



DEPARTMENT OF  
**SOCIAL  
DEVELOPMENT**  
FOR SUSTAINABLE COMMUNITIES

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DEPARTMENT OF

# **SOCIAL DEVELOPMENT**

FOR SUSTAINABLE COMMUNITIES



**Annual  
Performance Plan  
2008 - 2009**

# **PART A**

## **OVERVIEW OF THE ANNUAL PERFORMANCE PLAN BY THE ACCOUNTING OFFICER**

### **DISCLAIMER**

The English version of the Annual Performance Plan is regarded as the official text. The department cannot be held liable for any misinterpretation that may have occurred during the translation process.

The Sub-directorate Strategic Planning, Department of Social Development, compiled this Annual Performance Plan.

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In his State of the Nation Address on the 8th February 2008, the President, Mr. Thabo Mbeki, proclaimed that 2008 would be one of the most remarkable years of our democracy that would call for a business unusual approach. This would require increased commitment and innovation in order to meet the needs of poor and vulnerable people and communities.

The Annual Performance Plan of the Department of Social Development reiterates the call made by the ANC in its national conference in Limpopo: and has honoured the mandate of the promises made to the citizens of South Africa. Through the launching of the Child Care and Protection Plan on the 25th January 2008, the department has further affirmed our commitment to intensity child care and protection initiatives within the Western Cape Province. This interventionist strategy is the culmination of extensive consultation with communities and other stakeholders to drastically accelerate the services rendered to children and families.

Of paramount importance is the strengthening of the current safety net that provides protection for all rights-holders, especially vulnerable groups such as the elderly, children, and victims of abuse. Transformation and the building of social cohesion (social capital) are transversal areas that must find expression in all programmes of the department. It is our obligation to create an inclusive province where the lives of all our people are positively transformed. The Annual Performance Plan therefore reflects this promise as well as the tenets of Ikapa Elihunyayo.

The sustainability of effective delivery of services hinges on incessant partnerships with communities, NPOs, business, other government departments as well as faith-based organisations. It is thus through this ongoing collaboration that this department will seek to realise its vision and mission and thus the targets of Ikapa Elihunyayo.

In my capacity as Provincial Minister of Social Development, I therefore endorse the department's Annual Performance Plan, I will give the political support needed to achieve the plan and ensure that it yields the necessary outcomes. I am confident that the current leadership in the department has the capacity and commitment to implement it.

Ms Koleka Mqukwana

PROVINCIAL MINISTER OF SOCIAL DEVELOPMENT

**1. OVERVIEW OF THE ANNUAL PERFORMANCE PLAN BY THE ACCOUNTING OFFICER**

Through this Annual Performance Plan, the department has renewed its commitment to ensure effective service delivery towards the goals and targets of Ikapa Elihunyayo and to realise the Promise of the Age of Hope in order to deal satisfactorily with the socio-economic challenges facing it. The department will continue its constitutional mandate to protect, care and support the most vulnerable members of our communities, especially children, persons with disabilities, older persons and the poverty-stricken. In addition the department will continue to provide a comprehensive range of services aimed at developing youth and strengthening the family.

The department's goals are aligned with international, national and provincial social development objectives, most notably the Provincial Growth and Development Strategy (PGDS). In this Annual Performance Plan, the department endeavours to enact on this mandate and strengthen our intervention in the 21 priority areas across all our programmatic interventions with specific targeting of these areas.

The department is tasked with providing leadership, facilitation and coordination to formulate social development policies, strategies and service delivery models that support individuals and families. In order to achieve this, it monitors population trends in the Western Cape and using the information to identify and design interventions that facilitate upliftment. The department plays a key role in poverty reduction by providing programmes that foster personal, family and community empowerment, build on existing assets and strengthen social capital/social cohesion through collaboration with other government departments, civil society, the business sector, labour and the community. All services are aimed at promoting optimal functioning of individuals and their families and bringing them into the mainstream of society.

It is critical that there is integrated service delivery to those that need us most while simultaneously addressing some of the root causes of inequality in reaffirming our commitment as government to redress poverty and inequality. (ANCC Plan of Action 2008). To meet this challenge it is essential to build partnerships to co-develop innovative solutions for sustainable development, as is

prescribed for us in strategic mandates such as the PGDS, the Social Capital Formation Strategy and the Accelerated Shared Growth Initiative of South Africa (ASGISA). During the first year of implementation of the Provincial Social Capital Strategy, the focus was on youth. However, as the strategy has matured, it brought with it the need to extend the scope of social capital into all our interventions. The programmatic response adopted by the department in the 2007/08 financial year lends itself to mainstreaming the benefits of social capital in all our programmes thereby promoting social cohesion, poverty reduction with a particular focus on child poverty and intensifying ECD interventions and hence addressing one of the President's priorities.

The department bases its strategy on the national Integrated Service Delivery Model (ISDM) launched in 2005. This framework identifies four levels of intervention that are internationally recognised: Awareness and Prevention, Early Intervention, Statutory/Crisis Intervention and Reintegration into society. The four levels of intervention cut across and influence policy decisions regarding projects within specific programmes. A key focus area for 2008/09, as part of the awareness and prevention level, is that of ensuring access to information. By ensuring more effective access to information the department is able to streamline the services it offers ensuring that the poor and most vulnerable gain access to appropriate services within the shortest period of time.

Following the ISDM framework enables the department to reconfigure its services and activities for impact, and ensures coordination of services. To date the department has achieved the following:

- Re-branding around the name change to that of the Department of Social Development
- Redefining its role and core business as social development, and expanding the scope of development social welfare services to include:
  - o Social transformation
  - o Poverty reduction and social integration
  - o Empowerment and self-reliance
- Creating a foundation for strategic shifts and the implementation of the ISDM
- Enhancing our capacity to meet the challenges and complexities of social development
- Enhancing organisational performance through continued improvement interventions.
- Strategic identification and management of stake-



## PART A OVERVIEW OF THE ANNUAL PERFORMANCE PLAN BY THE ACCOUNTING OFFICER

holders within government and the non-governmental and private sectors.

The ISDM challenges the social development sector to adopt a different approach to service delivery, in order to be relevant in meeting the needs of the poor and vulnerable. This does not only apply to government, but also to non-profit organizations (NPOs) in this field.

The department will strengthen and deepen its interventions through the following key deliverables:

- Strengthen monitoring and evaluation mechanisms to the NPO sector to ensure value for money through capacity building initiatives at district level and the review of monitoring tools used to measure service delivery performance
- Transform residential services for children at departmental places of safety for children and awaiting trial facilities through a focus on community based care and family reintegration and the building of a level 4 secure facility.
- Increase access to services and the equitable distribution of resources by establishing additional service points and targeting service delivery to geographic areas of greatest need and priority target groups.
- Expand the Expanded Public Works Programme (EPWP) by increasing the number of Early Childhood Development (ECD) and Home Community Based Care (HCBC) practitioners receiving training.
- Strengthen initiatives to promote sustainable livelihoods by offering programmes aimed at skills enhancement, food security and income security.
- Strengthen prevention, treatment and after care services with regard to substance abuse by expanding community based treatment, youth and school awareness programmes and building two new inpatient treatment centres.
- Strengthen families through prevention, early intervention, protection and after care services for the vulnerable and those with special needs (ECD; children and families; older persons; persons with disabilities; victims; gender; persons infected and affected by HIV/AIDS).
- Implementation of key policy and legislative mandates (example the Children's Act, Child Justice Bill, Drug Master Plan and family policy) through public awareness and capacity building

The department will continue to deliver services in a manner that reflects the ethos and principles of Batho Pele. All this is done with the intention to deliver a better quality of service to its beneficiaries. The department

has introduced an internal appraisal system that seeks to improve its performance and increase value for money by assessing organisational performance.

The department will continue to focus on:

- Improvement of its reporting and accounting systems;
- Designing integrated knowledge, information and information technology tools to support the strategic objectives of the department;
- Demonstrating strong leadership in its core business, as well as supporting and influencing the work of government;
- Building the capacity of our district offices to be fully-fledged cost centres;
- Identification of risks and management of these risks.

### 2. VISION

A self-reliant society.

### 3. MISSION AND STRATEGIC GOALS

#### 3.1. Mission

To ensure the provision of a comprehensive network of social development services that enables and empowers the poor, the vulnerable and those with special needs.

#### Aim

To foster resilient, creative, caring families and communities and protect the vulnerable

#### 3.2. Strategic goals

- To have appropriate integrated services and networks that address substance abuse prevention, treatment and rehabilitation
- To have promoted active ageing and protection of older persons and keeping them in families and communities as long as possible
- To have appropriate services that promotes an optimal life for people with disabilities
- To have resilient, optimally functioning families and communities that care for, protect and develop children appropriately
- To have promoted an optimal quality of life for those infected and affected by HIV / AIDS through the provision of appropriate services
- To have enabled youth to take responsibility for positive lifestyles and to contribute to and participate in family and community activities

- To have a network of social development service providers that is resilient, creative and practice good governance
- To have integrated development programmes that facilitate empowerment of communities towards sustainable livelihood

### 4. VALUES AND PRINCIPLES

The department is committed to the following social development principles:

- E**quitable Access and Equality
- M**utual Respect
- P**eople First (Batho Pele)
- O**wnership and Accountability
- W**orking Together
- E**ffectiveness, Efficiency, Economic
- R**ights and Responsibilities
- S**ustainability

### 5. MISSION OF THE SECTOR SITUATIONAL ANALYSIS

#### 5.1. Summary of service delivery environment and challenges

Guided by the PGDS, changes to key legislation and the drive to align with national policies, the department has developed a 10-year strategy that will promote social development in a way that will contribute to improving the quality of life, human well-being and social cohesion. The ISDM is part of the department's strategic shift to address the developmental challenges in the province. The following are some of the service delivery challenges that the Annual Performance Plan will address in order to strive towards the attainment of Ikapa aluhlumayo:

- Our new business model that is aligned to the national ISDM and PGDS organises our work into a matrix of 8 service delivery programmes across 4 levels of intervention. The challenge is internal integration and getting our service delivery partners to submit their business plans and deliver services according to this business model. We addressed this by extensive communication, marketing and information workshops. In line with the PGDS, our objective is to strengthen inter-governmental relations. We are therefore developing our relationship with partners and stakeholders in the Province to promote development of a "Home for All."

- Ensuring value for money from our transfer funding to NGOs. The department is addressing this by decentralizing its Monitoring and Evaluation component to district offices, developing capacity, shifting to outcomes based monitoring and commissioning external evaluations and impact assessments to service providers, entering into service delivery agreements that clearly spell out deliverables and compliance requirements.

- Increased prevalence of HIV/AIDS amongst young people. We are addressing this through the development of more effective communication messages, training and providing access to information that will change behaviour, expanding our base of youth mentors.

- A number of social factors such as poverty, HIV/AIDS and violence contribute to the vulnerability of children in the province. A study conducted by Human Science Research Council (HSRC) in 2006 revealed that up to 80% of child abuse and violence happens within the family context and are perpetrated by people that are familiar or known to children. The challenge for the department is how to radically change behaviours within the homes and communities wherein children reside so that there is a decline in the scourge of violence against children.

The department is addressing this through an Integrated Provincial Care and Protection Plan with all its government and NPO stakeholders, massification of ECD, establishing safe houses in all of the over 300 wards in the province, training and capacity building of staff and safety parents and expansion of after school care facilities. The department will continue to intensify its focus on ECD to tackle child poverty through various interventions including enrichment centres and a strong collaboration with SASSA. Mistrusting of unregistered facilities (ECD, children's homes and substance abuse) will be addressed through greater public awareness and policy education, a massive ECD registration drive and an audit of ECD facilities.

- The youth are challenged in many ways such as high rates of unemployment, early school drop-out and unemployment. Even though ASGISA recognizes that young people should be at the centre of economic growth, they are still not integrated in the mainstream of economic growth and development. The department will be addressing this from the perspective of a developmental approach to increase access to appropriate integrated youth development services that will focus on:





## PART A OVERVIEW OF THE ANNUAL PERFORMANCE PLAN BY THE ACCOUNTING OFFICER

- a) Facilitating a range of awareness prevention programmes that promote healthy lifestyles
  - b) Developing appropriate programmes with a focus on early intervention to prevent young people at risk of entering the criminal justice system.
  - c) Facilitating a criminal justice approach to statutory service delivery.
  - d) Facilitating opportunities for economic participation and sustainable livelihoods with the focus on re-integrating young people involved in crime back into their communities
  - e) Youth learnerships
  - f) Strengthening youth focal points within each district
- Coaching and mentoring of 1000 learners involved in the Brawam Siwam project

### 5.2. Summary of organisational environment

The social development sector is faced with enormous social challenges resulting from systemic poverty, unemployment, inequality and the social ills associated with these phenomena. Mediating effectively within this domain requires dedicated and committed teams of social service professionals who are able to meet service delivery demands and fulfill the department's statutory obligations.

The shortage of practicing social work professionals has placed increased emphasis on the need for sector specific improvements within the social work arena. It is for this reason that the department has implemented phase one of the Social Work retention strategy in order to attract and recruit more social workers, social auxiliary workers, child and youth care workers, community home based carers and their support staff into the field, and by ensuring that social work and development is a profession of choice.

- This has been and will continue to be done in a systematic manner that includes:
- Providing bursaries for social workers, particularly targeting males
  - Developing a specific occupational dispensation for social workers, child and youth care workers and associated social services professions
  - Strengthening relationships with academic institutions
  - Attracting learnerships and internships into the field of social development
  - Orientation of practitioners to new policies and legislation
  - Repositioning the social work profession to meet the challenges of the 21st century.

As a pro-active response to meeting these challenges, the department has realigned its service delivery and tested it within the current organisational structure, in order to determine what, if any, changes may be required.

In line with the phased in approach for our district offices to become fully-fledged cost centres, certain functions are in the process of being decentralised. These include certain human resource functions, finance functions, monitoring and evaluation and the NPO appraisal function. Staff and systems are being put in place and the necessary capacity is being developed so that the cost centre can be fully functional by 2010.

The implementation of the Logistical Information System (LOGIS) to district offices and facilities is done in a phased approach. For the year under review the department has managed to create one store at district level. As and when the National Treasury allocates store numbers, decentralisation will proceed. Until such time, procurement of goods and services are managed on a centralised basis.

Progress has been made at promoting greater equity in the distribution of resources and services throughout the province, in line with the department's transformation plan. This was achieved through a participatory process of re-directing available resources to areas of highest priority and greatest need.

The transformation of the department's facilities has taken a step forward through a partnership with the Department of Correctional Services to establish a Level 4 facility for young people who have committed serious offences, as an alternative to imprisonment. Existing places of safety will be restructured to establish services in the rural areas that enable closer contact between the child and the family. Prevention and intervention services at district offices will be established to ensure that community-based services are rendered in order to empower and strengthen families.

### 6. CORE FUNCTIONS

Through the process of reviewing its work processes and developing its ten-year plan, the department has adopted the following core functions for each of its eight programmes:

- **Awareness (Strategic Action – Inform and Educate)**  
Provide information that enables individuals and communities to access their rights and responsibilities.
- **Early Intervention (Strategic Action – Develop)**  
Provide a range of developmental and therapeutic

programmes to vulnerable groups.

- **Statutory (Strategic Action – Protect and Enforce)**  
Ensure compliance with protocols, statutory provisions and minimum standards
- **Re-integration (Strategic Action – Create and Sustain Opportunity)**

Ensure the provision of a range of after-care and community development services that enhance positive lifestyles and optimal social and organisational functioning.

In order to implement the above, a range of human, financial, information management and other infrastructural resources are required.

### 7. LEGISLATIVE AND OTHER MANDATES

#### The Older Persons Act, No 13, 2006

The Older Persons Act, Number 13 of 2006 was promulgated on 16 November 2006, and will replace the Aged Persons Act, 1967. This Act deals with the plight of older persons by establishing a framework aimed at the empowerment and protection of older persons, as well as the promotion and maintenance of their status, rights, well-being, safety and security; and to provide for matters connected therewith.

#### Fund Raising Act, 1978

The Fund-raising Act, 1978, that provided for control of the collection of contributions from the public and for the establishment of various relief funds was, except for the relief fund chapter thereof, repealed in 1997 by the Non-profit Organisations Act, 1997. The department is in the process of amending the remaining part of the Act.

#### Social Service Professions Act, 1978

This Act, formerly known as the Social Work Act, provides for the establishment of the South Africa Council for Social Work and defines its powers and functions. The Act was amended on a number of occasions – in 1995 it provided for the establishment of the South African Interim Council for Social Work and for the rationalisation of certain laws relating to social workers that remained in force in the various areas of the national territory of the Republic. The Act was also amended in 1996 in order to make the South African Interim Council for Social Work more representative of the people of the country. The 1998 amendment established the South African Council for Social Service Professions and pro-

fessional boards for social service professions.

#### Child Care Act, 1983, 2007

The Child Care Act, 1983 which provides for the establishment of children's courts and the appointment of Commissioners of Child Welfare, for the protection and welfare of certain children, for the adoption of children and for the establishment of certain institutions for the reception of children and for the treatment of children after such reception, was amended in 1996 to provide for legal representation for children and for the registration of shelters. The 1998 amendment provided for the rights of certain natural fathers where the adoption of their children born out of wedlock has been proposed and for certain notice to be given. The 1999 amendment provided for the establishment of secure care facilities and for the prohibition against the commercial sexual exploitation of children. The department and the South African Law Commission is currently preparing new comprehensive children's legislation. The Discussion Paper to develop comprehensive new Child Care legislation has been finalised. The drafting of the new Child Care Bill has commenced and it is envisaged that the draft Bill will be tabled in Parliament within the next year.

#### Children's Act 38 of 2007 as amended

Section 75 of the new legislation covers the national responsibilities and has since been signed by the President, becoming the Children's Act No 38 of 2005. Section 76 (the Children's Amendment Bill) covers provincial competencies. Upon finalisation, the current Children's Act and the Amendment Bill will be promulgated as one Act. The Bill defines the rights and responsibilities of children, defines parental responsibilities and rights; determines principles and guidelines for the protection of children and the promotion of the well being of children; to regulate matters concerning the protection and well being of children, especially those that are the most vulnerable; to consolidate the laws relating to the welfare and protection of children and provides for incidental matters.

#### Probation Service Act, 1991

This Act provides for the establishment and implementation of programmes aimed at combating of crime and for the rendering of assistance to and treatment of certain persons involved in crime.

The Probation Services Amendment Bill was approved by Parliament in August 2002. The Probation Services Amendment Act, 2002 (Act no 35 of 2002) came into operation on



## PART A OVERVIEW OF THE ANNUAL PERFORMANCE PLAN BY THE ACCOUNTING OFFICER

7 November 2002. The Act services as an interim measure to facilitate the transformation of the child and youth care system and provides, amongst others, for-

- a. New definitions, such as "assessment", "diversion", "early intervention", "Family finder", "home based supervision" and "restorative justice", which are relevant to the transformation of the child and youth care system;
- b. The introduction of assessment, support, referral and mediation services in respect of victims of crime;
- c. The establishment of restorative justice programmes and services as part of appropriate sentencing options;
- d. The assessment of arrested children who have not been released from custody; and
- e. The establishment of a probation advisory committee to advise the Minister on matters relating to probation services.

### Prevention and Treatment of Drug Dependency Act 1992

This Act provides for the establishment of programmes for the prevention and treatment of drug dependency, the establishment of treatment centres and hostels, the registration of institutions as treatment centres and hostels and the commitment of certain persons to and their detention, treatment and training in such treatment centres or registered treatment centres. The Act was amended in 1996 to extend the application of the Act to the whole of the national territory of the Republic and in 1999 to establish the Central Drug Authority. The Prevention and Treatment of Substance Abuse Bill was tabled in Parliament late 2006.

### Non-Profit Organisations Act, 1997

This Act repealed the Fund-raising Act, 1997, excluding the chapter, which deals with the relief funds, and provided for an environment in which non-profit organisations can flourish. The Act also established an administrative and regulatory framework within which non-profit organisations can conduct their affairs. The Act was amended in 2000 to effect certain textual alterations.

### National Development Agency Act, 1998

The National Development Agency Act, 1998 provides for a national funding, capacity building and coordination structure known as the National Development Agency (NDA). The NDA is mandated to grant funds to Civil Society Organisation (CSOs), enhance capacity and promote development dialogue, whilst meeting the developmental needs of poor communities.

**Advisory Board on Social Development Act, 2001**

The Act provides for a national advisory structure in the social development sector with the aim of building and consolidating partnership between government and civil society and for that purpose, to establish a body to be known as the Advisory Board on Social Development.

### White Paper for Social Welfare (1997)

The White Paper sets out the principles, guidelines, proposed policies and programmes for developmental social welfare in South Africa. As the primary policy document, the White Paper serves as the foundation for social welfare in the post-1994 era.

### White Paper Population Policy for South Africa (1998)

The White Paper aims to promote sustainable human development and the quality of life of all South Africans, through the integration of population issues into development planning in all spheres of government and in all sectors of society. The policy mandates the Department of Social Development to monitor the implementation of the policy and its impact on population trends and dynamics in the context of sustainable human development. Government departments and their counterparts in civil society should be capacitated and supported to understand the critical linkages between population and development, and to integrate population issues in development planning through research and the dissemination of data and information.

### Domestic Violence Act

Provincial social workers and lay counselors require training in the implementation of the Domestic Violence Act. The National Department is participating in the development of an integrated manual on the Domestic Violence Act, which will be used to jointly train social workers, the police and court personnel.

## 8. OTHER POLICY DEVELOPMENTS

**The Child Justice Bill** introduces significant changes to the way children in conflict with the law are managed within the criminal justice system. It proposes a wider use of diversion programmes and addresses issues relating to arrest, assessment, detention, trial and sentencing of children. The Bill also requires the setting up of procedures

to monitor and assess the proper implementation of the legislation.

The purpose of this Bill is to establish a criminal justice process for children accused of committing offences which aims to protect the rights of children entrenched in the Constitution and provided for in international instruments. The Bill is finally under discussion at Parliament.

On 1 July 2007 certain sections of the **Children's Act 2005**, which do not need regulations to be operationalised were promulgated. Since then all sections of the Amendment Bill have been accepted, with the exception of the section dealing with corporal punishment that is still under review. A key challenge for the department is to ensure the human, infrastructural and financial resources required to implement the Act. In addition, we must ensure awareness of the Act and its implications for practice. The purpose of the Act is to monitor implementation of legislation, policies and international treaties, promote the rights, needs and best interests of children and ensure that these are given full consideration by private and public entities, individuals and organisations.

Section 34 (1) of the **Older Persons Act no 13 of 2006** states that the Minister may make regulations regarding a number of matters pertaining to the Act. The final draft of the Regulations of the Older Persons Act has been compiled by the National Department of Social Development and will be submitted to Parliament during the month of April/May 2008.

The **Older Persons Act** will be implemented after approval of the Regulations and would take effect from April 2009.

A **family policy** has been finalised and is awaiting MINMEC approval. It seeks to promote a network of integrated services to protect, support and strengthen families to assist them to remain the cornerstone of the community and broader society.

Development of a **Retention Strategy for Social Workers**. A first draft of an implementation plan for the Western Cape has been developed based on the national social work retention strategy. This will be extensively consulted internally and externally. A comprehensive audit that will determine the number of unemployed, registered social workers in the province will be finalised by July 2008. The department has upgraded salaries of social workers, including those employed by the NCOs.

**Minimum Standards on Residential Facilities for Persons with Disabilities** has also been finalised and approved by MINMEC. The minimum standards seek to describe what constitutes acceptable and adequate quality of care offered to people with disabilities in residential facilities thus promoting and protecting their rights.

A first draft of **Norms and Standards for the ISDM** has been completed. The value of the document is that it recommends norms and standards for all services and for each of the four levels of the continuum. This work will be deepened in the coming year.

### Managing policy implications

These policy instruments underpin the department's core business. Given resource constraints, the department can progressively realise these statutory obligations. The department will progressively realise these obligations through the following measures:

- Training and capacity building of NGO partners and service providers
- Community consultation and education programmes to popularise the policies and raise awareness of their implications
- Develop indicators
- Phased implementation of the national costing model

## 9. DESCRIPTION OF STRATEGIC PLANNING PROCESS

The department has developed a 10-year strategy, that will promote social development in a way that will contribute to improving the quality of life, human well-being and social cohesion. Guided by the PGDS and the Batho Pele Principles, the department has embarked on a collaborative and consultative approach in developing the 10-year strategy and the annual performance planning process linked to it. From April to September 2007 the department consulted with its key stakeholders such as the NGO sector and all strategic partners and stakeholders in government to develop ten year strategies for each of its programmes. This was followed by a change management process intended to create a common understanding of the way forward and agreement on the competencies needed to implement effectively at district office level. The process of decentralisation to our district offices will facilitate localised, integrated, relevant service delivery.



## PART A OVERVIEW OF THE ANNUAL PERFORMANCE PLAN BY THE ACCOUNTING OFFICER

The plan has been implemented in the following phases:

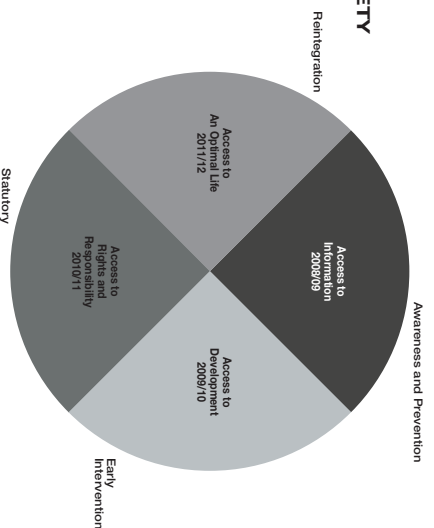
Phase	Time frame	Level of focus	Purpose	Output
1	November 2006 – March 2007	Head Office	To create a long term vision and strategic framework for the department that supports the vision for the Western Cape and that key stakeholders can understand and buy into	10yr Integrated Strategy/Booklet
2	April 2007 – July 2007	Programmes	To design 10 year strategies for each of the 8 programmes at all four levels of intervention	8 Programme strategies
3	July 2007 - March 2008	District Offices /Facilities/Support Functions	<ul style="list-style-type: none"> <li>To take the PSD and programme strategies to each district in order to inform key stakeholders and to get their input on how best to implement the strategies in each district.</li> <li>To gain a clear understanding of the resources and competencies required for successful implementation</li> </ul>	<ul style="list-style-type: none"> <li>District Office, Facility and Support Function Strategies</li> <li>Change Management Strategy</li> </ul>
4	September 2007 – March 2008	All	<ul style="list-style-type: none"> <li>To finalize operational plans for 2008/09 of the 10 year strategy based on the work which has been agreed in the previous phases</li> <li>To clarify the roles and responsibilities of members of staff in delivering the new strategy</li> </ul>	<ul style="list-style-type: none"> <li>Operational Plans 2008/09</li> <li>Clear roles, responsibilities and competencies identified and agreed</li> </ul>
5	April 2008	All	Implementation of 10 year strategy	

- The department will:
- Grid down the ISDM
  - Develop and manage value streams for each level of intervention
  - Standardise critical activities for each level of intervention
  - Develop norms, standards and indicators for each level
  - Project manage change
  - Identify gaps and risks
  - Monitor and report to build learning and continuous improvement
  - Evaluate impact

The theme for the first year of the strategy was to develop and align the strategy. The theme for the current financial year is *Access to Information*. The illustration below highlights the themes for the 10 year strategy.

