DEPARTMENT OF SOCIAL SERVICES

AND

POPULATION DEVELOPMENT

STRATEGIC PLAN

2003 / 2004

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CSG	Child Support Grant
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DPO	Disabled People Organizations
DSO	Decentralised Offices
DSSPD	Department of Social Services and Population Development
FCG	Foster Care Grant
GPAC	Gauteng Programme of Action for Children
IT	Information Technology
MG	Maintenance Grant
MODE	Medunsa Organisation for Disabled Entrepreneurs
NGOs	Non- governmental Organisations
NISWEL	National Information System for Welfare
NPA	National Plan of Action
NPO	Non-Profit Organisations
OA	Old Age Grant
OSDP	Office on the Status of Disabled People
PFMA	Public Finance Management Act
SAPS	South African Police Services
S. Relief	Social Relief of Distress
SSA	Statistics South Africa
WVG	War Veterans Grant
Yrs	Years

FOREWORD BY MEC ANGIE MOTSHEKGA

Financial planning is a cycle that runs from policy formulation, to the determination of priorities in the short and long run, to planning the delivery of services and reflecting these plans in financial allocations (the budget), and to the monitoring of results. The planning itself will be influenced and determined by the broader departmental strategy.

To comply with the PFMA Act's vision of performance budgets and accountability, the departmental budget structure was amended with effect from 1 April 2003 to ensure that it is responsive to our broader strategy.

This strategy is a product of robust engagement with our people, department managers, public representatives as well as NGO's and Community structures.

It represents our undying commitment to serve our people better. It further represents our vision and mission to ensure that Social Development remains a vehicle for change. A tool that will bring hope to the hopeless, light to those in darkness, but above all, represents the caring part of Government.

We remain hopeful, that with resources at our disposal, we will mobilise the nation for a caring society.

We remain unshakeable in our desire to implement this strategy. It represents all our ANC led government has said in many occasions.

SOCIAL SECURITY

The appointment of a new Service Provider, using improved technology, the smart card, for the payment of grants will result in a decrease in waiting time as the identifying details of both beneficiary and power of attorney holder, in cases where a beneficiary has a power of attorney holder, appear on both the smart card and the hard drive of the computer being used for effecting payments. This also contributes to increased security and to the prevention of fraud.

Beneficiaries are also at liberty to have their grants deposited in an account at any bank of their choice. This allows the beneficiary to access his/her grant when it is most suited for him/her.

To improve access, community based satellite points have been and are being established to bring services, such as payments and applications closer to the beneficiaries.

Our desire is to bring Government and Government services closer to our people so as to bring "A Better life for All" as we speed up change.

POVERTY ALLEVIATION

The fight against poverty is on, and is gaining momentum. Our people have embraced the call by our President, Cde Thabo Mbeki to jointly fight poverty. Our people are trying regardless of huge hurdles to cross, and to tilt the balance of forces against poverty. In their small way, they are trying there and there to take the war against poverty seriously.

In line with this commitment, the Premier reiterated the Province's commitment to poverty alleviation and eradication. He indicated that economic climate, conducive to poverty alleviation is gradually being created in Gauteng. In his speech, the Premier also emphasised the necessity to have a scientific approach to poverty alleviation.

We have just concluded our new poverty alleviation strategy. This also represents the desire of our government to deal with the scourge of poverty, which has invaded our shores. We believe poverty has reached a disaster stage hence the need to respond accordingly.

HIV/AIDS

Our Community Based Care strategy on HIV/Aids is now ready for implementation. We remain hopeful, that it will bring relief to the majority of our people who are living with HIV/Aids as well as child headed families. We remain committed to play our role and use HIV/Aids to roll out our services to our people.

This strategy remains the tool and face of our Department and for that we dare not fail to implement it.

We have walked a long way, since the establishment of the first democratic government in 1994, and we believe, strongly so, that we are on course to "A Better Life For All".

I thus trust that we will continue, together, to bring change to our people.

Angie Motshekga (Ms)
MEC: Social Services and Population Development

FOREWORD BY HOD

Care, support of the poor and vulnerable individuals, households, and communities; increasing self - reliance, and reducing welfare dependence, is the cornerstone of the Department's commitment to contribute to the implementation of the Government's policies of ensuring "A Better Life for All".

The Department of Social Services and Population Development, in responding to the requirements of the Public Service Regulations and the Public Finance Management Act, has put in place a comprehensive strategic management system that will ensure that it accelerates its service delivery based on its National and Provincial mandates.

The strength of this system is that it :-

i)   Is guided by a comprehensive policy analysis, formulation, evaluation and monitoring approach that provides a framework for the collection of baseline research information on the target population, i.e. children, women, youths, people with HIV/AIDS, disabilities, families and communities;

ii)   Contributes to the development of a comprehensive social security system and an integrated poverty alleviation strategy;

iii)   Forms the basis for analyzing National and Provincial Government priorities to inform the allocation and budgetary processes;

iv)   Forms the basis for focusing the Department in terms of aligning its vision, mission, goals and objectives, strategies, programmes, resources and structures;

v)   Provides for a holistic performance monitoring system that takes into consideration the Department's capacity to deliver services to its citizenry, impact on the services rendered, the extent to which it uses its resources productively, as well as the extent to which it minimizes the effects of inflation.

The following strategies will be implemented :-

i)   Intervention

Annually, the focus will be on ensuring that virtually all people who need welfare assistance are registered, and are receiving welfare assistance;

ii)   Care and Support

Ensure that an individual should not be a welfare assistant recipient perpetually, unless there are no means to change the individual's situation to one of self - reliance, in the immediate future and thereafter

iii)   **Preventation**

For the approximately 3.5 Million people who could be regarded as poor, and some unskilled within Gauteng Province, strategies have to be generated to ensure that in the near future and thereafter, individuals remain self - reliant and not in need of welfare assistance of some kind.

The Department is therefore on the road, "Mobilising for a Caring Society, and ensuring "People First for a Sustainable Development".

Vernon Van Wyk (Dr)
Head of Department

CHAPTER 1

1. DEPARTMENT OF SOCIAL SERVICES AND POPULATION DEVELOPMENT PLANNING PROCESS

1.1 Purpose of the Strategic Plan

This Strategic Plan lays out a roadmap for the DSSPD to be able to develop its service delivery plan in a systematic and cost-efficient manner. Like a road map or any strategic plan, this document is therefore intended not only to reflect where DSSPD is at the moment; but most critically, where DSSPD should be as well as how to get there.

Like any strategic plan, it is meant to be dynamically utilized as a guide and working document in achieving the DSSPD organizational purpose. It must obviously not only be aligned with aspects of work already done, but it must also strategically and cohesively integrate all work in progress so as to add real value in delivery of services.

The purpose of this Strategic Plan is a response to the Situational Analysis outlined below:

i) To ensure more focused and strategic interventions in the department;

ii) To provide clarification on the department's purpose;

iii) To provide a baseline for judging strategic performance and guidance to what is expected of DSSPD staff;

iv) To ensure transparency, accountability and efficient management of resources in line with Departmental priorities;

v) To map out the DSSPD policy making process and programmes as well as their performance;

vi) To facilitate intra and inter Departmental strategic;

vii) This Strategic Plan represents part of the continuum to improve service delivery. Indeed, the challenge of transformation continues to demand of the new government a multi-faceted strategy to deliver its policies.

1.2 Development of the Strategic Plan

The Directorate: Strategic Policy and Planning has been charged with the responsibility of developing the Strategic Plan. This to be done in line with its primary role of providing decision-making information for the prioritization, budgetary and implementation processes.

The development of this Strategic Plan has been in keeping situational analysis and desired maximal performance.

In order to fulfill the responsibility of developing and completing DSSPD Strategic Plan in a fairly effective manner, the Strategic Policy and Planning directorate adopted a more consultative and integrative approach. Various components of DSSPD had to compile and make submissions on their respective competency responsibilities. The Strategic Policy and Planning component then integrated and refined submissions guided by DSSPD strategic objectives and mandate. This process culminated into broader discussions at the Executive and Extended Management Workshop on Strategic Management Plan held on 24 August 2001 at Willow Park Conference Centre (Benoni). The strategic policy and planning made a preliminary critical analysis of DSSPD strategic plan based upon resolutions adopted at Willow Park. The critique and its recommendations were presented at the Wider and Extended Management retreat held on the 4th of March 2002 at Peace Heaven (Four Ways). It was however acknowledged that the critique and recommendations had to be further verified and consolidated by respective (sub) directorates through bi-lateral discussions facilitated by the Strategic Policy and Planning Directorate in partnership with the Communications' s Directorate in the Office of the MEC.

The DSSPD Strategic Plan is a collective product of the Department, which is designed primarily to focus its energy in service delivery. Of great significance in this respect is the Departments' subscription to the principle of continuous improvement.

CHAPTER 2

MAIN FUNCTIONS OF THE DEPARTMENT

2.1   Policy Mandate

The policy mandate of the Department is derived from the following:

i.   The White Paper for Social Welfare (Government Notice no. 1108 of 1997);

ii. The Government's Ten Point plan for Social Development;

iii. Financing Policy for Developmental Social Services (Government Notice 463 of 1999);

iv. White Paper for Population Policy for South Africa (Government Notice 19230 of 1998);

v.   White Paper for an integrated Disability Strategy of the Government of National Unity (Government Notice 299 of 1996).

In pursuance of the afore outlined Mandate, the Gauteng Provincial Government (GPG) is committed to providing a social service delivery that increases access to education, health, social security and welfare, safety and security and housing in order to improve the quality of life for all the people in the province. With this commitment in mind, the Gauteng Provincial Government identified three priority areas at the Strategic Planning Retreat in June 1999:

i)   Economic growth, development, job creation and infrastructure development;

ii)   Quality social service delivery;

iii)   Good governance.

At the Executive Strategic Planning Retreat held on 23 and 24 April 2001, the Premier and the Executive Committee confirmed the following Priority Service Delivery Objectives[1] for the Gauteng Provincial Government: -

i)   To end poverty and degradation;

ii)   To build a non-racial and non-sexist society;

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[1] Input by Premier Mbazima Shilowa

iii)   To end the abuse of women, children, the aged and people with disabilities;

iv)   Sustainable economic growth, development and job creation;

v)   HIV/AIDS pandemic;

vi)   Education – building of skills levels;

vii)   IT and connectivity – link to smart province and bridging the gap digital divide;

viii)   Integrated development planning.

In line with the above-mentioned GPG delivery objectives, the DSSPD has identified the following priorities: -

i)   SOCIAL ASSISTANCE GRANTS

To administer an equitable grant system in terms of the social assistance act, 1992.

ii)   POVERTY

To develop and manage poverty relief, alleviation and reduction programs through sustainable development.

iii)   HIV/AIDS

To Implement national aids strategy to mitigate the social and economic impacts of HIV/AIDS on vulnerable groups.

iv)   REGIONAL / DISTRICT MANAGEMENT

To promote access to services (customer care)

v)   SOCIAL WELFARE SERVICES

To Initiate and implement social services programmes to promote the rebuilding of families and communities, empowerment of children, youth, aged, person with disabilities and women.

vi)   POPULATION DEVELOPMENT AND DEMOGRAPHIC TRENDS

To plan, implement, coordinate and facilitate the systematic integration of population factors in all policies, plans, programmes and strategies at all levels and in all sectors.

vii) TRANSFORMATION

To transform department's structures systems, human resources and organisational culture to improve service delivery.

NB: These priorities will be fully unpacked in chapter 4 of this document.

2.2   Functional Mandate of the Department

The DSSPD operates within the mandate from national policies and legislative frameworks. The functional mandate of the DSSPD is derived from the White Paper for Social Welfare and White Paper on Population Policy[2]. According to the former White Paper, the provincial departments of welfare will be responsible primarily for the following functions in conjunction with the relevant governance structures[3]:

a)   Provincial Policy and Planning:

To formulate, coordinate, maintain and review provincial policy and planning in consultation with all stakeholders.

b)   Legislation:

To review, formulate and administer social welfare legislation within the framework of the national policy.

c)   Social Welfare Services:

To plan, implement, co-ordinate, and monitor the delivery of developmental welfare services; to implement and monitor programmes in accordance with national norms and standards; and to develop and render specific services.

d)   Social Welfare Governance Structures

To initiate and facilitate the development and maintenance of social welfare governance structures.

e)   Social Assistance Grants

To administer an equitable and appropriate social assistance grant system.

