



PARLIAMENT
OF THE REPUBLIC OF SOUTH AFRICA

REPORT OF THE MULTI-PARTY WOMEN'S CAUCUS ON ITS OVERSIGHT
OF THE GENDERED IMPLICATIONS OF THE IMPLEMENTATION OF THE
MILLENNIUM DEVELOPMENT GOALS





**Report of the Multi-Party Women's Caucus, Parliament of the Republic of South Africa assisted by
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GENDER AND THE MILLENNIUM DEVELOPMENT GOALS¹

1. INTRODUCTION

The Millennium Development Goals (MDGs) were established in an effort to set measurable global standards for development, and in turn, encourage countries to accelerate their own development efforts. Ensuring that South Africa achieves its targets in this regard is not only the responsibility of the Executive, but of all stakeholders in development. Parliaments, in particular, play a central role in monitoring Government action and progress on attaining the goals, and ensuring that the voices of ordinary South Africans are reflected in the outcomes of MDG-related interventions.

To this end, the South African Parliament has, in accordance with its constitutional mandate, embarked on a process to evaluate its institutional contribution in reaching the MDG targets through its legislative measures, oversight activities, as well as its public participation initiatives. The purpose of this report is to evaluate the MDGs through a gendered lens and to present the perspectives of women in civil society on progress made in this regard. This is done through the work of the Multi-Party Women's Caucus (MPWC or "the Committee"), which is a joint committee constituted by all female Members of both Houses of Parliament. The Committee's key mandates are to advise, influence and consult on issues affecting women, by doing the following:

- Representing the interests and concerns of women Members of Parliament;
- Promoting the discussion of women's issues in Parliament;
- Introducing a women's perspective and focus to Parliamentary activities, including the programming of debates;
- Engaging on development and empowerment issues with women in political structures outside Parliament and women Members of Parliament internationally;
- Considering any other matter within its mandate referred to it by either House.

By promoting a gendered perspective in Parliament's work, the Committee ensures that women's issues are prioritised on the institution's agenda. Its existence also means that there is an active critical mass of gender-conscious women in decision making positions, engaging on a broad range of policy issues that affect women's lives. The assessment of the MDGs through a gendered lens is necessary given that all the goals have a profound bearing on women's lives. It is undeniable that women shoulder the burden of housework, health-care work, and child rearing responsibilities in the home. Given its focus on women's issues, the Multi-Party Women's Caucus was well placed to explore the current gaps in Executive interventions with regards to the MDG targets.

¹ The Millennium Development Goals and targets come from the Millennium Declaration, signed by 189 countries, including 147 Heads of State and Government, in September 2000





The following report documents civil society engagement on the most pressing issues facing communities as they relate to the MDGs. The report commences with background information that contextualises some of the historical information pertaining to the MDGs. This is followed by a short discussion on why it is necessary to analyse the implementation of the MDGs from a gender perspective. Hereafter, the role of the Multi-Party Women's Caucus in overseeing the implementation of the MDGs from a gender perspective is considered. The Committee's oversight visits to the Eastern Cape and Limpopo are then discussed in terms of the key achievements and challenges experienced by women in the implementation of the MDGs. Lastly, the recommendations for enhancing the implementation of the MDGs from a gender perspective are tabled as well as the role of Parliament in this regard.





2. BACKGROUND TO THE MILLENNIUM DEVELOPMENT GOALS

At the United Nations' Millennium Summit of 2000, world leaders agreed on an ambitious set of eight development targets. The Millennium Development Goals (MDG's) articulate the development objectives of the global community in quantifiable terms. The MDGs and their respective targets are as follows:

Goal 1: Eradicate extreme poverty and hunger – The targets for which are:



- Between 1990 and 2015, reduce by half the proportion of people whose income is less than US\$1 per day.
- Between 1990 and 2015, reduce by half the proportion of people who suffer from hunger.

The indicators for this goal include participation in meaningful work, access to social grants, and incidence of food poverty.

Goal 2: Attain universal primary education – The target for this goal is:

- Ensuring that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.



There are 3 indicators for this goal, namely, the net enrolment ratio in primary education; the proportion of pupils starting grade 1 who reach grade 5; and the literacy rate of 15-25 year-olds.

Goal 3: Promote gender equality and empower women – The target for which is:



- Eliminate gender disparity in primary and secondary education preferably by 2005, and at all levels by 2015.

The indicators used to measure this target include the proportion of girls and boys with primary, secondary and tertiary education, as well as the employment opportunities of women versus men with particular interest in women's participation in non-agricultural employment. The proportion of seats held by women in national Parliament is also an indicator.





Goal 4: Reduce child mortality – the target for this goal is:



- To reduce by two-thirds the mortality rate of children under the age of five.

Indicators used here include the mortality rate of children under five, the infant mortality rate, and the proportion of 1 year-olds who have been immunised against measles.

Goal 5: Improve maternal health – The targets for this goal include:

- To reduce the maternal mortality rate by three quarters;
- To achieve universal access to reproductive health by 2015.



These targets will be monitored by tracking the maternal mortality ratio, the proportion of births attended by a skilled health practitioner, the prevalence rate of the use of contraceptives, the adolescent birth rate, the frequency of antenatal care, and unmet needs for family planning.

Goal 6: Combat HIV and AIDS, malaria and other diseases – The targets include:



- Halt and begin to reverse the spread of HIV and AIDS;
- Achieve universal access to treatment for HIV and AIDS by 2010;
- Halt and begin to reverse the incidence of malaria and other major diseases.

There are numerous indicators for these targets, including monitoring HIV prevalence and comprehensive and correct knowledge of HIV and AIDS amongst those in the age group 15 – 24 years, condom use especially in the case of high-risk sex, the ratio of school attendance by orphans versus non-orphans in the age group 10 – 14 years, and the proportion of those with advanced HIV infection who have access to antiretroviral drugs. Other indicators include the incidence and death rates associated with malaria; the proportion of children under 5 years-old that sleep under insecticide treated bed-nets and those who treated with appropriate anti-malaria drugs when they have a fever; the incidence, prevalence and death rates associated with tuberculosis; and the proportion of tuberculosis cases detected and cured under directly observed treatment short course (DOTS).

Goal 7: Ensure environmental sustainability – The targets for which are:

- Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources;





- Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss;
- Reduce by half the proportion of people without sustainable access to safe drinking water and basic sanitation;
- Achieve significant improvement in the lives of at least 100 million slum dwellers, by 2020.

The indicators for these targets include monitoring of the proportion of land area covered by forest, the total CO₂ emissions per capita and per \$1 GDP, and the consumption of ozone-depleting substances. Other indicators include the proportions of:

- Land area covered by forest;
- Fish stocks within safe biological limits;
- Total water resources used;
- Terrestrial and marine areas protected;
- Species threatened with extinction.

In addition, the proportion of the population with access to improved drinking water sources, those using improved sanitation facilities and the proportion of the urban population living in slums, will be monitored.

Goal 8: A global partnership for development – The targets for this goal include:



- Develop an open, rule-based, predictable, non-discriminatory trading and financial system;
- Address the special needs of the least developed countries;
- Address the special needs of landlocked developing countries and small island developing States through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the Twenty-Second Special Session of the General Assembly;
- Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term;
- In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries;
- In cooperation with the private sector, make available the benefits of new technologies, especially information and communications.