Figure 1

### VISION: A SELF RELIANT SOCIETY



## PART B BUDGET PROGRAMME AND SUB-PROGRAMME PLANS

Programme	Sub-programme
1. Administration	1.1 Office of the MEC 1.2 Corporate Management Services 1.3 District Management
2. Social Welfare Services	2.1 Professional and Administrative Support 2.2 Substance abuse, prevention and rehabilitation 2.3 Care and Services to Older Persons 2.4 Crime prevention and support 2.5 Services to persons with disabilities 2.6 Child Care and Protection Services 2.7 Victim Support Services 2.8 HIV and Aids 2.9 Social Relief 2.10 Care and support services to families
3. Development and Research	3.1 Professional and Administrative Support 3.2 Youth development 3.3 Sustainable Livelihood 3.4 Institutional capacity building and support 3.5 Research and demography 3.6 Population capacity development and advocacy

### 10. PROGRAMME 2 SOCIAL WELFARE SERVICES

#### AIM

Provides integrated developmental social welfare services to the poor and vulnerable in partnership with stakeholders and civil society organisations.

#### PROGRAMME DESCRIPTION

##### Sub Programme 2.1. Professional and Administrative Support

Overall direct management and support to the programme.

##### Sub - programme 2.2. Substance abuse, prevention and rehabilitation

Design and implement integrated services for substance abuse, prevention, treatment and rehabilitation. To facilitate appropriate services and networks that addresses substance abuse in an integrated way.

##### Sub - programme 2.3. Care and Services to Older Persons

Design and implement integrated services for the care, support and protection of older persons. To promote active aging and seek to keep older persons in families and communities as long as possible.

##### Sub - programme 2.4. Crime prevention and support

Develop and implement social crime prevention programmes and provide probation services targeting children, youth and adult offenders and victims in the criminal justice process.

##### Sub - programme 2.5. Services to persons with disabilities

Design and implement integrated programmes and provide services that facilitate the promotion of the well-being and the socio economic empowerment of persons with disabilities. To enable the provision of appropriate services that promotes optimal quality of life to people with disability.



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### *Sub – programme 2.6. Child Care and Protection services*

Design and implement integrated programmes and services that provide for the development, care and protection of the rights of children.  
To facilitate resilient, optimally functioning families and communities that protects and develops children.

### *Sub – programme 2.7. Victim Empowerment*

Design and implement integrated programmes and services to support, care and empower victims of violence and crime in particular women and children.

### *Sub – programme 2.8. HIV and Aids*

Design and implement integrated community based care programmes and services aimed at mitigating the social and economic impact of HIV and Aids.  
To facilitate the provision of appropriate services that promotes optimal quality of life to those infected and affected by HIV/Aids.

### *Sub – programme 2.9. Social Relief*

To respond to emergency needs identified in communities affected by disasters not declared, and or any other social condition resulting in undue hardship.

### *Sub – programme 2.10. Care and support services to families*

Programmes and services to promote functional families and to prevent vulnerability in families.  
To facilitate resilient, optimally functioning families and communities that protects and develops children.

**TABLE 1 :STRATEGIC OBJECTIVES LINKED TO STRATEGIC GOALS**

Strategic Goal	Strategic Objective
To have appropriate integrated services and networks that address substance abuse prevention, treatment and rehabilitation	<b>Awareness</b> People are aware of their responsibilities regarding substance abuse so that they make healthy choices and play a meaningful role in prevention
	<b>Early intervention</b> At risk individuals (especially youth) are identified early and assisted with programmes and services aimed at reducing substance abuse
To have promoted active ageing and protection of older persons and keeping them in families and communities as long as possible	<b>Statutory</b> Accessible, effective, affordable inpatient and outpatient treatment and services that comply with the Drug Dependency Act are available to substance abusers and their families
	<b>Reintegration</b> Integrated substance abuse after care support services are provided to enable individuals, youth and families affected by substance abuse the opportunity to realise their potential and have an optimal lifestyle
To have promoted active ageing and protection of older persons and keeping them in families and communities as long as possible	<b>Awareness and Prevention</b> Older persons and communities are aware of the rights and responsibilities of the older person and the services available to strengthen and support them and to promote active ageing
	<b>Early intervention</b> At risk older persons are identified early and assisted before they require in depth interventions or statutory services

Strategic Goal	Strategic Objective
To have appropriate services that promotes an optimal life for people with disabilities	<b>Statutory</b> Services provided for older persons that comply with the Older Persons Act, statutory requirements, protocols and minimum standards
	<b>Reintegration</b> A network of after care support structures and services that assist Older Persons to be resilient and maintain their level of reconnection
To have promoted an optimal quality of life for those infected and affected by HIV/ AIDS through the provision of appropriate services	<b>Awareness and Prevention</b> People with disabilities, their families and care givers are aware of the rights and responsibilities of disabled persons and the services available to strengthen and support them
	<b>Early intervention</b> People with disabilities, their families care givers are identified early and assisted before they require more intensive intervention or placement in alternative care
To have resilient, optimally functioning families and communities that care for, protect and develop children appropriately	<b>Statutory</b> Statutory and residential services provided to persons with disabilities promote adequate protection, care and support and adhere to principles of representivity, inclusivity, equal opportunity and accessibility
	<b>Reintegration</b> A network of after care support services and structures that promote resilience and assist people with disabilities, their families and care givers to maintain their level of reconnection, set in place interventions or statutory services
To have promoted an optimal quality of life for those infected and affected by HIV/ AIDS through the provision of appropriate services	<b>Awareness and Prevention</b> Children, families, care givers and communities are aware of their rights and responsibilities and the services available to strengthen and support them
	<b>Early intervention</b> At risk children and families are identified early and assisted before they require in depth interventions or statutory services
To have promoted active ageing and protection of older persons and keeping them in families and communities as long as possible	<b>Statutory</b> Statutory and residential services that comply with provisions, protocols, minimum standards and government agenda are provided for children and families
	<b>Reintegration</b> A network of after care support structures and services that assist children, families and victims of crime and violence to maintain their level of reconnection
To have promoted active ageing and protection of older persons and keeping them in families and communities as long as possible	<b>Awareness and prevention</b> Seniors are made aware, up to date, information on HIV/ AIDS as well as awareness on social development facilities, programmes and services available for people infected and affected by HIV/ AIDS
	<b>Early intervention</b> Children and families at risk of HIV/ AIDS are identified early and provided with a range of developmental and therapeutic programs and services
To have promoted active ageing and protection of older persons and keeping them in families and communities as long as possible	<b>Statutory</b> All AIDS infected individuals below prescribed CD4 count levels and orphans and vulnerable children (OVCs) receive adequate social assistance or statutory services





## PART B BUDGET PROGRAMME AND SUB-PROGRAMME PLANS

Strategic Goal	Strategic Objective
To have integrated development programmes that facilitate empowerment of communities towards sustainable livelihood	<p><b>Reintegration</b> Aftercare and support services provided for children infected and affected with HIV / AIDS allows them to remain in their families and community whenever possible</p> <p><b>Awareness and Prevention</b> Poor people and households have access to information about services and how to access them</p> <p>Early Intervention An enabling environment is created to assist at risk communities to deal with disasters</p> <p><b>Statutory</b> All social relief services comply with statutory requirements and prescripts</p> <p><b>Reintegration</b> People who have been affected by disasters are assisted so that they can rebuild their lives</p>

### SITUATIONAL ANALYSIS

This is being discussed under the individual sub-programmes.

### POLICIES AND PRIORITIES

- ASGISA
  - PGDS
  - Millennium Development Goals
  - Vision 2014
  - Implementation of the various Acts such as the Older Persons Act 13 of 2006, Children's Act 38 of 2005, and the Domestic Violence Act 116 of 1998.
  - Norms and standards on the protocol for abused older persons
  - South African Victims Charter and the related Minimum Standards
  - Policy on Disability and Minimum Standards on Residential Facilities for Persons with Disabilities
  - The Disaster Management Act 2002.
- ANALYSIS OF CONSTRAINTS AND MEASURES PLANNED TO OVERCOME THEM**
- Finding suitably qualified and skilled staff. Social workers are a scarce skill in South Africa. The department have introduced the retention strategy for social workers to address the scarce skills in a phased –in approach.
  - Limited financial and human resources most notably in the NGO sector

- Integration and collaboration between departments and spheres of government
- The paucity of specialist knowledge in the different programmes
- The paucity of aftercare support services in the different programmes
- Location of services
- Poorly developed tools for identifying people who are at high risk or vulnerable

### DESCRIPTION OF PLANNED QUALITY IMPROVEMENT MEASURES

- Ongoing staff training to improve skills competence.
- Completion of SLAs with all funded organizations to enhance value for money outcomes.
- The department will establish an internal monitoring and compliance function on an operational level.
- An audit of existing systems for compliance and alignment to the programmatic approach will be conducted.
- The development of a holistic treatment sector model for substance abuse will be developed with an emphasis on best practice
- Protocols and procedural guidelines will be developed in respect of referral, family support and after care
- Redirection of resources to areas of greatest need and highest need
- A range of tools are in the process of being developed

- A strong focus on public awareness, education and prevention
- Expand private sector partnerships

### 10.1. SUB-PROGRAMME 2.2. SUBSTANCE ABUSE, PREVENTION AND REHABILITATION

#### SITUATIONAL ANALYSIS

Medical Research Council data for the period between January and June 2007 indicate a significant increase in the prevalence of substance abuse in the Western Cape, with the age of drug users ranging from 10 to 54. More than 50 percent of those in treatment centres, aged under 20, had Methamphetamine, locally known as Tik as their primary drug of choice. Since the beginning of 2005, Tik use for under 20s in treatment has increased from 11 percent to the current 57 percent (South African Community Epidemiology Network on Drug Use (SACENDU) Update: 19 November 2007).

In a deeper analysis of statistics of people accessing treatment as provided by SACENDU the following areas is identified as prevalent namely, Worcester, Atlantis, Bellair, Bellville, Delft, Eerste River, Hanover Park, Khyalestha, Kraaifontein and Kullerivier with Paarl and Mitchells Plain as the highest referral areas. In Paarl the prevalent age group is 5 to 29 with alcohol, Tik and dagga being the primary drugs of choice. In Mitchells Plain it is the same age group but with Tik and Heroin as the primary drugs of choice. These areas correlate to the 21 hotspots/ priority areas identified by the Premier for intensive governmental service delivery. Thus the departments' 10 year substance abuse strategy will target primarily the 21 priority areas whilst not neglecting any area where research indicates a high prevalence of substance abuse.

Gangs have recently turned their activities to schools in the Western Cape. They use learners as their medium for drug sales and the school premises as a place of substance abuse. A total of 61.6% of 133 surveyed schools suffered from gang violence and robbery. Two in every five schools reported the presence of drug merchants and peddling. The schools are a non-treatment niche for gangs as they target "captured audience" for their drugs (Barabantani School Safety Programme, 2006:12). It is therefore vital that collaboration across all spheres of government and in particular with department of Community Safety and SAPS, is essential to the supply reduction in communities.

Historically alcohol and dagga have been the substances abused most frequently in the Western Cape. Lately there has been a dramatic increase in the abuse of heroin (9% - 11%) and methamphetamine (Tik) (42%) and the increase of Substance Abuse in poor and/or rural areas. This has increased the demand for more services. The abuse of these substances is also linked to risky sexual behaviour and mental health problems.

The other contributing factor to abuse, particularly Tik, is the easy availability of medicinal components over the counter that are used in the production of Tik. Chemical precursors used in the manufacture of illicit drugs should be subjected to strict control measures.

There is a high prevalence of Fetal Alcohol Syndrome (FAS) in the Western Cape that is the result of alcohol use during pregnancy. Alcohol continues to be abused across all age groups. Treatment centres reported 30% of people accessing treatment have alcohol as primary drug of abuse. (SACENDU Update: 19 November 2007) Binge drinking amongst the youth, especially males, is high in many communities. High levels of alcohol abuse are also noted amongst farm workers and rural communities where ease of access to alcohol is a contributing factor. Home made concoctions can also be more lethal than conventional substances. (National Drug Master Plan 2006 -2011)

There is a lack of conclusive data that indicates the prevalence of the problem that can support the planning of interventions. It is urgent and important to complete comprehensive research on prevalence as well as on evidence based interventions.

There have been very few demand reduction interventions. Treatment Center information shows that approximately 70% of persons using substances do so socially; 20% are abusing substances leading to impairment of one or several areas of their lives and 10% are chronic abusers. Therefore a stratified intervention strategy is needed. There must be a shift to awareness and prevention and accessible early intervention while ensuring that treatment and aftercare programmes are available. This stratified intervention strategy need to include all departments across the 3 spheres of government, local government, all sectors of society and communities.

In particular community action can play a key role in reducing the supply and demand of substances. The PGDS identifies livable communities as a key strategy

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for the province's growth and development. Fostering and nurturing communities through the establishment of social capital networks like local drug action committees, (LDAC) self help groups and other community actions can play a key role in supporting this objective. Furthermore the Kkapa lead intervention of Social Transformation aiming at reducing crime and addressing

substance abuse through mobilizing communities with the establishment of intermediary structures will assist in building the capacity, capability and social network of communities in dealing with the growing scourge of substance abuse in communities.

### SPECIFICATION OF MEASURABLE OBJECTIVES AND PERFORMANCE INDICATORS

TABLE 2 SUB-PROGRAMME 2.2. SUBSTANCE ABUSE, PREVENTION AND REHABILITATION

Strategic Goal	Strategic Objective	Measurable Objective
To have appropriate integrated services and networks that address substance abuse prevention, treatment and rehabilitation	<b>Awareness</b> People are aware of their responsibilities regarding substance abuse so that they make healthy choices and play a meaningful role in prevention	<ol style="list-style-type: none"> <li>1. To provide leadership and facilitate an awareness raising strategy for the sector to ensure a collaborative and integrated approach for substance abuse prevention by March 2017</li> <li>2. To annually facilitate policy, education and training workshops that promote substance abuse prevention and enable individuals and families to make timely, informed choices that can lead to positive behaviour change by March 2017.</li> <li>3. To implement the community based early intervention model for individuals and families at risk in all 16 districts by March 2017.</li> <li>4. To develop and roll out an early intervention program in child and youth care facilities by 2010</li> <li>5. To develop and implement an integrated treatment model consisting of in-patient treatment and out-patient services in 16 districts by March 2017</li> <li>6. To ensure that services are appropriate and comply with the legislative prescripts and the conditions of the service level agreements by March 2017</li> </ol>
	<b>Early intervention</b> At risk individuals (especially youth) are identified early and assisted with programmes and services aimed at reducing substance abuse	
	<b>Statutory</b> Accessible, effective, affordable inpatient and outpatient treatment and services that comply with the Drug and Alcohol Act are available to substance abusers and their families	
	<b>Reintegration</b> Integrated substance abuse after care support services are provided to enable individuals, youth and families affected by substance abuse the opportunity to realise their potential and have an optimal lifestyle	

TABLE 3 SUB-PROGRAMME 2.2. PERFORMANCE MEASURES

Measurable Objective	Performance Measure	2006/07	2007/08	2008/09 Target	2009/2010	2010/2011
1. To provide leadership and facilitate an awareness raising strategy for the sector to ensure a collaborative and integrated approach for substance abuse prevention by March 2017	Number of districts where subsectors are identified focusing in particular on sectors in the 21 priority areas		Departmental awareness strategy developed covering the following: <ul style="list-style-type: none"> <li>• Children's homes</li> <li>• Places of safety</li> <li>• Youth clubs</li> <li>• Businesses</li> <li>• Community</li> <li>• Shebeens</li> <li>• Schools</li> <li>• FETCs</li> <li>• Institutions of higher learning</li> </ul>	Awareness programmes implemented in 3 sectors of the awareness strategy focusing in particular on sectors in the 21 priority areas	4 districts provide the detail through the development of integrated, interdepartmental substance abuse strategies.	4 districts provide the detail through the development of integrated, interdepartmental substance abuse strategies.
	Number of inter-sectoral local drug action committees established that functions in a collaborative manner in district offices focusing in particular on the 21 priority areas in accordance with policy prescripts	Intersectoral local drug action committees in 16 districts	Two local drug action committees functional in each district. A total of 32 committees are operational in the province	Three local drug action committees functional in each district office focusing on in particular the 21 priority areas. A total of 48 operational committees in the province	4 local drug action committees functional in each district office. A total of 60 committees operational throughout province	5 local drug action committees functional in each district office. A total of 76 committees operational throughout province
	Number of schools in the 21 priority areas where Ke Mopio prevention programmes is operational	Ke Mopio Projects at 16 district offices	Each of the 16 district offices implements the Ke Mopio programme in three schools	Each of the 16 district offices implements the Ke Mopio programme in 10 schools in the 21 priority areas <b>First Quarter</b> 3 schools per district <b>Second Quarter</b> 3 additional schools per district <b>Third Quarter</b> 3 additional schools per district <b>Fourth Quarter</b> 1 additional school per district	Each of the 16 district offices implements the Ke Mopio programme in 15 schools	Each of the 16 district offices implements the Ke Mopio programme in 20 schools



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## BUDGET PROGRAMME AND SUB-PROGRAMME PLANS

TABLE 3 (Continues)

Measurable Objective	Performance Measure	2006/07	2007/08	2008/09 Target	2009/2010	2010/2011
2. To annually facilitate policy education and training workshops that promote substance abuse prevention and enable individuals and families to make informed choices that can lead to positive behaviour change by March 2017.	Number of districts where training workshops to develop the capacity of staff and service providers to implement services in line with the draft Substance Abuse Bill, the Drug Master Plan is taking place	Training in four district offices per quarter	Training workshops in 4 districts once the Bill is enacted	Training in 12 districts once the Bill is enacted <b>First Quarter</b> 3 additional districts trained <b>Second Quarter</b> 3 additional districts trained <b>Third Quarter</b> 3 additional districts trained <b>Fourth Quarter</b> 3 additional districts trained	Training in 16 districts on the regulations or guidelines once finalised by national department	Training in 16 districts on the regulations or guidelines once finalised by national department
3. To implement the community based early intervention model for individuals and families in all 16 districts by March 2017.	Number of districts where a comprehensive, functional and collaborative community based intervention model is implemented		Implement the community based intervention model in 2 districts (Ankore and Mitchell's Plain) 350 beneficiaries have access to the programme	Implement/roll out community based model to 2 districts <b>Second Quarter</b> 2 district facilities <b>Third Quarter</b> 1 additional district 700 beneficiaries	Roll-out to 2 more districts 1050 Beneficiaries have access to the programme	Roll-out to more 2 districts 1400 beneficiaries have access to the programme
4. To develop and roll out an early intervention model for individuals and families in all 16 districts by 2010	Number of child and youth care facilities that have access to the prevention and early intervention programme		Pilot a model for prevention and early intervention programme in one facility (Secure care)	Evaluate pilot and roll out prevention and early intervention programme to 2 secure care facilities <b>Third Quarter</b> 2 secure care facilities	Roll-out prevention and early intervention programme to 4 places of safety	Roll-out prevention and early intervention programme to children's homes
5. To develop and implement an integrated treatment model consisting of inpatient treatment services in 16 districts by March 2017	Number of districts where an integrated treatment model is comprehensively implemented Number of beneficiaries that have access to the programme		Integrated treatment model developed in one district	Integrated treatment model rolled out to an additional 2 districts. Family and individual development plan in place for all clients accessing public treatment centres in these 2 districts. <b>Third Quarter</b> Implement treatment model in 250 beneficiaries <b>Fourth Quarter</b> Implement treatment model in 250 beneficiaries	Integrated Model rolled out to an additional 3 districts. Family and individual development plan in place for all clients accessing public treatment centres in these districts. 750 beneficiaries have access to the programme.	Integrated Model rolled out to an additional 3 districts. 1000 beneficiaries have access to the programme

TABLE 3 (Continues)

Measurable Objective	Performance Measure	2006/07	2007/08	2008/09 Target	2009/2010	2010/2011
6. To ensure that services are appropriate and comply with the legislative prescriptions and the conditions of the service level agreements by March 2017	Compliance with the conditions of the service level agreements Number of progress reports per annum			Service level agreements in place for all organisations and programmes funded 2 progress reports per annum Annual assessment of all NPOs who apply for funding	Service level agreements in place for all organisations and programmes funded 2 progress reports per annum Annual assessment of all NPOs who apply for funding	Service level agreements in place for all organisations and programmes funded 2 progress reports per annum Annual assessment of all NPOs who apply for funding
6. To establish a network of after care services to provide a supportive environment for substance abusers and their families in 16 districts by March 2017	Number of districts of the 21 priority areas that has sustainable, functional networks and after care services			Develop and strengthen dedicated after care networks and services in 2 priority areas in 21 districts <b>First Quarter</b> 1 district <b>Fourth Quarter</b> 1 district	Maintain and roll out after care networks and services in 4 districts	Maintain and roll out after care networks and services in 6 districts

TABLE 4

Key Area	Data elements	Annual Target
Social services organizations providing services for substance abuse, prevention and rehabilitation Facilities available to render a service for substance abuse, prevention and rehabilitation	Number of Government funded NPOs delivering services for substance abuse, prevention and rehabilitation	9
	Number of substance abuse treatment centers managed by Government	2
	Number of substance abuse treatment centers managed by NPOs	3
Human resources capacity available for substance abuse, prevention and rehabilitation	Number of practitioners available in in-patient substance abuse treatment centers managed by NPOs	77
	Number of practitioners available in out-patient substance abuse treatment centers managed by NPOs	45
	Number of practitioners available in in-patient substance abuse treatment centers run by Government	20
Training of practitioners in substance abuse, prevention and rehabilitation	Number of practitioners employed by Government substance abuse treatment centers who received training	20
	Number of practitioners employed by registered and funded NPO substance abuse treatment centers who received training	77
	Number of Local Drug Action Committees established	29
Supporting structures for substance abuse, prevention and rehabilitation	Number of prevention programmes for substance abuse implemented by Government	64
	Number of prevention programmes for substance abuse implemented by NPOs	36



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TABLE 5

Key Area	Data Elements	Quarter 1 Target	Quarter 2 Target	Quarter 3 Target	Quarter 4 Target	Annual Target
Utilisation of facilities for substance abuse, HIV/AIDS and rehabilitation	Number of clients utilizing out-patient treatment centres for substance abuse managed by NPOs	700	350	350	350	1750
	Number of clients utilizing in-patient treatment centres for substance abuse managed by NPOs	271	346	346	350	1313
	Number of clients utilizing in-patient treatment centres for substance abuse run by Government	125	118	146	139	528

### 10.2. SUB-PROGRAMME 2.3. CARE AND SERVICES TO OLDER PERSONS

#### SITUATIONAL ANALYSIS

The proportion of persons aged 60 years and above is increasing at an unprecedented rate nationally. The 2001 Census and Community Survey 2007 confirmed similar significant growth in the Western Cape. In 2001, older persons constitute approximately 350 000 (7, 8%) of the total provincial population and is expected to increase. SASSA projections suggest that this percentage will rise to 10,71% in 2017. A further analysis of the aged population reveals an aged dependency ratio for the Western Cape estimated at 2,62% for Black Africans; 6,1% for Coloured and 6,7% for Indian/Asian and 7,7% for Whites. About 4% of all heads of households living in shacks are elderly people and, although 86% of all elderly persons reported that they had no disabilities, 5% reported having physical disability. This however does not indicate the severity of disability and whether a person can actually function with the disability. The number of persons expected to live past 80 is estimated to grow by 34% over the next ten years.

The impact of HIV and AIDS, the declining birth rate as well as the increasing mortality rate of younger persons are some of the causal factors of this increase in the proportion of older persons. The profile of older persons in residential facilities show a distinct racial and gender dimension, with only three old age homes located in African communities. Approximately 80 % of the occupants of old age homes are women. One of the reasons for this is longevity of women relative to men.

There are currently 10 440 older persons in the province who are accommodated in 132 old age homes funded

by the Department of Social Development. This number of older persons excludes private registered not funded by the department, as well as unregistered facilities. In addition, 12 527 older persons are receiving services at 167 service centres and 9 000 older persons in senior clubs. These figures indicate that the Western Cape has reached the national norm of 2 % (7 000) for residential care although the location of the facilities is skewed and future planning needs to take this into account. However, it falls short of the target of 20 % (70 000) for community-based services, which ensure that older persons remain independent, and at the highest possible level of functioning within the community. The target for home-based care as a viable alternative to institutional care is 3 % (10, 500 persons) and, like community-based care, will have to be accelerated as will funding thereof because although older persons reside within communities, there is still a bias towards residential care in terms of funding as opposed to community-based care. During the 2008/09 financial year, the department will embark on an audit on all residential facilities for aged persons, funded or unfunded by government, private, registered, unregistered and even boarding house facilities for older persons within the Western Cape Province. This information will assist the department to more appropriately assess the availability and quality of services.