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[2] Government Notice 1930 of 1998, 7 September 1998
[3] Government Notice no. 1108 of 1997, 8 August 1997, pages 28 and 29

f) **Funding:**

    i)   To negotiate for provincial funding and to maintain financial management systems;

    ii)   To administer disaster and relief funds;

    iii)   To regulate fundraising at the provincial level;

    iv)   To finance social welfare programmes provided by organisations in accordance with national policy and to formulate and review the criteria for such funding.

g) **Information and Research**

To undertake, promote and co-ordinate appropriate operational research and to maintain a welfare information systems in collaboration with all role players.

h) **Human resources:**

To manage and plan a human resource development programme.

i) **Marketing:**

To promote awareness of welfare services.

j) **Parliamentary liaison:**

To coordinate the provincial parliamentary process.

k) **Inter-provincial relations:**

To promote inter-provincial relations and to develop and maintain inter-provincial working agreements.

2.3 **LEGISLATIVE AND POLICY MANDATE**

The following constitutional, legislative and policy framework supports the Department's functional mandates:

i)   The Constitution, 1996 (Act 108 of 1996)

ii)   National Welfare Act 1978, (Act 100 of 1978)

iii)   Child Care Act, 1983 (Act 74 of 1983)

iv)   Child Care Amendment Act, 1991 (Act 86 of 1991)

v)   Child Care Amendment Act, 1996 (Act 96 of 1996)

vi)   Social Assistance Act, 1992 (Act 59 of 1992) as amended by the Health and Welfare Matters Amendment Act, 1993 (Act 118 of 1993)

vii)   Health and Welfare Matters Second Amendment Act, 1993 (Act 180 of 1993)

viii)   Social Assistance Amendment Act, 1994 (Act 45 of 1994)

ix)   Welfare Laws Amendment Act, 1997 (Act 106 of 1997)

x)   Aged Persons Act, 1967 (Act 81 of 1967)

xi)   Fund-raising Act, 1978 (Act No. 107 of 1978)

xii)   Social Work Act, 1978, (Act 110 of 1978)

xiii)   Probation Services Act, 1991 (Act No. 116 of 1991)

xiv)   Prevention and Treatment of Drug Dependency Act, 1992 (Act No 20 of 1992)

xv)   Non-Profit Organizations Act, 1997 (Act 71 of 1997)

xvi)   Gauteng Welfare Relations Act, 1998(Act 15 of 1998)

xvii) Gauteng Street Children Shelters Act, 1998(Act 16 of 1998)

xviii) Gauteng Regional Social Welfare Institutes Act, 1998(Act 17 of 1998)

2.4   Service Concept

Developmental Social Welfare.

2.5   Purpose

To protect and develop vulnerable individuals, families and communities from a state of welfare dependence to become self-reliant."[4]

2.6   Vision Statement

A transformed Gauteng social services system which facilitates the protection, development and empowerment of human capacity and self-reliance contributing to a caring and enabling socio-economic environment[5].

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[4] The power of this statement lies in its simplicity. It's added value lies in the fact that when combined with the declaration, made by the extended management of their own personal highest aspiration for the Department, it generated thoughts and feelings that are both inspiring and encouraging. At this stage of DSSPD's development, inspiration, encouragement and confidence is a vital pre-requisite for success.

[5] Departmental Plan 1999 – 2004, page 5.

2.7 Goals

The 2003/4 Goals of the department are represented through the strategic direction and priorities as outlined in chapter 4 and are therefore to be measured through the following variables

i) The extent to which the department increase the impact of service delivery to citizens.

ii) The extent to which the department uses its resources productively.

iii) The extent to which the department increase its capacity to deliver services.

iv) The effects of inflation on the resources utilization during the service delivery processes.

2.8 Mission Statement

To deliver a people centred developmental social welfare service with all partners to enhance the quality of life of the poor and vulnerable citizens in Gauteng.[6]

2.9 Strategic Objectives

The following Ten-points Plan reflects the priorities of the National Department of Social Development to which the Gauteng Department of Social Services and Population Development subscribes: -

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[6] Ibid, page 2

1) Restoration of the ethics of care and human development into all our programmes. This requires the urgent **rebuilding of family, community and social relations** in order to promote social integration;

2) Implementation of an **integrated poverty eradication strategy** that provides direct benefits to those who are in greatest need with a sustainable development approach. In other words, addressing poverty in rural and urban areas with the prime beneficiaries being women, youth and children. This requires that all our programmes support this orientation.

3) Develop a **comprehensive social security system** that links contributory and non-contributory schemes and prioritises the most vulnerable households. Such a system must reduce dependency on non-contributory cash payments and give consideration to food security. (Note: *As this is a national function the Department only participates where necessary to assist in realizing this. Till such time as a comprehensive social security system is implemented by the national government, this Department will continue with the physical payment of grants to beneficiaries.*)

4) We must respond to the brutal effects of **violence against women and children** as well as effective strategies to deal with perpetrators.

5) Our welfare programmes must include the provision of a range of services to support the community-based care and support for people living with **HIV/AIDS** as well as those affected such as **AIDS Orphans.**

6) Urgent attention needs to be given to the development of a national strategy to reduce **youth criminality and youth unemployment** within the framework of the National Crime Prevention Strategy.

7) **Making social welfare services accessible and available** to people in rural, peri-urban and informal settlements as well as ensuring equity in service provision is critical to the transformation process.

8) Redesign services to **people with disabilities** in ways that promote their human rights and economic development.

9) All work must be based on a commitment to **co-operative governance** that includes working with different tiers of government and civil society. The Department will work in partnership with communities, organizations and institutions of civil society. A particular challenge here is to work with organizations that are located and have competencies to reach beneficiaries. Capacity will have to be built where needed and will result in re-allocation of resources.

10) Train educate, redeploys and employ a **new category of workers in social development** to respond to the realities of South Africa's crisis. Review the **training and reorientation of social service workers** to meet the developmental challenges of South Africa and link these to our regional and global demands.

2.10   Departmental values

The department subscribes to the following core values[7]:

i)   A dignified respect for humankind;

ii)   Integrity;

iii)   Transparency;

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[7] Strategic Management Plan: Welfare and Population Development, May 1995, page 20 - 21

iv)   Social equity;

v)   Shared responsibility and enabling environment;

vi)   National social conscience and a national unity;

vii)   Appropriate and accessible services;

viii)   Confidentiality;

ix)   Trust and cohesiveness;

x)   Competency of the Department;

2.11   Critical Outcomes

The following critical outcomes[8] are derived from the above:

i)   The protection, care and support of vulnerable people;

ii)   Increased self-reliance;

iii)   Reduced welfare dependence.

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[8] The last two were adopted at Executive Management meeting on 8 May 2000. The first-mentioned was adopted at the Executive Management Workshop on 22 June 2001.

CHAPTER 3

SITUATION ANALYSIS

3.1 Policy analysis, evaluation and formulation

Policy analysis, monitoring, evaluation and formulation is the basis for determining the department's priorities, programmes, and objectives which are a key to determining its goals and ultimately its vision that can be monitored. In terms of the Social Development Ten Points Plan, the policy analysis and evaluation exercise requires the following information to be available, to inform the policy direction of the Department:

i)   The current activity levels of the department, in relation to its past performance

ii)   The current potential of the symptoms and causes within the target population groups.

iii)   The anticipated growth rates in the symptoms and causes, within the target population group.

iv)   The current department's holistic performance measures in terms of its resource productivity, resource inflationary effects on service delivery, capacity to deliver services and global holistic composite impact on the citizenry determined from both the citizenry its perspectives.

v)   Demographic indicators in terms of mortality, fertility and migration. Also, population trends of the target population groups. All these should be in terms of the Social Development Ten Point Plan.

A complete understanding of the policy direction of the department should be drawn from all the available information gathered. In 1999, the Department's performance measures for 1998/99 Financial year were developed. These performance measures were developed to capture the Department's resource productivity, resource inflationary effects on service delivery, capacity to deliver services and global composite impact on the citizenry determined from both the citizenry and the Department's perspective. The information required from the Department's Holistic performance informs the internal perspective of the Department. The other information required for policy analysis informs the Department's external perspective.

All the analysis of policy should be undertaken within the understanding of the reasons for existence of the department as defined by its mandate, that manifest as its critical outcomes and measures thereof.

All the above should determine the gap between the current department's delivery levels and the required delivery levels within the available resources. Without the above information, it is not possible to determine the department's priorities, budgetary needs, goals and vision that can be monitored on an annual basis. The Department has commissioned research for the provision of policy performance baseline information to inform the strategic plan for 2004/2005 financial year.

This strategic plan is informed by a critical analysis on the Department's focus areas within the Social Development Ten Point Plan.

3.1.1   REBUILDING OF FAMILIES, COMMUNITIES AND SOCIAL RELATIONS

3.1.1.1 CRITICAL ANALYSIS

A family refers to parents, extended family, kinship group or the community. A family ideally seeks to care for, nurture and socialize its members including persons with chronic illnesses, physical and mental disabilities, the elderly, and those who are functioning optimally and have special needs. In terms of this perspective, the family is an important supportive system for any social development.

The social, religious and cultural diversity of families are acknowledged as the effects of social change on the nature and structure of families. Families have been particularly affected by the social, economic and political policies of the past; the inequitable distribution of resources, social changes, and migration patterns, the growing subculture of violence, and changes in the traditional roles of women and men. Past policies such as influx control and migratory labour system, in addition to divorce and desertion, and a lack of housing, have redefined household structures in South Africa.

A major contributor to family problems and breakdown in family functioning is the increasing economic stress facing households. Those living below the poverty line as well as poor single parent families, which are predominantly female-headed households, are worst affected. Family dysfunction sets in when poverty is combined with environmental stress and feelings of powerlessness and frustration.   This in turn could contribute to social problems that affect the capacity of the family to function optimally.

Families are faced with many new demands and challenges as they attempt to meet the needs of their members. Internal family problems such as alcohol and

drug abuse; communication and relationship problems; marital conflict; a lack preparation for marriage, remarriage and family relationship problems; family violence; a lack of family and community support networks; and family breakdown have been noted as some of the problems facing families.

The aim of rebuilding a family means that welfare services should preserve, give aid and strengthen families so that they can provide a suitable environment for the physical, emotional and social development of all their members (white paper for social welfare, 1997:41).

3.1.1.2 FOCUS AREAS

➢ Alcohol and drug abuse;

➢ Communication and relationship problems;

➢ Marital conflict;

➢ Lack of preparation for marriage,

➢ Remarriage and family relationship problems;

➢ Family violence;

➢ Lack of family and community support networks; and

➢ Family breakdown

3.2 TREATMENT AND PREVENTION OF SUBSTANCE ABUSE

3.2.1 CRITICAL ANALYSIS

With the democratization of South Africa in 1994, South Africa gained greater access to the international community as much as the international community gained access to South Africa. Such global integration has, however, resulted in number of challenges. Some of the challenges include changes in the production and marketing of illicit drugs and increase in drug trafficking as well as the nature and extent of drug abuse in this country and in particular in Gauteng. The sphere of influence of substance abuse directly or indirectly affects everyone in particular the continued deterioration of the status of youth.

The complex and dynamic nature of substance abuse is further exacerbated by growing level of unemployment, poverty, armed conflict, epidemic diseases and functional literacy. Because of the pervasive impact of substance abuse coupled with its inter relatedness with other conditions, substance abuse is not only the measure cause of reduced productivity, dysfunctional family life and escalation of

chronic diseases, to mention but few; It is also symptoms of other conditions already alluded to herein above. In short, substance abuse cripples the socio-economic development and reconstruction of South Africa.

The following two table illustrate the types, the extent, the growth rate and gender distribution of substance abuse.

Table : Primary substance of abuse

SUBSTANCE	1999 - %	2000 - %	2001 - %
ALCOHOL	62.6	59.5	51.5
DAGGA	13.8	21.1	24.4
HEROIN	2.9	4.1	7.1
DAGGA+MANDRAX	4.7	1.4	4.9
CRACK	8.2	6.0	4.3
OVER-THE COUNTER	3.3	4.3	3.8
COCAINE	2.3	1.5	1.5
ECSTASY	0.6	0.6	0.8

Table : Gender, by primary substance of abuse

SUBSTANCE	1999 - %		2000 - %		2001 - %	
	M	F	M	F	M	F
ALCOHOL	80	20	76	24	75	25
DAGGA+MANDRAX	93	7	88	12	96	4
DAGGA	92	8	91	9	92	8
CRACK	76	24	82	18	82	18
COCAINE	78	22	74	26	63	37
HEROIN	71	29	61	39	76	24
OVER THE COUNTER	43	57	39	61	40	60
ECSTASY	75	25	76	24	62	38

In order to respond and address the substance abuse problem effectively, it is necessary to balance action that bring a decrease in the availability of drugs (control and law enforcement) and the demand for drugs (prevention, treatment and rehabilitation).