Indicators used for the purposes of monitoring include:

- A measure of Official Development Assistance (ODA),
- Market access,
- Debt sustainability,
- Access to affordable essential drugs on a sustainable basis.
- Unemployment rate of 15-24 year-olds, the data for which must be disaggregated by sex.
- Access to Information Communication Technology including telephone lines per 100 population; cellular subscribers per 100 population; and internet users per 100 population.

The achievement of these goals is central to creating just and equitable societies, where all citizens have access to opportunities and resources. Governments globally have a responsibility for pursuing the attainment of the MDGs; and for ensuring universal development. As the primary institution responsible for overseeing Government action, making laws, and facilitating public participation, Parliament is vital in enabling the fulfilment of the targets set for each goal. Holding the Executive accountable encourages progress in the implementation of Government interventions, while engaging directly with the public ensures that policy outputs and service delivery initiatives accurately address the needs of those who need it.²

Part of ensuring sustained progress towards these targeted goals, is to encourage dialogue on achievements and challenges in order to enhance overall understanding of the MDGs, their targets, and the process of monitoring progress. Increased engagement can assist Parliament in identifying development gaps and priorities through the inputs of grassroots civil society organisations, and has the potential to guide Government intervention where it may fall short. The South African Parliament has therefore initiated several engagements in 2011 on the MDGs and their significance to the legislative sector, including the following:

- An MDG Training Workshop initiated by the Multi-Party Women's Caucus – in collaboration with UNDP and Statistics South Africa (29th July 2011);
- A Consultative Seminar on the MDGs, including Provincial Legislature Reporting on MDGs (September 2011).

These engagements are aimed at equipping Members of Parliament to assess progress by Government, and to further explore their own mandate in enabling the attainment of the goals.³

² Oversight and Accountability Model (2010)

³ End Poverty 2015 Millennium Campaign. 2010





3. THE MDG'S FROM A GENDER PERSPECTIVE

Achieving the MDGs is critical when considering their impact on the lives of women. Women are disproportionately affected by many socio-economic barriers including unemployment, health and well-being, and the lack of food security. As the 2010 MDG South Africa Country Report affirms: "Any development effort that excludes women is poised to suffer major setbacks. Women are the majority of the population and they influence decisions at a crucial level of the economic unit, namely the family, so their inclusion is a matter of necessity and informed national self-interest and not an act of generosity."⁴ The manner in which Government policies and the implementation thereof affect women and girls, speaks directly to the success of any intervention that aims to eradicate poverty, encourage gender parity, and ensure equal access to basic services. It is therefore of great significance for the Multi-Party Women's Caucus to review civil society inputs on attaining the MDGs from a gendered perspective. In defining the scope of its work in this regard, the Committee decided to focus on five MDGs of particular significance to women's lives, namely, Goals 1 (poverty and hunger), 3 (gender equality and the empowerment of women), 4 (child mortality), 5 (maternal health), and 6 (combating HIV and AIDS, malaria and other major diseases).

Goal 1, which speaks to the eradication of poverty and hunger, greatly affects women. Extreme poverty has both a rural and a female bias – extreme poverty affects 57% of female-headed households compared to 49% for males, and has 60% prevalence in rural areas as opposed to 20% in urban areas.⁵

Goal 3 is aimed at promoting gender equality and empowering women. This goal is important in eradicating patriarchal societal norms and values and in creating a society that creates equal opportunities for both men and women.

Goal 4 focuses on the reduction of the number of incidents of child mortality. This is important from a gender perspective because women play a primary role in most societies in caring for and raising children. As primary care-givers, they are directly affected by the well-being of their children. Although statistics show that the number of births attended by a skilled health professional has risen along with the proportion of 1 year old children immunised against measles, the under-five mortality rate has risen from 59 (1998) to 104 (2007) per 1000 live births. This phenomenon is worrying given related improvements in immunisation and attendance of births by skilled practitioners. The data does show however, that girls are slightly more likely to survive than boys.⁶

4 Millennium Development Goals: South Africa Country Report 2010, page 21

5 Presentation: Dr A. Ponga, Gender expert from Regional Service Centre – UNDP "The MDGs and Gender" 29 June 2011

6 Stats SA – www.statssa.gov.za





Goal 5 deals with the improvement of maternal health. In the South African context, antenatal care coverage has increased from 76.6% (2001) to above 100% in 2007. There are also more skilled practitioners attending to births. Notwithstanding this, the maternal mortality rate is high and rising. It has gone from 150 in 1998, to 369 in 2001. In 2007 it stood at 625 deaths per 100 000 live births. The impact of HIV and AIDS has played a role in increasing the maternal mortality rate. Yet, a report called “Saving the Mothers” by the National Committee on Enquiries into Maternal Deaths, noted that 60 per cent of maternal deaths were avoidable. Over 50% of these were due to systemic failures including lack of blood transfusions, lack of ICU facilities and lack of trained staff.⁷

Goal 6 focuses on combating HIV and AIDS and malaria. South Africa has one of the highest HIV prevalence in the world, with women being the most infected as well as affected. Women have disproportionately higher infection rates than men due to both biological and economic vulnerabilities that they are exposed to.⁸

In assessing the significance of the MDGs for women, it is necessary to evaluate women’s lives in their entirety. It is undeniable that women shoulder the burden of housework, health-care work, and child rearing responsibilities in the home. They have duties and tasks that span a range of sectors including, but not limited to, healthcare (such as taking care of the sick), collecting water (for drinking and bathing purposes), energy management (ensuring that there is a source of warmth and means for cooking), as well as social development (in their roles as mothers and counselors). These realities present a particularly problematic dimension to resolving issues of poverty, health, and education. In addition to dealing with the structural causes of poverty and lack of access, governments also have to devise interventions to deal with the social exclusion of women, and the structural realities that produce skewed policy outcomes for women versus their male counterparts.⁹

7 Levendale, C. (2010)
8 Dr A. Ponga (29 June 2011)
9 Blackden, C. M. & Wodon, Q. Eds. (2006)





4. ROLE OF THE MULTI-PARTY WOMEN'S CAUCUS IN OVERSEEING THE MDGS

The Multi-Party Women's Caucus plays a key role in the mainstreaming of gender issues within Parliamentary work. Given that Members of the MPWC participate in other committees in Parliament, bringing them together in the Multi-Party Women's Caucus provides an opportunity to ensure that a gender perspective is applied to the work of committees in an inter-sectoral manner. Not only does this ensure that committees do not work in silos within the institution, but it also makes the mainstreaming of gender issues possible, and provides an opportunity to deal holistically with the broad realities of women's lives. As part of its role in overseeing the MDGs, the Multi-Party Women's Caucus focused specifically on the five selected MDGs in terms of their impact on women, as mentioned above.

The MPWC played a specific role in eliciting input from civil society with regards to Government progress on giving effect to the MDGs. A focus on lived experience is essential in giving the issues of poverty, inequality and health and well-being a human face. Engagement with civil society plays a critical role in determining progress and achievements and importantly, in highlighting gaps and challenges. In this regard partnerships with provincial gender structures become even more important – inputs from women on their lives are invaluable in driving policy and changes in the implementation of service delivery initiatives. In this regard, it is at the provincial and local level that we can truly reflect on the realities faced by communities. While the inputs solicited for this report are by no means generalisations or representative of the country experience, they do constitute snapshots of the experiences of communities at grassroots level, as it relates to the MDGs.