From a socio economic perspective older persons are still subjected to widespread violation of their rights. This is exacerbated by chronic and deepening poverty, weakened family ties and community structures due to migration, natural disasters, the impact of HIV and AIDS and various forms of abuse against older persons. Indeed, the dependency burden of HIV and AIDS is enormous and older persons who can least afford it, now find their care giving and financial support func-

tions starting again. In the Western Cape as on 30 April 2007 a total of 170, 920 older persons are in receipt of state old age pensions that, in many cases is the primary or only source of income for the family. The reality is that many older persons are making a valuable contribution to households as carers for children, people with disabilities and those affected and infected by HIV and AIDS. This contribution should not only be acknowledged and valued but older persons should also be supported and capacitated in fulfilling these roles.

The Older Persons Act, with its strong emphasis on the rights of older persons, provides the basis for future strategic direction and transformation of services to older persons. The departmental response has seen a shift in focus to community based care. Based on the department's ISDM, services to older persons need to, among other things, include the promotion of inter-generational programmes to keep older persons in the communities for as long as possible and initiate early intervention programmes to promote the well being of the older persons. The departmental response includes

- the following interventions:
- Inter-racial /social integration programmes with a focus on social transformation and intergenerational activities
- Residential facilities / service centres / senior clubs
- Intervention plans for at risk residential facilities within the 21 priority areas of the Western Cape Province
- Golden Games Sporting and Cultural programmes linking up with 2010
- Economic development and capacity building of older persons and older persons institutions
- Awareness on abuse and neglect of older persons, HIV/AIDS, substance abuse and dementia issues
- Strengthened partnerships amongst departments (Department of Health, Cultural Affairs & Sport, Education, Local Government and Housing, Local Authorities)
- Strengthened partnerships with NPOs, CBOs, CFSOs regarding delivery of services to older persons and quality assurance of services
- Building networks within and amongst communities to enhance self-reliance

TABLE 6 SUB-PROGRAMME 2.3. CARE AND SERVICES TO OLDER PERSONS

Strategic Goal	Strategic Objective	Measurable Objective
To have promoted active ageing and protection of older persons and keeping them in families and communities as long as possible	<b>Awareness &amp; Prevention</b> Older persons and communities are aware of their rights and responsibilities and the services available to strengthen and support them and to promote active ageing	7. To ensure the provision of information through public awareness campaigns in urban and rural areas on the rights and responsibilities of older persons and how to access services for them by March 2017
	<b>Early Intervention</b> At risk older persons are identified early and assisted before they require in depth interventions or statutory services	9. To have supportive, preventive and developmental services for older persons available in all 16 districts by March 2017.
	<b>Statutory</b> Services provided for older persons that comply with the older persons Act, statutory requirements, protocols and minimum standards	10. To ensure that all services provided by the 16 districts to older persons are appropriate and comply with the Older Persons Act and statutory regulations by March 2017.
	<b>Reintegration</b> A network of after care support structures and services that assist older persons to be resilient and maintain their level of reconnection	11. To ensure that after care support services are available for older persons within 16 districts by March 2017



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## BUDGET PROGRAMME AND SUB-PROGRAMME PLANS

TABLE 7 SUB-PROGRAMME 2.3. PERFORMANCE MEASURES

Measurable Objective	Performance Measure	2006/07	2007/08	2008/09 Target	2009/2010	2010/2011
7. To ensure the public awareness through information through public awareness campaigns in urban and rural areas on the rights and responsibilities of older persons and how to access services of them by March 2017	Number of public awareness campaigns reached (rural and urban areas)					
8. To facilitate annual policy workshops for 16 districts and service providers i.t.o. the Older Persons Act by March 2017.	Number of policy education workshops Number of service providers Number of district offices	Policy workshops: - 16 district offices - 16 service providers - July 2006 -Service providers in 16 district areas	Policy workshops - 16 district offices - 16 service providers in 16 district areas -500 older persons	<b>2nd Quarter</b> 1 policy education workshop for 16 district offices and 50 service providers on the Older Persons Act <b>3rd Quarter</b> 1 policy education workshop for 16 district offices and 50 service providers on issues of abuse <b>4th Quarter</b> 1 policy education workshop for 16 district offices and 50 service providers on dementia issues	3 policy education workshops 100 Service providers 16 district offices	3 policy education workshops 100 Service providers 16 district offices
9. To have supportive and protective services for older persons available in all 16 districts by March 2017.	Number of Services: • Golden Games events in district offices and service providers • Centres & Clubs • 24 hours protection service for older persons at risk Number of older persons reached Number of districts	10 % increase in day-care programmes for older persons Golden Games programme developed & implemented- 5000 older persons involved in programme. 74 clubs capacitated -80 youth approached to assist clubs 6 district events leading up to a provincial cultural event acknowledging international day of Older Persons Develop a programme for the protection of older persons	1st Quarter 107 service centres available to 12 500 older persons Quarterly Report to Protection Service to older persons 12 Golden Games events 8 000 older persons in 16 district offices 180 service centres & 10 clubs available to 13 400 older persons Quarterly Report to Protection Service to older persons	2nd Quarter 107 service centres available to 12 500 older persons Quarterly Report to Protection Service to older persons 12 Golden Games events 8 000 older persons in 16 district offices 180 service centres & 10 clubs available to 13 400 older persons Quarterly Report to Protection Service to older persons	3rd Quarter 107 service centres available to 12 500 older persons Quarterly Report to Protection Service to older persons 12 Golden Games events 10 000 older persons in 16 district offices 200 service centres & 20 clubs available to 14 500 older persons Quarterly Report to Protection Service to older persons	4th Quarter 107 service centres available to 12 500 older persons Quarterly Report to Protection Service to older persons 12 Golden Games events 10 000 older persons in 16 district offices 200 service centres & 20 clubs available to 14 500 older persons Quarterly Report to Protection Service to older persons

TABLE 7 (Continued)

Measurable Objective	Performance Measure	2006/07	2007/08	2008/09 Target	2009/2010	2010/2011
10. To ensure that all services provided to older persons are appropriate and comply with the Older Persons Act and statutory regulations by March 2017.	Number of district offices conducting the self-assessment tool Number of district offices that have services that comply Number of residential facilities Number of service centres					
				<b>2nd Quarter</b> 6 Golden Games events reaching 3 000 older persons in 16 district office areas 167 service centres & 5 clubs available to 12 600 older persons Quarterly Report to Protection Service to Older Persons <b>3rd Quarter</b> 6 Golden Games events reaching 3 500 older persons in 16 districts 170 service centres & 6 clubs available to 12 800 older persons Quarterly Report to Protection Service to Older Persons <b>4th Quarter</b> 172 service centres & 10 clubs available to 12 880 older persons Quarterly Report to Protection Service to Older Persons	16 district offices comply 130 residential facilities 167 service centres	16 district offices comply 130 residential facilities 167 service centres



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## BUDGET PROGRAMME AND SUB-PROGRAMME PLANS

TABLE 7 (Continued)

Measurable Objective	Performance Measure	2006/07	2007/08	2008/09 Target	2009/2010	2010/2011
11. To ensure that after-school support services are available for older persons within 16 district offices by March 2017	Number of home based projects and functional networks established with service providers and Department of Health			1st Quarter Number of home based care model 1 Home based care project 1 x Western Cape forum meeting	2 Home based care projects (1 Urban & 1 rural) 1 Intra-generational project implemented by each district office	2 Home based care projects (1 Urban & 1 rural) 1 Intra-generational project implemented by each district office
	Number of migrated and integrated and inter-generational projects			2nd Quarter 3 Intra-generational projects 1 x Western Cape forum meeting Implementation of Western Cape Older Persons Forum	12 Time Travel projects 3 economic development projects	12 Time Travel projects 4 economic development projects
	Number of economic development projects			3rd Quarter 6 Intra-generational projects and 6 Time Travel projects 1 x Western Cape forum meeting	Quarterly meetings of Western Cape Older Persons Forum	Quarterly meetings of Western Cape Older Persons Forum
	Western Cape Older Persons Forum			4th Quarter Completion of Home based care model 1 x Western Cape forum meeting		

TABLE 8

Key Area	Data elements	Annual Target
Social service organizations providing care and services to older persons	Number of Government funded NPOs delivering care and services to older persons	4
Facilities available to render care and services to older persons	Number of residential facilities for older persons run by Government	0
	Number of residential facilities for older persons managed by NPOs	130
	Number of assisted living facilities for older persons managed by NPOs	1
	Number of service centers for older persons managed by NPOs	167
Utilisation of facilities for older persons	Number of older persons residing in residential facilities run by Government	0
	Number of older persons residing in residential facilities managed by NPOs	10 391
Human resources capacity available for care and services to older persons	Number of care givers employed at Government residential facilities for older persons	0
	Number of care givers employed at Government residential facilities for older persons	0
	Number of care givers employed at NPO residential facilities for older persons	3 483
	Number of counsellors employed for older persons managed by NPOs	

TABLE 8 (Continued)

Key Area	Data elements	Annual Target
Training of care givers for older persons	Number of NPO care givers trained in home-based care for older persons	26
Programmes implemented for older persons	Number of active aging programmes participated by NPOs for Older Persons	12 active aging events
	Number of active aging programmes facilitated by Government for Older Persons	12 active aging events
	Number of home based care programmes implemented for older persons by NPOs	1 pilot project

TABLE 9

Key Area	Data Elements	Quarter 1 Target	Quarter 2 Target	Quarter 3 Target	Quarter 4 Target	Annual Target
Utilisation of facilities for older persons	Number of older persons using service centers managed by NPOs	12 500	100	200	80	12 880
Access to services for older persons	Number of older persons reached through home based care programs managed by NPOs	230	230	230	230	920
	Number of older persons reached through active aging programs (facilitated) by Government	3 000	3 000	3 000	3 000	12 000
	Number of older persons reached through active aging programs (participated) by NPOs	3 000	3 000	3 000	3 000	12 000
	Number of older persons residing in Government residential facilities who received counselling	0	0	0	0	0
	Number of older persons residing in residential facilities managed by NPOs who received counselling	800	800	800	800	3 200
Prevalence of abuse of older persons	Number of reported cases of abuse of older persons	18	18	18	18	72





## PART B BUDGET PROGRAMME AND SUB-PROGRAMME PLANS

### 10.3 SUB-PROGRAMME 2.4. CRIME PREVENTION AND SUPPORT SITUATIONAL ANALYSIS

An analysis of available data and literature, highlight the extent to which youth in the Western Cape has become involved in criminal activities. The Integrated Social Capital Formation Strategy (Department of the Premier, 2005) indicates 'high rate of injuries (mainly homicide) in Cape Town under young males between the ages of 15-40 years'. Furthermore, Kagae et al. (2005) noted that in 2002/3, more than 300 boys between the ages of 15-24 in Cape Town alone suffered a violent death. Homicide accounted for 10, 6% of deaths in Cape Town with an age standardised rate of 70 per 100 000. The areas of Khayelitsha and Nyanga had the highest rate of injuries (120 per 100 000 and 133 per 100 000 respectively).

A situational analysis conducted by the Provincial Department of Social Services and Poverty Alleviation revealed that an average 2 223 youths are arrested per month in the Western Cape (Jordan, 2006:6). Youth awaiting trial statistics reveal that during August 2006 a total of 159 children were awaiting trial in the Western Cape. With regard to the type of crime, the highest number is in the category robbery (32), followed by theft (23), rape (18), murder (17), housebreaking and theft (13). (Department of Social Services and Poverty Alleviation, 2006).

According to SAPS, crime statistics, drug related crime shows an increase from 19 940 reported cases in 2003/2004 to 30 432 in 2004/2005 (DOCS, Crime Information Centre, 2005). The increase in drug related crime over the last year, the increase in drug manufacturing labs (Tik), together with the increase in drug abuse patients at rehabilitation centres implicate an increased demand for drugs (Tik).

*This sub-programme is linked to Sub-programme 2.6: Child Care and Protection, and hence shares the same strategic objectives.*

**TABLE 10 SUB-PROGRAMME 2.4. CRIME PREVENTION AND SUPPORT**

Strategic Goal	Strategic Objective	Measurable Objective
To have resilient, optimally functioning families and communities that care for, protect and develop children (appropriately)	<b>Awareness and Prevention</b> Children, parents, care givers and communities are made aware of their rights and responsibilities and the services available to strengthen and support them	12. To annually facilitate policy, education and training workshops that promotes awareness and prevention to stakeholders in 16 districts by 2017
	<b>Early Intervention</b> At risk children and youth are identified early and assisted before they require in depth interventions or statutory services	See Child Care And Protection Service: Sub-programme 2.6
	<b>Statutory</b> Statutory and residential services that comply with provisions, protocols, minimum standards and government agenda are provided for children, youth and families	13. To ensure service provision to awaiting trial children in compliance with the legislative prescripts, minimum standards and conditions of service level agreements by March 2017
	<b>Reintegration</b> A network of after care support structures and services that assist children, families and communities to maintain their level of reconnection	14. To facilitate the reintegration of children and youth who were in alternative care back into their families and communities by March 2017

**TABLE 11 SUB-PROGRAMME 2.4. PERFORMANCE MEASURES**

Measurable Objective	Performance Measure	2006/07	2007/08	2008/09 Target	2009/2010	2010/2011
12. To annually facilitate policy, education and training workshops that promotes awareness and prevention to stakeholders in 16 districts by 2017	Number of policy education and training workshops Number of persons trained			Quarter 1-4 0 70 probation officers, 40 assistant probation officers within all district offices	Quarterly training workshops 180 social workers within all district offices	Quarterly training workshops 40 social workers within the youth sector
13. To ensure service provision to awaiting trial children in compliance with the legislative prescripts, minimum standards and conditions of service level agreements by March 2017	Number of children diverted from the criminal justice system Assessment of children within 48 hours Number of children awaiting trial in prison			Quarter 1-4 80% (of 2 200) children awaiting trial are diverted from the criminal justice system All arrested children are assessed within 48 hours Assessment reports Monthly statistics from Correctional Services	85% (of 2 200) children awaiting trial are diverted from the criminal justice system All arrested children are assessed within 48 hours Assessment reports Monthly statistics from Correctional Services	90% (of 2 200) children awaiting trial are diverted from the criminal justice system All arrested children are assessed within 48 hours Assessment reports Monthly statistics from Correctional Services
14. To facilitate the reintegration of children and youth who were in alternative care back into their families and communities by March 2017	Number of children who are reintegrated into their families and communities			Quarter 1-4 100 children and youth	100 children and youth	100 children and youth

**TABLE 12**

Key Area	Data Elements	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual
		Target	Target	Target	Target	Target
Social service organizations providing services for crime prevention and support	Number of Government funding NPOs delivering services on crime prevention and support	0	0	0	0	0
Facilities rendering a service on crime prevention and support	Number of secure care centres managed by NPOs Number of places of safety run by Government Number of places of safety managed by NPOs	0 3 2	0 3 2	0 2 2	0 3 2	0 3 2



## PART B BUDGET PROGRAMME AND SUB-PROGRAMME PLANS

TABLE 12 (Continued)

Key Area	Data Elements	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Target
		Target	Target	Target	Target	
Children in conflict with the law awaiting trial	Number of children in conflict with the law awaiting trial in correctional services facilities	640	640	640	640	2560
	Number of children in conflict with the law awaiting trial in secure care centres run by Government	0	0	0	0	0
	Number of children in conflict with the law awaiting trial in secure care centres managed by NPOs	0	0	0	0	0
	Number of children in conflict with the law awaiting trial in places of safety run by Government	342	342	342	342	342
	Number of children in conflict with the law awaiting trial in places of safety managed by NPOs	255	255	255	255	255
	Number of children in conflict with the law assessed referred to criminal court	1891	1891	1891	1891	7564
	Number of cases of children in conflict with the law referred to diversion programmes	2450	2450	2450	2450	4900
	Number of children in conflict with the law referred to diversion programmes	480	480	480	480	1840
	Number of children in conflict with the law who participate in diversion programmes	480	480	480	480	1840
	Number of pre-sentences reports completed for children in conflict with the law	820	820	820	820	3280
Access to crime prevention and support services	Number of pre-sentences reports completed for adults in conflict with the law	20	20	20	20	80
	Number of children in conflict with the law in home based supervision	194	194	194	194	766
	Number of children in conflict with the law who died in residential facilities	0	0	0	0	0
	Number of probation officers employed by Government	0	0	0	0	0
	Human resource capacity available for crime prevention and support					
	Training of probation officers					
	Prevention and awareness programmes for crime prevention and support					
	Number of prevention programmes for crime prevention and support programmes implemented by NPOs					
	Number of prevention programmes for crime prevention and support programmes implemented by Government					
	Number of prevention programmes for crime prevention and support programmes implemented by NPOs					

### 10.4. SUB-PROGRAMME 2.5. SERVICES TO PERSONS WITH DISABILITIES

#### SITUATIONAL ANALYSIS

The Western Cape is home to approximately 186 850 people with disabilities (Census 2001). This translates to 4.1% of the total population with physical disability accounting for 28.8% followed by the visually impaired at 18.3% and the hearing impaired with 14.2%. However, it should be borne in mind that statistics and information on the nature and occurrence of disability are scant and usually unreliable for various reasons. For instance, while a number of surveys have attempted to address the issue of disability in South Africa, there is little agreement between the findings. The definitions of disability and methods used to identify people with disabilities were not consistent through surveys.

Disability sector is a diverse sector on its own with various form of disabilities which include the following:  
- Physical, visual, hearing, intellectual, mental, psychiatric, multiple disabilities, epilepsy, albinism and autism (Autistic Spectrum Disorder).  
Within the disability field, a sector experiencing high levels of exclusion, vulnerable to disability has been identified as the traditionally disadvantaged groups in South Africa, including: - women with disabilities, children with disabilities, people with severe intellectual or mental disabilities, youth with disabilities, people with disabilities living in remote rural areas, people with disabilities who have been displaced by violence and war, people with Acquired Immune Deficiency Syndrome and people with multi-disabilities. (INDS, 1997).  
Other social trends observed are: -

- **Disability and Poverty**  
There is a strong relationship between disability and poverty. Poverty makes people more vulnerable to disability and disability reinforces and deepens poverty.

- **Disability and HIV/AIDS**  
People with disabilities are also at increased risk for every known risk factor for HIV/AIDS, yet they are still largely ignored in HIV prevention campaigns. Inaccessibility of the information, example awareness based interventions that have a strong component of education and communication have also not looked at the needs of the Deaf and people with visual disabilities.  
Other trends include disability and substance abuse, gender, ECD etc.  
This fusion of all these elements mentioned above calls for an integrated, collective approach to mainstream the needs of people with disabilities across all sectors of government as well as the department's programmes in order to break down the barriers of exclusion and marginalization.

Areas targeted from 21 priority areas include the following: -  
Bellville, Oudstroom, Caledon, Gugulethu, Paarl, Vredendal, Atlantis, Mitchells Plain, and Khayelitsha.





# PART B

## BUDGET PROGRAMME AND SUB-PROGRAMME PLANS

TABLE 13 SUB-PROGRAMME 2.5. SERVICES TO PERSONS WITH DISABILITIES

Strategic Goal	Strategic Objective	Measurable Objective
To have appropriate services that provide an optimal life for people with disabilities	<b>Awareness and Prevention</b> People with disabilities, their families and care givers have access to information and services/resources available to support and strengthen them	15. To ensure the provision of information through awareness campaigns to raise awareness of the rights, responsibilities, attitudes and misconceptions about disability, abilities of people with disabilities and services /resources available and in all 16 districts by March 2017
	<b>Early Intervention</b> At risk individuals (people with disabilities, families/ care givers) are identified early and assisted before they require more intensive intervention or placement in alternative care	16. To annually facilitate policy education and training workshops that promote prevention of disability and enable individuals and families to make timely, informed choices that can lead to positive behaviour change by March 2017
	<b>Statutory</b> Statutory and residential services provided to persons with disabilities promote adequate protection, care and support and adhere to principles of representivity, inclusivity, equality opportunity and accessibility	17. To ensure provision of developmental, community based and therapeutic programmes that support people with disabilities, their families or care givers by March 2017
	<b>Reintegration</b> Adequate after care support services and structures that promote resilience and assist people with disabilities, their families and care givers to maintain their level of reconnection are in place	18. To ensure that services are appropriate and comply with the statutory requirements and minimum standards in 16 districts by March 2017
		19. To implement the Cooperative Protective Workbooks in 16 protective workshops by March 2009
		20. To ensure the provision of after care support services that promote reintegration by March 2017



TABLE 14 SUB-PROGRAMME 2.5. PERFORMANCE MEASURES

Measurable Objective	Performance Measure	2006/07	2007/08	2008/09 Target	2009/2010	2010/2011
15. To ensure the provision of information through awareness campaigns to raise awareness of the rights, responsibilities, attitudes and misconceptions about disability, abilities of people with disabilities and services /resources available and in all 16 districts by March 2017	Number of awareness campaigns in collaboration with service providers  Number of districts			Average campaigns in: <b>First Quarter</b> 4 district offices: Bellville Outshoorn Athlone Vredenburg Vredendal District <b>Second Quarter</b> 4 district offices: Gugulethu Khayelitsha Cape Town Eerste River <b>Third Quarter</b> 2 district offices: Mitchells Plain Wynberg <b>Fourth Quarter</b> 2 district offices: George Beaumont West	Average campaign in 16 district office areas	Average campaign in 16 district office areas
16. To annually facilitate policy education and training workshops that promote prevention of disability and enable individuals and families to make timely, informed choices that can lead to positive behaviour change by March 2017	Number of policy education and training workshops in collaboration with WCED, Health and NCO sector  Number of districts			Training workshops <b>First Quarter</b> Wynberg, Khayelitsha Gugulethu Paarl <b>Second Quarter</b> Bellville Worcester Caledon <b>Third Quarter</b> George Outshoorn <b>Fourth Quarter</b> Vredendal Vredenburg	Training workshops Vredendal Vredenburg  Training workshops Gugulethu Khayelitsha Mitchells Plain Paarl  Cape Town Athlone Caledon	Training workshops Gugulethu Khayelitsha Mitchells Plain Paarl  Cape Town Athlone Caledon
17. To ensure the provision of developmental, community based and therapeutic programmes that support people with disabilities, their families or care givers by March 2017	Number of community based programmes and functional networks identified and strengthened			2 Community based early intervention functional networks in: <b>Second Quarter</b> Atlantis <b>Third Quarter</b> Gugulethu	Community based programmes in: Caledon Khayelitsha Eerste River, Paarl Athlone Vredendal, Cape Town and Mitchells Plan	Community based programmes in: George, Outshoorn Worcester and Wynberg



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## BUDGET PROGRAMME AND SUB-PROGRAMME PLANS

TABLE 14 (Continued)

Measurable Objective	Performance Measure	2006/07	2007/08	2008/09 Target	2009/2010	2010/2011
18. To ensure that services are appropriate and comply with the legislative prescripts and the conditions of the service level agreements by March 2017	Quarterly progress reports on adherence to disability prescripts; Compliance with conditions of service level agreements	To conduct three policy education workshops and assess quality of service being provided against minimum standards	Quarterly progress reports from 28 NPOs in compliance with conditions of SLAs	Quarterly reports from 39 residential facilities that comply with minimum standards	Training workshops in 4 Residential facilities in Bellville District, George, Bellville Worcester and Wynberg Districts	
19. To implement the Cooperative Protective Workshop Model in 16 Protective Workshops by March 2009	Number of protective workshops collaborating and participating in the Cooperative Model		Phase 1 of implementation of the co-operative model	Quarterly progress reports from 18 protective workshops	Evaluation of the pilot	Rolling out of the pilot recommendations
20. To ensure the provision of after care support services that promote reintegration by March 2017	Number of integrated services available to people with disabilities and their families promoting reintegration with structured and functional networks		Identify and strengthen 1 service in the following districts	Identify and support/strengthen 3 services available in Athlone, Paarl, Wynberg, Outshoorn, Cape Town and Caledon Districts	Identify and support/strengthen 2 services available in Bedford West, Kraaivallei, Gugulethu, Eraste River, Mitchells Plain, Venturina and Vredenburg District Offices	

TABLE 15

Key Area	Data elements	Annual Target
Social services organizations providing services to persons with disabilities	Number of Government funded NPOs providing services to persons with disabilities	28
	Number of residential facilities for persons with disabilities run by Government	0
	Number of residential facilities for persons with disabilities managed by NPOs	31
	Number of assisted living facilities for persons with disabilities run by Government	0
	Number of assisted living facilities for persons with disabilities managed by NPOs	0
	Number of protective workshops for persons with disabilities managed by NPOs	43
	Number of protective workshops for persons with disabilities run by Government	0
	Number of stimulation centers for children with disabilities	0
	Number of persons with disabilities residing in residential facilities run by Government	0
	Number of persons with disabilities residing in residential facilities managed by NPOs	
Utilisation of facilities for persons with disabilities	Number of persons with disabilities residing in assisted living facilities run by Government	
	Number of persons with disabilities residing in assisted living facilities managed by NPOs	
	Number of persons with disabilities residing in residential facilities for persons with disabilities	
	Number of staff working at protective workshops for persons with disabilities	
Human resource capacity available for persons with disabilities	Number of staff working at Government assisted living facilities for persons with disabilities	
	Number of staff working at NPO assisted living facilities for persons with disabilities	
	Number of staff working at stimulation centers for children with disabilities	
	Number of staff working at residential facilities for persons with disabilities	

TABLE 16

Key Area	Data Elements	Quarter 1 Target	Quarter 2 Target	Quarter 3 Target	Quarter 4 Target	Annual Target
Access to services for persons with disabilities	Number of persons with disabilities accessing services in protective workshops run by Government	0	0	0	0	
	Number of persons with disabilities accessing services in protective workshops managed by NPOs	2425	2425	2425	2425	
	Number of children with disabilities accessing services in stimulation centers	0	0	0	0	
	Number of persons with disabilities accessing services provided by social workers	1400	1400	1400	1400	
	Number of persons with disabilities referred by social workers to specialized services	100	100	100	100	





## PART B BUDGET PROGRAMME AND SUB-PROGRAMME PLANS

### 10.5. SUB-PROGRAMME 2.6: CHILD CARE AND PROTECTION SERVICES SITUATIONAL ANALYSIS

The department is responsible for the protection and development of children in the province. The changing profile of children in the province and the impact of social factors that threaten the achievement of sound developmental outcomes, are described.

