

**THE STORIES BEHIND THE NUMBERS:  
AN INVESTIGATION OF EFFORTS TO DELIVER SERVICES  
TO THE SOUTH AFRICAN POOR**

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The perspectives presented here do not necessarily reflect those of the individuals consulted, nor those of the World Bank. Also, any errors or misrepresentations remain the responsibility of the authors.

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**CONTENTS**

<b>Introduction</b>	<b>1</b>
<b>Background: World Bank framework for World Development Report 2004</b>	<b>3</b>
<b>A. An assessment of government spending on poor people in South Africa</b>	<b>5</b>
<b>A1. Persistence in race-based inequalities</b>	<b>6</b>
<b>A2. Social spending by race and income group</b>	<b>8</b>
<b>A3. Considering the impact of social spending on outputs and outcomes</b>	<b>12</b>
3.1 Education	
3.2 Health care	
<b>B. An annotated bibliography of pro-poor service delivery in South Africa</b>	<b>21</b>
<b>B1. Primary education and poor communities</b>	<b>22</b>
1.1 School effectiveness and accountability in poor communities	
1.2 User fees and school governing bodies	
1.3 Non-public education provision in poor communities	
<b>B2. Primary health care in poor communities</b>	<b>33</b>
2.1 User fees for primary health care	
2.2 Contracting out primary health care functions to community members	
2.3 Private vs. public clinics	
<b>B3. Water and sanitation in poor communities</b>	<b>46</b>
3.1 Pro-poor policy and policy implementation in water and sanitation	
3.2 Community participation and cost recovery in water supply projects	
3.3 Public–private partnerships in water and sanitation	
3.4 Contracting out the implementation of water and sanitation projects to NGOs	
<b>B4. Police security and poor people</b>	<b>64</b>
<b>B5. Rural roads and poor people</b>	<b>67</b>
<b>B6. Social protection services and poor people</b>	<b>69</b>
<b>Conclusion</b>	<b>74</b>
<b>Appendix A: Accessing featured publications</b>	<b>75</b>

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## **Introduction**

This report for the World Bank Group is meant to complement work being done at both the country level and internationally about the way social delivery mechanisms can impact positively or negatively on social outcomes. This report was commissioned to provide evidence from the South African experience of what works and what does not. The large number of NGOs and CBOs in South Africa also has contributed to a quite varied experience with social delivery and to a fair degree of documentation of such experience, thus creating the possibility of useful insights from these case studies.

This report is focused specifically on the poor and aims at addressing two central questions pertaining to the poor: “What does the South African government spend on the poor?” and “How effective has pro-poor alternative service delivery models been in South Africa?” The document has been structured in accordance: it is divided into two sections, with Section A addressing the first question and Section B devoted to discussing the second question. Due to the nature of the questions and available sources, Section A is an integrated argument referring to recent research, while Section B is presented as a collection of source summaries, loosely tied together by overlapping themes and short descriptions of relevant circumstances and the policy background.

In answering these two questions the report does not aspire to be a comprehensive account of South Africa’s service delivery experience. In our selection of sources, we concentrated on studies that contained descriptions of empirical results and lessons to be learnt. Also, in accordance with our brief, the focus in section B is mostly on non-academic or unpublished sources that are often not accessible to researchers, policy makers and the development community outside South Africa. Many of the sources in this section are project evaluations for NGOs or the government. Also note that our summaries are selective representations, with the emphasis on those sections of the document that describe an alternative service delivery experiment’s impact on the poor.

Even within this narrower band, the report does not aspire to be comprehensive. The aim is to provide a snapshot of a selection of interesting experiments and experiences in pro-poor social spending and service delivery in South Africa.

The nature of the question asked in Section B implies some reliance on anecdotal evidence and case studies, sources that are often too focused and specific to allow abstraction. The weakness can however also be a strength. The important contribution of these types of sources lies in the granularity that it provides, an ingredient that is often missing from a more abstracted, rigorous and clinical analysis of social delivery. Section B thus complements the aggregated overview provided in Section A, telling us more about a few individual experiences with service delivery: how change came about and what the problems, challenges and pitfalls were.

Section A will consider fiscal incidence and its link to social outcomes. Here it will become clear what a crucial role social delivery fulfils to ensure that spending is translated into outcomes. Section B follows with an outline of the results of service delivery experiments in six areas: primary education, primary health care, water and

sanitation, police security, rural roads and social protection. Section B asks questions about the conditions for efficient service delivery by private or NGO partners, the effectiveness of community participation, the appropriateness of user fees and even the stimulation of small business development. Although most of this section consists of source summaries, there are some brief introductory notes to contextualise the source-based discussions and to raise issues of cross-cutting concern. The appropriate placement the sources summaries were not always obvious, as some sources deal with more than one issue. After Section B, the report concludes. An appendix provides contact information for the sources discussed in Section B.

## Background: World Bank framework for World Development Report 2004

The figure below sets out an approach adopted by the World Bank for its draft World Development Report 2004.<sup>1</sup> The World Bank divides actors in the social delivery process into three according to their roles:

- *Policy makers* (there may be several) set the rules of the game.
- *Providers* (public sector agencies as well as public, non-profit or private for profit enterprises) manage service delivery.
- *Citizens* ultimately control the policy maker and are the direct *clients* of services. It is important to distinguish poor citizens from others.

Institutional arrangements for service provision are embodied in the relationships between these three sets of actors. In developing countries donors also affect other relationships.

- *Policy maker-Provider*: Policy makers cannot perfectly monitor and control service providers. Hence the principal-agent relationship is crucial between policy makers (who set the rules) and providers (who operate under those rules). In this context it is problematic that there is no clear separation between the role of policy maker and that of provider in many ministries.
- *Client-Provider*: Citizen-clients play two critical roles: in revealing their demand for services, and in monitoring the provider.
- *Client-Policy maker*: Citizens need to exert their influence to ensure that the policy maker respond to their preferences. This relationship includes formal mechanisms, such as elections, and informal ones, such as advocacy.

This framework assists in analysing both successes and failures of centralized public provision as well as in evaluating alternative arrangements.

- Centralized public agency provision works well when the state is capable, the service to be delivered is relatively simple, and demand for the service is relatively homogenous across citizens
- However, it fails when:
  - the *policy maker-provider* relationship is strong, but *citizen* voice weak (e.g., apartheid);
  - the *state (policy maker), providers* and *citizens* are all weak (then few public services are delivered at all);
  - the *client-policy maker* link is weak, but *providers* or the public sector are politically strong (public agencies become bloated and provider concerns dominate);
  - the service to be delivered is complex – then centralized production discourages innovation and initiative;
  - there is heterogeneous demand (across individuals or communities), thus top-down mechanisms discourage local input.

Many attempts at improving public services fail because they do not alter incentives for providers. Institutional reforms of public agency production need to strengthen the focus on accountability (to policy makers and clients) for outputs.

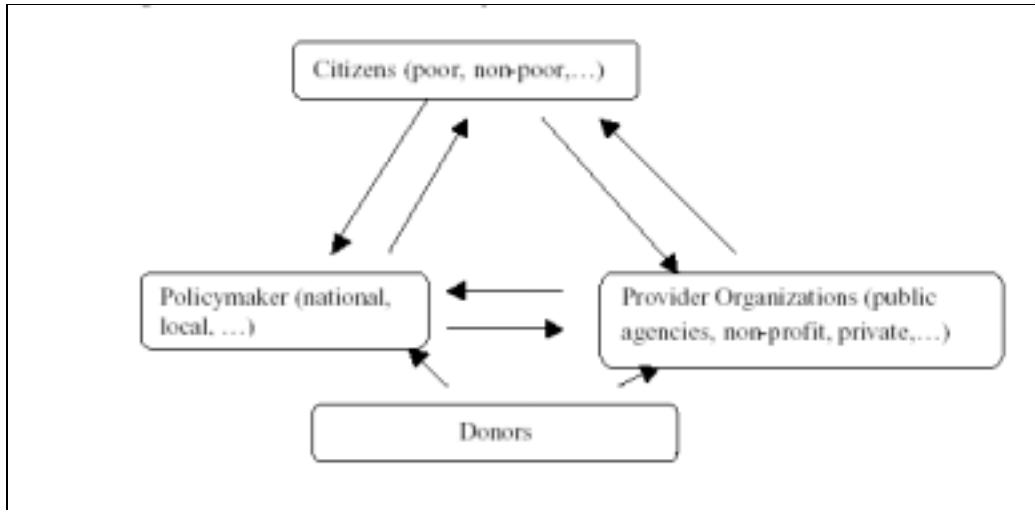
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<sup>1</sup> This part draws mainly from the draft *World Development Report 2004* framework dated 24 September 2004 – the latest version available at the time of writing this report.

The value of some alternative social delivery arrangements can also be seen by viewing them within this framework:

- Contracting out depends on the *policy maker-provider* link
- Decentralization depends on the *client-provider* and *client-policy maker* links
- Improved participation, e.g. through Social Funds, strengthens the *client-provider* link
- Demand-side subsidies directly address the *policy makers-client* link, to improve provider performance

**Figure 1: A conceptual framework for analysing social delivery processes**



Source: Draft World Development Report 2004

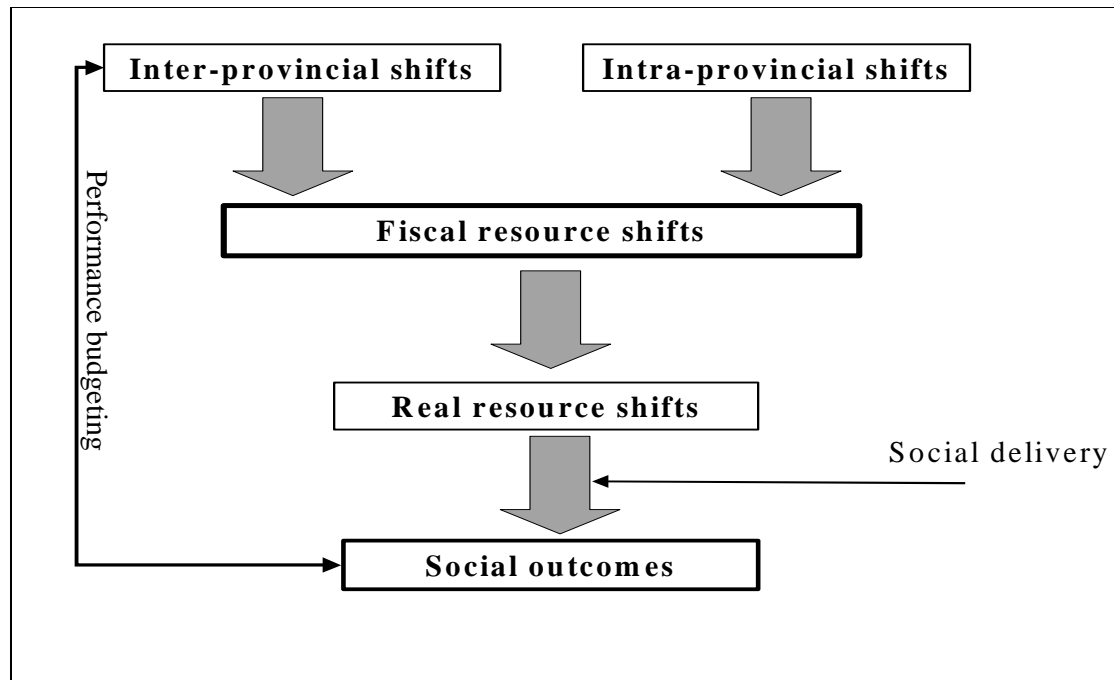
Although this paper does not use the above framework explicitly, it offers a useful perspective to tie together many of the questions addressed in this report. Section B – the annotated bibliography – mainly focuses on questions surrounding the relationship of providers with clients and policy makers.

## A. An assessment of government spending on poor people in South Africa

This Section of the paper provides an overview of poverty, fiscal incidence and social outcomes in South Africa, before moving on to a more extensive coverage of the link between fiscal incidence and social outcomes, mainly in education.

Figure 2 sets out a scheme to illustrate the aim of this Section and also its relation to other questions relating to service provision. Inter-provincial as well as intra-provincial shifts in fiscal incidence together determine overall fiscal resource shifts, which do not necessarily always translate into real resource shifts. Real resource shifts in turn can affect social outcomes, but again, this is by no means certain. The links between inter- and intra-provincial fiscal resource shifts and social outcomes therefore lie in the budget (performance budgeting and the medium term expenditure framework are of crucial importance) and in the social delivery process. Attention falls particularly on those social outcomes most readily measurable, viz. in school education. This is a crucial area of social policy, for human capital inequality is, in the words of Charles Simkins<sup>2</sup>, one of “apartheid’s footprints in the sand of poverty and inequality” and education well illustrates more general social policy concerns.

**Fig. 2: A scheme for analysing the link between fiscal resource shifts and social outcomes**



Inter-provincial fiscal resource shifts have been well documented, inter alia in regular publications by the Financial and Fiscal Commission (FFC), the government’s excellent Inter-Governmental Fiscal Reviews<sup>3</sup>, more than one hundred budget information briefs by Idasa’s Budget Information Service, and a paper on health inequalities between the

<sup>2</sup> Simkins, Charles. 1998. *On the durability of South African inequality*. Macarthur Foundation Working Paper. Macarthur Network on Inequality and Poverty: Princeton 4, 8-11

<sup>3</sup> South Africa, National Treasury. Various years. *Intergovernmental Fiscal Review 2001 and 2002*. Government Printer: Pretoria



provinces by Collins et al.<sup>4</sup> These documents show shifts towards fiscal equity between provinces, which necessarily also had consequences at intra-provincial level. But intra-provincial shifts have not, however, received much separate attention, except for an unpublished paper by Fisk & Ladd<sup>5</sup> on education in the Western Cape. The social policy dilemma is well analysed in some government documents<sup>6</sup> and also discussed in a report by De Bruijn et al.<sup>7</sup>

This Section first discusses South Africa's legacy of inequality – the backdrop to much of public policy – where after it turns to an analysis of fiscal resource shifts or fiscal incidence, before moving on to a discussion of how these relate to social outcomes, particularly in education. This provides some support for suggestions that the policy focus should shift to greater attention to *equity in outcomes* (implying improved efficiency of social delivery) rather than *fiscal equity*.

## **A1. Persistence in race-based inequality**

The extent of inequality in South Africa is well known. Figure 3 shows the distribution of the population across percentiles of the expenditure distribution. The black population completely dominates the lower percentiles, while the white population is concentrated in the upper percentiles, particularly above the eightieth percentile.

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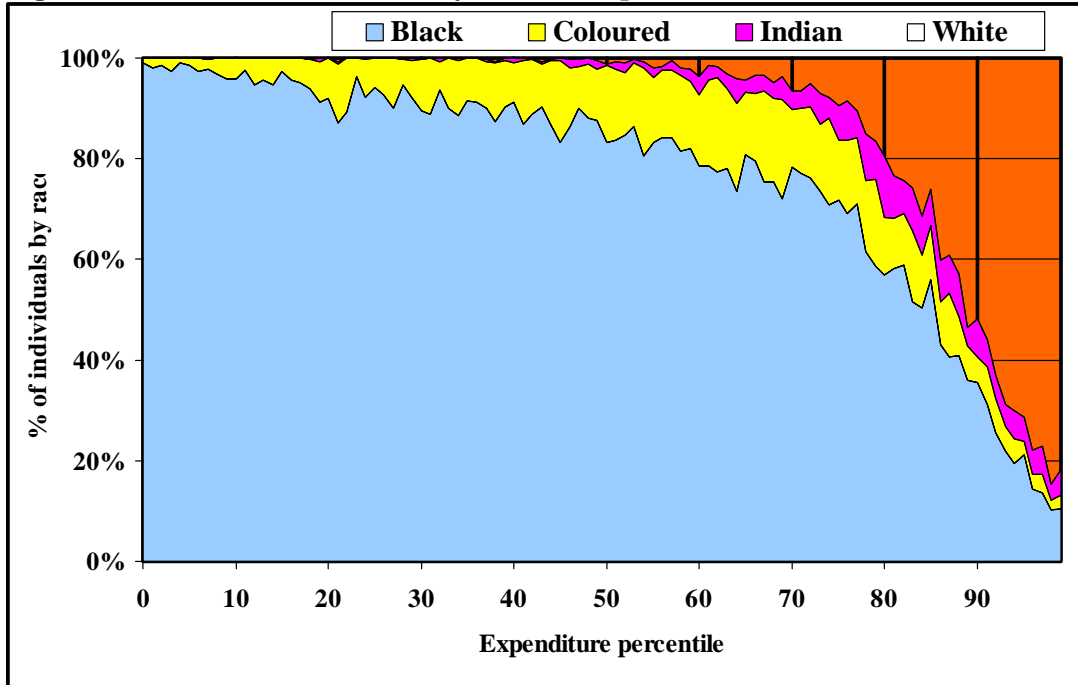
<sup>4</sup> Collins, David; Brijlal, Vishal; Makan, Bupendra; & Cross, Peter. 2000. *Why do some South African provincial governments spend more on health care than others?* Discussion paper, Equity project. Mimeo. Department of Education: Pretoria. March

<sup>5</sup> Except for an unpublished paper on education in the Western Cape: Fisk, Edward B. & Ladd, Helen F.. 2002. *Financing schools in post apartheid South Africa: Initial steps towards fiscal equity*. Mimeo. Stanford Institute of Public Policy. May.

<sup>6</sup> South Africa, Budget Office, Department of Finance. 1998. *1998 medium term expenditure review: Education*. Pretoria: Department of Finance; & South Africa, Budget Office, Department of Finance. 1998. *1998 medium term expenditure review: Health*.: Department of Finance: Pretoria

<sup>7</sup> De Bruyn, Julia; McIntyre, Di; Mthetwa, Nelisiwe; Naidoo, Kuben; Ntenga, Lydia; Pillay, Pundy; & Pintusewitz, Clive. 1998. *Public expenditure on basic social services in South Africa*. An FFC report for UNICEF and UNDP. Financial and Fiscal Commission: Midrand.

**Fig. 3: Distribution of individuals by race and expenditure decile, 1995**

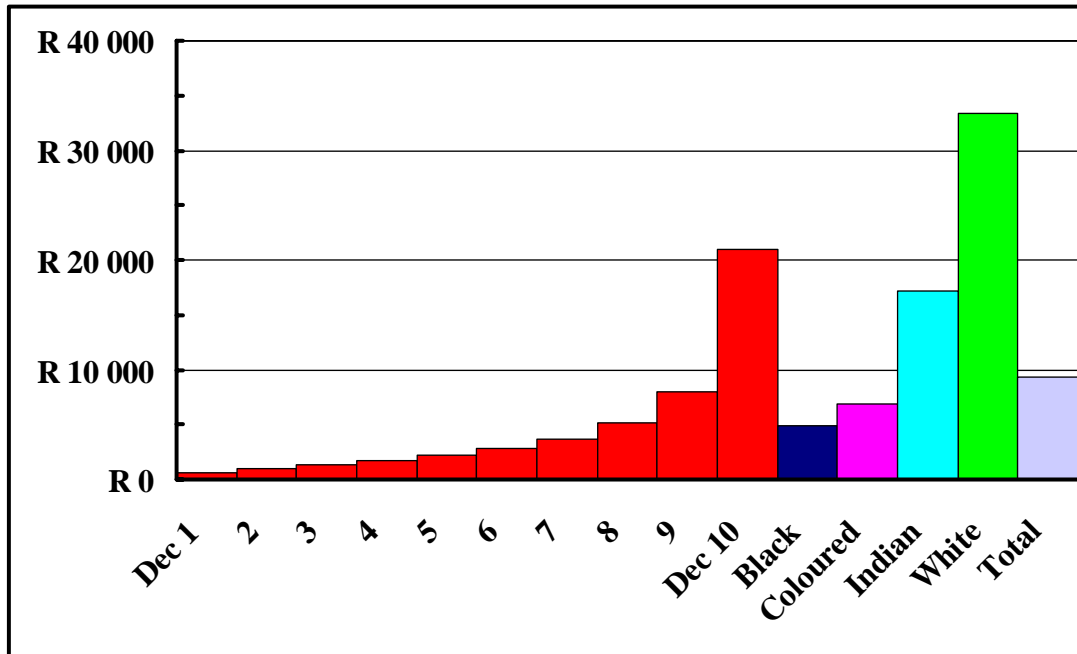


*Source: Own calculations from October Household Survey/Income and Expenditure Survey 1995*

But even in 1995 – before the full consequences of political change had been felt – a substantial proportion of the black population already found themselves in the top two deciles of the expenditure distribution.

Figure 4 shows a vast gap in per capita household expenditure between the different race groups in 1995. Yet interestingly, amongst the dominantly poor black population, the top decile had moved far ahead of their counterparts. Their per capita expenditure even exceeded that of the full Indian population, and started to approach that of the white population. This trend is likely to have continued since the political transition, with the consequence that the black elite has almost caught up with the white population.

**Fig. 4: Per capita household expenditure by race and black expenditure decile, 1995**



Source: Own calculations from October Household Survey/Income and Expenditure Survey 1995

Thus inequality is mainly but no longer purely a racial issue: the black elite already exhibits relatively high levels of per capita household expenditure, although the largest part of the black population remains poor.

## A2. Social spending by race and income group

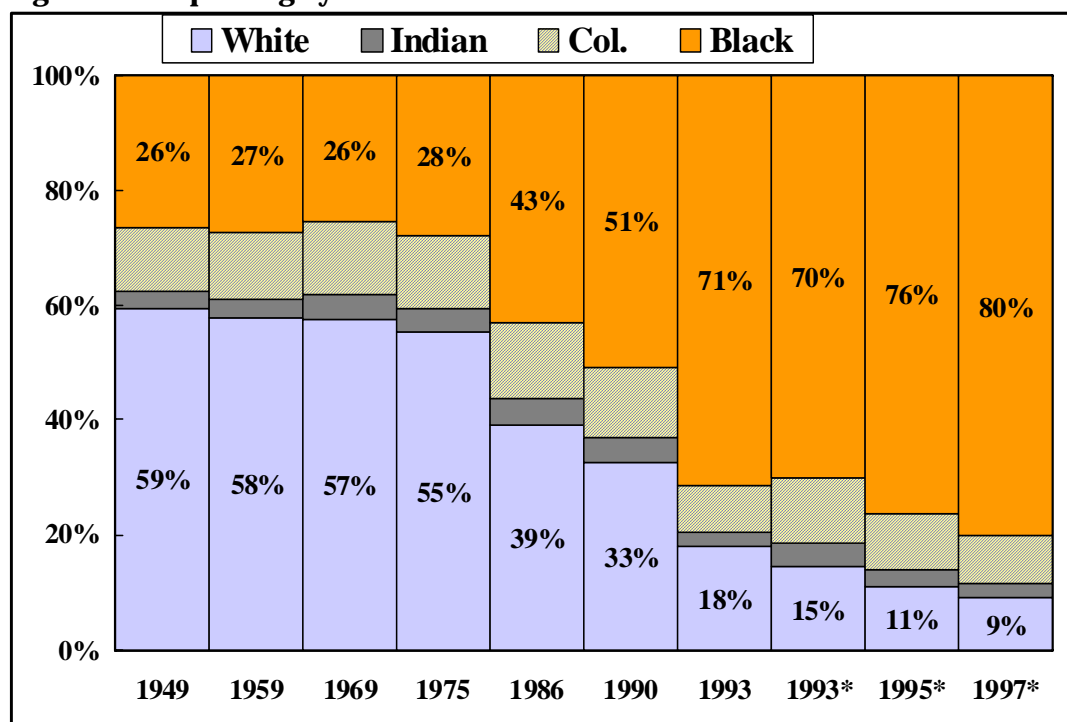
Given large-scale inequality in the market, aspirations and expectations of the newly democratised focus on the role of government as a redistribution of income, particularly through the budget. Figure 5 shows the percentage of social spending going to the different racial groups. Until 1993, apartheid bookkeeping made it relatively easy to obtain such spending figures, because social expenditure was clearly demarcated by race. Since then, however, this became less easy, because of the deracialisation of expenditure. For this reason the Department of Finance launched an investigation into fiscal expenditure incidence since the transition, based mainly on fiscal data, data from the various social expenditure departments and household surveys.<sup>8</sup> This allows some analysis of trends in social spending by race since the political transition.

