work-work

Portfolio

Editorial Design + Information Graphics

Work-Work

Portfolio: Editorial Design + Infographics

Case Study 01

1. Impact Wholesaler

Developing three focused funds to increase strategic investment in the tourism sector

Tworism → Proposed Interventions

Work-Work © 2020

Context:
Why South African tourism?

Tourism has become a fundamental pillar for the economic growth of all countries, accounting for a good portion of the world's GDP. According to the World Travel and Tourism Council (WTTC), the tourism industry accounted for close on 10.3% GDP, making it one of the largest economic sectors worldwide in 2019.

Prior to the pandemic, Travel & Tourism (including its direct, indirect and induced impacts) accounted for 1 in 10 of all new jobs created across the world, 10.6% of all jobs (334 million), and 10.3% of global GDP (US$9.2 trillion). Meanwhile, international visitor spending amounted to US$1.7 trillion in 2019 (6.8% of total exports, 27.4% of global services exports) (WTTC 2019).

Figure 1:
Global Tourism's contribution to Global GDP is significant. (WTTC, 2019)

Twenty percent of jobs created in the last seven years have been directly related to tourism. Tourism's ability to create jobs and employ large numbers of people is noteworthy but its ability to also do this inclusively is what stands out. Tourism workers do not need high skillssets to enter the tourism job market – there are very low barriers to entry. Cornell University's recent study concluded that worldwide and on average 55.5% of tourism employees are women.

In OECD countries such as Spain, tourism represents approximately 15% of its GDP. France's tourism sector contributes 7.3% while Portugal's sector accounts for 13.7% of GDP. On average, the industry accounted for 4.1% of the GDP of the OECD member countries in 2018 as well as 6% employment.

In considering this large economic contribution over time, no country can afford to be indifferent to tourism as a driver of economic growth and development.

Our research concludes that tourism is one of South Africa's finest exports alongside mineral commodities. While many countries can supply commodity markets with mineral wealth, very few can match South Africa's potential as a tourism destination. Unparalleled natural assets, a warm, vibrant and welcoming population, and significant cultural heritage makes South Africa a top-20 global destination. There is an opportunity to capitalise and unleash the sector's true potential for the good of the country.

Prior to the Covid-19 pandemic, the country's tourism sector's share of GDP was only 2.8%, supporting a vibrant and inclusive value chain. With no significant concentration and its deep vertical integration, the tourism sector supports thousands of small businesses that in turn employ significant numbers of people in cities and rural areas. If accounted for properly, tourism's indirect contribution to GDP is closer to 9%. Like the rest of the world, South Africa's Tourism sector is a significant employer.

Additionally, due to the geographic spread and variety of tourism businesses spread across the country, and, in particular, proximity to tourism conservation areas means there is a clear opportunity to integrate rural communities into the tourism value chain. This would unlock high-impact outcomes including improved education, access to upskilling, preserving conservation areas, increasing and improving the tourism product range, and developing new digital products and services.

The WTTC's latest research quantifies and highlights South Africa's tourism sector and its significant contribution to the overall economy:

[8] Source: https://www.statista.com/statistics/371233/south-africa-gdp-distribution-across-economic-sectors/ [accessed on 19 April 2021]

Figure 2:
South Africa's key economic tourist data (WTTC, 2021)

Total Contribution of Travel and Tourism to GDP

2019	2020
6.9% of Total Economy	3.7% of Total Economy

-49.8%
Change in Travel and Tourism GDP
vs. -7.2% Real

Total Contribution of Travel and Tourism to Employment

2019	2020
1,460 Jobs (000s)	9.874 Jobs (000s)

-32.4%
Change in Jobs
-473.5 (000s)