#### Key Demographic Trends

- According to Census 2001, the Western Cape is home to a total of 1 500 139 children under the age of 18 years. This constitutes 33,16% of the province's population. Of this group, approximately 1,237 million children are under the age of 15, of which approximately 610 000 are under the age of 7 years. 19,87% of these are Coloured children, 9% are Black African and close to 5% comprise of White and Asian children. The proportion of male and female children is equal in the province and does not vary by population group.
  - Approximately 1% of all households in the Western Cape were headed by children aged 0-19 years in 2001. In actual numbers, this means that a total of 7936 households were headed by children under the age of 19. 4113 of these were headed by male children.
  - Although the proportion of children will decline over the next few years as the population ages, the absolute number of children will not decline significantly over the next ten years.
- A number of social factors, such as poverty, HIV/AIDS and violence contribute to the vulnerability of children in the province.
- A recent study by the HSFC indicates that children in the province are subject to a disturbingly high incidence of maltreatment and violence.
- 3 in every 1 000 children in the province were subject to a Children's Court Inquiry in 2005. This high rate of statutory removal is a disturbing indication of the extent of breakdown of primary care and assumed to be related to poverty and the impact of HIV/AIDS.
  - Most physically abused children requiring hospital treatment are under the age of 5 years, and more than half are boys.

- The perpetrators of child abuse are typically male and someone known to the child – often the child's father or the mother's partner. Most assaults occur in the child's home.
- There appears to be an upward trend in reports of sexual assaults on children under 13 years as reported to health facilities.

According to Census 2001 approximately 556 650 children in the province live in household that can be classified as poor, namely with household income of less than R1 600 per month. This lack of resources has a significant impact on the quality of care received by children. Of these households, approximately 410 000 are in receipt of a Child Support Grant.

Reliable data regarding the number of orphaned children in the Western Cape is not readily available. However, socio-demographic projections as contained in the Actuarial Society of South Africa (ASSA) model suggest that the number of maternal orphans will increase from 51475 in 2001 to 143979 in 2017. AIDS orphans will increase by 5152 to 104 780 by 2017. This is an increase of 99 628 in 16 years, or 6,226 orphans per year.

All of these factors combine to place children at enormous risk and challenges the department to adopt a multi-faceted collaborative approach in which communities play a central role.

*This sub-programme is linked to Sub-programme 2.10: Families as part of the eight integrated key programmes of the department and hence shares the same strategic goals and objectives.*



TABLE 17 SUB-PROGRAMME 2.6. CHILD CARE AND PROTECTION SERVICES

Strategic Goal	Strategic Objective	Measurable Objective
To have resilient, optimally functioning families and communities that care for protect and develop children appropriately	<b>Awareness and Prevention</b> Children, families, care givers and communities are aware of their rights and responsibilities and the services available to strengthen and support them	21. To ensure the provision of information through an annual campaign in all 16 districts that promotes awareness of rights and responsibilities, statutory requirements, government's agenda, services available for protecting children and families as well as how to access these by March 2017.
	<b>Early Intervention</b> At risk children and families are identified early and assisted before they require in depth interventions or statutory services	22. To annually facilitate policy education and training workshops that promote prevention and enable individuals and families to make informed choices that can lead to positive behaviour change by March 2017.
	<b>Statutory</b> Statutory and residential services that comply with provisions, protocols, minimum standards and government agenda are provided for children and families	23. To have appropriate, protectible and developmental programmes and services for children, families at risk available in all 16 districts by March 2017
	<b>Reintegration</b> A network of after care support structures and services that assist children, families and victims of crime and violence to maintain their level of reconnection	24. To ensure services are appropriate and comply with legislative prescripts and minimum norms and standards in 16 districts by March 2017 25. To ensure that all 16 district offices are recording child abuse and protection cases in compliance with the Children's Act by March 2009
		26. To facilitate the provision of after care support services that promote reintegration in all 16 districts by 2017.





## PART B BUDGET PROGRAMME AND SUB-PROGRAMME PLANS

TABLE 18 SUB-PROGRAMME 26. PERFORMANCE MEASURES

Measurable Objective	Performance Measure	2006/07	2007/08	2008/09 Target	2009/2010	2010/2011
21. To ensure the provision of information through an annual campaign in all 16 districts that promotes rights and essential skills, and essential requirements of government's agenda, services available for protecting children and families as well as how to access them by March 2017.	Number of awareness campaigns: a) International Children's day b) 16 days of women and child abuse c) Child Protection month d) Community dialogues e) Calendar of events for districts child protection month programmes Number of districts			Quarter 1 Child Protection month - 16 districts and 8 facilities Community dialogues in 16 districts and 8 facilities Quarter 2 Community dialogues in Beaufort West and Kuyvelistha districts Quarter 3 International Children's day - 16 districts and 8 facilities Quarter 4 Community dialogues in Vederndal, and Guqulethu districts	Child Protection month International Children's day 16 days of activism against women and child abuse	Child Protection month International Children's day 16 days of activism against women and child abuse
22. To annually facilitate policy training workshops and seminars for protection and enable individuals and families to make informed choices that can lead to positive behaviour change by March 2017.	Number of policy education specialised seminars Number of policy education and training workshops Number of Training workshops Policy education toolkit: a) Pamphlets b) Informational video Number of persons reached	1 specialised seminar 3 training workshops for 150 persons (NPOs and departmental staff)	Quarter 1-4 1 specialised seminar for 50 persons 2 training workshops for 100 persons (NPOs and departmental staff) 300 000 pamphlets distributed to NPO, 16 districts and 8 facilities Information video per district - 16 districts and 8 facilities Second Quarter 1 ECD Conference 3 training workshops for 100 persons NPO and departmental staff Third Quarter 1 specialised seminar for 50 persons Fourth Quarter 1 specialised seminar for 50 persons	Refresher training for 200 persons		

TABLE 18 (Continued)

Measurable Objective	Performance Measure	2006/07	2007/08	2008/09 Target	2009/2010	2010/2011
23. To have supportive and developmental programmes and services for children, families at risk available in all 16 districts by March 2017	Number of supportive, functional networks and developmental services a) 24 hour child abuse protocol in all 16 district office areas b) Safety parents in Beaufort West, Matieland, and Murrumbidgee (early intervention services for children in Deit) c) Early intervention services for children in Deit programmes in 16 districts d) After school programmes in 16 districts e) Children in ECD programs f) ECD assistants trained in collaboration with WCED g) ECD centres established h) ECD practitioners identified for WCED leadership programme i) Identification tool design			Quarter 1 - 4 24 safe homes/ safe parents recruited/exist and supported in identified priority areas (Kuyvelistha, Guqulethu, Nyanga, Hanover Park, Murrumbidgee, Matieland, Murrumbidgee, Matieland, Murrumbidgee) 2 early intervention services for children in Deit programme First Quarter 7/125 children in ECD programmes identified and trained to assist ECD services 1000 practitioners identified for WCED leadership programme 24 hour child abuse protocol in Erste, Afton, Vederndal, Wynberg, Guqulethu Second Quarter 72500 children in ECD programmes identified for WCED leadership programme in Beaufort West, Matieland, Murrumbidgee Third Quarter 73750 children in ECD programmes identified for WCED leadership programme in Beaufort West, Matieland, Murrumbidgee Fourth Quarter 75000 children in ECD programmes identified for WCED leadership programme in Beaufort West, Matieland, Murrumbidgee	24 hour child abuse protocol in all 16 districts 136 safe homes/ safe parents recruited/exist and supported in identified priority areas (Murrumbidgee, Matieland, Murrumbidgee, Matieland, Murrumbidgee) 2 after school intervention services in two districts office areas 2 early intervention services for children in Deit, 800 children in ECD programmes identified and trained to assist ECD centres 1000 practitioners identified for WCED leadership programme 24 hour child abuse protocol in the central Erste and Guqulethu areas 2 early intervention services for children in Deit, 85 000 children in ECD programmes identified and trained to assist ECD centres 2 enrichment centres developed in the central Erste area in Erste River 1000 practitioners identified for WCED leadership programme 2 early intervention services for children in Deit, 85 000 children in ECD programmes identified and trained to assist ECD centres 2 enrichment centres developed in the central Erste area in Erste River 1000 practitioners identified for WCED leadership programme 2 early intervention services for children in Deit, 85 000 children in ECD programmes identified and trained to assist ECD centres	24 hour child abuse protocol in all 16 districts 136 safe homes/ safe parents recruited/exist and supported in identified priority areas (Murrumbidgee, Matieland, Murrumbidgee, Matieland, Murrumbidgee) 2 after school intervention services in two districts office areas 2 early intervention services for children in Deit, 85 000 children in ECD programmes identified and trained to assist ECD centres 2 enrichment centres developed in the central Erste area in Erste River 1000 practitioners identified for WCED leadership programme 2 early intervention services for children in Deit, 85 000 children in ECD programmes identified and trained to assist ECD centres







# PART B

## BUDGET PROGRAMME AND SUB-PROGRAMME PLANS

TABLE 18 (Continued)

Measurable Objective	Performance Measure	2006/07	2007/08	2008/09 Target	2009/2010	2010/2011
25. To ensure that all 16 district offices are recording and reporting child abuse and protection cases in compliance with the Children's Act by March 2009	Number of after school care (ASC) centres that meet minimum norms and standards and are registered in 16 district offices focusing on the 21 priority areas		Training of district offices on web based CPPI	<b>First Quarter</b> 8 ASC sites registered <b>Second Quarter</b> 8 ASC sites registered <b>Third Quarter</b> 8 ASC sites registered <b>Fourth Quarter</b> 8 ASC sites registered	<b>First Quarter</b> 8 ASC sites registered <b>Second Quarter</b> 8 ASC sites registered <b>Third Quarter</b> 8 ASC sites registered <b>Fourth Quarter</b> 8 Sites registered	<b>First Quarter</b> 8 ASC sites registered <b>Second Quarter</b> 8 ASC sites registered <b>Third Quarter</b> 8 ASC sites registered <b>Fourth Quarter</b> 8 Sites registered
26. To facilitate the provision of after care support services to children and reintegrating by March 2017	Number of collaborative services and functional services available to children and families that have been established/strengthened			<b>Third Quarter</b> Establish/strengthen 1 service in Cape Town district office <b>Fourth Quarter</b> 4 district offices are recording reported cases of child abuse and neglect <b>Third Quarter</b> 4 district offices are recording reported cases of child abuse and neglect <b>Fourth Quarter</b> 4 district offices are recording reported cases of child abuse and neglect	<b>Third Quarter</b> Establish/strengthen 1 service in Deaulort West district office <b>Fourth Quarter</b> Establish/strengthen 1 service in Calcuton district office	<b>Third Quarter</b> Establish/strengthen 1 service in Calcuton district office

TABLE 19

Key Area	Data elements	Annual Target
Social services organizations providing services to child care and protection	Number of Government funded NPOs delivering child care and protection services	192
	Number of children's homes run by Government	Nil
	Number of registered and funded children's homes managed by NPOs	38
	Number of places of safety run by Government	4
	Number of registered and funded places of safety managed by NPOs	Nil
	Number of shelters run by Government	Nil
	Number of registered and funded shelters managed by NPOs	9
	Number of registered and funded drop in centers managed by NPOs	12
	Number of children in children's homes run by Government	Nil
	Number of children in registered and funded children's homes managed by NPOs	2105
Utilisation of facilities for child care and protection	Number of children in registered and funded drop in centers managed by NPOs	Nil
	Number of children in registered and funded drop in centers managed by NPOs	660
	Number of children with disabilities accessing facilities run by Government	Not disaggregated
	Number of children with disabilities accessing registered and funded facilities managed by NPOs	Not disaggregated
	Number of children in Government residential facilities referred to specialized services	
	Number of children in registered and funded NPO residential facilities referred to specialized services	
	Number of children receiving Government services within the community referred to specialized services	
	Number of children receiving registered and funded NPO services within the community referred to specialized services	
	Number of children who died in residential facilities run by Government	
	Number of children who died in registered and funded residential facilities managed by NPOs	
Human resource capacity available for child care and protection services	Number of Practitioners employed in shelters run by Government	Nil
	Number of practitioners employed in registered and funded shelters managed by NPOs	
	Number of practitioners employed in residential facilities run by Government	
	Number of practitioners employed in registered and funded residential facilities managed by NPOs	
	Number of practitioners employed by Government to render child care and protection services within the community	516 social workers To target 70 Social Auxiliary workers
	Number of practitioners employed by registered and funded NPOs to render child care and protection services within the community	1216



## PART B BUDGET PROGRAMME AND SUB-PROGRAMME PLANS

TABLE 19 (Continued)

Key Area	Data elements	Annual Target
Training of practitioners delivering a service to child care and protection	Number of Government practitioners delivering a service on child care and protection that received training	965 trained in 2007/2008 350 to be trained
	Number of NPO practitioners delivering a service on child care and protection that received training	350
Programmes implemented for child care and protection	Number of volunteers delivering a service on child care and protection that received training	350
	Number of child care and protection programs implemented by Government funded NPOs	

TABLE 20

	Quarter 1 Target	Quarter 2 Target	Quarter 3 Target	Quarter 4 Target	Annual Target	
Prevalence and incidence of abuse, neglect, exploitation, orphanhood and abandonment	Number of reported cases of child abuse (including deliberate neglect, exploitation and abandonment)	1260	1260	1260	1260	5 040
	Number of reported cases of child neglect					
	Number of reported cases of child exploitation					
	Number of reported cases of orphaned children abandoned					
	Number of reported cases of children with disabilities who have suffered abuse, neglect, exploitation, orphanhood and abandonment					
Foster Care and Adoptions	Number of children placed in foster care by Government (including NPOs)					31 500
	Number of children adopted					800
Early/Childhood Development sites	Number of ECD sites run by Government	0	0	0	0	0
	Number of registered ECD sites managed by NPOs	966	1014	1074	1134	1134
	Number of registered and funded ECD sites managed by NPOs	966	1014	1074	1134	1134
	Number of children registered in ECD sites run by Government	0	0	0	0	0
	Number of children registered in funded and registered ECD sites managed by NPOs	66949	67869	70269	72669	72669
	Number of ECD practitioners who received training	1000	1000	1000	1000	1000
	Number of ECD volunteers who received training	N/A	N/A	N/A	N/A	N/A
	Number of children in ECD sites that receive Government subsidies	51606	53142	55062	56982	56982
	Number of practitioners employed to render ECD services by Government	0	0	0	0	0
	Number of practitioners employed to render ECD services by NPOs	N/A	N/A	N/A	N/A	N/A

### 10.6. SUB-PROGRAMME 2.7. VICTIM EMPOWERMENT

#### SITUATIONAL ANALYSIS

South Africa's victim empowerment approach is based upon the concept of restorative justice. This concept advocates a victim-centred approach to criminal justice. Internationally, the trend over the past decade has been to promote a victim-centred approach to criminal justice (United Nations Manual 1997: 3 and Feeves 1994: 1-3). Whereas in the past the focus may have been on the progress of the perpetrator through the system, the current focus is on serving the needs of the victim. Wherever this has been put into practice internationally it has inevitably resulted in a reduction of victimisation, while simultaneously improving service standards in the system. "It has been argued that the victim has moved from being a forgotten actor to a key player in the criminal justice system" (Zedner 1997).

A victim-centred approach, with strong emphasis on service delivery to victims promotes the reduction of secondary victimisation and improved co-operation with the criminal justice process. Socially desirable behaviour is reinforced and offenders and potential offenders are deterred.

*This sub-programme is linked to Sub-programme 2.6: Child Care and Protection and Sub-programme 2.10: Families and hence shares the same strategic objectives. However, the measurable objectives for Victim Empowerment can be implemented in all eight integrated key programmes of the department.*

TABLE 21 SUB-PROGRAMME 2.7. VICTIM EMPOWERMENT

Strategic Goal	Strategic Objective	Measurable Objective
To have resilient, optimally functioning families and communities that care for, protect and develop children appropriately	<b>Awareness and Prevention</b> Children, families, care givers and communities are aware of their rights and responsibilities and the services available to strengthen and support them	27. To provide leadership and facilitate an awareness raising strategy for the sector to ensure a collaborative and integrated approach for victim empowerment by March 2017
	<b>Early Intervention</b> At risk children and families are identified early and assisted before they require in depth interventions or statutory services	28. To annually facilitate policy, education and training workshops that promotes awareness and prevention and enable victims of crime and violence, their families and communities, to help them make informed choices that can lead to positive behavior change in 16 districts by 2017.
	<b>Statutory</b> Statutory and residential services that comply with statutory provisions, protocols, minimum standards and government agendas are provided for children and families	29. To have supportive and protective services for victims of crime and violence in all 16 districts by 2017
<b>Reintegration</b> A network of after care support structures and services that assist children, families and victims of crime and violence to maintain their level of reconnection	30. To ensure services and interventions are appropriate and comply with legislative prescripts and minimum norms and standards in 16 districts by 2017	
		31. To facilitate the provision of after care support structures and services in all 16 districts by 2017.

The development of the Integrated Victim Empowerment Policy is directly related to this concept. It acknowledges the importance of victims and all stakeholders, both public and private in the delivery of services to victims. The policy document serves as a point of reference for all stakeholders regarding the establishment, development, delivery and nature of victim empowerment benefits and services. It serves as a framework to facilitate the establishment of partnerships for multidisciplinary integrated, effective and efficient service delivery to victims. The Policy uses the definition of victim as contained in South Africa's Service Charter for Victims of Crime, 2004. Victim is defined as a person who has suffered harm, including physical or mental injury; emotional suffering; economic loss or substantial impairment of his or her fundamental rights, through acts or omissions that are in violation of the criminal law. Victim includes, where appropriate, the immediate family or dependents of a direct victim.

The approach of the victim empowerment programme (VEP) is strongly based on building and maintaining partnership between government and Civil Society Organisations, volunteers, business, academics and research institutions and much of the implementation is done in partnerships.



# PART B

## BUDGET PROGRAMME AND SUB-PROGRAMME PLANS

TABLE 22 SUB-PROGRAMME 2.7. PERFORMANCE MEASURES

Measurable Objective	Performance Measure	2006/07	2007/08	2008/09 Target	2009/2010	2010/2011
27. To provide leadership and guidance in the business raising strategy for the sector to ensure a collaborative and integrated approach for victim empowerment by March 2017	Number of campaigns/workshops: a) 16 Days of Activism programmes b) Awareness programmes in respect of the department's Anti-Rape Strategy in 16 district office areas c) 10 years celebration of victim empowerment programme (2009) d) Awareness programmes in respect of hate crimes	Stop the Bus Anti-Rape Campaign in 6 rural areas 16 Days of Activism programmes in 16 district office areas	4 rural networks established to address rape 1 Awareness campaign in respect of Anti-Rape Strategy in Athlone; Cape Town; Bellville; Vredendal 1 Awareness programme in 3 districts: Gugulethu, Kroyellitha Kroyellitha	1 awareness programme in respect of the department's Anti-Rape Strategy in 16 district office areas	16 Days of Activism programmes in 16 district office areas	1 awareness programme in respect of the department's Anti-Rape Strategy in 16 district office areas

TABLE 22 (Continued)

Measurable Objective	Performance Measure	2006/07	2007/08	2008/09 Target	2009/2010	2010/2011
28. To annually facilitate policy education and training workshops that promote prevention and enable victims of crime and violence, their families and communities, to help them make informed choices that can lead to positive behaviour change in districts by 2017.	Number of workshop on: a) Domestic Violence and Rape b) Service Charter c) Minimum Standards for Victims d) VEP Policy and Minimum Standards for Victims	1 three-day workshop on Domestic Violence and Rape in 16 districts 1 three-day workshop on Domestic Violence and Rape in Beaufort West	<b>Third Quarter</b> 4 three-day workshops on Domestic Violence and Rape: 1 in Districts in: Districts will be clustered: (1) Oudshoorn and George; (2) Vredendal and Vredenburg; (3) Athlone, Wynberg and Cape Town (4) Bellville, Ersie River; Paarl	<b>First Quarter</b> 2 three-day workshops on Domestic Violence and Rape in 30 persons per workshop 4 one-day workshops on Service Charter and related Minimum Standards: 30 persons per workshop; Districts in: Bellville and Ersie River; (2) Kroyellitha and Mitchells Plain; (3) Vredendal and Caledon and Worcester	2 Follow-up refresher workshops on Domestic Violence and Rape reacting on persons per workshop 2 Follow-up refresher workshops on the Service Charter reacting on 30 persons per workshop	2 Follow-up refresher workshops on Domestic Violence and Rape reacting on persons per workshop 2 Follow-up refresher workshops on the Service Charter reacting on 30 persons per workshop





## PART B BUDGET PROGRAMME AND SUB-PROGRAMME PLANS

TABLE 22 (Continued)

Measurable Objective	Performance Measure	2006/07	2007/08	2008/09 Target	2009/2010	2010/2011
29. To have supportive and protective services for victims of violence in all 16 districts by March 2017	Number of new shelters/One Stop Centres established		One – Stop Centre in Mitchell's Plan in partnership with United Nations Office on Drugs and Crime (UNODC)	First Quarter Mitchell's Plan One Stop Centre operations commenced	Site for 1 rural shelter identified.	Site for 1 rural shelter identified.
30. Ensure services and interventions comply with legislative prescripts and minimum standards in 16 districts by 2017	Number of NPOs and Shelters that comply with Minimum Standard for Service Delivery		2 Perpetrator programme including 60 perpetrators. 1 Metro-programme and 1 programme at the One Stop Centre in Mitchell's Plan.	Quarter 1 – 4 Registered NPOs and 1 shelters comply	15 monitoring and evaluation assessments per quarter	15 monitoring and evaluation assessments per quarter
31. To facilitate the provision of support structures and services that promote reintegration by March 2017	Number of Victim Support programmes – Government and NPOs		2 Perpetrator programme including 60 perpetrators. 1 Metro-programme and 1 programme at the One Stop Centre in Mitchell's Plan.	First Quarter 1 Victim Support programme per District Office	Facilitate 1 perpetrator programme in 16 district office areas	Facilitate 1 perpetrator programme in 16 District Office areas
	Number of district programmes for the Victims-offender mediation programme is available		Community Healing programme implemented in Vuygrond	Second Quarter Perpetrator programmes in Cape Town, Bellville, Athlone, and Vredendal	Facilitate Victim-Offender mediation programmes in 4 districts	Facilitate Victim-Offender mediation programmes in 4 districts
				Third Quarter Facilitate Victim-Offender mediation programmes in Bellville, Athlone, Cape Town, and Vredendal District Office areas		

TABLE 23

Key Area	Data elements	Annual Target
Social service organizations providing services for victim empowerment	Number of Government funded NPOs delivering services for victim empowerment	4
	Number of shelters for domestic violence run by Government	Nil
	Number of registered and funded shelters for domestic violence managed by NPOs	11
Utilisation of facilities for victim empowerment	Number of adults residing in shelters for domestic violence run by Government	Nil
	Number of adults residing in registered and funded shelters for domestic violence managed by NPOs	317
	Number of children residing in shelters for domestic violence run by Government	Nil
Access to victim empowerment services	Number of adults with disabilities residing in shelters for domestic violence run by Government	Stats not disaggregated
	Number of adults with disabilities residing in shelters for domestic violence managed by NPOs	Nil
	Number of victims participating in programs within shelters for domestic violence managed by registered and funded NPOs	317
Human resource capacity available for victim empowerment	Number of counsellors working in shelters for domestic violence run by Government	Nil
	Number of counsellors working in shelters for domestic violence managed by NPOs	
	Number of victim empowerment practitioners employed by Government who received training	Stats not disaggregated
Training of practitioners in victim empowerment	Number of victim empowerment practitioners employed by registered and funded NPOs who received training	
	Number of victim empowerment volunteers who received training	
	Number of victim empowerment practitioners employed by Government who received training	

TABLE 24

Key Area	Data Elements	Quarter 1 Target	Quarter 2 Target	Quarter 3 Target	Quarter 4 Target	Annual Target
		Access to victim empowerment services	Nil	Nil	Nil	Nil
Number of victims residing in Government shelters for domestic violence who received counselling	Number of victims residing in registered and funded NPO shelters for domestic violence who received counselling	317	317	317	317	317
	Number of victims of domestic violence in the community who received counselling by Government	Nil	Nil	Nil	Nil	Nil
Number of victims of domestic violence in the community who received counselling by registered and funded NPOs	Number of victims of domestic violence in the community who received counselling by registered and funded NPOs	N/A	N/A	N/A	N/A	N/A

## PART B BUDGET PROGRAMME AND SUB-PROGRAMME PLANS

### 10.7. SUB-PROGRAMME 2.8. HIV/AIDS

#### SITUATIONAL ANALYSIS

The HIV epidemic in South Africa is showing no signs of abating and in terms of its scale, it remains one of the largest epidemics in the world. Whilst the epidemic is said to be levelling off at country level, the levels of infection remain high, with a reported HIV prevalence of 30.2 % amongst women attending HIV antenatal in 2005 (Department of Health 2006). Temporal trends data from the HIV antenatal surveys show that the epidemic is heterogeneous both at country and provincial levels (Shaikh et. al 2006). Wide variations in HIV prevalence exists at the provincial level, with KZN reporting the highest HIV prevalence at 40.2% and the Western Cape the lowest at 15.7% in 2005. In 2006 the Western Cape's prevalence stood at 15.1 percent, while area level surveys reported HIV prevalence ranging from 4 percent in Klein Karoo to 33 percent in Kreygellsha. According to Sheikh (2007), these findings demonstrate that the diversity of the epidemic at local levels is an important consideration for resource allocation and programme delivery at district level. The findings also highlight the need to tailor interventions and programmes to the local situation, focusing on the local context in terms of locally relevant groups, new infections, sexual networks and risk behavior. Given that the epidemic in the Western Cape Province is relatively less matured than epidemics in other provinces of South Africa, this province has an opportunity to halt the epidemic through intensive preventative strategies and behavioral change programmes.

