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GENERAL MANAGEMENT ASSISTANCE CONTRACT (GMAC)

Contract No: 674-C-00-01-00051-00

**Access to housing for disabled and beneficiaries qualifying for lessor
subsidies**

Grantee number: 0099-0203-G-GA28

MEGA  **TECH**
I N C O R P O R A T E D



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Environmentally Sound Municipal Services**

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Activity Summary and achievements:

The main purpose of the grant was to assist the Nelson Mandela Metropolitan Municipality to provide access to housing for special groups as they have been excluded from the housing process since 1995.

Lesser Subsidy beneficiaries: Through this project the Metro was able to set up a database, quantify the extent of the problem, work out different scenarios and eventually find a realistic solution acceptable to both the Metro and the Provincial Department. Sixty two percent (62%) of the beneficiaries will benefit from full subsidies to be allocated at the new quantum and the rest of the beneficiaries will now benefit from the new Housing policy, which enables them to benefit from a full subsidy upon payment of a compulsory amount of R2479. Isandla facilitated a process for loan applications for these people through Real People who administers a government funded loan scheme for loans up to R10 000. This project will allow the metro to close approximately 35 projects. It is expected that other municipalities with similar problems will also benefit from this arrangement.

Consolidation beneficiaries: This project proved that it is possible to provide a quality 36M2 3 roomed house with engineered designed foundations, external plastering and ceilings (for energy efficiency) for 70 consolidation beneficiaries on an assisted self help (PHP) basis. This is significant as the norm nationally for a full subsidy is a mere 30m2 house. Consolidation beneficiaries in the past had to make do with poor quality one-roomed houses without proper foundations, plastering & ceilings. The result is that Isandla has been approached to assist all the people in the Soweto on Sea, Veeplaas, Govan Mebeki area with housing. This process is driven by 5 ward councilors and it is envisaged that this process will tie in with a pilot Human Settlement project identified by the National Department of Housing.

Disabled: This project provided the Metro with an approved policy for the provision of low cost housing for the disabled (a first in the Eastern Cape / possibly in the country), an implementation plan, 2 databases - one for those in need of housing and those with existing houses who required adaptations for their specific disability and additional subsidies for the 54 Zenzeleni beneficiaries at Wells Estate to adapt their houses. The project also assisted the Provincial Housing Department to understand how the subsidies should be applied and allocated and identified gaps in National policy which Isandla took up with provincial officials to raise at National level.

HIV / AIDS Project: This project proved that the community can address HIV / AIDS in a significant way on a volunteer basis with a little financial and management assistance. This center provides home-based care, a meal a day, gardening and counseling by community volunteers to their own community members. This center is linked to the local municipal clinic and is represented on the local HIV / AIDS Forum which meets on a monthly basis. This model has great reliability possibilities

Other value added Projects: This project allowed beneficiaries to benefit from 4 different awareness programs which covered topics such as Energy efficiency, payment for services, water and home ownership.

Accessibility of Activity Results:

Lesser subsidies: Isandla submitted the reports and database to the Metro and the Provincial Housing Departments. Since the MEC has not yet mandated the implementation of the recommendations, it could not yet been released to the general public

Consolidation subsidies: Isandla held various community meetings to discuss and explain all aspects pertaining to the project. We also attended various other meetings with neighbouring communities and ward councilors who wanted to know how to get similar projects going in their areas.

Disabled: Representatives from various organizations dealing with People with Disabilities formed a Steering Committee to deal with the issue. A public meeting was held to inform the general public of the proposed project and the process that would be followed. This public meeting was addressed by senior officials and politicians from the Metro, Province and the National Department. This event and invitations to the public to participate was covered in the media. The policy document that was approved is a public document but it was not published as such by the Metro.

HIV / AIDS: The Center hosted an open day for all stakeholders, including suppliers, support networks, the metro, clinics, and other sponsors including USAID. Isandla explained how the center operates and what it wishes to achieve. This event was covered in the Media. Brochures with all relevant details are supplied to all possible donors and suppliers on a regular basis.

Contents of this report:

- 1. Housing Policy Report – Persons with Disabilities, Nelson Mandela Metropolitan Municipality – Housing Policy for Persons with Disabilities and an Implementation Plan (in Draft form);**
- 2. Energy Efficiency Workshop Report and Photos;**
- 3. Final Annual Report Narrative submitted to USAID; and**
- 4. HIV/AIDS Support and Information Centre - Final Report (Aug 2004).**

NELSON MANDELA METROPOLITAN MUNICIPALITY

HOUSING POLICY: PERSONS WITH DISABILITY

1. INTRODUCTION

In view thereof that persons with disability are more vulnerable than able-bodied persons to the hardships associated with inadequate housing;

And further in view thereof that persons with disability have been, and continue to be, subjected to unfair discrimination on account of their situations;

And further in view thereof that the specialized needs of persons with disability have not heretofore received adequate attention in the low cost housing delivery process within the area of the Nelson Mandela Metropolitan Municipality;

And further in view thereof that the National and Provincial low cost housing codes recognise persons with disability, as a legitimate special needs group;

The Council of the Nelson Mandela Metropolitan Municipality adopted this Housing Policy for persons with disability.

2. DEFINITIONS

In this Housing Policy the following words, terms and/or phrases have the meanings herein ascribed to them, unless the context clearly indicates otherwise –

"housing unit" a building or section of a building designed as a place of residence for a single family;

"Metro" the geographic area of jurisdiction of the NMMM;

"Municipal Manager" the person holding that position for the time being and from time to time in the NMMM or his/her nominee;

"NMMM" the Nelson Mandela Metropolitan Municipality;

"Persons with a Disability" ("PWD") a category of the Special Needs Group comprised of persons with one or more permanent physical, sensory, health, mental and/or intellectual disability the (combined) effect of which is of such a nature that their ability to function in the socio-economic and developed physical

environment, without artificial aids or adaptations to, or allowances by or in, those environments, is significantly diminished , excluding –

- person/s having disabilities that are capable of control and/or correction by conservative medical procedures, medication or spectacles or hearing aids, and
- person/s with HIV/AIDS (PWHIV) who are not otherwise disabled.;

"Special Needs Groups" ("SNG") comprise categories of persons disempowered by virtue of being young orphans, old people or minors and / or having physical, mental and/or sensory disabilities that are recognised in terms hereof as being entitled to be specially accommodated as specific categories, in the NMMM's housing policy, on account of such disability.

3. RECOGNITION OF PERSONS WITH DISABILITY AS A SPECIAL NEEDS GROUP CATEGORY

The NMMM recognizes PWD as a SNG category and sets out herein to develop a policy, systems and procedures that will enable it --

- to more accurately determine the housing needs within the Metro of PWD;
- to cater for the needs of PWD effectively;
- to adjust the NMMM's housing policy, procedures and practices to accommodate the difficulties and entitlements of PWD; and
- to eliminate the unfair discrimination against PWD from the NMMM's housing policy systems and procedures.

4. DATABASE OF PERSONS WITH DISABILITY

The NMMM will commence with the compiling and maintaining of a database of PWD who require and qualify for low cost housing and/or for additional grants for variations by reason of recognised disabilities in terms of the National, Provincial and/or NMMM Housing Policies by giving official notice of its intention to do so, calling for persons concerned to submit applications for inclusion to the NMMM.

The notice will -

- be copied by mail and/or electronic means to as many organizations that are active within the Metro in the sector of PWD as possible;
- be supported by a publicity campaign that will at the least include the involvement of the Ward Committees of the NMMM, an official statement by the Mayor to the media, a notification on the reverse of at least one mailing cycle of service accounts and posters displayed and pamphlets available at all social grant pay points.

The database will, in addition to the information relevant to the qualifying criteria for benefiting from the said housing policies and/or variation grants, contain the following information on the persons included -

- the nature of the disability or disabilities;
- any variation or other grants for which the individual qualifies in terms of the said housing policies;
- any exemption from the requirements that apply to able-bodied persons that that individual may be entitled to.

Applications received and accepted as qualifying for inclusion during the period of 90 days after the afore stated notice of intention was first officially given, will be arranged alphabetically and by township/suburb or informal settlement development where the individual resides.

As from the end of the period of 90 days additional names obtained will be added to the database in order of date of receipt of the application, still arranged by township/suburb or informal settlement development of residence.

5. APPLICATIONS FOR INCLUSION IN DATABASE

Applications for inclusion in the database will be on a form to be prescribed by the Municipal Manager that will call specifically -

- for the information to be included in the database in terms hereof; and
- for proof in the form of a certificate in regard to the nature and debilitating effect of the disability as per the definition of PWD herein before, from a medical practitioner or such institution or organization as the Municipal Manager may determine.

The said application forms will be made available to prospective applicants on request and free of charge.

The Municipal Manager will make arrangements to provide assistance to enable applicants who are unable to complete the application forms due to illiteracy or disability, to do so.

6. PROVISION OF HOUSING FOR PERSONS WITH DISABILITY

The NMMM will include in its Integrated Development Plan and revisions thereof from time to time the provision of housing units to PWD annually at the rate of 10% of the total number of housing units planned for the Metro for any given period of time provided that, once the target had been attained over a period of 3 financial years, the percentage may be adjusted to correspond to the actual ratio that the demand for low cost housing and for variation grants for PWD as reflected by the database, bears to the total demand for low cost housing in the Metro.

The above provision will not preclude the NMMM from increasing the allocation of housing to PWD above 10% at any time.

