of the project, given the high turnover of volunteers.

Capacity development and training: The evaluation revealed a long list of areas where projects needed to boost their skills if they are to succeed: business management, project management, financial management, market research, effective marketing, costing and pricing, technical skills, leadership, organisational development and conflict management. Endeavours to develop capacity generally were inadequate. To quote one project member from Sekhukhune: "I didn't understand most of it and what I understood I forgot. I will have to be trained again". There was criticism of DoL's policy only to train projects that have already started. However, DoL adopted this policy because it was giving training only to find that months later the project had not received funding so there was no impact.

Entitlement and dependency: DSD nodal staff struggled to balance their commitment and responsibility to projects and the need for projects to seek additional funding on their own and not become too dependent on DSD or to expect DSD to be able to do whatever the projects need done. This highlights key concerns around skills development - in particular around financial and organisational management - and clear contractual agreements between DSD and project members that are designed at the start and are properly understood by all. Project members did not always have a clear picture of what kind of support they were entitled to or how long it would last. Projects were not always designed in a sustainable way and were often brought from outside. If these projects cannot stand on their own after the end of DSD support, it is an open question as to who should hold the responsibility for sustaining them.

These design issues relate to exit strategies. In OR Tambo, DSD's exit strategy included local municipalities taking over stewardship of projects and including them in IDPs, but while a letter of support was signed by municipalities and DSD, nothing actually happened in practice. Participants in Umzinyathi expressed concern about the general confusion about what an exit strategy is. It is understood to be the graduation of a project from one stage to another. However it was not clear whether 'exiting' meant successful projects would no longer be funded by DSD or that they would continue to receive funding but be less closely monitored.

Support: In some districts DSD outsourced project management to IDT. In more than one district there were criticisms of IDT's performance, especially around their management and supervision of projects and control of expenditure.

All nodes raised concerns about the **appropriate use of CDP**s. Defining their roles and responsibilities in relation to projects was a challenge. There were also situations of mistrust or misunderstanding between projects and CDPs or DSD. CDPs were inadequately prepared for the tasks they faced, and were not necessarily able to facilitate development processes. Recruitment of CDPs remained oriented towards a welfare paradigm. CDPs are also too few in number and so are overstretched.

Development sector underfunded: The money invested in projects is meagre and yet expected to improve the lives of a huge number of beneficiaries. The development side of DSD's services is the most under-budgeted.

Key issues emerging around DSD's services

Internal co-ordination and communication: A particular concern was the lack of co-ordination between national, provincial and district levels. Priorities at nodal level rarely matched those of province and alignment of action plans was limited. Across nodes there was a strong feeling that directives came from provinces in a top-down way. For example, a district was told it would receive funding for three women's co-ops and two food security projects, and district staff just had to implement. In some nodes district staff felt that decisions they make could be overturned by policy decisions at higher levels. This weakened creativity and initiative. External agents initiated development in communities with those holding power over resources determining the content of development. In some cases, people were hurriedly pulled together to access funding because the money had to be spent before a certain deadline. People got tempted by the free money without really being committed to the project idea and so the project is not really locally-driven but DSD-driven.

Integrated service delivery: A fundamental goal of the ISRDP is improved integration. Yet across the nodes the lack of integrated service delivery was identified as a key weakness, seven years after the launch of the programme. Participants in OR Tambo pointed out that the issue was constantly acknowledged but still no effective strategies have emerged to make it a reality. For example the municipality signed letters of agreement assuring DSD they would comply with the policy binding them to include the projects in their IDPs, LED strategies and the Provincial Growth and Development Strategy (PGDS), but in practice nothing happened.

Roles of different service providers were not always clearly defined, leading to confusion and reducing accountability. To quote one researcher, "*Who is ultimately responsible for a DSD project where SEDA has developed the plan, the DoL has done the skills training, IDT is monitoring, DSD 'supports' and the project committee has power over the cheque book?*" DSD commonly outsourced to IDT but even DSD and IDT were not always communicating adequately about the progress and processes taking place in projects. As a result, accountability fell between the cracks.

Working conditions: Improvement of staff working conditions and staffing is needed to improve service delivery and to attract staff to many nodes. The reality of staff shortages and high staff turnover caused work pressure, stress and low morale across all nodes. There was little time to reflect or be proactive. Workloads were unmanageable so inevitably many clients' needs were not being met.

Aspects of working conditions specifically mentioned included low salaries for CDPs, lack of a budget for communications, research and training, and insufficient staff vehicles.

Welfare and development: Many districts welcomed the change in the orientation of the Department from welfarist to developmental in the belief that the right approach is to harness community talents and energy rather than creating dependency. However, there was some perplexity given that current policies to promote development were ineffective. The change was also contradicted by the allocation of posts. For example, in Kgalagadi, there were 108 social worker posts and just 21 community development practitioner posts.

M&E and reflection: Systematic M&E was extremely weak in most nodes, with the resulting impossibility of measuring the impact of interventions, learning from experience and improving practice on the basis of the lessons drawn from what was done.

Quality of services and facilities: Issues were raised about the impractical location of DSD service points; difficulties of access in rural areas (especially related to transport); poor infrastructure and lack of security at DSD service points; concerns about quality of care in safe homes; allegations of corruption in SASSA; and the need for additional services (especially related to orphans and foster carers).

Services vs income-generating projects

DSD supports two types of projects: service organisations and income-generating projects. Service organisations extend DSD's reach into the community and care for the traditional clients of DSD – the elderly, the young, the disabled and the vulnerable. In some cases members are volunteers, but in most cases DSD pays stipends for carrying out these services. **This type of project focuses on providing a free service and, in the absence of paying clients, will always need to be funded.**

The other type of project is the income-generating project model, where members are assisted to set up their own micro business and should be able to pay themselves out of their profits. These projects receive start-up funding to acquire assets and initial working capital but the intended result is that the business will sustain itself on the income from selling its product or service.

Not everyone saw a clear distinction between the two project types as described above. First, members in many income-generating projects felt that all projects should get a stipend from DSD. Income-generating projects **could** choose to give themselves a small 'stipend' but then it would need to be part of their budgeted cash flow and understood to be a cost to their own business, not a 'salary' from DSD. It would be better if the word 'stipend' was not used in income-generating projects. Second, in some instances DSD encouraged this confusion through its interventions, such as adding on a service role to an income-generating project. For example, a project that hired out equipment to the community for functions was also given funding by DSD to run a soup kitchen. **In addition projects were encouraged to take a not-for-profit model as that was required for DSD to fund them, when in fact the whole objective is to turn them into profit-making concerns – a major contradiction.** One way round this could be through them being profit-making co-operatives, which are still seen to generate social rather than just individual benefits.

But the confusion goes even deeper. In Umzinyathi, for example, there was an indication that DSD was no longer funding projects involved in income generating activities, e.g. sewing and baking, unless products were distributed for free to vulnerable groups. DSD in that node noted the problem with projects not donating anything to the needy but rather selling, when DSD's intention is to meet the social welfare needs of the poor. **This confuses the two models and prevents them from performing their functions properly.** Income-generating projects are businesses and need to be able to survive on the sale of their products.

Related to this is the limited differentiation between **exit strategies for income-generating projects and service projects.** The approach taken is that all projects should only be funded for a limited length of time, regardless of the nature of the work they are doing. Exit strategies are very important for income-generating projects. They need to be able to stand on their own after a period of support. Across the nodes, there was confusion about when DSD was to exit. In most cases the necessary management and financial skills were not in place to make this a realistic option if the projects were to survive. Without proper integration between departments and service providers, sustainability is impossible. On the other hand, service organisations are an extension of DSD's services. To suggest that an exit strategy is required is equivalent (merely at a different scale) to suggesting that government should exit from SASSA after some initial support. Social service organisations cannot survive without funding from DSD. They should not be expected to, since they are performing a critical function for the public benefit.