The figure clearly shows a considerable shift in fiscal incidence from the mid seventies onwards. Like many other regimes under pressure, the former government had responded to social pressures by first instituting hesitant social reforms, in an attempt to

<sup>8</sup> Van der Berg, Servaas. 2000. *An analysis of fiscal incidence of social spending in South Africa, 1993-97*. Report to the Department of Finance, Pretoria funded by Deutsche Gesellschaft für Technische Zusammenarbeit (German Agency for Technical Cooperation, gtz). University of Stellenbosch: Stellenbosch. This original study formed the basis for two articles: Van der Berg, Servaas. 2001a. Redistribution through the budget: Public expenditure incidence in South Africa. *Social Dynamics* 27(1). Summer:140-164; Van der Berg, Servaas. 2001b. Resource shifts in South African schools after the political transition. *Development Southern Africa* 18(4), October 2001: 309-325

deflect pressure, before political reform came onto the agenda. This left relatively limited scope for the new government to shift fiscal incidence much further towards the black population, and particularly to the poorer part of the black population.

**Fig. 5: Social spending by race**



Source: Own calculations from various sources. See Van der Berg (2001a)<sup>9</sup>

Figure 6 shows a Lorenz curve of income excluding social transfers – the Lorenz curve shows the cumulative proportion of pre-transfer income from the poorest to the richest quintiles – and concentration curves for the various types of social expenditure. Concentration curves show the cumulative proportion of spending going to these same groups:

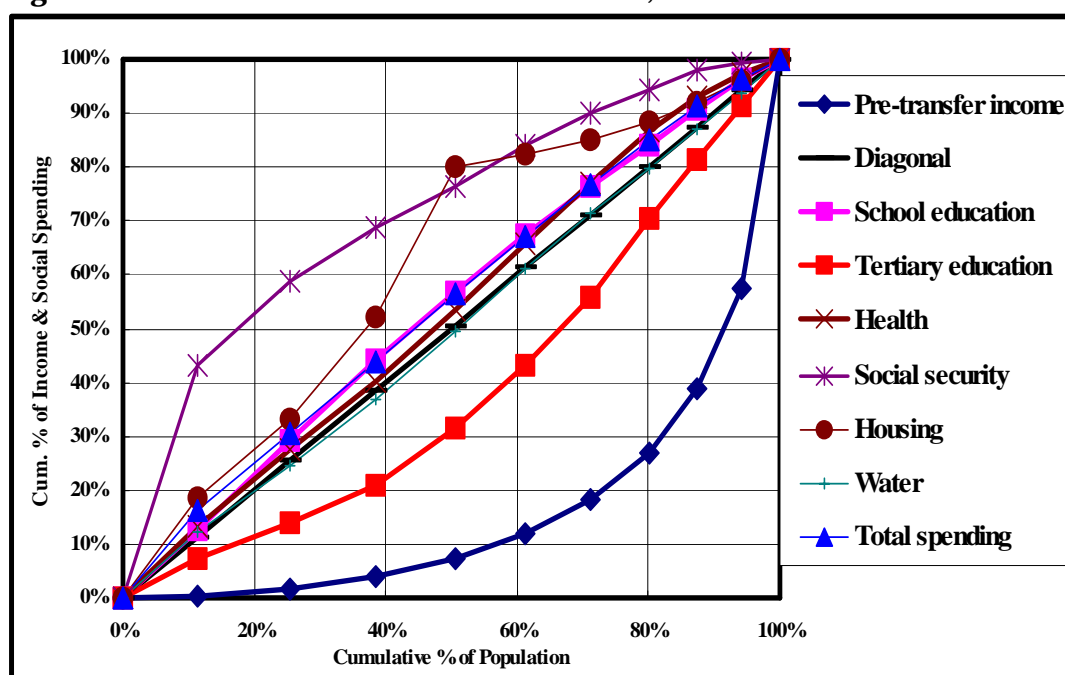
- Where concentration curves lie above the Lorenz curve, as is true in all instances reported here, spending is progressive; it would redistribute aggregate resources even if funded by proportional taxes.
- Where the concentration curve in addition also lies above the diagonal, spending is targeted at the poor, i.e. they share more than proportionate to their numbers in such spending. This applies to a number of social programmes investigated here, especially social grants.

Thus already by 1997, most social programmes were progressive in their effect (i.e. the poor gained more than proportionately from such spending relative to their pre-transfer income) and most were also relatively well-targeted, i.e. the poor gained more than proportionately to their population size. Clearly, social spending is already relatively well targeted towards the poor, compared to the record of many other developing countries. This is particularly the case for social transfers, an important item of expenditure in the

<sup>9</sup> Van der Berg, Servaas. 2001a. Redistribution through the budget: Public expenditure incidence in South Africa. *Social Dynamics* 27(1). Summer:140-164

South African context, which are extremely well targeted. Tertiary education is least well targeted, mainly because of limited access: few poor children fare well enough at school to enter tertiary education, and those who do are constrained by the high cost. In contrast, the fiscal benefits of school education were in 1997 already almost equally distributed across the income range, despite remnants of past discrimination in per pupil expenditure. The reason is that the poor have more children, and almost all South African children are now at school until about age fifteen.

**Fig. 6: Lorenz curve & concentration curves for SA, 1997**



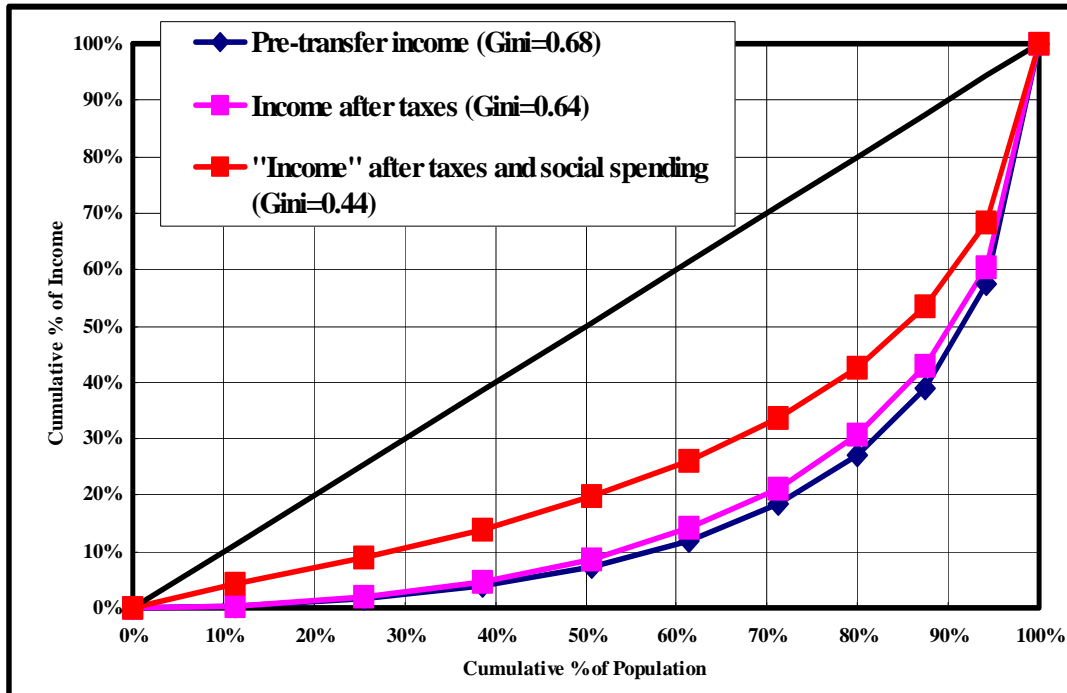
Source: Own calculations. See Van der Berg (2001a)<sup>10</sup>

Figure 7 shows a Lorenz curve for income from which has been subtracted all transfer incomes, in order to investigate the impact of government spending and taxes. The Gini coefficient associated with this Lorenz curve is 0.66, a very high level indeed.<sup>11</sup> If taxes are also included, the Gini coefficient declines only slightly to 0.64. If the impact of social spending is also included, however, the Gini declines to 0.44. The redistributive impact of taxes is thus far less than that of social spending, something quite common in developing countries, where taxes play a small role in overall income distribution.

<sup>10</sup> Van der Berg, Servaas. 2001a. Redistribution through the budget: Public expenditure incidence in South Africa. *Social Dynamics* 27(1). Summer:140-164

<sup>11</sup> In order to separate out the effects of social spending from personal income obtained in the market, social transfers were not included with incomes for this purpose, thus increasing the Gini above its already high level, for social assistance substantially reduces income inequality. See e.g. Leibbrandt, Murray; Woolard, Ingrid; & Borhat, Haroon. 2001. Understanding contemporary household inequality in South Africa. Ch. 1 in: Borhat, Haroon; Leibbrandt, Murray; Maziya, Muzi; Van der Berg, Servaas; & Woolard, Ingrid. 2001. *Fighting poverty: Labour markets and inequality in South Africa*. UCT Press: Cape Town: 21-40

**Fig. 7: Lorenz curves for pre-transfer income, pre-transfer income after taxes and pre-transfer income after taxes and social spending, 1995**



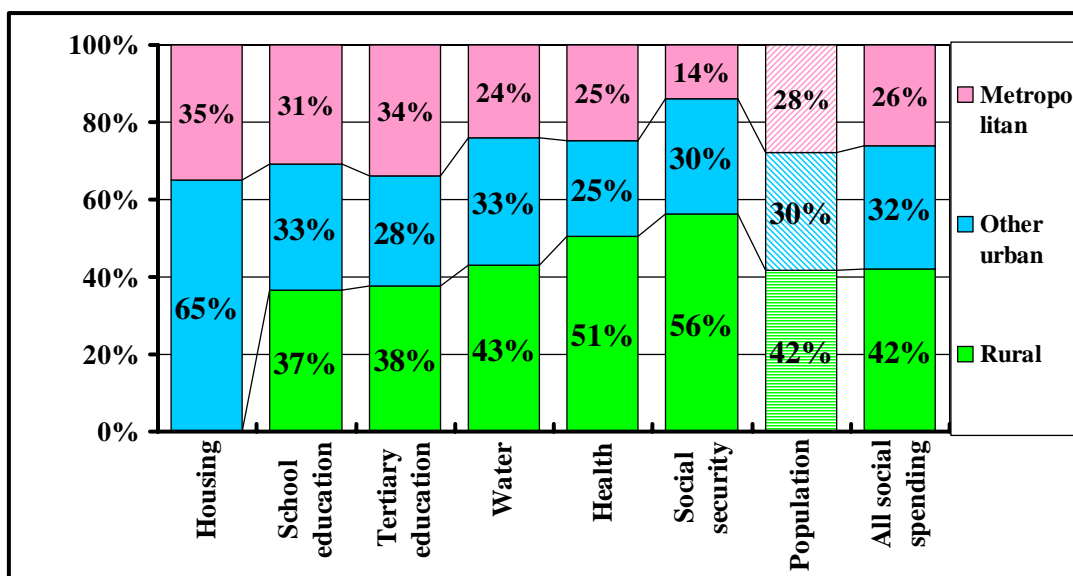
Source: Own calculations. See Van der Berg (2001a)<sup>12</sup>

The second column from the right in Figure 8 shows the population distribution between metropolitan areas, other urban areas, and rural areas. The distribution of total social spending (the final column on the right) closely follows this geographic distribution of the population. This is exceptional for a developing country. Developing countries usually experience considerable urban bias in public spending, sometimes for reasons related to strong urban pressure groups, but also because of difficulties of rural social service provision and lower rural participation in education. But in South Africa close to universal access to education, fairly good targeting of social old age pensions and disability grants, and opting out of public health services by the affluent have contributed to surprisingly good targeting of rural areas.

Individual social spending items do show some quite stark deviations from the overall pattern. So, for instance, housing spending is disproportionately targeted at metropolitan and even other urban areas, and does not reach rural areas. In contrast, social assistance spending (social transfers) is extremely well targeted at the rural areas, who get 56% of such spending, as again their 42% population share.

**Fig. 8: Geographic distribution of social spending & population, 1997**

<sup>12</sup> Van der Berg, Servaas. 2001a. Redistribution through the budget: Public expenditure incidence in South Africa. *Social Dynamics* 27(1). Summer:140-164



Source: Own calculations. See Van der Berg (2001a)<sup>13</sup>

Thus South African fiscal incidence is quite favourable to the poor and to rural inhabitants, as far as most aspects of social spending are concerned. This partly results from the fact that a large part of the most affluent population, particularly whites, do not partake in many social spending items to the same extent as their share in the population. For instance, not many of the rich use public health services, particularly clinics, nor do many get social transfers. Moreover, the affluent usually have fewer children who can benefit from public school spending.

### A3. Considering the impact of social spending on outputs and outcomes

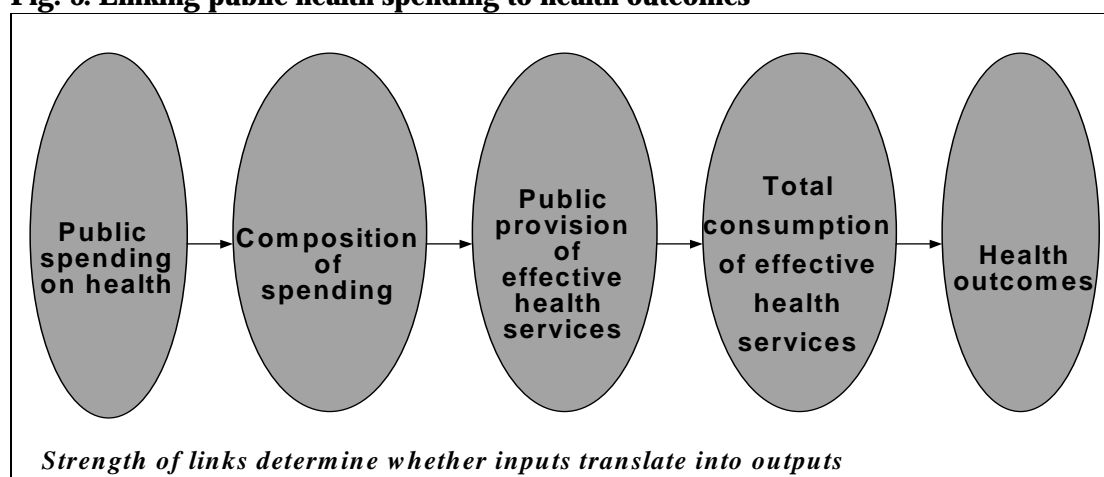
The above analysis has shown that social spending is relatively well targeted in South Africa. But does public spending make a difference, i.e. does it improve social outcomes in education or health? Internationally, inter-country evidence indicates that government health spending has a limited impact on health outcomes<sup>14</sup>. Figure 9 illustrates that public spending impacts only indirectly on health outcomes: its influence works through a number of links to affect health. The effect of public spending on health is mediated by how it affects the composition of spending; how this in turns impacts on public provision of effective health services; by the fact that it is not necessarily the same as *total* consumption of effective health services, because of possible shifts between private and public health consumption; and by the further fact that consumption of health services is only weakly linked to health outcomes, because many other factors determine health, e.g. nutrition, sanitation, clean water. Thus the strength of these different links determines

<sup>13</sup> Van der Berg, Servaas. 2001a. Redistribution through the budget: Public expenditure incidence in South Africa. *Social Dynamics* 27(1). Summer:140-164

<sup>14</sup> Filmer, Deon; Hammer, Jeffrey; & Pritchett, Lance. 1997. *Health policy in poor countries: Weak links in the chain*, Policy Research Working Paper No.1874. World Bank: Washington, D.C.; Gupta, Sanjeev; Verhoeven, Marijn; & Tiongson, Erwin. 1999. *Does higher government spending buy better results in education and health care?* IMF Working Paper. International Monetary Fund: Washington, D.C.; Inter-American Development Bank (IADB). 1998. *Facing up to inequality in Latin America*. Economic and Social Progress in Latin America 1998-1999 Report. Johns Hopkins University Press: Washington, D.C.

whether inputs translate into outputs. What is true for health, also applies to other social services, i.e. there is often a long chain between public spending and social outcomes.

**Fig. 9: Linking public health spending to health outcomes**



Source: Based on Filmer, Hammer & Pritchett (1997)<sup>15</sup>

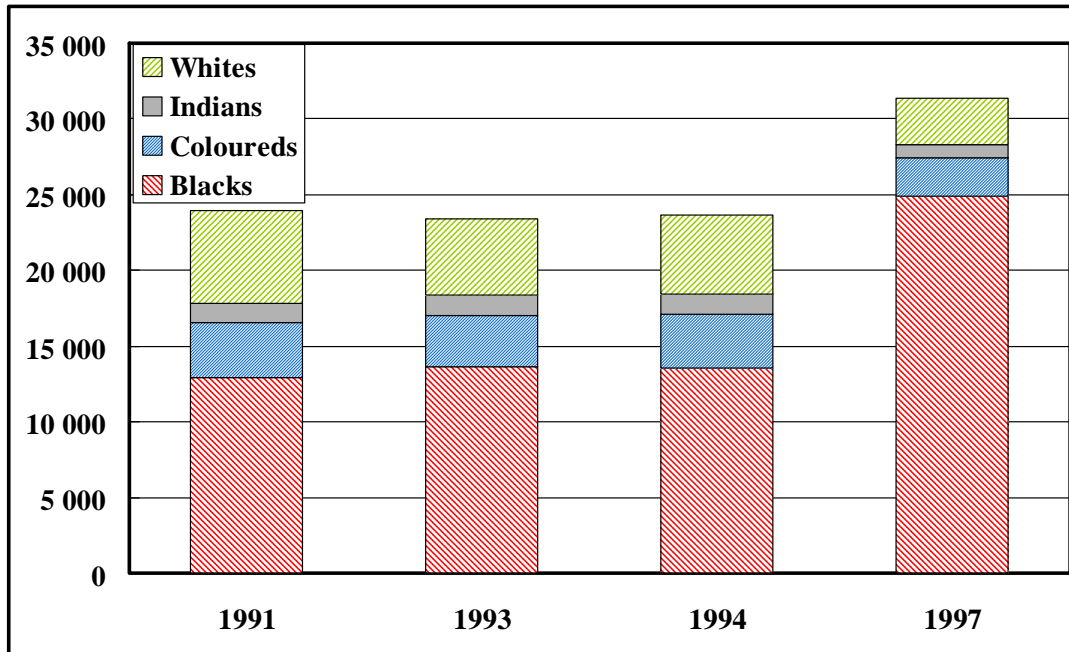
### **A3.1 Considering the impact of social spending on outputs and outcomes in education**

An analysis of education is a good way to show this in the South African context. Figure 10 shows public spending on school education by race between 1991 and 1997. There has been a dramatic shift towards spending on black education after 1994, whilst overall spending on school education also rose substantially in real terms. Much of this shift was driven by inter-provincial fiscal redistribution through the equitable share process, but as Figure 11 shows for the Western Cape, there has also been an important shift within provinces. In schools of the three former racially-based administrations (the black Department of Education and Training, the white Cape Education Department, and the coloured House of Representatives) there is now almost equal public spending per pupil, at both primary and secondary level, if one ignores school fees, which are a type of user fee or tax imposed on parents. (School fees are set for each school by the school governing body, a topic dealt with in more detail in Section B of this report.)

<sup>15</sup> Filmer, Deon; Hammer, Jeffrey; & Pritchett, Lance. 1997. *Health policy in poor countries: Weak links in the chain*, Policy Research Working Paper No.1874. World Bank: Washington, D.C.

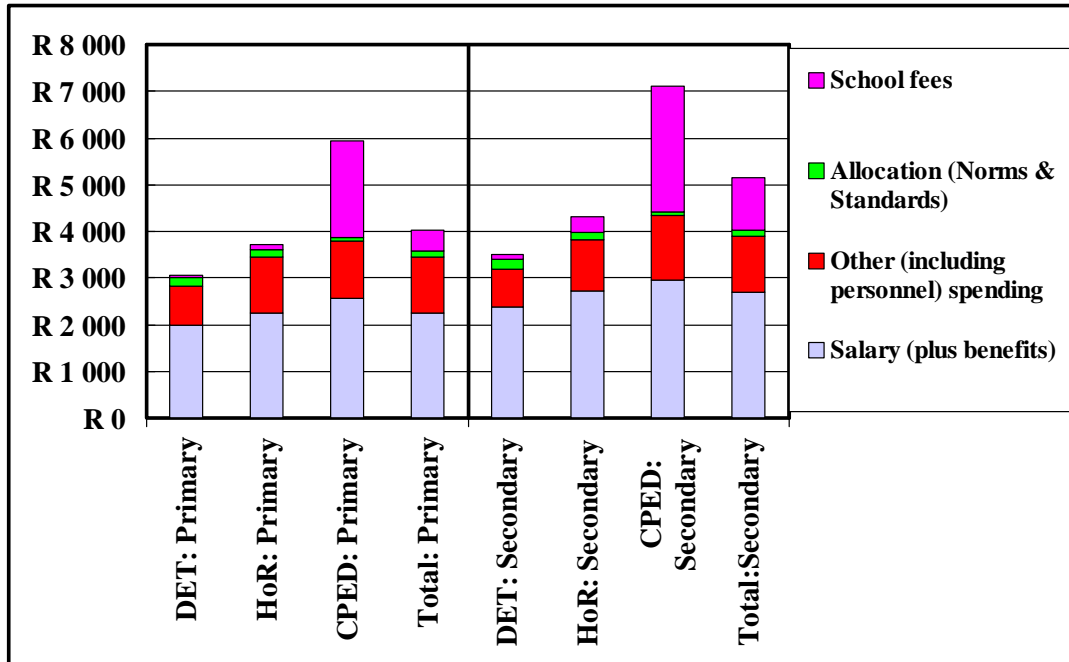


**Fig. 10: Public spending on school education by race, 1991 to 1997 (1995 R millions)**



Source: Own calculations. See Van der Berg (2001b)<sup>16</sup>

**Fig. 11: Spending per pupil in primary & secondary schools, Western Cape 2001**



Source: Own calculations from Fisk & Ladd (2002)<sup>17</sup>

<sup>16</sup> Van der Berg, Servaas. 2001b. Resource shifts in South African schools after the political transition. *Development Southern Africa* 18(4), October 2001: 309-325

<sup>17</sup> Fisk, Edward B. & Ladd, Helen F. 2002. *Financing schools in post apartheid South Africa: Initial steps towards fiscal equity*. Mimeo. Stanford Institute of Public Policy. May.