7. ALLOCATION OF HOUSING TO PERSONS WITH DISABILITY

Persons with Disability will have the same range of choice of housing deliverables as do able-bodied people with the addition thereto of any variations to such deliverables which in terms of the National and/or Provincial Housing Codes qualify for additional grants as may be applicable to particular beneficiaries.

The NMMM will compile an illustrative series of plans in respect of the variations provided for, from time to time, for various disabilities in the National and/or Provincial Housing Codes to augment its current or any future range of housing products.

PWD will be allocated units with due regard to the following considerations -

- they will be integrated residentially into the community at large in such a manner as to avoid the appearance of residential street blocks largely occupied by PWD - the maximum density in any single street block is 1 house in 6 with no two adjoining sites allocated to PWD unless in the context of accommodating a group of PWD who seek a communal living arrangement;
- the nature of the disadvantages and difficulties arising from the specific disabilities of the individuals to be accommodated and how they can be best accommodated and minimized in the light of the topographical, transport and public and other facilities of a given development;
- the extent to which individuals in the group are dependant on both formal and informal family and/or community support networks and/or structures;
- the desire of some individuals in the group to adopt a communal life style for the benefits of mutual support and to establish a degree of self-sufficiency and self reliance.

The allocation of housing units to individuals within the PWD category will be made from the database that will form the waiting list for housing for the category.

Names entered into the database during the first ninety (90) days of its compilation will rank equally in terms of chronology and preference in this group and will be determined administratively at the hand of a standard set of weighted criteria to be developed by the Municipal Manager, designed to objectively determine ranking within the alphabetical list in respect of each housing delivery project at the hand of factors that will include -

whether the person concerned

- can become the owner of the potential site;
 - has dependants;
 - is resident in or near to the area being developed;
 - qualifies for a variation grant;
- the degree of inadequacy of her/his current accommodation;
 - the topographical suitability of the prospective sites in relation to the particular disabilities;
 - the potential for maintaining existing formal and/or informal networks and/or support structures;
 - any other relevant predetermined factors.

Names entered after the first ninety (90) days will rank chronologically in terms of date of entry on the list.

8. DEDENSIFICATION PROJECTS

In the case of dedensification projects an overriding consideration will be the fact that PWD usually have a greater dependence on family and community, formal and informal networks and support structures. They are consequently more vulnerable to upheavals in their social environment such as often occur in the case of dedensification.

The NMMM will in these projects -

- verify the accuracy of the PWD database in respect of the area concerned at the initial planning stage and ensure that all PWD in the affected area are included thereon;
- establish what the support networks and/or structures of each member of the PWD in the area concerned are;

- determine, in consultation with any social worker, relatives and the persons directly involved, what arrangement will most effectively maintain and/or have the least disruptive impact upon maintaining such support networks and/or structures and how they can be most effectively safe guarded;
- proceed to implement the allocation of sites in the manner least disruptive and/or most beneficial, to the person with disability concerned, in the completed project.

9. ADDITIONAL GRANTS

The NMMM -

- will forthwith institute administrative systems and procedures to assist individuals in the PWD category who qualify for variation grants in terms of the National and/or Provincial Housing codes, whether in respect of currently occupied low cost housing units or newly allocated units, to obtain any and all additional housing grants to which they may be, or become, entitled in terms of the said housing codes;
- will ensure that the allocation of units to PWD is finalized at the outset of every housing project so that the variations allowed for in the housing policy for PWD are accommodated in the units for PWD when the units are first erected;
- will include the necessary contractual provisions with the contractors to give effect to the above.

10. PERSONS WITH DISABILITY WITHOUT FULL LEGAL CAPACITY

The NMMM will institute systems and procedures to assist PWD who lack legal contractual capacity to enter into housing related agreements by themselves due to impaired decision making capacity consequent upon their disability, to obtain the benefit of the administrative augmentation of their legal capacity in terms of any future legislation such as that envisaged in the proposed draft bill as included in “Discussion Paper 105 of Project 122 - Assisted Decision-Making: Adults With Impaired Decision-Making Capacity” of the South African Law Reform Commission.

Any fees or other disbursements of or incidental to such augmentation of capacity will be for the account of the PWD concerned.

11. CRITICAL PATH

The following additional tasks will be included in the various categories of activities in projects critical pathway as follows -

Category: "Initial Community Participation"

- extract from the waiting list the names of any PWD resident in the area if the project is one that upgrades an existing formal or informal residential area;
- do a door to door survey to establish the presence of PWD resident in the area;
- convene a special meeting with PWD identified from the list and survey to introduce the proposed project and elect a representative for the PWD on the Project Committee;
- prepare a report to the Land Matters Committee that the above tasks have been undertaken and on the status quo of PWD in the project.

Category: "Scoping"

- convene a meeting of PWD to confirm inclusion of PWD in the community register with them;
- determine alternatives for relocation/allocation of PWD and their informal support network.

Category: "Town Planning"

- specifically deal with PWD rights and criteria applicable to them in instructing brief;
- direct the attention of consultants at meeting to importance of having regard to PWD generally when doing lay-out and of identifying plots for allocation to quota of PWD;
- identify sites for allocation to PWD on the draft layout plan;
- consultants to obtain PWD acceptance of draft layout plan;
- in the item to the Land Matters Committee specifically deal with position of PWD;
- include Director: Administration in circulation of layout plan to sign off on compliance with all PWD aspects.

Category: "Relocation"

- Identify PWD and elements of informal support structures for relocation.

Category: "Allocation of sites"

- Allocate to PWD and elements of informal support structures;
- Assist PWD beneficiaries qualifying for additional grants to make application.

12. WORK OPPORTUNITIES

The NMMM will in all its housing projects in which work opportunities in respect of ancillary tasks are made available to members of the community to benefit from the project, ensure, in so far as it is possible, that 10% of the number, subject to a minimum of 1, is from the PWD sector of that community.

01/07/2004

REPORT

HOUSING POLICY: PERSONS WITH DISABILITY

1. INTRODUCTION

This Discussion Paper and the proposed Housing Policy for Persons with Disability has been workshopped with organizations representative of Persons with Disability (PWD) and political office bearers and technical staff of the Nelson Mandela Metropolitan Municipality (NMMM) to assist the latter to develop and adopt a Housing Policy for Persons with Disability (HPPWD).

2. BACKGROUND OF HOUSING POLICY

During the last quarter of 2001 the NMMM developed a draft "Metro Housing Policy" (MHP). It consists of two volumes and is dated November 2001. The first volume sets out "An Enabling Policy Environment for Housing Delivery in the NMMM area" and the second volume "An Enabling Delivery Framework for Housing in the NMMM area". Only the first volume of the draft MHP was "adopted" and then only "in principle", by the NMMM. The draft MHP has, as far as can be ascertained, not been taken any further to date. Housing delivery in the NMMM proceeds in terms of the Integrated Development Plan (IDP) and the operational procedures and practices. The document adopted in principle recognizes Special Needs Groups (SNG) comprising "pensioners, sick and orphans" but does not recognize the people traditionally considered as PWD.

The NMMM has also prepared a document dated April 2003 headed "Draft Policy Document for the Disabled Persons in the NMMM". This document is incomplete at this stage and requires considerable refinement. It has not been adopted as a policy.

Ideally an HPPWD would be an integral part of a housing policy but in the absence of a formal housing policy the HPPWD must be integrated into the housing delivery systems and practices of the NMMM to ensure implementation.

3. BACKGROUND OF UNFAIR DISCRIMINATION

In South Africa the effects of the institutionalized discrimination on the grounds of race and gender were compounded for PWD by the unfair discrimination imposed on them by society at large, be it in either of the two extremes of intolerance of, or indifference to, their situation. Even in present day South Africa with its model Constitution and Human Rights Declaration and anti-unfair discrimination

legislation there are still many examples of ingrained unfair discriminatory practices and usages that need to be addressed, ranging from forms of speech that are inherently disparaging, disdainful or demeaning of PWD, to town planning practices that fail to adequately have regards to the difficulties encountered by PWD in the built environment.

Under the S A Constitution and the Human Rights Declaration it contains, people with disabilities have the same rights and responsibilities as any other people. These rights are re-enforced institutionally and by supporting legislation. Important amongst the latter is the Promotion of Equality and Prevention of Unfair Discrimination Act, 2000 that contains the following relevant definitions of forms of discrimination that are disallowed -

- Discrimination on the basis of disability –

“Disability discrimination includes any act, practice or conduct which has the effect of unfairly hindering or precluding any person or persons who have or who are perceived to have disabilities from conducting their activities freely and which undermines their sense of human dignity and self worth and prevents their full and equal participation in society.”

- Unfair discrimination of disabled people –

“Denying or removing from any person who has a disability, any supporting or enabling facility necessary for their functioning in society.”

This legislation confirms that disabled people constitute a legitimate interest/special needs group entitled to recognition as such and has significant impact on the policies, practices and systems of all spheres of government. This is of particular relevance to the NMMM in the area of housing delivery where it is universally accepted that disabled people are amongst the worst affected by inadequate housing conditions.

4. BACKGROUND ON DISABILITY

The unifying factor of the PWD constituting them an interest group is not their disabilities, for they are many and varied, but the intrinsically hostile nature of the physical and socio-economic environments designed for the able-bodied majority with little consideration for the comfort or needs of the PWD or for that matter for the aged, the infirm, persons with prams or carrying babies, etc.

An example of the inadvertent unfair discrimination against PWD resulting from the present housing practices of the NMMM lies in the fact that the major area of housing delivery in terms of units delivered, is in the “upgrading of existing areas” category. These areas commonly referred to as “informal housing” areas,

represent essentially self-help housing and are in the main beyond the ability of PWD, with the result that at least the most deserving, that is those with the most debilitating disabilities, if not the majority of PWD, are denied access to proper housing through the route of establishing themselves in an existing informal housing area.