The income-generating project model has not had the desired impact on incomes despite the energy and dedication of DSD staff and project members. In some node DSD staff indicated that they did not expect income-generating projects to survive once they no longer received DSD funding. The model itself is flawed. The basic assumption is that these poor people are natural entrepreneurs, that DSD has only to provide some start-up finance, other service providers will then come to the party, and sustainable businesses will result. But this was not the case, or was extremely inadequate, in almost all projects across the nodes. Worldwide the success rate of start-up businesses is extremely low even when working with people who want to be entrepreneurs, while the reality here is that most people want a paying job, and these projects are seen as a way of attracting DSD support. Projects are given part of the support they need but not the full package, which is a necessity, not a luxury. One project has seeds but no water, another has chickens but no market, another is selling bread but at a loss. Small improvements here and there are insufficient to boost the success rate.

The financial services co-operative in Ugu highlighted some of the components of a successful model (see Box 1). This is markedly in contrast with the way most income-generating projects have been established.

An example of a successful business: a financial services co-operative in Ugu

The business arose out of a community member's own initiative and fulfilled a genuine need for the service in the area. Concerted and considerable input was provided to develop the required skills and facilities. Risk factors (such as crime) were addressed seriously. Long-term financial support to staff salaries was provided to counter the risk of trained staff leaving for jobs elsewhere in the early years when the bank did not have enough clients to pay the staff a competitive salary. Support came from a number of different places.

Recommendations

DSD should stop seeing itself as the driver of income-generating projects where it has limited competence, and at the same time massively increase its support for the creation and maintenance of community-based service organisations in social welfare and social development.

The first evaluation revealed that DSD does not have the technical competence to run income-generating projects. At the same time there is a big gap in monitoring the social impact of projects and other forms of government delivery. This is DSD's niche. The second evaluation can do no more than reiterate the importance of DSD shifting from trying to run income-generating projects to making a broader intervention across government to **ensure positive social impacts** of government interventions.

In this approach, DSD's **core functions** would be twofold:

i)   assess development activities, and **develop and support interventions that ensure positive social impacts,** together with partners in civil society and other government departments;

ii)   support the **massification of DSD services** through building and providing ongoing support to community-based organisations that implement DSD's services. This would have a major impact on livelihoods, both through increased service provision, but also potentially through more widespread stipends if a community-based model is used (as in HCBC).

This in turn suggests a different role for DSD staff, a role that emphasises **process facilitation, not project management.** A new skill-set is required for this role, including participatory facilitation skills, an ability to understand development as a process not an event, M&E skills, social impact assessment, and reflective practice where learning is built into practice as an ongoing way of working not as a stand-alone activity relegated to a workshop every year or two. DSD staff members then facilitate processes of engagement and interaction between beneficiaries and their broader communities, service providers and other technicians, representative government (municipalities) and departments. These processes would concentrate specifically on the social impacts of proposed or actual development interventions, and would aim to design appropriate activities and responses based on the assessment of social impacts to ensure positive impacts or to neutralise negative social impacts. For example, if a community forestry project was to be launched, DSD's role would be to see whether other people would need to be moved

to make way for the project, or whether the livelihoods of people not involved could be negatively affected - for example, maybe people were using grasses to make baskets to sell but would be unable to carry on with this strategy once the project was set up. This could also mean DSD partnering with municipalities to become key **facilitators for community-based planning,** a process which is now national policy and where communities draw up their own ward plans which contribute to the IDP, are provided discretionary funds (R25-50,000 per ward is recommended) and undertake community action. This would fit naturally with the process facilitation role, and enable DSD to disaggregate its clients, assist them to plan to take forward their livelihoods.

DSD still has a central role in supporting those community-based organisations that perform functions on behalf of DSD at community level. It is critical that DSD **massively expands support to community-based service organisations,** which are an extension of DSD's own services (e.g. home-based care or care of orphans). These services are critical for the survival of beneficiaries and for holding together the social fabric of poor communities, but they need to be expanded very quickly. DSD should be emphasising this aspect of their support work. Systems still need to be improved, especially around clarifying the relationships and roles between CDPs, project members and volunteers, DoH and other service providers; generalising and standardising stipends; more generally formalising links between volunteers and the relevant departments; strengthening accountability to communities; securing financial support to service projects; learning from practice to build models that can be replicated elsewhere; building and strengthening M&E systems that are linked to on-going learning; and systematic training and capacity development with the approach that these structures and people are extensions of government. Work in four African countries on community-based worker models in which DSD was a partner has suggested that these models can provide far more accessible services and at one third the cost of traditional professional based service models[4].

At the same time, the HBC model provides a **practical model of government-civil society co-operation** that has the potential for far wider replication across the development sector. The model provides for the direct participation of communities in their own development, while retaining a clear role for government. The **massification of the delivery system, and the centrality of partnerships** in the model are critical to improved service delivery. DSD, DoH and DoA in particular should have the confidence to hone this model and advocate for the adoption of its principles across government.

What of the existing **income-generating projects?** First and foremost, a period of reflection is required to assess the extent to which the outcomes of the projects to date can justify the expenditure, and whether the resources were used most effectively. In this case effectiveness is based on the number of people reached and the improvements in their livelihoods. Both the first and the second evaluations have shown quite clearly that while projects may be generating important social and psychological benefits for their members, they have not generated significant material benefits for members, and the impact on those not directly involved in the projects is limited.

4 "Community-Based Worker Systems – a possible solution to more services, reaching many communities, and within budget", ODI Natural Resource Perspective 110, October 2007, London, Overseas Development Institute, available from www.khanya-aicdd.org

In this light, DSD's involvement in income-generating projects should be reduced to identifying and making interventions related to the social impacts of the projects, working hand-in-hand with other departments that lead each project intervention. For example, if the Department of Agriculture decides to implement a poultry project, DSD would be responsible - across design, planning, implementation and monitoring - for ensuring that the social impacts of the project on the members and the community more broadly are positive, e.g. supporting on the type of local organisational development that may be needed.

Once again, DSD staff would not perform these tasks on their own, but would work with project members, others in the community and service providers both to carry out the tasks and to develop capacity at project and community level to continue with this after a clearly defined period. The issue of exit strategies for income-generating projects would therefore be reduced to considering, together with the lead department, the project members and other role players, at what point the project members and relevant community members would take over full responsibility for ongoing monitoring of social impacts. The social impact monitoring would need to be integrated into the broader M&E of the project from the start. Sustainability requires this to be rooted at project and community level.

This does also highlight a problem – that **there is a lack of community level structures to support income-generating projects.** Models of farmer extensionists and, community animal health workers have been shown to work in countries such as Lesotho and Kenya, where existing farmers are trained to support other farmers, as in the HCBC model. However there is as yet no such model for community-based business advisors – and SEDA does not reach to communities. This is a service gap which needs to be explored if there is to be massification of income generation, but DSD is not the right organisation to lead this for the reasons outlined above. DSD however, having a mandate for the poor and vulnerable, can champion in government that such a service needs to be provided if the dependency on social grants for income is to be overcome.

For the **community-based service projects** supported by DSD (e.g. HCBC), there would be no need for an exit strategy. These structures would be integrated as a permanent feature into the service delivery structure of DSD and other partners such as the Department of Health and, municipalities, and would need to be budgeted for as part of their function, as happens with HCBC The appropriate quality control and monitoring would be essential, in the same way as these are essential for any level of DSD's work. Likewise, a systematic and ongoing schedule of **training and capacity development** is required to build the skills of project members. These should be based on capacity needs indicated in dialogue with project members, beneficiaries of the services, and other related support organisations and departments. Capacity development should include organisational development, including the preparation and updating of regular organisational plans to ensure growth and strategic direction of the organisations.