5. OVERSIGHT VISITS OF THE MULTI-PARTY WOMEN'S CAUCUS

To capture case studies of the lived experiences of communities, the Committee elected to visit three provinces; the Eastern Cape, Kwazulu-Natal and Limpopo. However, due to logistical and scheduling challenges, the Kwazulu-Natal visit was postponed. Questions were prepared around each goal (with reference to the indicators) with regards to achievements, challenges, and the role of Parliament, including:

- What are the key challenges that women have experienced in relation to poverty with regards to the MDGs and their indicators? What achievements have been made by national, provincial and local government, to assist women to deal with the effects of poverty?
- What recommendations are proposed to decrease the poverty levels of women in particular and what policies, programmes or activities would make the most significant impact on women's economic development?
- Given Parliament's role in developing legislation and overseeing the implementation thereof – What role should Parliament play in ensuring the attainment of the MDGs?

These questions were aimed at guiding the Committee's interactions with participants, and at ensuring more focused discussions. These direct engagements with communities presented an opportunity to interrogate not only progress on MDGs in numerical terms, but to also assess how interventions affect people, with the aim of reviewing, analysing and improving current efforts. The Committee's engagement with civil society sought to elicit information on the gendered implications of the following MDG goals:

Goal 1:

- Participation in meaningful work
- Access to social grants
- Access to basic services – and are these free
- Incidence of food poverty

Goal 3:

- Education (primary, secondary, tertiary)
- Employment Opportunities





Goal 4:

- The immunisation of children (especially measles)
- Treatment of incidences of pneumonia and diarrhea in children

Goal 5:

- The extent to which skilled health personnel are involved at the births of infants in poor communities
- Use of contraceptives – use of modern methods of contraceptives
- Adolescent birth rate
- Access to Antenatal care
- Family planning needs – have they been met

Goal 6:

- Current HIV prevalence – especially amongst pregnant women; and the ratio between men and women
- Condom use (especially in relation to high risk sex)
- Orphans – school attendance; child-headed households and its gendered implications
- Access to treatment for tuberculosis – including the success rates of its treatment
- Testing for HIV – percentage of people (esp. women) who know their status

5.1. Eastern Cape Oversight Visit

On 11- 12 July 2011, the Multi-Party Women's Caucus visited the village of Holy Cross, near Flagstaff in the Eastern Cape district of O. R. Tambo. Economic activity in this part of the Eastern Cape, and the O.R. Tambo district, in particular, is still largely informal, while the largest formal economic activity is forestry within the agricultural sector. Agriculture is also predictably the largest employer, contributing approximately 8 per cent to district employment. Only about a third of the population live in official towns, however, 55 per cent of people are functionally urbanised. Although unemployment and poverty are found in both urban and rural areas, it is in the latter that its effects are most severe. The O. R. Tambo District has an average unemployment rate of 42 per cent, which is alarmingly high and indicative of the high levels of poverty in the area. A lack of access to basic services, insufficient infrastructure, as well as distance from valuable services and resources, are further exacerbated by an inability to generate income.¹⁰

Owing to the complexity of poverty and its associated socio-economic impact on the lives of people, it was challenging to solicit responses from participants on all the MDGs. Most residents preferred to voice their most pressing needs, which in this case were poverty and

¹⁰ Lawson, D. 2007





hunger, with most commenting on the severity of these issues. It was clear from the inputs received that the different challenges faced by the community are intricately connected. This means that, just as problem solving in one area could improve progress in another, a stumbling block found in one area has the potential to reinforce challenges within a related issue. Improvements in the education (Goal 3 indicator) of girls leads to better decision making around health issues (Goals 4, 5, and 6), and increased employment opportunities (Goal 1 indicator) and with this, improve potential for income generation and eliminate poverty (Goal 1). In voicing their opinions, the community spoke more to their challenges than to any achievements that had been made; and this spoke to the urgency of their need for accelerated efforts to alleviate their living conditions. It was also evident that despite the progress made, the challenges faced by this community urgently required enhanced efforts in relation to each of the MDGs.

The public hearings on the first day solicited inputs from civil society on the MDGs chosen by the MPWC, while the second day focused on public input on the cultural practice of Ukutwala, which involves the marriage of very young girls in the village to much older men.

Two Members of the Committee attended the hearings:

- Hon. Ms. Beauty Dlulane, Chairperson of the Multi-Party Women's Caucus.
- Hon. Ms. Connie Blaai, MP.

Members of the community were invited to attend the hearing, as well as civil society organisations dealing with issues affecting women, including:

- Lusikisiki Paralegal Advice Centre
- Lusikisiki Child Abuse Resource Centre
- Flagstaff Community Advice Centre
- Palmerton Multi-Purpose Centre

Government departments, provincial and municipal structures and Chapter Nine institutions represented at the public hearings included:

- Department of Education (Educators);
- Local municipal leadership (Mayor, Municipal Manager and Speaker);
- Department of Social Development (Management);
- Provincial Legislature (Members);
- Commission for Gender Equality (Commissioner - Provincial Office);
- District Municipal Authority (Gender Coordinator, Administrators);
- South African Police (Officers).





Given the importance of traditional leadership in rural communities, the participation of the local traditional authority was secured, and the proceedings were attended by KwaCele's Chief, who is female, Constance Cele. Parliament worked in collaboration with the provincial legislature, which took on the role of inviting participants to a public meeting. It should be noted that one shortcoming of the approach entailed in eliciting participation was that invitations were sent out at short notice and that this should be addressed for future visits of this nature. In order to enhance the ability of people to participate, transport to the venue was arranged. Despite the short notice, most of the organisations invited were able to attend, and valuable inputs were given on the experiences of women in this particular area. Hearings were conducted next to the Zwelibongile High School, in an area called KwaCele within Holy Cross.

5.2. Limpopo Oversight Visit

The Multi-Party Women's Caucus conducted its visit to Polokwane, Limpopo Province, from 19 to 20 July 2011. The aim of the visit was to solicit inputs from different civil society organisations on the challenges women face in the province, with a focus on the five identified Millennium Development Goals (MDGs). The Multi-Party Women's Caucus was represented by the following Members:

- Hon. Ms. Beauty Dlulane, Chairperson of the Multi-Party Women's Caucus.
- Hon. Ms. Manana Makasi, Whip of the Multi-Party Women's Caucus.
- Hon. Ms. Xoliswa Makasi, MP.
- Hon. Ms. Pamela Tshwete, MP.
- Hon. Ms. Connie Blaai, MP.

The delegation's programme consisted of public hearings conducted at the Bolivia Lodge, Polokwane, on 19 July 2011. During these hearings inputs were solicited from various civil society organisations on the identified MDGs. Whilst some participants were invited to the hearings telephonically, others were invited by means of electronic mail (e-mail). All participants raised the challenge of receiving their invitations at short-notice. As a result participants had insufficient time to adequately prepare their presentations. The following civil society organisations made presentations:

- Refentse Leratong Home- Based Care
- Ikageng Dropping Centre
- Thohoyandou Victim Empowerment Programme





The Limpopo House of Traditional Leaders was represented by Kgosigadi Tshwene, who rules the Tshwene area in Limpopo and represents female leaders in the House of Traditional Leaders. The Limpopo House of Traditional Leaders consists of 36 members, 11 of whom are women. The House of Traditional Leaders comprises the following portfolios: Gender Committee; Tradition, Custom and Culture Committee; Social Development Committee; Land and Agriculture Committee; and Internal Affairs Committee.

Government departments, provincial and municipal structures and Chapter Nine institutions represented at the public hearings included:

- The Limpopo Multi-Party Women's Caucus was represented by its Chairperson, the Hon. Ms. Lydia Ngwenya.
- The Limpopo Provincial Legislature.
- The Capricorn District Municipality was represented by the Mayor, Speaker and Councilors.