Another example of unfair discrimination is the failure to put in place procedures to assist PWD who qualify, to apply for additional grants to incorporate special features in their houses as provided for in the NHP that in so far as it amounts to a denial of that right constitutes a denial of a “supporting or enabling facility” as envisaged in the definition of “Unfair discrimination of disabled persons” in the Promotion of Equality and Prevention of Unfair Discrimination Act, 2000.

5. POINTS OF DEPARTURE

The draft policy is informed by national and provincial legislation policies and plans notably -

National Sphere

- The IDP;
- The NHC;
- Proposed legislation in regard to assisted decision-making for persons with impaired decision making capacity;
- The White Paper on Integrated National Disability Strategy.

Provincial Sphere

- The Spatial and Housing Policy Initiative.

Local Government Sphere

- Metro IDP;
- The CUP & Development Plans of the major urban nodes in the Metro,
- Metro Housing Related Policies; and
- The Housing Development Strategies of the NMMM land and Housing Portfolio.

6. DEFINITIONS

The definition of the term “disabled” can be approached from many different perspectives and they differ depending on what agenda is being advanced. It is understandably and justifiably a matter of great sensitivity for PWD and needs to be handled with circumspection. It is with some reluctance that yet another definition is proposed. What is proposed is an inclusive working definition that will identify the members of the group to be targeted in the HPPWD of the NMMM without the limitations imposed for instance by the National Housing Code (NHC).

The NHC, probably because of financial and implemental considerations, recognizes only certain ambulatory, hearing and vision disabilities classified in terms of specified degrees of disability for purposes of providing increased housing subsidies. To adopt such a restricted definition would unfairly exclude many PWD such as for example the mentally ill, who are equally entitled to the same consideration from the NMMM as far as housing provision is concerned.

It is, however, not intended that this policy should impose a financial burden onto NMMM by way of “subsidies” additional to what applies to its policy for the able-bodied.

The scale of the HIV/AIDS pandemic is so overwhelming that planners tend to address that disability at the expense of other grounds of disability. This is perfectly illustrated by the way in which the NMMM planners dealt with the needs of SNG in the draft MHP where they simply reduced PWD to the HIV/AIDS “sick and orphans” as if they comprised the only SNG. Such a complete disregard of people living with disabilities other than HIV/AIDS cannot be justified.

Fact is that there are a number of SNG categories that have to be considered such as for example the aged, PWHIV, orphans whether from Aids or any other cause of death and PWD. Each such category has its own challenges and must be separately defined. In particular the needs of PWHIV are completely different from any of the other categories and they and the remainder of the PWD constitute separate categories of a SNG each with its own equally valid entitlement to special treatment. The PWD category of SNG could therefore be defined along the following lines to recognise this diversity -

PWD comprise a category of the SNG comprised of persons with one or more permanent physical, sensory, health, mental and/or intellectual disability the (combined) effect of which is of such a nature that their ability to function in the socio-economic and developed physical environment, without artificial aids or adaptations to, or allowances by or in, those environments, is significantly diminished excluding -

- person(s) having disabilities that are capable of control and/or correction by conservative medical procedures, medication or spectacles or hearing aids, and
- person(s) with HIV/AIDS who are not otherwise disabled (PWHIV).

In this report the terms PWD and PWHIV are respectively used exclusively to refer to one or the other of the two separate categories.

7. VISION

The NMMM recognizing PWD as a distinct category of SNG entitled to affirmative treatment in the implementation of its housing provision projects and allocates adequate appropriately enhanced housing to them on that basis.

8. MISSION

To develop a policy proposal that will enable the NMMM to more accurately determine the housing needs of PWD and to cater to those needs effectively.

To identify procedures and systems that are to be developed and introduced to that end.

9. POLICY COMMITMENT

The Metro's housing delivery efforts will be guided by the acknowledgment that -

- PWD are more severely disadvantaged by unfair discrimination than the able-bodied population;
- PWD have in addition to discrimination on grounds such as race, gender and poverty, had to endure, and to a lesser degree continue to endure, unfair discrimination on the grounds of those very disabilities that make them more vulnerable to unfair discrimination;
- PWD have not been dealt with in the housing delivery process as a group deserving special attention but have had to make do with the same arrangements that apply to the able-bodied persons even though this is in practice unfairly discriminatory to them in the light of the differences in their respective circumstances.

10. PROPOSED POLICY FEATURES

The proposed Housing Policy for PWD accommodates the above and incorporates the following considerations -

10.1 PWD are recognized as a distinct SNG category and

- Will be consulted apolitically through credible representation on any housing related matter in the NMMM;

- Are entitled to be provided housing in terms of policies, systems and procedures adopted, designed and implemented with due regard to their needs, circumstances and constitutional right to fair treatment.
- 10.2 Until such time that more accurate reliable information becomes available to the NMMM it accepts that PWD requiring adequate low cost housing constitute 10% of the residents of the NMMM requiring such low cost housing and it should base its planning and delivery strategies on that ratio.
- 10.3 PWD should have the same range of choice of housing deliverables, as do able-bodied people with the addition of the variation for which they may qualify.

A problem is that most of the NMMM's housing delivery occurs in projects upgrading existing informal housing areas. It is believed that because of the physical difficulties of erecting an informal house together with the dependence of PWD on established support linkages PWD are proportionally under represented in such areas as only few would have managed to settle in those areas. Upgrading invariably involves dedensification and/or "Greenfield areas" with a preference naturally for existing tenants leaving little opportunity for allocating sites to PWD. The proposed database should throw more light on this issue.

- 10.4 PWD should be allocated sites with due regard to the following considerations –
- That PWD be integrated residentially into the community at large in such a manner as to avoid the appearance of residential street blocks predominantly occupied by PWD.

One of the worst forms of unfair discrimination to which the PWD are subjected is to be excluded from full social and economic integration into the broad community. This takes many forms as for instance relegating them to "special" schools or other "special" institutions, failing to make facilities generally accessible, etc. The PWD accordingly oppose any policy that would result in them being accommodated in isolated pockets as it is feared that this would not only tend to isolate them from the community at large but such ghettos would result in them being stigmatized.

This does not mean that the policy should exclude small groups of the PWD from being accommodated, at their election, on a communal basis; in fact some such groups of PWD have already with great success arranged their accommodation on that basis.

- How the nature of the disadvantages and difficulties arising from the specific disabilities of the target group can be best minimized by the relative location and inherent nature of sites to be allocated in terms of topography, transportation corridors, facilities, etc.

For PWD who are challenged as far as mobility is concerned the proximity of facilities such as clinics, schools, municipal offices, public transport and so forth would be relatively more crucial than they are for the able-bodied.

- Any motivated preferences relevant to specific disablements supported by recognized nationally representative Disabled Peoples Organisations (DPOs).

- 10.5 PWD are entitled to institutional assistance to obtain as far as possible the benefit of any discretionary or other additional housing subsidies and of legislation giving full legal capacity to those of them who lack such capacity as a consequence of their impairment.

The NMMM should institute appropriate systems and procedures to process applications for these subsidies in respect both of existing and new residential units and should co-operate closely with the organized structures of PWD in this regard. Likewise in respect of anticipated legislation regarding the augmentation of lack of legal capacity.

- 10.6 A separate data bank of PWD must be developed and maintained with the co-operation as far as reasonably possible of the DPOs from which the beneficiaries for the allocation of housing and of variations to existing housing to PWD are to be determined in terms of a set of criteria developed specially for that purpose in the light of the unique circumstances applicable to them.

Initially the database could possibly be developed from information supplied by the PWD structures supported by a strong publicity campaign calling for registration by PWD.

- 10.7 Properties allocated by virtue of a disability will, in so far as it is practically and legally possible, be transferred to and registered in the name of the PWD concerned.

- 10.8 PWD are to be involved in the housing delivery process by allocating to them a fair share in the ancillary tasks involved in housing projects and are where necessary provided with any necessary training.

- 10.9 The supervision capacity of this committee is to be enhanced by identifying key performance indicators and critical activities during the delivery process that are to require specific reports to the committee.

11. RECOMMENDATIONS

- 11.1 that the Housing Policy: Persons With Disability be approved and implemented with immediate effect;
- 11.2 that criteria be developed for town planning and site identification for PWD in accordance with the policy;
- 11.3 that the Building Inspectorate be informed of the requirements for housing for PWD;
- 11.4 that low cost housing for PWD be constructed in accordance with the implementation plan.

02/07/2004

IMPLEMENTATION PLAN FOR HOUSING FOR PEOPLE WITH DISABILITIES – NELSON MANDELA METROPOLITAN MUNICIPALITY (NMMM)

1. INTRODUCTION

People with disabilities (PWD) are more vulnerable than able-bodied persons to the hardships associated with inadequate housing. PWD are also more vulnerable in terms of their personal safety and security because they may be incapable of defending themselves when threatened or attacked. It is therefore necessary to emphasize the importance of creating a physical and social environment that makes life easier for PWD.

2. TERMS OF REFERENCE

This implementation plan is aimed at providing a step-by-step approach to cater for the housing needs of PWD and special needs groups (SNG) of people within the Nelson Mandela Metropolitan Municipality (NMMM). It will take into account accessibility, the ability to cope without additional help and the preservation of dignity. It provides guidelines for the design and construction of housing with adaptations that cater for the various types and categories of disabilities.