Nationally there have also been considerable shifts in pupil-teacher ratios between the different race groups from 1987 to 1997, as the following table illustrates:

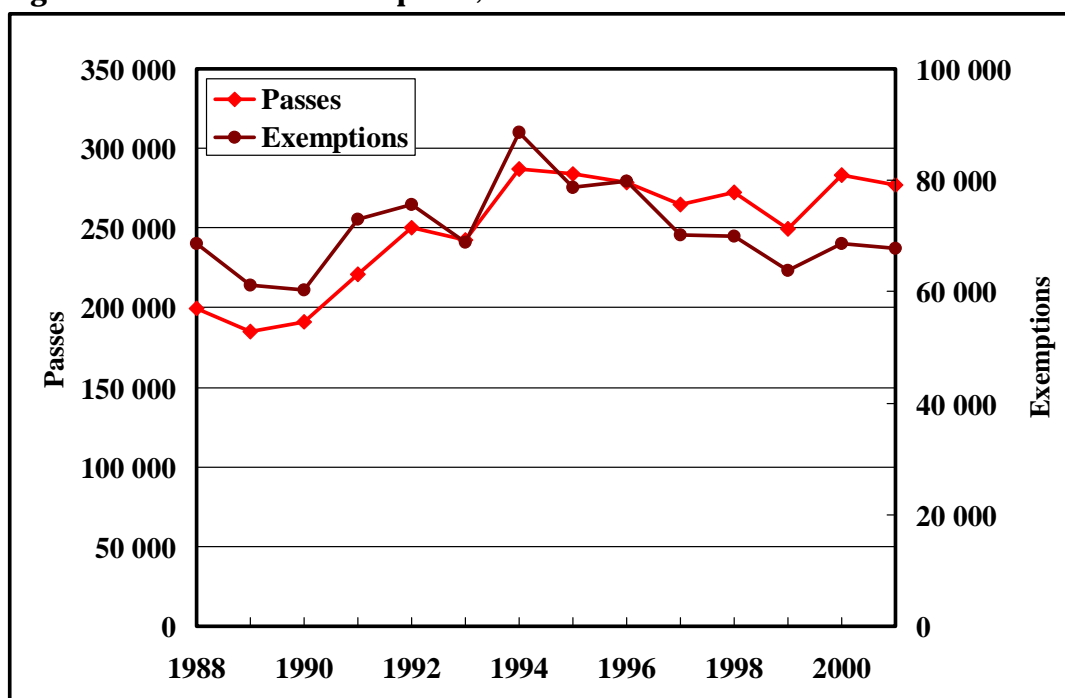
**Pupil-teacher ratios by race group of primary and secondary pupils, 1987 & 1997**

Pupil-teacher ratio	Black	Coloured	Indian	White
Primary 1987	45.5	33.8	23.9	18.4
Primary 1997	36.7	33.2	28.1	27.9
Secondary 1987	35.2	12.2	16.9	14.9
Secondary 1997	31.5	28.2	25.3	23.4

Source: Van der Berg (2001b)<sup>18</sup>

But despite these fiscal and even real resource shifts in education, the situation has not improved in terms of matriculation results. The number of matriculants has not increased since the political transition in 1994, and university exemptions – a measure of quality – have declined (Figure 12). In this period the number of pupils of matriculation age also increased, so that the successful matriculants fell from 35% to 30% of the 19 year old cohort, and exemptions from 11% to below 8%.

**Fig. 12: Matriculants and exemptions, 1988-2001**



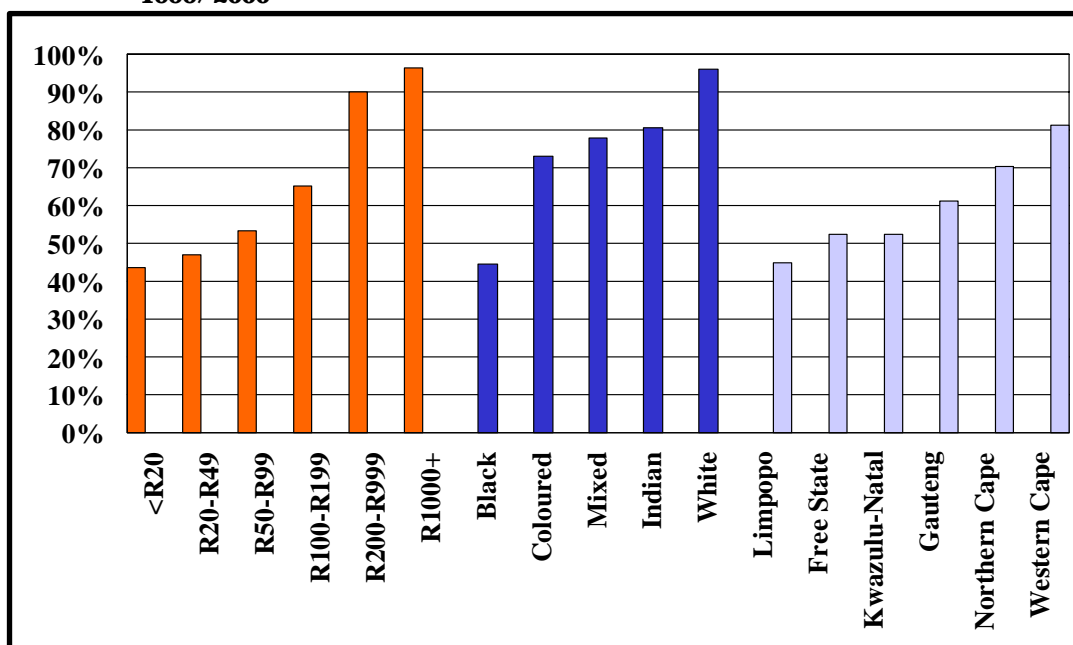
Source: Own calculations from RIEP, Edusource & National Department of Education sources

A further analysis of matriculation pass rates in Figure 13 shows that pass rates differ substantially by school fee levels, racial composition and province. In very poor schools, where school fees set by the parent community are less than twenty Rand (\$2) per year, the pass rate is just above 40%, whereas in the more affluent schools, with school fees above a thousand Rand (\$100) per year, the pass rate is well above 90%. Looking at

<sup>18</sup> Van der Berg, Servaas. 2001b. Resource shifts in South African schools after the political transition. *Development Southern Africa* 18(4), October 2001: 309-325

schools by racial composition, schools in which blacks comprise more than 70% of pupils, the pass rate is about 43%, whereas schools in which whites dominate have a pass rate of more than 90%. There is also wide provincial variation in pass rates.

**Fig. 13: Matric pass rate by school fee, racial composition and province, 1999/2000**

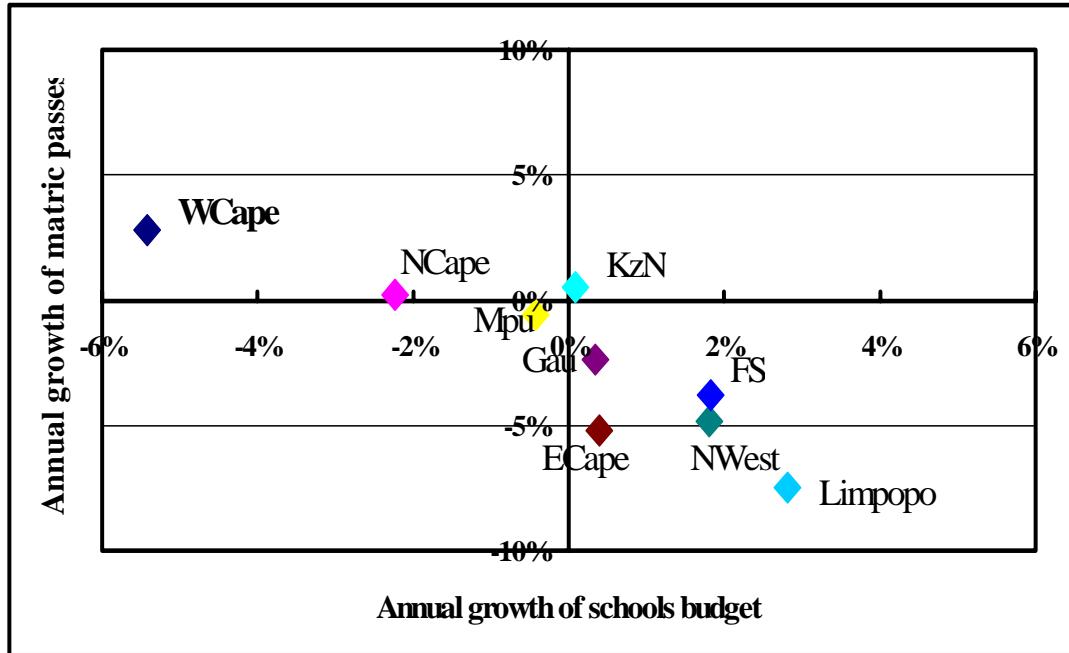


*Source: Own calculations based on data for six provinces*

The more detailed data required to assess school performance with greater attention to the quality of the matriculation pass, is only available within certain provinces. In the Western Cape, A-aggregates and even university exemptions are mainly concentrated in the higher school fee groups, whereas failures are concentrated in poorer schools. In this same province, only 15% of all matriculants in poorer schools – irrespective of whether they offer mathematics as subject – passed Mathematics, versus 75% in the richest schools. The distinction becomes greater if one concentrates only on higher grade passes, where poorest schools have fewer than 1% of pupils passing at this grade, as against 25% in richest schools.

In Figure 14 the growth of the school budget is shown against the growth of the number of successful matriculants for different provinces in the period 1996 to 2000. Even though there is a lag between shifts in fiscal resources and shifts in outcomes, the perverse relationship between fiscal shifts and growth in matriculation passes is disturbing. The provinces that had the greatest decline in fiscal resources after the political transition, are also those who did best in terms of increased numbers passing matric.

**Fig. 14: Growth of school budget versus successful matriculants, ±1996-2000 by province**

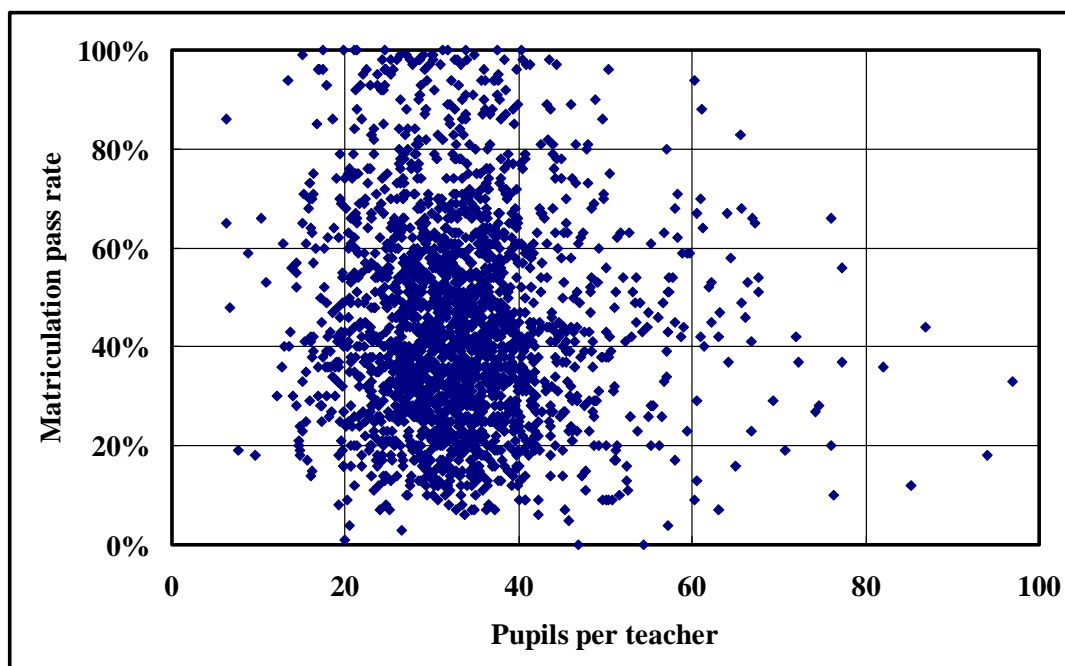


Source: Own calculations from official data

Finally, Figure 15 shows the pupil-teacher ratio in black schools as against the matriculation pass rate. This illustrates how weak the link is between resource inputs, in terms of pupils per teacher, and matriculation pass rates in black schools. The correlation coefficient in this case is only .06, implying that less than 4% of the variation in matriculation pass rate can be explained by the pupil teacher ratio.

The above analysis on education illustrates what has increasingly become clear to analysts of the economics of South African education, viz. that inequalities in *access* to education and in *educational resources* have become increasingly less important than inequalities in outcomes. Quality matters – particularly *quality of outcomes*, rather than of inputs.

**Fig. 15: Pupils per teacher (1997) versus matriculation pass rate (1999/2000) in black schools**



Source: Own calculations based on data for six provinces.

### **A3.2 Considering the impact of social spending on outputs and outcomes in health care**

Measuring performance in health is more difficult than in education, as health outcomes are more diverse and even less tightly tied to inputs of resources. Government attempts at improving health outcomes have largely focused on a shift to primary health care in an attempt to enhance access. This has taken the form of both inter-provincial and intra-provincial resource shifts. Shifts of health spending resources took place to historically poorly endowed provinces<sup>19</sup>, and within provinces primary health care, particularly clinics, obtained an increasing share of resources. This was also accompanied by a lowering of costs to certain users of primary health services, viz. the provision of free health care to pregnant women and young children.

The survey data required to assess how effective this strategy has been in affecting actual utilisation rates and improving access of the poor to health facilities is not fully available yet. Indications are, however, that health service users still prefer private health facilities

<sup>19</sup> See e.g. Collins, David; Brijlal, Vishal; Makan, Bupendra; & Cross, Peter. 2000. *Why do some South African provincial governments spend more on health care than others?* Discussion paper, Equity project. Mimeo. Department of Education: Pretoria. March

or practitioners where they can afford or access them, or more centralised health facilities where access is possible. Thus, although primary health facilities are supposed to be the first point of service with referral then to secondary or tertiary facilities, the health authorities seem to be having problems in implementing this on the ground due to the aversion of health users to visiting clinics when they are ill. Reasons for this may differ, but research by Palmer<sup>20</sup> to analyse why people choose private services over public services is illuminating. She identified four themes from the responses she received in ten focus group discussions in five rural towns in the Western and Eastern Cape:

- *Quality and choice come from paying for a service:* Respondents felt paying for a service meant there was an incentive for good service delivery;
- *Public sector care is not effective:* Respondents felt the public sector did not provide effective care – a number claimed that nurses “merely prescribe pills”;
- *Public sector care is not appropriate:* The feeling was that public sector care (particularly clinics) is primarily for pregnant mothers, babies and tuberculosis sufferers;
- *Poor attitudes from public sector staff:* Many felt that public sector health workers (particularly nurses) treat patients badly, in marked contrast to the friendly attitude of private doctors.

The demand for health care reflects an overwhelming preference for private health care where this is available and affordable<sup>21</sup>. Public care is an inferior good in economic terms, the demand for which declines as people’s incomes increase. Figure 16, based on research utilising the 1998 Demographic and Health Survey<sup>22</sup>, well illustrates this. Even amongst the poorest wealth quintile, where only 1.1% of the population is covered by medical aid, 8% visited private health facilities in the month preceding the survey, indicating that many of the poor are prepared to pay from private funds to visit private health care providers. Public health facilities are utilised less by people in the top quintile, whose own income as well as access to medical aid make private health care more affordable. Amongst the second richest wealth quintile, where only one-fifth of people are covered by medical insurance, utilisation of private health care exceeds that of public care.

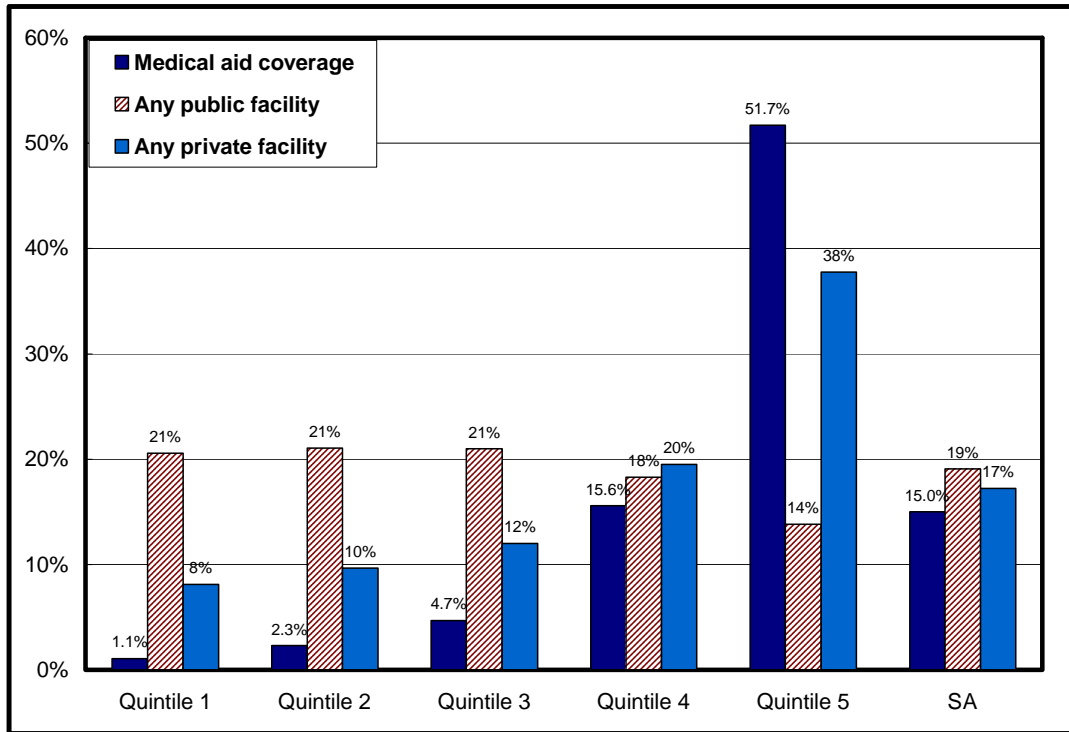
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<sup>20</sup> Palmer N. 1999. Patient choice of primary health care provider. Chapter 8 in *South African Health Review 1999*. Durban: Health Systems Trust. Available online at <http://www.hst.org/sahr>, as discussed in Havemann, Roy & Van der Berg, Servaas. 2002. *The demand for health care in South Africa*. Mimeo. Department of Economics, University of Stellenbosch: Stellenbosch.

<sup>21</sup> Palmer, Natasha; Mills, Anne; Wadee, Haroon; Gilson, Lucy; & Schneider, Helen. 2002. *A new face for private providers in developing countries: What implications for public health?* Mimeo. London School of Hygiene and Tropical Medicine: London.

<sup>22</sup> Booysen, F le R. 2002. *Urban-rural inequalities in health: Evidence from the South African Demographic and Health Survey (DHS)*. Paper 9 of country background report for FASID (Foundation of Advanced Studies on International Development) on “Poverty and the role of rural institutions in a globalising South African economy”. Department of Economics, University of the Free State: Bloemfontein: March 2002.

**Fig. 16: Medical aid coverage and utilisation of public and private health care facilities in month preceding 1998 Demographic and Health Survey by wealth quintile**



Source: Own calculations from Booyen (2002)<sup>23</sup>.

Thus it would not be surprising if public resource shifts did not have a large impact on utilisation rates of public health resources. Except for some of the rural poor, who are constrained in their physical access to private facilities, the utilisation of private facilities is surprisingly large throughout the population.

From a policy perspective, one interpretation could be that the preference for private health care implies that government should place a greater emphasis on improving access to *private* health care, e.g. through subsidisation of such care or through measures to encourage private practitioners to move to rural areas. An alternative policy perspective is that there is a severe problem regarding the quality of public health care, at least in the perception of potential users, that requires attention; otherwise the expanded provision of public health resources would be a costly but largely useless exercise from the perspective of the intended beneficiaries.

<sup>23</sup> Ibid.

## **B. An annotated bibliography of pro-poor service delivery in South Africa**

Section B of this paper focuses on the social delivery process. There are important omissions in this report relating to the fact that the South African literature does not adequately address performance measurements and benchmarks as well as decentralisation of service provision. Measuring performance in service provision is central to enhancing performance and maintaining efficiency in delivery. It is thus distressing that little performance measurement takes place, whether it be by public or private providers of services. In attempting this overview of the literature we have also been struck by the difficulty of obtaining much of the literature and the lack of documentation centres which would assist service providers from learning from the experience of others. Better documenting of experiences but also better dissemination of these documents would already contribute much.

Section B looks at social service delivery in six areas: primary education, primary health, water and sanitation, police services, rural roads and social protection. These services were selected because of their importance in the lives of poor people. Here, the emphasis will fall on the first three.

Apart from the source summaries, this section will include brief discussions of the policy and empirical context of these service delivery experiments.



## **B1. Primary education and poor communities**

When the new government was elected in 1994, it inherited a situation of large-scale inequality. Of all major social programmes, public resource allocation in education was most unequal, and its effects are likely to remain pervasive for decades. Socio-economic differentials will remain entrenched if they are reflected in educational performance and therefore again in labour market outcomes, represented by employment and earnings.

The new government had to take active steps to rid the school system of its racial inequalities, with the ultimate goal of reducing socio-economic differentials in school outputs and in labour market outcomes.

Efforts aimed at inducing more equitable access to quality schooling included:

- Shifts in the allocation of education expenditure as documented in Section A.
- Redistribution of teaching resources based on the need of schools. Average pupil-teacher ratios have decreased from 47:1 in 1994 to 35:1 in 2000.<sup>24</sup> As reported in Section A: from 1987 to 1997 primary school pupil-teacher ratios for blacks have improved from 46:1 to 37:1, while white ratios have risen from 18:1 to 28:1.
- Infrastructure investments – notably, the National School Building programme that set aside R1.3 billion (\$0.1 billion) for the construction and repair of school buildings from 1994 to 1996<sup>25</sup>.
- A primary school nutrition programme which provides about 5 million school children with a nutritious early morning snack during the school week<sup>26</sup>.

As discussed above, these efforts have not translated into the expected improvements in matriculation results or educational attainment.

The new government also inherited an educational system that had enjoyed little legitimacy amongst large segments of the population and a management style that was largely top down. It attempted to overcome this by increasing participation within a more democratic environment where access to decision makers was greater. Policies, norms and standards were largely set by the national government, but provision of school education became the responsibility of the nine provincial governments.

Policy solutions aimed at democratising education included:

- Acknowledging the role of school governing bodies (SGBs) and giving SGBs the responsibility for specific decisions – most importantly perhaps, the setting of school fees to supplement public resources
- Creating a special category, called section 21 status, that gave SGBs greater control over the managements not only of such private resources, but also some of the public funds
- Facilitating the self-monitoring of teacher progress via the Development Appraisal System

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<sup>24</sup> Department of Education. 2001. *Education in South Africa: Achievements since 1994*. Department of Education: Pretoria.

<sup>25</sup> Fafo & CASE. 1999. *"We are emerging: emerging slowly and painfully!" Infrastructure Delivery in South Africa*. Community Agency for Social Enquiry: Johannesburg.

<sup>26</sup> Ibid.

- Supplementing these efforts with skills training to both the management of schools and teachers

The new school education system experienced both successes and failures. There was a strong move to deracialisation of schools, and enrolments continued to increase, so that education up to age 15 became virtually universal. But there are still problems with school performance, as shown in Section A above, with schools in poor communities and provinces, and particularly schools containing mainly black pupils, performing very poorly on national matriculation examinations. Also, performance on international mathematics and language tests remains poor at all levels of the school system, reflecting the fact that resource shifts did not translate into the desired quality improvements in schools serving the poor.

There is an emerging consensus that the school education system is lacking accountability. Whilst democracy and participation are necessary, accountability of service providers – teachers and schools – to their clients and policy makers is equally essential. In policy circles, it is said that the focus initially has been on access and redistribution, but that the time has now come to emphasise accountability and performance. Some new schemes that have been proposed by the government to promote accountability include whole school evaluation, performance measurement at primary school level and policy initiatives placing more stringent controls on schools and teachers, even to the extent of dismissing teachers where schools are not performing. Not all of these initiatives have been implemented and in the remainder of cases it was too early to evaluate the success of the measures.

The subsection on school education covers three areas: school effectiveness and accountability in poor communities; user fees and school governing bodies; and non-public education provision in poor communities.

## **B1.1 School effectiveness and accountability in poor communities**

Two recent studies<sup>27</sup> indicate that efficiency – here referring to the relationship of outputs to inputs – seems to be lower in schools with lower school fees. Lower school fees are often interpreted as an indicator of the socio-economic background of the school's pupils.