The public hearing was followed by a site visit to the Thohoyandou Victim Empowerment Programme, based at the Donald Fraser Hospital, Thohoyandou. The purpose of the visit was to solicit inputs from the Programme on the challenges women face in the province. The delegation was also given an opportunity to interview a victim of domestic abuse.





6. ACHIEVEMENTS AND CHALLENGES FROM A GENDER PERSPECTIVE

The following attempts to draw together some of the key achievements and challenges raised by participants in relation to the MDGs:

6.1. Goal 1: Eradicate Poverty and Extreme Hunger

Poverty can create a cycle that can be difficult to break out of, and one reason for this is the presence of multiple forms of deprivation, both material and non-material. Without access to quality education, appropriate healthcare and other basic services as well as financial support and infrastructure, communities often become trapped in multiple cycles of poverty. Much of the inputs on challenges were linked, with some factors reinforcing others.¹¹

A. Eastern Cape

While participants have noted that the provincial government has initiated a number of programmes to address the multi-faceted challenges experienced by the KwaCele community, a study by the Human Science Research Council (HSRC) has termed poverty in the Eastern Cape, a 'national disaster'.¹² According to the research, the unemployment rate in the province is one of the highest in the country, the quality of education is one of the poorest in the country, and many residents do not have access to basic services or even alternative ways of utilising natural resources in a sustainable manner. These issues were reflected in engagements with participants, who named as key challenges, distance from economic activity; limited opportunities for further study after matriculation; and access to basic services.

In terms of the MDGs, the indicators used to measure progress on poverty and hunger include, participation in meaningful work, access to social grants, access to free basic services and access to food. These are considered briefly below.

According to members of the community, the Flagstaff area has good, fertile soil and climatic conditions appropriate for farming. There was testimony of a garden project that was successfully launched by the City Council, despite it having fallen victim to vandals. For those in the community who do not have food, the local municipality provides them with food parcels to ease their deprivation. Many in this community spoke of food poverty, and the need for increased intervention in this area.

¹¹ Lawson, D. 2007

¹² Makiwane, M. & Chimere-Dan, D. (2010)





As part of an effort to give the community access to information, the Department of Social Development built the Cele Resource Centre. The Centre employs six people, and is a resource for the rest of the community. Despite the fact that the Centre has not been in use for two years, the community still felt that the structure could serve a positive purpose. Before closure it served as a venue for women to create craft work to sell in the nearby town of Flagstaff.

Participants at the public hearing also raised the fact that social grants were essential to income security, especially the child support grant and old-age grants, and that these should be expanded not reduced. From inputs given by participants, it was clear that grants are an integral part of residents' survival in the absence of regular income. Other initiatives aimed at income generation include the Khanyisa project was initiated to create jobs, with R750 000 in funds being available for projects in the community.

Given the socio-economic profile of the area, poverty was predictably the most cited challenge. In some cases, community members attributed other social ills including discriminatory cultural practices, to poverty. Given that women are traditionally primarily responsible for feeding and caring for children, in a rural setting they are in turn responsible for food production.¹³ The national trend shows that female-headed households have higher rates of food poverty. According to 2001 statistics, the Eastern Cape had 48.2 per cent of its households in food poverty, more than the national average of 42.6 per cent.¹⁴

Local authorities were reported to distribute food parcels, and while the community welcomed this intervention, they were of the opinion that the distribution should be monitored, but not for the purposes of limiting how much food each household could receive. Many felt that the distribution of food parcels could be extended to cover more areas. It was also mentioned that although the community has land to farm, that bad weather and the availability of equipment and other supplies presented significant challenges.

While the provision of food parcels relieves households' immediate needs for sustenance, this intervention is not sustainable. Studies suggest that those rural households that cultivate their own gardens have much higher diversity of food consumption. There are, however, indications that even when poor rural communities engage in subsistence farming, their food intake is still well below that of urban households. This suggests that in order to promote diverse nutritional intake, it is more important for communities to have access to food markets with diverse nutritional choice, than it is to have access to land.¹⁵ Interventions that have the potential of being sustainable can incorporate both

13 Human Sciences Research Council (2004)
14 Rose, D. and Charlton, K. E. (2001)
15 Human Sciences Research Council (2004)





insights – diverse subsistence farming can be encouraged, with the view of creating small trade markets amongst community members. An old system called “ilima” was practiced according to the same principals, where community members functioned as a collective and shared farming equipment, methodologies and crop yields.¹⁶

The Eastern Cape unemployment rate was estimated to be 27.7 per cent in 2010. The unemployment rate is higher for men than for women, giving the surface impression that unemployment may not have a gendered dimension. However, the disparity may be due to the fact that the unemployment rate is measured according to those of working age actively looking for work. During the hearings women admitted that men were the first ones to leave the village to go looking for work, while they would ordinarily stay home to look after children.

Overall however, community members were unanimous in their view that employment opportunities are scarce in the community. Others believed that there were jobs, but that certain people held two or three jobs concurrently, and this was making it difficult for other candidates to find work.

With regards to accessing social grants, most complaints in this regard pertained to not having access to grants due to not having the right identity document or birth certificate. Given the possibility of fraudulent claims or duplicate claims when community members do not produce official documentation, the South African Social Security Agency (SASSA) must be firm on community members always producing the appropriate documentation. Some participants noted that they were aware of cases of fraud in SASSA, although no examples were given. Particular members of the community were of the opinion that the qualifying age for the old age grant should be decreased to allow men to qualify as early as women for the old age grant. They were of the opinion that men also need social assistance as much as women do, because many of the older men do not have work.

B. Limpopo

In assessing poverty, it is critical to consider issues of access to employment, opportunities for income generation, and food security. It was evident from inputs by participants that food security was not only a challenge in itself, but was a negative contributor to other goals, specifically on combating HIV and Aids. It was also highlighted that even though participants thought that there were jobs available, that it was felt that these were only open to certain people in the community with particular reference to men, and traditional leadership.

16 Consolidated Report: Poverty Eradication Summit (2008)





An organisation that works with patients infected with HIV and AIDS noted that some patients take their medication without having a meal first, whilst some medications cannot be taken on an empty stomach. Notwithstanding the fact that the Provincial Government has committed itself to assisting in this regard since 2008, no intervention has taken place to date.

Traditional leaders raised concern with inadequate consultation on projects that are implemented in their areas. This has led to situations where local people are overlooked in terms of job opportunities on projects initiated by the Local Government. Jobs that offer better opportunities tend to be given more to males than to females. This practice is rampant in the Limpopo House of Traditional Leaders. Furthermore, there is lack of funding for potential employment-creating projects.

6.2. Goal 3: Gender Equality and Empowerment of Women

Women should not only be the recipients of MDG targeted interventions, but are key actors in driving progress to the attainment of the goals. Investment in the education of women ensures that women make better health choices, that they contribute to the non-agricultural economy and that they make better choices for their children. Given women's centrality to issues of poverty, health and education, it is understandable that the empowerment of women should be a goal in itself. Equitable access to resources and women's participation on decision-making platforms, are crucial in the implementation of impactful interventions across all MDGs.¹⁷

In assessing progress on gender equality, four indicators are used, namely proportion of girls versus boys in primary, secondary and tertiary education, the proportion of literate females, the share of women that engage in non-agricultural paid work and the proportion of seats held by women in National Parliament.

A. Eastern Cape

As regards the goal of empowering women and promoting gender equality, some of the more prominent issues that emerged from the community were related to access to adequate basic and higher education, ownership of land by girls, the safety of women and girls, and the use of cultural practice to subjugate young girls into livelihood with little prospects for empowerment.