3. IMPLEMENTATION PLAN

3.1 DATABASE OF PWD

In terms of the housing policy for PWD the NMMM must compile and maintain an alphabetical database of PWD, per township / suburb / informal settlement, who require and qualify for housing.

In addition to the to the qualifying criteria for benefiting from the national, provincial and NMMM housing policies, the following information on PWD must be included in the database:

- the nature of the disability or disabilities
- additional grants for which the individual qualifies in terms of national, provincial or NMMM housing policies
- any exemption from requirements that apply to able bodied persons that the PWD may be entitled to.

A typical form needs to be completed by a beneficiary wishing to place his/her name on the database. See **Annexure A** for the personal details form.

The database serves as the waiting list from which the allocation of housing units to PWD will be made.

The database will work as follows:

The NMMM will allow a certain timeframe (ninety (90) days) during which persons can submit their details for capture. All the names entered into the database will rank equally in terms of chronology. They will be allocated housing units according to the weighted criteria.

The weighted criteria is to be determined by the Municipal Manager, and will assist to objectively determine which PWD should be allocated housing units for new projects. The determining factors will include:

- whether the person concerned –
 - is resident in or near to the area being developed
 - or his/her dependents qualifies for a variation grant
- the degree of inadequacy of her/his current accommodation
- the period of time that the PWD has been registered on the database
- the topographical suitability of the prospective sites in relation to the particular disabilities
- the potential for maintaining existing formal and/or informal networks and/or support structures (e.g. family or friends)
- any other relevant predetermined factors.

All names entered into the database after the cut off date, will rank firstly according to date and secondly according to the weighted criteria.

3.2 IDENTIFICATION OF SITES FOR HOUSING FOR PWD

The identification of sites for housing for PWD by Town Planners should be undertaken bearing in mind that PWD must be integrated residentially into the community at large. This will enable them to have access education, employment, goods, services and social activities on an equal basis with mainstream society.

The housing policy for PWD provides that the NMMM shall allocate 10% of the total number of housing units planned for any given period to PWD. All sites earmarked for PWD shall be indicated on layout plans for future projects.

Sites for PWD will be identified keeping the following in mind (as per the NMMM Housing Policy for PWD):

- Sites for PWD shall, as far as possible, be level and in close to transport and community facilities
- Sites for PWD will be integrated residentially into the community at large. The maximum density in any single street block is one house in six, with no two adjoining sites allocated to PWD, unless a group of PWD request to live in close proximity to each other or request a communal living arrangement. See **Annexure B** for a typical example of integration of sites for PWD.

3.3 ALLOCATION OF NEW SITES

Allocation of sites is to be done by the NMMM in consultation with the Ward Councillor. The allocation can be more than the stipulated 10% minimum if there are PWD already living in the area.

3.3.1 ALLOCATION OF SITES FROM THE PWD DATABASE

The allocation of sites should be done as per the following procedure:

- The Project Manager should consult the database for PWD to determine which beneficiaries are resident in close proximity to the new project development.
- The relevant SDO should interview the beneficiary to confirm the data and that current status of the PWD.
- The Project Manager should consider the topography when allocating sites, e.g. flat/level sites for wheelchair users and steeper sites for the deaf.
- Preliminary allocation must be done between the Project Manager and the relevant SDO.
- The allocation must be discussed with the Ward Councillor.
- The final suggested allocation should then be submitted to the Assistant Manager: Housing Division for approval and signature.
- The beneficiary is to be provided with site papers as per the allocation.
- The Assistant Manager: Housing Division to ensure that the beneficiaries are removed from the database – upon submission of a copy of the site papers to the database administrator. See **Annexure C** for a flowchart of the allocation procedure.

3.3.2 ALLOCATION OF SITES PER SUBSIDY APPLICATION RECEIVED FROM THE ON-SITE BENEFICIARY COMMUNITY

The allocation of sites should be done as per the following procedure:

- The Project Manager should consult the data administrator and check whether the beneficiary appears on the database (to ensure that the beneficiary is not dealt with in duplicate).
- Preliminary allocation must be done between the Project Manager and the relevant SDO.
- The allocation must be discussed with the Ward Councilor.
- The final suggested allocation should then be submitted to the Assistant Manager: Housing Division for approval and signature.
- The beneficiary is to be provided with site papers as per the allocation. See **Annexure C** for a flowchart of the allocation procedure.

3.4 ADAPTATIONS TO EXISTING HOUSES

Should the beneficiary already have an existing house and becomes disabled, s/he is allowed to apply for the variation subsidy. This also applies if the dependant of an existing homeowner becomes disabled.

The beneficiary is required to visit his/her District Surgeon or doctor and have a medical form completed and signed by the doctor. See **Annexure D** for a flowchart of the application procedure.

If the PHD grants the variation subsidy, then the beneficiary's house can be adapted as far as possible. Limited adaptations can be made, especially in terms of the SABS-approved door widths.

3.5 QUALIFYING CRITERIA

In new housing projects, subsidy applications must be submitted and accompanied by proof of the disability. The national medical form proves the nature and type of disability, and must be signed by the district surgeon or a medical practitioner. The practitioner's practice number and registration number with the Medical and Dental Council must appear on the form. See **Annexure E** for a typical medical form.

In terms of existing / historic housing projects, only a medical form needs to be submitted by the beneficiary.

All future housing subsidy application forms should include a check box whereby an applicant can indicate whether s/he is disabled. See **Annexure F** for an example of a typical application form with a check box.

When applying for a housing subsidy, the PWD beneficiary is exempt from the following qualifying subsidy criteria:

- S/he need neither be married, co-habiting nor have financial dependents
- If a person who has already received a housing subsidy becomes disabled, the PHD may at its discretion decide to award the beneficiary the variation subsidy
- If a person who has already received subsidy house becomes disabled, the PHD may at its discretion decide to award the beneficiary the variation subsidy
- A beneficiary whose spouse and/or dependants are disabled could qualify for the additional variation subsidy.

3.6 **VARIATION SUBSIDIES**

PWD are entitled to apply for a variation subsidy which allows for adaptations to be made to his/her house, i.e. adaptations to suit their specific disability.

The current disabled variation table of the National Housing Code, provides for the following variation subsidies in respect of the various disabled categories as indicated:

| DISABLED CATEGORIES AND NATURE OF DISABILITY | | |
|---|---------------------------------------|---|
| Disabled Category | Nature of Disability | Degree of Disability |
| A | Walking | Walking aids |
| B | Walking | Wheelchair partial usage |
| C | Walking | Wheelchair fulltime usage |
| D | Hearing loss | Partially / profoundly deaf |
| E | Vision | Partially / totally blind |
| F | Limited or no use of upper body limbs | Partial / total movement loss / paralysis in the upper body limbs |

As at 15 August 2003, the National Housing Policy makes provision for the following variation categories and amounts:

| VARIATION SUBSIDIES | | |
|----------------------------|--|-------------------------|
| Disabled Category | Purpose of Variation | Variation Amount |
| A, B, C, E | Access to house, 12m ² of paving or 1,1 m smooth concrete apron around dwelling and ramp at doorway | R 868.00 |

| Disabled Category | Purpose of Variation | Variation Amount |
|--------------------------|--|----------------------------------|
| A, B, C, E | Kick plates to doors (wheelchairs) or a hand rail installation (walking aids) | R 362.00 |
| A, B, C, E | Grab rails and lever action taps in the bathroom/toilet/kitchen and/or enlargement of area can be done at the expense of the rest of the house | R1 327.00 |
| A, B, C, F | Vinyl folding door or sliding door (bathroom/toilet area), width 1 metre | R1 900.00 (labour cost excluded) |
| D | Visual doorbell indicators | R 844.00 |
| E | Slip resistant flooring and/or colour contrast on doorways, stairs, corners of buildings and skirting on walls | R 844.00 |

3.7 ADAPTATION TO HOUSES FOR PWD

| Adaptation | Specifications | Possible suppliers | Suggested labour |
|---------------------------|--|---------------------------|-------------------------|
| Size of dwelling | Ideally 42,84m ² , however the Metro house is 40 m ² | | |
| Ramps | Width: 1200mm with handrails on both sides Gradients: - 1:12 where the difference in level of the ends of the ramp exceeds 400mm or - 1:10 where the difference in level of the ends of the ramp does not exceed 400mm Camber : 1:40 (See Figure 1) Kerbs shall be provided at the edge of ramps to permit persons in wheelchairs to stop on the ramp and rest one wheel against the kerb, to act as a brake. The height of the kerb at the edge of the ramp shall be at least 75mm | | |
| Paths and floors | Firm, slip-resistant surfaces and non-slip floor materials | | |
| Windows | Window sills not higher than 800mm above FFL with lever type handles openable with one hand at a maximum of 1200mm above FFL | | |
| All doorways and passages | width : at least 900mm Sliding doors may be installed in places where a hinged door would hinder circulation or maneuverability. Sliding doors shall be openable with finger-tip pressure. Handles shall project clear of | | |

| Adaptation | Specifications | Possible suppliers | Suggested labour |
|-------------------------------|--|---|------------------|
| | the surface of the sliding door and shall provide at least 60mm clear finger space in both open and closed positions (See Figures 2 and 3). | | |
| Door handles | 1,20m high lever type or pull handles Horizontally aligned lever type or pull door handles, openable with one hand, installed at a height not exceeding 1m | | |
| Kick plates | Galvanized plates Aluminium plates : 1,2mm thick and 800 x 240mm with de-burred edges and rounded corners | Miscellaneous Engineering cc | |
| Handrails and grabrails | <p>Handrails (Figure 4(a) and (b):</p> <ul style="list-style-type: none"> - The design shall allow for a firm grip - The height to the top of a handrail from the surface of a ramp shall be 900mm – 1000mm - Handrails shall be securely fixed and rigid - The clear width between a handrail and an adjacent wall surface shall be at least 40mm - Handrails should extend 300mm beyond the top and bottom of the ramp and shall return to the supporting structure or be otherwise so finished as not to create a hazard - Handrails must be in a colour that contrasts with that of the immediate surroundings <p>Grabrails (Figure 5): Dog leg type – 450mm long 90° right angle – 600 x 700mm (All mild steel, plated and powder coated white)</p> | Miscellaneous Engineering cc DJ Hardware | |
| Walls fitted with grab rails | Internal walls fitted with grab rails must be constructed of exterior type wall blocks | | |
| Electrical and light switches | <p>Light switches shall be horizontally aligned with door handles and other fixtures and fittings (other than socket outlets) between 900mm and 1200mm above the FFL (Figure 6).</p> <p>For visually impaired people and those with finger or hand disabilities, rocker action, toggle or push-pad switches that operate in the vertical plane should be used. Push buttons of light switches shall project clear of the switch plate and shall have a width of at least 10mm.</p> <p>General purpose socket-outlets (power points) shall be fixed at least 500mm</p> | | |