Apart from geographic diversity, Sheikh (2007) also alludes to the fact that there is variation in HIV prevalence by gender and age. A survey of national households by HSHC reveals that women comprised 55 percent of the HIV positive population, with young women aged 25-29 years old the most severely affected at 33 percent. Younger women show higher levels of infection compared to males of the same age. Although antenatal prevalence appears to be leveling off among youth, prevalence is increasing dramatically among older people

The implications of the above trends are that as the

prevalence of the HIV/AIDS epidemic deepens social disintegration increases and therefore the state is increasingly required to ensure that the care and support of the vulnerable is provided. There is a concern that infected and affected people could become dependent on state support in the form of grants. It is critical that the HIV/AIDS programme promotes a self-reliant life style.

It is clear that different stages of the disease require different interventions. This means that the strategy needs a multi pronged approach to address awareness & prevention, early intervention, statutory and reintegration.

Currently the resources available are insufficient to meet the growing needs of the communities. In addition, many people still do not have access to information and support which could help them deal with the social impacts of HIV/AIDS more effectively. There is a need to develop a strong network of service providers that collaborate and implement effective, integrated services. In order to do this, home community based care (HOBCC) organizations also need support and capacity building.

There is a dilemma. We do not want to label vulnerable children as HIV/AIDS orphaned and vulnerable children (OVCs) because we need to address the needs of all children. However HIV/AIDS OVCs have special needs and currently there is no clear definition of who would fit into this category. All at risk children, families and youth need to be identified and their needs analysed and appropriate support ensured.

The psychosocial impact of HIV/AIDS is currently under addressed. In future all interventions need to have a plan to provide psychosocial support along with their other services.

It is established that the HIV epidemic in South Africa is spread predominantly through unprotected sexual intercourse. However other modes of transmission include mother to child, exposure to blood and blood products. In the Western Cape, it is evident that the diversity of the HIV epidemic closely mirrors wide disparities within the province with regard to a range of factors from socio economic status, unemployment rates, and poverty levels.

All priority areas are covered through the 85 funded organisations in HOBCC that operate in the identified communities.

TABLE 25 SUB-PROGRAMME 2.8. HIV/AIDS

Strategic Goal	Strategic Objective	Measurable Objective
To have promoted an optimal quality of life for those infected and affected by HIV/AIDS through the provision of appropriate services	<b>Awareness and prevention</b> Society has access to reliable, up to date information on HIV/AIDS as well as awareness on social development policies, programmes and services for HIV/AIDS affected by HIV/AIDS	32. Facilitate an annual awareness raising strategy in collaboration with other government departments for members of the public and other service providers by March 2017.
	<b>Early intervention</b> Children and families at risk of HIV/AIDS are identified early and provided with a range of developmental and therapeutic programs and services	33. Ensure that members of the public in all 16 districts are able to make informed choices by utilizing social development programmes that strengthen positive behaviour change regarding HIV/AIDS and sexually related issues by March 2017.
	<b>Statutory</b> All AIDS infected individuals below prescribed CD4 count levels and orphans and vulnerable children (OVCs) receive adequate social assistance or statutory services	34. Children, youth and families at risk are connected with/ referred to programmes that promote healthy lifestyles and reduce HIV/AIDS prevalence in 16 districts by March 2017.
	<b>Reintegration</b> Aid care and support services provided for orphans and vulnerable children (OVCs) allows them to remain in their families and community whenever possible	35. To ensure that child headed households, children, youth and families infected and affected by HIV/AIDS have access to a range of social development services and comply with legislative prescriptions and minimum standards by March 2017.
		36. Sustainable community based social support programmes that promote reintegration affected by HIV/AIDS are in place in all 16 districts by March 2017.

TABLE 26 SUB-PROGRAMME 2.8. PERFORMANCE MEASURES

Measurable Objective	Performance Measure	2006/07	2007/08	2008/09 Target	2009/2010	2010/2011
32. To facilitate an annual awareness raising strategy in collaboration with other government departments for members of the public and other service providers by March 2017	Number of awareness events: a) Collaborative workshops / campaigns b) Material distributed c) Campaigns held		Training of 16 district offices, 100 members of the department and 75 service providers	<b>First Quarter</b> Two awareness workshops in 16 districts. 1 workshop with HIV/AIDS Coordinators in facilities and districts. <b>Second Quarter</b> Two awareness workshops in 16 districts. 20 000 pamphlets distributed. 1 workshop with HIV/AIDS Coordinators in facilities and districts. <b>Third Quarter</b> 3 capacity building workshops with funded organisations	<b>First Quarter</b> Three awareness workshops in 16 districts. 1 workshop with HIV/AIDS Coordinators in facilities and districts. <b>Second Quarter</b> Two awareness workshops in 16 districts. 20 000 pamphlets distributed. 1 workshop with HIV/AIDS Coordinators in facilities and districts. <b>Third Quarter</b> 2 capacity building workshops with funded organisations.	<b>First Quarter</b> Two awareness workshops in 16 districts. 1 workshop with HIV/AIDS Coordinators in facilities and districts. <b>Second Quarter</b> Two awareness workshops in 16 districts. 20 000 pamphlets distributed. 1 workshop with HIV/AIDS Coordinators in facilities and districts. <b>Third Quarter</b> 1 capacity building workshops with funded organisations.







# PART B

## BUDGET PROGRAMME AND SUB-PROGRAMME PLANS

TABLE 22 (Continued)

Measurable Objective	Performance Measure	2006/07	2007/08	2008/09 Target	2009/2010	2010/2011
36. Sustainable community based support services in places in all 16 districts by March 2017.	Number of collaborative support groups in each municipal ward Number of circle of support groups Number of collaborative child care hours		Quarter 1,2,3,4 One support group for each municipal ward 2 circle of support groups for children in each ward One childcare forum in each ward.	Quarter 1,2,3,4 2 support group for each municipal ward 4 circle of support groups for children in each ward One childcare forum in each ward.	Quarter 1,2,3,4 4 support group for each municipal ward 8 circle of support groups for children in each ward One childcare forum in each ward.	Quarter 1,2,3,4 6 support group for each municipal ward 12 circle of support groups for children in each ward One childcare forum in each ward.
			Fourth Quarter 48 600 Food parcels 20 000 Counselling 16 Capacity building workshops 45 Food gardens receiving Material support 40 Income generation projects Annual assessment of all NPOs who apply for funding - 2 progress reports (funded organizations and services) per annum	Fourth Quarter 12 650 Food parcels 6 250 Counselling 32 Capacity building workshops 45 Food gardens receiving Material support 50 Income generation projects Annual assessment of all NPOs who apply for funding - 2 progress reports (funded organizations and services) per annum	Fourth Quarter 13 500 Food parcels 7 500 Counselling 32 capacity building workshops 50 Food gardens receiving Material support 50 Income generation projects Annual assessment of all NPOs who apply for funding - 2 progress reports (funded organizations and services) per annum	Fourth Quarter 13 500 Food parcels 7 500 Counselling 32 capacity building workshops 50 Food gardens receiving Material support 50 Income generation projects Annual assessment of all NPOs who apply for funding - 2 progress reports (funded organizations and services) per annum

TABLE 27

Key Area	Data elements	Annual Target
HCBC organizations providing care and support services	Number of HCBC organizations providing care and support services to OVC, CHH and families	85
	Number of HCBC organizations involved in IEC	70
	Number of HCBC organizations involved in community mobilization	70
	Number of HCBC organizations that have an income generating component	45
	Number of HCBC organizations that have support groups linked to them	85
Human resource capacity available for care and support services in HCBC organizations	Number of community care givers tendering care and support services in HCBC organizations	800
	Number of care givers trained on HCBC	650
Training of community care givers on HCBC	Number of childcare forums for HIV and Aids established	16
	Number of coordinating structures for HIV and Aids established	16
Supporting structures for care and support	Number of coordinating structures for HIV and Aids established	16
	Number of active support groups for HIV and Aids	85

TABLE 28

Key Area	Data Elements	Quarter 1 Target	Quarter 2 Target	Quarter 3 Target	Quarter 4 Target	Annual Target
Access to care and support services from HCBC	Number of beneficiaries receiving food parcels from HCBC organizations	4200	4200	4200	4200	16800
	Number of beneficiaries receiving school uniforms from HCBC organizations	437,50	437,50	437,50	437,50	1750
	Number of beneficiaries receiving cooked meals from HCBC organizations	1800	1800	1800	1800	7200
	Number of beneficiaries receiving anti-retrovirals supported with food supplements from HCBC organizations	400	400	400	400	1600
	Number of OVC referred to alternative care by HCBC organizations	50	50	50	50	200
	Number of OVC referred to social grants by HCBC organizations	175	175	175	175	700
	Number of OVC referred to therapy and specialized counselling by HCBC organizations	850	850	850	850	3400
	Number of OVC referred to primary health clinics by HCBC organizations	175	175	175	175	700
	Number of OVC receiving services from HCBC organizations	1700	1700	1700	1700	6800
	Number of older persons receiving services from HCBC organizations	850	850	850	850	3400
	Number of families receiving services from HCBC organizations	1700	1700	1700	1700	6800
	Number of child headed households receiving services from HCBC organizations	150	150	150	150	600
	Human resource capacity available for care and support services in HCBC organisations	Number of home visits made by HCBC community care givers Number of HCBC community caregivers receiving a stipend	33250 325	33250 423	33250 549	33250 650





## PART B BUDGET PROGRAMME AND SUB-PROGRAMME PLANS

### 10.8. SUB-PROGRAMME 2.9 SOCIAL RELIEF

The Western Cape Province is characterized by a wide range of disasters such as fires in informal settlements, veldt fires, floods on the Cape Flats as well as widespread river flooding and droughts. The impact of climate change appears to exacerbate the problem as was evidenced by a series of floods in De Doorns and Touws River in 2002, as well as Montagu, Robertson and Swellendam in 2003. In 2007, the Southern Cape experienced excessive rainfall and flooding which displaced 3 800 people. What is clear is that the achievement of the Ikapa eluhlanayo priorities will be severely compromised if all spheres of government do not decisively address the risks and disasters that communities, especially poorer communities, face on a daily basis. The macro risk and vulnerability assessment study conducted by two universities (Cape Town and Free State) have enabled this province to identify its high-risk areas.

The most disaster prone areas are in the metropolitan areas of Cape Town. In the 2006/07 financial year, there were 153 disaster incidents within the Metro. 857 claims of social relief of distress and approximately 3 564 persons displaced and assisted with temporary relief by the Department of Social Development. Within the Metro the areas most prone to (fire) disasters are Joe Slovo (Langal, Maspurhnele Fish Hoek), Site C (Kraaielitsha), Freedom Park (Philippi) and Kosovo (Mitchell's Plain).

The establishment of the Provincial Disaster Management Centre represents a multi-disciplinary, multi-sectoral approach to disaster management, informed by information provided by the integrated disaster management information system. The focus is on awareness, training and education, mitigation, preparedness and disaster recovery.

*This Sub-programme is linked to Sub-programme 3.3, Sustainable Livelihood and hence shares the same strategic objectives*

TABLE 29 SUB-PROGRAMME 2.9. SOCIAL RELIEF

Strategic Goal	Strategic Objective	Measurable Objective
To have integrated development programmes that facilitate empowerment of communities towards sustainable livelihood	<b>Awareness and Prevention</b> Poor people and households have access to information about services and how to access them	37. To annually facilitate policy education and training workshops that promote prevention and enable individuals to make informed choices that lead to positive behaviour change by March 2017
	<b>Early Intervention</b> An enabling environment is created to assist at risk communities to deal with disasters	38. To facilitate disaster mitigation programmes in identified disaster-prone areas by 31 March 2017
	<b>Statutory</b> All social relief services comply with statutory requirements and prescripts	39. To ensure a uniform, rapid and appropriate response to victims of disasters throughout the province that complies with national guidelines by 31 March 2017
	<b>Reintegration</b> People who have been affected by disasters are assisted so that they can rebuild their lives	40. To render an appropriate after care response to victims of disasters throughout the province by 31 March 2017

TABLE 30 SUB-PROGRAMME 2.9. PERFORMANCE MEASURES

Measurable Objective	Performance Measure	2006/07	2007/08	2008/09 Target	2009/2010	2010/2011
37. To annually facilitate policy education and training workshops that promote prevention and enable individuals to make informed choices that lead to positive behaviour change by March 2017	Number of awareness programmes	Two awareness programmes	Four awareness programmes	Four awareness programmes	Four awareness programmes	Four awareness programmes
38. To facilitate disaster mitigation programmes in identified disaster-prone areas by 31 March 2017	Number of disaster prone areas identified for mitigation programmes	Number of disaster prone areas identified for mitigation programmes	Number of disaster prone areas identified for mitigation programmes	Number of disaster prone areas identified for mitigation programmes	Number of disaster prone areas identified for mitigation programmes	Number of disaster prone areas identified for mitigation programmes
39. To ensure a uniform, rapid and appropriate response to victims of disasters throughout the province that complies with national guidelines by 31 March 2017	Number of services conducted: • Temporary accommodation • Material assistance (food, clothing, building materials) and blankets) • Counselling • Facilitate payments to beneficiaries and service providers • Funeral costs • Response time to disaster	Number of services conducted: • Temporary accommodation • Material assistance (food, clothing, building materials) and blankets) • Counselling • Facilitate payments to beneficiaries and service providers • Funeral costs • Response time to disaster	Number of services conducted: • Temporary accommodation • Material assistance (food, clothing, building materials) and blankets) • Counselling • Facilitate payments to beneficiaries and service providers • Funeral costs • Response time to disaster	Number of services conducted: • Temporary accommodation • Material assistance (food, clothing, building materials) and blankets) • Counselling • Facilitate payments to beneficiaries and service providers • Funeral costs • Response time to disaster	Number of services conducted: • Temporary accommodation • Material assistance (food, clothing, building materials) and blankets) • Counselling • Facilitate payments to beneficiaries and service providers • Funeral costs • Response time to disaster	Number of services conducted: • Temporary accommodation • Material assistance (food, clothing, building materials) and blankets) • Counselling • Facilitate payments to beneficiaries and service providers • Funeral costs • Response time to disaster
40. To render an appropriate after care response to victims of disasters throughout the province by 31 March 2017	Number of after-care services • Skills development • Counselling services	Number of after-care services • Skills development • Counselling services	Number of after-care services • Skills development • Counselling services	Number of after-care services • Skills development • Counselling services	Number of after-care services • Skills development • Counselling services	Number of after-care services • Skills development • Counselling services

TABLE 31

Key Area	Data Elements	Quarter 1 Target	Quarter 2 Target	Quarter 3 Target	Quarter 4 Target	Annual Target
Access to social relief services	Number of social relief applications approved	1432	490	792	237	
	Number of social relief applicants that were referred to a social worker					



## PART B BUDGET PROGRAMME AND SUB-PROGRAMME PLANS

### 10.9. SUB-PROGRAMME 2.10. CARE AND SUPPORT SERVICES TO FAMILIES

#### SITUATIONAL ANALYSIS

The purpose of the programme is to facilitate resilient, optimally functioning families and communities that care for, protect and develop children appropriately. This programme underpins all the work that the Department of Social Development does because families are the backbone of society and have responsibility for the well-being of children. Currently in South Africa, and in particular the Western Cape, the family is disintegrating resulting in increased levels of child abuse and domestic violence.

The wellbeing of the family is of critical importance to the overall functioning of society as any breakdown in its functioning and its ability to provide care increases the vulnerability of its members. The department is therefore committed to promoting family strengthening. The following key trends regarding families in the Western Cape should be noted:

- The family is important to people in the Western Cape as over 96% of people in the province live in family groups (Amotang, 2005).
- The province has different family structures and types that evolve over time as a result of changing social conditions. The dominant family types in the Western Cape are nuclear and extended families. The family in post-apartheid South Africa is undergoing fundamental change and is at risk of dysfunction during the current phase of political and social transition.
- Changing social roles influence the structure of families. Evidence of this is the increasing proportion of households headed by women in the province, particularly households headed by urban African and coloured women.
- Many families in the province lack the resources to care adequately for their members. According to Census 2001, 42, 4% of all households have an annual income of less than R19 200 (R1 600 per month). In 2001, the province had an unemployment rate of 17, 15%. In terms of a wider definition that includes seasonal laborers and those who have given up hope of finding work, unemployment increases to 33,5% of the economically active. Therefore, one out of every three economically active persons is unemployed in the province.

*This sub-programme is linked to Sub-programme 2.6. Child Care and Protection as part of the eight integrated key programmes of the department and hence shares the same strategic objectives*

**TABLE 32 SUB-PROGRAMME CARE AND SUPPORT SERVICES TO FAMILIES**

Strategic Goal	Strategic Objective	Measurable Objective
To have resilient, optimally functioning families and communities that care for, protect and develop children appropriately	<b>Awareness and Prevention</b> Children, families, care givers and communities are aware of their rights and responsibilities and the services available to strengthen and support them	41. To annually facilitate policy education and training workshops that promotes awareness and prevention to individuals, families and communities, to help them make informed choices that can lead to positive behaviour change in 16 districts by 2017.
	<b>Early Intervention</b> At risk children and families are identified early and assisted before they require in depth interventions or statutory services	42. To test the feasibility of an integrated provincial programme for vulnerable families in 3 districts aligned with the Asset-Based Community Development and other innovative approaches by March 2017 43. To have supportive, protective and developmental services for families available in all 16 districts by March 2017
	<b>Statutory</b> Statutory and residential services that comply with statutory provisions, protocols, minimum standards and government agenda are provided for children and families	44. To ensure services are appropriate and compliant with statutory provisions, minimum standards in 16 districts by March 2017
	<b>Reintegration</b> A network of after care support structures and services that assist children, families and victims of crime and violence to maintain their level of reconnection	45. To facilitate the provision of after care support structures and services and structures in all 16 districts by 2017.

**TABLE 33 SUB-PROGRAMME 2.10 PERFORMANCE MEASURES**

Measurable Objective	Performance Measure	2006/07	2007/08	2008/09 Target	2009/2010	2010/2011
41. To annually facilitate policy education and training workshops that promotes awareness and prevention to individuals, families and communities, to help them make informed choices that can lead to positive behaviour change in 16 districts by 2017.	Number of policy education and training workshops on: (a) Family Preservation (b) Family Policy Preparation and Reproduction (c) Moral Regeneration Number of persons attending Resource Directory for Families Number of resource centres established for families		Resource Directory for Families (Metro Offices)	First Quarter Provincial 5 day Family Preservation training reaching 40 persons 1 Provincial Family Policy workshop reaching 50 persons Second Quarter Provincial 4 day Marriage preparation and Marriage Endowment training reaching 40 persons Family Policy workshops. District offices will be clustered. (1) Beaufort West (2) Outshoorn and George District. (3) Calendon and Worcester	1 follow-up training on Family Preservation training 1 Moral Regeneration workshop per district office reaching 50 persons 1 Provincial Training session on Families in Crisis reaching 40 persons (currently in process of developing the Manual)	1 follow-up training on Family Preservation training 1 Moral Regeneration workshop per district office reaching 50 persons Update Resource Directory for Families Resource Centre for Families established in 3 districts
				Develop Resource Directories for District offices in Boland/Overberg, Southern Cape/Karoo, West Coast regions Third Quarter Family Policy Workshops District offices will (1) East; Ersses River and Bellville (2) Cape Town and Vredenburg; Kragelidisa; Gugulethu; Mitchells Plain; Athlone and Wynberg Fourth Quarter 1 Resource Centre established in Athlone and Wynberg		





# PART B

## BUDGET PROGRAMME AND SUB-PROGRAMME PLANS

TABLE 33 (Continued)

Measurable Objective	Performance Measure	2006/07	2007/08	2008/09 Target	2009/2010	2010/2011
42. To test the feasibility of an integrated provincial programme for vulnerable families in 3 districts aligned with the Asset-Based Community Development and other innovative strategies by March 2017	Number of programmes implemented	Task team appointed District office areas identified for programme pilot	Project Plan developed for Cape Town, Mitchellsfont and Vredendal district office areas. Training on Asset-based Community Developed for pilot areas. Service providers identified and implemented.	Quarter 1 - 4 Programmes implemented in Cape Town, Outshoorn and Vredendal District Office Support to district offices	Programmes implemented, Support to district offices	External evaluation Impact analysis conducted Impact analysis report
43. To have supportive and developmental services for families available in all 16 districts by March 2017	Number of programmes implemented Number of parents involved in parental programmes by NPOs	Programmes implemented in 16 districts Conduct 7 x 5 day workshops on Parenting Skills and Leadership to staff and NPOs. 30 persons per workshop	Quarter 1 - 4 Programmes implemented in 16 districts Quarter 1 - 4 Parenting Skills training workshops rolled out by staff and NPOs per quarter reaching 15 parents per session. (Separate groups could be held for different categories of parents i.e. young parents, teen parents, grandparent-headed households etc)	Programmes implemented in 16 districts 5 Parenting Skills training workshops rolled out by staff and NPOs per quarter reaching 15 parents per session.	Programmes implemented in 16 districts Facilitate 1 After Care Support per district office area	Progress reports
44. To ensure services are compliant with legislative prescripts and minimum standards in 16 districts by March 2017	Number of NPOs that comply Number of monitoring and evaluation assessments that show compliance with norms and standards		First Quarter 58 NPOs comply 58 monitoring and evaluation assessments Second Quarter 58 NPOs comply 58 monitoring and evaluation assessments Third Quarter 58 NPOs comply 58 monitoring and evaluation assessments Fourth Quarter 58 NPOs comply 58 monitoring and evaluation assessments	First Quarter 58 NPOs comply 58 monitoring and evaluation assessments Second Quarter 58 NPOs comply 58 monitoring and evaluation assessments Third Quarter 58 NPOs comply 58 monitoring and evaluation assessments Fourth Quarter 58 NPOs comply 58 monitoring and evaluation assessments		

TABLE 33 (Continued)

Measurable Objective	Performance Measure	2006/07	2007/08	2008/09 Target	2009/2010	2010/2011
45. To facilitate the provision of after care support structures and services in all 16 districts by 2017	Number of life skills programmes that provide support to families Number of family members reached with Family Conferencing			Quarter 1 - 4 Facilitate 1 life skills programme per district office area Progress report on number of Family Conferencing Sessions and number of family members reached as part of Case Management	Quarter 1 - 4 Facilitate 1 life skills programme per district office area Progress report on number of Family Conferencing Sessions and number of family members reached as part of Case Management	Quarter 1 - 4 Facilitate 1 life skills programme per district office area Progress report on number of Family Conferencing Sessions and number of family members reached as part of Case Management

TABLE 34

Key Area	Data elements	Annual Target
Social services organizations providing care and support services to families	Number of Government funded NPOs providing services on care and support to families	58
	Number of marriage enrichment programs implemented by Government	16
	Number of marriage enrichment programs implemented by NPOs	64
	Number of parental programs implemented by Government	64
Programmes implemented for care and support services to families	Number of marriage enrichment programs implemented by Government	16
	Number of parental programs implemented by Government	64
	Number of marriage enrichment programs implemented by NPOs	64
	Number of parental programs implemented by NPOs	64

TABLE 35

Key Area	Data Elements	Quarter 1 Target	Quarter 2 Target	Quarter 3 Target	Quarter 4 Target	Annual Target
Access to care and support services to families	Number of couples receiving marriage counselling by Government	80	80	80	80	320
	Number of couples receiving marriage counselling by NPOs	100	100	100	100	400
	Number of families who received family therapy services by Government	80	80	80	80	320
	Number of families who received family therapy services by NPOs	100	100	100	100	400
	Number of families receiving re-unification services by Government	80	80	80	80	320
	Number of families receiving re-unification services by NPOs	100	100	100	100	400
	Number of couples who attended marriage enrichment programs conducted by Government	-	32	32	-	64
	Number of couples who attended marriage enrichment programs conducted by NPOs	10	10	10	10	40
	Number of families receiving family preservation services offered by Government	-	16	16	-	32
	Number of families receiving family preservation services offered by NPOs	16	16	16	-	32
	Number of parents who participated in parental programs conducted by Government	160	160	160	160	640
	Number of parents who participated in parental programs conducted by NPOs	160	160	160	160	640

# PART B

## BUDGET PROGRAMME AND SUB-PROGRAMME PLANS

### RECONCILIATION OF BUDGET WITH PLAN

TABLE 36: Programme 2: Social Welfare Services- Programme budget by sub-programme (R million)

Sub-programme Structure	Year-1 2004/05 (actual)	Year-2 2005/06 (actual)	Year-3 2006/07 (actual)	Base year 2007/08 (estimate)	Annual change (%)	Year 1 2008/09 (budget)	Year 2 2009/10 (MTEF projection)	Year 3 2010/11 (MTEF projection)	Average annual change (%)
Prof/Admin Sup	6 887	7 746	10 119	108 602		126 994	140 944	154 688	16,94
Substance Abuse	16 542	22 570	32 655	37 072		44 175	48 929	61 249	19,16
Care Older P	95 090	96 987	96 044	116 047		133 869	140 826	145 229	15,36
Crime Prev	72 117	87 045	87 617	94 447		107 409	109 681	119 277	13,72
Care Disabilities	26 701	31 300	33 272	38 398		48 346	50 658	53 726	25,91
Child Care & Prot	157 093	176 737	163 901	220 909		307 418	352 075	388 923	36,90
Victim Emp			3 661	4 736		5 152	5 664	5 947	8,78
HN / Aids	6 013	11 077	11 111	16 239		21 345	28 881	30 330	31,44
Social relief			41						
Care Families			21 599	28 709		35 625	38 037	40 700	23,74
Total Welfare Services	380 443	432 862	460 220	665 159		830 233	915 885	1 000 089	24,07

### 11. PROGRAMME 3: DEVELOPMENT AND RESEARCH

#### AIM

Provide sustainable development programmes, which facilitate empowerment of communities, based on empirical research and demographic information.

#### PROGRAMME DESCRIPTION

##### Sub - programme 3.1. Professional and Administrative Support

Overall direct management and support to this programme.

##### Sub - programme 3.2. Youth development

Design and implement integrated social programmes that facilitate the empowerment and development of the youth. To enable youth to take responsibility for positive lifestyles, and to contribute to and participate in family and community activities.