DSD should also facilitate **learning** between community-based service organisations. Members should be encouraged to see the benefit of community-based networks which will increase the voice of the community, help them to improve their services, and improve the service delivery they receive

from outsiders. Networks of this nature are also valuable for sharing experiences and learning from practice.

The role of the **CDPs** in relation to both core functions of DSD (social impact assessment and support to community-based social service organisations) needs to be clarified. CDPs will require training in process facilitation, as well as the opportunities to practice these skills, since most learning happens by doing. CDPs should be seen as facilitators of development processes and not technical experts. The roles assigned to them should be appropriate to the functions they are meant to perform and they should be provided with the necessary resources to do the work.

DSD services

Integration and co-ordination of service delivery remains very weak. The municipality is supposed to be the key structure in integration and co-ordination at local level yet is not playing this role, nor are systems in place to encourage this apart from the IDP. DSD can provide support by developing capacity in the municipalities around the social impacts of development interventions. Rather than trying to do the integration and co-ordination itself, DSD can make a positive contribution by focusing attention on ensuring that there is integrated and co-ordinated support to the community-based social service organisations as discussed above, that social services generally are being considered appropriately in the IDP and playing a secondary role in ensuring social impacts are measured and interventions to build social assets are appropriately carried out.

Policy making should take into account the **perspective of all levels of government**. The ideal of national government setting the framework, and then provinces and districts forming plans within that framework and feeding up, with plans consolidated into broader plans at each level (with some additions to account for scale) is most desirable. There is a tension between the strategic framework from higher levels with the local priorities, and this is a necessary tension but the reality is both are needed. This means the plans are driven from local level needs, but fit within a bigger strategic framework. Local DSD offices should be obliged to develop partnerships with civil society, other government departments and other relevant actors to develop plans. **DSD needs to devolve authority** to districts to make and execute their own plans in policy and practice and some examples of positive developments where this happens are shown in Table 4.

Management structures need to encourage a culture of **reflection, learning**, analysis and action planning on all levels and should commit to regular structured reflection sessions. Feedback on such sessions could be part of routine reporting to the next level. This will harness initiative and improve communication between different spheres of government. This will also require a change from the current culture where staff at all levels are continually pulled from their work to address unplanned and urgent priorities of higher levels. Poor management at higher levels has ripple effects all the way through the system and makes it difficult for people at lower levels to have solid and effective work programmes, to actually do the work they need to do.

Community organisation is a key to building community-driven development processes, and DSD should root itself through these structures. To upscale the rollout of community-based services and

build capacity of community structures to take forward their own development will need **widespread capacity-building and organisational development of civil society organisations,** ranging from HCBC groups, ward committees, farmer groups, youth groups to, faith-based organisations etc. **The mandate of DSD's NPO section has been extended to include capacity-building and not just registration and a suitable model for massification of capacity building is needed.**

Section 3

Urban synthesis report
Second evaluation of DSD services and projects

Contents

List of tables

Glossary

AIDS	Acquired Immunodeficiency Syndrome
ADC	Alexandra Development Centre
CBO	Community-based organisation
CDP	Community development practitioner
CLO	Community liaison officer
DO	District Office
DoL	Department of Labour
dplg	Department of Provincial and Local Government
DSD	Department of Social Development
ECD	Early childhood development
GBV	Gender-based violence
GYI	Galeshewe Youth Initiative
HBC	Home-based care
HCBC	Home community-based care
HIV	Human Immunodeficiency Virus
ICT	Information and Communication Technologies
IDP	Integrated Development Plan
IDT	Independent Development Trust
ISDM	Integrated Service Delivery Model
ISRDP	Integrated Sustainable Rural Development Programme
LED	Local economic development
M&E	Monitoring and evaluation
NGO	Non-governmental organisation
Nicro	National Institute for Crime Prevention and the Reintegration of Offenders
NPO	Not-for-profit organisation
OVC	Orphans and vulnerable children
PRP	Poverty Relief Programme
SASSA	South African Social Security Agency
URP	Urban Renewal Programme

Executive summary

This report is a synthesis of the eight Urban Renewal Programme (URP) nodal reports, namely: Alexandra, Galeshewe, Inanda, Khayelitsha, KwaMashu, Mdantsane, Mitchell's Plain and Motherwell. Since the first evaluation, two **critical changes** that have affected all nodes include the separation of the South African Social Security Agency (SASSA) and the consequent changes in the Department of Social Development's (DSD) role regarding service delivery; and the development of the 10 Year Integrated Service Delivery Model (ISDM) plan with which DSD services are now being aligned. However, lack of appropriate structures and systems, lack of staff and staff capacity, limited resources and strategic guidance, and weak alignment and integration across departments has made the transition to the new ISDM approach very challenging. For some nodes, adjusting to the changes resulting from SASSA's separation was equally challenging.

DSD is also moving towards a more **developmental role** in delivering projects and services, with increasing outsourcing of services. The Poverty Relief Programme (PRP) is more focused on food security and income security in line with provincial thinking and directives, and services are confined to crisis situations and clients considered most vulnerable and at risk. Only a limited number of new projects are planned.

Five **key issues** emerged across all nodes; integration; co-ordination, planning and communication; institutional capacity; staffing and staff retention; training; and access to, and quality of, DSD services.

A core issue is **DSD's role in poverty reduction**. The specific poverty reduction impacts of DSD's interventions are not easily identified. The perception of DSD remains as a dispenser of social grants.

Common findings related to **DSD service delivery** across several urban nodes included the need for better and more proactive planning; monitoring, capacity-building and technical support; and greater scope, scale and accessibility of services (and projects). There is insufficient institutional capacity or adequate operational infrastructure in DSD district offices, in community-based organisations and not-for-profit organisations, to effectively implement and manage the vision, goals, objectives and plans of DSD. The quality of **training** and the way it is delivered is questionable. There is need for training both

of DSD staff and of project members to in financial management, conflict management, reporting, setting up and management of systems, marketing, monitoring & evaluation (M&E) and technical skills.

The **lack of integration and co-ordination** across and within government departments at all levels was a common experience across nodes. Some specific examples include cumbersome administrative procedures; lack of understanding of roles; difficulties in implementing the ISDM; lack of knowledge sharing or linkages across projects; lack of communication; and use of different monitoring systems. There is a need for a formalised and effective communication system on social development service delivery to enable sharing of resources, and the integration of services provided by local government, provincial DSD and other departments. The lack of joint planning between provincial and district offices needs to be addressed because DSD provincial and district plans do not always align in practice, despite the Integrated Service Delivery Model (ISDM) being theoretically used as a basis for operational planning.

Related to this, the centralisation of regional functions is increasingly contrary to policy frameworks, and more work needs to be done on implementing decentralisation, especially around **staff allocation, recruitment and retention** and the **high number of vacant posts.**

Recommendations

DSD needs to **define its social development and poverty reduction role** more clearly to assist staff to understand their changing roles. This will also help projects understand which tasks can and cannot be fulfilled by DSD and help DSD identify the kinds of interventions and impact it is making. Along with the appropriate **infrastructure at district level** this will also help ensure that the **shift to the new developmental approach is widely understood and applied. Roles and responsibilities** of the various role-players need clarification - DSD, external service providers, consultants, project members, beneficiaries and the wider community. A **co-ordinated effort** across all spheres of government and government departments would be needed to achieve this.

One way in which roles and responsibilities can be clarified is through **workshops** and **forums**. Forums can also enable projects to do their own M&E and share learning and knowledge as well as create networks between projects, funders and stakeholders.

Project life cycles and procedures need clear definition and g**uidelines for the development and planning of projects** are required. Capacity requirements and assessments should be conducted at the beginning of the project design process. Involvement of provincial and area office staff in the design process will also ensure ownership at all levels.