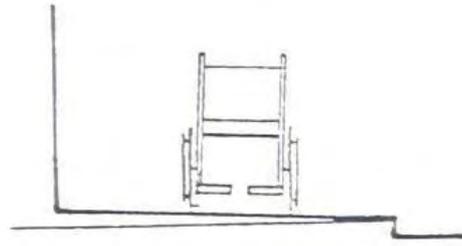
| Adaptation | Specifications | Possible suppliers | Suggested labour |
|---|---|-------------------------------|------------------|
| | above FFL, 150mm above worktop level and at least 450mm from corners (See Figure 6). | | |
| Water taps | Lever action taps, with a lever at least 150mm long. Hot water taps shall be installed on the left-hand side. | | |
| Toilets | Minimum space of 0,9m next to the seat, free floor area of 1,2m x 1,5m in front of the seat (See Figure 7) Non-tapered pedestal seat at a height of 40cm and centerline of pedestal at 45cm from one wall (See Figure 8). | | |
| Entrance and door to toilet | Either a vinyl folding door, a sliding door or an outward opening door with either a rope or a full width door handle so that the door can be easily closed from the inside. The door must open at least 90° from its closed position (See Figures 9(a) and (b)). | | |
| Wash hand basin | 800mm high without a pedestal and placed close to the toilet pedestal so that the user can wash his/her hands before getting off | | |
| Shower | Floor must be at same level as the rest of the floor. A removal stool and grab-rails must be provided. The taps must be reachable from outside the shower. | The Wheelchair Shoppe (stool) | |
| Outside toilets | Compact and provide concrete or paved path from house to toilet | | |
| Visual doorbell indicators | | Honeywell | |
| Colour contrast on doorways, corners of buildings and skirting on walls | | | |

3.8 APPROVAL OF BUILDING PLANS

Building plans for each dwelling must be submitted for approval by the Building Inspectorate of the NMMM in terms of the National Building Regulations (SABS Code 0400) as well as the Code of practice for accessibility of buildings to disabled persons (SABS Code 0246). See **Annexure G** for a typical PWD plan including adaptations – 42.80m² house.

In cases where the PWD already has a house and the variation subsidy is only made available after the completion of the house, it will be impossible to incorporate all the adaptations (enlargement of doorways will not be possible). all other adaptations can be done. See **Annexure H** for a typical PWD plan including adaptations – 40m² Metro house.

Below are SABS-approved standards to be complied with:



Max. 1 : 60

Figure 1 — Camber on walkways and ramps

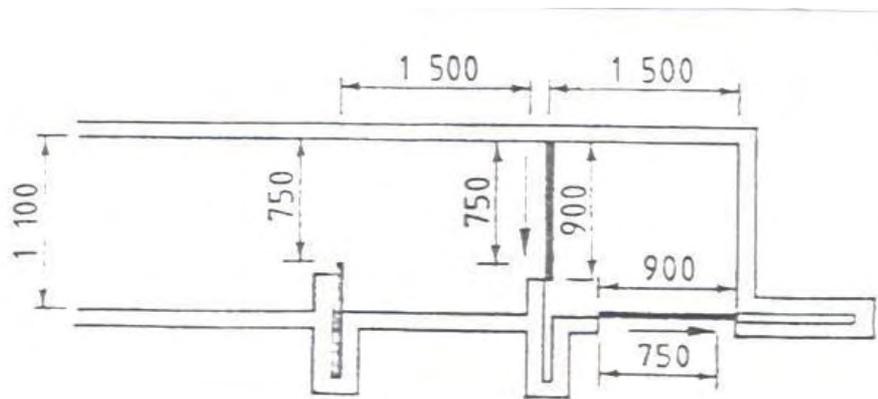


Figure 2 — Space required for sliding doors

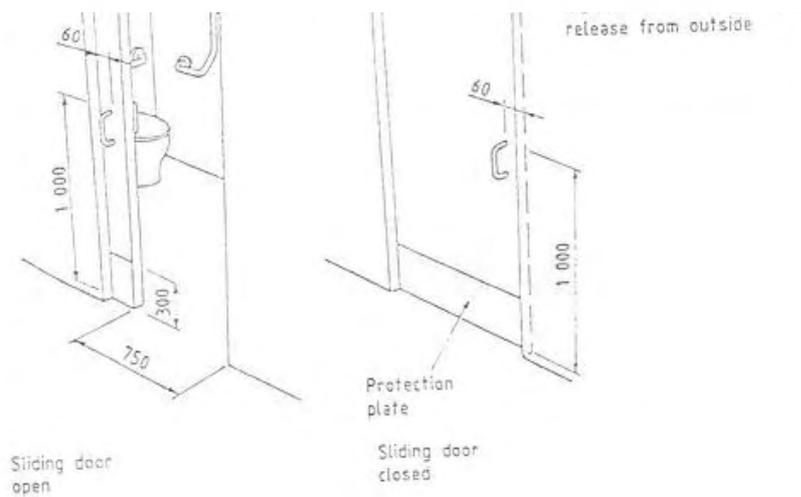
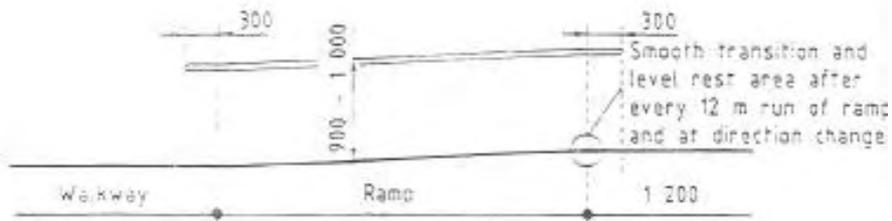
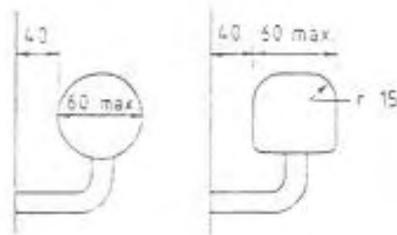