This part of the primary school subsection is thus devoted to considering the factors that impact on the efficiency and effectiveness of poor schools and specifically also the shortcomings of the government's Development Appraisal System (DAS). DAS was a teacher evaluation and development programme aimed at increasing efficiency through self-monitoring.

### **Report of the case studies. 2001. *CEPD Education 2000 Plus Project, August 2001.* CEPD: Johannesburg.**

This report is part of the Education 2000 Plus Project, an initiative aimed at monitoring education policy implementation and change in the South African schooling system. This report is from the project's third cycle.

For the case study section of the project, researchers visited 27 schools, spending eight days at each school, with a further two days allocated to interviews with district officials. Of these schools, 16 were primary schools, nine were secondary schools and two were intermediate schools. The sample contained both formerly advantaged (ex-Model C schools) and formerly disadvantaged schools and included farm, rural, township and inner city schools.

This summary will concentrate on the report's conclusions regarding school governing bodies (SGBs) and the implementation of DAS.

Compared with the previous year's survey, the impression was that SGBs have progressed both in terms of their participation and their compliance to stipulations about the composition of SGBs. This is attributed partly to the increased support that SGBs have received from district officials via capacity building programmes and improved monitoring.

The report also identifies a few areas of concern. It seems that former black<sup>28</sup> schools are lagging behind other schools in their preparation for meeting the requirements needed to be granted greater financial and managerial independence (section 21 status). Section 21 status was granted to eight of the ten schools that applied for it. Only one of the three former black schools that applied for section 21 status had its application approved. According to the report this school has been the benefactor of a range of private sector interventions and was thus not an average former black school. Of the two other former

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<sup>27</sup> Van der Berg, S. & Burger, R. 2002. *Education and socio-economic differentials: A study of school performance in the Western Cape*. Paper to DPRU/FES conference on Labour Markets and Poverty in South Africa, Johannesburg, 22-24<sup>th</sup> October 2002; Crouch, L. & Mabogoane, T. 1998. *No Magic Bullets, Just Tracer Bullets*. Mimeo. Department of Education: Pretoria.

<sup>28</sup> This refers to both schools under the former Department of Education and Training (under apartheid responsible for the management of black schools outside the then homelands) and schools in the former homelands.

black schools that applied for section 21 status, one's application was rejected and the other school was still awaiting a response. Mostly, former black schools had not applied for section 21 status because they were not ready. In three cases schools did not apply because they not know that they could apply for section 21 status. District officials said programmes preparing schools for section 21 status were underway and the ultimate goal was to advance all schools to this level.

Another area of concern was the continued gender and race bias of some SGBs. According to the law, SGBs were required to be representative of the school's learners. Yet in many former Model C schools where most of the learners were black, the SGBs were still dominated by white members. Some parents live far from the school and thus the timing of the meetings may partly explain the reluctance of black parents to serve on SGBs. Schools may also be to blame as it appears that they have made little effort from their side to encourage participation from black parents. Furthermore, SGBs were still not representative of learners' gender in many cases.

In schools where respondents claimed that participation by SGB members remained unsatisfactory, the lack of participation was blamed on illiterate parents, ethnic divisions, a need for training and a lack of trust and understanding between SGB members.

The report also notes that the affluence of the areas surrounding the school appears to have an impact on the fundraising abilities of a school. This must be borne in mind when examining the persistence of disparities in school income and also school performance.

The study found that school fees ranged from R20 to R4900 (\$2 to \$490) per learner per annum. Concerns are raised regarding exclusion of learners due to user fees. Although the South African Schools Act allows for fee exemptions when parents cannot pay, not all parents were aware of this option. The report demonstrates growing awareness of fee exemptions: in 2000 eight of the 27 schools indicated that parents knew that they could apply for exemptions. By 2001 17 of the 27 schools in the sample reported that parents were aware of this option.

Examining the implementation of the new teacher appraisal system, it seemed that there had been an increase in participating schools, although many schools were still not cooperating. At the time of the evaluation 20 schools had appointed appraisal panels and more than half of schools had staff development teams. Only three schools had completed the whole process and had started to address the developmental needs of teachers as identified during the appraisals.

Teachers and district officials acknowledged the contribution of the new appraisal system: it promoted teamwork, built trust among teachers, cultivated a sense of responsibility with teachers and had the potential to contribute to the development of teachers. However, teachers were also very critical of the shortcomings of the appraisal system. They believed that the own selection of members of appraisal team allowed teachers to choose "soft judges". They also claimed that the process was too time consuming. Some argued that the system lacked the rewards and incentives required to motivate teachers. The system was also criticised because of the absence of standards or benchmarks for monitoring teacher quality across schools. Some felt that the system did not rate the effectiveness of teachers. The lack of monitoring by districts and the inadequate training of panel members were also cited as reasons for dissatisfaction.

The report concludes that implementation of the Development Appraisal System has been slow and that a review of the system may be necessary.

**Potterton, M. & Christie, P. 1997. *School Development in South Africa: A Research Project to Investigate Strategic Intervention for Quality Improvement in South African Schools*. Department of Education, University of the Witwatersrand: Johannesburg**

This study looks at 32 schools that “operate well under difficult circumstances”. The set of schools was selected based on recommendations from NGOs working in school development and covered a whole range, representing seven of the nine provinces and including two schools for the deaf and both private and public, primary and secondary, rural and urban schools.

Although the report’s findings focus to a large extent on the value of personal commitment and motivation, it also provides some insights that can inform both policy making and policy implementation.

The study finds that the 32 success stories shared six important characteristics. Firstly – and “perhaps the key feature” – is the sense of responsibility of these schools. Field workers described these schools as pro-active and solution-orientated in their approach to problems. Community members were co-opted to sell food or to help maintain school boundaries to prevent the sale of drugs and alcohol through the fences. When resources were not sufficient, money was raised to buy computers or to build a fence.

Secondly, the principals of these successful schools were competent managers and strong leaders. Although all principals were not equally democratically-minded, generally these principals recognised their own accountability and believed in involving their staff in decision making. According to the report, principals were often motivated by a concern for the well-being of the school and a personal sense of purpose and were willing to take risks and be unpopular with staff or students. They were flexible in their approach and prepared to discard or adapt strategies that were not delivering results.

These schools also shared a commitment to teaching and learning. In almost every one of the private Catholic schools visited by the field workers, teachers complained that their salaries and benefits were less than those received by teachers with similar qualifications in state schools. Nonetheless staff turnover was low because teachers enjoyed the “professional satisfaction of being able to teach” and this was a “nice place to teach”. The report also found that time on task was critical. These schools used all available time during the school hours for teaching and learning and extra classes were sometimes scheduled outside school hours.

Many of the schools in the sample were part of communities with high levels of violence, crime and substance abuse and thus it was crucial – both symbolically and materially – to demarcate the school’s space with a fence. The report says that “at least to some degree, these schools managed to minimise such problems spilling over their boundaries”. Although not always pictures of orderliness, at least orderliness never seemed beyond reach. Schools had regular routines, social relations of authority, accountability and respect and encouraged traditions and rituals such as assemblies and school uniforms.

According to the report, discipline was key and linked to the school's focus on learning and teaching. It is argued that in these schools disciplinary measures against late arrival and absenteeism were not seen as ends in themselves, but as means, enabling effective teaching and learning.

Lastly, the report also speaks of a "culture of concern" found in the sample of schools studied. The authors contend that the caring and nurturing environment may provide the inspiration behind and the support for the other five observed success factors.

Surprisingly, parent involvement was limited. Although most schools acknowledged that parents had a valuable contribution to make, almost none of the schools in the sample had a parent body that was actively engaged in school affairs on a continuous basis. Almost all of the historically black schools had problems involving parents in school governing bodies. Despite the lack of success in eliciting formal engagement, these schools all had at least working relations with the surrounding communities and this helped to protect them from vandalism and theft.

The authors also report that relations between the respective education departments and the successful schools were not as strong as they expected. Some of schools had no contact with their education departments and in the cases where there was contact, schools mostly required guidance from the department, not instructions or more concrete forms of assistance.

Based on these findings, the report argues for policy conducive to creating a sense of responsibility in schools. It stresses the importance of systems of reward and sanction in restoring order and discipline to non-functional schools. Also, it recommends investment in leadership skills of not only principals, but all decision makers in the school.

## **B1.2 User fees and school governing bodies**

The democratisation of school governance has not been implemented with equal effectiveness in all communities. Despite government-initiated training schemes for participants (parents) in school governing bodies (SGBs), many poor schools are having difficulties in implementing the system. Poorer and less educated parents often lack the self-esteem to play a strong role in these SGBs. Participation is often low in poor schools because parents do not feel they have anything to contribute. When poor and less educated parents do become involved, they are sometimes not able to participate as equals either because they are hesitant to participate or because more educated SGB members do not treat them as equals.

SGBs have the power to determine school fees. These school fees are voluntary contributions of parents to children's education, but they are perceived by some as helping to keep inequalities in education quality intact. According to anecdotal evidence, these fees have excluded some children from particular schools. This was despite legislation that determines that no child could be excluded from a school because parents cannot afford the school fees; if parent's income was too low, they were exempted from having to pay the fee.

**Kihato, C & Kabemba, C. 2002. *Enhancing policy implementation: Lessons from the Education sector*. Centre for Policy Studies Research report 92. Centre for Policy Studies: Johannesburg.**

This study is the second of a two-part research project evaluating the implementation of two education policies: outcomes based education and the devolution of school governance to school governing bodies (SGBs). Seventeen schools from three diverse provinces – Northern Province, KwaZulu-Natal and Gauteng – were selected for interviews. In Gauteng, separate focus group sessions were conducted with three different stakeholder groups – parents, learners and educators.

The report studies the respective importance of what it refers to as “hard” and “soft” factors for effective school governing bodies. In the context of school governing bodies, “hard” factors would represent physical resources, infrastructure and expertise. “Soft” factors included motivation, the ability to mobilise, strong leadership and quality stakeholder relationships. While it is clear that “hard” factors will enhance the ability of a school governing body to function well, the report stresses the importance of “soft” factors, pointing to examples of school governing bodies that have been effective despite it having inadequate financial resources and illiterate members. Currently, the section 21 status is awarded conditional on the demonstration of a basic competence in “hard” factors. Section 21 status bestows increased independence in financial and managerial decision making.

Looking at “hard” factors, the report examines the role of lack of expertise. According to the report, sometimes poor and illiterate parents are reluctant to get involved in school issues because they think that they have nothing to offer. A parent whose child attended a Gauteng informal settlement school is quoted as saying: “Which parent doesn't want good things for their child? People stay away [from school meetings] because they think they have nothing to contribute – they are poor, and have no education.” Principals and teachers often share this view and this can influence SGB dynamics when principals and

teachers use the parents' illiteracy to justify their domination of decision making processes.

The authors question the belief that literate and well-qualified parents necessarily contribute more to SGBs than illiterate and uneducated parents. Firstly, having more skilled parents only matters if these parents become involved in school affairs and it was clear from the focus group discussion that many parents from formerly white schools did not care about school issues and therefore invested little of their own time. On the other hand, illiterate parents on the SGB of two rural schools in KwaZulu-Natal showed that parents do not need an education to make a valuable contribution. These parents helped to resolve conflict, disciplined learners and volunteered their artisan skills. When member skills were not sufficient for a planned task, the parents enlisted help from outside the SGB. The authors contend that "soft" capabilities like the ability to mobilise, organise, negotiate and resolve conflict are more appropriate requirements for awarding the SGB more decision making power than the "hard" capabilities currently assessed.

According to the report, few of the SGBs interviewed understood their mandate. A parent from a rural school in KwaZulu-Natal said "I have been in it for the fourth year now, and I know nothing about our roles". The ignorance often resulted in inactive and powerless SGBs, with parents rubberstamping decisions made by the principal and teachers.

The study found that SGB members in Gauteng generally had a better understanding of their roles. This is attributed partly to an intensive SGB training programme the province ran. This alone can not, however, explain Gauteng SGBs' superior organisational capacity and understanding of their roles. Gauteng SGB members that had not yet received training were also found to be more knowledgeable about their roles. The authors consider the political history of the region as a possible explanation: in the 1980s there was a high level of Parent Teacher Student Associations in Gauteng due to the large-scale mobilisation around schooling issues in the apartheid era.

Even where SGBs claimed that they did not understand their mandate, this did not necessarily imply a malfunctioning SGB. In some cases parents were raising funds and getting things done despite not understanding their roles clearly.

It is clear that poor schools find themselves in a difficult position. Their school fees are low and they often have a relatively high incidence of non-payment. Usually there is little scope for supplementing school income through fundraising due to widespread unemployment and lack of successful businesses in the community. Due to the "hard" factor requirements used in deciding whether SGBs earn increased decision making power, SGBs from poor communities often have limited discretion in expenditure, prohibiting cost reduction strategies like bargaining with small local suppliers or employing local artisans.

The authors claim that although inadequate financial and physical resources are significant impediments to effective school governance, these are not insurmountable obstacles. They find evidence of SGBs successfully fulfilling their roles despite the school being poorly resourced. The report argues that quality leadership, organisational experience and good relations with the community and the parent body are key components of an effective SGB.



The report finds that in many cases schools had problems accessing policy documents on time. These problems are worse in rural areas where schools do not have telephones and roads access is unreliable. Where departmental support is lacking, there is a role for school networks to replace some of the supportive functions of the department. However, according to the report, few schools communicated on policy issues.

This report also contains findings surrounding the need for participation in policy making and the importance of communicating policy. It argues for campaigns aimed at selling policy ideas and principles to implementers.

**McPherson, G. 2000. Governance in Public Schools: Four Case Studies. *Education Monitor* Vol. 11(3). Education Policy Unit, University of Natal: Durban**

This report details the operations of Learner Representative Councils (LRCs) and School Governing Bodies (SGBs) in four schools: i) a high-income formerly whites-only boys school in a white middle-class neighbourhood in the Free State now attended by coloured, black and white learners, ii) an urban Free State co-educational school serving the needs of the coloured working class community, iii) a co-educational predominantly coloured school in a Western Cape suburban working class coloured neighbourhood and iv) a school 10 kms from a rural village in KwaZulu-Natal with mainly Zulu speaking learners. School fees are set by the SGB and are often used as an indicator of socio-economic background of the learners' families. In the order cited above, the school fees for the four schools are R2000, R120, R300 and R100 (\$200, \$12, \$30 and \$10) per year per learner respectively. The last three schools all experienced problems with the payment of school fees.

The study found that in the rural village school in KwaZulu-Natal, the principal was dominating decision making and there was little evidence of self-management. School policies have been formulated, but problems were experienced on the level of policy implementation. The author blames the SGBs lack of progress towards self-management on parents' hesitance and their lack of knowledge.

The report also cites reasons why a school's former whites-only status and the socio-economic background of learners attending the school are likely to coincide with competent management by the SGB. The author argues that the SGB of the formerly whites-only high-income Free State school was outperforming the rest of the schools because of the superior fundraising and managerial capabilities of the parents on the board, the advantaged infrastructure and resource position of the school due to its former whites-only status, and its good track record, which enabled the school to sustain high learner enrolments. The report also states that the school's good track record contributed to higher levels of school fee payment.

The report illustrates the need for equipping SGBs with basic knowledge and management skills. Due to the frequent turnover of representatives, continued assistance and training might be required.

### **B1.3 Non-public education provision in poor communities**

Many independent religion-based schools catering for black pupils were forced to close down during apartheid. Despite this, there remained a large number of independent schools targeting this segment. According to data recently collected by Human Sciences Research Council (HSRC), there were some 1 287 independent schools. Almost half (44%) have a majority of black pupils, and more than half (53%) had school fee levels lower than R6 000 (\$600) per annum<sup>29</sup>.

Education provision to the poor is dominated by public institutions, but independent schools provide useful benchmarks to evaluate the performance of public schools that had comparable budgets and resources to their disposal and drew pupils from the same socio-economic background.

The study summarised below profiles ten independent secondary schools in the Gauteng province and compares their performance to that of public schools. The departure from this subsection's focus on primary education is justified, because the only cross-school performance measurements available are the matriculation results for pupils leaving secondary school. The summary below was based on a draft version of the report.

**Dieltiens, V. 2002. *Private Sector Education and Development Project: Case Study Report*. Centre for International Education, Sussex University: Sussex.**

The report starts by looking at aggregated data for independent schools in Gauteng. Gauteng is the province with the lowest percentage of households in the R0 – R600 (\$0-\$60) category.

The study finds that the average pupil-teacher ratio for independent schools in this province is 21:1, and thus far lower than the 35:1 of public schools. However, not all schools were equally privileged: 25% of independent school pupils were attending schools that were considered poorly resourced.<sup>30</sup>

According to HSRC statistics, the average matriculation pass rate for independent schools in Gauteng in 2001 was 62% and thus below the 73% average.<sup>31</sup> One fifth of subsidised independent schools in Gauteng have had their subsidies cut because they failed to achieve an average pass rate of 50% or higher.<sup>32</sup> The Gauteng Department of Education was investigating the high drop-out rates of final year pupils in independent schools. However, the report warns that proportional figures should be interpreted with caution as the independent schools sample does not include schools that are writing the

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<sup>29</sup> Du Toit, J.L. 2002. *Counting Stars: Methodological Difficulties and Empirical Findings of Quantitative Research on the South African Independent Schooling Sector*. Conference paper presented at the Kenton conference at Muldersdrift on 2 November 2002.

<sup>30</sup> Dieltiens quotes the following source for this information: Porteus, K. 2001. Budget Analysis Presentation presented to the Education Committee, Gauteng Provincial Legislature, 29 April 2002. Schools were described as poorly resourced when their school fees were less than the provincial average cost per learner and they thus received a 40% or 60% subsidy from the government.

<sup>31</sup> Dieltiens is basing this statement on: Nair, R. 2002. *Analysis of the 2002 Subsidy to Independent Schools*, presented at the Gauteng Department of Education Independent Schools Conference, 17 October 2002.

<sup>32</sup> Schools received subsidies per learner, with the amount received depending on the fees charged.

Independent Examination Board exams, an independent examining body aimed at the top-end of independent schools.

The case study section of the report describes the experiences of ten independent schools in the Johannesburg area in more detail. The sample represents a wide range including elite schools, schools in informal settlements, inner-city schools and religion-based schools. Researchers conducted semi-structured interviews with students, staff, owners of the school and parents. The Department of Education's annual survey and school documents like policy statements were analysed for additional information.

With school fees of R50 and R100 (\$5 and \$10) per year, the two informal settlement schools can be categorised as catering for the poor. The report claims that the Department of Education is sometimes slow to establish schools in informal settlements. For instance, the study estimates that there are up to eleven registered independent schools in Orange Farm, an informal settlement south of Johannesburg.

The two informal settlement schools included in the case study were both dependent on state subsidies – to the extent that teachers had to go unpaid until the subsidies arrived. The schools were both very large, with enrolments of 1 916 and 1 225 pupils respectively. Despite the apparent similarity in profile, the schools seem to be offering services of a different standard. The larger school had a lower school fee, but at 79% its 2001 pass rate compared well to the smaller school's 33%.

According to the report, pupils often cited the poor condition of public schools in townships as a reason for attending an independent school. Some said they moved from schools where there was little or no teaching taking place. Independent schools were seen to be offering higher quality education. The report concluded that there was little evidence to support this perception. School fees were the most important predictor of performance in both public and private schools. Independent schools match the matriculation pass rates of comparative public schools (usually former white schools with similar fee levels).

Apart from two elite schools, teachers in independent schools were receiving lower salaries than what they would receive in a public school. Three of the schools in the sample employed a number of retired teachers.

## **B2. Primary health in poor communities**

Measured on an aggregated scale, South Africa's apartheid health system was grossly ineffective. In 1992/3 South Africa's health spending – including both private and public spending – was among the highest in the world at 8.4% of GDP. Yet the country was not among the top 60 in terms of health status indicators. This can be attributed at least partly to inequalities in health care and other areas contributing to health outcomes.<sup>33</sup>

Before the advent of AIDS, the differential in life expectancy at birth between white and black South Africans was more than 10 years. In 1991 the overall infant mortality rate was 54 per 1 000 live births, but varied between 94 and 124 for black children. In 1989 the maternal mortality rate was 8 per 100 000 births for whites, but 58 per 100 000 births for blacks<sup>34</sup>. South Africa's poor have, for a country at this level of development, particularly poor health status, and diseases associated with poverty, such as tuberculosis, are quite common.

There were 2 218 public sector health care clinics serving an average of 16 000 people each in 1994.<sup>35</sup> AIDS has further increased the burden on the health system and life expectancy is falling dramatically, particularly amongst the poor and lesser educated, who are less informed about AIDS.

The new government puts much emphasis on shifting public health resources from curative to preventative health care, in the process placing the emphasis squarely on primary health care. Many clinics were built, although problems of staffing and provision of medicine supplies were common. Furthermore, one of president Mandela's first acts was to remove the user fees for pregnant women and young children visiting public clinics, to further encourage utilisation of public health services by the poor. Two years later, free primary health care for all was introduced.

Decentralisation is a key component of the post-apartheid transformation of the health system. In 1996 "A Policy for the Development of a District Health System for South Africa" became an official policy document. Allowances were made for representation and participation at different levels, including community level.<sup>36</sup>

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<sup>33</sup> McIntyre, D., Bloom, G., Doherty, J. & Brijlal, P. 1995. *Health Expenditure and Finance in South Africa*. Health Systems Trust and World Bank: Durban. Information from this source was quoted from Goudge, J. 2000. The Public-Private mix. In *South African Health Review 2000*. Health Systems Trust: Durban.

<sup>34</sup> Stack, L. & Ndletyana, M. 2001. *Understanding Policy Implementation: An exploration of research areas in the Health Sector*. Centre for Policy Studies: Johannesburg.

<sup>35</sup> The source for this information is cited as "ANC 1994" in Stack, L. & Ndletyana, M. 2001. *Understanding Policy Implementation: An exploration of research areas in the Health Sector*. Centre for Policy Studies: Johannesburg.

<sup>36</sup> Levendal, E., Lapinsky, S. & Mamejta, D. 1997. Community Involvement in Health. In *South African Health Review 1997*. Health Systems Trust: Durban.

The rest of the subsection is devoted to a discussion of sources that critically examine the appropriateness of user fees and the merits of private and community service providers.

## **B2.1 User fees for primary health care**

In 1994 primary health care fees were abolished for pregnant women and children under six. In 1996 this policy was expanded to the whole population. Below a discussion of a report by Health Systems Trust evaluating the impact of the abolishment of primary health care fees to pregnant and children six on utilisation and the public health budget.

**McCoy, D. 1996. *Free Health Care Policies for Pregnant Women and Children Under Six in South Africa: An Impact Assessment*. Health Systems Trust: Durban.**

The free health care policy for pregnant women and children under six was announced and implemented end of May 1994 and data on service utilisation was collected from the records of hospitals and clinics at twelve sites in four provinces for the period January 1993 to July 1995. Aggregated service utilisation data was obtained from the provincial health authorities. A survey of users covered 252 individuals in four provinces. Questionnaires were sent to district surgeons in rural areas of the Western Cape and Free State and to GPs who were affiliated to the South African Sentinel Practitioner Research Network.

The data descriptions in this report were not informative in all instances. Ranges and weighted averages were seldom provided and the source of the data was not clear in all cases. The study was included because it used a variety of sources and data to look at the impact of the policy and also because of the importance of user fees in the context of pro-poor service delivery strategies.