Project success indicators need to be formulated, using participatory methods as far as possible so that project members define their own parameters for success. A **participatory M&E** system linked to reflection and learning is crucial to allow project members to evaluate their own progress and to learn from their practice, and to allow DSD to support and interact with members in a reflective way. DSD should not pretend to have all the answers. A process of mutual learning assists all stakeholders

to improve over time from their shared experiences. Training on participatory M&E, both for DSD staff and project members, must be prioritised.

Staff appointments should be **devolved to the regional level.** DSD should consider new ways to **recruit and retain staff** and develop strategies to fill the human resources gap, such as employing more auxiliary staff and creating incentives. **Staff allocation** to the different units should **reflect DSD's priority focus areas and strategies**.

Introduction

Background to the Urban Renewal Programme nodes

The Urban Renewal Programme (URP) was launched in 2001 to focus attention on eight urban nodes identified as areas facing extreme poverty[1]. These nodes were selected because of the deep poverty in which many of their citizens live. In 2006 the Department of Social Development (DSD) commissioned quantitative and qualitative studies to evaluate the Department's performance in the URP nodes and in the 13 related Integrated Sustainable Rural Development (ISRDP) nodes.

High rates of unemployment characterise the URP nodes[2]. The average rate of unemployment[3] in the nodes stood at 65% in 2008, up from 63% in 2006. More than half of these people (54%) were out of work for four or more years, indicating a structural problem of unemployment. 57% of households were headed by a female in 2008. More than a third of households (38%) had children in them who were not children of the head of the household. This is a sharp increase from the 27% in 2006. Three percent of households were looking after orphans. 49% of households in the urban nodes accessed child support grants in 2008. Government grants (including pensions) were the most important source of income for households in the nodes, followed by income from work.

Respondents indicated a decline in service quality for water and electricity, but general improvements for most other basic services. There was an increase in access to piped water in the yard, but a decline in piped water into the house. Unhappiness with water quality appeared to be growing. There was an increase in the percentage of people saying they found it difficult to pay for their food needs (from 60% in 2006 to 65% in 2008). Knowledge about the food parcel programme dropped from 18% to 12% over the same period. Eighteen percent of respondents felt that no sphere of government was

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[1]   The nodes are Alexandra (Gauteng), Galeshewe (Northern Cape), Inanda and KwaMashu (KwaZulu-Natal), Khayelitsha and Mitchell's Plain (Western Cape), Motherwell and Mdantsane (Eastern Cape).

[2]   Information in the following paragraphs in this section was obtained from Strategy and Tactics 2008 'ISRDP/URP 2006 baseline/2008 measurement survey', Strategy and Tactics, Johannesburg. This report was part of the quantitative survey accompaniment to the qualitative research carried out by Khanya-aicdd comparing data from the 2006 baseline and a follow-up survey in 2008. The surveys were both statistically sound and are a reliable indictor of conditions across the nodes.

[3]   Unemployment as a proportion of the economically active population, excluding pensioners, full-time students, those on disability grants and other similar categories

doing anything to improve their quality of life, up from 11% in 2006. HIV and AIDS and alcohol abuse remained the top health concerns for residents of the urban nodes. Although home-based care (HBC) is very important, just 3% of households were accessing it in 2008, and 3% were able to provide HBC to others (combined with ISRDP result).

Churches and burial societies remained the most important organisational forms in the urban nodes. Crime, unemployment and HIV and AIDS were the primary concerns for urban residents in 2008. A significant minority of people saw a job as the first solution to poverty. Of all the urban nodes, Inanda appeared to be doing worst across a range of poverty-related indices, and Motherwell the best.

Key issues from the first evaluation

Table 1 below highlights key issues that came from the first evaluation in 2006. Lack of staff and resources, ongoing deep social problems, and poor co-ordination and integration were top of the list. This is despite the main aim of the URP being to improve co-ordination and integration. An inadequate approach to projects and problems with DSD services were significant problems. All of these concerns reappeared in the second evaluation, as this report later indicates.

Background to the second evaluation

In 2006 qualitative baseline research on DSD's services and activities was undertaken in each of the Integrated Sustainable Rural Development Programme (ISRDP) and URP nodes. The baseline provided a description of the livelihoods profiles of residents in the nodes, information about DSD services and projects and identified service delivery gaps. A focus on DSD PRP projects provided information from the point of view of project beneficiaries and nodal DSD staff.

Group	Issue	Node
Depth of poverty	Deep social problems (crime, unemployment, gender-based violence, HIV and AIDS, substance abuse)	Khayelitsha, KwaMashu, Mdantsane, Mitchell's Plain
	High reliance on social grants	Mdantsane, Mitchell's Plain
Inadequate approach to projects	Lack of adequate training for project members	Alexandra, Motherwell
	Poor project management, and lack of management and planning capacity (including poor business plans)	Mdantsane, Motherwell
	Lack of infrastructure, premises and equipment at project level	Alexandra
	Lack of exit strategies	Mdantsane, Motherwell
	Lack of technical support for projects	Mdantsane
Inadequate business focus	Poor access to markets	Alexandra
DSD services	Staff shortages, lack of capacity and lack of resources in DSD	Alexandra, Inanda, Khayelitsha, Mitchell's Plain, Motherwell
	Gaps in delivery of services	Alexandra
Poor coordination	Poor co-ordination, integration and communication (within DSD, between spheres, between DSD and other departments, between service providers)	Alexandra, Galeshewe, Mdantsane

Table 1: Key issues from first evaluation

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.

Objectives and methodology

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

Researchers worked with DSD nodal staff to identify three projects in each node for the second evaluation. The projects were selected from a list of those that were previously evaluated and the aim was to select projects of varying success to enable some indication of the criteria for success or failure of projects. Researchers did some methodology training in January 2008 and carried out fieldwork for two weeks between February and May (the latter in places where there were some difficulties in finding appropriate times to do the evaluations). DSD nodal staff provided updated information on projects and services based on information from the first evaluation prior to the individual project evaluations. Where required, researchers carried out preparatory interviews and made logistical arrangements with the DSD nodal manager or another appropriate staff member. In most cases a community liaison officer (CLO)/community development practitioner (CDP) accompanied the researchers to the projects and assisted with the evaluations. Key themes were consolidated and presented to a workshop of DSD nodal staff, to which DSD provincial staff members were also invited. Where applicable other relevant stakeholders were invited to these workshops, including other government departments and service providers.

Update on projects

Types of projects visited

Twenty one projects from eight urban nodes were evaluated in the second round. Of these, 15 were income generating (IG) projects ie they existed to sell a product or service at a profit to generate an income for the project members. Eleven existed to provide a free service to the community such as caring for orphans and vulnerable children (OVC). Table 2 shows the types of activities the projects were engaged in, with the income generation projects listed in the left column and the community service projects listed on the right. Some projects were involved in more than one type of activity so are recorded more than once. The most common activity involved food gardening/vegetable growing/crops/plant nursery. Table 4 lists all the projects and their location.

Income generation	No of projects	Social service	No of projects
Food gardening/vegetable growing/ crops/plant nursery	5	Support for youth including "life orientation" programmes, business skills training and support in completing education, obtaining a driver's license, applying for jobs, etc.	2
Sewing	4	Home and community-based care (HCBC)	2
Handicrafts	2	Soup kitchen	2
Baking and catering	2	Skills training	2
Internet, photocopying and fax service	1	Support for the elderly	2
Poultry	1	Caring for HIV and AIDS orphans and victims of domestic and child abuse	1
		Support HIV and AIDS infected and affected	1

Table 2: **Project activities**

Most projects were aimed at poverty alleviation and, in many cases, food security. All projects involved some form of **skills training** so that with these skills, members could engage in income generating activities. However, in Galeshewe, the Galeshewe Youth Initiative was aimed solely at empowering

the youth with a variety of training from life to business skills. In Motherwell the Ibhongololutsha ICT Empowerment Resource Centre's primary purpose was technical and business skills training to project beneficiaries. However, it also operated as a small business providing internet, photocopying, and faxing services. In other projects, activities which could also result in income generation were used as a basis for psycho-social enrichment of single parents or the elderly such as the Thokoza Club in Inanda. Some projects were engaged in more than one activity eg the Masibambane Community Gardening in Khayelitsha, which supports community gardens and related activities including home-based care (HBC), and the Inanda Diversion project in Inanda which provides skills training in bead-making and the production of cultural clothing.