Figure 3 — Sliding door

Dimensions in millimetres

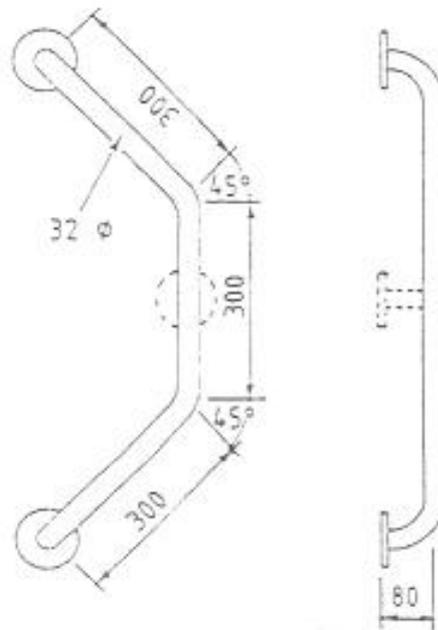


(a) Elevation of handrail



(b) Typical profiles of handrails

Figure 4 — Dimensions of typical handrails



Dog-leg side rail

Figure 5 — Details of standard grab-rails

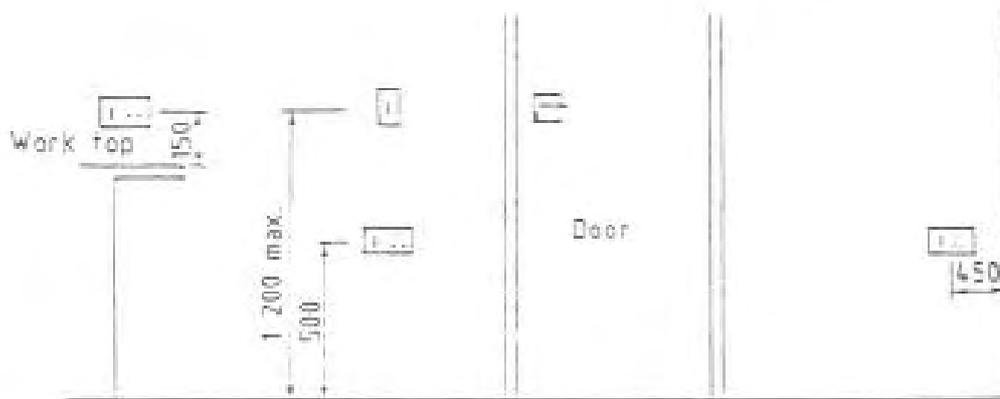


Figure 6 — Heights for switches, general purpose socket-outlets and door handles

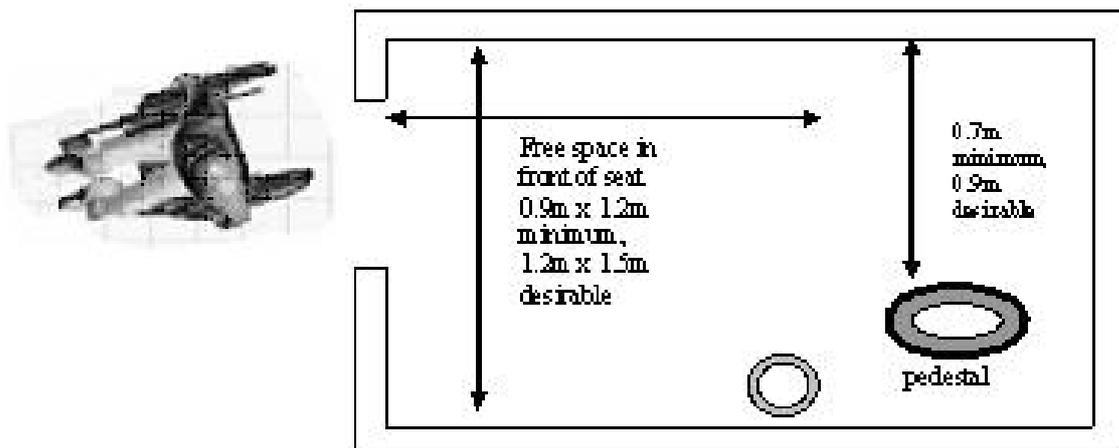


Figure 7 – Toilet facilities

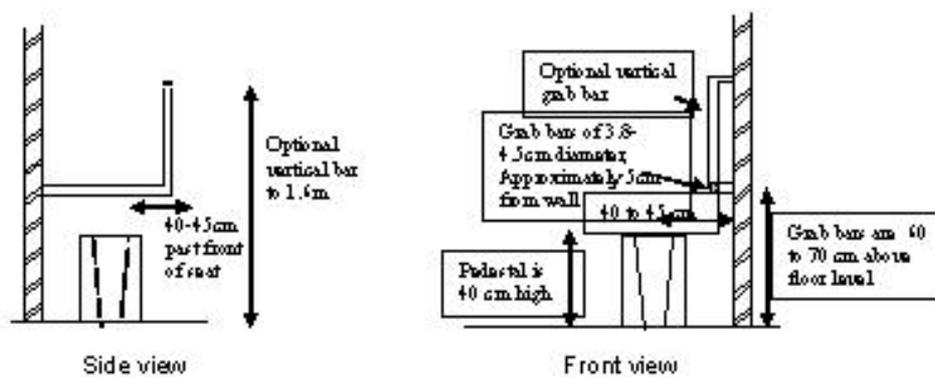
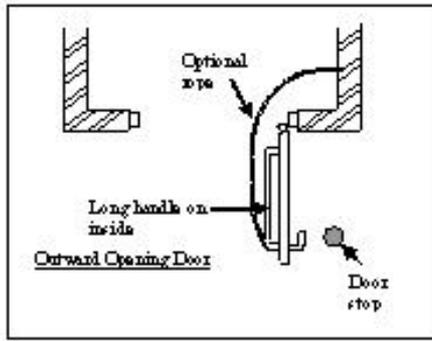
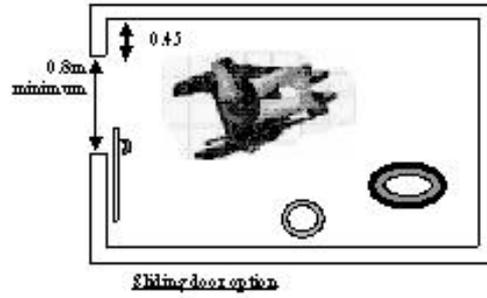


Figure 8 – Toilet pedestal and grab bars



(a) Outward opening toilet door



(b) Sliding door to toilet

Figure 9 – Toilet doors

ENERGY EFFICIENCY WORKSHOPS (DLSB PROGRAMME)

1. INTRODUCTION

Isandla received funding from the United States Agency for International Development (USAID) to complete a housing project for persons with disabilities, consolidation beneficiaries and those who qualify for lesser subsidies. Part of this programme included the facilitation of 2 workshops on energy efficiency in terms of low cost housing in order to motivate beneficiaries and municipal officials to work with Isandla towards more energy efficient housing.

2. OBJECTIVES

The main objectives were

- to raise awareness of the benefits of passive solar design homes, the simple cost effective measures that can dramatically improve the comfort of the home year – round and in reducing household space – heating requirements in winter
- To raise awareness around the link between improved energy efficiency, health, quality of life and local economic empowerment
- To enable people to make informed decisions about appropriate, healthy and efficient use of energy in their homes

3. TARGET AUDIENCE

The Energy Efficient workshops were aimed at

- The 70 consolidation beneficiaries at Soweto-on-Sea
- The Project Committee for Housing for the Disabled and members from the Helenvale Project Committee.
- Housing officials from the Nelson Mandela Metropolitan Municipality (NMMM)

4. TRAINER / FACILITATOR

Isandla used the services of Mr Fred Khusambisa, from Afesis Corplan, East London. He has been trained by and has worked closely with the International Institute for energy Efficiency Conservation in Africa (IIEC) for a number of years.

5. WORKSHOPS

Isandla had to schedule the 2 workshops on one day, 7 October 2003 since Mr Khusambisa's time was extremely limited.

5.1 Workshop for officials

The workshop for officials took place from 09h00 until 13h00 at the 12th Floor, Eric Tindale Building, Port Elizabeth. Isandla invited all officials at the NMMM Housing Division. Sixteen (16) officials indicated that they would attend but only 6 attended. No satisfactory reason could be offered for non-attendance.

The workshop for the officials was pitched at a more professional level. A copy of the slides is attached. **(Annexure A)** as well as some photo's **(Annexure B)**.

5.2 Workshop for the beneficiaries

The workshop for the beneficiaries took place from 14h00 until 16h30 at the Soweto-on-Sea Hall. The meeting was well attended. This workshop was more practical.

Mr Khusambisa met the audience at their level of understanding and illustrated most of the points practically either with drawings, slides or with a torch or models. Aspects covered included:

- Optimisation of dwelling solar orientation
- Correct positioning and sizing of windows
- Internal layout to utilize solar benefits
- Maximizing use of natural lightning with the houses
- Planting of trees
- Ceilings and plastering

See photo's **Annexure B**

Soweto-on-Sea beneficiaries decided on the installation of ceilings to enhance the energy efficiency of their houses.

One of the most restrictive aspects of the construction of their houses they raised is the very small sites (e.g. 84 – 120m²) that some of the beneficiaries have. This is further complicated by the location of existing on-site services, e.g. external toilets and pipes. This will obviously limit their choices with regard to the positioning of their houses, as they do not want their front door to face the toilet.

6. CONCLUSION

Isandla was very disappointed with the lack of commitment from the housing officials at the NMMM but was very encouraged by the active participation and interest shown by the beneficiaries. The beneficiaries felt that they have learnt something and they still talk about those concepts. They all participate in the Tree planting project. The fact that ceilings with “pink aerolite” are standard for each house contributes greatly to a improved energy efficiency of their houses. They are very proud of their houses.



Mr. Fred Khusambisa





Soweto on Sea Beneficiaries



Mr. Matutu in wheelchair from Disabled Housing Committee



Workshop with officials at the Metro

ELUTHANDWENI HIV /AIDS SUPPORT AND INFORMATION CENTER

**FINAL REPORT
AUGUST 2004**

PREPARED BY

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CONTENTS

- 1. INTRODUCTION..... 3
- 2. BACKGROUND..... 3
- 3. PROJECT COMPONENTS..... 3
 - 3.1 COORDINATOR..... 3
 - 3.2 SERVICE GROUPS..... 4
 - 3.2.1 Home Based Care..... 4
 - 3.2.2 Meal-A-Day 4
 - 3.2.3 Counseling 4
 - 3.2.4 Fresh Produce Delivery..... 5
 - 3.2.5 Youth Group..... 5
 - 3.3 ESIC COMMITTEE 5
- 3. TRAINING AND CAPACITY BUILDING..... 6
- 4. PROGRESS TO DATE 6
 - 4.1 HOME BASED CARE 6
 - 4.2 MEAL-A-DAY 7
 - 4.3 COUNSELLING 7
 - 4.4 FRESH PRODUCE DELIVERY..... 7
- 5. OFFICIAL LAUNCH AND FIRST BIRTHDAY CELEBRATION 7
- 6. FINANCES 8
- 7. CONCLUSION 8
- 8. NEXT STEPS..... 9

ANNEXURES

- ANNEXURE A Flowchart of interested parties
- ANNEXURE B Photographs of Coordinator and Centre
- ANNEXURE C Photographs of service groups
- ANNEXURE D Photographs of workshops held
- ANNEXURE E Photographs of the launch function
- ANNEXURE F Finances
- ANNEXURE G Rotary matching grant

1. INTRODUCTION

Isandla received funding from the United States Agency for International Development (USAID) to complete a housing project for persons with disabilities, consolidation beneficiaries and those who qualify for lesser subsidies. Part of this program included establishing a community-based HIV/AIDS Centre.