3.2.2 FOCUS AREAS

➢ Criminals with substance abuse problems

➢ Community health and welfare

➢ Communication overriding and overarching goal (communication)

➢ Prevention programme

➢ Life skill programmes

➢ Peer Counseling Programmes

➢ Statutory Service Rendering

➢ Alcohol Safety School

➢ Residential Care- Treatment Centres

3.3 CARE OF THE AGED

3.3.1 CRITICAL ANALYSIS

Ageing, the needs of older people and their contributions to societies have become some of the defining global issues that shape the future of the world's

societies. These issues call for participation of the older person in decision-making and a new understanding of the social relations amongst the generations. This was attested by the International Plan of Action on Ageing (1982) which resolved that the older people like any other group in the society do have special needs, special skills and unique experience. The second world assembly on ageing (2002) has recently further affirmed this view by adopting the concept of "society for all ages ".The priority areas of this assembly were identified as Older Persons and development, advancing health and well being into old age and lastly ensuring enabling and supportive environments.

Elderly abuse in South Africa

According to the Aged Persons Amendment Act abuse is defined as " maltreatment of an aged person or any   other infliction of physical, mental or financial power on aged persons, which adversely affects that person. In South Africa abuse of the elderly has come to the forefront and it has been discovered that family members often perpetrate violence. The Aged Persons Amendment Act makes provision for a statutory intervention when older persons are abused sexually, financially and economically and all state offices now render social work intervention services to older persons.   However the bulk of the counselling services to older persons are still rendered by private welfare organizations that receive state funding.

Almost **10%** of the world population are sixty years and older and the number is expected to increase. In South Africa **6.96%** of the population is sixty years and older. Of the aged population **61.12 % is female** and almost **12%** is already eighty years and older. It is expected that the aged population will grow to almost **11%** of the population in the year 2025. In Gauteng 6.22% of the aged is sixty years and older of which **57.37 %** is female and **11.12%** is older than eighty years. If the growth of the older population in Gauteng matches the expected growth for South Africa the number of older persons in Gauteng could increase from **456 847 to 808 327** in the year 2025. The biggest growth can be expected amongst the African population who live primarily in rural areas and previously disadvantaged communities and this constitutes policy challenges. Presently the majority of the older persons accessing services are living in urban areas where services for older persons are generally developed to meet their demands.

The demographic shift implications will be as follows: increase in both health cost and care needed, there will be a need for investment in prevention and early

detection of diseases which will lead to a decline in chronic impairment and changes in lifestyle are needed to achieve a decrease in health and care costs.

Of the 456 847 older persons in Gauteng 232 595 receive Old Age grants and 1264 receive a War Veterans Grant. It must be kept in mind that the numbers of older persons are sixty years and older whilst men only qualify for a grant at the age of sixty-five. Though the safety net approach encourages older people to plan for their retirement and for functional independence.

Poverty and the elderly

Older people live on or below the poverty line and face a future of deprivation. Female households are found to be significantly poorer than those headed by men, irrespective of race. Female-headed households constitute 35% of all households. Institutional biases in social protection systems contribute to the feminization of poverty. Women's economic empowerment is constrained by the following: gender inequalities, disparities in economic power sharing, unequal access to and control over capital as well as land, the open labour market, harmful traditions and customary practices.

A total of R2 425 000 has been allocated to traditionally disadvantaged communities and 19 projects benefited from the amount.

Older persons and HIV/AIDS

The impact of HIV/AIDS challenges the traditional manner in which the service providers responded to older persons and due to the loss of the younger generation older persons have subsequently become care-givers in the communities. Programmes aimed at foster care using older women have become a norm and many care giving programmes involve this age group. Despite the prevalence of these programmes much more in terms of assistance must be given to support older persons in their care giving tasks.

3.3.2 FOCUS AREAS

- ➢ Outreach programmes and Poverty Alleviation to the Aged
- ➢ Awareness of the rights of Older Persons
- ➢ Statutory service
- ➢ Special protection programmes
- ➢ Social Assistance / Subsidization

- ➢ Community Based Care

- ➢ Strengthening and support of organizations dealing with Older Persons,

  Including monitoring and evaluation of their service delivery.

3.4   SERVICES TO THE DISABLED

3.4.1   CRITICAL ANALYSIS

Generally some disabilities are caused by violence, especially against women and children; injuries as a result of land mines, and psychological trauma. However, disabilities are also caused or exacerbated by overcrowded and unhealthy living conditions. The lack of accurate information about disability, its causes, its prevention and its treatment, is due to the high illiteracy rate and poor knowledge about basic social, health and education services, and are regarded as causes of disabilities. Also, inadequate primary health care and genetic counseling services, weak organizational links between social services, faulty treatment of the injured when accidents occur, and the incorrect use of medication.

The issues have been found to result in misuse and/or abuse of medication as well as the abuse of drugs and other substances that have caused the disability. Deficiencies in essential foods vitamins, stress and other psychosocial problems in a changing society, have also been found to increase the rates of occurrence of disabilities. Other causes of disabilities are epidemics, accidents and natural disasters, and environmental pollution, toxic waste and other hazardous substances that are poisonous. Also, industrial, agricultural and transport related accidents and sports injuries.

People with disabilities have been traditionally excluded from the mainstream of society and experience difficulty in accessing fundamental rights. There is, furthermore, a strong relationship between disability and poverty.

Historically disability issues have been addressed in a piecemeal, fragmented fashion. This has been one of the key factors which has been contributed to the marginalisation of persons with disabilities and the situation of poverty in which the majority find themselves.

In the past, disability has been regarded as a health and welfare issue with the responsibility of "caring" for persons with disabilities on civil society. State interventions were channeled through welfare organizations with little or no commitment from other government departments. The dependency, which this

welfare model created, disempowered persons with disabilities, isolated and marginalised them from the mainstream of society.

Services were historically concentrated in the urban areas. This resulted in isolated, small-scale service delivery projects with little or no support and contact. Most of these services were also only accessible to the white population group.

With the advent of the democratically elected government in 1994 there was a greater focus on disability and the need to promote their rights was embedded in policy. Programmes were developed to allow disabled persons to enter many institutions in society that previously were barriers to enjoying a good quality of life.

Children with Disability

It is estimated that five to 12 per cent of South Africans are moderately to severely disabled. More than 80 per cent of black children with disabilities live in extreme poverty, and have poor access to appropriate health care facilities, or early childhood development opportunities. Children with disabilities are less likely than their siblings to attend school. Children with disabilities are identified with living in extremely inhospitable environment. When they are born into families of poor socio- economic backgrounds they frequently grow up believing that their disabilities are an economic and social curse and as a result the family faces stigmatization. Youth with disabilities are less likely than their peers to access youth development programmes. They often face difficulties in finding employment.

It is estimated that almost 70 per cent of children with disabilities of school going age are presently out of school. Learners with disabilities, and special needs must be included in a single, equitable education system. This policy is promoted in the Educational White Paper No. 5 on Inclusion, and has a long-term goal of mainstreaming children with disabilities. However access to schools not equipped for learners with special needs remains a great barrier to education and to inclusion. Early childhood development, which includes stimulation centers and toy libraries, needs to become multi-sect oral, community based and integrated to enable young children with disabilities to benefit from all learning environments.

Addressing issues of disability also includes issues of accessibility, access to communication, and collecting data on the status of disabled persons in South Africa. Children who live in a household in which a parent is disabled also feel

the repercussions of a society, which does not care for, or assist, its citizens who are disabled. Their needs should also be addressed.

The White Paper on an Integrated National Disability Strategy calls for an integrated national disability strategy, which emphasizes a "society for all" and promotes the policy of inclusion. In Gauteng a profile of children with disabilities includes physical (15%), hearing (13%), multiple (6%) and mental disability with 5%.

Persons with Disabilities in the work place

Persons with disabilities have traditionally found it extremely difficult to access the open labour market. The past policies were founded on the premise that persons with disabilities were unable to compete in the open labour market. The policy advocated a medical and remedial approach to disability. The Department of Social Services provides protective workshops and the Department of Labour provided Sheltered Employment workshops. To access any of these facilities the disabled person was subjected to a multidisciplinary screening assessment and placed accordingly. However despite the good intentions of the policy, namely encouraging persons with disability to learn the skills to compete in the open labour market this had an unexpected effect of marginalization and stigmatization. Persons with Disability, who managed to enter the formal labour market were often confronted with other barriers and made their attempts to compete on an equal footing even more frustrating.

STATSTICAL INFORMATION

According to the 1996 census there are 2 667 714 persons with disabilities in South Africa and this constitutes 6.6% of the total population. In Gauteng it is estimated that there are 455 541 persons with disabilities. Visual disabilities are the most common disability.

Sight	211 769
Hearing	59 868
Physical	69 936
Mental	24 033
Multiple	26 030
Unspecified	63 905

The Department of Social Services and Population Development has as its target the provision of social services to 3% of the disabled population.

TRENDS

There has been an increase in disabled youth involved in crime increase in abuse and rape of disabled children especially mentally handicapped. Disability grants have been negatively affected by the administration of the Social Assistance Act.

Increased demand for affordable housing by disabled persons who wish to remain self sufficient in the Community

The lack of comprehensive National Legislation for Persons with Disabilities continuous to be a concern to all practitioners in the field.

Persons with Disabilities are not a homogeneous group and competition exists for scarce resources and recognition.

FOCUS AREAS

Subsidization, monitoring and evaluation of external service delivery

Social Work Services to abounded and neglected children with disabilities

Transformation of protective workshop with business ventures

Self help centers and Residential facilities

Social Assistance grants in the forms of disability and care dependency grants

➢ Capacity Building/Empowerment

➢ Creation of an enabling environment

➢ Image building and development of self esteem

➢ Poverty programmes to persons with disability

➢ Employment Equity

➢ Redesigning development programmes of the department

➢ Strengthening and support of organizations dealing with people with disabilities including monitoring and evaluation of their service delivery

3.5 CHILD CARE AND PROTECTION

3.5.1 CRITICAL ANALYSIS

South Africa still faces formidable challenges in addressing the rights and needs of children. In a climate of high unemployment, limited resources and a population, which is growing younger, children and families live with the stresses of hunger, overcrowded and unhealthy accommodation, lack of recreation facilities and unacceptably high levels of violence and crime including high rates of sexual abuse especially of girls. Women who take most responsibility for child rearing are themselves vulnerable to poverty and violence which in turn has serious implication for children.

The Children's Bill 2002 identifies the following challenges as the major factors affecting children in difficult circumstances:

➢ Children affected by malnutrition;
➢ Children affected by HIV/AIDS;
➢ Children with disabilities;
➢ Children subjected to exploitative labour practices;
➢ Children living and working on the streets; and
➢ Children subjected to commercial sexual exploitation.

MALNUTRITION

In 1994 a national survey of children under 5 years old conducted showed that nearly a quarter of children are stunted due to long term under nutrition and 1 in 10 are underweight. As can be seen from the figures below, it seems that Gauteng has a relatively acceptable health profile. Research has indicated that the level of literacy of the caregiver has a direct influence on the Infant Mortality Rate, Under 5 Mortality Rate, Stunting in Children and Malnourished and Underweight Children. Cognitive development is negatively influenced by low and inadequate nutrition levels of children before birth and in the first 72 months of life (birth to 6 years) and is irreversible.

Indicator	Gauteng	RSA
Infant Mortality Rate PER 1 000 live births 1998	36.3	45.4
Under 5 Mortality Rate per 1 000 live births 1998	45.3	59.4
Maternal Mortality Rate per 1 000 live births 1998	123	774
Stunting (1-3yrs) Height for age.2 Standard deviations from the Norm 1999	26.2%	25.5%
Vitamin A deficiency (0 – 71 Months old Children)	23.5%	33.3%
Tuberculosis Incidence Rate (The number of new TB cases per 100 000 population for a particular year) 2000	278	

Food insecurity was, on average, experienced nationally by two out of three Households, five out of ten adults and four out of ten children respectively at the

household, individual and child hunger level. (National Food Consumption Survey (NFCS): Children aged 1-9 years, South Africa, 1999).

3.5.1.2 HIV/AIDS

HIV/AIDS places great stress on families, households, and children. The impact of AIDS mortality on children and infants is rising, and the epidemic will produce a large number of orphans. By 2005,there will be nearly a million children under the age of 15 who have lost their mothers to AIDS. The direct impact of HIV/AIDS on children can be summarized as follows: there are children who are orphaned, abandoned and without care. Many will grow up as street children or become part of child headed households. Children are at risk of developing anti social behaviour and becoming less productive members of society.