Many projects either had to downsize or close completely due to p**oor management and/or lack of funds**, eg all the projects in Alexandra were closed as a result of the issues relating to, and subsequent closing of, the Akexandra Development Centre (ADC). The Alpha and Omega Community Project in Mitchell's Plain also had to downsize because of its struggle to access ongoing funding to support a soup kitchen and other activities it runs in a local church. **Lack of appropriate markets** or marketing skills which negatively impacted the success of projects was also common eg the Thokoza Club in Inanda, which has advanced substantially in membership, but is constrained by lack of markets for its finished products.

A high **turnover of members** eg in the Inanda Diversion project, and a drop in members was also noted eg the Sakhisiwe Mdantsane Nursery which started with 44 members and now only has 17. The numbers usually reduced to a core membership which remained stable. Reasons commonly recorded for people leaving were:

- no stipends/no income;

- poor training;

- lack of DSD support or funding;

- poor management/lack of progress;

- in-fighting of members and interpersonal issues;

- unable to afford travel costs

- found employment elsewhere or leaving to study/complete school.

Events since the first evaluation

Positive and negative changes were reported throughout all the projects and, in some cases, changes had both positive and negative effects. The **positive changes** were as follows:

- **Financial improvements**: one increased production or sales, one reported obtaining a loan, and one started receiving food parcels, stipends and a transport fee;

- **Additional inputs** for projects: four bought additional equipment and assets themselves, two secured new premises for which they pay rent, one had equipment donated to them,

one obtained a shelter and then an electricity supply, one temporarily secured free premises from the municipality, one received a container to work in, and one adopted a uniform for identification);

- **Improved support and interaction with others**: three are seeking or have already established strategic partnerships, and one improved their networking with other welfare agencies;

- **Training and skills development**: three projects received formal training - one in poultry farming, one in sewing and one in computer literacy and basic business management;

- Three projects improved their **access to markets**;

- Two projects **developed or improved their relationship with DSD**;

- **New DSD staff** members were appointed to two projects;

- One project **improved its staffing situation**;

- One project started a **soup scheme**;

- One project explicitly mentioned gaining from the **support process of the ISRDP research (by Khanya)**;

- The management of the Sizanani Home-Based Care Project in KwaMashu was **moved from the development and research office to social services under the HIV co-ordinator** (since its focus is on HIV and AIDS-related issues) which improved working relationships and service delivery.

From a **negative** point of view, **poor management and communication** resulted in projects decreasing activities or closing completely, eg in Alexandra, all projects have dissolved with the exception of one which re-established itself using its own resources. This is closely linked with some projects **running out of funding** and this, together with **not enough income being generated** (the Masibambane project in Khayelitsha) was also problematic. For example, the Galeshewe Youth Initiative began running out of funds even before the partnership and subsequent split with Nicro. The Bhekanani Luncheon Club has not only **run out of funds**, their **relationship with DSD has also broken down** leaving the project at a standstill. In Mitchell's Plain, the Alpha and Omega project was forced to downscale because the support they were anticipating from DSD for 2007/8 did not materialise. The **lack of DSD support** was not only an issue for the Bhekanani Luncheon Club with rare visits from DSD and Independent Development Trust (IDT) officials, but also for the Masibambane projects in Khayelitsha where the concept for the development of a juice factory as an income-generating project have not been supported, nor food gardens.

High turnover of members not only negatively impacted projects' status and level of activity, but in some cases planned training was not implemented, eg the Inanda Diversion project. The Sakhisiwe Mdantsane Nursery and the Ibhongololutsha ICT Empowerment Resource Centre in Motherwell have also suffered as a result of a high turnover of members.

Three **project sites have been relocated**, mostly with negative results for two of them. For example, the Inanda Diversion's project site was taken over by the Department of Local Government and they have now been moved to smaller premises which are not conducive to the intricate artwork being done and are an occupational health safety risk, lacking electricity, ventilation and sunlight. The Golden Stitches Trust project in Motherwell moved to the DSD complex in Motherwell because DSD wanted to have all their funded projects under one roof. This was positive because their previous premises were expensive, unsafe and leaked when it rained, whereas now it is safer and the rent and services are free. However, the negative impact was that they moved further away from potential customers and members, there are no telephone lines, making it difficult for customers to find them, and there are no shops nearby for food or inputs.

Theft and vandalism was another threat. Three projects reported acts of theft or vandalism since the last evaluation. As a result of the lack of security, the Sakhisiwe Mdantsane Nursery in Mdantsane had their computerised sprinkling system and spades stolen, windows broken and netting and wooden stands destroyed. On a positive note, the **Daily Dispatch** newspaper publicised their plight, as a result of which they received additional funds from DSD to renovate the current building and vandalised sections. The Ibhongololutsha ICT Empowerment Resource Centre's new premises at the DSD Motherwell complex was also broken into and all their electronic equipment was stolen (total value R170,000). Although they were partially insured, they got a meagre payout (only R33,000) and this had a negative impact financially and on the morale of the members. They were only able to replace the essentials.

Another negative aspect is that there is a **lack of local demand or markets** for products eg the Thokoza Club in Inanda.

In some projects, there has been **little or no progress in terms of training**. For example, because inadequate sewing training was provided for the Bhekanani Luncheon Club in KwaMashu, some members still do not have enough confidence in their sewing skills to use them to earn money. In Motherwell, although training was organised by the Department of Labour (DoL) for the Zanethemba Motherwell Nursery Co-operative, it was not successful and ended with the service provider being fired by DoL.

Lack of capacity also threatens certain projects' success and sustainability. The Sakikhadi Poultry Project in Inanda stands a major risk of compromising its present accomplishments should the project be forced to increase levels of production which the site lacks capacity to meet in terms of numbers of chickens, pens etc. The Thokoza Club's members, also in Inanda, have started selling their products door-to-door, but because most members are aged and many have health problems, there is a limit to which they can endure the physical exertion of door-to-door sales. Soil for Life in Mitchell's Plain also lacks human resources capacity to adequately service emerging community and home-based food gardens, but has adopted a decentralised approach to try and address this.

Participants' perception of the impact of the projects

Table 3 indicates participants' perceived impacts of the projects. Most important were the development of new skills (with particular emphasis placed on management skills), improved income, social networks and the wider benefit to the community. Very few projects talked of negative impacts. Perhaps the word 'impact' was understood to mean positive impact rather than any type of impact.

Perceived positive impact	Node
New skills, training	Alexandra, Galeshewe, Inanda, Khayelitsha, KwaMashu, Mitchell's Plain, Motherwell
Income and employment	Alexandra, Galeshewe, Inanda, KwaMashu
Social networks	Inanda, KwaMashu, Mitchell's Plain, Motherwell
Benefits to community from project's products and services	Alexandra, KwaMashu, Mitchell's Plain, Motherwell
Entrepreneurial and project management skills	Khayelitsha, Mdantsane, Motherwell
Food	Mitchell's Plain
Reduction in unemployment and crime in community	Galeshewe
Learning and inspiration	Mdantsane
Self-esteem	Motherwell
No positive impacts	Alexandra, Mdantsane, Motherwell

Table 3: Perceptions of impact of projects

Status of the projects

The rating in table 4 below is a simple scale indicating whether members thought the project was going well (green, shown in black in the table below), had potential but not quite realising it yet (orange, shown in grey in the table below) or failing (red, shown in white in the table). Of the 21 projects evaluated in the second round, members in six (28.5%) projects rated them as green. There is no value in comparing these results with the first evaluation since one of the criteria for selection of the projects for evaluation in the second round was to get a range of experiences.