2. BACKGROUND

The Uphuhliso Development Association (UDA) in Steve Tshwete Village, Motherwell identified a need for a HIV / AIDS Support and Information Centre to assist those community members who are chronically ill.

The first project meeting was held in February 2003 between Isandla and UDA in order to thrash out the need for the project as well as the concept. On 6 March 2003, a meeting of all the stakeholders was held to test the interest in the project. During this meeting the Committee was nominated, and will be discussed further in section 3.3. See **Annexure A** for diagram indicating interested parties – service groups and support groups.

It was agreed that the name Eluthandweni most accurately describes the function of the Centre, as it means “*place where we serve with love*”.

The Eluthandweni Support and Information Centre (ESIC) consists of various service groups that provide voluntary assistance to the community, e.g. home based care, meal-a-day, provision of fresh food, counseling, information, etc. Some of these services tie in with the Housing Associations for Community Development (HACD) HIV/AIDS Awareness Campaign, in that those community members who received training in home based care are treating patients, those who received training in facilitating workshops are assisting with counseling, and those who received training in permaculture gardening are providing the meal-a-day team with fresh produce to feed the malnourished patients and community members.

3. PROJECT COMPONENTS

3.1 COORDINATOR

The Centre Coordinator is in charge of managing the daily activities of the Centre. The Coordinator ensures that the service groups are functioning properly, keeps patients records (on file and on a database), keeps inventory of all stock (canned goods, equipment, etc), provides information to patients and/or community members, and takes minutes of meetings. Other tasks include ensuring that there is enough electricity to make meals, corresponding with Isandla and other organizations, and attending the monthly intersectoral meetings (a forum for any groups involved in HIV/AIDS work within the NMMM). See **Annexure B** for photographs of the Coordinator and Centre.

3.2 SERVICE GROUPS

3.2.1 Home Based Care

The home based care group receives a referral from the Thanduxolo Clinic, via the Coordinator, as to which patients require home care. The referral is in the format of a form that is completed by the Clinic nurses and sent to the ESIC Coordinator.

The first step is for the Coordinator to capture this information on the database and open a file for the patient. The Coordinator will then meet with the home care group they will divide the patients according to geographic area and so that each person has a more-or-less equal amount of patients to visit.

The home care volunteers will visit the patients once a day for the first week – dressing wounds, washing them and providing general physical care. Where there is family assisting the patient, the home care volunteers will train the family how to take care of the patient.

In the weeks to follow, the home care volunteers will scale down on their patient visits until such a time where only a monthly follow up visit is required.

After each visit the home care volunteer will complete a report that is to be submitted to the Coordinator. The information in the report is once again captured on the database. Any further recommendations, for example that the patient is malnourished and requires food or that the family has requested counseling, will also be noted in the report and followed up accordingly by the Coordinator. See **Annexure C** for photographs of the service groups.

3.2.2 Meal-A-Day

The meal-a-day group receives a referral from the home care group and/or the Thanduxolo Clinic via the Coordinator, as to which patients require meal deliveries on a daily basis. The referral is in the format of a form that is completed by the Clinic nurses and sent to the ESIC Coordinator, or completed by the home care volunteers in their reports.

The first step is for the Coordinator to capture this information on the database and open a file/add the new information for the patient. The Coordinator then meets with the chairperson of the meal-a-day group and inform her of the new patient. The chairperson will in turn meet with the meal-a-day group and they will discuss the menu changes that need to be made (in order to include additional patients).

The meal-a-day service is managed on a weekly basis as the service group will need to know a week in advance as to the number of patients they will need to feed so that they can place orders for fresh produce / obtain food accordingly.

The meal-a-day volunteers are divided into two groups and work on alternate days. The volunteers will divide their tasks between meal preparation, kitchen cleanup and meal deliveries.

3.2.3 Counseling

The counseling group receives a referral from the home care group and/or the Thanduxolo Clinic via the Coordinator, as to which patients have requested counseling.

The referral is in the format of a form that is completed by the Clinic nurses and sent to the ESIC Coordinator, or completed by the home care volunteers in their reports.

Once again, the first step is for the Coordinator to capture this information on the database and open a file/add the new information for the patient. The Coordinator will then meet with the counseling group and they will divide the patients according to geographic area and so that each person has a more-or-less equal amount of patients to visit.

The counselors will visit with the patients and/or their families and provide the necessary counseling, and where applicable, refer them to social workers, spiritual leaders, or to other resources.

After each visit the counselor will complete a report that is to be submitted to the Coordinator. The information in the report is once again captured on the database. Any further recommendations, for example that the patient is malnourished and requires food or has requested assistance of a social worker, will also be noted in the report and followed up accordingly by the Coordinator.

3.2.4 Fresh Produce Delivery

The gardening group works closely with the meal-a-day group via the Centre Coordinator. The Coordinator informs the chairperson as to the fresh produce requirements of the meal-a-day group. The chairperson meets with the gardeners and informs the group of the increase in vegetable deliveries.

Deliveries are made each morning to the meal-a-day group, alternatively they pick vegetables from the Centre's garden.

3.2.5 Youth Group

The Ikamva Youth Group was recently formed with the aim of bringing together and uniting youth people; for the youth to get a chance to be motivated in learning skills and other programs that will help grow their skills and develop themselves further. The Youth Group was formed to help young people to realise their dreams and to achieve their goals – such as:

- forming a strong, positive and vital group
- developing the skills of young people
- motivating young people to gain and regain self confidence
- attempting to decrease drug and alcohol abuse amongst the youth
- promoting abstinence in order to attempt to decrease teenage pregnancy and the prevalence of HIV/AIDS
- engaging the youth in interesting and beneficial programs

3.3 ESIC COMMITTEE

The Committee comprised of members of each of the interested parties – both service and support groups. The Committee was responsible for the establishment and start up of the Support and Information Centre. As each service group is represented on the Committee, it facilitates quick decision-making. Meetings are held every two weeks to facilitate the overall management of the Centre's operations, to assist with feedback between groups and make possible the raising of issues.

3. TRAINING AND CAPACITY BUILDING

The volunteers attended a range of workshop pertaining to the services they were providing. The following workshops were held to build the capacity of the volunteers:

| Workshop | Target group | Date | Male Attendance | Female Attendance |
|---|----------------------------------|--|-----------------|-------------------|
| HIV/AIDS | All groups | 17 April 2003 | 20 | 23 |
| Nutrition | Meal-A-Day and Gardening Groups | 22 April 2003 | 18 | 14 |
| Administration | All group chairs and secretaries | 13 May 2003 | 5 | 4 |
| Administration follow-up | All group chairs and secretaries | 20 May 2003 | 5 | 7 |
| Computer literacy | Coordinator | June 2003 (two weeks) | 0 | 1 |
| HIV/AIDS Revision | Home Care Group | 11 June 2003 | 1 | 5 |
| Home Care Administration | Home Care Group | 18 June 2003 | 1 | 10 |
| Home Remedies | Home Care and Gardening Groups | 26 June 2003 | 13 | 11 |
| Counseling Skills | Spiritual Counselors | 17 July – 14 August 2003 (5 workshops) | 7 | 4 |
| Counseling Skills | HIV Counselors | 28 July – 11 August 2003 (5 workshops) | 6 | 7 |
| Catering | Meal-A-Day Group | 25 November 2003 | 0 | 9 |
| DOTS (TB Care) | Home Care Group | 8 – 11 March 2004 | 1 | 13 |
| Conflict Management and Leadership Skills | Youth Groups | 6 August 2004 | 10 | 9 |

The training was provided free-of-charge by various professionals who reside in Port Elizabeth (mainly from members of the Hoogland HIV-Outreach Group). See **Annexure D** for photographs of workshops held.

4. PROGRESS TO DATE

To date the Centre has made the following progress:

4.1 HOME BASED CARE

A total of fifty-nine (59) patients have been registered with the Centre to receive home-based care. To date thirty-three (33) patients have passed away, fourteen (14) patients are receiving active daily care, five (5) patients are receiving care on an ad hoc basis and seven (7) patients have completed their care cycle.

4.2 MEAL-A-DAY

The meal a day group has started providing meals on a small scale. The fifteen (15) patients currently receiving these meals have had their meal sponsored by monthly donations. It was found that patients cannot afford to purchase meals (even at the nominally-priced R1.50 per meal), and donations are relied upon in order to purchase food.

The Centre is also distributing weekly food parcels to the volunteers. Those who are helping on a regular basis are receiving canned goods as a means of assisting with their household grocery requirements and to thank them for all their hard work.

4.3 COUNSELLING

Currently twenty-one (21) patients are registered to receive counseling. Of these patients, twelve (12) were counseled in the past month and nine (9) have completed their counseling sessions. The counselors have been volunteering their services on an ad hoc basis, as requested by the family members.

4.4 FRESH PRODUCE DELIVERY

A member of the Zamuphuliso Gardening Group has been maintaining the food garden at the Centre. New seedlings are planted once all the fully-grown vegetables are picked, keeping the Centre in constant supply of fresh produce.

4.4 YOUTH GROUP

The Ikamva Youth Group has restructured itself during the past month. A total of nine (9) youth leaders are now leading three groups (ages 7 – 11, 12 – 16 and 17-23). They have been holding small workshops with their groups.

5. OFFICIAL LAUNCH AND FIRST BIRTHDAY CELEBRATION

The ESIC celebrated its first birthday in conjunction with an official opening function which was held on Friday 25 June 2004. Various organizations provided donations towards groceries and catering supplies, and the event was a wonderful success. Representatives from USAID and Mega-Tech attended the function. Mr Ndlovu of USAID was the guest speaker at the function, and commended the volunteers of the work they were doing, stating they were pioneers in this type of project. See **Annexure E** for photographs of the launch function.