The report's survey data suggested that following the introduction of the policy, health service utilisation had increased at most facilities. In all hospitals there were also a rise in the proportion of admissions of paediatric patients. This trend in paediatric hospital admissions was confirmed by provincial data from Mpumalanga and North West Province. Also, survey responses of 40 district surgeons in the Western Cape and Free State indicated a strong increase in the district surgeon utilisation of pregnant women and children under six: in the Free State visits by pregnant women and children under six rose by 51% and 198% respectively. In the Western Cape district surgeon utilisation by pregnant women and children under six increased by 659% and 300% respectively. Provincial averages for drug expenditure on part-time district surgeons were available for the Northern Cape, KwaZulu-Natal and Mpumalanga and showed increases of 68%, 6% and 18% respectively. Average payments to part-time district surgeons for dispensing was 35% higher in KwaZulu-Natal and rose by 4% in Mpumalanga and 5% in the Northern Province.

The evidence available suggests that the policy to provide free health care to pregnant women and children under six might have encouraged the use of hospitals in cases where patients could be treated at clinics. The ratio of paediatric admissions to paediatric hospital attendances decreased in all of the hospitals in the sample, except two. Focus group discussions revealed that many clinical personnel thought that the level of service provided at clinics was inadequate due to lack of staff and equipment and that this was prompting patients to bypass clinics and visit hospitals. This observation is supported by the comparative experiences of Baragwanath Hospital and Johannesburg Hospital. Johannesburg Hospital is located in central Johannesburg with few high-quality curative

primary health alternatives in the vicinity. In contrast, Baragwanath Hospital is well supported by clinics in the Soweto area. Following the introduction of free health care for pregnant women and children, Johannesburg Hospital saw a considerable and persistent increase in paediatric patients while Baragwanath Hospital experienced only a brief upswing, with numbers starting to fall sharply six months later. Baragwanath Hospital's strict screening policy – they show away all unreferral patients – might also help explain the difference in the experience of the two hospitals.

Inappropriate use of clinics did not seem to be a problem. Since the introduction of the policy there has been a rise in the number and proportion of patients that required referral.

The study reports that the number of antenatal care visits had increased since the introduction of the policy. According to the National Household Survey, women have started attending antenatal care earlier in their pregnancy. The most common gestational age for attending antenatal care had fallen from five months to three months. The proportion of pregnant female respondents who said that they attended antenatal clinic regularly increased from 79% to 84%.

According to the study's user interviews, 62% of respondents in the National Household Survey said that the facility they attended was unable to cope with the increased workload due to the introduction of the policy. The majority of the clinical personnel respondents in the study's health provider survey thought that the policy had increased their workload and had a negative impact on the quality of their work.

Looking at the impact of the policy on the public health budget, the report used an estimated 30% decrease in fee income during this period as a starting point for calculating the revenue loss attributable to this policy. Noting that user fees contributed less than 5% of the recurrent public health expenditure, the total revenue loss was estimated to be approximately 1.5% of the total public health budget. This will be an overestimate of the user fees loss attributable to the policy as most of the losses over this time period had occurred at large referral hospitals that had been losing many of the medical scheme patients that these hospitals had been dependent on in the past.<sup>37</sup>

Due to financial constraints and inflexible hiring policies, facilities and health departments surveyed reported that no new staff was hired following the implementation of free health care to pregnant women and children under six. Using a 25% nominal increase in drug expenditure as a basis<sup>38</sup>, the report calculates that this would translate to an estimated 3% increase in the health budget. Since only a portion of this 3% rise would be attributable to women and children under six, the report arrived at an estimate of rise of less than 1% in recurrent health expenditure.

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<sup>37</sup> The study notes that following the introduction of the free health care policy for pregnant women and kids under six, overall revenues fell by 25% in the ten hospitals and nine clinics surveyed. Three big hospitals account for 90% of this loss. This is consistent with trends in the four provinces for which fee revenue data was available: KwaZulu-Natal, Mpumalanga, North West and Northern Province all experienced sharp drops in their fee revenues, with losses ranging from 22% to 37%. Hospitals accounted for 93% of the losses in fee revenues.

<sup>38</sup> The five provinces that provided drug expenditure data (Kwazulu-Natal, Mpumalanga, North West, Northern Province, Northern Cape) saw an overall increase in drug expenditure of 16%. Bloemfontein and Auckland Park medical depots reported increased drug expenditure on four tracer paediatric and obstetric medicines: expenditure on Pen VK syrup, Panado syrup, Ventolin syrup and Iron & Folate syrup rose by 92%, 83%, 25% and 17% respectively.

Although it is difficult to measure the impact of the policy, this study concludes that it has improved access. The report notes that the distance to the nearest facility and the availability of transport were still limiting access to primary health care, especially in rural areas or informal settlements. Long queues, the attitude of staff and lack of medicine were also listed by users as barriers to the use of primary health care facilities.



## **B2.2 Contracting out primary health care functions to community members**

This section discusses two types of community involvement in health services: Community Health Workers (CHWs) and home-based care.

CHWs are “local inhabitants given limited amount of training to provide specific health and nutrition services to the members of their communities. They are expected to remain in their home village or neighbourhood and usually work part-time as health workers”<sup>39</sup>. They are seen as either a potential substitute for primary health care (when facility-based care fails or when there is a lack of trained nursing staff), or as complementary to such primary health cares (health care interventions need to be comprehensive and include preventative, promotive, curative, rehabilitative and palliative services).

In South Africa there has been no clear policy on community health workers since 1996. Provinces are free to decide about funding and support for CHW programmes. In practice this appears to have led to a reduction in funding.

Another form that contracting out of public health services can take is home-based care for certain categories of patients. Research in other parts of Africa indicate that this can be a cost effective option. A study in Zambia found that community-initiated home-based care was less expensive than hospital care – \$2 compared to between \$3 and \$8. In contrast, hospital-initiated home-based care was more expensive than hospital care, ranging between \$10 and \$40<sup>40</sup>. A Zimbabwean study found that the cost of three months of home-care was equivalent to that of about 33 days in a district hospital.<sup>41</sup> Other benefits associated with home-based care included a decreased burden on health facilities and reduced social isolation of the patient and the family.<sup>42</sup>

**Makan, B. & Bachmann, M. 1997. *An Economic Analysis of Community Health Worker Programmes in the Western Cape Province*. Health Systems Trust: Durban.**

This study evaluated five peri-urban and rural community health worker (CHW) programmes in the Western Cape, focusing on the perceptions and experiences of communities served and the costs of projects. In a policy context where there appeared to be a significant amount of indecision and ambiguity surrounding the status of CHWs, the aim of the study was to enhance the debate on the role and importance of CHWs.

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<sup>39</sup> The definition is from Berman, P.A., Gwatkin, D.R. & Burger, S.E. 1987. Community-based Health Workers: Head Start or False Start towards Health for All? *Social Science and Medicine*, Vol. 25 (5) as quoted in Makan, B., & Bachmann, M. 1997. *An Economic Analysis of Community Health Worker Programmes in the Western Cape Province*. Health Systems Trust: Durban.

<sup>40</sup> Chela, C.M., et al. 1995. *Cost and impact of home-based care for people living with HIV/AIDS in Zambia*. Lusaka, Ministry of Health, Zambia and WHO as quoted in Johnson, S., Modiba, P., Monnakgotla, D., Muirhead, D. & Schneider, H. 2001. *Home-based care for People with HIV/AIDS in South Africa: What will it cost?* Centre for Health Policy, Department of Community Health, University of the Witwatersrand: Johannesburg.

<sup>41</sup> Hansen, K. et al. 1998. The cost of home-based care for HIV/AIDS patients in Zimbabwe. *AIDS Care*, Vol. 10 (6): pp. 757-758 as quoted in Johnson, S., Modiba, P., Monnakgotla, D., Muirhead, D. & Schneider, H. 2001. *Home-based care for People with HIV/AIDS in South Africa: What will it cost?* Centre for Health Policy, Department of Community Health, University of the Witwatersrand: Johannesburg.

<sup>42</sup> Goudge, J., Gilson, L. & Msimango, L. 2001. *How to 'roll out' CBO provided home-based care for AIDS: Government's role?* Draft, November 2001. Mimeo. Centre for Health Policy, University of the Witwatersrand: Johannesburg. A 2000 article by Jackson and Kerkhoven was cited as the original source. The title and publication details were not provided.

Three previous CHW programme evaluations<sup>43</sup> compared populations before and after the introduction of CHW programmes and observed improvements in immunisation coverage, breast-feeding, possession of “Road to Health” cards<sup>44</sup>, supervision of births, infant and child mortality rates and the knowledge of oral rehydration solution therapy (ORS) following the launch of CHW programmes. Additionally, a survey<sup>45</sup> found that 65% of respondents were supportive of introducing trained CHWs into their communities.

This report’s main contribution is improved cost estimates of CHW programmes. This study claims to be the first to incorporate donated funds, the cost of capital and training costs in its cost calculations.

The study examines the impact of CHW programmes by comparing the health knowledge of those served and those not served by CHW. The main shortcoming of this approach is that it can only adjust for factors that can be measured, therefore results must be treated with caution. The study also surveyed the community’s perceptions of and attitude towards CHWs.<sup>46</sup>

The study found that CHWs were most likely to treat the commonest reported illnesses. It was argued that these illness – including fevers, colds, coughs, worms, burns and diarrhoea – were appropriate for CHW treatment because of their frequency and because they could be treated with inexpensive, effective and safe medications.

The study found that awareness of CHWs was high – 93% of those surveyed were aware of CHWs and local CHW programmes in their area. Eighty-three percent of respondents were willing to pay up to R5 (\$0.50) to see a CHW.

Respondents who had contact with CHWs generally had better knowledge of ORS, burns and tuberculosis. This can be interpreted as evidence that CHWs contribute to

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<sup>43</sup> The study refers to the findings of three previous studies in this area: Kuhn, L., Zwarenstein, M. F., Thomas, G. C., Yach, D., Conrade, H. H., Hoogendoorn, L. & Katzenellenbogen, J. 1990. Village Health Workers and GOBI-FFF – An Evaluation of a Rural Programme. *South African Medical Journal*, Vol. 77: pp. 471-475; Matthews, C., Van der Walt, H. & Hewitson, D. 1991. *Evaluation of SACL A Health Project*. Centre for Epidemiological Research in Southern Africa, Medical Research Council: Cape Town; and Lomax, K. & Mametja, D. (eds.). *Assessing the Feasibility of Greater State Support to Community-based Health Programmes*. Health Systems Trust: Durban.

<sup>44</sup> Road to Health cards are used to track child immunisations.

<sup>45</sup> By the Community Agency for Social Enquiry The report cites the following reference for this study: Hirshowitz, R. & Orkin, M. 1995. *A National Household Survey of Health Inequalities in South Africa*. Prepared by the Community Agency for Social Enquiry for the Henry J. Kaiser Family Foundation. CASE: Johannesburg.

<sup>46</sup> It was estimated that in 1994 there were 24 community-based health programmes and 10 health committees in the Western Cape, employing 687 CHWs in total. (This estimate is from Makan & McMurchy, 1996. *An Economic Evaluation of Community Health Worker Programmes, Western Cape Province Studies*. Health Economics Unit Working Paper No. 26, University of Cape Town: Cape Town, and differs from the NPPHCN’s directory of CHWs in South Africa that provides an estimate of 417 for the same year. The difference in these estimates has been attributed to definitional issues.) Five community-based health programmes – employing 301 CHWs altogether – were selected for evaluation. For the community survey, 1 517 questionnaires were distributed to a random sample of households in three of the communities served by CHW programmes. The total population of households was estimated to be 45 080. Two of the five programmes were included in the impact analysis. Surveys were administered by CHWs and there is thus a possibility that this could have biased the outcome of some of the questions.

awareness and knowledge of these illnesses. However, the causality could also work in the opposite direction: individuals with better health knowledge could be more likely to seek contact with a CHW.

The study's cost estimates were based on an analysis of the 1994/5 financial records of the five selected CHW programmes. The costs of CHWs per consultation were lower when it was a patient visit (vs. home visit by CHW), when the CHW was a generalist (vs. TB specialists), when it was a peri-urban programme (vs. rural), when the CHW programme was larger and when the programme had been in operation for longer. The average cost per visit to a generalist CHW for the five programmes was between R11 and R35 (\$1 and \$4) and thus comparable to the R33 and R55 (\$3 and \$6) estimated cost for a visit to a clinic and community hospital respectively.<sup>47</sup>

It can perhaps be argued that a comparison of the relative costs of a CHW and clinics is not appropriate or instructive, as CHWs do not offer a comprehensive service package and can be viewed as a complement to and not a substitute for clinics.

The report concludes that the information gathered is not sufficient to inform policy decisions regarding CHW programmes. To provide the relevant answers to inform policy making, researchers will need to proceed beyond the questions of this report and ask whether CHWs provide health education that is effective in preventing disease, whether CHW intervention in early treatment and diagnosis of patients prevents more serious diseases from developing and whether CHWs prevent the unnecessary use of more costly services.

**Red Cross Community Health Projects: At Red Cross Mothers are still the best. 2000. *Impumelelo 1999*. Impumelelo Innovations Awards Programme: Cape Town.**

The Impumelelo Innovations Award Programme is a NGO initiative to reward original and effective solutions to poverty. It was developed in cooperation with the Kennedy School of Government at Harvard University and modelled on the Innovations in American Government programme. The name, Impumelelo, means "success by working together" in Xhosa.

The Impumelelo case studies summarised in this annotated bibliography are from a report that describes the 15 winning projects and a few other short listed projects. The winning projects were selected from over 150 entries across the country and have been subjected to four rounds of critical scrutiny, including site visits by experts.

Staff shortages and financial constraints forced the Red Cross Children's Hospital in Cape Town to examine alternative methods for care and treatment of tracheotomy. The Red Cross's Breathe Easy Empowerment Programme (BEEP) trained mothers to provide care to children with a tracheotomy. A tracheotomy is performed if not enough air gets to the lungs, if a person cannot breathe without help or is having problems with secretions getting into the windpipe because of difficulty swallowing. With a tracheotomy

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<sup>47</sup> This estimate was quoted from McIntyre, D., Bloom, G., Doherty, J. & Brijlal, P. 1995. *Health Expenditure and Finance in South Africa*. Health Systems Trust and the World Bank: Durban. This source attributed only costs directly related to clinics to the cost per visit they calculated. Thus, the cost for preventative programmes and administrative support was not included.

a small cut is made in the windpipe to insert a pipe through which the individual then has to breathe.

Home-based care enabled tracheotomised children to lead normal lives and to go to school, to be part of a family and a community. The children's preference for home-based care was evident from their reluctance to go on follow-up visits to the hospital, due to their fears of readmission. Home-based care also resulted in a considerable reduction in the burden of hospital staff. The tracheotomised children are otherwise healthy and nurses said they often found working with these active children more draining than working in intensive care.

In 1997 the first twelve years of BEEP's operation was reviewed: it was estimated that the programme had realised savings of over R78 million (\$8 million) – close to the annual operating budget of the Red Cross Children's Hospital. Three of the twelve children who were kept in hospital had died during the twelve years under review, while over the same period there were only four deaths among the 119 children in home-based care, even though most of those in home-based care were from poor homes (a quarter lived in informal settlements and 45% in sub-economic housing). A BEEP evaluation report claims that "BEEP is one of the most cost-effective child-healthcare programmes in this country and probably runs a close second to childhood immunisation in terms of cost-efficacy".

The Red Cross runs a similar programme for children with Spina Bifida, a rare spinal disorder that causes many problems, including incontinence. The Spina Bifida programme trained mothers to use catheters and do bowel washes so that children with this disorder could be cared for at home.

**Messages of Hope. 2002. *Impumelelo 2001. Impumelelo Innovations Awards Programme: Cape Town.***

**Strachan, K. 2000. *The role of organisations outside government. In Health Systems Trust. HST Update, Vol. 58.***

The two sources above both feature the South Coast Hospice Project case study, thus they will be discussed together.

According to the Impumelelo report, Murchison District hospital in Port Shepstone was forced to devise a response to AIDS after the workload became unmanageable due to a dramatic increase in AIDS patients eight years ago. It was argued that improved home care after hospitalisation could reduce subsequent hospital stays and enhance and prolong the lives of AIDS patients. They also recognised the need for educating both patients and their relatives about the disease.

Murchison District Hospital forged a partnership between themselves and South Coast Hospice, a NGO specialising in caring for the terminally ill, to establish a home-based care programme for AIDS sufferers. Strachan reports that the Integrated Community-based Home Care (ICHC) programme was launched in 1996 when a group of caregivers from the community were trained in palliative care. In 2000 the Strachan article reports that the ICHC programme had eight caregivers looking after approximately 420 terminally ill patients. The caregivers' daily tasks include providing patients with basic

treatment and counselling. They have also helped to educate the community on HIV/AIDS because “the community caregivers talk about HIV/AIDS wherever they go”.

The report argues that because the caregivers are members of the community they are able to do their job more efficiently and effectively. They can work closely with traditional leaders and healers and they are able to mobilise neighbours and friends to help when needed. Strachan quotes the AIDS Foundation’s grants manager, Debbie Mathew, who believes that “ ‘home-based care has to be given by caregivers from the community’ ” because using outsiders as caregivers makes home-based care programmes “ ‘too expensive to be sustainable’ ” due to added costs like vehicles.

Programme organiser Kath Deflippi argues that because AIDS affects the whole community and not just the sufferer, caregivers cannot focus solely on the dying person. “ ‘As an organisation we never thought of having to hand out food parcels, but often we come across family members who are too weak to turn the patient. We can’t just give medication for pain when they are suffering from hunger pangs. HIV pushes people from being poverty stricken to absolute destitution. We come across people who haven’t eaten for as long as three days. There is a lot of domestic violence associated with HIV because of the anger and the frustration – and there is a lot of alcohol and drug abuse to escape the horror of the situation.’ ”

Strachan highlights the importance of cooperation with clinics and hospitals in the area. A strong referral network is key. The caregiver can also get basic supplies and sometimes drugs from the clinic.

Hospital admissions had declined following the introduction of the programme and average length of hospital stays had dropped from seven to three days. According to the Impumelelo report, overcrowding in wards had been reduced and the morale of hospital staff had improved.

However, according to senior medical superintendent Dr Gilpin, the biggest poverty reduction success has been the improvement in the quality of life of AIDS sufferers. Providing AIDS patients and relatives with information about medical, nutritional and hygiene issues can help extend the lives of AIDS sufferers. The programme also claims to have reduced the medical bills of households with AIDS sufferers and to have lessened the stigma associated with the disease. The programme has organised child care facilities, put families in touch with community garden projects and helped individuals to access micro-loans to set up small businesses. According to Strachan this was one of the first projects to work with a community to help care for individuals dying of AIDS and by 2000 the programme had already been replicated in seven sites in five provinces.

### **B2.3 Private vs. public clinics**

It is known that amongst the poor there is a preference for private health services as far as curative services are concerned, because of perceptions about the better quality of care offered by the private sector. This report examines the validity of these user perceptions.

**Palmer, N., Mills, A., Wadee, H., Gilson, L. & Schneider, H. A New Face for Private Providers in Developing Countries: What Implications for Public Health? Mimeo. London School of Hygiene and Tropical Medicine: London.**

This article compares the price, quality and coverage of services delivered by private clinics to that of public clinics in South Africa and then proceeds to draw conclusions regarding the implications for the respective roles of and relationship between private and public primary care providers. The study was based on a research project by the London School of Hygiene and Tropical Medicine examining emerging purchaser provider relationships in health care to ascertain whether contracts between health authorities and private providers were desirable.

The authors ask why, despite free provision of public primary health care, 30% of individuals without health insurance choose to pay R50 to R100 (\$5 and \$10) per visit for private sector primary health services<sup>48</sup>. They contend that in rural areas private clinics are sometimes used because they are more accessible than public clinics. In urban areas, the use of private clinics is attributed to the perceived higher quality of diagnosis, prescription and counselling<sup>49</sup>, lower average waiting time<sup>50</sup> and increased privacy<sup>51</sup>.

Palmer et al compared the cost and quality of private clinics vis-à-vis both private GPs and public clinics. Private clinic cost estimates were based on data collected at two private clinics. These clinics were recommended by the chain's management as good examples of service delivery, thus the data might give a more rosy representation of private clinics than what was the reality. However, the study also included site visits to other private clinics and based on this, the researchers argue that these two clinics were broadly representative of the operational model of the private clinic chain. Cost estimates

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<sup>48</sup> This research is quoted from Cornell, J., McIntyre, D. & Mbatsha, S. 2001. *National Health Accounts: The Private Sector Report*. Technical Report, Health Economics Unit, University of Cape Town. The comparable percentage for individuals in the lowest income quintile is 20%. At R70 a visit to a private clinic was competitively priced, compared to a GP visit, ranging from R50 to R100.

<sup>49</sup> This statement is based on studies by Goldstein, S. & Price, M. 1995. Utilisation of primary curative services in Diepkloof, Soweto. *South African Medical Journal* 85(6), 505-508 and Usdin, L. 1993. *Patterns of Health Care Utilisation and factors affecting use of different providers in Alexandra Township, South Africa*. DrPH Thesis, Tulane University.

<sup>50</sup> Evidence is provided by Usdin, L. 1993. *Patterns of Health Care Utilisation and factors affecting use of different providers in Alexandra Township, South Africa*. DrPH Thesis, Tulane University.

<sup>51</sup> The article here refers to the following four studies: Beattie, A. and Rispel L 1995. *A description of primary health care services delivered by general practitioners in the New Hanover District, kwaZulu-Natal Province*. Technical report, Centre for Health Policy: Johannesburg; Rispel, L. et al. 1995. *A description and evaluation of primary health care services delivered by the Alexandra Health Centre and University Clinic*. Technical Report, Centre for Health Policy: Johannesburg; Rispel, L. et al. 1995. *The integration of primary health care services at the district level using Upington as a case study*. Technical report, Centre for Health Policy: Johannesburg; & Rispel, L. et al. 1995. *A description and evaluation of primary health care services delivered by Vaalmed Health Maintenance Organisation*. Technical Report, Centre for Health Policy: Johannesburg.

for GP visits and public clinics were from two studies that were part of the same research project<sup>52</sup>.

The study found that private and public clinics had comparable provider costs: for a private clinic the cost per visit to the provider was R35-R44 (\$3.50-\$4.40), which fell within the range of the public clinic's cost per visit of R27-R68 (\$2.70-\$6.80) – both considerably cheaper than the average R89 (\$8.90) provider cost of a visit to a general practitioner.

The private clinics had high administrative costs and employed full-time doctors, yet their recurrent costs were only slightly higher than that of public clinics without private doctors (R33 vs. R29, or approximately \$3.30 vs. \$2.90). This was accomplished by savings in staff costs (enabled by their reliance on nurse practitioners as main service providers) and savings in drug costs (due to their strict computer-aided controls over the preparation, prescription and dispensing of drugs). Patients first saw a primary care worker (lay health care worker), followed by a nurse and only when required, the patient would be referred to the doctor. Primary care workers and nurses were assisted by computers containing over 2 000 treatment protocols, based on the Cochrane Collaboration.<sup>53</sup>

According to focus group discussions conducted as part of a study by Palmer and Schneider<sup>54</sup>, users of private clinics were very satisfied with the service they were receiving and cited staff attitudes and waiting times as crucial differentiating factors. Users said they were treated with respect in private clinics and that the staff “made [them] feel important”. At private clinics the waiting times ranged between 10 and 40 minutes versus 50 minutes to 3 hours at public sector clinics.

However, private clinics did not offer a comprehensive primary care service and were concentrated in urban areas. The limited evidence available indicated that compared to public clinics, private clinics provided a superior quality of curative care, but their chronic care record was weaker. The technical quality of the curative care provided in private clinics appeared high judged by their Sexually Transmitted Infections (STI) treatment: 85% of STI patient records had been diagnosed using the syndromic approach (vs. 68% in public clinic sample reviewed) and 97% received treatment as recommended by the Department of Health (vs. 80% in the public clinic sample reviewed). Patients appeared to be using public clinics for chronic treatment. In 30% of cases, private clinic users interviewed had attended public clinics for chronic treatment in the past six months. Also, 64% of diabetic private clinic patient records reviewed and 48% of the hypertension patient records reviewed had visited the clinic only once. Private clinics referred patients to public clinics or GPs for immunisation and TB treatment. Private clinics also offered no after hours emergency services.