3.5.1.3 DISABILITY

It is estimated that 5 – 12% of South Africans are moderately to severely disabled. More than 80 per cent of black children with disabilities live in extreme poverty, and have poor access to appropriate health care facilities, or early childhood development opportunities. Children with disabilities are less likely than their siblings to attend school. Children with disabilities are identified with living in extremely inhospitable environment. When they are born into families of poor socio economic backgrounds they frequently grow up believing that their disabilities are an economic and social curse and as a result the family faces stigmatization. Youth with disabilities are less likely than their peers to access youth development programmes. They often face difficulties in finding employment. It is estimated that almost 70% of children with disabilities of school going age are presently out of school.

In Gauteng a profile of disabilities includes physical (15%), hearing (13%), multiple (6%) and mental disability with 5%.

3.5.1.4 CHILDREN LIVING AND WORKING ON THE STREETS

Street children are minors who spend periods living on the streets. This may alternate with living at home even if it is abusive. The causes which creates the social phenomenon of street children are numerous and multi faceted. These include poverty, abuse, hunger, family conflict and the impact of HIV/AIDS, which is likely to swell the numbers of children who prefer to survive on the streets.

In terms of their health status, street children are stunted in growth and about half are underweight. Common problems are respiratory and skin problems, aural and

visual problems, infected wounds and burns. STDs are common and many engage in commercial sex. Both street boys and girls are often raped. Solvents (alcohol, sniffing petrol or benzene, white pipes and mandrax) are commonly used to alleviate the stress of living. Street children are despised and feared and thus suffer verbal or physical and sexual abuse, exploitation and humiliation. Negative media coverage reinforces hostile public attitudes and this leads to lower self worth and emotional resilience.

3.5.1.5 COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN

Commercial sexual exploitation is categorized as one of the worst forms of child labour in terms of the International Labour Organization ILO Convention 182.A study on Sexual Exploitation for the world Congress on Sexual Exploitation In Stockholm 1996 identified poverty as a main contributing factor. The most common forms of exploitation at that time were:

➢ By families, sometimes as the only income for the family

➢ By community members in exchange for food, money, clothing, or luxury items like soap or shampoo

➢ By peers in exchange for favours

➢ By gangs who exploit children in exchange for money food or debts owed by parents or other family members.

Many abandoned or run away children and children living on the streets survive by prostitution and are sexually exploited within gangs by other children or controlled by adult pimps on the street. Organised sexual exploitation and trafficking of children exists between and across the boarders of South Africa. According to Interpol children are being trafficked to Europe and other African countries for commercial sexual exploitation. Gauteng has been highlighted as one of the provinces where organized criminal networks exist involved with commercial exploitation.

3.5.2 FOCUS AREAS

➢ Children affected by malnutrition

➢ Children infected and affected by HIV/AIDS

➢ Children living and working on the street

➢ Children with disabilities

- Children subjected to exploitative labour practices

- Children subjected to commercial sexual exploitation

3.6   YOUTH CARE AND PROTECTION

3.6.1   CRITICAL ANALYSIS

There is no clear definition of a youth. However it can be construed by inference that a youth is one between the ages of 18 and 34 years, as an individual below the age of 18 years is a child, and from 35 years one become middle aged. In general terms young people are more likely to be unemployed. The rate of unemployment is based upon the economically active population, which excludes students and those categorized as "unavailable for employment" such as housekeepers, pensioners, and those permanently unable to work. Job opportunities are fewer in rural areas where the levels of unemployment are very severe.

The Social problems amongst the youth normally manifest themselves through juvenile crime.

THE 1999 NATIONAL AND PROVINCIAL JUVENILLE CRIME STATISTICS COMPARISON REVEALS THE FOLLOWING:

CRIMINALITY	GAUTENG	PROVINCE	NATIONAL	
	NO.	%	NO.	%
MURDER	192	1.62	1750	2.58
ATTEMPTED MURDER	508	4.28	2864	4.22
ASSAULT WITH INTENT TO INFLICT GRIEVOUS BODILY HARM	2394	20.19	15806	23.31
COMMON ASSAULT	2736	23.07	18501	27.28
RAPE AND ATTEMPTED MURDER	4202	35.44	21064	31.07
		5.66	3652	5.39
INDECENT ASSAULT	660	0.13	143	0.21
INCEST	15	5.41	1845	2.72
KIDNAPING	642	4.20	2176	3.22
ABDUCTION	505			
TOTAL	11 858	100.00	67801	100.00

It should be noted that in all cases of criminality the overall national levels are higher than the Gauteng provincial figures, except in the cases of rape and attempted rape, indecent assault, kidnapping and abduction.

However, the analysis of the above information is limited by lack of information on the profile of juveniles in terms of:

(i)   Gender of an individual

(ii)   Age of an individual

(iii)   Race of an individual

(iv)   Family background with regard to:

i)   Marital status of parents

ii)   Location of parents

iii)   Employment status of parents

iv)   Period of stay at the secure center

v)   What actually happened after the child left the secure center

vi)   Number of children in the family

vii)   Education level of child

3.6.2 FOCUS AREAS

➢ Reception, assessment, and referral system

➢ Substance Abuse and Drug Master Plan

➢ School Social Work Programme

3.7   HIV/AIDS

3.7.1 CRITICAL ANALYSIS

Worldwide HIV/AIDS prevalence indicates that South Africa has one of the fastest growing HIV/AIDS rates. In 1999, approximately 23.9% of the Gauteng population was said to be infected by HIV/AIDS. Of those infected, the youth who are economically active are the most affected. The 1999 prevalence rates suggest that the HIV infection rate increased when compared to 1998 because it was 19.9%.

Nevertheless, in relation to other provinces, the 1999 prevalence rate in the Gauteng Province of 23.9% is above the prevalence rate in most of the

provinces, except in the Free State and Kwa-Zulu Natal. But then, of significance is the population of Gauteng and Kwa-Zulu Natal that are far higher than in the other Provinces. This implies that greater number of the South African population is exposed to HIV/AIDS, because of the high rate of prevalence in these two provinces.

It should also be noted that the projected Provincial prevalence rate for 2005 is 16.7%. The question is what would have happened then for the prevalence rate to decrease to that level?

The 1999 HIV Antenatal Survey, revealed the following prevalence rates in the province, per age group:

AGE	% OF POPULATION AFFECTED
15-19	16.5
20-24	25.6
25-29	25.4
30-34	21.7
35-39	16.3
40-44	12
44-49	7.5

The prevalence rates amongst the youth compared revealed that between the ages 20-44 the rates of prevalence are highest. What needs to be correlated with this data is the employment status and family status of the affected data information, in relation to the population of these age groups within the province.

The fertility profile of the Gauteng province indicates that in 1996, there were approximately 1.71 million women between the ages 15 to 44 years corresponding to approximately 30% of the total Gauteng population.

This is how high a number of women in the province are exposed to the HIV/AIDS pandemic. This number could be matched by an equal number of men in the same age bracket. Unfortunately, there are no records of HIV/AIDS prevalence amongst men. In essence, it places approximately sixty percent of the Gauteng province population at high risk.

In the absence of records to the contrary, it may be assumed that the majority of the 23.9% HIV/AIDS prevalence, in 1999 in the Gauteng Province, occurred in the age bracket of 15-44 years.

However given that the infant mortality rate is 60 in every 1000(6%) by the year 2001, and expected to be 62 every 1000 (6.2%) by the year

2005, where life expectance of those born with HIV/AIDS is approximately 2.5 years. Nevertheless, without any decisive intervention by government, the number of HIV/AIDS orphans that will need the departmental care will gradually increase with low cost medicine for prevention of MTCT coming on the market. Currently, approximately 30 000 orphans exist in the province and the number is expected to increase to 900 000 in the year 2005, and 2 000 000 in the year 2010.

Care for the HIV/AIDS orphans has become one of the greatest challenges facing the country and the province in particular, problems faced by HIV/AIDS orphans include:

i)   Many orphans will end up in child-headed households or in the streets.

ii)   Orphans have to deal with the trauma of losing parents and the stigma surrounding HIV/AIDS.

iii)   Orphans often have less access to education or food than non-orphans and face worsened poverty as the number of dependants increases in households that take them in. Studies have shown that death rates among AIDS orphans are 2.5 to 3.5 times higher than for HIV/AIDS non-orphans.

HIV/AIDS is a chronic disease that capitulate affected individuals into ones that are disabled. Thus people with HIV/AIDS could become classified as disabled at some point in time of the disease, transferring the responsibility over family to the whole community and the state. However there are no supporting statistics of how many AIDS patient or their families are getting the disability grant, as result of the disease.

As a result of HIV/AIDS, life expectance will be reduced, if the current HIV/AIDS growth rate is sustained. Although it may not be in the near future, it may reduce the old age grants in the long term. However, in the short term, the HIV/AIDS pandemic negative effects on the old and elderly looked after by their families who are mostly in the age bracket of 15 to 44 may increase. This is to increase the care dependence disability grants when HIV/AIDS infected individuals are classified as disabled. Also, it will increase foster care grants and child support grants. Even when HIV/AIDS is not declared a disability, at one point in an individual's sickness, many claim home based care grants. In case of individuals

who have been depended upon children or relatives who are affected by HIV/AIDS may end up applying for social relief distress grant, which may end up being a permanent status on the social security register, although that should not be the case.

HIV/AIDS will impose significant economic cost over time. In advanced epidemics, many departments are losing a number of their employees to AIDS each year. For individual departments the most obvious costs arise from the increasing costs of employee benefits such as medical care etc. However these may often be eclipsed by indirect costs such as a rise in absenteeism due to illness and funeral attendance, increasing scarcity of skilled labour, higher training costs, lower productivity of sick or learner worker. Larger numbers of adequately educated and trained people will be needed to compensate for the loss of skilled workers in the economy. The epidemic could also cause considerable morale and labour relations' problems.

However, in terms of the Department, no study of HIV/AIDS on service delivery mandate has been undertaken. This is hampered by the lack of obligatory disclosure of HIV/AIDS status of individuals. Management of the status is thus restricted to situations where some body declares or where one becomes visibly sick, which may be late for planning purposes.

3.7.2 FOCUS AREAS

- ➢ Home/community based care
- ➢ Orphans and child headed households
- ➢ Disability in relation to HIV/AIDS
- ➢ Potential increase of social assistance grants
- ➢ Human capital productivity in relation to HIV/AIDS

3.8 WOMEN AND GENDER

3.8.1 CRITICAL ANALYSIS

Historically women have been marginalized for various reasons. This is attributed to factors such as socialization, culture, religion, stereotypes and beliefs in society around what is perceived to be the role of women or the girl child. The fastest growing form of violence against women is sexual abuse in the form of rape. The group most vulnerable to rape is individuals aged between 13 and 30

years old. It is estimated that 1 out of 6 women are in domestic abusive relationships.

In the Gauteng province females between the age of 15-34 are the most vulnerable to abuse with great consequences of pregnancy, sexually transmitted diseases including HIV/AIDS as well as maternal and infant deaths to name a few. Most of the rapes occur in domestic situations and in 42% of the cases, the assailants are known to the victim. Husbands, boy friends and ex boy friends account for approximately 12% of all rape perpetrators. While friends and relatives account for approximately 17% of all rape perpetrators (Geography and sexual violence: Mapping rape in Johannesburg Lisa Vetten).

3.8.2   DEMOGRAPHICS OF WOMEN IN GAUTENG

The population in Gauteng (Population Census 1996) is 7 348 423 (18,1%) of which 7 130 277 (97%) lived in urban areas:

African	Coloured	Asian	White	Other	Total
5 147 444	278 692	161 289	1 702 343	58 654	7 348 423
(70)	(3,8)	(2,2)	(23,2)	(0,8)	(100)

The female population is presently given at 3 597 578(49%):

African	Coloured	Asian	White	Other	Total
2 518 305	136 707	79 146	834 639	28 781	3 597 578

The distribution of females according to age was:

0 – 9	10 – 24	25 – 59	60 – 85	Unspecified	Total
611 588	971 346	1 942 692	35 976	35 976	3 597 578
(17)	(27)	(54)	(1)	(1)	(100)

From the demographics of women distribution in Gauteng most women are between the ages of 10 and 59 years of age with the majority between the ages of 25 – 59 years of age. This means that they are still active in the open labour market and can contribute to the economy of Gauteng.Despite this there are many social phenomena that are negatively impacting on the manner in which women contribute to the Gauteng society. These include:

Poverty, underemployment and unemployment

A major contributor to family problems and breakdown in family functioning is the increase in economic stress facing households. Those living below the poverty line as well as poor single parent families, which are predominantly female-headed households, are worst affected. Unemployment among the black majority

is high and black females who have a poor education are mostly impacted. Many families depend on women in the informal or microeconomic sector such as hawking or domestic work for survival. The empowerment of women in abusive relationship cannot be done in isolation of other special development areas such as poverty. Poverty is a gender issue and most women who are victims of abuse sustain their relationships due to their economic dependence on their spouses.