Node	Project name	Status using REID's classification	
		2006	2008
Alexandra	Legae La Rona Sewing Co-operative	R	O
	Vukani Maafrika Baking and Catering Co-operative	O	R
	Arts and Craft Co-operative	R	R
Galeshewe	Galeshewe Youth Initiative	G	O
Inanda	Inanda Diversion	-	O
	Thokoza Club	-	O
	Sakikhadi Poultry Project	-	G
Khayelitsha	Masibambane Community Gardening	-	O
	Men on the Side of the Road	-	G
KwaMashu	Sizanani HBC	G	G
	Ukukhanya Catering & Hiring	G	G
	Bhekanani Luncheon Club	O	O
Mdantsane	Sakhisiwe Mdantsane Nursery	-	O
	Khanyis' Car Wash	-	G
	Nabubom Support Programme	-	O

Mitchell's Plain	Alpha and Omega	-	R
	Soil for Life	-	G
	Sinethemba	-	O
Motherwell	Golden Stitches Trust	G	O
	Zanethemba Motherwell Nursery Co-operative Ltd	O	O
	Ibhongololutsha ICT Empowerment Resource Centre	O	O

Table 4: **Projects' assessment of their status**

Only three projects rated themselves red: the two Alexandra projects which have been dissolved and the Alpha and Omega project because of the loss of the ongoing support they were expecting from DSD. The project does not understand why DSD has supported other less committed emerging soup kitchens but not them, when they have an existing track record and NPO number. As a result the project has not been able to diversify its funding base and has been operating in a largely survivalist mode, supported by a small core of local but sometimes ad hoc donors and sponsors. This view is supported by Soil for Life who agrees that a lack of government support for committed projects and social entrepreneurs like Alpha and Omega was a "travesty of justice". As a consequence the status of the project has gone backwards resulting in it ranking somewhere between orange and red.

Generally, projects rated themselves as orange where they felt they ultimately had potential for growth and sustainability and issues that were holding the project back could be resolved. Factors that affected productivity, such as the high turnover of staff (and consequent time and money wasted on constant re-training new members) were also cited as reasons for an orange rating. Although most projects that rated themselves orange still maintained a fairly positive outlook, lack of funds, income and/or stipends, project ownership and ongoing support and/or commitment from DSD were all factors that were perceived to be preventing the projects from moving from an orange to a green rating.

Factors that were seen as indicators of success and therefore merited a green rating included increased membership, meeting objectives, expansion of activities or outreach, financial success/income generation, institutional strength, benefits of the project filtering to wider community and recognition (from the community, DSD, other government departments etc).

Notably, when rating themselves no projects seemed to take into account long-term sustainability as a self-reliant, independent entity without DSD support and/or funding.

Although not all the projects received a rating in the first evaluation, of those that did, the rating of 30% of projects went down, and the rating of 10% went up. 60% stayed as they were. Only two of these were rated green both in 2006 and 2008. The overall picture is not very positive.

Assessment: what worked and what didn't work

Across all nodes, members felt the experience gained, and lessons learnt, from working in projects was useful. For example projects learnt how to approach **food security** in a way that was more sustainable and responded to local circumstances. The development of **basic skills** and training of trainers enhanced capacity and in some cases enabled them to transfer skills to others. **Co-operation** between DSD and other departments, such as the Department of Labour (DoL), regarding training and

start-up funding for initiatives was a positive development. Equipment enabled them to produce more and work better as a team. For example electric sewing machines helped members do more intricate and greater volumes of work than they could with manual sewing machines, increased the financial value of the completed product and gave them a greater sense of satisfaction in the finished products as well as promoting better team work and interaction. In at least some cases, projects **increased members' earning capacity** and improved their and their families' livelihoods. Some projects were able to increase awareness and **outreach** in their communities. Other things that worked in some projects were the ongoing **commitment and dedication** from a central core of members who worked as volunteers, good team work, community support, the ability to mobilise local resources and support from DSD.

In some projects, there was good **support, co-operation and relationships** between members, DSD and other government departments. Links between projects also ensured that skills were maintained and that projects continued to build and consolidate its networks. Conversely, in other projects, the lack of these relationships and co-ordination is precisely what failed. In some cases, projects were not able to attract the attention and support of other government departments for activities, especially the DoL and Department of Education. The lack of inter-departmental integration, delays in disbursing funds, limited and unsatisfactory support resulting in projects feeling deserted, breakdown in communication with DSD, lack of attendance by service providers, lack of clear ownership within some projects and the total dependence on DSD for funding and support were related issues of concern. DSD could be playing a more active role in linking and facilitating linkages with similar projects elsewhere. DSD's lack of intervention when projects were experiencing problems that could affect their sustainability was also noted and at a nodal level, DSD was characterised as being much too bureaucratic and not a very visible or active player with respect to emerging or existing community-based projects and NPOs.

Although on the whole basic **training** worked across all nodes, in some projects members felt they were given insufficient financial and business management training which left them unprepared to operate and run their business as independent entities. Members of some projects were also dissatisfied with the way projects were managed. In some cases, members felt that the ratio of workers to members was unrealistic, particularly because of the intensive activities required by the objectives (eg social services), staff capacity and available funding.

Generally **lack of resources** was seen as important. Specific examples include the inability to mobilise resources for short- to medium-term project visions, especially those related to larger-scale income generation projects, lack of transport, lack of material, and particularly lack of suitable premises because of inability to afford rent. Some projects struggled to raise funds, including getting more funding from DSD. Related to this were the lack of clarity on why applications for further funding were not successful and also the **dependence of projects on volunteers** (who are not always able to sustain their voluntary work) in cases where they did not have funds for salaries or stipends.

Other obstacles were the inability to sustain income generating initiatives in resource-poor areas, the lack of the correct marketing skills or access to appropriate **markets** to be able to sell their produce, loss of team members and the difficulty in finding enough permanent jobs or income-generating

opportunities. In combination, all the above contributed to the critical wider issue of inability of projects to sustain themselves.

Update on project issues arising from the first evaluation

Generally, most projects had not moved forward significantly and across all nodes the main concern was to secure more **funding** and resources to increase the project's activities, production and income. A key issue was that project members were not always participating meaningfully in their projects. Business management training and support was weak. Clearly defined indicators and measurements of project success were lacking and the **weak M&E systems** were unable to identify and respond to problems quickly enough.

A key obstacle for projects in progressing from training to independent operation was the lack of **start-up capital**. Related to this was the lack of clearly defined **exit strategies** for DSD. Issues that posed great risk for project sustainability were a lack of project sites/premises, equipment and other resources, poor markets (and marketing skills) for the sale of finished products, extending the project to other beneficiaries, sustaining motivation levels of participants and staffing issues at DSD nodal office. Lack of, or delays in funding and stipends also had negative impacts on many projects. Longer-term sustainability and viability was a critical challenge for all projects.

Changes in the node since the first evaluation

Changes to DSD services and projects

Table 5 indicates changes to DSD services and projects since the first evaluation. Districts reporting node-specific changes are named in brackets. Policy shifts at higher levels drove the key changes at nodal level in the period between the two evaluations. Most significantly, DSD's emphasis on social development rather than welfare and the associated separation of SASSA marked the start of a reorientation of activities at nodal level. Outsourcing of more services was also a significant change driven from the top. The Poverty Relief Programme (PRP) was focused on food security and income security in line with provincial thinking and directives, and services were confined to crisis situations and to clients considered most vulnerable and at risk. Only a limited number of new projects were planned.