According to Palmer et al private clinics show that low cost service delivery can be congruent with satisfied customers. They conclude that the study demonstrates the key

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<sup>52</sup> Sinanovic, E., Wade, H., Taole, K., Palmer, N., Gilson, L., Schneider, H. & Mills, A. 2001. *Primary Care Contracting Study: Public sector report*. Technical report, Health Economics Unit, University of Cape Town: Cape Town and Sinanovic, E., Palmer, N. & Taole, K. 2001. *Primary Care Contracting Study: Private sector GPs*. Technical report, Health Economics Unit, University of Cape Town: Cape Town.

<sup>53</sup> The Cochrane Collaboration provides systematic up-to-date reviews of randomised controlled trials in all areas of health care.

<sup>54</sup> Schneider, H. & Palmer, N. 2002. Getting to the truth? Researching user's views of primary health care, *Health Policy and Planning* 17(1): 32-41.

role of management and efficiency and argue that contracting out the management of public clinics might be an option to consider, provided that the public sector has the required capacity to manage the contracts. Rural areas with inadequate access to primary health services may benefit from such arrangements.



### **B3. Water and sanitation in poor communities**

In April 1994, after South Africa's first democratic elections, 15.2 million of the country's 40 million citizens did not have access to basic water supply, of whom 12 million lived in rural areas. Just over 20 million people did not have access to basic sanitation facilities. The government's Reconstruction and Development Plan (RDP) defined basic water supply as 25 litres per person per day within 200 metres of the individual's home. Basic sanitation is a ventilated improved pit latrine or its equivalent.<sup>55</sup>

Before 1994 there was no single institution responsible for water supply and sanitation. Responsibility was dispersed among local governments and the ten homelands. Service provision standards in the white municipalities were comparable to that of industrialised countries, while the level and standard of services for blacks varied, but was consistently inferior.<sup>56</sup>

In 1994 the new government made the Department of Water Affairs and Forestry (DWAFF) – previously focused on water resources and forestry management – responsible for ensuring at least a basic level of water services to the whole population on a sustainable basis – as embodied by its “some for all forever” motto<sup>57</sup>. Accordingly, the right to basic water was enshrined in the constitution.

To enable speedy delivery, DWAFF co-opted private sector and civil society partners. With the help of its partners, DWAFF was able to provide new water services to seven million people between 1994 and 2002.<sup>58</sup>

DWAFF's orientation has not just shifted from a supply-driven to a demand-driven approach. The department has evolved from an establishment favouring an inward-looking and highly technologically oriented approach to an organisation with an outward-looking and people-oriented attitude.<sup>59</sup> The department's 1994 White Paper on water supply and sanitation specifies that demand-driven should be “understood as the motivation for development originating from within the community, not from some outside agency (including the state) on behalf of the community”, thus implying decentralised delivery methods and more control by clients. As part of this move, the issuing of licenses for water use became the responsibility of community-based catchment management agencies.<sup>60</sup> The National Water Act and the Water Services Act provide the legislative framework for community participation in water management and provision. The National Water Act abolished private ownership of water and protected community rights to access to water for domestic use. The Water Services Act enable community-based organisation to be legally recognised managers or providers of retail water services through agreements with local government.<sup>61</sup>

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<sup>55</sup> Muller, M. 2002. *The National Water and Sanitation Programme in South Africa: Turning the 'Right to Water' into Reality*. Water and Sanitation Program, Africa Region: Nairobi.

<sup>56</sup> Ibid.

<sup>57</sup> Ibid.

<sup>58</sup> Muller, M. 2002. *The National Water and Sanitation Programme in South Africa: Turning the 'Right to Water' into Reality*. Water and Sanitation Program, Africa Region: Nairobi.

<sup>59</sup> Schmitz, T. 1999. *Rethinking Delivery? A Review of Efforts of the Department of Water Affairs, 1994-9*. CPS Policy Brief 16. Centre for Policy Studies: Johannesburg.

<sup>60</sup> Schmitz, T & Kihato, C. 2001. *Understanding policy implementation: An exploration of research areas in the water sector*. CPS Research Report 77. Centre for Policy Studies: Johannesburg

<sup>61</sup> Rall, M. 2001. *Partnerships for Sustainability: The Mvula Experience*. Mimeo. Mvula Trust: Johannesburg.

In terms of the emerging framework local governments were responsible for water and sanitation service provision.<sup>62</sup> The government was not involved in delivering services but focused on providing support to local government. Local government could delegate the service provider function, but not the responsibility.<sup>63</sup>

According to the 1994 policy, government funded the capital costs of new services infrastructure,<sup>64</sup> but the operation and maintenance of service delivery had to be covered by users. Towards end of 1990s non-payment was identified as a serious problem and many interpreted this as evidence that several poor users could not afford to pay charges at a cost recovery level. In many cases the high running cost of schemes contributed to the problem.<sup>65</sup> In response, a free basic water policy was introduced in 2000. This recommended that the first 6 000 litres of water per household per month should be provided free. Free basic water is a national government policy, but because local government was responsible for providing water services it could only be implemented by local government. The government recommends that policy should be funded via a combination of a subsidy from national government and cross-subsidisation by introducing an increasing block tariff above this basic level.<sup>66</sup> By 1 July 2002 free basic water had been implemented by local government areas serving more than 27 million people.<sup>67</sup> There were questions regarding the sustainability of the policy.<sup>68</sup>

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<sup>62</sup> Ibid.

<sup>63</sup> Schmitz, T & Kihato, C. 2001. *Understanding policy implementation: An exploration of research areas in the water sector*. CPS Research Report 77. Centre for Policy Studies: Johannesburg. Note that there seems to be a discrepancy between these numbers and those quoted in the first sentence of this subsection introduction. This may be due to differences in definitions.

<sup>64</sup> Only to a basic level of service – ref. Barry Jackson

<sup>65</sup> Muller, M. 2002. *The National Water and Sanitation Programme in South Africa: Turning the 'Right to Water' into Reality*. Water and Sanitation Program, Africa Region: Nairobi.

<sup>66</sup> Department Water Affairs and Forestry. 2002. *Free Basic Water: Questions and Answers*. Department Water Affairs and Forestry: Pretoria.

<sup>67</sup> Muller, M. 2002. *The National Water and Sanitation Programme in South Africa: Turning the 'Right to Water' into Reality*. Water and Sanitation Program, Africa Region: Nairobi.

<sup>68</sup> Ibid., and Jackson, B. 2002. *Water Supply and Sanitation Sector Introduction and Overview: The Challenges*. Presented at a conference on Municipal Public and Private Partnerships in South Africa: past performance

Sanitation delivery is lagging behind water service delivery. According to a 2001 report, 27 million South Africans were lacking sanitation facilities and 18 million residents lacked water.<sup>69</sup> The danger here is that poor sanitation facilities could hamper progress in the health sector.<sup>70</sup> DWAF has recently created a dedicated sanitation programme to address backlogs.<sup>71</sup>

The rest of this subsection will review sources on pro-poor policy making and implementation, community participation and cost recovery in water supply projects and service provision by private or community providers.

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and future prospects on 7-9 May 2002 in Johannesburg. In the same paper Jackson also criticises the Free Basic Water policy because it makes providers accountable to the government instead of the customers. He argues that this could have been avoided through use of a voucher system.

<sup>69</sup> Schmitz, T & Kihato, C. 2001. *Understanding policy implementation: An exploration of research areas in the water sector*. CPS Research Report 77. Centre for Policy Studies: Johannesburg.

<sup>70</sup> Ibid.

<sup>71</sup> Muller, M. 2002. *The National Water and Sanitation Programme in South Africa: Turning the 'Right to Water' into Reality*. Water and Sanitation Program, Africa Region: Nairobi.

### **B3.1 Pro-poor policy and policy implementation in water and sanitation**

The report cited below is part of the first phase of a two-phase research project evaluating the gap between policy and implementation in South African water services. The report is explorative and aimed at formulating research questions for the second phase. It describes international and local shifts in water resource management and water and sanitation supply and the impact these shifts have had on policy formulation and delivery.

**Schmitz, T & Kihato, C. 2001. *Understanding policy implementation: An exploration of research areas in the water sector*. CPS Research Report 77. Centre for Policy Studies: Johannesburg.**

The report is critical of DWAF's policies and implementation strategies and highlights discrepancies between the department's stated priorities and its policy making and implementation. It claims that, although equity, sustainability and community participation are continuing themes throughout department legislation and other documentation, the focus on speed of delivery has often necessitated sacrifices in the areas of community consultation, cost recovery and hence sustainability. The report argues that the observable nature of products and the non-observable nature of processes have contributed to this phenomenon. According to the study: "The political pressure to deliver in South Africa spurred – in part – by the large service inequalities between racial groups has often compromised the quality of the process of delivery. The product is often considered more important, by both policy makers and beneficiaries, than the delivery process. This is further reinforced by the nature of the end-product: it is much more visible, tangible and measurable than process-related outcomes such as empowerment".

The report claims that in some cases poor cost recovery of water projects can be attributed to inappropriate technology choices. According to the report, certain case studies have linked inappropriate technology choices to lack of adequate community consultation. Other possible reasons cited for the government selecting overly sophisticated and too expensive solutions included unrealistic user expectations and a lack of technical skills and know-how in the department.

Concerning water resource management, the study notes that equity issues have not been given due consideration in the devolvement of the issuance of water use permits to the catchment level and warns that a concerted effort – not yet catered for by policy – will be required to ensure access for the poor. The poor is often not as well-organised and well-informed as established stakeholders and the danger is that they will be marginalised through this process. The study proposes that it should be specified that the individual catchment management strategies – which the catchment management agency has to submit to the minister – must contain a chapter on development needs and strategies. According to the report, investments are required to support the involvement of the poor in stakeholder forums and ensure that they are informed about their water rights.

The report is also critical of the department's new national strategy framework for water conservation and demand management and argues that it focuses too closely on efficiency measures, and does not deal adequately with maldistribution as a cause of water scarcity.

The report contends that the department's shift from a supply-driven to a demand-driven approach necessitates a change in the information it collects. Effective catchment management requires data on water related socio-economic issues like the water use and needs of communities, but this kind of data is often not available.

The study proposes that rainwater harvesting be used to improve access to water. He argues that the idea has "considerable potential" due to its low cost and because communities can manage it themselves.

The department's Working for Water initiative – a public works programme aimed at increasing water resources by removing non-indigenous invader plants – is one of the few initiatives about which the report is unambiguously positive. It says that "this programme is rightly heralded as one of the best launched by the government in the RDP era". The initiative is proclaimed a success based on its enhancement of efficiency, equity and sustainability. The Working for Water initiative provides jobs to unemployed adults, frees up water resources and contributes to the preservation of indigenous plant species.

### **B3.2 Community participation and cost recovery in water supply projects**

In terms of the 1994 policy framework the recovery of operation and maintenance costs was required to ensure sustainability of service provision. High levels of non-payment were often intertwined with issues surrounding community participation and dynamics.

The study summarised below uses client interviews to look at the problem of non-payment from the community's perspective. This document predates the introduction of Free Basic Water in 2000.

**Dreyer, L. 1998. *The Dynamics of Community Non-Compliance with Basic Water Supply Projects*. Water Research Commission Report No. TT 93/98. Water Research Commission: Pretoria.**

Twenty-four rural communities were visited to construct case studies. Four of the 24 projects selected for review were seen as model projects. In all cases communities had agreed to payment levels prior to the start of the project.

The report attributes non-payment primarily to a lack of association between payment and the receipt of a value-added service. While affordability is certainly a factor in some cases, it is argued that it is not the main constraint. Individuals who were not paying for water services often had enough money to pay for electricity or to contribute towards the initial costs of the water project, when expectations were still high. Unwillingness to pay may be at least partly due to individuals' perceptions that the service is not adding value to their lives. The report found that in many cases the community's basic need for water services were already met from traditional sources and the community wanted a higher level of service delivery than that offered by the national water supply programme. In the case of model projects, villages had serious problems accessing water prior to the project and there was thus sufficient incentive to overcome project obstacles. Furthermore, the inability to exclude non-payers from water services made it difficult to forge a strong link between payment and receipt of the service. Attempts to develop a sense of user responsibility by requiring an initial capital contribution failed because water often started flowing before the agreed on initial amount was paid up and thus there was no perceived further need to pay.

The case studies also demonstrate the pivotal role of the water committee, elected by the community to manage the water projects. In the six Northern Province case studies the community's loss of trust in the water committee was an important explanation for non-payment. Also, water committees were held responsible by the community for the successful implementation of the project – even in cases where the project's failure was clearly due to the engineering consultant's negligence.

The report concludes that community participation does not guarantee success. It is critical that the water committee should have strong leadership and sufficient expertise and be perceived as transparent by the community. The report also shows that community cohesiveness is not always present and when present, does not necessarily contribute towards success – as illustrated by the Gubevu and Sabele projects, which were abandoned because the communities felt that the projects were threatening their solidarity. Even though only a few households (often at the outskirts of the village) were excluded from water services in the case of the Phumzile, Newstand and Dukuza

projects, this resulted in community dissatisfaction with the project because of the community's sense of cohesion.

**Department of Water Affairs and Forestry. 1998. *12 Successful Cost Recovery Studies for Water Services in South Africa*. Department of Water Affairs & Forestry: Pretoria.**

This study was undertaken by the Department of Water Affairs and Forestry to identify the necessary conditions for cost recovery. For this purpose twelve water projects with high cost recovery were examined. The study argues that the recovery of running costs was a priority for the government because it affected the long-term sustainability of a water project.

The report found that successful projects involved the community in decision making from the start and gave sufficient attention to the education of customers on the need for payment, consumer rights and the consequences of non-payment. According to the report, good service was essential. Successful projects often had a business approach and a consumer focus. The report also finds that the availability of a selection of service delivery levels and credible payment enforcement measures were key.

One of the case studies discussed in the report is the **Vhutalu water project**. Prior to the water project the residents of the village had to fetch water from the rivers nearby. Residents were desperate for an alternative because it was impossible to walk up the steep muddy slopes to the river during the rainy season.

A member of the community asked the water and sanitation NGO Mvula Trust for assistance. Through Mvula Trust a project was launched to give residents reliable water access by pumping water from a borehole. Mvula Trust asked for an upfront contribution of R19 000 (\$1 900) by the community. Despite the poverty of the community – most community members were dependent on pensions and crop sales – they managed to raise R7 000 (\$700) more than the required R19 000 (\$1 900).

The community decided to levy a flat monthly rate of R10 (\$1) per household. When payments were not made on time, households had to pay R30 (\$3). Initially there were a few late payers, but they were immediately fined by the water committee to show that this was no idle threat. The study reports the water committee's bank account contained R26 000 (\$2 600) the last time it was checked. Seen in the context of widespread problems with non-payment and cost recovery, this was exemplary.

The water project of the **Motlhabe Ntswana-Le-Metsing** villages in the Northwest Province is a good example of intensive community preparation. Implementation consultants spent a full year gaining the trust and confidence of the community.

The training programme was adjusted to suit the needs of the community. In the Motlhabe village there was post-implementation contact, support and training and this was considered as partially responsible for the success of this project.

The construction method was designed to be labour intensive and used community members. The community decided on task sizes and rates. The report argues that this

helped to channel money back into the community and also increased the community's sense of ownership.

The community charged a flat rate of R15 (\$1.50) per household per month. The implementation consultants proposed the tariff and then the water committee debated the proposed tariff with the community. No accounts are delivered. Water payments are collected from households and then marked off in a register listing all households in the village. The water committee visits any non-paying residents and when a household is judged to be unable to pay, the case is investigated and then the committee comes up with a proposal. Molthabe has no unauthorised connections, possibly due to the tribal authorities' decision to fine any perpetrators R300 (\$30).

In the first four and a half months of operation the payment rate was 86% and the report says that payment has increased since then. At the time the report was written, the community had a positive balance of R15 000 (\$1 500).

The **Durban** metropolitan council successfully addressed the non-payment problem in townships and achieved a 99% cost recovery rate. The council's main strategy was to provide differentiated levels of services: i) a full pressure system ii) a semi-pressure system and iii) water tank system. Tariffs for the full pressure and semi-pressure system ranged from R1.33 to R3.64 (\$0.13 to \$0.36) per kilolitre, depending on use and the tank had a fixed charge of R9.30 (\$0.93). Residents who are not connected could buy water at the standpipes from the bailiffs.

Where postal services were not available, accounts were delivered by hand. Customer using the tank system paid the bailiff. They did not receive accounts, as it was a fixed charge. In case of non-payment perpetrators received a letter asking the customer to explain why the council should not cut the household off. If the customer offers a good explanation, their supply was replaced by a standpipe. When the customer failed to pay for the standpipe, the household's water supply was be cut off. Unauthorised connections were still a problem in some areas

The Durban metropolitan case study also again highlighted the importance of communication with the community. Care was taken to educate the community about the different service level options. To enable customers to make an informed choice about their level of service, pamphlets were printed in the different customer languages and the tank system was demonstrated to potential customers.

**Mvula Trust. 2002. *The Nhlungwane Community water project*. The Mvula Trust Case Study Series, No. 3. Mvula Trust: Durban.**

The Mvula Trust assisted the Nhlungwane village with setting up the community water project. The project was completed in 1997 and is described as a success based on its high cost recovery.

The community developed a very effective system for the local management of standpipes. A warden is placed in control of each standpipe and keeps the keys for the standpipe. The wardens are responsible for overseeing the collection of households' water quotas at a specific time once a day. The wardens are all females living close to the standpipes and they provide the service voluntarily. Approximately 90% of households



pay the monthly operation and maintenance fee of R7 (\$0.70) regularly. When households need more than their allowed quota, they have to pay extra. The wardens keep monthly records of payments. Early in 2002 the Village Water Committee had a positive bank balance of more than R11 000 (\$1 100).

The report cites a variety of reasons for the project's high cost recovery. It points to the relatively cohesive community and also the presence of dynamic individuals. The community's good working relationships with traditional authorities is highlighted. Also, according to the report, the majority of water committee members were women, many of whom had picked up a fair amount of organisation skills and experience through their involvement in other community initiatives like the local vegetable garden and the burial society. The report argues that in this village women were more willing to involve themselves in community initiatives because this had been their traditional role due to the migrant labour jobs of many of the males in the village.

A strong commitment to consult the community and keep the community informed was critical for building trust. The community's strong sense of ownership and thus, responsibility are also described as important contributors to the success of the project.

### **B3.3 Public-private partnerships in water and sanitation**

Legislation regulating public-private partnerships is not conducive to growing the role of private providers in this sector. The Municipal Services Act stipulations regarding public-private partnerships prescribe a cumbersome procedure and are unclear at times. It also allows the minister to pass regulations that can limit tariff increases on municipal services – which presents a considerably increase in risk for potential private providers.<sup>72</sup>

Within this context, sources describing the positive and negative outcomes of two public-private partnerships – both contracts were signed before the introduction of this legislative framework -- will be discussed below. There are more recent water and sanitation public-private partnerships – notably Dolphin Coast and Nelspruit – but it was decided to focus on the Queenstown and Stutterheim case studies because there was more empirical information available on the achievements and problems of these contracts.

**Development Bank of Southern Africa. 2000. *Impact of Public-Private Partnerships on the Poor: the South African Experience*. Development Bank of Southern Africa: Midrand.**

**Plummer, J. 2002. *Focusing Partnerships: A Sourcebook for Municipal Capacity Building in Public-Private Partnerships*. Earthscan Publications: London**

**Timm, J. 2000. *PPP and the Poor in Water and Sanitation – Case study: Queenstown, South Africa*. Water, Engineering and Development Centre, Loughborough University: Leicestershire.**

These three sources cited above debate the relative advantages and disadvantages of public-private partnerships in water and sanitation. Much of the controversy has centred on water contracts awarded to a private provider, Water and Sanitation Services South Africa (WSSA), in Queenstown and Stutterheim. To give an integrated and balanced account of these two case studies and the debate surrounding them, the three sources will be discussed together.

#### **Queenstown Transitional Council and WSSA**

Timm reports that in 1989 the Queenstown municipality was under financial pressure. It was concerned that its financial problems might result in a deterioration of service delivery and thus started to explore alternatives, including opportunities surrounding public-private partnerships. In 1992, after a tendering process (three companies submitted tenders) and a brief public participation process, the municipality entered into a concession contract with WSSA (then Aqua-Gold), outsourcing the operations, maintenance and management of its water and sanitation systems. The municipality hoped that the concession would lead to cost savings and increasing efficiency.

In 1995 the Queenstown Transitional Council was formed, amalgamating the old Queenstown municipal area and the two neighbouring townships, Mlungisi and

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<sup>72</sup> Jackson, B. 2002. *Discussing alternative service delivery through local municipalities in terms of infrastructure by finding the most efficient, time saving and cost saving methods to achieve accelerated infrastructure delivery*. Mimeo. Development Bank of Southern Africa: Midrand.

Ezibeleni. Under apartheid residents of these townships were not allowed to own their houses and the authorities were responsible for repairing leaks. Services were not metered and were charged at a subsidised flat fee. Services were administered by provincial and homeland authorities respectively and of a lower standard than what residents of the original Queenstown municipality were receiving. Infrastructure was deteriorating, there were high levels of unaccounted for water and response times to burst pipes were unacceptable. There were capacity constraints at technical and managerial level. The council saw the difference in the quality of service delivery of the original municipal area of Queenstown vis-à-vis the Mlungisi and Ezibeleni as problem and it was thus decided to extend the contract with WSSA to include the two townships. Following a public consultation process, a reformulated contract was signed with WSSA. The new contract included stipulations regarding the rehabilitation of infrastructure and upgrading of service delivery in the townships.

The contract provided for regular monitoring: WSSA had to supply monthly reports to the municipality detailing the quality and quantity of water supplied. At the time of signing the contract South African legislation did not allow the outsourcing of the billing and collection function, thus these services were retained by the municipality. The contract has a clause that allows this service to be taken over by WSSA, but it has not yet been realised. The municipality is responsible for setting tariffs. Payment to WSSA is based on the amount of water consumed by customers and selected quality indicators and thus independent of the council's income from water services. The municipality has seen a drop in the costs associated with the provision of water and sanitation services. The DBSA reports estimates that the cost decrease was 18%, while Moleke<sup>73</sup> estimates that the council has seen savings of 17%.

Timm reports that the quality of water supply has improved following the outsourcing of the operations, maintenance and management of Queenstown's water and sanitation systems. Unaccounted for water had decreased from 45% to 21% and the number of reported bursts had declined from two to 0.2 per year per kilometre of pipeline. Reported sewerage overflows were reduced from 19 to 13 per year per kilometre of network. Sixty-five percent of the townships' ageing water pipes were replaced and meters had been replaced and upgraded.

However, it seems that residents of Mlungisi and Ezibeleni have not noticed these improvements. Those interviewed for the Timm study felt that the way in which the service was delivered had worsened and that the quality of water supplied had remained the same. Residents were now responsible for fixing all leaks within the boundaries of their property and were charged according to their usage based on meter readings. Respondents criticised the council for what they perceived to be a lack of consultation and cited the council's recent increase of reconnection fees from R88 to R150 (\$8.80 to \$15) as an example of what it described as the council's unilateral decision making style. Many of those interviewed were dissatisfied with their councillors and felt that they did not have a voice in decision making. Respondents did not have faith in the municipality.