Social and Cultural practices

Many women are still subjected to oppressive social and cultural practices, which continues to subjugate women in the home. Women are still expected to play caring roles for children and elderly and disabled members of the family and they are expected to be breadwinners to support the household. The impact on families as a result of divorce is escalating and there is a greater need for preventative and family preservation programmes.

Roles not accorded traditionally to men

Despite all the rights enshrined in the Constitution of South Africa most women have not experienced the liberating changes that the legal framework accords everyone. The battle to change the gender imbalances in entrenched social and cultural practices continues.

Health and Reproductive Rights

The past two decades have seen considerable activism by women to improve their quality of health and health care. Despite recent progress about half a million women continue to die each year as a direct consequence of pregnancy and childbirth and more than 10 times the number are seriously disabled as a result of childbearing complications. Gender inequalities in income and wealth make women especially vulnerable to poverty. In many instances these women cannot acquire the necessities for health, especially during the reproductive years when family needs are greatest.

Given the greater vulnerability of women to reproductive health hazards it is not surprising that more attention has been given to the sexual transmission of diseases and in particular the impact of HIV/AIDS.A recent study has estimated that women aged 15- 44 in developed countries carry the total disease burden. Anxiety and depression are reported more often in women than in men in most parts of the world and yet there is no evidence that women are constitutionally more susceptible to such problems. Gender inequalities also affect women's

access to basic health care and this factor has its roots in poverty and discrimination.

3.8.3 FOCUS AREAS

PREVENTATIVE PROGRAMMES

- ➢ Public Awareness and Public Education Programmes
- ➢ Girl Child Programmes

STATUTORY SERVICES

- ➢ Counseling Services
- ➢ Residential Care
- ➢ Poverty Programmes for Women
- ➢ Gender Programmes

CHAPTER 4

STRATEGIC DIRECTION

4.1   Purpose of the strategic direction

The purpose of this strategic direction is to, inter alia, provide integrated social welfare services targeting prevention, early intervention and rehabilitation, focusing on areas outlined in chapter 3.[9] This implies that services to the vulnerable groups must be a priority and therefore funding should be allocated to these groups as a priority. A strong anti-poverty focus must permeate all areas of service delivery ensuring that services target the poorest of the poor. The focus should also shift from urban areas to informal settlements and rural areas.

As already mentioned, it is recognized that the State cannot deliver all services. The state is therefore in partnership with a host of different service providers to deliver services according to clear guidelines and principles, for example:-

i)   Target groups are specified;

ii)   Geographical areas are specified;

iii)   Types of programmes are specified;

iv)   Service level agreements, with quantifiable deliverables, are signed;

v)   Contracts of Service providers that cannot meet criteria for delivery are terminated. [10]

4.2   Key Departmental objectives, outputs, service delivery indicators, /targets and budgets, and overall objectives of Departmental Programmes

The National Department of Social Development, in conjunction with the National treasury and within the Chief Financing Officers' Forum has recommended a strategic plan framework, programme as well as budget structures for all Provincial Departments of Social Development. The recommendations were accepted and this Strategic plan therefore, is informed by the above-mentioned directives. The following section will reflect the five programmes of the Department informed by the framework that captures the sub – programmes, key departmental objectives, outputs, service delivery indicators or targets, and estimated expenditures for 2003/2004.

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[9] "Vulnerable persons"
[10] Financing Policy for Developmental Social Services (Government Notice 463 0f 1999)

PROGRAMME 1: ADMINISTRATION

STRATEGIC GOAL: Transform the structures, system, human resources and organizational culture to improve service delivery

SUBPROGRAMME 1.1: OFFICE OF THE MEC

OBJECTIVES	OUTPUT	SERVICE DELIVERY INDICATOR/TARGET	ESTIMATED COST 2003/2004 R'000
To effectively and efficiently manage the affairs of the Department in an integrated manner as well as providing Strategic direction.	Integrated and efficient management of the department	Political and legislative interface between government, civil society and relevant stakeholders on an ongoing basis Accessible, open and clear management system within the Department Minimum damage control at all times	3,745

SUBPROGRAMME 1.2: PROVINCIAL MANAGEMENT SERVICES

(STRATEGIC PLANNING)

KEY DEPARTMENTAL OBJECTIVES	OUTPUT	SERVICE DELIVERY INDICATOR / TARGET	ESTIMATED COST 2003 / 2004 R'000
To coordinate and facilitate the process of developing And implementing the department's strategic plan According to standards set in the Public Service Regulations and Public Finance Management Act.	The Departmental Strategic Plan	The strategic plan that complies to the provisions of the Public Service Regulations, Public Finance Management Act Regulations, and the Social Development Ten Point Plan by July 2003	2 553
To coordinate and facilitate the process of developing And implementing the Department's Strategic Plan Framework according to the standards set by the National treasury, Gauteng treasury, and National Department of social development.	The Departmental Business Plan	The Department's Business Plan that complies to the framework adopted by the Department and is aligned with the Department's Strategic Plan by November 2003	

SUBPROGRAMME 1.2: PROVINCIAL MANAGEMENT SERVICES

(STRATEGIC PLANNING - CONTINUED)

KEY DEPARTMENTAL OBJECTIVES	OUTPUT	SERVICE DELIVERY INDICATOR / TARGET	ESTIMATED COST 2003 / 2004 R'000
To coordinate and facilitate the process of developing and implementing the department's business plan in terms of Alignment to the strategic plan and conformance to business Plan format adopted by the department	The business plan framework that is informed by the strategic plan	Business plan framework adopted and implemented from the 1st April 2003	As above
To coordinate and facilitate the development and implementation of the framework for monitoring the implementation of the strategic plan	The Department's plan for the evaluation and monitoring of the Departmental Strategic and Business Plans	The framework for evaluation and monitoring of the strategic plan adopted and implemented from the 1st April 2003	

SUBPROGRAMME 1.2: PROVINCIAL MANAGEMENT SERVICES

(STRATEGIC PLANNING - CONTINUED)

KEY DEPARTMENTAL OBJECTIVES	OUTPUT	SERVICE DELIVERY INDICATOR / TARGET	ESTIMATED COST 2003 / 2004 R'000
To coordinate and facilitate the process of developing and implementing the department's service delivery improvement plan in terms of the Public Service Regulations	Service Delivery Improvement Plan	Service Delivery Improvement Plan that :- i) That specifies the main services provided to different types of actual and potential customers, as identified by the Department ii) Contained consultation arrangements with the Department's actual and potential customers iii) Specifies the mechanisms or strategies to be utilized progressively to remove the barriers so that access to services is increased iv) Indicating standards for the main services to be provided v) Containing arrangements as to information about the Department's Services are to be provided vi) Stipulating a system or mechanism for complaints. The plan to be completed by April 2003	As above

SUBPROGRAMME 1.2 PROVINCIAL MANAGEMENT SERVICES CONTINUED

INFORMATION MANAGEMENT SYSTEMS

KEY DEPARTMENTAL OBJECTIVES	OUTPUT	SERVICE DELIVERY INDICATOR/TARGET	ESTIMATED COST 2003 / 2004 R'000
To ensure that an integrated decision making Management Information System (MIS) is designed, developed, implemented and maintained; and that decision making information (that guides allocation and budgetary processes) are provided from this system, supported by an efficient and effective IT infrastructure.	An information plan An information technology plan An operational plan	An information plan for the department that supports the planning process and objectives by December 2003 An information technology plan that supports the information plan by December 2003 An operational plan that enables the implementation of the information technology plan and information management	3 049

SUBPROGRAMME 1.2 PROVINCIAL MANAGEMENT SERVICES CONTINUED

RESEARCH AND POLICY COORDINATION

Strategic goals: 1. To ensure that monitoring and evaluation of the Department's performance is undertaken timely and decision-making information appropriately provided to ensure that policy analysis is undertaken on an ongoing basis.
2. To collect and analyze baseline information on the trends in the Social Development Ministry's Ten -Point Plan in terms of causes and symptoms to guide the planning and allocation processes of the Department.

KEY DEPARTMENTAL OBJECTIVE	OUTPUT	SERVICE DELIVERY INDICATOR/TARGET	ESTIMATED COST 2003 / 2004 R'000
To coordinate the research that will inform the Department's Strategic Direction Coordinate and facilitate research on the impact of the Department's strategies in meeting the citizenry needs Coordinate and facilitate research requested by different directorates, sub – directorates, service offices and institutions	Research report that contains decision making information Research report on the impact of the Department's strategies in meeting the citizenry needs Research reports on the researches conducted on the requested subjects	Decision making information on the level of prevalence, rate of growth of the Ten Point Plan issues and factoring in population and demographic information by July 2003 Information on Global Holistic Performance of the Department in terms of: •Capacity to deliver services •Impact on services rendered •Resource inflationary effects •Resource productivity Information on the situation that could be investigated aimed at improving the quality of life of citizens This information to be provided by March 2004	6 243

SUBPROGRAMME 1.2 PROVINCIAL MANAGEMENT SERVICES (CONTINUED)

BUDGET AND FINANCIAL ADMINISTRATION

KEY DEPARTMENTAL OBJECTIVES	OUTPUT	SERVICE DELIVERY INDICATOR/TARGET	ESTIMATED COST 2003 / 2004 R'000
To promote good Governance in financial resource management	Efficient and reliable financial and accounting services. Financial reports Fraud and corruption prevention reports	Timeously processed and paid off accounts. Timeously closure of books at the end of the month and year. An unqualified audit report for the financial year Reports to be compiled quarterly	9 725

SUBPROGRAMME 1.2 PROVINCIAL MANAGEMENT SERVICES (CONTINUED)

(PROVISIONING ADMINISTRATION)

KEY DEPARTMENTAL OBJECTIVE	OUTPUT	SERVICE DELIVERY INDICATOR/TARGET	ESTIMATED COST 2003 /2004 R'000
To promote Good Governance by providing provisioning and procurement support services	An efficient and effective provisioning and procurement services. Procurement reports Asset management reports	Procured Tenders and contracts complying with norms and standards Reports produced quarterly	1 774

SUBPROGRAMME 1.2 PROVINCIAL MANAGEMENT SERVICES (CONTINUED)

(OFFICE AUXILLIARY SERVICES AND TRANSPORT)

KEY DEPARTMENTAL OBJECTIVE	OUTPUT	SERVICE DELIVERY INDICATOR/TARGET	ESTIMATED COST 2003 /2004 R'000	
To promote Good Governance through provision of auxiliary and transport services	An efficient auxiliary and transport support services Acquisition, maintenance and replacement of assets reports	Abuse and damage to departmental property and assets minimised. Reports to be produced quarterly	14 914	**SUBPROGRAMME1.2 PROVINCIAL MANAGEMENT SERVICES (CONTINUED)** **(INFORMATION TECHNOLOGY SUPPORT)**

KEY DEPARTMENTAL OBJECTIVE	OUTPUT	SERVICE DELIVERY INDICATOR/TARGET	ESTIMATED COST 2003 / 2004 R'000
To promote Good Governance through technological support	An integrated and efficient information technology management system	Reliable and accessible information system network by July 2004	2 141

SUBPROGRAMME: 1.2: PROVINCIAL MANAGEMENT SERVICES (CONTINUED)

(HUMAN RESOURCES STRATEGY)

Objective: To improve service delivery and performance through organizational development and human resources

KEY DEPARTMENTAL OBJECTIVE	OUTPUT	SERVICE DELIVERY INDICATOR/TARGET	ESTIMATED COST 2003 / 2004 R'000
To improve service delivery practices and reengineer the organization	Job descriptions and competencies for all jobs.	Job descriptions for 100% posts by March 2004	500
	Job evaluations of all posts level 9 and above.	100% posts evaluated by March 2004	
	Social Worker and Social Auxiliary Worker post classes aligned to national norms and standards.	Management, decentralized and institutional structures rationalized and reengineered and aligned to norms and standards by March 2004	
	Reengineered departmental structure.		
	Customer care programme	Customer care programme at all service and satellite points and front line units on an ongoing basis	
To optimise human resources through timeous assessment and improvement of individual performance	GPG performance management system fully implemented within the Department	100% staff trained annually	GSSC to bear cost
		100% staff (level 1 – 12) have performance and development plans by march 2003	
		100% staff evaluated by March 2003	

SUBPROGRAMME: 1.2: PROVINCIAL MANAGEMENT SERVICES (CONTINUED)

(HUMAN RESOURCES STRATEGY)