17 United Nations (2010)





The Department of Social Development reported that it was in the process of equipping the local school with sixty computers, to improve their learners' information literacy skills. Delivery of these computers was reportedly scheduled within a week of the public hearing. Participants also commented on the helpfulness of the Department's programme for child-headed households. However, this intervention fell short of some pressing community needs. Despite having a high school in the area, residents reported that it was overcrowded, and ill-equipped. They also mentioned that when it rained, the valley flooded, and the bridge that is used to access the school is too dangerous to use.

Some residents were concerned that even when their children complete school, parents do not have the funds for tertiary education, nor do they know how to get access to such funds. They suggested it may be easier if there were tertiary institutions closer to their villages.

Given the high rate of teenage pregnancy, the community felt that this was the dominant factor preventing young girls from finishing school. This, in turn, is a significant impediment to girls having the requisite education and skills to find employment and serves to perpetuate cycles of poverty.

It was noted that there is a lack of gender-sensitive education, and that tertiary level gender violence is high. Participants felt that perhaps men did not know how to treat women with respect, and that perhaps these incidents of violence discouraged girls from attending tertiary institutions. Educators were reportedly also not taught about gender equity and sensitivity, thus preventing schools from implementing gender programmes aimed at creating an awareness of gender equity. Young girls and boys are therefore mostly exposed to traditional norms and cultural values in this regard.

It was mentioned that women and girls could effectively not own land, as it became communal after the death of a husband or brother. Without title deeds it is thus difficult for women to access finance. This is a significant impediment to women's economic empowerment and serves to keep them in conditions of poverty and dependence on their male counterparts. Residents confessed that in the case of both man and woman being unemployed, it was accepted that the man would be the one to go out and look for work while the women stay behind to look after the families. This gender stereotyping in terms of traditional gender roles serves to hinder the economic empowerment of women.

A few participants mentioned that there had been an increase in crime that affected many women and girls in the form of rape. In one of the first large-scale community-based prevalence studies done on violence against women, it was noted that physical abuse





in the Eastern Cape was 26.8 percent (1999).¹⁸ Given the lack of infrastructure in rural areas, women are often more vulnerable to crime due to the absence of lit walk-ways, the absence of police patrols, and due to distance from villages and bad roads, as well difficulties experienced in accessing police assistance in the case of emergencies.

South Africa's National Policy Framework for Women's Empowerment and Gender Equality needs to be implemented, and for there to be institutional support on gender issues. This would ensure that requirements with regards to promoting equity are imposed on public and private sector entities and that they are held accountable for implementing their responsibilities. There is also a lack of mentorship to advance the leadership roles of women, and this limits women's capacity to take up these leadership positions.¹⁹

Although not named as an indicator in goal 3 of the MDGs, in many communities culture plays a major role in shaping women's lives. In many traditional and largely rural communities, cultural rituals and ways of life are still actively practiced. It needs to be pointed out, however, that these do not always have a negative effect on the treatment of women. However, given the authoritative positions men usually hold in traditional settings, cultural practices may diminish women's ability to make independent choices for their lives.

On the issue of the cultural practice involving the abduction and forceful marriage of young girls to mostly older men, the K.T.C. community spoke out strongly against the practice, and apologised for its occurrence. They admitted that there had been much dialogue on the issue and that the community had finally come to accept the practice as criminal and unconstitutional. The local Chief has signed a memorandum of understanding on the issue, and they believed that it had, as such, been dealt with.

The community was, however, happy to report that while in 2009 there had been 12 cases of Ukutwala, in 2010 the number went down to two reported cases, and thus far in 2011, there have been no reported cases of Ukutwala. They also warned that the community should not get complacent, and needed to be vigilant in protecting their children. It was also suggested that, given that young girls had nowhere else to go after being removed from their forced marriages; the community should thus devise a mechanism for reuniting children with their parents. Given that parents were complicit in allowing their children to be married off to older men (cows are exchanged during Ukutwala as with 'normal' marriage procedure), civil society felt that there should be external intervention not only with removing the young girls from their older husbands, but returning them to their parents' homes.

18 MRC (1999)

19 Commission for Gender Equality (2010)





Participants noted, however, that there was disconnect between the rights of children and their responsibilities. They mentioned that while they accepted that they could not decide for their children who they could marry, they were concerned that teenagers were engaging in sexual activities out of wedlock, and falling pregnant. They believed that there should be an obligation for children to abide by rules and for parents to have the right to discipline their children. It was agreed however that children and parents alike need to be informed about their rights and responsibilities. They also believed that where cultural practices like Ukutwala are criminalised, this should go hand in hand with education as well as development.

B. Limpopo

The Thohoyandou Victim Empowerment (TVP) Programme is based at the Donald Fraser Hospital. This means that sexual and domestic abuse survivors have access to the Programme twenty-four hours per day and seven days per week. The Hospital provides accommodation and food to survivors during their stay with the Programme. Furthermore, the Department of Social Development contributes R40.00 towards each victim's stay in the Programme.

The Thohoyandou Victim Empowerment Programme, jointly with a Hospital Social Worker, ensures that victims of domestic abuse have access to a protection order against their perpetrators issued by the courts. Also, rape and abuse survivors have access to counseling and medical care provided by the Donald Fraser Hospital twenty-four hours per day and seven days per week.

The community did however believe that people tend to use culture and religion to perpetuate negative behaviour towards women and that community norms influence gender-based violence.

An organisation providing support and counseling services to those infected and affected by HIV, reportedly operates from a shack in respect of which they have recently received an eviction notice. The lack of office space affects their ability to counsel patients, as their accommodation offers no privacy. However, they intend to take up the issue with the Provincial Government. Furthermore, there are insufficient support structures for survivors of gender violence.

The Thohoyandou Victim Empowerment Programme does not have its own social workers. Accordingly, they depend on social workers provided by the Donald Fraser Hospital. During the visit, the workers of the Programme reported that the current social worker displays a negative attitude towards the people she is supposed to assist. Despite being assigned to





the Programme, the social worker does not prioritise serving the Programme's clients, and is dismissive with them.

The Thohoyandou Victim Empowerment Programme reported that the Head of Department of Safety and Security was approached in 2010 for assistance. However, they have not received a response on whether the Department will assist. The Thohoyandou Victim Empowerment reported that they also face many challenges with regard to services to children. For instance, there are no interventions in place for children who witness violence in their homes. Police tend to interview minor witnesses without a social worker present. This means that the long term psychological needs of these minors are not being addressed.

Training offered by the Provincial Government tends to be conducted by trainers that are not conversant in local languages. This renders the training provided useless, given that it is not understood by local communities.

Due to intimidation by the police and staff at police stations, rape cases are often not reported by victims, particularly the elderly. Furthermore, since most societies are predominantly patriarchal, this has contributed to the high incidence of sexual and domestic abuse. According to the Thohoyandou Victim Empowerment Programme, 40 rape and 80 domestic violence survivors are assisted every month. Currently, the Department of Social Development contributes only R40.00 per victim to the Programme. This amount does not cover the basic needs of the victims during their stay in the Programme.

6.3. Goal 4: Reducing Child Mortality

Participants in both Limpopo and the Eastern Cape did not address the issue of child mortality directly during hearings. While participants spoke freely of health services in general, there were no inputs articulated with regards to the health and wellbeing of children. This may have been due to a lack of linguistic and/or conceptual clarity of the goal. Comments that were made however give an indication of challenges that may arise.