Township residents complained of increasing bills and many felt it was unfair to burden them with the maintenance of inferior and neglected infrastructure that was installed before they took ownership of the houses. In 2000 Timm reported that the fixed

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<sup>73</sup> As quoted in the Timm report: Moleke, 2000. *Public Private Partnerships and Service Delivery in Queenstown*. Report commissioned by the National Business Initiative as well as in partial fulfilment of the requirements of a Masters in Management Degree at the University of the Witwatersrand: Johannesburg.

component of township residents' utility bill (including water, sanitation, refuse removal and an infrastructure charge) added up to approximately R108 (\$11). Households earning less than R1 300 (\$130) receive a 40% rebate<sup>74</sup> that will reduce the fixed component of the bill to about R65 (\$6.50). Before integration Mlungisi and Ezibeleni residents paid a flat rate of R24 and R35 (\$2.40 and \$3.50) respectively for all services excluding electricity<sup>75</sup>. The Timm report cited a Palmer Development Group study that found that 50% of households were spending more than 14% of their household income on municipal service, excluding electricity<sup>76</sup>. According to the Development Bank study there had not been any increases in tariffs since the WSSA took over in 1992. Payment levels in the townships were low: according to January 2000 statistics 56% of Ezibeleni residents and 55% of Mlungisi residents were paying for water services.

Customer bills warn that failure to pay the account by the due date will result in the disconnection of the service. Customers can make arrangements with the council to pay off the outstanding amount over a longer period. If the customer fails to pay and no arrangement for payment is made, electricity and water are disconnected. If bills remain unpaid, the council hands over the debt to their lawyers who can attach the property of defaulters. Resident interviews showed that respondents were particularly angry about the council's attachment of property.

After a household has been disconnected, it has to pay a fee of R150 (\$15) to be reconnected. Disconnected households continue to be billed for the fixed proportion of their bills.

While the credit control policy has been in place for a number of years, it has only been implemented recently. According to user interviews respondents were unhappy that debts had been allowed to accumulate. Some customers had debt of thousands of Rands and were struggling to repay their debt. Also, due to the reconnection fee, there was the danger that households would not be able to reconnect after they had been cut off.

The Timm report is critical of the municipality's customer management and tariff setting policy. It argues for giving customers greater control over service charges by increasing the variable component of the bill in relation to the fixed component. It also favours giving customers a choice of service levels. The report concludes that "with the exception of the 40 percent rebate, it could be argued that the council has not yet adopted pro-poor policies". It acknowledges that the council was in a difficult position. They were experiencing cash flow problems and had limited options available to them.

The Development Bank report notes that 27 permanent and 22 temporary jobs were created following the integration of Mlungisi and Ezibeleni into the original Queenstown municipality. WSSA's promotion policy is biased in favour of employees from historically disadvantaged communities and by 2000 (when this report was published) four staff members from historically disadvantaged communities had been promoted.

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<sup>74</sup> These rebates are funded from the government's equitable share allocation.

<sup>75</sup> McDonald, D.A. & Pape, J. 2002. *Cost Recovery and the Crisis of Service Delivery in South Africa*. HSRC Publishers: Cape Town. In a chapter on the Queenstown and Stutterheim contracts, Ruiters says that rates in these two townships have increased from pre-privatisation levels of R15 in 1995 to R38 post-privatisation.

<sup>76</sup> As referenced in the Timm report: Palmer Development Group. 1998. *Municipal Infrastructure Investment Guidelines: Queenstown Case study*. Report prepared for the Development Bank of Southern Africa for the Department of Constitutional Development. Development Bank of Southern Africa: Midrand.

According to the Development Bank report WSSA had donated R20 000 (\$2 000) to the council for installation of fire hydrants at all major buildings, schools and churches in Ezibeleni and contributed R60 000 (\$6 000) towards a playground for the township.

The company has a procurement policy that favours local suppliers. The Timm study mentions a long-standing relationship with a local small supplier for WSSA's pipe replacement programme. The small supplier, who uses labour intensive methods, provides and manages labour while WSSA is responsible for overall supervision, equipment and materials.

### **Stutterheim Transitional Council and WSSA**

The Development Bank study also describes the experiences of the Stutterheim municipality after contracting out water and sanitation service provision to WSSA in 1993. According to the Plummer report the then Stutterheim Local Council was dominated by business people who were keen to streamline the municipality and delegate the responsibility for service delivery to a private provider. In terms of the 10-year lease contract, water supply and sewerage services to the formerly predominantly white town of Stutterheim and bulk water provision and the sewerage effluent treatment to the neighbouring township Mlungisi were outsourced to WSSA.

The democratically elected post-apartheid Stutterheim Transitional Council had a new set of priorities. Council members decided not to extend the contract of WSSA to include service provision to the townships, but rather to concentrate on developing the in-house capabilities for service delivery to low-income groups, as it was believed that the municipality would be a more cost-effective provider.

In terms of the contract, the Stutterheim council remained responsible for setting tariffs. Plummer argues that the tariff structure does not meet the council's pro-poor objectives. For any amount exceeding seven litres, the poor have to pay more for their water than the middle-income groups. It also concludes that most low-income individuals may also be charged more for sewerage services than middle-income individuals. Stutterheim had a rebate system for the poor with rebates depending on the income of the household. Households with an income of less than R325 (\$32.50) per month will receive a full rebate and households with an income exceeding R1076 (\$107.60) will receive no rebate.

According to the Plummer study the contract's lack of clarity on the distinction between maintenance versus capital improvements had resulted in disagreements between the council and WSSA. The report also claims that capacity problems on the municipality's side had prevented the municipality from acting as an effective decision making partner and had hampered its ability to use the private partner to pursue the new council's social goals.

Despite all the problems with the contract, the Development Bank study reports that unaccounted for water losses were reduced from 38% to 24% after signing the contract. Service disruptions decreased dramatically after distribution network improvements and the introduction of new treatment works.

According to the Development Bank report all municipal staff were taken over by WSSA. Four staff members from historically disadvantaged communities have received

management and technical training and have been promoted to senior positions. WSSA has a procurement policy whereby the use of local services and materials is favoured.

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The reports cited find little evidence in support of the claim that outsourcing municipal services to a private provider is necessarily anti-poor and associated with price hikes, job losses and inferior service provision to less profitable customers.

The Development Bank report concludes that given the appropriate incentives, private providers will act in the interest of the poor, offering cost effective services, expanding services to the benefit of the poor and investing in local communities. The key is that the deliverables outlined in the service contract with the private provider should include pro-poor measurables like service coverage of poor communities, community service projects and a preference for local contractors and labour intensive construction and maintenance methods. The report also cites community participation and affordability considerations as important requirements for the long-term sustainability of a public-private partnership.

**Stacey, S. 1997. *New capacities for old? Prospects for public-private partnerships in service delivery in South Africa, Angola and Mozambique*. CPS Governance Series, Research Report 61. Centre for Policy Studies: Johannesburg.**

This report considers the appropriateness of public-private partnerships in telecommunications, water services and housing in South Africa and, to a lesser extent, also in Angola and Mozambique. The discussion here will focus on the section describing questions surrounding public-private partnerships in water services in South Africa.

As this report dates from the early days of public-private partnerships in South Africa, it does not contain enough in terms of empirical evaluation to substantiate a position on its desirability or feasibility. It attempts to provide a critical assessment of the potential contribution of public-private partnerships, based on South Africa's service delivery and perhaps more importantly, its lack thereof. Case studies discuss the mistakes made by authorities in setting up contracts and contribute to the report by providing guidelines for vendor selection and contract negotiation.

Seeing that it is widely believed that the government has performed well in policy making, but poorly in implementation, it is argued that this shows that the government houses more of the capacities suited to partnership and less of those required for direct service delivery. Even so, the report suggests that in many cases councils have not thought through specific issues related to involving a private partner, indicating that training might be required to ensure that councils are able to negotiate and monitor public-private partnerships so that it would serve the community.

Relating to water services specifically, the report proposes that public-private partnerships could be the appropriate solution to the dilemma that "just at the time when more is expected of them than ever before, local authorities have fewer resources – financial and human – to draw on to effect delivery". Private providers can offer both the financial resources and the management and technical skills that councils often lack.

The report notes various signs that the Department of Water Affairs and Forestry might want to exercise direct control over public-private partnerships and warns against a centralised approach, because effective monitoring requires a significant degree of decentralisation.

The report suggests that the directorate of community water and sanitation supply's reconstruction and development water programme provides a good example of how not to proceed. The programme is criticised because it "has built no incentive for private sector efficiency into the programme; has delegated wholesale the task of monitoring project accomplishments to the private sector, and has left itself no independent and disinterested means of assessing the success of projects; it has set in place no mechanisms to regulate the prices charged for water; it has imposed no risk on the private sector; and has left itself very little power to discipline consortia who fail to perform up to standard."

### **B3.4 Contracting out the implementation of water and sanitation projects to NGOs**

Mvula Trust was set up in 1993 to meet specific challenges of the sector in its transition to democracy. In 1995 Mvula and the Department of Water Affairs and Forestry (DWAF) signed a cooperation agreement whereby DWAF will pay Mvula to implement water projects according to its model and Mvula will assist DWAF with policy development. According to the report Mvula has been responsible for the implementation of about 10% of government's water supply projects. Despite considerable diversification in Mvula's funding over the past two years, DWAF has remained Mvula's main source of funding.<sup>77</sup>

The document discussed below details the implementation model used by the water and sanitation NGO Mvula Trust and changes made based on lessons learnt via the organisation's field experience.

**Rall, M. 2001. *Partnerships for Sustainability: The Mvula Experience*. Mimeo. Mvula Trust: Johannesburg.**

Mvula Trust functions as both an implementation agent and a policy development think tank. Its implementation model is focused on rural communities specifically and assumes that successful service provision to rural communities necessitates a different approach from that used to deliver services to urban communities. Mvula describes its approach as demand responsive. Communities can choose from a range of water and sanitation solutions for their needs. It attempts to give communities maximum responsibility and control over the water and sanitation projects. For instance, the community's water committee has the exclusive right to manage project funds. Private sector companies are used as contractors and Mvula Trust's involvement is restricted to facilitation.

Mvula's model is contrasted against the government's approach where projects are managed by engineering consultants appointed and paid by the government's implementing agents. Community involvement is limited. Communities are given minority representation on project steering committees and do not manage any funds. Social consultants are mostly used to market decisions taken by engineers and politicians. The report claims that government projects do not allow communities to select the level of service provided. This description of the government's approach is based on patterns observed in practice and diverges from the official guidelines because of the pressure on the government to deliver.

The report then proceed to identify a list of lessons that the organisation had learnt through its involvement in community-based water projects, outlining the ways in which the Mvula model had been adapted to accommodate the new insights. It is argued that the underestimation of training requirements has been one of the major weaknesses of Mvula's model. The organisation now spends five times as much on training as they did in earlier projects. Mvula's failure to adjust its training to the needs of the individuals involved has affected the effectiveness of the training. Mvula has started to evaluate training and has also become involved in the training of trainers. The organisation is also involved in support and mentorship after implementation. Mvula Trust was planning a

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<sup>77</sup> Rall, M. 2001. *Partnerships for Sustainability: The Mvula Experience*. Mimeo. The Mvula Trust: Johannesburg.



large-scale initiative to address the lack of capable trainers and social consultants who can assist projects in this field.

According to the report it has been necessary to extend and expand the planning phase of Mvula projects. During the planning phase the community decides on the appropriate level of service and technology and sets water tariffs. Evaluations have shown that this phase is critical and thus the organisation has decided to devote more time to it and to involve the whole community where possible, not just the elected water committee.

Attempts have also been made to give the community a say in determining the allocation of different players to identified tasks. This has increased the flexibility of Mvula's model and is expected to contribute towards improved project management and operations and maintenance.

Experience has also shown that Mvula has been naïve in assuming that engineering consultants will be capable of facilitating bottom-up community decision making. Mvula found that profit orientated engineering consultants who are used to operating in a hierarchical environment are often unable to treat poorly educated rural communities as clients. Mvula has attempted to remedy the situation by becoming directly involved in the planning phase, handling most of the facilitation themselves and only appointing engineers to specific tasks like engineering design and costing. Also, when contracting consultants, more attention is now given to drawing up outcomes-based contracts with appropriate incentives and bonuses.

Mvula has decided to become more involved in project management in instances where community water committees and consultants do not have the required capabilities. This measure was an effort to minimise the business risk associated with unnecessary delays in implementation. Delays in implementation affects Mvula's income flows as the organisation receive half of its implementation fee as a 10% mark up on project funds spent.

Despite these hard-learned lessons, Mvula has achieved a success rate that – although not as high as anticipated – was considerably higher than that achieved by government projects. Project success rates were based on sustainability evaluations, which assessed the number of projects that are functioning well up to six years after completion. The success rate of Mvula projects varied from 30% to 80% depending on the province. However, this was not an unbiased sample as many of the projects were selected for evaluation because it was known that they were experiencing difficulties. Another indication of Mvula's success is that DWAF was forced to use Mvula case studies in a recent report about cost recovery, as it could not find any examples of successful cost recovery among the rural projects implemented by the department.

The report claims that Mvula projects are more affordable and less complex to manage and that the average cost per capita of Mvula projects is less than a third of that of government schemes. Less than 0.3% of the funds managed by communities have been used fraudulently – with one case accounting for almost half of this amount. Mvula attributes this to committees' honesty and their sense of ownership as well as effective anti-fraud mechanisms.

According to the report one of Mvula's biggest successes has been in advocacy. The report claims that the organisation has contributed to making DWAF aware of the

importance of institutional and social development. However, local government still favoured the traditional top-down supply driven approach and it thus remained an advocacy challenge to the organisation to convince rural local governments to adopt the Mvula model or at least those elements Mvula considered essential for ensuring sustainability.

#### **B4. Police security and poor people**

During apartheid years, the police was mostly focused on maintaining the spatial boundaries of apartheid. Security in black areas was neglected and by 1996 74% of police stations were still situated in white areas. Black South Africans responded to the failures of policing by creating civil structures for governing security in their communities. These civil structures included indigenous practices of community dispute resolution and sometimes also violent punishment of perpetrators.<sup>78</sup>

At the same time security in white neighbourhoods were further enhanced by private security companies and the promotion of volunteer citizen policing. By the end of apartheid there were three times as many private as public police, with most of the private police operating in white areas and business districts.<sup>79</sup>

Initial efforts to transform the police were aimed at increasing the legitimacy of police in black communities. In line with the post-1994 philosophy of informalism and participation, Community Police Forums (CPFs) were introduced.<sup>80</sup> CPFs had to provide communities with more information about the police and also give communities more input into the operations of the police. Today, most police stations have CPFs.<sup>81</sup>

CPFs are embedded within the community policing framework. According to the Community Policing Policy Framework and Guidelines describing the police's formal policy on community policing, the five core elements of the approach are problem-solving, a focus on service, the building of partnerships, the empowerment of both the community and the police and lastly, accountability to the community.<sup>82</sup> Despite supporting legislation and the concept's high profile, a recent study concluded that the principles of community policing have not yet filtered through to the day-to-day activities of police officers.<sup>83</sup>

The Ministry of Safety and Security's National Crime Prevention Strategy (NCPS) challenged the notion that policing is just the business of police and proposed a multifaceted plan to mobilise resources and build security networks. Business gave its support to the strategy by founding Business Against Crime to work with government to implement NCPS.<sup>84</sup>

Despite its concern for community involvement, the NCPS advocates a top-down and centralised reform process. Only limited authority had been devolved to station level.<sup>85</sup> Some interpret provisions that allow municipalities to set up a municipal police force (in

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<sup>78</sup> Shaw, M. & Shearing, C. 1998. *Reshaping Security: An Examination of the Governance of Security in South Africa. African Security Review: Vol. 7 (3)*. Institute of Security Studies: Pretoria. The report notes that the lack of comparisons of crime rates in black and white areas during apartheid is due to the dubious quality of police statistics on crime in black areas.

<sup>79</sup> Ibid.

<sup>80</sup> Personal communication Elrena van der Spuy.

<sup>81</sup> Shaw, M. & Shearing, C. 1998. *Reshaping Security: An Examination of the Governance of Security in South Africa. African Security Review: Vol. 7 (3)*. Institute of Security Studies: Pretoria.

<sup>82</sup> Pelsler, E. 1999. *The Challenges of Community Policing in South Africa*. ISS Occasional Paper No. 42. Institute for Security Studies: Pretoria.

<sup>83</sup> Ibid.

<sup>84</sup> Shaw, M. & Shearing, C. 1998. *Reshaping Security: An Examination of the Governance of Security in South Africa. African Security Review: Vol. 7 (3)*.

<sup>85</sup> Pelsler, E. 1999. *The Challenges of Community Policing in South Africa*. ISS Occasional Paper No. 42. Institute for Security Studies: Pretoria.

terms of SAPS Service Amendment Act No. 83 of 1998) as a move towards greater decentralisation.<sup>86</sup>

Since the end of apartheid, the incidence of violent crime has soared. According to official statistics, most serious crimes have increased considerably from 1990 to 1996. For instance, rape increased by 148% and serious assaults were 86% higher. In addition, recent research found that race and class continued to be important determinants of victimisation. According to a survey in Johannesburg, Durban and Cape Town black respondents were disproportionately victimised by violent and property crimes. Research on public satisfaction with the police showed that the majority of black people did not think that the police was making their areas any safer than what it was under apartheid.<sup>87</sup> A survey of rural areas found that 48.2% of respondents thought service had remained the same and 36.5% felt that it had become worse.<sup>88</sup>

Initially, service delivery was focused on improving legitimacy of the police, but increasingly there has been greater emphasis on effectiveness, partly as a response to the public outcry over high crime rates.<sup>89</sup> Efforts to improve accountability included the police-initiated Service Delivery Improvement Programme<sup>90</sup> and the publication of the policing priorities and objectives – with flow diagrams identifying operational objectives, responsibilities and performance indicators relating to each goal.<sup>91</sup>

An Institute of Security Studies report, summarised below, describes the impact of community policing on poor communities in more detail.

**Pelser, E. 1999. *The Challenges of Community Policing in South Africa*. ISS Occasional Paper No. 42. Institute for Security Studies: Pretoria.**

This document outlines the history of community policing in South Africa and evaluates the progress that has been made towards this model.

The report argues that – except for the establishment of CPFs – the implementation of community policing has been largely symbolic. Symbols on uniforms have been changed, the police's rank structure has been demilitarised and some authority has been devolved. However, police had not internalised the practice of community policing and community policing was often seen as being synonymous with the functions of CPFs.

CPF's have been given three key responsibilities: the improvement of police-community relations, oversight of policing at a local level and the mobilisation of the community to take joint responsibility in the fight against crime.

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<sup>86</sup> Rauch, J., Shaw, M. & Louw, A. 2001. Municipal Policing in South Africa, Development and Challenges. *ISS Monograph* No. 67. Institute for Security Studies: Pretoria.

<sup>87</sup> Shaw, M. & Shearing, C. 1998. Reshaping Security: An Examination of the Governance of Security in South Africa. *African Security Review*: Vol. 7 (3). Institute of Security Studies: Pretoria.

<sup>88</sup> Pelser, E., Louw, A. & Ntuli, S. 2000. Poor Safety: Crime and Policing in South Africa's Rural Areas. *ISS Monograph* No. 47. Institute for Security Studies: Pretoria.

<sup>89</sup> Personal communication with Elna van der Spuy.

<sup>90</sup> Pelser, E. 1999. *The Challenges of Community Policing in South Africa*. ISS Occasional Paper No. 42. Institute for Security Studies: Pretoria.

<sup>91</sup> South African Police Service. *Policing Priorities and objectives for 1999/2000*. South African Police Service: Pretoria.

Looking at CPFs, the report discusses recent research by the National Secretariat for Safety and Security<sup>92</sup>. The project classifies CPFs according to the focus of the forum in each of five stages of development: i) availability of basic resources, ii) developing trust between police and community members, iii) improvement of participants' understanding of the policy, iv) raising additional resources, v) forming partnerships with other role players against crime.

It also finds a high correlation between the CPF's stage of development and the level of privilege of the community. Most of the 15% of committees that have reached stage four were located in more privileged areas, and all of the only 6% of the committees in stage five were in privileged locations. Some police employees working at stations struggling with basic resources described CPFs as a burden and were angry about the additional demands community policing placed on them.<sup>93</sup>

In support of the Secretariat's findings the report quotes Altbeker and Rauch<sup>94</sup> who maintain that "black communities [are] typically more concerned with ameliorating socio-economic causes of crime and white communities [are] more concerned with keeping crime and criminals out of their areas. Because this pattern is also matched by very dramatic differences between levels of income, community participation in rich areas appears to focus on assisting the police in keeping crime out... it has been the consequence that the development of community-centred crime prevention programmes involving the police are much more developed in rich areas, than in poor, black areas."

The report warns that CPFs could serve to entrench the social divisions that it was meant to overcome. Better crime protection in more privileged areas may result in the migration of crime to less privileged areas, where individuals are generally less able to deal with its effects.

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<sup>92</sup> Policy Division, Secretariat for Safety and Security. 1999. *Community policing policy review: Results of the pilot Project*, unpublished proposal document. National Secretariat for Safety and Security: Pretoria. Pelsers' description of this source did not mention the sample size of the pilot study.

<sup>93</sup> This last sentence was based on a quote in the report cited from: Community Agency for Social Enquiry. 1998. *Evaluation of the Western Cape community policing project*. CASE: Johannesburg.

<sup>94</sup> Altbeker, A. & Rauch, J. 1998. *Community participation workshop*. Report for Business Against Crime. Gauteng. May 1998.

## **B5. Rural roads and poor people**

South Africa's rural areas house 72% of the country's poor even though only 50% of the population reside there. Rural communities' access to markets and social services are inferior compared to that of urban populations and it is thus argued that, by enhancing access to urban resources and services, an improved rural transport infrastructure can have a considerable positive impact on economic development and poverty alleviation in rural areas.<sup>95</sup>

A 1996 study by Schur et al reported that rural roads have been neglected. According to the study there had not been sufficient and consistent investment in resources, skills and institutions aimed at improving rural roads. There has also been a lack of coordination between initiatives and the little information that was available on the provision of rural roads was often not reliable. Consequently, the extent of the backlog was not clear, with estimates varying from R3.5 billion to R10 billion (\$0.35 to \$1 billion).<sup>96</sup>

Another 1996 study on rural infrastructure development argue that Transport budgets have been under pressure. Also, the report claims that there has been some uncertainty regarding the institutional responsibility for rural roads. Rural roads have traditionally been the responsibility of provincial governments. According to the constitution, local governments were responsible for rural road provision, but legislatively it fell under the provinces. The report refers to a "policy vacuum" regarding rural roads and ascribes this to the government's focus on national roads, development corridors and urban roads.<sup>97</sup>

Some of the problems outlined here have been addressed since the writing of these reports in 1996. The Land Transport Transition Act required a National Land Transport Strategic Framework, which outlines strategies concerning transport planning and land transport delivery by national government, provinces and municipalities over a five-year period. A recent draft of the Rural Transport and Development Strategy for South Africa – which encompasses the rural transport component of National Land Transport Strategic Framework – reports that it has been 'accepted that the delivery of most rural transport infrastructure and services will increasingly be a local government responsibility'. The draft document argues for the prioritisation of 22 identified actions with reference to two broad goals: the promotion of coordinated rural nodal and linkage development and the evolution of a demand-responsive, balanced and sustainable rural transport system.<sup>98</sup>

Below follows a description of KwaZulu-Natal Transport Department's road maintenance project aimed at providing work for poor households. To provide a comprehensive overview of the programme, the two sources cited below will be discussed together.

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<sup>95</sup> National Department of Transport. 2002. A Rural Transport and Development Strategy for South Africa, Version 3.8, 20 September 2002. National Department of Transport: Pretoria.

<sup>96</sup> As quoted in Stilwell & Atkinson (full reference below): Schur, M., Palmer, I. & Thompson, P. 1996. *Interim report on the Rural Infrastructure Investment Framework*. Working Paper No.46. Land and Agricultural Policy Centre: Johannesburg.