KEY DEPARTMENTAL OBJECTIVE	OUTPUT	SERVICE DELIVERY INDICATOR/TARGET	ESTIMATED COST 2003 / 2004 R'000
To improve service delivery and performance through organizational development and human resources To educate and train a new category of workers in social development to implement the strategic objectives of the Department	Work place skills plan Skills audit Social work development support ABET programme Induction programme Front line customer care/service excellence/diversity management training programme Language training Departmental bursary scheme GPG bursary scheme SMS training programme	Work place skills plan aligned with national skills development strategy and employment equity plan by June 2003 Skills development priorities report by June 2003 3 accredited training programmes for social and development workers, at least one per quarter 210 ABET students per annum 100% new recruits inducted on an ongoing basis 100% staff and managers trained on customer care, service excellence, professionalism, work ethics and diversity management by December 2003 200 staff members trained on priority languages by June 2003 300 Departmental bursaries per annum 8 GPG bursaries per annum 11 SMS members involved in 1 formal/informal training initiative per annum	4,300 Bursaries= R2,500 Capacity building = R1,400

SUBPROGRAMME: 1.2: PROVINCIAL MANAGEMENT SERVICES (CONTINUED)

(HUMAN RESOURCES STRATEGY - CONTINUED)

Objective: To improve service delivery and performance through organizational development and human resources

KEY DEPARTMENTAL OBJECTIVE	OUTPUT	SERVICE DELIVERY INDICATOR/TARGET	ESTIMATED COST 2003 / 2004 R'000
To develop and support employees through an Employee Assistance Programme	Life skills training programmes Counselling training programme Referral system in partnership with NGO's and community based support systems Preventative training and support programmes for employees on social disorders affecting performance	2 life skills programmes for all employees at least one half yearly 100% managers and union shop stewards trained on counseling 25/% per quarter Service level agreements with relevant NGO's currently funded by March 2003 Partnerships with existing social work/development community support systems to include employees by July 2003 2 training and support programmes on social disorders for all employees, at least one half yearly	650 Capacity Building = 200 Referrals = 150 Campaigns = 30

SUBPROGRAMME: 1.2: PROVINCIAL MANAGEMENT SERVICES (CONTINUED)

(HUMAN RESOURCES STRATEGY - CONTINUED)

KEY DEPARTMENTAL OBJECTIVE	OUTPUT	SERVICE DELIVERY INDICATOR/TARGET	ESTIMATED COST 2003 / 2004 R'000
To address HIV/AIDS in the workplace through a preventative, support and care programme for employees	Education and awareness programmes, including VCT awareness Counselling services Referral system in partnership with NGO's and community based support systems Voluntary Counselling and Testing programme Occupational Health and Safety programme Succession planning policy	Education and awareness for 100% employees by March 2004 100% managers and union shop stewards trained on counseling by March 2004 Service level agreements with relevant NGO's currently funded by March 2003 Partnerships with existing social work/development community support systems to include employees by July 2003 100% staff informed of VCT sites by March 2004 Condoms in all rest rooms and shared access areas on an ongoing basis Universal precaution measures policy and training to 100% staff in institutions by March 2004 Management of exposure programme and training to 100% staff in institutions by March 2004 First Aid kits in all Offices, Institutions and Directorates	Capacity building = 200 Campaigns = 70

SUBPROGRAMME: 1.2: PROVINCIAL MANAGEMENT SERVICES (CONTINUED)

(HUMAN RESOURCES STRATEGY - CONTINUED)

KEY DEPARTMENTAL OBJECTIVE	OUTPUT	SERVICE DELIVERY INDICATOR/TARGET	ESTIMATED COST 2003 / 2004 R'000
To promote equity in the workplace	Employment Equity Audit Employment Equity Plan	Recruitment and Selection policy to promote equity Equity targets: Black = 61% Female = 54% Disabled = 3% Employment equity plan annually Employment equity audit quarterly	200

SUBPROGRAMME 1.3: REGIONAL / DISTRICT MANAGEMENT

(DECENTRALISED SERVICES)

Strategic goal: To make quality services accessible to vulnerable groups and communities

KEY DEPARTMENTAL OBJECTIVE	OUTPUT	SERVICE DELIVERY INDICATOR/TARGET	ESTIMATED COST 2003 /2004 R'000
To make quality services accessible to clients	Establishment of additional service points Establishment of a second fully fledged decentralised service office in the Johannesburg area Upgrading of existing service points Customer care programme and service excellence programme at service points Borders of decentralised offices aligned to local government demarcation Upgrading of existing service points Customer care programme and service excellence programme at service points Borders of decentralised offices aligned to local government demarcation	Second fully fledged DSO for Johannesburg in Lenasia, by September 2003 50% of existing service points aligned to minimum requirements by March 2004 Customer care and service excellence at 100% service points on an ongoing basis Nigel/Heidelburg, Springs, Sebokeng, Johannesburg, Krugersdorp, Bronkhorstspruit, Pretoria and Benoni DSO's borders aligned to local government demarcation by March 2004	500

PROGRAMME 2: SOCIAL ASSISTANCE GRANTS

Strategic Goal: To administer an equitable grants systems in terms of the Social Assistance Act, 1992.

KEY DEPARTMENTAL OBJECTIVE	OUTPUT	SERVICE DELIVERY INDICATOR/TARGET	ESTIMATED COST 2003/2004 R'000
To contribute to development of a comprehensive social security system through administering social assistance grants i.e. child support, foster care, disability, care dependency, old age and war veterans grant	Process 22 833 new applications for grants per month	274 000 processed applications per annum	3,824,645
		2.Access to social grants is made to all individuals who qualify for such grants	
		Beneficiaries of social grants are treated with the dignity they deserve	
	Payment of 716 989 grants to beneficiaries per month		
		716 989	

PROGRAMME 3: SOCIAL WELFARE SERVICES

Strategic Goal: Rebuilding of families and communities through programmes empowering the young, old, disabled and women

SUBPROGRAMME 3.1 ADMINISTRATION

(ADMINISTRATIVE SUPPORT)

KEY DEPARTMENTAL OBJECTIVE	OUTPUT	SERVICE DELIVERY INDICATOR/TARGET	ESTIMATED COST 2003/2004 R'000
To provide administrative support in the provision of effective and quality Social Services	Effective quality service delivery of Social Welfare Services	Proper monitoring and evaluation of projects on a quarterly basis	1, 640

SUBPROGRAMME 3.2 TREATMENT AND PREVENTION OF SUBSTANCE ABUSE

(RESIDENTIAL CARE FOR SUBSTANCE ABUSE)

KEY DEPARTMENTAL OBJECTIVE	OUTPUT	SERVICE DELIVERY INDICATOR/ TARGET	ESTIMATED COST 20032004 R'000
1. To rebuild families, communities and social relations with focus on treatment and prevention of substance abuse	Initiate 93 community awareness programmes on substance abuse (Drug Master Plan) Subsidized 7 in-patient and outpatient centers for treatment of substance abuse.	93 community awareness programmes on substance abuse. At least 23 per quarter 7 in-patient and 8 out-patient treatment centres subsidised. At least 4 per quarter	30 241

SUBPROGRAMME 3.3 CARE OF THE AGED

(CARE OF THE OLDER PERSONS)

KEY DEPARTMENTAL OBJECTIVE	OUTPUT	SERVICE DELIVERY INDICATOR TARGET	ESTIMATED COST 2003 / 2004 R'000
1. To rebuild families, communities and social relations with special focus on the aged	To provide social work services to older persons who are abused and neglected 3 Additional community awareness programmes on the phenomena of ageing to the community. 78 200 older persons who require frail care receive residential services	3 community awareness programmes on the phenomena of ageing 78 200 older persons receiving residential services	108 367

SUBPROGRAMME 3.4 SERVICE TO THE DISABLED

(CARE OF PERSONS WITH DISABILITIES)

KEY DEPARTMENTAL OBJECTIVE	OUTPUT	SERVICE DELIVERY INDICATOR/ TARGET	ESTIMATED COST 2003 / 2004 R'000
1. Redesign services to people with disabilities for socio-economic integration of and participation by people with disabilities.	50 residential facilities to be transformed and 75 integrated outreached programmes to be established. 10 protective workshops to be transformed into viable business ventures	50 residential facilities transformed 75 integrated outreached programmes established 10 protective workshop transformed into viable business ventures	62 380

SUBPROGRAMME 3.5CHILD, CARE AND PROTECTION

(CHILD AND FAMILY CARE)

KEY DEPARTMENTAL OBJECTIVE	OUTPUT	SERVICE DELIVERY INDICATOR/TARGET	ESTIMATED COST 2003 / 2004 R'000
To rebuild families, communities and social relations with special focus on child, care and protection.	Provide residential care to 30 000 children receiving statutory social work services. Co-ordinate community programmes for children placed in foster care and adoption Register 200 programmes of ECD services	30 000 children receiving residential care Co-ordinated community programme for children in foster care and adoption 200 programmes of ECD programmes registered	184 346

SUBPROGRAMME 3.6 YOUTH CARE AND PROTECTION

(YOUTH STRATEGY)

KEY DEPARTMENTAL OBJECTIVE	OUTPUT	SERVICE DELIVERY INDICATOR/TARGET	ESTIMATED COST 2003 / 2004 R'000
1. To contribute to the national strategy to reduce youth criminality and youth unemployment within the framework of National Crime Prevention Strategy	Provide probation, assessment and diversion services to youth in conflict with the law	Probation, assessment and diversion services to youth in conflict with the law provided	See above (3.5)

PROGRAMME 4: DEVELOPMENT AND SUPPORT SERVICES

Strategic Goal: To contribute towards an enabling environment in which communities and civil society organizations can be mobilized to participate in social development processes.

SUBPROGRAMME 4.1 ADMINISTRATION

(ADMINISTRATIVE SUPPORT)

KEY DEPARTMENTAL OBJECTIVE	OUTPUT	SERVICE DELIVERY INDICATOR/TARGET	ESTIMATED COST 2003 / 2004 R'000
To provide administrative support in mobilizing communities and organisations participating in social development process.	Contribute effectively towards mobilasation of communities and organisations participating in social development process	Communities and organisations participating in social development processes mobilised	577

SUBPROGRAMME 4.2 HIV / AIDS

Strategic goal: Mitigate the social and economic impacts of HIV/AIDS on vulnerable groups

KEY DEPARTMENTAL OBJECTIVE	OUTPUT	SERVICE DELIVERY INDICATOR/TARGET	ESTIMATED COST 2003 / 2004 R'000
To maintain and develop sufficient capacity within the Department to ensure a comprehensive response to the HIV/AIDS pandemic. To develop a comprehensive care and support programme for the aged and people with disabilities, women and youth.	Effective management of the HIV/AIDS programme. All funded programmes have elements of care and support to HIV/AIDS infected/affected people. Guidelines for shelters and VEP sites are developed and implemented. All service and support components of the Department encapsulated and implemented in comprehensive care and support programme.	HIV/AIDS Programme Manager appointed. 5 DSO-based co-ordinates appointed. 1 Assistant Director appointed. 2 Chief Social Workers appointed. 1 Administration Clerk appointed. Vulnerable women are protected and empowered in accordance with national and provincial guidelines. The Department of Social Services has an integrated, consolidated and co-ordinated intervention programme for staff and vulnerable groups by June 2003.	

SUBPROGRAMME 4.2 HIV / AIDS (CONTINUED)

KEY DEPARTMENTAL OBJECTIVE	OUTPUT	SERVICE DELIVERY INDICATOR/TARGET	ESTIMATED COST 2003/ 2004 R'000
To ensure that the welfare programming system provides services to support and protect children infected and affected by HIV/AIDS.	Fund 45 community home based projects	45 Community home-based projects supported. At least 11 per quarter Communities are strengthened and empowered to protect, care, support and develop vulnerable children in a comprehensive and holistic manner.	
To implement the National Aids strategy in order to mitigate the social and economic impact of HIV/AIDS on vulnerable groups. To empower vulnerable groups with appropriate information on HIV/AIDS. To provide care and support to HIV/AIDS affected/infected employees of Department of Social Services through the Work Place Programme.	Provide financial support to NGO's and CBO's in providing the following services: Care for the infected/affected children and families. Capacity building around trauma and counselling of children. Training of communities in basic HIV/AIDS care and support. Conduct impact study in communities of services funded by the Department.	HIV/AIDS services funded. Impact study on services funded by the Department conducted. One study conducted per annum	

SUBPROGRAMME 4.2 HIV / AIDS(CONTINUED)

KEY DEPARTMENTAL OBJECTIVE	OUTPUT	SERVICE DELIVERY INDICATOR/TARGET	ESTIMATED COST 203/2004 R'000
Mobilize and strengthen communities to identify and monitor vulnerable children.	13 Food security programme for vulnerable children.	Updated database on vulnerable children.	
To create an enabling environment towards the combating of stigma and discrimination of children generated by HIV/AIDS.	Increased adoptive and foster care placements of HIV/AIDS affected children.	Fund the foster care recruitment campaign by NGO's.	
To empower vulnerable groups with appropriate information on HIV/AIDS.	Provision of information on HIV/AIDS to youth, children, women, older persons and people with disabilities.	A minimum of 14 provincial / public awareness campaigns delivered	
To provide care and support to HIV/AIDS affected/infected employees of Department of Social Services through the Work Place Programme.	Voluntary counseling and Testing Programme in the Work Place.	An effective VCT programme jointly managed by HIV/AIDS and Human Resources Management to cover 250 people per quarter.	
	Care Programmes provided through the Employee Assistance Programme.	Increased participation in VCT Programme by staff members.	
		Functional Staff support programme in place.	