A. Eastern Cape

Efforts towards improving the health of community members have been centered on improving the communal standard of living. Although not all the road works have been completed, roads in the area have been upgraded to improve both access into the area, as well as access outside of the area for residents. Also, a housing project in the pipeline promises to ensure adequate living conditions for residents.





There is currently no health facility in Holy Cross. This is a significant impediment to ensuring the health and well-being of women in the area. Women in need of medical assistance have to walk to the nearest clinic because there is no public transport. This walk is estimated to take approximately an hour. While issues of child and maternal mortality did not emerge clearly, the difficulties of ensuring maternal health with a lack of access to services were evident.

When child mortality was mentioned, community members reported that there had been instances of child mortality and that this was largely due to malnutrition, given the lack of income and general food insecurity in the area. This is a serious matter which requires urgent attention as these child deaths are clearly preventable.

B. Limpopo

The wellbeing of children under the age of 5 years was not mentioned; however it was a concern that children in the older age group were exposed to different risks. According to the Thohoyandou Victim Empowerment Programme, of the 40 rape and 80 domestic violence cases they deal with every month, 58 per cent are children, and 38 per cent are children under the age of 13 years. In some cases, the perpetrator is a minor. Children as young as six years reportedly have sexually transmitted infections, which they contracted from nine, or 10 year-olds. This shows an overall inability to protect children not only from being harmed, but from participating in harmful practices.

6.4. Goal 5: Improve Maternal Health

On the whole, maternal health and well-being is an area that can be much improved upon in South Africa. While participants did not necessarily talk to the specific indicators in this regard, they did raise critical issues that pertain to enhancing delivery in relation to the goal as a whole.

A. Eastern Cape

Participants noted that it was very difficult for ambulances to access the area given the bad condition of the roads. As a result, there are considerable delays in accessing ambulance services, which has had dire consequences in instances where people are critically ill.

Participants asserted that the lack of adequate sanitation services in the area should be noted. Many still use pit latrines and there is a dire need to construct flush toilets. This issue is an important one given the link between the lack of adequate sanitation services and





poor health. Constructing flush toilets to prevent strain on the drainage system can prevent illnesses caused by inadequate sanitation.

B. Limpopo

Organisations noted that most local clinics lack doctors, nurses, sonar machines, patient kits (nappies, linen savers) and other essentials needed to assist pregnant women. In some rural areas, doctors only consult once a month in clinics where there is no medication. Ambulances take long to respond to emergencies, forcing communities to use their own transport to hospital

6.5. Goal 6: Combat HIV and AIDS, malaria and other diseases

While the indicators used to measure progress on this MDG include the availability of Antiretroviral (ARV) drugs and condoms; campaigns awareness, as well as training on HIV and AIDS, participants spoke more generically to challenges in relation to service delivery in this regard.

A. Eastern Cape

A need to engage men on behaviour change was mentioned. One example cited in this regard was primarily given that condom use was still an issue as many young people did not use them, as can be concluded from the high rate of teenage pregnancy in the area. Members of the community also mentioned that men do not ordinarily look after the sick as care-givers, and that perhaps this was because it doesn't pay. Women therefore take on the primary role in caring for children, the elderly and the sick as well as taking on the bulk of domestic and community chores. They suggested that perhaps if it wasn't voluntary, men might get involved. This reinforces the assertion that in addition to women being more vulnerable to infection, they also bear the burden of care of those that are infected.

B. Limpopo

Participants noted that the Government is rolling out Antiretroviral (ARVs) in local clinics. They also noted that the Provincial Government provides 1000 condoms, including female condoms, which are distributed to 15 local clinics.

It was noted however that most local clinics do not have ARVs, meaning that patients do not get treatment. Lack of condoms, particularly female ones in local clinics, was raised as a serious challenge by most organisations. This lack of female condoms denies many women choices for protection. According to the Thohoyandou Victim Empowerment Programme, it has discovered that some nurses in district clinics have not received training





on the administration of ARVs since the roll-out of ARVs. As a result, children have been given incorrect dosages. In other cases, some nurses have been turning children away, as they were under the impression that ARVs cannot be administered to children.

The Government has conducted numerous awareness campaigns on HIV and AIDS and tuberculosis. It has also provided training to traditional leaders on HIV and AIDS. Traditional leaders noted their appreciation of the training received from Government on HIV and AIDS. However, due to a lack of resources, they cannot impart their knowledge or implement the content of their training.

6.6. General Issues Raised by the Community

Some of the issues raised under general issues may not fall squarely under the goals above, but may have an effect on some of the goals. The following challenges were mentioned.

A. Eastern Cape

Members of the community expressed a desperate need to have access to services closer to their homes. Services that are inaccessible to many of them include water, health services, electricity and transport. Participants noted that they had significant difficulties in accessing services provided by the Department of Home Affairs. This created a problem for residents to access their grants. Residents also cited a difficulty in the registration of orphans by grandparents at the Department of Home Affairs, which meant that these vulnerable children were further disadvantaged by bureaucratic procedures. The issue of an infrequent transport system also meant that services in neighbouring villages become unreachable. The community also felt short-changed as they perceived development to only happen in the Nelson Mandela Metro.

Road-works in some parts of Flagstaff have been initiated, however not all areas had been completed, and as was the case with KwaCele, some had not even been started. Given the difficulties in accessing the area, public transport does not service this part of the town, and private transport is just too expensive.

B. Limpopo

Organisations reported long intervals, some of up to six months, between the disbursement of their funding by the Provincial Government for the implementation of programs. In some cases the Provincial Government disburses funds and reverses them immediately without offering any explanation. This has affected the level and quality of services that





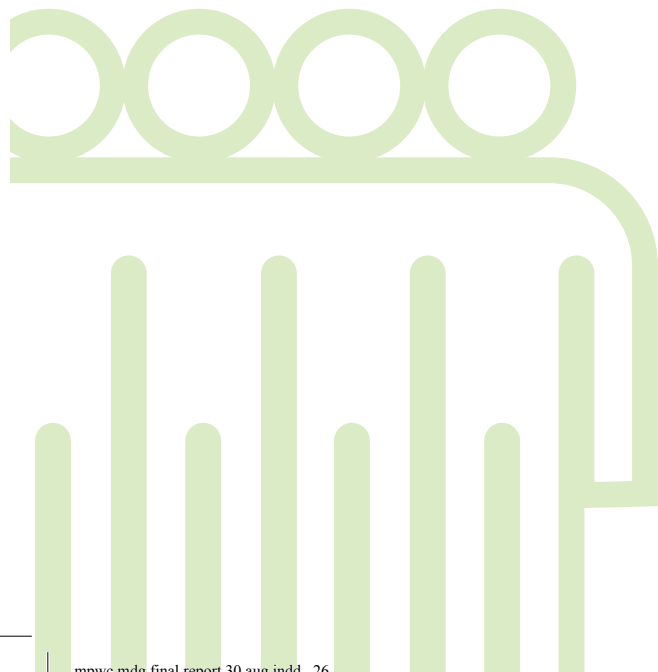
organisations are able to provide to the community. Due to the unreliable payment from Government, some organisations' accounting books are affected. These organisations also lose care-givers, as they leave for better opportunities elsewhere. In some cases, if they raise this issue with the Government, officials become hostile.

Most organisations noted that the Provincial Government does not monitor the allocation of grants to organisations properly. This means that Government disburses funds without monitoring whether these funds are appropriately utilised by organisations. As a result, some organisations receive funds that they do not deserve, as they do not function properly.