<sup>97</sup> Stilwell, T. & Atkinson, D. 1999. *The economic rationale and modalities for rural infrastructure development: developmental local government in rural service delivery*. Development Paper 140. Development Bank of Southern Africa: Midrand.

<sup>98</sup> National Department of Transport. 2002. A Rural Transport and Development Strategy for South Africa, Version 3.8, 20 September 2002. National Department of Transport: Pretoria.

**Provincial Road Repair Programme Targets Poorest Dwellers. 2000. In *Impumelelo 2000. Impumelelo Innovations Award Programme: Cape Town***

**Zulu, P. & Mlawu, J. 2002. *The Road to Wealth and Job Creation: Development Through Road Construction and Maintenance in KwaZulu Natal*. Paper delivered at the National Institute for Economic Policy conference in April 2002, Gauteng.**

In 1999 the KwaZulu-Natal Department of Transport initiated a labour intensive road maintenance programme based on the lengthman system pioneered in Africa. In terms of the lengthman system an individual is allocated a stretch of road to maintain for a specified wage. The programme was named *Zimbambele*, which translates to “do it yourself”.

According to Zulu and Mlawu, the programme was focused on helping the poorest households. In each district the Rural Road Transportation Forum assisted in convening public meetings where communities were informed about the programme and asked to identify the neediest households in the community. In the majority of cases the identified households were female-headed.

The *Impumelelo* publication reports that the department signed twelve-month contracts with representatives of these identified households. In terms of the contract each contractor was responsible for maintaining between 600 m and 1.5 km of road – depending on the nature of the terrain – and contractors were paid R334 (\$33.40) per month. This task was expected to involve eight days of work per month, thus leaving time for the required household tasks. According to Zulu and Mlawu there were 10 000 contractors by end 2001 and it was projected that this number would grow to 14 000 by the end of 2002. The *Impumelelo* report estimates that, when fully rolled out, the programme would cost the province R120 million (\$12 million) a year.

*Zimbambele* workers used simple household tools to repair potholes, clean drains and culverts and cut grass. Where the required equipment were not available – as is often the case with wheelbarrows – they could be obtained either from the local transport office or from the supervising contractor. The *Impumelelo* publication reports that supervising contractors were responsible for assigning tasks and ensuring the quality of the work and were in charge of approximately 130 workers.

Workers received basic training from the Department of Transport. It was hoped that in some cases, with the necessary assistance and business skills training, clusters of households could eventually evolve into small building and maintenance contractors.

*Zimbambele* assisted contracted workers with obtaining identity documents and opening bank accounts in order to start saving clubs. As many of the workers were mothers of small children, consultants have been appointed to facilitate the establishment of childcare services.

## **B6. Social Protection Services and Poor People**

One of South Africa's strange legacies from apartheid has been a system of social security that is amazingly advanced for a country at this level of economic development. The reason for this is that attempts instituted to create a welfare state for whites have, under political pressure, led to the extension of these features to the whole population. South African social security expenditure ratios (both through the budget and pension funds) have reached levels only attained by Western European welfare states in the post-Second World War period. In a country known for its racial inequalities and discriminatory social policies that were poorly targeted at the poor, it is surprising that the social security system is so developed.

South African social security today has two main components:

- **Occupational (social) insurance** includes
  - retirement benefits for a substantial proportion of the formally employed labour force
  - a somewhat inadequate system of workers compensation against injuries sustained at work
  - a system of unemployment insurance aimed at addressing unemployment risks associated with temporary cyclical unemployment
  - and health insurance for many of the formally employed
- **Social assistance**, i.e. categorical transfers funded from general government revenues, with three main pillars:
  - social old age pensions
  - disability grants
  - child support grants.

Its central feature is means-testing to ensure targeting at the poorest, which by its very nature encourages a "poverty trap" and can also in certain circumstances lead to perverse incentives.

Social assistance especially makes a massive contribution to reducing rural poverty, as the incidence analysis in Section A indicated. About 80% of the elderly receive state old-age pensions, and most of those not receiving these are excluded from it by the means test.

The system of social assistance grants was open to much abuse (both fraud and corruption) in the apartheid period, given the large number of administrations involved. Much attention has since gone into reducing this by the implementation of a national data system of grant receivers (SOCPEN) to reduce corruption and fraud in the system, and of private out-contracting of the delivery of social transfers to poor people, mainly in rural areas. There have recently also been important additions to and intensive debates about the social security system.

Social welfare services are far less developed. Here too, there were massive gaps in provision of services along racial lines, leaving the new government with a vast backlog of social welfare services in the black community, particularly in rural areas. The typical service model is one of provision by NGOs or CBOs, with some support through government subsidies. The volume of such support, however, is relatively small, and it is very thinly spread in an attempt to also reach formerly excluded groups. As a consequence, the poor are still poorly served by welfare services, particularly in rural areas.



The two papers discussed below give some indication of community perceptions of the working of public and private welfare services.

**Andersson, N., Merhi, S., Ngxowa, N., Myburg, M. & Salcedo, M. 2001. *First Things First: Implementing Batho Pele. The Amatole District Municipality Social Audit. Unpublished Report for the Eastern Cape government. CIETAfrica: East London.***

This “demonstration social audit” aimed to establish a service delivery monitoring system based on service delivery standards as set out in the *Batho Pele (People First)* campaign. The research was funded by the British Department for International Development (DFID) as part of an Integrated Provincial Support Programme (IPSP) to improve service delivery in the Eastern Cape. It addresses issues of consultation, service standards, access, courtesy, information, openness and transparency, redress and value for money in four social delivery departments, but its conclusions with regard to welfare are here most pertinent. The report documents types and effects of community participation in public services in the Amatole district, which includes the large city of East London and is thus atypical for the Eastern Cape (the area is probably better served than most parts of the province). It included a household survey to obtain information on individual client experiences. The sample was 2 297 households containing 11 287 individuals, from an estimated district population of 2.6 million. In addition, the study included interviews with service providers (public sector teachers, health workers & social welfare workers), and community focus groups.

Despite good pension coverage (92% of the age-eligible get social old-age pensions, and some not receiving the pension may be excluded through the means test), nearly half of respondents view welfare as the most corrupt government department, mainly because many who expected a pension did not receive one and were given no reason for this. A need was identified for information on eligibility for pensions: the perception of corruption “appears to be principally one of communication about eligibility”, something the report believes can be easily rectified through appropriate communication. Welfare was judged the ‘least open’ department and there was also a need for more information on the role of social workers.

Further findings are that the welfare sector lacked systematic consultation and that there is a strong need for better service in the welfare department. Although most respondents (53%) felt welfare officers were accessible to them, a high 32% felt this was not the case.

Transport cost reduced accessibility further. Twenty-three percent of urban respondents had to pay to reach welfare offices and paid on average R1.50 (\$0.15) for transport to get to welfare services. In rural areas, both the frequency of the need to pay for transport (38%) and the average cost (R2.21 or \$0.22) were higher.

When asked about problems in service delivery, social workers complained about lack of vehicles to visit clients, lack of office equipment such as photocopiers, and no clear organisation chart defining the roles and responsibilities of each employee. From the side of clients, there was an emphasis on *better* services (12% of respondents, whilst about 9% would also have liked to see more home visits by social workers.

The most recent visit to the welfare office was most often to collect or apply for a child grant – representing 33% of those who had visited a welfare office – followed by 19% who went to collect or apply for a social old-age pension and 18% for a disability grant.

Only 28 respondents (and just over 1% of the full sample) reported going to a welfare office for counselling or advice.

A large proportion of respondents (36%) regard the old-age pension as the most important service provided by the department of welfare, although a high 16% also mentioned child related services as most important, and 11% counselling and advice.<sup>99</sup>

Even though dissatisfaction with social welfare services appears to be greater than with most other services, only 4% of citizens – 100 in a sample of almost 2 300 – have ever made a complaint about welfare services. This may partly be because they do not know to who to complain to. Even social workers do not know what the appropriate route is: One-third thought that complaints should take place through the welfare forum, another third that complaints should go directly to the welfare office. Compared to other social service departments, there is apparently greater uncertainty in welfare about who to address complaints to: 43% of respondents did not know how to make a complaint regarding education, 64% regarding health, and 71% in welfare. This last proportion did not differ between urban and rural residents.

Focus groups confirmed that people did not know where to complain about poor service delivery. They said that even when they did complain, there was no follow up. Focus groups argued that a local, rather than city-based, complaint facility was required. They suggested that there should be a person responsible for receiving complaints and checking on service delivery.

The report concludes that Amatole may not be a typical district in the Eastern Cape – coverage of basic social services is likely to be much higher than elsewhere in the province. Yet even in this relatively well-served district, there appears to be major problems with communication between service providers and clients, leading to the conclusion that for this district at least, “until the communication gap has been breached, investment in improved service will not be the best use of resources”. In social protection, the greatest communication need is about eligibility for social grants.

**Mohatle, Thebe & Agyarko, Robert de Graf. 1999. *Contributions of older persons to development: The South African Study*. Unpublished report. HelpAge International: Johannesburg.**

This report, funded by the British Department of International Development and co-managed by HelpAge International, focused on four black communities in three provinces: Claremont (peri-urban) and Kwa-Dabeka (peri-urban informal settlement), both near Durban in KwaZulu-Natal; Bungeni (a rural; community under traditional leadership) in the Northern Province (since renamed Limpopo); and Katlehong (a typical urban settlement with a squatter camp) in Gauteng. The research was not representative (no attempt was made to trade a representative sample), but is described as a participatory learning and action analysis approach, based on what is described as a systematic learning process derived from Participatory Rural Appraisal. It is difficult to know how to interpret some of the results, because of the lack of representativity. As the

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<sup>99</sup> Interestingly, this contrasts with the survey in the Northern Province, where child-related services featured twice as prominently as old-age pensions. See Andersson, N., Whitaker, C.E., Molungoa, L. & Salcedo, M. *Social exclusion and public services in the Northern Province: Quantitative aspects of a social audit in two pilot areas*. Unpublished Report. CIETAfrica: Johannesburg.

title indicates, the report attempts to determine what role old people play in communities.

Chapter seven, which deals with Support Systems and Services, is the most pertinent to this study. The report finds that inhabitants of old-age homes often find the whole concept of “institutions” for older persons to be foreign to African culture, and perceive such homes as negative. Whereas health workers and social workers in Claremont and Katlehong perceived the old age home as an adequate community structure, to older people these were places “where older persons go when no other support is available”, a “place of last resort”. Most residents “are older persons who suffered from abuse by the family, are destitute and unable to cater for themselves”.

Older members of these communities saw the church as the main source of comfort and support, not only physically but also emotionally. In addition, civil society networks provide some informal support systems that older people saw as relieving everyday stress: luncheon clubs, literacy lessons, a context for meeting and interacting, and a forum for advocacy issues.

The study found older people to be active in community-based initiatives such as community policing forums when the opportunity was there. They view this as an extension of their traditional role as disciplinarians and custodians of traditional practices.

Importantly, older people had a preference for service provision by NGOs and CBOs – instead of government services – because these were grass-root structures, local and easily accessible; their programmes were participatory; and they provided home-based care that addressed daily problems.

The report describes service provision by two NGOs in some detail:

The *Elim-Hlanganani Society for Care of the Aged* in Bungeni in the Northern Province provides the elderly opportunities to participate in various programmes:

- Home health services – people are trained as home health visitors
- Educational and social programmes
- Assistance to the destitute: older people assist in identifying them and providing them with gifts and provisions
- Advocacy work regarding issues such as pension registration, the need for training of nurses and community health workers in dealing with older people, and crimes of violence against old people
- Small income generation projects.

There are no old age homes in this rural area, thus the society provides home care and frail care through the use of volunteer caregivers.

The *Muthande Society for Care of the Aged* in Claremont has set up three social service centres with a paid organiser in each, assisted by committees led by older persons. Projects are similar to that detailed above for Bungeni.

In contrast to these community-based societies, government support services for older people were not much appreciated by older people. They expressed serious concern about the poor quality of services or lack of opportunity for participation in government services. There was particular concern about a policy change by the Department of

Health whereby geriatric health services were integrated with other health services. Poor old people saw this as negative for themselves, mentioning also the longer waiting periods they subsequently experienced.

Service providers pointed to the lack of co-operation between providers in dealing with the welfare needs of older people.

## Conclusion

In the light of inherited inequalities and poverty, the emphasis on shifting fiscal resources to benefit the poor was understandable, and evidence shows the government was amazingly effective in accomplishing fiscal and even real transfers of resources to social services for the poor. But fiscal resource shifts, although necessary (though the scope for further fiscal shifts is now curtailed), are quite insufficient to improve inequality of social outcomes – and if they do not translate into improved social outcomes, they are rather meaningless. Indeed, the available evidence indicates that this was often the case: in education resources were shifted to the poor, but outcomes remained largely unchanged. Indications from health are that the same applied there. Only in the case of social transfers (where resources are shifted directly to the intended beneficiaries) and perhaps in the case of housing, physical infrastructure and water provision (where provision of services often bring direct benefits) was there an unequivocal improvement in the position of the poor, but these are areas not dealt with in this paper.

For translating resource shifts into shifts in outcomes, the budgetary process and social delivery processes are crucial. The performance budgeting system acknowledges the imperative of performance measurement for social services. Measurement of performance is difficult and measures scarce – and largely only available for matriculation results.

It would appear that the government has performed commendably in shifting fiscal resources to overcome inherited inequalities. However, the next step is far more difficult. As Donaldson perceptively remarked at the time of the transition,

*"...the constraint at work ... is not (only) finance, but the limited real resources available to the economy. Competent teachers, nurses, doctors and community workers are scarce, as is the capacity to produce books, medical supplies, and building materials. So the growth and improved distribution of social services must be viewed as the growth and improved distribution of the inputs required for delivering these services."*<sup>100</sup>

But even more constrained than real resources is management. In order to apply this management to the areas most requiring attention, it is necessary to know in what parts of the social delivery systems performance is deficient, in order to ameliorate the situation. This is crucially dependant on data and other information on system performance.

In terms of government's objectives, the assessment has to be that it has been effective in the past ten years in reaching these objectives, insofar as these were often formulated at social policy level in terms of *resource shifts*. In terms of its ultimate goals, however – improvement in living standards of the poor – these social policy objectives should be reformulated in terms of measurable *improvement in social outcomes* for the poor, which would require much more attention to quality of social delivery. This is the social policy challenge the country faces in the next ten years.

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<sup>100</sup> Andrew Donaldson. 1992. Restructuring social services. In R. Schrire (ed.), *Wealth or Poverty? Critical choices for South Africa*. Oxford University Press: Cape Town, p.147.

## Appendix A: Accessing featured publications<sup>101</sup>

Source	Organisation	Contact email address/ physical address	Contact number	Website
Report of the case studies. <i>CEPD Education 2000 Plus Project.</i>	Centre for Education Policy Development, Evaluation and Management	<a href="mailto:info@cepd.org.za">info@cepd.org.za</a> or <a href="mailto:carol@cepd.org.za">carol@cepd.org.za</a>	+27-11-403-6131	<a href="http://www.cepd.org.za">http://www.cepd.org.za</a>
Potterton, M. & Christie, P. <i>School Development in South Africa</i>	WITS University Education Department, Johannesburg	<a href="mailto:markpot@webmail.co.za">markpot@webmail.co.za</a> (Mark Potterton, Catholic Institute of Education)	+27-11-433-1888	
Kihato, C & Kabemba, C. <i>Enhancing policy implementation: Lessons from the Education sector.</i> CPS Research report 92.	Centre for Policy Studies, Johannesburg	<a href="mailto:claire@cps.org.za">claire@cps.org.za</a>	+27-11-642-9820	<a href="http://www.cps.org.za">http://www.cps.org.za</a>
McPherson, G. <i>Governance in Public Schools: Four Case Studies.</i> Education Monitor, Vol. 11(3)	Education Policy Unit, University of Natal	<a href="mailto:Xulut2@nu.ac.za">Xulut2@nu.ac.za</a> (Thabile Xulu)	+27-31-260-2607	<a href="http://www.nu.ac.za/department/default.asp?dept=epuune">www.nu.ac.za/department/default.asp?dept=epuune</a>
Dieltiens, V. <i>Private Sector Education and Development Project: Case Study Report.</i>	Centre for International Education, Sussex University, Sussed	<a href="mailto:veerle@ananzi.co.za">veerle@ananzi.co.za</a> (Veerle Dieltiens, Education Policy Unit, University of the Witwatersrand)	+27-11 717-3076	<a href="http://www.wits.ac.za/epu">http://www.wits.ac.za/epu</a>
McCoy, D. <i>Free Health Care Policies for Pregnant Women and Children Under Six in South Africa: An Impact Assessment.</i>	Health Systems Trust, Cape Town	<a href="mailto:research@hst.org.za">research@hst.org.za</a>	+27-21- 447-6330	<a href="http://www.hst.org.za">http://www.hst.org.za</a>
Makan, B., & Bachmann, M. <i>An Economic Analysis of Community Health Worker Programmes in the Western Cape Province.</i>	Health Systems Trust, Durban	Available from website		<a href="http://www.hst.org.za">http://www.hst.org.za</a>
Red Cross Community Health Projects: At Red Cross Mothers are still the best. <i>Impumelelo 1999.</i>	Impumelelo Innovations Awards Programme, Cape Town	<a href="mailto:info@impumelelo.org.za">info@impumelelo.org.za</a>	+27-21- 461-3783	<a href="http://www.impumelelo.org.za/">http://www.impumelelo.org.za/</a>
Messages of Hope. <i>Impumelelo 2001.</i>	Impumelelo Innovations Awards Programme, Cape Town	<a href="mailto:info@impumelelo.org.za">info@impumelelo.org.za</a>	+27-21-461-3783	<a href="http://www.impumelelo.org.za">http://www.impumelelo.org.za</a>
Strachan, K. <i>The role of organisations outside government.</i> In Health Systems Trust. HST Update, Vol. 58.	Health Systems Trust, Durban	Available from website		<a href="http://www.hst.org.za">http://www.hst.org.za</a>

<sup>101</sup> Contact information provided below for organisations was correct in November 2002.

Source	Organisation	Contact email address/ physical address	Contact number	Website
Palmer, N., Mills, A., Wade, H., Gilson, L. & Schneider, H. <i>A New Face for Private Providers in Developing Countries: What Implications for Public Health?</i>	London School of Hygiene and Tropical Medicine and Centre for Health Policy, University of the Witwatersrand	<a href="mailto:Natasha.Palmer@lshtm.ac.uk">Natasha.Palmer@lshtm.ac.uk</a> (Natasha Palmer) or <a href="mailto:lucyg@mail.saimr.wits.ac.za">lucyg@mail.saimr.wits.ac.za</a> (Lucy Gilson)		<a href="http://www.hst.org.za/chp/">http://www.hst.org.za/chp/</a> or <a href="http://www.lshtm.ac.uk">http://www.lshtm.ac.uk</a>
Schmitz, T. & Kihato, C. <i>Understanding policy implementation: An exploration of research areas in the water sector.</i> CPS Research Report 77	Centre for Policy Studies, Johannesburg	<a href="mailto:claire@cps.org.za">claire@cps.org.za</a>	+27-11-642-9820	<a href="http://www.cps.org.za">http://www.cps.org.za</a>
Dreyer, L. <i>The Dynamics of Community Non-Compliance with Basic Water Supply Projects.</i> Water Research Commission Report No. TT 93/98	Water Research Commission, Pretoria	Water Research Commission, PO Box 824, Pretoria 0001, South Africa.	+27-12-330-0340	<a href="http://www.wrc.org.za/">http://www.wrc.org.za/</a>
Department of Water Affairs and Forestry. <i>12 Successful Cost Recovery Studies for Water Services in South Africa.</i>	Department of Water Affairs & Forestry, Pretoria			<a href="http://www.dwaf.gov.za">http://www.dwaf.gov.za</a>
Mvula Trust. <i>The Nhlungwane Community water project.</i> The Mvula Trust Case Study Series, No. 3.	Mvula Trust, Johannesburg	<a href="mailto:kerry@mvula.co.za">kerry@mvula.co.za</a> (Kerry Harris)	+27-11-403-3425	<a href="http://www.mvula.co.za">http://www.mvula.co.za</a>
Development Bank of Southern Africa. <i>Impact of Public-Private Partnerships on the Poor: the South African Experience.</i>	Development Bank of Southern Africa, Midrand.	DIBA, Development Bank of Southern Africa, PO Box 1234, Halfway House, 1685, South Africa	+27-11-318-1949 (Tryphina Mtshali)	<a href="http://www.dbsa.org">http://www.dbsa.org</a>
Plummer, J. <i>Focusing Partnerships: A Sourcebook for Municipal Capacity Building in Public-Private Partnerships.</i>	Department for International Development, UK and others	<a href="mailto:rpalmerthomas@dfid.gov.uk">rpalmerthomas@dfid.gov.uk</a> (Richard Palmer)	+27-12-431-2136	
Timm, J. <i>PPP and the Poor in Water and Sanitation – Case study: Queenstown, South Africa.</i>	Palmer Development Group, Cape Town	<a href="mailto:info@pdg.co.za">info@pdg.co.za</a>	+27-21-797-3660	<a href="http://www.pdg.co.za">http://www.pdg.co.za</a>
Stacey, S. <i>New capacities for old? Prospects for public-private partnerships in service delivery in South Africa, Angola and Mozambique.</i> CPS Governance Series, Research Report 61.	Centre for Policy Studies, Johannesburg	<a href="mailto:claire@cps.org.za">claire@cps.org.za</a>	+27-11-642-9820	<a href="http://www.cps.org.za">http://www.cps.org.za</a>
Rall, M. <i>Partnerships for Sustainability: The Mvula Experience.</i>	Mvula Trust, Johannesburg	<a href="mailto:kerry@mvula.co.za">kerry@mvula.co.za</a> (Kerry Harris)	+27-11-403-3425	<a href="http://www.mvula.co.za">http://www.mvula.co.za</a>

Source	Organisation	Contact email address/ physical address	Contact number	Website
Pelser, E. 1999. <i>The Challenges of Community Policing in South Africa</i> . ISS Occasional Paper No. 42.	Institute for Security Studies: Pretoria.	<a href="mailto:iss@iss.co.za">iss@iss.co.za</a>	+27-12-346-9500/2	<a href="http://www.iss.co.za">http://www.iss.co.za</a>
Provincial Road Repair Programme Targets Poorest Dwellers. <i>Impumelelo 2000</i> .	Impumelelo Innovations Award Programme, Cape Town	<a href="mailto:info@impumelelo.org.za">info@impumelelo.org.za</a>	+27-21- 461-3783	<a href="http://www.impumelelo.org.za">http://www.impumelelo.org.za</a>
Zulu, P. & Mlawu, J. <i>The Road to Wealth and Job Creation: Development Through Road Construction and Maintenance in KwaZulu Natal</i> .		<a href="mailto:WELLS@nu.ac.za">WELLS@nu.ac.za</a> (Nikki Wells)	+27-31-260-2344	
Andersson, N., Merhi, S., Ngxowa, N., Myburg, M. & Salcedo, M. <i>First Things First: Implementing Batho Pele. The Amatole District Municipality Social Audit</i> .	CIETafrica, East London.	Available from website		<a href="http://www.ciet.org/www/image/library.html#safri ca">http://www.ciet.org/www/image/library.html#safri ca</a>
Mohatle, Thebe & Agyarko, Robert de Graf. <i>Contributions of older persons to development: The South African Study</i> .	HelpAge International: Johannesburg	<a href="mailto:helpage@africaonline.co.ke">helpage@africaonline.co.ke</a>	+254-2-4444289 or +254-2-4446991 or +254-2-4449407	<a href="http://www.helpage.org">http://www.helpage.org</a>