##### Sub - programme 3.3. Sustainable Livelihood

Design and implement integrated development programmes that facilitate empowerment of communities towards sustainable livelihood. To enable economically vulnerable people to unlock their personal potential and to access opportunities and resources that lead to economic self-reliance.

##### Sub - programme 3.4. Institution capacity building and support

To facilitate the development of institutional capacity for

NPOs and other emerging organisations.

To facilitate a network of social development service providers that are resilient, creative and practice good governance.

##### Sub - programme 3.5. Research and demography

To facilitate, conduct and manage population development and social development research, in support of policy and programme development, both for the implementation of the national Population Policy and other programmes of the Department of Social Development.

##### Sub - programme 3.6. Population capacity development and advocacy

To design and implement capacity building programmes within the social development sector and other government departments in order to integrate population development policies and trends into the planning of services.

Assist government department to interpret the Population Policy in relation to their areas of responsibility. Develop means to assist government departments to enhance their capacity and expertise in analysing the linkages between demographic variables and different line function policies and programmes.

Promote advocacy for population and related development issues targeted at government leadership and civil society at all levels and spheres of government.

### STRATEGIC OBJECTIVES LINKED TO STRATEGIC GOALS

Strategic Goal	Strategic Objective
To have enabled youth to take responsibility for positive lifestyles and to contribute to and participate in family and community activities	<p><b>Awareness</b> Youth are aware of their rights and responsibilities and know how to access available youth development services</p> <p><b>Early Intervention</b> At risk youth are identified early and provided with integrated youth development programmes</p> <p><b>Statutory</b> Service Delivery partners comply with the National Policy and Provincial Strategy on Youth Development</p> <p><b>Reintegration</b> A network of after care support structures and services that assist children, families and victims of crime and violence to maintain their level of reconnection</p> <p><b>Awareness</b> Poor people and households have access to information about services and local opportunities that foster sustainable livelihoods</p> <p><b>Early Intervention</b> An enabling environment is created to assist poor people with skills to access sustainable livelihoods</p> <p><b>Statutory</b> All sustainable livelihood services and funded programmes comply with statutory requirements and prescripts</p> <p><b>Reintegration</b> Unemployed and unskilled people are assisted so that they can access sustainable livelihood</p> <p><b>Awareness</b> Service providers have access to information that promotes good governance and best practice</p> <p><b>Early Intervention</b> NPOs comply with good governance practices and legislative prescripts</p> <p><b>Statutory</b> Service providers comply with legislative and service delivery requirements</p> <p><b>Reintegration</b> A network of interdependent, sustainable, optimally functioning service providers</p> <p>Government policy development is being informed by the design of appropriate social research and population projects</p> <p>Development planning is being promoted by the availability of appropriate social research and population data and information</p> <p>Government Planners competency to integrate social research and population variables into development planning has improved</p> <p>Social research and population products and results are accessible</p> <p>Social research results and population variables are informing development planning</p>





## PART B BUDGET PROGRAMME AND SUB-PROGRAMME PLANS

### SITUATIONAL ANALYSIS

This is being discussed under the individual sub-programmes.

### POLICIES AND PRIORITIES

- National Youth Policy
- The Population Policy for South Africa, published as a White Paper in April 1998 together with various International Declarations such as the Cairo Plan of Action signed by South Africa in 1994, guide the work of the Provincial Population Unit.
- ASGISA
- PGDS
- Millennium Development Goals
- Vision 2014
- Policy On Financial Awards
- Non-Profit Organizations Act
- Transformation Plan of the department

### ANALYSIS OF CONSTRAINTS AND MEASURES PLANNED TO OVERCOME THEM

Finding suitably qualified and skilled staff. Social workers, researchers and in particular, demographers and social statisticians are a scarce skill in South Africa. The Research Directorate is therefore putting in place a comprehensive population capacity building strategy and programme to ensure the department has the necessary human resources. The department have introduced the retention strategy for social workers to address the scarce skills in a phased –in approach.

### DESCRIPTION OF PLANNED QUALITY IMPROVEMENT MEASURES

- The department will establish an internal monitoring and compliance function on an operational level.
- An audit of existing systems for compliance and alignment to the programmatic approach will be conducted.
- Institutional capacity programme for NGOs.
- Ongoing staff training to improve skills competence.
- Completion of service level agreements with all funded organisations to enhance value for money outcomes.
- The capacity building programme to improve service delivery within the Population Unit. The Research Directorate will also be reconstituting the Departmental Research Coordinating Committee in line with the programmatic approach in the department. This will enable the Research Unit to be more responsive to the research needs of the programmes.

### 11.1. SUB-PROGRAMME 3.2. YOUTH DEVELOPMENT

#### SITUATIONAL ANALYSIS

In 2005 the Western Cape's population was estimated at 4.93 million people, of whom 3.24 million (66%) resided in the City of Cape Town and 80% in the greater Cape Town. 63% of the population was under 35 years old (27% between 0 and 14 years old and 36% between 15 and 34). The province's average population growth rate for the period 1995-2005 was 2.1%, which is higher than the national rate, reflecting its youthful character (City of Cape Town 2006, Population Projection for Cape Town 2001 to 2021). Challenges facing the youth within the province include: poverty, unemployment, a high school drop out rate, skills deficit, increasing rates of HIV/AIDS amongst the youth, crime, gangsterism and increasing rates of substance abuse.

The province's Human Capital Development Strategy (2006) states that only 45-52% of learners who enrolled for Grade 1 will reach Grade 12. This has implications in respect of youth lacking in or not having access to skills development - leading to skills deficit amongst this group. Significant numbers of youth in the Western Cape remain unemployed, which in turn contributes to the increase in youth crime and gangsterism within the province. The general unemployment rate has escalated, and is currently at the rate of 26%. According to Peterson (2005) almost 80% of the unemployed in the province are the youth, graduates and matriculants.

Gangs have recently turned their activities to schools in the Western Cape. They use learners as their medium for drug sales and the school premises as a place of substance abuse. A total of 61.6% of the 133 schools suffered from gang violence and robbery.

Two in every five schools had drug merchants and peddling. The schools are a non-threatening niche for gangs as they target "captured audience" for their drugs (Bambanani School Safety Programme, 2006:12).

Data from the Western Cape Department of Health on the Teenage Births and HIV/AIDS indicates that there has been an increase in the number of births to mothers under the age of 18 years between 2004 and 2005 and that the HIV prevalence among youth in the province has increased significantly in the past five years.

There is a need for integrated developmental programmes that will address the issues facing youth within the province, by linking them to sustainable opportunities especially in the area of skills development and to promote activism, patriotism and social cohesion amongst youth especially in the 21 priority areas.

At each of the 16 district offices there is a Youth Focal Point, which serves as an entry point for youth to access youth development services.

TABLE 37. SUB-PROGRAMME 3.2. YOUTH DEVELOPMENT

Strategic Goal	Strategic Objective	Measurable Objective
To have enabled youth to take responsibility for positive lifestyles and to contribute to and participate in family and community activities	<b>Awareness</b> Youth are aware of their rights and responsibilities and know how to access available youth development services	1. To facilitate annual awareness and prevention programmes in collaboration with relevant stakeholders in youth focal points within 16 districts by 2017
	<b>Early Intervention</b> At risk youth are identified early and provided with integrated youth development programmes	2. To promote and support integrated service delivery through the development and roll out of district based youth development programmes that will provide for skills development to young people by March 2017
	<b>Statutory</b> Service Delivery partners comply with the National Policy and Provincial Strategy on Youth Development	3. To ensure that all funded service providers comply with the provisions of the framework for the monitoring and quarterly evaluation by March 2017
	<b>Reintegration</b> A network of after care support structures and services that assist children, families and communities to reduce violence to maintain their level of reconnection	4. To facilitate the reintegration of youth who were outside the mainstream of society back into their families and communities by March 2017









## PART B BUDGET PROGRAMME AND SUB-PROGRAMME PLANS

TABLE 38 (Continued)

Measurable Objective	Performance Measure	2006/07	2007/08	2008/09 Target	2009/2010	2010/2011
4. To facilitate the reintegration of youth who were outside the mainstream of society back into their families and communities by March 2017	Number of youth who are reintegrated through skills development opportunities within the department into their families and communities	Youth in conflict with the law was part of the intake of Ukuthwala	Youth involved in substance abuse in conflict with the law with HIV/AIDS was part of the intake at the Ukuthwala programme that provided skills development to 100 youth	50 youth of which 20 spaces will be reserved for youth rehabilitated from substance abuse with disabling youth and HIV/AIDS and youth in conflict with the law	50 youth of which 20 spaces will be reserved for youth rehabilitated from substance abuse with disabling youth and HIV/AIDS and youth in conflict with the law	50 youth of which 20 spaces will be reserved for youth rehabilitated from substance abuse with disabling youth and HIV/AIDS and youth in conflict with the law

TABLE 39

Key Area	Data elements	Annual Target
Social services organizations providing services for youth development	Number of Government funded NPOs providing youth development services	20
Programmes implemented for youth development	Number of programmes implemented for youth development by Government NPOs	16
Supporting structures for youth development	Number of Local Youth Forums established	20
Training of youth practitioners	Number of youth practitioners receiving youth worker training	16
		100

TABLE 40

Key Area	Data Elements	Quarter 1 Target	Quarter 2 Target	Quarter 3 Target	Quarter 4 Target	Annual Target
Access to youth development services	Number of youth participating in youth development programs conducted by Government	1600	1600	1600	1800	6600
	Number of youth participating in youth development programs conducted by NPOs	200	200	200	200	800



### 11.2. SUB-PROGRAMME 3.3 SUSTAINABLE LIVELIHOOD SITUATIONAL ANALYSIS

Socio economic analysis of the Western Cape clearly indicates pockets of deepening poverty and marginalisation of the poor and vulnerable. According to the Statistics South Africa approximately 40% of people between the ages of 15 – 34 years in the Western Cape report no source of individual monthly income. This vulnerability increases with the additional impact of other factors such as HIV/AIDS, crime and substance abuse. A major proportion of households are headed by single females excluded from the formal economy.

ASGISA and the PGDS provide the policy framework within which the department's sustainable livelihood programme has been developed to facilitate sustainable safety nets for the poor and vulnerable. This programme aims to create an enabling environment that provides access to social relief of distress to those affected by undue hardship, poverty reduction through

food and income security as well as skills development to promote access to employment opportunities. This will be realized through facilitating a safety net that addresses "basic income poverty", "access to service poverty", and "asset and capability poverty". This is in line with the 6 pillars of national anti-poverty interventions: basic income security; basic services and other non-financial transfers; social inclusion; human resource development; social inclusion and economic initiatives.

Sustainable livelihood programmes will be implemented in all four levels of the ISDM: Awareness and Prevention, Early intervention, Statutory and Reintegration. Head Office will generally take leadership on conceptualisation and design of the programmes with the support of district offices. Implementation will be headed by the district offices and OSOs with the support of Head Office. Special focus will be given to 21 priority areas.

TABLE 41 SUB-PROGRAMME 3.3. SUSTAINABLE LIVELIHOOD

Strategic Goal	Strategic Objective	Measurable Objective
To have integrated development programmes that facilitate empowerment of communities towards sustainable livelihood	<b>Awareness and Prevention</b> Poor people and households have access to information about services and local opportunities that foster sustainable livelihoods	5. To ensure the provision of information through regular workshops to create awareness of the department's sustainable livelihood approach to poverty reduction in all 16 districts by March 2017
	<b>Early Intervention</b> An enabling environment is created to assist poor people with skills to access sustainable livelihoods	6. To facilitate programmes and training workshops with beneficiaries of sustainable livelihood programmes that promote prevention from vulnerability by March 2017
	<b>Statutory</b> All statutory livelihood services and funded programmes comply with statutory requirements and prescripts	7. To provide a network of sustainable livelihood programs for the most identified vulnerable people by 31 March 2011
	<b>Reintegration</b> Unemployed and unskilled people are assisted so that they can access sustainable livelihood	8. To develop and implement a poverty reduction programme that addresses child poverty in 21 priority areas by 2017 9. To ensure that services are appropriate and comply with the legislative prescripts and the conditions of the service level agreements by March 2017
		10. To develop and implement integrated poverty reduction program linking social grant beneficiaries to sustainable livelihoods for socio-economic self-reliance by March 2017

# PART B

## BUDGET PROGRAMME AND SUB-PROGRAMME PLANS

TABLE 42 SUB-PROGRAMME 3.3: PERFORMANCE MEASURES

Measurable Objective	Performance Measure	2006/07	2007/08	2008/09 Target	2009/2010	2010/2011
5. To ensure the provision of information through regular workshops conducted on the premises of the department's sustainable livelihood approach to all 16 districts (including the 21 priority areas) in all 16 districts by March 2017	Number of awareness workshops conducted on the premises of the department's sustainable livelihood approach to all 16 districts (including the 21 priority areas)			Four awareness workshops in 4 districts per quarter	Continuous quarterly awareness workshops on Sustainable Livelihoods Approach in 16 districts	Continuous quarterly awareness workshops on Sustainable Livelihoods Approach in 16 districts
6. To facilitate training workshops with beneficiaries of sustainable livelihood programmes that promote prevention from vulnerability by March 2017	Number of training workshops		3 workshops conducted with Sustainable Livelihood Programmes/beneficiaries 90 beneficiaries	1 training workshop per sustainable livelihood programme/project per quarter	All sustainable livelihood programmes/projects beneficiaries continuous training on skills development	All sustainable livelihood programmes/projects beneficiaries continuous training on skills development
7. To provide a network of sustainable livelihood programmes targeting identified vulnerable people by 31 March 2011	- Number of Integrated Poverty Reduction programmes strengthened in each district office area/municipalities - Number of new/Integrated Poverty Reduction programmes from the 21 priority areas - Number of beneficiaries reached through the integrated poverty reduction programmes		1 Integrated Poverty Reduction programme initiated in each district office per quarter Link beneficiaries from the 21 priority areas in these programmes to at least two additional social development services that meet their needs	Programme in 16 district offices covering the 21 priority areas supported and sustained. 3 new Integrated Poverty Reduction programmes targeting poor and vulnerable from the 21 priority areas	Continuous strengthening and identification of new Integrated Poverty Reduction programmes targeting poor and vulnerable Continuous skills enhancement programmes for beneficiaries of integrated poverty reduction	Continuous strengthening and identification of new Integrated Poverty Reduction programmes targeting poor and vulnerable Continuous skills enhancement programmes for beneficiaries of integrated poverty reduction
8. To develop and implement a poverty reduction programme that addresses child poverty in 21 priority areas by 2017	Number of priority areas where a poverty reduction programme that addresses child poverty is implemented Number of partnerships established and maintained Number of children (0-3 years) in appropriate facilities in 21 priority areas Number of parents/caregivers in long-term/permanent employment Number of meetings held with parents/caregivers of identified children in the programmes Impact report		Programme in Peail and Worcester Partnerships with: SASSA, WCED, Department of Health, ECD Forum, Civil society organizations 3 000 children in appropriate facilities per quarter 1000 parents/caregivers in long-term/permanent employment by the end of the fourth quarter Quarterly meetings with parents One impact study and report by the fourth quarter	Additional areas: Programmes in Oudsthoorn and Theewaterskloof Partnerships with: SASSA, WCED, Department of Health, ECD Forum, Civil society organizations 3 000 children in appropriate facilities per quarter 1000 parents/caregivers in long-term/permanent employment by the end of the fourth quarter Quarterly meetings with parents One impact study and report by the fourth quarter	Additional areas: Programmes in Gugulethu and Mitchell's Plan Partnerships with: SASSA, WCED, Department of Health, ECD Forum, Civil society organizations 3 000 children in appropriate facilities per quarter 1000 parents/caregivers in long-term/permanent employment by the end of the fourth quarter Quarterly meetings with parents One impact study and report by the fourth quarter	

TABLE 42 (Continued)

Measurable Objective	Performance Measure	2006/07	2007/08	2008/09 Target	2009/2010	2010/2011
9. To ensure that services are appropriate and aligned with the legislative prescripts of the service level agreements by March 2017	Compliance with the conditions of the service level agreements Number of progress reports per annum Number of assessments of all NPOs who apply for funding			Service level agreements in place for all organisations and programmes funded 2 progress reports per annum Annual assessment of all NPOs who apply for funding	Service level agreements in place for all organisations and programmes funded 2 progress reports per annum Annual assessment of all NPOs who apply for funding	Service level agreements in place for all organisations and programmes funded 2 progress reports per annum Annual assessment of all NPOs who apply for funding
10. To develop and implement integrated poverty reduction programme linking social grant beneficiaries to sustainable livelihoods that facilitates socio-economic self-reliance by March 2017	Number of integrated poverty reduction programmes linking social grant beneficiaries to sustainable livelihoods Number of social grant beneficiaries linked to sustainable livelihood programmes Number of social grant beneficiaries linked to sustainable livelihood programmes in each municipality One programme in Overberg municipality One programme in the West Coast municipality 50 social grant beneficiaries linked to sustainable livelihood programmes in each municipality 50 social grant beneficiaries in long-term/permanent employment Impact study using beneficiary profiles		Programme plan and design	First quarter Database of social grant beneficiaries from SASSA First -fourth One programme in Edenburg municipality One programme in the West Coast municipality 50 social grant beneficiaries linked to sustainable livelihood programmes in each municipality 50 social grant beneficiaries in long-term/permanent employment Impact study	Updated database of social grant beneficiaries from SASSA One programme in Central Karoo, Cape One programme in Cape Metropole 100 social grant beneficiaries linked to sustainable livelihood programmes in each municipality 50 social grant beneficiaries in long-term/permanent employment Impact study	Updated database of social grant beneficiaries from SASSA One programme in Cape Metropole 100 social grant beneficiaries linked to sustainable livelihood programmes in each municipality 50 social grant beneficiaries in long-term/permanent employment Impact study







## PART B BUDGET PROGRAMME AND SUB-PROGRAMME PLANS

TABLE 43

Key Area	Data elements	Annual Target
Social service organizations providing services	Number of government funded (NPOs) involved in poverty reduction projects	40
Number of sustainable livelihood and poverty reduction projects	Number of poverty reduction projects in operation	40
	Number of poverty reduction projects that were converted to sustainable livelihood projects	

TABLE 44

Key Area	Data Elements	Quarter 1 Target	Quarter 2 Target	Quarter 3 Target	Quarter 4 Target	Annual Target	
		Beneficiaries participating in poverty reduction and sustainable livelihood projects	Number of individuals participating in poverty reduction projects	350	400	450	500
		Number of individuals participating in sustainable livelihood projects	350	400	450	500	500
		Number of persons with disabilities participating in poverty reduction projects	30	35	40	45	50
		Number of persons with disabilities participating in sustainable livelihood projects	30	35	40	45	50

### 11.3. SUB-PROGRAMME 3, 4. INSTITUTIONAL CAPACITY BUILDING AND SUPPORT (ICB)

#### SITUATIONAL ANALYSIS

It is acknowledged that the department gives effect to its service delivery mandate through partnerships with the non-profit sector. However, despite the sector's inherent ability, it faces a number of challenges, reducing its capacity to make significant contributions to the department's social development goals. Currently, social development sector partners are not as yet working in a mutually supportive and integrated manner. Programme planning and implementation is not yet aligned and inclusive of strategic partners nor is it, as a whole, aligned to government's priorities. This leads to fragmentation, duplication and social exclusion. Currently the non-profit sector operates in a broader and complex sphere, where they are confronted by limited access to funding, skills development opportunities along with an increasing staff turnover rate in their organisations. On the one hand organisations point to the intricate government funding processes, while on the other hand the department points to the lack of capacity of these organisations to deliver on objectives and their ability to account effectively for the financial support received. Many community-based initiatives with the potential to contribute significantly to social development initiatives remain ill resourced, under-funded or inadequately

organized, unable to achieve their objectives. Since no substantive strategy has yet been implemented to develop capacity for local development across civil society, government and business organisations, these community initiatives remain incapable of forging the institutional relationships necessary for vibrant organizational functioning.

Significantly, most capacity building efforts are geared towards individual organisations, rather than seeking to enhance the interaction between organisations working within a specific locality, leaving an imbalance individual staff development, organisational capability to deliver on mandates, and the institutional alignment within the support network.

The thrust of this programme will therefore be enhancing the capacity of organizations to comply with legislative and service delivery requirements, optimally govern themselves and render quality services, in a sustainable manner. The department's revised strategy is characterized by a shift in emphasis from current statutory interventions to the strengthening of service providers through awareness and prevention, early intervention and the development of a network of sustainable, optimally functioning organisations that are able to provide accessible, integrated service delivery at a local level. The following strategic focus areas will therefore drive the implementation of the strategy:

- Research: The need to better understand the nature, size, scope of functioning and critical ICB challenges facing the sector.

- Existing service providers: At the level of planning and service provision, the collective efforts of existing service providers need to be harnessed to a common social development agenda at both provincial and local levels. This will entail the development of renewed and sustainable partnerships with clear and aligned service delivery objectives. Clear guidelines for compliance, good governance and minimum standards for service delivery also need to be understood and complied with. Effective early detection and intervention mechanisms and effective monitoring systems must be in place to facilitate compliance development. Where service providers are found to be at risk, potentially at-risk or fail to meet the required minimum standards of functioning, a development-oriented recovery plan must be implemented to assist such organizations in reaching the required minimum level of functioning whilst ensuring continuation of good governance practices where self-management is key.

- New & Emerging Service Providers: The department's Transformation Plan requires greater equity in the allocation of resources to the NPO sector. Currently financial allocations and resource provisioning are skewed in favor of traditional service providers who have had and continue to have access to government funding and related support. To achieve greater equity within resource provisioning, this programme must proactively identify and bring on board organisations previously excluded from accessing government funding. These organisations must become preferred suppliers of social development services, especially in prioritized communities, by focusing on the service delivery gaps in meeting existing and social development emerging needs. New and emerging organizations need to be purposefully exposed to information regarding NPO rights and responsibilities

whilst providing for opportunities that would enhance their overall competences and ability to progressively deliver on the department's service delivery agenda. In addition, social development partners must be provided with sustainable opportunities to enhance their capacity to both understand and comply with legislative and service delivery requirements before and whilst they are resourced. Clear governance guidelines that establish minimum standards for organizational management and functioning must be in place to facilitate entry into the department's formal service delivery network. Where applicants fail to meet these minimum standards, a development plan must be drawn up and implemented to enable organizations to access funding.

- Networks of Support: Whilst considerable efforts will be made at enhancing the management, functioning and accountability of NPOs at an institutional level, greater emphasis will also be placed on the inter-relationships between individual NPOs. The programme's approach will thus focus on harnessing the collective energies, skills and abilities of NPOs towards jointly delivering of the department's social development agenda. It will require purposeful interventions by the department, more specifically district offices, to re-negotiate now out-dated partnership agreements with the NPO sector. Such envisioned partnerships must essentially therefore be focused on developing a basis for mutually-beneficial and supportive working agreements not based on dominance or control of the sector, but rather the development of a public space where the individuality of NPOs are recognized and respected - as separately functioning institutions of civil society, established with a mandate to support a public purpose. These relations need to be re-kindled and strengthened so that resilient, well-functioning and integrated networks of social development support services address community-specific needs.



## PART B BUDGET PROGRAMME AND SUB-PROGRAMME PLANS

TABLE 45 (Continued)

Measurable Objective	Performance Measure	2006/07	2007/08	2008/09 Target	2009/2010	2010/2011
14. To establish a national learning and support services within 16 districts by March 2011	Number of learning networks established and training support nodes a) Working agreements and mentoring partnerships. b) Local coaching and mentoring partnerships.		Development of proposals/Working agreements Promote the establishment of local coaching and mentoring partnerships.	<b>Quarters 1 and 2</b> • 4 x local In-education, Training and mentoring support <b>Quarters 3 and 4</b> • 4 x district-specific databases of local network support and Forums	4 x local codes of Education, Training and mentoring support	4 x local codes of Education, Training and mentoring support 4 x district-specific databases of local network support and Forums
			• 4 x working agreements with local network support and Forum partners in annual IC8 public platforms of engagement to enhance opportunities for learning, experiential learning, support and promote best practices.			

TABLE 46

Key Area	Data elements	Annual Target
Registration of NPOs	Number of NPOs registered	National competency
Capacity building interventions	Number of NPOs deregistered Number of training workshops conducted with networking organizations Number of organizations taking part in training workshops Number of training sessions conducted for Community Development practitioners on management and administration of NPOs Number of Community Development Practitioners that took part in training sessions on management and administration of NPOs	20 134 16 (1 per district office) 16 (1 per district office)
Compliance of non-profit organizations	Number of Government funded NPOs who failed to submit reports to provinces	0
Funding of non-profit organizations	Number of NPOs that are funded by the Provincial Department	1640

TABLE 47

Key Area	Data Elements	Quarter 1 Target	Quarter 2 Target	Quarter 3 Target	Quarter 4 Target	Annual Target
Funding of non-profit organizations	Number of site visits conducted by provinces at NPOs who applied for funding	320	-	40	400 (with respect to 2009/10)	760

### 11.4. SUB-PROGRAMME 3.5. RESEARCH AND DEMOGRAPHY SITUATIONAL ANALYSIS

The development of the department's new 10 Year Strategy for Integrated Service Delivery has required the Research Directorate to realign its research strategy/research programme with its 8 programmes. In addition, the research strategy and programme will be adapted to the strategy's four levels of intervention. While the focus for the 2007/08 year was the provision of base-line and situational analysis data, the focus in the 2008/09 year will be on trends analysis. The introduction of the programmatic approach provides directorate staff with the opportunity to develop specialization within specific programme areas and develop greater content expertise. However, the directorate, given its current resources, may not be able to provide quality research to all programmes. It will therefore promote the strengthening of research capacity within the department as a whole, for example through targeted training and assistance with the undertaking of small scale research projects at programme, district office and facility level.

The lack of current and reliable social and demographic data remains a barrier to the directorate's effectiveness. This will be addressed through the promotion of data collection at programme level. A significant development in this regard is the Community Survey undertaken by Statistics South Africa in 2007. The Population Unit will analyze the results of the survey and produce a report for the province based on the findings.