A concern was raised that the Social Development Department does not inform civil society organisations when laws relating to grants changes or get amended.

Another concern raised was around the prevalence of alcohol abuse in the Tshwene area, due to the fact that every house sells alcohol, which affects school children as they start abusing alcohol from an early stage. Traditional leaders were reportedly not consulted when the Liquor Board issues liquor licenses.

Traditional Leaders noted that when it came to the building of low-cost houses (RDP) there was no consultation between the Local Government councilors and them. The Local Government instead consulted directly with the community instead of engaging the traditional leaders who own the land. This has resulted in conflict between Traditional Leaders and the Councilors over the land. When beneficiaries enquire about their houses, they are informed by councilors that traditional leaders do not want the Government to build houses on their land. This results in the community losing trust and confidence in traditional leaders.





7. KEY FINDINGS

7.1. Eastern Cape

The most significant issues that faced this community were the compounding effects of poverty. These factors influence many other parts of their lives and wellbeing, and thus need to be treated as a whole. These multiple cycles of deprivation often expose whole communities to insufficiency which is both caused, and perpetuated by poverty.

Where income poverty is coupled with lack of access to health services, reliable and accessible transport, adequate education, and access to water and electricity, the interventions formulated for these must take into account their compounding effects. Each Department no longer works to alleviate those challenges within their given sector, but needs to mitigate against the influences of factors outside of their scope of work. Collaboration between Departments then becomes more than just an option, but a vital part of adequately and successfully turning the tide on poverty.

7.2. Limpopo

Civil society plays a critical role in assisting to solve some of society's biggest challenges, and also in identifying areas of concern from a grassroots perspective. With regards to the work done by NGO's in the Limpopo Province, the following issues were observed:

- There is no monitoring and evaluation of grants to civil society organisations by the Department of Social Development.
- There is not enough interaction between the Local Government, the Department of Social Development and civil society organisations.
- There is no platform that allows women an opportunity to highlight their concerns.
- There is insufficient communication between the Local Government Councilors and traditional leaders.
- There is no common understanding of government policies, particularly those dealing with grants to civil society organisations.
- There is no follow-up by the Department of Social Development on the disbursement of grants, particularly those that were stopped in 2008.
- It was indicated that the current social worker assisting the Thohoyandou Programme has a negative attitude towards the people she is supposed to assist.
- There are still 15 year-old boys going to circumcision schools without the authorisation of the parents.





8. RECOMMENDATIONS FOR ENSURING THAT CHALLENGES ARE ADDRESSED

8.1. Eastern Cape

A. GOAL 1: ERADICATE POVERTY AND EXTREME HUNGER

Education

Due to the complexity of some of the challenges that were facing the community, the residents suggested that adult education should form a central part of the poverty alleviation programmes. They maintained that this would enhance their education and skills levels and would assist them in addressing their own issues, and in return, potentially create more opportunities for them to become employed.

The necessity of hosting career exhibitions was highlighted as learners did not know which career options to consider after matric. The information would assist them in making informed decisions about their futures.

Residents suggested that one of the focus areas for the Education Department should be infrastructure development. It was agreed that the lack of buildings, equipment, reading and teaching materials including the lack of access to technological equipment contributed to the quality of learning. They expressed the view that the problem of overcrowding should be considered as a priority.

The Department of Education needs to implement programmes that encourage gender equity, and ensure the reduction of teenage pregnancy. These programmes should have the improvement of the lives of women and girls at their core.

Food Security

Combinations of interventions were suggested with regards to food security. The community was in favour of managing their own food supply with assistance from the Department of Agriculture, but they also believed that a safety net in the form of food parcels should still be made available to the community to mitigate any food shortages that may occur.

In the long term however, providing the means for the community to cultivate its own food may be most sustainable. Given that these would most probably be small-scale cultivations, it may prove fruitful to also introduce a system for exchanging produce, to encourage diverse nutritional intake. Should there be an opportunity to expand production,





an accessible road would make markets easier to access in conjunction with an intensive programme to assist, fund and improve the quality of food produced. This would increase women's ability to generate an income from their farming activities, and ensure sustainable development of families, as well as the community.

B. GOAL 3: GENDER EQUALITY AND EMPOWERMENT OF WOMEN

Information & Education

It was suggested that the community needs basic skills in research analysis on how to deal with the challenges that faced them. This would assist in conceptually analysing the nature of the problems it faces and how to best address these. The community felt that there was far too little information on the community and the specific nature of the challenges it has to contend with. In addition, the current approach to community development and the addressing of problems in this regard is too generic. It was felt that a well-researched approach would lead to tailor-made interventions, using accurate data about the community.

While the Department of Health was criticised for not having accurate gender-disaggregated data, members of the community suggested that men be brought into the primary health-care sector, to get them involved with maternal and child health. In this way, they could participate in being active fathers in their children's lives.

Residents felt that perhaps more gender education should be done, given the extent to which traditional beliefs prevail in rural communities. This should be done not to undermine communities, but to inform them on their human rights, as well as the rule of law. In the case of Ukutwala, there should have been an effort made not only to force the community to stop the practice of Ukutwala, but to initiate a behaviour change programme to assist with the transition.

Mandated Equality

It was observed that, due to local dynamics, it was deemed more difficult to have women in decision-making roles, and that one way of encouraging this would be through mentorship programmes. With regards to equity issues, it was suggested that consideration be made in promoting the 50/50 representation of women at local level.

Employment

The delegation recommended that the programmes that are aimed at improving employment opportunities for women should be implemented on a far larger scale. Economic activity that allows women to generate an income will ensure that households have the means to





sustain themselves. It was observed that there was an opportunity to introduce economic activity within the agricultural sector, given that women are primarily responsible for taking care of children and providing food for their families. It was therefore recommended that there should be parallel efforts to develop a more diverse local economy that brings essential services closer to people, and also creates opportunities for participation in the local economy.

C. GOAL 4: REDUCING CHILD MORTALITY

Infrastructure

It has been found that some of the leading causes of child mortality are malnutrition, low immunisation rates, and HIV and AIDS.²⁰ These speak to the challenges of income and food poverty, access to health-care services, as well as access to information. While anti-poverty interventions would have significant effects on the state of health in the community, campaigns to educate residents on nutritional intake, the importance of immunising children, and general health and safety would also assist in this regard.

The absence of a health facility was the single biggest challenge facing the KwaCele community. Access to a well-equipped facility closer to residents would facilitate more frequent visits to health practitioner, faster emergency assistance, and it would have an effect on the overall health status of the community.

Also necessary for better health-care delivery is the construction of a usable road. This would improve residents' access to public transport should they need to access the relatively well equipped Holy Cross Hospital.

Involvement of Men

Members of the community agreed that the men in the community should become more involved in health-care and caring for those who are ill as this is generally viewed as being the role of women. Through educating men, the delegation was informed, the burden of looking after the sick within the community was not only for women, but for men also.

D. GOAL 5: IMPROVING MATERNAL HEALTH

Given the effects of access to health-care infrastructure on the well-being of communities, it is concerning that women in KwaCele do not have access to even primary health-care facilities in close proximity. The existence of a structure which previously served as a primary health-care centre is, however, encouraging as it provides a starting point for the establishment of an appropriately equipped centre for first-line health care intervention.

20 Levendale, C. (2010)





Promoting pre and post natal care amongst pregnant women in the community should also be a priority as this would not only improve maternal health, but would also contribute towards ensuring the good health and well-being of their children.