SUBPROGRAMME 4. 3 POVERTY ALLEVIATION

(DEVELOPMENT AND IMPLEMENTATION)

Strategic goal: Reduce Poverty through sustainable development

KEY DEPARTMENTAL OBJECTIVE	OUTPUT	SERVICE DELIVERY INDICATOR/TARGET	ESTIMATED COST 2003/2004 R'000
To train CBO's, NPO's and FBO's towards effective implementation of poverty alleviation programmes. To contribute towards the implementation of an integrated poverty eradication strategy through development centres. To promote self-reliance amongst beneficiaries of social services and social security.	Training programmes 25 programmes benefiting 20 000 target beneficiaries. Appointment of 25 coordinators to assist in monitoring of developmental centers	CBOs, NGOs, and FBOs implement poverty alleviation programmes effectively 25 developmental centres funded and 20 000 beneficiaries' capacitated. 25 poverty alleviation programmes funded for community empowerment and poverty relief.	58, 278

SUBPROGRAMME 4. 3 POVERTY ALLEVIATION

(DEVELOPMENT AND IMPLEMENTATION - CONTINUED)

KEY DEPARTMENTAL OBJECTIVE	OUTPUT	SERVICE DELIVERY INDICATOR/TARGET	ESTIMATED COST 2003 /2004 R'000
To provide short term relief through nutritious food to vulnerable individuals and households. To provide capacity building programmes to targeted communities and NGO's which manage food relief programmes funded by the Department. To facilitate the development of community-based food production projects.	Deliver at least 50 000 food parcels to households, at R300-00 per food parcel. Training of management committees and voluntary food relief distribution programmes. Fund 10 food production projects.	Identify targeted vulnerable groups. Improved access to food security by low income earners. Competent NGO's distribute food parcels effectively in line with set criteria. Trained cadre of volunteers. Periodic submission of Progress Reports by food distribution NGO's, and volunteers. 2 000 targeted households produce food for own consumption.	

SUBPROGRAMME 4.4 NPO AND WELFARE ORGANISATIONS

(PARTNERSHIP AND FINANCE)

KEY DEPARTMENTAL OBJECTIVE	OUTPUT	SERVICE DELIVERY INDICATOR/TARGET	ESTIMATED COST 2003 /2004 R'000
To manage transfer payments to funded organisations.	Payment of correct amounts to correct organisations.	Monthly monitoring of funding . Funding based on efficacy of programme. Funding in line with funding criteria. Number of monthly and quarterly transfer payments.	3,566
To monitor NGO's through the DSO's, the types of programmes developed and the targeted clientele.	Monitoring of the impact of 819 funded programmes	Number of funded NGO's which redirect services to disadvantaged communities. Number of funded NGO's which are compliant to funding requirements.	
To co-ordinate the submission and processing of Service Plans at Head Office level.	Appropriate funding of vulnerable groups	Programmes funded based on needs of communities. Programmes funded following panel evaluations.	
To develop appropriate financing models.	Funding model that will contribute towards transforming funding criteria and mechanisms.	Exploration of funding models. Piloting and roll out of funding model. Funding targets most vulnerable.	

SUBPROGRAMME 4.4 NPO AND WELFARE ORGANISATIONS

(PARTNERSHIP AND FINANCE - CONTINUED)

KEY DEPARTMENTAL OBJECTIVE	OUTPUT	SERVICE DELIVERY INDICATOR/TARGET	ESTIMATED COST 2003 /2004 R'000
To establish Regional Social Welfare Institutes in the DSO's functional areas.	Finalisation of Regulations. Consultative Workshops on RSWI's. Appointment of RSWI committee members.	Number of established RSWI structures.	3,566
To monitor trends in funded organisations and facilities.	Equitable representivity in NPO's. Funds utilised for intended purpose.	Number of transformed NPO's. Number of programmes which are in line with Departmental priorities.	
To promote the development of new NGO's.	Increased allocation to poverty stricken and more vulnerable communities.	Number of alternate programmes. Number of new programmes.	

SUBPROGRAMME 4.5 WOMEN STRATEGY

KEY DEPARTMENTAL OBJECTIVE	OUTPUT	SERVICE DELIVERY INDICATOR/TARGET	ESTIMATED COST 2003 / 2004 R'000
1. To respond to the brutal effects of violence against women and children as well as effective strategies to deal with perpetrators	Assist at least 20 000 women who are the victims of crime and domestic violence to receive social services.	At least 20 000 female victims of crime and domestic violence receiving social welfare services	7 954 Gender = 433 Woman = 7,521
	Establish 2 new victim support centers	2 New Victim Support Centres Established	
	Establish 17 gender focal points in all DSO's and institutions.	17 Gender focal point in all DSO's and Institutions established	

PROGRAMME 5: POPULATION DEVELOPMENT AND DEMOGRAPHIC TRENDS

Objective: To plan, implement, coordinate and facilitate the systematic integration of population factors in all policies, plans, programmes and strategies at all levels and in all sectors, specifically Provincial Department of Social Development needs.

SUB – PROGRAMME: 5.1 ADMINISTRATION

KEY DEPARTMENTAL OBJECTIVE	OUTPUT	SERVICE DELIVERY INDICATOR/TARGET	ESTIMATED COST 2003 / 2004 R'000
To coordinate and facilitate the implementation of the population policy through the systematic integration of population factors in all policies, plans, programmes and strategies at all levels and in all sectors, specifically Provincial Departments of Social Development needs.	Population and demographic reports	Population and demographic reports that reflects the integration of population factors in all policies, plans, programmes and strategies at all levels and in all sectors, specifically Provincial Departments of Social Development needs.	1,763

SUBPROGRAMME 5.2 POPULATION RESEARCH AND DEMOGRAPHY

KEY DEPARTMENTAL OBJECTIVE	OUTPUT	SERVICE DELIVERY INDICATOR/TARGET	ESTIMATED COST 2003 /2004 R'000
To conduct research on the impact of population and demographic factors in the Department's programmes	Population and Demographic impact research reports	Research reports that reflects the impact of population and demographic on the Department's programmes	

Chapter 5

CAPITAL INVESTMENT STRATEGY

5.1   Introduction

The Executive Management has identified shortcomings in the management of the Departments Capital Expenditure programme and these have required a fresh approach to address inefficiencies on the side of both the Department, and the Dept of Public Works, and to ensure compliance with the accountability provisions of the PFMA.

Project management of Capital programmes is a core function of the Dept of Public Works, but a substantial burden of responsibility rests with the client Department to ensure effective and timely service delivery by Public Works.

5.2   OBSERVATIONS AND CONCERNS ON CAPITAL INVESTMENT

The Department is confronted on two levels, with internal and external challenges in the management of its capital programme

5.2.1   Internal

i)   Inappropriate management structure;

ii)   Capacity restraints;

iii)   Poor inter directorate planning and communication;

iv)   Poor coordination of departmental communication with Public Works;

v)   Poor coordination of changes in specifications;

vi)   Lack of appropriate information management and project tracking system;

vii)   Delays in decision-making.

5.2.2   External

i)   Lack of agreed Service Level Agreements with Public Works;

ii)   Funds are transferred wholly to Public Works whilst the Department retains accountability without direct responsibility for the expenditure;

iii)   Multiple lines of communication between Property section, Directorates, DSO's, Institutions, Public Works and the Tender Board, and the successful Contractors;

iv)   Weaknesses in relation to service delivery by SMME and PDI partners;

v)   Unplanned cost escalations and delays.

There is no inference or evidence of impropriety on the part of officials of the Department, or of the Department Public Works department, but much needs to be done to improve efficiency and accountability, and to ensure that where services are provided by Public Works on Departments' behalf, the Department receiving the maximum value for funds transferred.

5.2.3 Current Operational Status

The Department currently locates responsibility for Property management at divisional level within the Support Services Directorate, under the day-to-day authority of an Administration Officer. This has proved unsatisfactory and insufficient to meet the objective stated in the Directorate plan:

"Effective liaison with Dept Public Works, to ensure completion of approved projects within the financial year and in accord with the Budget allocated."

Although the Department is currently engaged in five Capital projects, the in depth commitment of decision making management personnel has been lacking. The Administration Officer who regularly attends, and reports on, the monthly site meetings, is not empowered to make decisions or amend approved plans, and this results in delays and additional expense when approvals are required from relevant senior managers whose busy schedule precludes their attendance.

5.3   CAPITAL PROJECTS PER PROGRAMME FOR 2003/2004 - 2004/2005

Estimated expenditure over the MTEF cycle 2003/2004 –2005-2006.

DESCRIPTION	2003/2004 VOTED	2004/2005 VOTED	2005/2006 VOTED
New facilities	9,000	24,420	24,420
Rehabilitation /upgrading	12,000	12,018	12,500
Maintenance	31,812	35,000	37,600
TOTAL	52,812	71,438	74,520

5.4 RECOMMENDATIONS

In light of the afore outlined backdrop, it would be vehemently recommended that the Department should:

- Appoint manager on a contract basis with the intention to develop a team of skilled officers in the following disciplines I.T, procurement, project management and financial management;

- Ensure that leadership of the team is located at an appropriate rank with necessary power and authority to enable the incumbent to discharge his or her responsibilities accordingly;

- Following the aforementioned recommendations the restructuring thereof should be undertaken and authorized by the accounting officer.

5.5   ASSET MANAGEMENT STRATEGY

The Department has started a process to develop and maintain an asset register, a software system has been installed and a complete asset register has been compiled and the data is available electronically for head office and in the following format;

i)   Inventory

ii)   Methods Of Depreciation

iii)   Barcode Asset Tracking

iv)   Image Enable

v)   Dynamically Linked Notes

vi)   Secure Processing

vii)   Web Enabled

viii) Trace Facility

ix)   Security Enabled

x)   Backup / Restore

The relevant officials will be trained and will in turn schedule visit to the DSO's and Institution. Data will be collated and transmitted to the central asset register, thereafter, regular inspection will be conducted to update and train local office's personnel.

The capital operating cost of this strategy will be included in the MTEF input of the Department for the 2003/2004 financial years.

Chapter 6

ORGANIZATIONAL MANAGEMENT

6.1   Information technology resource strategy

The Welfare information management sub - directorate is tasked with the process of developing a comprehensive, integrated information system for the Department. This mandate will be fulfilled within its role of ensuring that decision-making information systems are maintained and decision-making information is provided therefore. The role of the sub – directorate is underpinned by the following strategies:

i)   Facilitate, coordinate, and assist with the design, development, and implementation of an integrated, computerised information management systems.

ii)   Manage and maintain information (on captured cases) from current individual, isolated and mostly manual systems concurrent with the first strategy

iii)   Analyse and report information that will inform policy formulation, planning, budgeting and monitoring

6.2   Organizational Structure

Under reference number 11/31/24 dated 10 February 1995, the Public Service Commission recommended that with effect from 1 February 1995 -

•   The Department of Welfare and Population Development be created for the Gauteng Provincial Government. (After June 1999 renamed to Department of Social Services and Population Development.)

•   The following management posts be created on the post establishment of the above-mentioned Department:

        1 x Deputy Director-General

        2 x Chief Directors

        6x Directors

•   The Department has 2 653 approved posts.

In terms of the latest development the Department has appointed a 3rd Chief Director, two additional Directors and approved 188 additional posts that take the staff compliment to 2 842.

The DSSPD was organized on a functional basis. The Head Office is mainly responsible for policy making and co-ordination of the implementation of policy. Since the DSSPD is directly responsible for services to members of the community, no provision was made for the creation of regional offices.

Nine (9) Decentralized Service Offices were created to render services at grass-roots level. This model ensures a more accessible service to the department's primary clients. Through Operation Siyanda the Department hopes to increase the number of service offices to 15.

The 6 child - care institutions, home for the aged and persons with disabilities and rehabilitation centres for which the DSSPD is responsible have all been included in the organization.