#### DESCRIPTION OF PLANNED QUALITY IMPROVEMENT MEASURES

- High quality social research and population reports and products
- Promotion of data collection systems and processes
- Capacity building

TABLE 48 SUB-PROGRAMMES 3.5. RESEARCH AND DEMOGRAPHY and SUB-PROGRAMME 3.6. POPULATION CAPACITY DEVELOPMENT AND ADVOCACY

Strategic Goal	Strategic Objective	Measurable Objective
To inform policy, programme and strategy development and social service delivery through research, advocacy and building evidence based social development and population trends	<b>Awareness</b> Staff, service providers and other stakeholders to possess appropriate social research, population data and information that informs programme planning	15. To produce five social and population research reports and a range of products to inform appropriate social research, population data and information that informs programme planning by 31 March 2009 16. To promote the appropriate collection of data and development of systems and processes for the departmental programmes by 31 March 2009 17. To build the capacity of 24 government planners with skills to integrate social research and population variables into development planning and service delivery by 31 March 2009 18. To build the social research competency of 2 district offices and 1 facility through capacity building by March 2009 19. To disseminate four appropriate social research and population reports and other products by 31 March 2009 20. To conduct a total of 7 social research and population advocacy workshops and/or research reports for 7 target groups, municipalities and district offices by 31 March 2011





# PART B

## BUDGET PROGRAMME AND SUB-PROGRAMME PLANS

**TABLE 49 SUB-PROGRAMMES 3.5. PERFORMANCE MEASURES and SUB-PROGRAMME 3.6. PERFORMANCE MEASURES**

Measurable Objective	Performance Measure	2006/07	2007/08	2008/09 Target	2009/2010	2010/2011
15. To produce five social and population research reports and a report of products to facilitate government planning by 31 March 2009	Number and types of reports and products produced: • Scoping Reports • Population Reports • Posters • Pamphlets • CDs	• Situational Analysis for Four strategy reports: • OVC Audit for Children, Families and the Elderly (Phase 1) • Wellbeing of the Elderly	• One provincial population report • Base-line data for programme concept papers	To produce 4 trend analysis reports for the departmental programmes and results of the 2007 Community Survey <b>First Quarter</b> 1 Trend analysis report <b>Second Quarter</b> 1 Trend analysis report <b>Third Quarter</b> 1 Trend analysis report <b>Fourth Quarter</b> 1 Trend analysis report	Five reports	Five reports
16. To promote the appropriate collection of data and development of systems and processes for the departmental March 2009	Number of programmes assisted • Position papers • Recommendations • Guidelines			To assist four departmental programmes <b>First Quarter</b> 1 <b>Second Quarter</b> 1 <b>Third Quarter</b> 1 <b>Fourth Quarter</b> 1	Four departmental programmes	Four departmental programmes
17. To build the capacity of 24 planners with skills to integrate social research and population variables into development planning and service delivery by 31 March 2009	Number of staff trained	24 government planners received training • Spectrum • Super/Cross	24 additional government planners receive training • HIV/AIDS	24 additional government planners receive training <b>First Quarter</b> 6 <b>Second Quarter</b> 6 <b>Third Quarter</b> 6 <b>Fourth Quarter</b> 6	24 additional government planners receive training	24 additional government planners receive training
18. To build the social research competency of 2 district offices and 1 facility through capacity building by March 2009	Number of district offices and facilities managing small research projects and producing approved reports			2 district offices and 1 facility	2 district offices and 1 facility	2 district offices and 1 facility
19. To disseminate social research and population reports by 31 March 2009	Number and types of products disseminated: • Reports • Maps • Posters • CDs • Pamphlets • Internet • Intranet	• 140 Maps • 8 dedicated Posters • 1000 Population Research CD • Profile data • Population Reports • Research Reports • Internet Web Site	• 500 copies of the Provincial Population Report • 1000 Population CDs • 8 dedicated posters for Eden	Four Research Reports <b>Second Quarter</b> 500 copies of the Provincial Population Report	Four research reports	Four research reports

**TABLE 49 (Continued)**

Measurable Objective	Performance Measure	2006/07	2007/08	2008/09 Target	2009/2010	2010/2011
20. To conduct 7 social research and population advocacy presentations and/or reports for the population and/or with programmes, stakeholders groups, municipalities and district offices by 31 March 2011	Number of workshops and/or presentations held in collaboration with other stakeholders	4 workshops and 4 Population Forum meetings 2 Population Forum meetings Workshops held in KwaZulu-Natal, Beaufort West and Eden.	4 workshops and 2 Population Forum meetings	7 workshops and/or presentations and 2 Population Forum <b>First Quarter</b> 2 Workshops <b>Second Quarter</b> 2 Workshops <b>Third Quarter</b> 1 Population Forum <b>Fourth Quarter</b> 1 Workshop 1 Population Forum	7 workshops and/or presentations and 2 Population Forum meetings	7 workshops and/or presentations and 2 Population Forum meetings

**TABLE 50**

Key Area	Data elements	Annual Target
Management and implementation of research in order to support the integration of population issues into policy making and planning	Number of final research reports completed and information disseminated	4
Management and implementation of demographic analyses and interpretation	Number of final demographic profiles completed and information disseminated	1
Increase in the number of unplanned demographic profiles completed per Province	Number of final unplanned demographic profiles completed and information disseminated	Unplanned

**TABLE 51**

Key Area	Data Elements	Quarter 1 Target	Quarter 2 Target	Quarter 3 Target	Quarter 4 Target	Annual Target
Implementation of population research and training to enhance understanding of the relationship between population and development issues, and to integrate population issues into development planning	Number of training programmes conducted to enhance technical capacity in the population and development field	1	1	1	1	4
	Number of officials who participated in training programmes to enhance technical capacity in the population and development field	6	6	6	6	24
	Number of dissemination workshops or seminars for population and development conducted	2	3	2	2	9
	Number of officials who participated in dissemination workshops or seminars for population and development	30	30	30	30	120
Advocacy and population information, education and communication (IEC)	Number of advocacy, information education and communication activities implemented to support population policy implementation	0	1	0	0	1

## PART B BUDGET PROGRAMME AND SUB-PROGRAMME PLANS

### 11.5. RECONCILIATION OF BUDGET WITH PLAN

TABLE 52: Programme 3: Development and Research- Programme budget by sub-programme (R million)

Sub-programme Structure	Year-1 2004/05 (actual)	Year-2 2005/06 (actual)	Year-3 2006/07 (actual)	Base year 2007/08 (estimate)	Annual change (%)	Year 1 2008/09 (budget)	Year 2 2009/10 (MTEF projection)	Year 3 2010/11 (MTEF projection)	Average annual change (%)
Prog Admin Sup	422	5 923	6 717	17 101		20 975	22 859	22 056	22,65
Youth Development	2 146	14 183	6 941	7 552		7 552	7 552	7 922	3,18
Sustainable Livelihood	17 595	47 956	32 534	31 583		32 586	34 215	35 936	15,30
Institutional Capacity	11 000	14 712	17 926	9 807		11 307	11 307	11 472	5,03
Research & Demo	2 774	3 795	3 547	3 838		4 031	4 307	4 732	7,92
Population Dev. Adv. and Research	207	270	436	505		545	589	618	9,39
Total Development	34 144	86 539	68 101	70 386		76 996	80 829	82 736	

### 12. MEDIUM- TERM REVENUE PLAN

#### Summary of revenue

TABLE 53

R	Year 1 2008/09 (budget)	Year 2 2009/10 (MTEF projection)	Year 3 2010/11 (MTEF projection)	Average annual change (%)
Voted by legislature	1 060 785	1 165 571	1 260 303	21,75
Conditional grants			280	
Other (specify)	280	280	280	
Total revenue	1 061 065	1 166 151	1 260 863	17,69

#### Expenditure summary by programme

Table 54: Summary of expenditure by programme Provincial Funding

	Actual 2007/08	Year 1 2008/09 (budget)	Year 2 2009/10 (MTEF projection)	Year 3 2010/11 (MTEF projection)	Year 2 2009/10 (MTEF projection)
<b>1 Administration</b>					
1.1 Office of the MEC	4 271	4 756	5 136	5 428	
1.2 Corporate services	95 772	78 574	86 204	90 221	
1.3 Regional/District Management	65 976	70 506	78 087	82 129	
<b>2 Social Welfare Services</b>					
2.1 Administration	108 602	126 994	140 934	154 888	
2.2 Treatment and Prevention of Substance Abuse	37 072	44 175	46 929	61 249	
2.3 Services to older persons	116 047	133 869	140 828	145 229	
2.4 Crime Prevention and Support	94 447	107 409	109 681	119 277	
2.5 Service to persons with disabilities	38 398	48 346	50 858	53 726	
2.6 Services to Children, Woman and Families	220 909	307 418	352 075	388 923	
2.7 Vain Employment	4 736	5 152	5 664	5 947	
2.8 HIV and AIDS	16 239	21 345	28 881	30 330	
2.9 Social Relief					
2.10 Care & Support Services to Families	28 709	35 525	38 037	40 700	

Table 54: Summary of expenditure by programme (continues)

	Actual 2007/08	Year 1 2008/09 (budget)	Year 2 2009/10 (MTEF projection)	Year 2 2009/10 (MTEF projection)
<b>3 Development and Research</b>				
3.1 Professional & Admin Support	17 101	20 975	22 859	22 056
3.2 Youth Development	7 552	7 552	7 552	7 922
3.3 Sustainable Livelihood	31 583	32 586	34 215	35 936
3.4 Institutional Capacity Building & Support	9 807	9 807	11 307	11 472
3.5 Research & Demography	3 838	4 031	4 307	4 732
3.6 Population Capacity Development and Advocacy	505	545	589	618
<b>Total Expenditure</b>	<b>901 564</b>	<b>1 061 065</b>	<b>1 166 151</b>	<b>1 260 583</b>

#### Breakdown of Sub-programme (Conditional Grant Projects)

2.1.	N/A			
2.2				
Total sub-programme				

#### Breakdown of Sub-programme (Special Projects)

N/A				
Total sub-programme				

### 13. CO-ORDINATION, CO-OPERATION AND OUTSOURCING PLANS

The Department of Social Development bases its operational orientation on social cohesion as central to its internal and external working relations. This orientation is reflected on both the theoretical underpinning of the department as well as its praxis. In the newly adopted ten year strategy social capital and social cohesion is identified as one of the key strategic drivers. The department's leadership role within the Social cluster has been visible through structures and processes like the Social Cluster Social Capital network as well as the Social Transformation Programme.

#### INTER-DEPARTMENTAL LINKAGES

The Provincial government of the Western Cape has aligned itself with National Government's cluster model. The aim is to foster integration between government departments. In the Western Cape the Department of Social Development is clustered to work together with

the Department of Education, Health, Cultural Affairs and Sport, Public Works and Transport, and Department of Housing in the social cluster. The mandate of the social cluster is to give effect to Ikapa Ekhulimayo, a growth and development strategy of the Western Cape in an integrated manner that incorporates ASGISA.

#### LOCAL GOVERNMENT LINKAGES

The department is focusing on strengthening synergistic partnerships with the Integrated Development Plans (IDP) processes of Local Government to give effect to the Ikapa Ekhulimayo Strategy. Stakeholder community forums exist in various communities and are a vehicle for stakeholder engagements and for communities to raise issues.

#### PUBLIC ENTITIES

The department will strengthen its working relationship with the National Development Agency (NDA). This organisation has signed a Memorandum of Understanding (MOU) in the year 2003. Key to this MOU was to cooperate on developmental issues.



## PART C BACKGROUND INFORMATION

### APPENDIX ONE ANALYSIS OF SERVICE DELIVERY ENVIRONMENT

This information has been extracted from the 10 Year Strategy document of the department (2007)

#### 1. VULNERABLE GROUPS

The Department of Social Development (DSD) is concerned with promoting the wellbeing and strengthening the social functioning of vulnerable individuals, groups and communities in the Western Cape. In this report vulnerability refers to 'any situation be it demographic, social, economic or psychological that makes individuals or groups susceptible to physical, emotional or social injury and hinders them from being self-reliant'. The DSD focuses on six target groups, namely children, youth, families, women, people with disabilities and older persons. Key social and demographic trends that contribute to the vulnerability of these groups are described in this report.

#### 2. THE SITUATION OF FAMILIES AND HOUSEHOLDS IN THE WESTERN CAPE

##### 2.1 Key demographic and social trends

The wellbeing of the family is of critical importance to the overall functioning of society as any breakdown in its functioning and its ability to provide care, increases the vulnerability of its members. The department is therefore committed to promoting family strengthening. The following key trends regarding families in the Western Cape should be noted:

- The family is important to people in the Western Cape as over 96% of people in the province live in family groups (Amoateng, 2005).
- The province has different family structures and types that evolve over time as a result of changing social conditions. The dominant family types in the Western Cape are nuclear and extended families. The family in post-apartheid South Africa is undergoing fundamental change and is at risk of dysfunction during the current phase of political and social transition.
- Changing social roles influence the structure of families. Evidence of this is the increasing proportion

of households headed by women in the province, particularly households headed by urban African and Coloured women.

- Many families in the province lack the resources to care adequately for their members. According to Census 2001, 42.4% of all households has an annual income of less than R19 200 (R1 600 per month). In 2001, the province had an unemployment rate of 17.15%. In terms of a wider definition that includes seasonal laborers and those who have given up hope of finding work, unemployment increases to 33.5% of the economically active persons is unemployed in the province.
- The quality of life of families is affected by unequal access to services and resources. Census 2001 indicate that 14.4% of households do not have potable water on site, 9.9% do not have access to electricity for lighting and 22.3% have an informal housing structure. Racial differentiation in terms of the distribution of resources should be noted. According to Amoateng (2005), African households lag behind other groups in terms of access to services and resources. A lack of housing in particular has impacted negatively on family formation, as people have to live in informal settlements or shacks with limited space, forcing African families to live in nuclear households.

- Families have a huge burden of care as illustrated by its age dependency ratios - 99.2% for Blacks; 46.5% for Coloured; 38% for Indian and 40.5% for the white working population. What this means is that every 100 working Coloured persons (those aged 15 to 64) potentially supports 47 children.

#### 3. CHILDREN

The DSD is responsible for the protection and development of children in the province. The changing profile of children in the province and the impact of social factors that threaten the achievement of sound developmental outcomes, are described.

##### 3.1.1 Key Demographic Trends

- According to Census 2001, the Western Cape is home to a total of 1 500 139 children under the age of 18 years. This constitutes 33.16% of the province's population. Of this group, approximately 1,237 million children are under the age of 15, of

which approximately 610 000 are under the age of 7 years. 19.87% of these are Coloured children, 9% are Black African and close to 5% comprise of White and Asian children. The proportion of male and female children is equal in the province and does not vary by population group.

- Approximately 1% of all households in the Western Cape were headed by children aged 0-19 years in 2001. In actual numbers, this means that a total of 7935 households were headed by children under the age of 19. 4113 of these were headed by male children.
- Although the proportion of children will decline over the next few years as the population ages, the absolute number of children will not decline significantly over the next ten years.

##### 3.1.2 Key Social Trends

A number of social factors, such as poverty, HIV/AIDS and violence contribute to the vulnerability of children in the province. Social trends highlighting the vulnerability of children in the province include the following:

##### 3.2 Child Maltreatment and Violence

Although reliable administrative data regarding child wellbeing is difficult to obtain, a recent study by the HSRC indicates that children in the province are subject to a disturbingly high incidence of maltreatment and violence as highlighted by the following trends:

- 3 in every 1 000 children in the province were subject to a Children's Court Inquiry in 2005. This high rate of statutory removal is a disturbing indication of the extent of breakdown of primary care.
- Most physically abused children requiring hospital treatment are under the age of 5 years, and more than half are boys.
- The perpetrators of child abuse are typically male and someone known to the child – often the child's father or the mother's partner. Most assaults occur in the child's home.
- There appears to be an upward trend in reports of sexual assaults on children under 13 years as reported to health facilities.
- Data from Childline indicated that the Western Cape had the highest proportion of all calls in the country relating to sexual abuse.
- The HSRC's South African Attitudes Survey

(2003) indicates that corporal punishment as a means of disciplining children was commonly used at homes in the province. For example, 40% of women admitted using a strap, belt or stick to beat children under the age of three years.

- A total of 16% of parents in the province admitted that they were in violent relationships, meaning that significant numbers of children have been exposed to intimate partner violence.

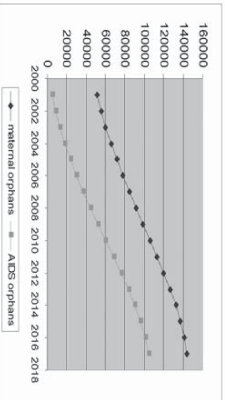
##### 3.3 Children in Poverty

According to Census 2001 approximately 556 650 children in the province live in household that can be classified as poor, namely with household income of less than R1 600 per month. This lack of resources has a significant impact on the quality of care received by children. Of these households, approximately 410 000 are in receipt of a Child Support Grant.

##### 3.4 Orphanhood

Reliable data regarding the number of orphaned children in the Western Cape is not readily available. However, socio-demographic projections as contained in the Actuarial Society of South Africa (ASSA) model suggest that the number of maternal orphans will increase from 51 475 in 2001 to 143 979 in 2017. AIDS orphans will increase by 5 152 to 104 780 by 2017. This is an increase of 99 628 in 16 years, or 6226 orphans per year. Figure 1 shows the expected increases in the number of orphans and AIDS orphans for the Western Cape from 2001 to 2017.

Figure 1: Estimated and projected number of maternal and AIDS orphans in the Western Cape from ASSA model: 2010-2017





## PART C BACKGROUND INFORMATION

### 4. YOUTH

#### 4.1 Demographic Trends

- The Western Cape is home to approximately 1,696 million youth between the ages of 15 and 34, 28.7% (1297/283) of the population was aged 15 to 28 years in the 2001 census.
- The majority of these young people are Coloured (14.85%) followed by Black Africans (9.57%). The remaining 4% are white and Asian/Indian.
- Unemployment rates in this age group are estimated at 10.1% for males and 11% for females.
- The proportion of youth is expected to continue growing.

#### Social Trends

##### 4.2.1 Teenage Pregnancy

Data from the Western Cape Department of Health indicates that there has been an increase in the number of births to mothers under the age of 18 years between April 2002 and March 2005. Provincially figures have increased from 5 935 in 2002/2003 to 6 382 in 2004/2005. For the period April 2002 to March 2005, the Boland, Central Karoo and West Coast district municipalities have had the highest number of pregnancies to women under the age of 18, with 2% of the population in each of these districts giving birth annually (Prince, 2005).

Table 57: Teenage Pregnancy in Western Cape Districts – April 2004 to March 2005

District/Municipal Area	Total Births	Live Births	Births under 18yrs	% Teenage Pregnancies	Total Females 10-19yrs (Census 2001)
BOLAND	10 913	10 880	1 057	9.7	58 226
CAPE TOWN	49 035	48 134	3 700	7.5	250 433
CENTRAL KAROO	1 059	1 043	109	10.3	5 820
EDEN	8 070	7 920	703	8.7	40 447
OVERBERG	2 670	2 638	255	10.7	16 076
WEST COAST	4 394	4 320	528	12.0	24 150
TOTAL	76 141	74 735	6 382	8.4	393 152

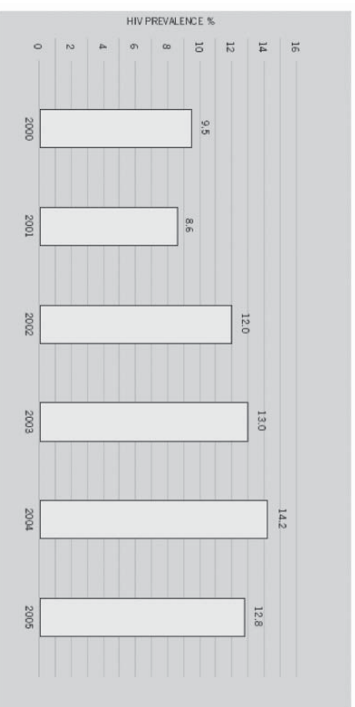
Between April 2004 and March 2005, an estimated 76 000 births were registered in the Western Cape Province, with 8.4% (6 382) of these to mothers under the age of 18 years. The highest number of teenage pregnancies was recorded in the West Coast District Municipal area. The total number of teenage pregnancies increased by approximately 450 from the period April 2002 to March 2003, indicating a 7.5% increase.



##### 4.2.2 HIV/AIDS

Data obtained from the provincial Department of Health indicates that the HIV prevalence among youth in the province has increased significantly in the past five years. The figure below illustrates that the HIV prevalence of the 15-24 age group has increased from 8.6% in the year 2001 to 12.8% in 2005. Results of the 2005 Antenatal Survey indicated a marked increase in the prevalence rate among the 25-29 age group, namely from 1.5% in 1996 to 20.1% in 2005. This age cohort also consistently showed the highest levels of infection over the last five years.

Figure 2: HIV Prevalence by 15-24 Age Group: Western Cape Province, 2000-2005



Source: The 2005 HIV Antenatal Provincial & Area Surveys, Western Cape

##### 4.2.3 School Dropout and Educational Status of Youth

Although reliable administrative data regarding the extent of school dropout in the Western Cape is difficult to obtain, indications are that this problem is on the increase. As illustrated below, the dropout rate for grade 10 was 17% in 2004 and 9.6% for grade 11. In 2005, the province also had a 6% repeater rate.

Table 58: Enrolment, repeater and dropout rates (Western Cape Education Department 2004/2005)

Grade	2004 Learners	2005 Learners	Repeaters 2004	Repeater rate %	Dropouts as calculated per Dec report	Dropout Rate %
GR1	104 105	93 515	8 736	8.39	5 314	5.1
GR2	82 130	94 231	4 176	5.08	436	0.5
GR3	81 489	80 685	3 177	3.90	378	0.5
GR4	76 781	80 809	2 875	3.74	851	1.1
GR5	66 080	74 984	1 929	2.92	195	0.3
GR6	82 574	66 141	2 205	2.67	1 022	1.2
GR7	89 614	81 953	2 606	2.91	2 999	3.3
GR8	85 053	88 778	4 769	5.61	4 961	5.8
GR9	78 964	82 169	6 846	8.67	4 436	5.6
GR10	80 756	81 577	13 895	17.21	17 053	21.1
GR11	54 189	56 657	6 849	12.64	9 600	17.7
GR12	39 451	37 941	191	0.48		
Total	921 176	919 450	58 254			



## PART C BACKGROUND INFORMATION

Of further concern, is the low number of young people obtaining tertiary education in the province. According to Census 2001, only 37% of persons aged 20 to 24 years have reportedly completed Grade 12 or obtained an equivalent qualification, while only 6% have obtained tertiary level qualifications. This is an indication that for persons aged 20 to 24 years, more than 50% have not completed Grade 12. Concurrent with the young population is the high level of unemployment experienced by youth in the Western Cape. The general unemployment rate has escalated, and is currently at the rate of 25%. According to Peterson (2005) almost 80% of the unemployed in the province are the youth, graduates and matriculants.

### 4.2.4 Youth Involvement in Crime

An analysis of available data and literature, highlight the extent to which youth in the Western Cape has become involved in criminal activities. The Integrated Social Capital Formation Strategy (Department of the Premier, 2005) indicates high rate of injuries (mainly homicide) in Cape Town under young males between the ages of 15-40 years. Furthermore, Kagee et al. (2005) noted that in 2002/3, more than 300 boys between the ages of 15-24 in Cape Town alone suffer a violent death. Homicide accounted for 10.6% of deaths in Cape Town with an age standardized rate of 70 per 100 000. The areas of Khayelitsha and Nyanga had the highest rate of injuries (120 per 100 000 and 133 per 100 000 respectively).

A situational analysis conducted by the DSD revealed that that an average 2 223 youths are arrested per month in the Western Cape (Jordan, 2006:6).

Youth awaiting trial statistics reveal that during August 2006 a total of 159 children were awaiting trial in prisons in the Western Cape. With regard to the type of crime, the highest number is in the category robbery (32), followed by theft (23), rape (18), murder (17), housebreaking and theft (13) (Department of Social Services and Poverty Alleviation, 2006).

### 4.2.5 Youth and Substance Abuse

MRC data for the period between January to June 2006, indicate a significant increase in the prevalence of substance abuse in the Western Cape, with the age of drug users ranging from 10 to 54. More than 50 percent of those in treatment centres, aged under 20, had Ttk as their primary drug of choice. Since the beginning of 2005, Ttk use for under 20s in treatment has increased from 11 percent to the current 59 percent (Kassem, 2007:1)

According to SAPS crime statistics, drug related crime shows an increase from 19 940 reported cases in 2003/2004 to 30 432 in 2004/2005 (DOCS, Crime

Information Centre, 2005). The increase in drug related crime over the last year, the increase in drug manufacturing labs (Ttk), together with the increase in drug abuse patients at rehabilitation centres implicate an increased demand for drugs (Ttk).

### 4.2.6 Youth and Gangs

Gangs have recently turned their activities to schools in the Western Cape. They use learners as their medium for drug sales and the school premises as a place of substance abuse. This results in fighting for turfs on the school premises. The Department of Community Safety Directorate Risk Management sampled 133 schools and conducted a risk assessment earlier in 2006. A total of 61.6% of the 133 schools suffered from gang violence and robbery. Two in every five schools had drug merchants and peddling. The schools are a non-threatening niche for gangs as they target "captured audience" for their drugs (Bambanani School Safety Programme, 2006:12).

It is difficult to determine the exact number of gangs. An analysis during 2006 estimated that 47 gangs are operating in Mitchells Plain, Khayelitsha, Gugulethu and Nyanga only (Jordan, 2006:6). A recent trend in gang activities in areas of Gugulethu, Khayelitsha, Langa and Nyanga relates to robberies and vehicle hijackings.

### 4.2.7 Youth exposure to violence

The 2005 National Youth Victimization Survey shows that:

- A fifth of children in the Western Cape between the ages of 12 and 17 have been exposed to domestic violence of all kinds.
- Twenty three percent of children aged 12-17 in the province has been threatened with harm, have been fearful of being harmed, or have actually been hurt in a violent incident while they were at school.
- Sixty eight percent of children aged 12-17 in the province report having seen someone being inter-

tionally hurt outside of their home, mostly in the local neighbourhood and 75% knew the attacker.