Description of the change	Why it happened/who or what caused the change	Implications/impact
Macro-level changes likely to have a big impact		
Change from welfare to development focus	The exit of SASSA from DSD in April 2006 and development of the Integrated Service Delivery Model (ISDM) and strategic plan for the latter (2007-2010)	Services are being aligned with the 10 Year ISDM Plan (2007-2017) and there is greater emphasis on helping communities to help themselves rather than depend on handouts
DSD was split into two separate entities: SASSA for administration of grants and DSD to manage social development issues	National DSD policy	More efficient administration of grants but the emphasis on intervention has added extra responsibilities for existing staff. Following the exit of SASSA no mechanism existed within DSD for dispensing social relief, so individuals affected by natural disasters still apply to DSD at nodal level for social relief, although monies are disbursed by SASSA (All Pay)

Description of the change	Why it happened/who or what caused the change	Implications/impact
Administration of food parcels handed over from DSD to SASSA and food parcels are now only given in times of distress	National DSD policy	Households that used to receive monthly food parcels may suffer. DSD has resorted to more locally-attuned ways of offering relief
Improved services in some nodes…		
Increased Social Services (including an increase in the case load targeting vulnerable groups) and Community Development and Planning including crime prevention, M&E and Extended Public Works (Alexandra)	The need for such services and the increase in numbers of service providers and DSD staff members	Improved service delivery
New projects were added or have applied for funding (Galeshewe, KwaMashu, Khayelitsha, Mitchell's Plain)	New projects that received information about DSD services applied for assistance	There is hope for community development
DSD is attempting closer contact with projects (Mdantsane)	Increase in visits	Project members feel more supported and empowered, are receiving more training and learning how to manage projects
Intervention strategies for youth and early school leavers were prioritised (Khayelitsha)	District staff have a more flexible budget and can therefore identify, facilitate and experiment with more development interventions/projects at community level	Improved service delivery
…but poorer services in others		
Deterioration in the poverty reduction projects funded through the ADC (Alexandra)	DSD discontinued funding to the ADC and it was consequently closed	The lack of financial and infrastructural support led to the projects ceasing to operate
Quality of services decreased (Inanda)	Loss of staff, difficulties experienced with SASSA's client processing system and an increase in certain categories of clients demanding urgent and protracted statutory work	Too few social workers left to deal with too many cases, leaving them overwhelmed and decreasing the quality of services as priority cases are attended to first, such as child abuse and neglect
The amount of funding available for projects was reduced (Motherwell)	There was a shift in provincial spending away from the ISRDP/URP nodes to the newly prioritised 10+1 poorest local municipalities which are now receiving priority attention	Likely to have a detrimental impact on nodes as URP sites are not considered amongst the 10+1 poorest
A shift in emphasis		
More emphasis is being placed on awareness and intervention for service delivery (Khayelitsha, Mitchell's Plain)	National DSD policy and improved M&E, increased staff capacity and more funding	Growing understanding of the need for this focus but extra responsibilities placed on already overworked staff
Growing emphasis on supporting emerging (local) service providers and on monitoring for quality and impact of services being delivered (Khayelitsha)	National DSD policy	Increased supply of welfare and social services e.g. HCBC, Disabilities, Older Persons, Substance Abuse, Child and Family services and ECD

Description of the change	Why it happened/who or what caused the change	Implications/impact
Strong focus on ECD centres (Khayelitsha, Mitchell's Plain, Motherwell)	Management of ECD centres was moved from district to local offices to ease administration and oversight	The monitoring of ECD centres has improved but already overworked social workers have more work, although they can be assisted by auxiliary social workers to do the quality assessment work
Most new projects are linked with either food security or income security, with a focus on supporting and facilitating skills required to generate income as opposed to supporting income-generating projects (Mitchell's Plain)	National DSD policy	Create jobs and reduce poverty
Increased staffing budgets and allocation		
District Office (DO) staff recruitment is becoming more flexible and the staff budget has increased (Khayelitsha, Mitchell's Plain)	The exit of SASSA and subsequent change from welfare to development focus	Increased capacity to identify, facilitate and experiment with more development interventions/ projects at community level
Introduction of Social Auxiliary Worker posts and creation of more Community Development Workers posts (Khayelitsha, Mitchell's Plain)	National DSD policy	Possible to expand service delivery

Table 5: Changes in the node since the first evaluation

Changes in staffing levels

Vacancy rates varied from 5% (Alexandra) to 67% (Mdantsane) (Table 6 below). Across most nodes there was an overall increase in numbers of staff. In some, new posts were created and filled (Khayelitsha). However, some nodes remain under-capacitated, whether as a result of posts not being filled yet (Mdantsane, Motherwell), because not enough posts were allocated (Galeshewe) or because of high turnover of staff and staff losses. The latter was caused by high mobility as staff sought either to be closer to their residential localities, or to work in other government departments, and also there were delays in confirming appointments because the recruitment function had moved from regional to provincial offices (Inanda). Outsourcing of certain services (Galeshewe) and temporary contracting (Khayelitsha, Mitchell's Plain) took place in some nodes, although this did not necessarily reduce DSD staff workloads since some cases returned to them (Galeshewe).

Node	No. of allocated positions	No. of vacancies	% vacancy	Comments
Alexandra	21 (9 management; 12 non-management)	1	5%	
Galeshewe	268	17	6%	
Inanda	32 (2 management; 30 non-management)	15	47%	
Khayelitsha	78	18	23%	
KwaMashu	26 (1 management; 25 non-management)	13	50%	
Mdantsane	43	29	67%	
Mitchell's Plain	52	11	21%	Although it appears the vacancy rate is 21%, this figure is skewed because many vacant posts are filled by contract staff
Motherwell	41	27	66%	

Table 6: Changes in staffing levels

The appointment of **social auxiliary workers** added additional capacity to under-staffed areas (KwaMashu, Mitchell's Plain). Howevever, **under-capacity** remained a problem across the board, however, because the allocated positions are clearly inadequate for the work that needs to be done to respond to the massive social problems these poor communities are experiencing.

Other changes

There were a range of other changes in DSD's organisation in the nodes. These include discussions on **restructuring** of the staffing of regional DSD (Alexandra); **decentralisation** of services and functions (Alexandra, Khayelitsha, Mitchell's Plain); inflation of numbers coming to DSD as a result of outreach work by social workers (Inanda); improved **integration**, whether inter-departmental or with civil society organisations (Khayelitsha, Mitchell's Plain); more resources into **M&E** (Khayelitsha, Mdantsane); increased **emphasis on awareness and prevention** (Mitchell's Plain); **relocation** of staff to different premises (Motherwell). In some nodes there were no major changes (Galeshewe, KwaMashu).

In a number of nodes, the shift in emphasis and activities from disbursing grants to a developmental orientation is difficult to implement (Galeshewe, Inanda, Khayelitsha, Mitchell's Plain), some staff are not clear on what they are meant to be doing and more guidance from higher levels in DSD is needed to assist in re-visioning. The transfer of grant disbursement and associated staff resulted in a staff vacuum and confusion about future roles for remaining staff. The lack of structured mechanisms for strategic discussion and sharing of emerging and cross-cutting issues at the district office (DO) remains a challenge for institutional transformation at district level. There is also a lack of resource materials and database on statistics and trends related to each node, to build the knowledge and understanding of district staff on the socio-economic profile of the area. Across all nodes, a lack of appropriate structures and systems, staff and staff capacity, resources and strategic guidance, and alignment and integration across departments has made the transition very challenging.

Key issues

Key issues on projects

Training was highlighted as a key issue in half the urban nodes. Business skills training was particularly lacking, and of uneven quality. Trainers were not always proficient in the specific area they were employed for and training was sometimes done before crucial decisions on ownership have been made. Linking training to placement at existing workplaces remains a challenge and projects struggle to get training and information on opportunities, including tenders and funders. The monitoring and assessment of training also influences the success of implementation in projects.