6.2 Affirmative action

A policy statement and action plan, that sets out this Department's commitment to redress numeric under - representativeness, has been developed and communicated through the DSSPD. A workforce audit, as required in terms of the Employment Equity Act, together with a workforce profile have been conducted/developed. An Employment Equity Committee was established during the 2001/2002 financial year, which ensured full implementation of the action plan, inter- alia, the development of a policy on Employment Equity as well as the setting of numeric/time bound targets for achieving representativeness. The committee also reviewed the following employment policies/plans/practices, during the 2001/2002 financial year: -

i)   Filling of vacancies/posts (including recruitment and selection)

ii)   Performance measurement

iii)   Resignation procedures, working hours, overtime, bursaries, leave, special leave and job evaluation

The committee monitors the progress made in terms of achieving representativeness at intervals to be determined. Mechanisms by which to ensure the regular furnishing of all relevant information to be reviewed are in place.

	Legal Target	Current status	Dept Target
BLACKS	50 %	59 %	82 %
Women	30%	43%	55 %
Disabled	2 %	1.30	2%

CHAPTER 7

SERVICE DELIVERY IMPROVEMENT PROGRAMME PLAN

Chapter 1, Part III C of the Public Service Regulations requires the Executing Authority to establish and sustain a service delivery improvement programme for the Department.

C.1 Services and customers

The main functions of the Department are in the area of policy and legislation as well as supporting the Provincial Departments with implementation. The primary services (social grants; welfare services; poverty relief; and HIV/AIDS) are delivered by the Provincial Departments. The table below identifies those services where the Department has a direct interface with customers other than the Provincial Departments.

The main functional areas of the Department are: -

i)   Administration

ii)   Social Assistance Grants

iii)   Social Welfare Services

iv)   Development and Support Services

v)   Population Development and Demographic Trends

 The table below outlines the services rendered by the Department, actual / potential customers, the current and desired service baseline according to the Department's main functional areas.

SERVICE	ACTUAL OR POTENTIAL CUSTOMER	STANDARDS	
SOCIAL ASSISTANCE GRANTS Social grants (child support, disabilities, old age, foster care grant, war veteran and care dependency.) Processing of new application for grants and re-registration of all beneficiaries. Management of payment for the child support grant. To transfer persons to poverty alleviation programmes	**Actual** Aged War veterans Children People with disabilities Potential beneficiaries of social grants Men aged 60 Women aged 55 Children	**Current standard** **Current Service baseline**: All child care grants, care of the disabled grants and care of the elderly grants (old age, war veterans) are paid within six months after application and beyond 1 year. Stopping of grant payments indefinitely and without warning to beneficiaries**.** **Current standard** **Current Service baseline:** All child care grants, care of the disabled grants and care of the elderly grants (old age, war veterans) are paid within six months after application and beyond 1 year. Stopping of grant payments indefinitely and without warning to beneficiaries**.**	**Standard from: 01 April 2002** **Desired service baseline** All grants are paid within one month after application. Ensure that beneficiaries were warned and there is proof that beneficiaries received information, and re instatement be within specified time. **Standard from: 01 April 200**2 **Desired service baseline** All grants are paid within one month after application. Ensure that beneficiaries were warned and there is proof that beneficiaries received information, and re instatement be within specified time.

SERVICE	ACTUAL OR POTENTIAL CUSTOMERS	STANDARDS	
DEVELOPMENTAL SOCIAL WELFARE SERVICES Monitoring the development and implementation of family reunification and preservation programmes Development and implementation of social work programme for older persons who are neglected and abused and persons with disabilities Accommodation of children who are abused and neglected in state run residential facilities Rehabilitation of youth who abuse drugs. Development of programme for abused women	**1a.Primary customers** (Direct recipients of services) Vulnerable groups- women, children, youth, families, elderly and people with disabilities. **Actual** Neglected and abused older persons Disabled persons **Potential** Older persons Disabled **1b. Secondary customers** (Indirect recipients of services) Non-profit service organizations rendering services on behalf of the Department, CBO's and Civic organizations, Private sector, Tertiary institutions, other government departments and other Layers of government (national and local authorities) **Actual** Abused and neglected children in state run residential facilities. **Potential** Children **Actual** Children who abuse drugs. **Potential** Children **Actual** Abused women **Potential** Women	**Current Service baseline:** Delayed funding of successful programme application for family preservation and reunification, NPO's for marginalized youth and drug abusers, care centers for the elderly. Elderly do not receive social work services at decentralized offices. **Current Service baseline** Mimum safety standards available Registry and records of beneficiaries missing or lost	**Desired service baseline:** Financing to be provided within 3 months after application. Provide social work services to elderly persons who are abused and neglected at DSO's. **Desired service baseline** Decrease % fraud Ensure adequate safety at all DSO's/facilities for clients/beneficiaries Improve records by %

SERVICE	ACTUAL OR POTENTIAL CUSTOMER	STANDARDS	
STRATEGIC POLICY AND PLANNING Coordination of department's strategy formulation process Coordination of department's strategy implementation process Coordination of department 's allocation and budgetary process. Development of annual performance reports for submission to the executive of the department, legislature **SUPPORT SERVICES** Provision of security /emergency planning service Registry and Archives management Procurement planning and execution Internal control Budget Planning	**Actual** All Directorates **Potential beneficiaries** None **Actual Customers** All Directorates **Potential customers** None	**Current standard** Late submission of business Plans by some directorates and non compliance with standard business plan format Non availability of important information from some directorate, when required for the purpose of strategic planning Lacks of inter directorate communication within the department.	**Standard from: 01 April 2002** **Desired service baseline** All directorates must submit their business plans on time. Business Plans must adhere to the standard business Plan format Effective inter directorate communication within the department.

SERVICE	ACTUAL OR POTENTIAL CUSTOMER	STANDARDS	
DECENTRALISED SERVICE OFFICES Alignment of service service delivery areas with newly demarcated local authority boundaries Equitable distribution of resources Integration of services Alignment of service delivery models of decentralized offices with Batho Pele principles and equity requirements **SOCIAL DEVELOPMENT** Financial assistance for poverty alleviation and other social development projects	**Actual** Decentralised offices and institutions **Potential beneficiaries** None **Actual Customers** Communities, community based organizations and non – governmental organisations.	**Current standard** Quality social services not easily accessible in proximity to all communities and groups **Current service baseline** Poverty alleviation programmes not reaching/accessible to the deserving target groups **Current service baseline** No accurate information on actual situation on the ground in terms of the social development ministry's ten points plan in relation to activity levels of the Department and measuring impact	**Desired service baseline** Two major city center offices(Rissik and Germiston to be unbundled into five and three fully fledged offices respectively. **Desired service baseline** The target groups to be informed as individuals and communities how, when, where to access and benefit from developmental poverty alleviation programmes **Desired service baseline** Provide accurate information on the performance of the department to the public based on trends, analysis, and monitoring impact twice a year.

C.2   CONSULTATION ARRANGEMENTS

Consultation with provincial counterparts is through MINMEC, the Heads of Social Development meetings and the joint National-Provincial Technical task teams established by MINMEC or the Heads of Social Development.

The Department is implementing the following to improve access to services and information over the medium term:

i)   National campaign for the registration of social grant beneficiaries. The campaign will be supported by other initiatives to improve the delivery of social security services.

ii)   Major upgrading of the National Call Centre to provide extended operating hours, services in all major languages, an effective call reports and analysis of reports.

iii)   Comprehensive programme for improvement of social security services.

        This includes standardization of business processes, improved technology, improved infrastructure and implementation of service delivery norms and standards.

iv)   Introduction of assessment panels to improve access to the disability grant.

v)   Transformation of welfare services to improve access to services in rural areas, peri-urban areas and informal settlements.

vi)   Standardisation and simplification of procedures for communities, Community-Based Organisations and Non-Governmental Organisations to access financial and technical assistance from the Department. Grant agreements and reporting will also be standardised and simplified.

        vi)   Improving access to information through use of community radio stations, use of Multi-Purpose Centres, and translation of brochures into 4 official languages. However an endeavourer to cover all 11 languages to accommodate special needs.Upgrading of the Department's Home Page on the website to include information on the Poverty Relief Programme and the HIV/AIDS Programme.

EXISTING CONSULTATION ARRANGEMENTS	NEW CONSULTATION ARRANGEMENTS FROM 01/04/2003
Face to face interviews and telephonic interviews {Monday to Fridays} Print and electronic media Written correspondence Imbizos Research and written reports [Mondays to Fridays during working hours}	Quarterly annual reviews of customer satisfaction/need assessments through research Early and clear notification in the change of service delivery or operations. Continous roving visits by the MEC in communities. Media conference for publisizing annual improvement /reports

C.3 MEASURES TO IMPROVE ACCESS TO SERVICES AND INFORMATION

MEANS OF ACCESS	MEANS TO IMPROVE ACCESS TO SERVICE DELIVERY	
	Current number of customers receiving services per annum	Target from date
Physical Telephone Post Other(pay points)	Current number of customers receiving services per annum 67 000	70 000

C.4 OBTAINING INFORMATION ABOUT THE DEPARTMENT'S SERIVCES (INFORMATION DESK COMMUNICATION STRATEGY)

INFORMATION ABOUT PROVIDE SERVICES	CURRENT	FROM APRIL 2003/4
Number of customers who receive information Frequency Languages Contact name/number provided	Brochures placed at Head Office, DSOs mainly in English	Website for DPSSPD School Cyberspace Sotho/Zulu brochures

C. 5 MEASURES FOR COMPLAINTS

COMPLIANCE OF THE COMPLAINTS SYSTEM WITH THE BATHO PELE FRAMEWORK	CURRENT	FROM APRIL 2003/4
Accessibility Speed Fairness Confidentiality Responsiveness Review Training Head of organization personally Review complaints at regular intervals	- Ministerial Enquiries office – City Centre - Guaranteed one week response if query is within SOCPEN system - Guaranteed if handled by professional staff - To extend by phone/letters - Not available customer care	Reduce queries about grants to 50% at major service offices Undertake to train all officials involved in follow up of queries from files about turnaround time and customer care

ANNEXURE A

Medium Term Expenditure Estimates

The Medium Term Expenditure Estimates table below provides expenditure estimates according to the Department's 5 programmes and Standard Items classification.

The following should be noted:

i) The increase in Social Security is provided for the increase in social grants beneficiaries, especially Child Support Grants over the MTEF period.

ii) The increase in Social Assistance over the MTEF period is mainly for poverty alleviation strategy to be implemented by the Department.

iii) Compensation of Employees and Use of Goods and Services increases is for additional resources to improve service delivery through Decentralisation of Offices.

Summary of Expenditure : VOTE 6

Table 1: Programmes

Sub – programme Structure	2000/2001 Actual	2001/2002 Actual	2002/2003 Estimated Actual	2003/04 Voted	2004/05	2005/06
	R'000	R'000	R'000	R'000	R'000	R'000
1.Administration	49,246	5,027	6,567	251,988	287,206	308,301
2.Social Assistance Grants	2,141,451	2,461,516	3,458,890	3,824,645	4,770,644	5,856,949
3.Social Welfare Services	235,909	300,264	335,684	427,667	462,275	499,716
4.Development and Support Services	165,757	187,697	203,033	82,453	84,655	86,984
5.Population Development and Demographic Trends	19,303	3,725	7,865	1,763	1,913	2,076
6.Population Unit	1,220	1,465	1,209			
7.Welfare Facilities Development and Maintenance	13,759	23,254	19,605			
8. Auxiliary and Associated Services	276	34,559	45,132			
Total Administration	**2,626,921**	**3,017, 507**	**4,077,985**	**4,588,515**	**5,606,693**	**6,754,026**

Table 2 : Economic Classification

Sub – programme Structure	2000/2001 Actual	2001/2002 Actual	2002/2003 Estimated Actual	2003/04 Voted	2004/05	2005/06
					Forward Estimates	
GFS Classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	
Current Expenditure						
Compensation of employees	151,830	176,306	199,240	233,061	253,540	275,843
Use of Goods and Services	147,134	191,395	236,595	270,585	290,185	311,694
Property Expenses				15,000	18,000	20,000
Subsidies						
Grants						
Social Benefits	2,310,138	2,636,659	3,631,390	4,040,317	4,999,549	6,100,139
Other Expenditure						
TOTAL CURRENT	**2,609,102**	**3,004,360**	**4,067,225**	**4,558,962**	**5,561,274**	**6,707,677**
Capital Expenditure						
Non – financial assets						
Building and structures			6,802	21,000	36,438	36,920
Machinery and Equipment	17,819	13,147	3,958	8,553	8,981	9,430
Other assets						
Non – produced assets						
Financial assets						
Total Capital	**17,819**	**13,147**	**10,760**	**29,553**	**45,419**	**46,350**
Total GFS classification	**2,626,921**	**3,017,507**	**4,077,985**	**4,588,515**	**5,606,693**	**6,754,026**