## 5. ELDERLY

### 5.1 Demographic Trends

- 7.8% of the Western Cape population or 350 000 persons are 60 years and older.
- The percentage of older persons in the province is expected to increase. SASSA projections suggest that the percentage of older persons in the population will increase from 7.8% in 2001 to 10.7% in 2017.
- The aged dependency ratio for the Western Cape based on 2001 census was estimated at 2.62% for Black Africans; 6.1% for Colored and 6.7% for Indian/Asian and 7.7% for Whites.
- About 4% of all heads of households living in shacks are elderly people.
- Although 86% of all elderly persons reported that they had no disabilities, 5% reported having physical disability. Data on disability do not indicate the

severity of disability and whether a person can actually function with the disability.

- The number of persons expected to live past 80 is estimated to grow by 34% over the next ten years.

### 5.2 Social Trends

- The social role and responsibilities of the elderly has increased in recent years, particularly as a result of providing care for children orphaned by HIV/AIDS. A profile of Social Security Beneficiaries in the Western Cape compiled in 2004, confirmed that many beneficiaries of the Old Age Grant were taking care of their grandchildren (Vorster et al, 2004).
- Although reliable data is not available, indications are that older persons are increasingly subject to abuse, particularly financial and physical abuse.
- The health status of older persons is a further cause for concern as more than 50% of older persons interviewed in the study of Social Security Beneficiaries reported some illness or health related problem.

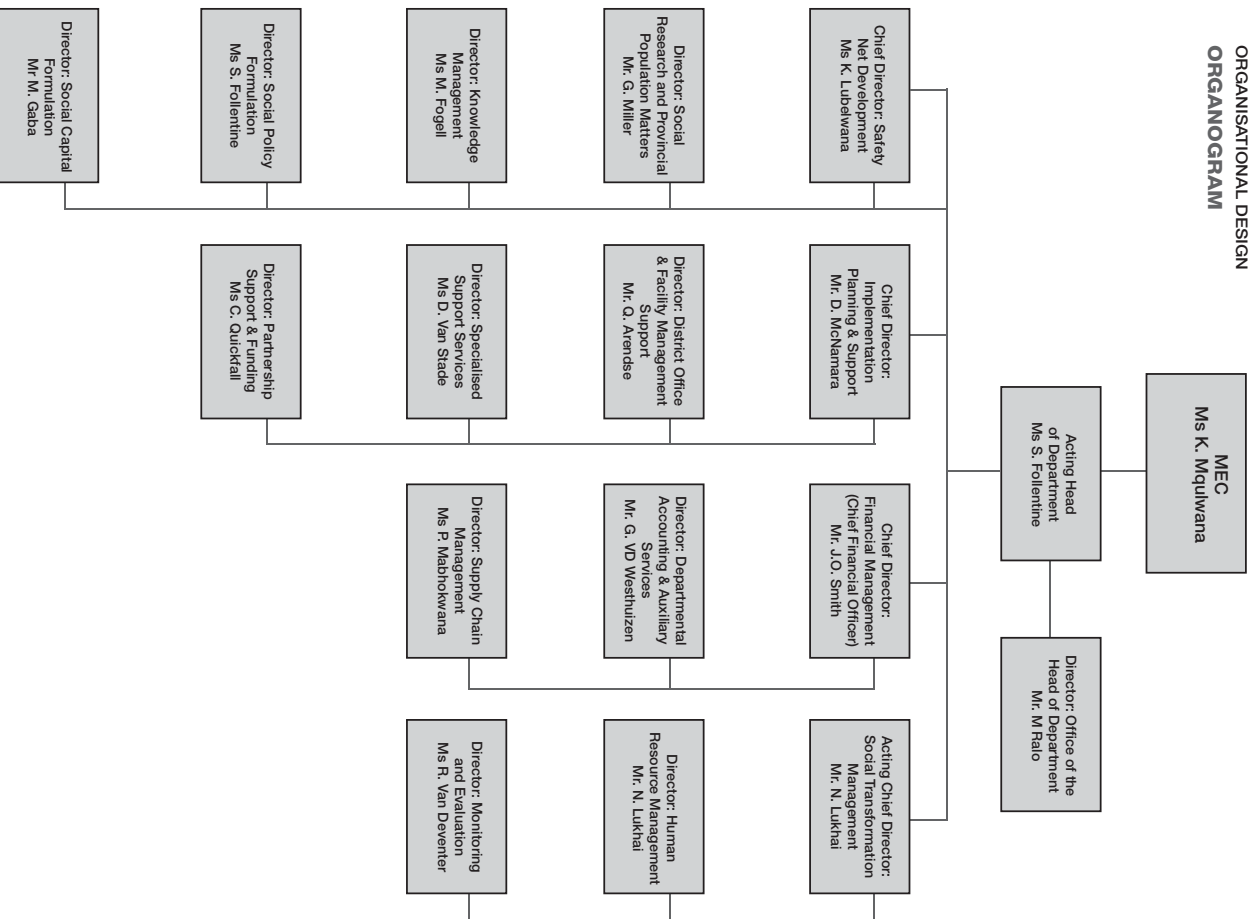




## APPENDIX TWO

Organisational information and the institutional environment

### ORGANISATIONAL DESIGN ORGANOGRAM



## DELEGATIONS

The department complies with human resource delegations as outlined in the Public Service Act, 1994; Public Service Regulations, 2001 and Resolution 3 of 1999. These provide the department with an overarching management framework i.e. stipulating how authority is to be cascaded over the management/supervision hierarchy.

The existing organisational structure makes provision for district offices to perform human resource (HR) and monitoring and evaluation functions internally. Linked to this organisational structure is a management team to which the operational management functions have been delegated, i.e. the district office manager, assistant managers for service delivery support and re-

source management as well as a social work manager. Furthermore, the structure makes provision for the Directorate: District Office and Facility Management Support that ensures that all implementation plans are linked to departmental strategic objectives and provide on-going support in this regard.

In terms of its effective monitoring and evaluation, the department is in the process of drafting a support programme that will facilitate the interpretation of the HR delegations in terms of Cost Centre Model. On-going capacity building and awareness-raising interventions are planned to enforce and sustain adherence to the approved delegations. The implementation of the HR Delegations is assessed on a regular basis within the department, as a further monitoring and evaluation tool relating to the devolvement of HR-functions.

## PERSONNEL

Table 59: Trend- Attrition Rate For Different Categories Of Employees: Period: 1 April 2007 – 31 January 2008

Occupational Class	Total Posts per Occupation	Number of people exiting	Percentage (%)
Emergent Work	125	4	3
Admn. Workers	636	20	3
Professional	719	43	5
Asst. Manager	170	15	8
Managers	53	7	13
Senior Managers	17	1	6
<b>TOTAL:</b>	<b>1720</b>	<b>90</b>	<b>5</b>

Table 60: Interaction between the Attrition and Mortality Rate: Period: 1 April 2007 – 31 January 2008

Total number of people exiting	Total Mortalities	Percentage (%)
90	5	6

The department has reviewed occupation specific skills and will engage a retention strategy to ensure the provisioning of such skills. Trend analysis indicates that the highest attrition rate falls within the middle management cadre where the exodus of scarce skills, inter alia, relating to that of social work professionals. The implications are that a more rapid response to skills transfer is necessary and comprehensive support programmes for social workers are being established. In addition, the review of provincial and departmental policies and procedures for recruitment will come into effect.

**What need is there, if any, for redeployment of employees, or increasing or decreasing the number of employees in particular geographical areas or types of jobs?**

Progress has been made at promoting greater equity in the distribution of resources and services throughout the province, in line with the department's transformation plan. This was achieved through a participatory process of re-directing available resources to areas of highest priority and greatest need.



## PART C BACKGROUND INFORMATION

**How appropriate are the skills and qualifications of employees for effective service delivery? What are the general traits of the training needs of the department?**

The development of a Strategic Work Skills Plan (WSP) in-line with the strategic objectives of the department ensures and strengthens service delivery aligned to the ISDM. The department has an HR Strategy and Plan and recruits qualified staff in the Senior Management Service (SMS). Managers and Professional occupational categories. Scholarships are awarded to unemployed youth to make sure that there is a readily available pool of Qualified Social Workers. A need for employing Social Auxiliary Workers was identified in the HR Plan subsequently unqualified youth from rural areas and poverty areas are recruited and trained on a learnership to ensure that quantitative and qualitative Social Service Delivery takes place. Social Workers were extensively trained in Customer service and Diversity Management and underwent a National Social Development Social Work re-orientation learning programme to further enhance their skills, a follow-up on the programme will be repeated. All other Social Work related categories such as Development Work and Probation work has been Job Evaluated and organized to the extent where it has now become possible to plan training programmes for them. Actual training in this regard will commence in mid 2008. For further professional service delivery enhancement, bursaries are awarded to Social Workers, managers and professionals for postgraduate studies. Other occupational classifications are also taking part in the scheme, this ensures that support to the social work profession will be done in an informed and professional manner.

All employees have an Individual Performance Development Plan, organizational and individual skills gaps are therefore accurately measured and communicated to the WSP.

- General traits are as follows:
- Re-orientation of Social Work Professionals;
  - Mentoring and Coaching;
  - In-service training for Probation Officers;
  - Xhosa, Afrikaans, and English for beginners;
  - Customer Service and Diversity Management;
  - Finance for Non-Financial Managers; and
  - Project Management

**How appropriate are the systems and support that would make it attractive to be employed by the department?**

The current incentive schemes include awarding above average performers by means of the SPMS, long service - and provincial awards. The development of Occupational Dispersions for the different occupational classes within the social service professions is underway to attract and retain skilled staff.

**Vacancies by programme and plans to address these**

As compelled by Resolution 1 of 2007, the department has to fill all vacant positions within a prescribed period. Therefore a Recruitment Plan to regulate the filling of vacancies will be drafted in which the filling of vacancies are prioritised in terms of the need to meet the strategic objectives per programme.

**Job evaluation plans**

Once the plans around the programmatic approach for the various programmes are consulted and finalized, a priority list will be drafted and submitted to Organizational Development in the Department of the Premier to assist with the relevant grading of the positions in line with a newly approved structure.

**Employment Equity plans and progress with**

The department has an approved Employment Equity (EE) Plan that extends over a five-year period. The focus of the EE Plan is on setting numerical targets to promote representativity of designated groups within the department, as identified by the Employment Equity Act, no. 55 of 1998. As part of implementing the EE-Plan the department is committed to reaching its targets through equitable recruitment and selection. To date, the department has reached its EE targets, specifically in the categories of disability and female senior managers.

**Plans to address trends in respect of sick leave, disability leave, etc.**

The directorate is currently analyzing trends in the utilization of sick leave and temporary incapacity leave

in the department and will be utilizing PERSALS/HARE for this purpose. The management of sick leave will be monitored effectively through monitoring of trends, taking corrective action. Stricter monitoring tools for re-integration will be introduced for non-adherence.

The interventions will be on a departmental level, e.g. addressing non-adherence to policy, measures where necessary, and on an individual basis, e.g. corrective counselling sessions with staff members who are abusing sick leave.

**Internal mechanisms in respect of misconduct and discipline**

To provide training and capacity building in the following instances for:

- Investigating Officers and Presiding Officers in order to have trained personnel to deal with all misconduct cases;
- Managers on Labour Law to effectively deal with discipline within the workplace.

**Table 61: Personnel per Programme and sub-programme**

Programme	Approved Post	Filled Post	Vacancies	Total cost (2008/09) '000	Overtime & Allowances '000
1. Administration	499	413	86	95 723	8 285
2. Social Welfare services	1 182	813	369	173 656	16 174
3. Development and research	39	29	10	12 154	25 232
<b>Total</b>	<b>1 720</b>	<b>1 255</b>	<b>465</b>	<b>281 533</b>	<b>773</b>

### PERFORMANCE MANAGEMENT SYSTEM

**What policies and plans exist for the development of performance management systems for all categories of employees?**

**The Staff Performance Management System (SPMS):** The SPMS is applicable to all staff on salary levels 1-12. The SPMS assessment cycle extends from the period 1 April to 31 March each year and is linked to the organizational strategic goals and the operational goals. Line managers are to ensure that all staff enter into the staff performance agreement. The systematic approach consists of the following steps:

- **Planning:** Both parties agree and sign on the objectives and outcomes based on performance standards that are measurable, understandable, verifiable, equitable and achievable.
- **Monitoring:** Staff performance is monitored both formally and informally. It is based on four perfor-

formance amongst employees regarding internal policies and procedures will be created to curb unnecessary disputes. The revival of the IMLC structures to ensure effective management of grievances as well as disputes relating to grievances will create sound relations between the employer and employees.

**Skills development plans**

All staff performance is measured and recorded in individual development plans. The department develops a realistic WSP that ensures that opportunities for all staff to gain valuable skills, knowledge and experience in support of the programmatic approach to service delivery takes place. Partnerships that would support opportunities for local and international training and sharing have to be fostered and expedited. Management strategies for on the job training and coaching will ensure the multi-skilling of staff. Job rotation will be introduced at all levels and will be essential in reaching service delivery objectives.

mance quarterly reviews through the year where performance discussions take place.

- **Developing:** Both parties identify areas of weakness and agree on development
- **Appraisal:** Both parties agree on a rating based on an overview of the performance cycle. The incentive framework linked to the SPMS consists of the 1% pay progression and the cash performance bonus. The qualifying criteria are prescribed in the SPMS policy.

This is a transversal policy, implemented across all departments in the province. This system is applicable to all staff on salary level 1-16. It is expected from all Managers to perform quarterly reviews in respect of all staff under their control. At least two of the reviews must be documented. During these reviews, shortcomings in respect of development and training are identified and should be addressed within a specific timeframe as agreed by all parties.



## PART C BACKGROUND INFORMATION

### How effective has the rollout of performance management systems been?

SMS Level	80% effective, in terms of administrative application
Middle, high and lower levels	50% effective, in terms of administrative application
In terms of the strategic objectives	85%

### IT SYSTEMS

#### How adequate are the IT systems for effective service delivery, and what plans exist to improve IT systems?

Transversal systems (LOGIS, EAS, PERSAL) are adequate for operational use. Management information is not widely available from these systems, and there is little knowledge in this department of (and therefore use made of) the information in Vulindlela. There is not enough accessible and appropriate training available on these systems to capacitate project, information and line managers to get the information they need to make business decisions.

A new version of the Subsidy Management System is being developed for implementation with effect from the 2008/9 financial year.

The version of CPR currently in use enables compliance with National data-submission requirements but does not meet local business needs and has recently failed an internal audit. The department has committed to make plans to replace it as soon as possible (by July 2008).

CYCA and IAS are not yet operational at all offices requiring to use these systems, and plans cannot be made currently due to resource problems.

Apart from CPR and the Subsidy Management System no information systems are currently in use to collect information on the department's "line" services. Measurements and statistics are required for management information (programme monitoring and non-financial data), and will be developed during the 2008/9 year (depending on resources).

The department requires integrated information management, project management and knowledge management tools to support the implementation of the department's programmes. The needs will be specified and some applications will be developed on the Live!xk platform during 2008/9 (depending on resources).

#### How will the department ensure that IT systems are put to optimal use?

All new developments will be motivated and prioritised by

information owners. Key users will be closely involved in specification and acceptance testing. Training and change management will be incorporated into project plans.

#### The department's Master Systems Plan and its link to the strategic plan?

A Master Systems Plan framework was developed by e-Innovation last year based on information received from departmental users, including the department's strategic plans. This will be further integrated with the department's strategic plans, as well as the operational plans of the 8 programmes and support components in the coming year.

### FINANCIAL MANAGEMENT

The Public Finance Management Act, Act No. 1 of 1999 (PFMA), as amended has as its prime object to secure transparency, accountability, and management of revenue, assets, and liabilities of the institutions within a spirit of good corporate governance, to which the Act applies.

The department accomplished its objectives by providing a systematic and disciplined approach to evaluate and improve the effectiveness of risk management, control and the governance process. It is an extension of management's control process to ensure the implementation of policy.

The department strives to ensure that:

- The actions of directors, officers, and employees are in compliance with the department's policies, standards, plans, and procedures and all relevant laws and regulations;
- The safeguarding and control of the resources of the department through the implementation of Asset Management System (including LOGIS);
- The economical use of resources of the department and the effective performance of the functions of the department;
- That data and information published either internally or externally is accurate, reliable and timely;
- That the department's plans, programs, goals, and objectives are achieved; and

- That quality business processes and continuous improvement are fostered in the department's control process.

The adoption and implementation of the PFMA signalled another phase of the programme of reforms. The PFMA aims to modernise financial management in the Public Sector and it enables Accounting Officers (AOs) to manage but, at the same time, holds those accountable for the resources they use. It establishes clear lines of accountability and the broad framework of best practices that managers can adopt or, where necessary, adapt.

Supply chain management (SCM) is primarily focus on the concept of value for money and the effective and efficient use of available resources, as well as assisting with sound financial and economic decision-making. Instrumental to SCM will be the meaningful and sustainable empowerment of those historically disadvantaged.

The development and implementation of the Accounting Officer System that governs procurement is part of the Chief Financial Officer's responsibilities as stipulated by the Treasury Regulations, chapter 2, viz to assist the Accounting Officer with Strategic financial decision and discharging the duties under part 2 of Chapter 5 of the PFMA.

The Accounting Officer's System that is aimed at guiding the various directorates, district offices and facilities regarding the implementation of supply chain management principles and policies has been issued.

### AUDIT MANAGEMENT

Capacity has been secured at all the department's district offices to ensure the prevention, rectification and management of audit queries. The post auditing function will remain centralised to ensure implementation of recommendations and minimising non-compliance. Another level to ensure compliance is through the internal monitoring and evaluation process as well as ensuring implementation of recommendations.

The internal audit function will primarily address risk areas as well as areas of non-compliance raised through audit queries.

The department is currently at Level 3 status and moving towards a Level 4 (focus on measuring how resources are used) with the next Auditor-General report.

### CAPITAL INVESTMENT, MAINTENANCE AND ASSET MANAGEMENT PLAN

#### Asset Management

The department asset base consists of major assets namely office furniture and IT equipment (tangible and regarded as capital assets having a value in excess of R5000.00) and minor assets (intangible assets known as inventory) with a value of between R500 - R5000. After the Annual Stock Taking, a process of capturing shortages, surplus and redundant items on LOGIS system is initiated that result in changes to the asset base (change in value but not in character). Increase in our asset holding will be due to the new incumbents and replacement of equipment and furniture. Further expected change will be due to the fifty (50%) percent of the IT equipment is older than three (3) years and twenty-five (25%) percent is older than five (5) years.

The department is using the Logistical Information System - LOGIS (as prescribed by National Treasury) in conjunction with the Omix Asset Tracking system. LOGIS adheres to National Treasury and Auditor General Requirements in terms of Asset Management. This includes identification of Asset Categories, Depreciation, Maintenance, Ownership, Purchasing and other required information. All processes in order to maintain data integrity and security are in place.

Omix functionality is used as the Asset Tracking and Audit system. Aluminium individually serialized barcode labels are affixed to all moveable assets. The Barcode numbers and locations are cross-referenced on LOGIS in order to optimize the seamless integration of the systems.

Approximately seventy (70%) percent of assets are in good condition and the remaining 30% of assets are redundant based on their lifespan, usefulness and obsolescence. The state of the capital stock is managed by maintenance classification, on the LOGIS system. This is calculated based on the prescripts of National Treasury. An asset is flagged as "unserviceable" as soon as the routine and maintenance costs reach a certain percentage of the original purchase cost of the item.

#### Maintenance Plan

The budget for capital projects and major maintenance is allocated with the Department of Transport and Public Works. The DSD submitted its ten-year stra-





## PART C BACKGROUND INFORMATION

legic accommodation plan for capital projects to the Department of Transport and Public Works. Priorities are determined annually in conjunction with the aforementioned department for five financial years.

The department is in the process of finalising its ten year Departmental Strategic Accommodation Plan in partnership with the Department of Public Works and Transport.

The overall approach to accommodation will focus on:

- Moving towards accessibility by establishing local offices and service points in consultation with district offices and municipalities
- Location of NPOs that renders services on behalf of the department
- Maintenance and upgrading of existing infrastructure

### New building projects being planned

The department is in the process of establishing three substance abuse rehabilitation centres over the Medium Term Expenditure Framework (MTEF) period in the Metropole, Southern Cape and West Coast. Two of the three sites for the establishment of Substance Abuse Centres were identified and approved by the Minister. The invitation for Bids for the establishment for the Maitland Substance Abuse Centre was advertised and will commence in the financial year 2008/09 with the expected date of completion within 12 months. The Department of Transport and Public Works were

informed that the department is approving the site in Beaufort-West and that they can proceed with the invitation of bids for the establishment of the Substance Abuse Centre. This project is currently in the planning phase and will also take 12 months to complete.

### Major refurbishing projects

Refurbishment at district offices will be done after consultation with the district office and negotiations for the extension of lease agreements as the majority of leases will be expiring during this financial year.

### How capital investment plans expected to impact on current expenditures in the future

Current capital investments will have an impact on the expenditure as more motor vehicles and accommodation needs to be procured to ensure an effective and efficient service delivery to the poorest of the poor.

### Plans around key moveable assets

The department has the Control Transport Officer and Transport officers at District Offices and Facilities in place who manage the transport fleet in the department. It is the department's responsibilities to manage all vehicles receive upon delivery. The department must also ensure adherence to prescripts as well as reporting accidents within the timeframe as stipulated to the relevant role players to avoid unnecessary expenses for not complying.



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Location	Address	Telephone	Contact Person
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<b>BELLVILLE</b> Local Office Voorbrugt, Delft	Orr Kloofhoek and Voorbrugt Roads	021-940 7100	Ms C Engel
<b>EENSTE RIVER</b> Service Points Westbank	21 Vogelval St, Westbank	021-900 4515	Jenny Macmaster
<b>CALEDON</b> Local Office Swellendam	1 Vollerhoven Street, Swellendam	028-5143732	Ms Stevens
<b>VREDENBERG</b> Local Office Mamessobuy Piketberg	Westbank Library Hoostraat Piketberg	022-487 9400 022 913 1136	Marieta Mketling Felicity Ficks
<b>MITCHELL'S PLAIN</b> Local Office Samora Maschel	Noluxoic Primary School off OR Tambo Drive	021-372 7832	Mr K Brink
<b>BEAUFORT WEST</b> Local Office Langsburg	Thusong Centre, Orr Heolilan & Derdejaan, Langsburg	023-551 1899	Mr Schipper
<b>CAPE TOWN</b> Local Office Atlantis	Murraysburg Town Hall Prince Albert, Hospital	048 844 0018 023-541 1725	Andre de Jager Lya Stal
<b>Service Points</b> Joes Slivo	1 Nottingham Street, Sherwood Park,	021-572 3124/6	Ms Marilyn Fortuin Atlantis
<b>Service Points</b> Kensington Du Noon	Khulunathi Youth Centre, Democracy SHAWCO 12th Avenue Kensington Community Hall, 31 Section 1, Du Noon	021-481 9700 021-481 9700 021-481 9700	Ms Monique Hendricks Dra. Joes Slivo Mr Oscar Makelima Mr Oscar Makelima
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## CONTACT DETAILS MINISTRY OF SOCIAL DEVELOPMENT

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	Ravensoville Police Station	023-348 5300	Ms Peters
	Sandhills Clinic	023-348 5300	Ms Lindi Kentliles
GUULETHU Local Office Zolani Centre, Nyanga	De Doorns, Clinic	023-348 5300	Ms Bulewa Jijekaka
	Sihlandathu Avenue, Nyanga	021-3861205	Nandipha Masina
GEORGE Local Office Old Library, Riversdale Kwankuthula, Plettenberg Bay Thembani Street, Mossel Bay	Van Ribesack Street, Orange-Heide	028-713 4147	Ms J Grundlingh
	Xpniula Street, Kwankuthula	044-553 0479	Ms L Ngqilo
	2 Thembani Street, Mossel Bay	044-693 1729	Ms K Fodo
Service Points MPC Thembalathu	Crn Ngqoni & Jerro Street, Thembalathu	044-880 1711	Ms IWM Parks

TOLL-FREE No. 0800 220 250 WEBSITE: <http://www.cape.gov.za/govz/socdev>



## GLOSSARY OF TERMS

TERM	DEFINITION
2-1 priority areas	Bishop Lavis, Delft, Elsie's River, Cedarberg, Matzikama, Central Karoo (Beaufort West), Mankenberg, Gugulethu, Nyanga, Hanover Park, Kannaland, Oudshoorn, Khayelitsha, Kleinvel, Phillipi, Mitchell's Plain, Muizenberg, Paarl, Theewaters Kloof, Vredenburg and Wizenberg
Emerging organisations	Broad-based definition (Characteristics): <ul style="list-style-type: none"> <li>• Black-owned and managed as per BEE definition</li> <li>• Locally based i.e. its origin, functioning, historical location</li> </ul>
ACRONYM	
ASGISA	Accelerated Shared Growth Initiative of South Africa
BEE	Black Economic Empowerment
CYCA	Child and Youth Care System
DSD	Department of Social Development
ECD	Early Childhood Development
EPWP	Expanded Public Works Programme
GIS	Geographic Information System
HCBC	Home Community- Based Care
HOD	Head of Department of Social Development
HSRC	Human Science Research Council
ICB	Institutional Capacity Building
IDP	Integrated Development Plans of Local Authorities
IPDP	Individual Development and Performance Plan
ISDM	Integrated Service Delivery Model
ISRDP	Integrated Sustainable Rural Development Programme
LDAC	Local Drug Action Committee
LED	Local Economic Development
MOU	Memorandum of Understanding
MIS	Management Information System
M&E	Monitoring and Evaluation
NCPS	National Crime Prevention Strategy
OVC	Orphaned and Vulnerable Children
PDS	Provincial Growth and Development Strategy
PSSP	Psycho Social Support Programmes
SACENDU	South African Community Epidemiology Network on Drug Use
SASSA	South African Social Security Agency
SLA	Service Level Agreement
SMMME	Small, Micro and Medium Enterprises
URP	Urban Renewal Programme
VEP	Victim Empowerment Programme
WSP	Work Skills Plan