Sustainability of projects was another issue– threatened by lack of continued funds, support and planning. **Lack of DSD support** was raised in almost all nodes. **Lack of project sites and markets,** or lack of access to them, was highlighted as were the difficulties projects faced in trying to expand their work and/or diversify. The lack of a clearly articulated exit strategy on the part of DSD was also raised.

Other issues on **funding** were also raised (Inanda, Khayelitsha, KwaMashu, Mitchell's Plain, Motherwell) and included the concern that community-based projects do not have a diverse funding base and are reliant on DSD and goodwill of volunteers for what little funding they have. Lack of, or limited, **stipends** for volunteers and members was another issue and concern over the uncertainty of future funding was also raised. Some projects felt that the DSD **funding application process** was overly complex and stringent. This connects closely to issues of inappropriate and too complex business plans highlighted in the first evaluation.

The practical application of the **sustainable livelihoods approach** in designing projects was not well understood in some nodes (Khayelitsha, Mitchell's Plain) and as a result, the DO supported very few projects under this line item in its budget. However, the DO staff wanted to increase the number of these projects. Participants in the evaluation also felt that DSD was not playing a proactive role in identifying other poverty relief and community development projects.

Lack of integration, co-ordination, planning and communication and associated issues between DSD, projects and other role-players/stakeholders was of concern across all nodes. Specific examples

include strategic direction/issues not being sorted out before projects' business plans are drafted; unrealistic targets; lack of proper M&E systems; initiatives not being linked to placement at existing workplaces; and DSD projects being conceptualised at provincial level, which did not always resonate with local needs or aspirations. **Changing of objectives, roles and responsibilities** during the life cycle of projects was another factor, resulting in loss of focus and continuity which undermined success. **Sharing knowledge** between projects also remained a challenge with projects doing similar work not learning from each other or gaining the benefit of best practice models.

Key issues on DSD's services

Integration, co-ordination, planning and communication: The lack of integration, co-ordination and joint planning across government departments at higher levels and between levels within departments was an issue. Although the integrated service delivery model (ISDM) was used in some nodes as a basis for operational planning, DSD provincial and district plans did not always align in practice (Inanda, Khayelitsha, KwaMashu, Mdantsane, Mitchell's Plain, Motherwell). Specific examples include how **cumbersome administrative procedures** interfered with effective social work delivery (Inanda) and how the **lack of understanding of roles** caused tension (KwaMashu). A similar problem resulted while implementing the ISDM, which requires high levels of strategic management and community development skills and knowledge (Khayelitsha, Mitchell's Plain). These skills were not well defined and were limited at DO level. There was also a l**ack of up-to-date community-based data and documentation** which could be used to increase the level of understanding of staff tasked with engaging at community level.

DSD was not facilitating knowledge sharing or linkages across projects it supported (Khayelitsha, KwaMashu) and the **lack of communication and use of different monitoring systems** between DSD and IDT was also problematic (Galeshewe, KwaMashu).

The **inclusion and participation of intended beneficiaries** of DSD and other projects in the planning and implementation of activities was also highlighted as necessary (Motherwell), as was the need to **build partnerships** with NPOs, the private sector, community groups and other like-minded organisations. Linked to this, r**egional functions were increasingly being centralised,** contrary to policy frameworks suggesting a need for high levels of decentralisation. This delayed service delivery (Galeshewe, Inanda, KwaMashu).

Lack of capacity: There was inadequate **institutional capacity and operational infrastructure** both within DSD DOs and amongst community-based organisations (CBOs) and not-for-profit organisations (NPOs) – including co-ordination, management and strategic capacity. This made it difficult for the DO to match or meet the staffing and co-ordination needs required to optimally implement the ISDM or effectively implement and manage the vision, goals, objectives and plans of DSD. While DSD continued to rely on the services of contracted service providers for much of its social service delivery, it had **limited capacity to mentor or support emerging service providers** (Khayelitsha).

Service delivery: Weak and reactive planning was highlighted – including delays in moving from the planning to implementation stage and lack of monitoring, capacity-building and technical support.

The **lack of scope and scale of services** (and projects) and **accessibility** were also issues. DSD was not easily able to track or disaggregate what projects or interventions it was directly or indirectly supporting and did not appear to be playing a visible role. In some nodes the perception of DSD remained as a dispenser of social grants. At a conceptual level there was general agreement that DSD should **support more projects** falling in the areas of Sustainable Livelihoods and HIV and AIDS. However, at an operational level, the number of projects supported remained limited and were a small part of the overall operational budget. DSD staff did not have the knowledge to set up finance, M&E, management and accountability systems.

Staff vacancies

There were several issues around **staff allocation, recruitment and retention** and the **high number of vacant posts**. The shortage of staff was particularly prevalent in terms of community development practitioners (CDPs) (Motherwell) and there was a problem around **accountability and ownership** when project level staff members were employed (Galeshewe).

Recommendations

There is a need for a formalised and effective **communication system** on social development service delivery to enable sharing of resources, and the integration of services provided by local government and provincial DSD. DSD's vision and functions also need to be integrated with that of other government departments and tiers of government.

Roles and responsibilities need to be clarified amongst the various role-players, from DSD, to external service providers, including consultants as well as project members, beneficiaries and the wider community. DSD also needs to define its social development and poverty reduction role more clearly in order to assist staff in understanding their role as well as to clarify its distinction from SASSA. This will also help projects understand which tasks can and cannot be fulfilled by DSD and help DSD identify the kinds of interventions and potential impact it is making. A memorandum of understanding between DSD and project members should also be drawn up at the beginning of projects stipulating the roles and responsibilities of each. This clarification process, along with the appropriate infrastructure in terms of DO capacity will also help ensure that the shift to the new developmental approach is widely understood and applied. A co-ordinated effort across all spheres of government and government departments will be needed to achieve this.

One way in which roles and responsibilities can be clarified is through workshops and forums for projects and/or stakeholders. Forums will also enable projects to monitor and evaluate themselves and share learning and knowledge. as well as create networks between projects, funders and stakeholders. This will also help build synergy between key stakeholders and develop strategic and operational linkages at provincial, district and nodal level.

Beneficiary participation in decision-making also needs to be improved, for example, by beneficiaries being included on the Boards of service providers so that they can represent interests of projects and provide an early warning system on potential problem areas in the day-to-day operations.

An **audit of current practices and skills** within DSD needs to be done and this should include the management system, accountability of employed staff, financial procedures, decision-making systems, the scope/feasibility of the current activities, the monitoring of – and the relationship with – the

currently established enterprises, ownership and capacity of staff. Once gaps are identified, they can then be addressed.

Clearly defined **project life cycles** and clearly defined procedures will help improve service delivery, as well as guidelines for the development and planning of projects. **Project design** is also important and capacity requirements and assessments should be conducted at the beginning of this process. Involvement of provincial and area office staff in the design process will also ensure ownership at all levels.

Project success indicators need to be formulated – by monitoring and evaluating qualitative and quantitative results and impact of projects and service delivery, both can be better planned for and project sustainability can be better achieved. The system of training and capacity-building given to projects should also be monitored and evaluated. Their appropriateness can then be assessed and recommendations can be made for improvement. A **training curriculum** that can be tailored to the needs of individual projects could also be designed to cover technical and financial management, entrepreneurial skills, systems, exit strategies, reporting and so forth – this is key to the success and sustainability of projects.

DSD should devolve staff appointments to the regional level which is much closer to the needs of the node. It is important to consider new ways to recruit and retain staff and develop strategies to fill the human resources gap, such as employing more **auxiliary staff** and creating incentives. Staff allocation to the different units should also reflect DSD's priority focus areas and strategies.

Staff performing or supporting community/social development functions need to be brought in at a higher level or grade to attract the kind of experienced staff DSD needs to turn its new vision into a more tangible reality.

Urban Synthesis