As a compounding factor, poverty limits nutritional choice, access to quality health-care, and women's ability to act on medical advice. Interventions such as providing food parcels, providing grants, and empowerment programmes focused on women's economic participation, would work well in this context.

E. GOAL 6: COMBATING HIV AND AIDS, MALARIA AND OTHER DISEASES

Given the concerns about condom use in the community as well as the high rate of teenage pregnancy, awareness campaigns should be initiated to encourage condom use and other prevention methods.

In providing care for those infected with HIV and AIDS, issues of poverty and access to health-care services should be dealt with as a matter of priority.

8.2. Limpopo

The Civil Society Organisations made the following suggestions/recommendations for consideration by Government in addressing the challenges they face, towards the attainment of the MDGs:

Report back by the Presidency

It was noted that President Zuma visited the Polokwane area and that, during that visit, the community was given an opportunity to raise its challenges and to highlight its needs. However, the Presidency is yet to report back to the community in terms of progress made in implementing issues agreed upon. Participants requested Members of Parliament to obtain a progress report from the Presidency and that this is forwarded to the community.

Follow-up meetings

It was recommended that a "Women's Indaba" be organised by National Parliament for ordinary women across the country, to allow them the opportunity to discuss issues that affect them in their daily lives, such as gender inequality.





A. GOAL 1: ERADICATING EXTREME POVERTY AND HUNGER

Monitoring of civil society organisations

It was recommended that Government should consider monitoring whether funds disbursed to civil society organisations are utilised appropriately and whether these organisations who receive grants deliver on their mandates. Currently, there is no monitoring by Government.

Lump sum system

Currently, the Provincial Government frequently loses documents submitted for funding, meaning that organisations end up not receiving their funds from Government. It was recommended that instead of Government paying NGO's in installments they should revert back to making lump sum payments for grants. On this issue, it was recommended that the Provincial Legislature should request the Department of Social Development to review reasons for discontinuing the use of the lump sum system for paying grants and consider re-introducing it.

Education on Government policies

Organisations recommended that there is a need for them to be trained/ educated on Government policies that affect them.

B. GOAL 3: PROMOTING GENDER EQUALITY AND EMPOWERMENT OF WOMEN

Education

Due to the high rate of illiteracy amongst the Members of the Limpopo House of Traditional Leaders, the representative from the House of Traditional Leaders noted that they need budget and management skills training. They also need the Department of Justice and Constitutional Development to provide them with training, as their position requires them to adjudicate cases. Currently, the Department of Health sends English speaking doctors and professors to provide training to people who are not literate in English. The Department of Health should be advised to send educators who are well conversant in local languages.

Amendment of liquor laws

It was recommended that the Government review the Liquor Act (59 of 2003) with the view to amending it. The abuse of alcohol is often found to play a role in incidents of gender-based violence, and there should be strategies for dealing with the effects of alcohol abuse on women's safety.





C. GOALS 4 AND 5: REDUCING CHILD MORTALITY AND IMPROVING MATERNAL HEALTH

Local Clinics

It was noted that the clinics close at 16h30, despite long queues and complaints from the community. It was suggested that consideration be made by the Department of Health to have local clinics in rural areas operate on a 24-hour basis and not close at 16h30 as is being practiced.

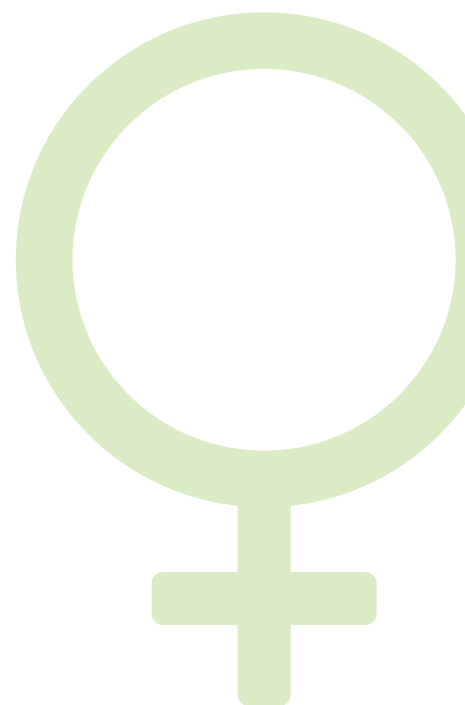
GOAL 6: COMBATING HIV AND AIDS, MALARIA AND OTHER DISEASES

HIV and AIDS

The Traditional Leaders noted that they do not have the actual statistics of people infected/affected by HIV and AIDS. In this regard, they recommended that the Government should be requested to provide an updated report on the number of people, particularly children, infected or affected by HIV and AIDS in their areas. It was also recommended that Government should consider supplying ARVs and condoms in rural clinics.

Malaria

Due to the prevalence of Malaria in the Vhembe area, it was recommended that, as a preventative measure, the Government should spray the area and provide mosquito repellent products.





9. THE ROLE OF PARLIAMENT IN ENSURING ATTAINMENT OF THE MDG's

The Multi-Party Women's Caucus made the following recommendations emanating from the visit to the Limpopo Province:

- The National and Provincial Legislature will consolidate the report for this visit and ensure that key issues raised by the participants captured and adopted by the legislatures.
- The Provincial Portfolio Committee responsible for overseeing the Department of Social Development is required to do a follow-up with the Department regarding the disbursement of grants to civil society organisations, particularly on those that were stopped in 2008.
- Public hearings conducted by the legislatures should not be held only in urban areas, but should be extended to rural areas as well.

The Multi-Party Women's Caucus will follow up with the Presidency to ascertain progress on the recommendations emanating from their visit, once the report has been adopted.

- Consideration should be made for the Government to strengthen links with Civil Society Organisations, since they provide fundamental services to communities.
- Consideration should be made by the Provincial Legislature to raise the issue of lack of accountability by some civil society organisations with the Department of Social Development.
- The Department of Health should follow-up on the case of the 15 year old minor that has been sent to circumcision school.
- The Provincial Legislature needs to forward the report of a domestic violence victim interviewed at the Thohoyandou Victim Empowerment Programme to the Member of the Executive Council (MEC) of Health in Limpopo.²¹

Participants in both the Eastern Cape and Limpopo raised serious concerns in relation to the grievances of the community about visits conducted by members of the Executive as well as Members of Parliament to the communities. While these visits could greatly assist in improving service delivery in the area, it was noted that there was hardly any follow-up or report back to those who attend hearings. The visits therefore had very little substantive value-add in improving the quality of the lives of those living in the area. Given Parliament's

²¹ The Caucus recommended that the follow-up with the MEC be conducted in a manner that will not have negative repercussions for the Thohoyandou Victim Empowerment Programme, such as its closure, since it is based at the Donald Fraser Hospital.





constitutional mandate of ensuring public participation, it was further resolved that Parliament should ensure that feedback sessions are conducted with communities after public hearings are conducted. In so doing, progress can be measured more consistently.

The monitoring of the budget management of both the Department of Human Settlements and that of Health was brought into question. Participants felt that there was a need for all the budgets and Departmental expenditure reports to be more vigorously monitored by Parliament, with the purpose of determining problems affecting delivery. They also believed that budgets were adequate, but that they were not being allocated efficiently and this should be the concern of Parliament.

Given Parliament's obligation to interact with the public, participants suggested that perhaps Parliament should consider making proposals on the priorities of the Executive. By engaging directly with communities Parliament has deeper insight on how residents experience interventions and can in this way, assist in reflecting the real challenges of ordinary South Africans within policies, programmes and activities.





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