6. FINANCES

Isandla received limited funding from USAID to support this project. Isandla assisted the community with the start up of the Centre.

Isandla received R37 205.00¹ to start up the HIV Centre.

To date assistance to the value of R134 182.00 has been leveraged. This can be broken down as follows:

| | |
|---|------------|
| In-kind contributions (furniture, equipment, monitoring, support) | R134182.00 |
| Cash donations | R26738.61 |
| Rotary International donation | R63478.80 |

See **Annexure F** for details of the finances of the Centre.

As at 31 July 2004, the funding has been spent as follows:

| | <u>Income</u> | <u>Expenditure</u> | <u>Balance</u> |
|-----------------|---------------|--------------------|----------------|
| USAID funding | R37205.00 | R37063.77 | R141.23 |
| Cash donations | R26738.61 | R24989.48 | R1749.13 |
| Rotary donation | R63478.80 | R0.00 | R63478.80 |

The balance remaining from the USAID funding and the cash donations have been used to open an account for the ESIC Centre. The money will be used to cover their operational costs until further funding is found.

The donation provided by Rotary International forms part of a matching grant between Algoa Rotary, Port Elizabeth and Kino Rotary, Arizona, USA. The funding has been allocated for a specific purpose, including t-shirts for volunteers, implements for the gardening group, basic medical supplies and food for one year. See **Annexure G** for details of the matching grant.

7. CONCLUSION

The success of this the model clearly indicates that such projects should be replicated by communities or churches in other areas. Such a project can assist communities with preparations to handle the AIDS pandemic, as government is unable to provide active support at grassroots level. We are confident that this type of support rendered by community members will also lead to the destigmatization of the disease and strengthen communities. A project of this nature will have a positive impact on the community and Isandla remains committed to its success.

¹ The exchange rate at the time of receiving the grant from USAID was \$1 = R7.99

8. NEXT STEPS

A project of this nature cannot simply be “completed” at the termination of project dates. The services provided by the ESIC volunteers are of an on-going nature, and Isandla feels that further funding should be sought so that this project is able to continue until it is fully sustainable.

For this reason Isandla is remaining involved with the Eluthandweni Centre in the following ways:

- Support and supervision – attending the ESIC committee meetings and providing support and assistance where required
- Networking – linking the ESIC with external organizations that can provide further training and assistance to the volunteers / patients / youth group
- Supervision of Rotary matching grant donation – ensuring that items are purchased as set out in the grant agreement and that food is delivered on a monthly basis
- Auditing of ESIC financial statements – once two full year’s of financial statements have been duly audited, the ESIC can apply for funding of it’s own accord
- Registering the ESIC as a non-profit organization
- Assisting with the start up of income generating projects for volunteers – this will be done in conjunction with a consultant and is dependent on start up funding received



Meal Training



Food Garden



Nutrition Training



Home-Based Care Training

ISANDLA Narrative Summary (Oct 03 – Sep 04)

Housing for the Disabled (50)

The whole issue of low cost housing for the Disabled was brought to the fore with the implementation of this project. The Metro only attended to one group, Zenzeleni prior to this USAID funded project. The Metro was highly criticized for the way in which they handled their first attempt to provide housing for the Disabled but it highlighted the issues most important to the Disabled as well as shortcomings in terms of the Metro's capacity to deal with housing for special groups. This project emphasized the need for a dedicated person to be appointed to deal with special needs groups and it was decided to appoint a person on Assistant Directors level as from 1 April 2004 to deal with these projects internally. Isandla will be working hand in hand with this person to ensure continuity.

There is a lot of interest in this project not only at local level but also on Provincial and National level. It is clear that the policy for housing for the disabled has not really been tested elsewhere and that no work has really been done on Provincial level. Even the provincial DPSA branch is not fully aware of the policies, implications and shortcomings. Isandla is currently sorting out some of the most basic issues with Province and it proved to be a very beneficial exercise which we know will benefit Disabled in the whole of the Eastern Cape

Isandla facilitates the drafting of a policy document which seems to be the first of its kind in the Eastern Cape and possibly in the country as Isandla was unable to find any similar document at any of the bigger municipalities and Metro's (e.g East Londen, Cape Town) . This document will protect the rights of the Disabled low cost home owner and set standards for the NMMM that will allow beneficiaries to receive standard products regardless who the developer / project manager is.

Isandla twice had to change direction on the approach to the physical provision of housing as we were working on a trial and error basis. This delayed the project significantly, but we are confident that we are now on the right track. Twenty five (25) beneficiaries will benefit from newly built adapted houses while 47 disabled beneficiaries who have been struggling for years to get their houses adapted will now soon see alterations made according to their disabilities. This will be the first for the Nelson Mandela Metro.

Housing for lesser subsidy beneficiaries (30)

The Metro sidelined all lesser subsidy beneficiaries for years because they did not know how to handle this sticky problem. Isandla took note of a few attempts made by decision makers to get to a point but it all vanished in thin air as no agreement could be reached. Isandla had to first determine the extent of the backlog problem and understand the issues and implications that faced the Metro. Isandla has now come up with a full report and recommendations through this USAID sponsored project. The dilemma and recommendations were tabled and approved at a formal Standing Committee meeting on 6 February 2004. Isandla's probing highlighted the issue to such an extent that the politicians were willing to intervene on a political level with the MEC to try and resolve the matter. If all goes well it will rid the NMMM of a huge problem involving hundreds of beneficiaries who could not benefit from their housing subsidies for years

Isandla is also working on another front where we identified beneficiaries whose employment and income status did not change over the years so that we could assist them in obtaining home loans. This was a difficult exercise as the Metro asked us to work with the local Ubutyebi Trust. This was not an easy task as Ubutyebi has not yet appointed a local service provider. Isandla eventually found an East Londen based company – Real People – who could provide small loans up to R10 000 and who are keen to become a service provider for Ubutyebi. Isandla introduced Real People to the SIDA funded Trust, Ubutyebi . Isandla is hopeful that Real People will be able to become a service provider to Ubutyebi which will allow them to source loans from R10 000 – 25 000. Real People since conducted a preliminary validation exercise for the thirty (30) beneficiaries identified who qualify for lesser subsidies and who were identified to take part in this project. Of the thirty beneficiaries, eight (8) people failed the validation exercise. A further eleven (11) beneficiaries are paid weekly, making it difficult for Real People to administer the loan repayments. They have however allowed the beneficiaries to remain part of the project, but only for these eleven beneficiaries.

Housing for consolidation beneficiaries (70)

Isandla applied for 70 PHP Consolidation subsidies on behalf of the Soweto on Sea Community who have been waiting for years for the Metro to assist them with Housing.

The Provincial Department took 6 months to approve the project due to a lack of internal administrative capacity. The Agreement was eventually signed on 31 March 2004. Isandla submitted all 70 applications on the same day and will be completing the 70 houses before July 2004.

HIV / Aids project

This pilot project proved that the community can with a some support from external resources (e.g. training, capacity building, donations) care for their own. This project which concentrate on homecare training, a meal a day , gardening and family and spiritual counseling is run by community based people – all volunteers accept the community based center manager. This project once again highlight the fact that clinic and other formal medical services cannot reach the community / provide a service to them in the same way this center is taking care of the chronically ill. The center is working very closely with the local clinic as patients are refered to them, has ties with a medical doctor for reference purposes (to hospice) and with a local church who assist by providing volunteer professional training , mentoring and counselling sessions to homecarers. On 8 March 2004, twenty (20) delegates from CHF International headquarters in Washington DC briefly visited the ESIC Centre to find out more about the project. The Centre Coordinator has been attending Intersectoral meetings, chaired by the NMMM, where organisations that run HIV/AIDS programs within the NMMM attend and share views

This is a great model Isandla wishes to replicate if funds can be found. USAID provided approximately \$8 000 for this project. To date Isandla has been able to obtain approximately an additional \$23 120 for this project.

Home based care group

A total of forty-one (41) patients have been registered with the Centre to receive home-based care. To date fourteen (14) patients have passed away, sixteen (16) patients are receiving active care and eleven (11) patients are receiving care on an ad hoc basis.

Meal-a-day group

The meal a day group has started providing meals on a small scale. The two meal preparation teams work on a rotation basis and prepare a full meal for the patients. The patients currently receiving these meals have had their meal coupons sponsored.

Counselling group

Currently we have ten (10) patients who are receiving counseling. Of these ten, two (2) are also receiving home care. The counselors have been volunteering their services on an ad hoc basis, as requested by the family members.

Spiritual counselling group

Some members of the spiritual counselling group have joined a tertiary education program through the Timothy Training Institute. As of 8 March, they are attending workshops every Monday afternoon from 2pm – 5pm, working towards a Certificate in Theology.

Fresh produce delivery group

A member of the Zamuphuliso Gardening Group has been maintaining the food garden at the Centre, with more seedlings being planted early in February. The Gardening Group has been having a problem with water shortages at their vegetable gardens. There is no available running water and this has to be carted to their gardens in buckets. The Group is waiting on Cerebos for official notification that they may use the land. Certain legal processes need to be undergone and this may still take some time.

Youth program

The Vuka'ma'ulele has been established with a total of eighteen (18) youth members – fourteen (14) guys and four (4) girls have registered with the group thus far. The youth leaders have made contact with various sources that could provide assistance with the program, and they are in the initial stages of working out a program of activities. To date one formal workshop took place, the topic being Child Abuse. The group was informed about the signs and consequences of child abuse.