Visitor Impact: International

2019	2020
134.6BN ZAR Visitor Spend	45.7BN ZAR Visitor Spend

-66.0%
Change in International Visitor Spend
-USD 5,4BN

Visitor Impact: Domestic

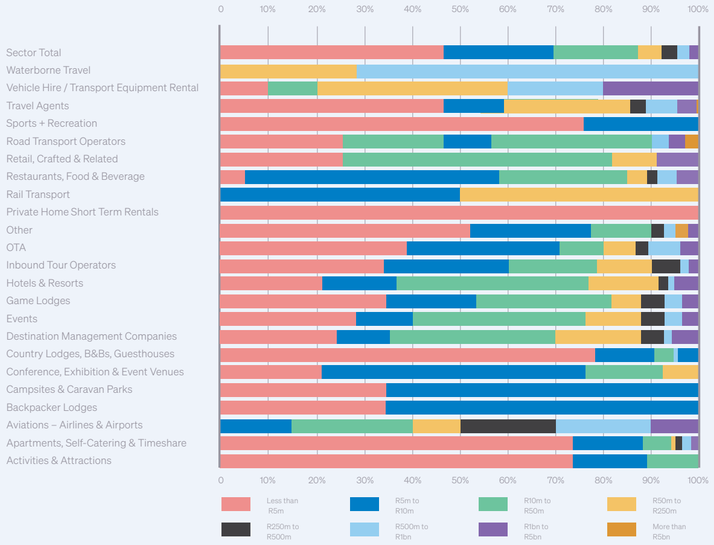
2019	2020
160.0BNZAR Visitor Spend	91.5BN ZAR Visitor Spend

-42.8%
Change in Domestic Visitor Spend
-USD 4.2BN

Work-Work © 2020

Sector Structure

Figure 4:
Revenue Distribution across the sector (TBCSA, 2020)



Sector Performance

The South African tourist industry was already underperforming prior to the 2020 onset of the Covid-19 pandemic. This section of the document looks to understand this underperformance in greater detail and parse out the factors that show a strong correlation and causality to economic performance.

Our research confirms that policy decisions over the last decade have significantly impaired tourism's performance. Over the nine-year period from 2010 to 2019, the number of foreign tourists visiting South Africa increased from 7,8m to 10,5m - a compound growth of 3,7% per annum.

There are two distinct markets that emerge over time:

- → A land and short-haul regional market characterised by high market share and lower spend per arrival (Africa, SADC tourist arrivals);
- → A long-haul market characterised by low market share and highest spend per arrival

In summary, even with a modest increase in tourist arrival numbers, a notable decrease in tourist spend per arrival has meant that tourism's economic contribution has remained stagnant over the last 10 years.

Figure 5:
Foreign tourists and annual growth rate. (SA Toursim Recovery Plan, 2020)

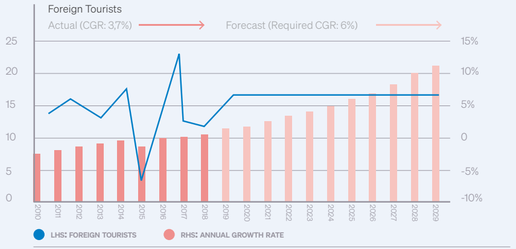


Table 3:
Economic Contribution of Tourists. 2011 vs 2019 (Stats SA, 2019)

	2011	2019
GDP Contribution	2.8%	2.8%
Number of tourist arrivals	7m	10.5m
Spend per tourist arrival	$1076	$512

Work-Work © 2020

Long-haul factor?

It could be argued that South Africa's distance from its conventional European source markets for tourism and travel may put it at a geographical disadvantage when compared with other long-haul destinations. Our research made comparisons between South Africa, Chile, Thailand, Australia, New Zealand and the United States (all equally distant from Europe), as Table 4 sets out.

In summary, South African tourism has not grown since 2008. The country has failed to meaningfully capitalise from the global tourism boom of the last decade.(For a more detailed analysis of South Africa's performance versus Australia and New Zealand, refer to Appendix 10.)

South Africa's overall performance is uncompetitive in terms of GDP contribution, employment creation and average receipts when India, Indonesia, Mexico and Canada are put in the comparative frame, as Table 5 demonstrates.

Table 4:
Growth rate of traveller arrival numbers. (SA Toursim, 2019)

Arrival Numbers	CAGR 2008-19	CAGR 2013-19
Chile	30%	27,3%
Thailand	14,4%	7,1%
Australia	8,8%	4,3%
New Zealand	8,1%	7,4%
United States	2,7%	5,6%
South Africa	0,4%	2,0

Table 5:
Tourism multiplier effects of developing vs. developed countries Source: (WEF, 2019)

	DEVELOPING COUNTRIES – LONG HAUL						DEVELOPED COUNTRIES – LONG HAUL		
	India	Indonesia	Mexico	AVES.	South Africa	AVES.	Australia	New Zealand	Canada
Number of Tourist Arrivals ('000)	15 542	12 948	39 290		10 285		8 815	3 555	20 794
% of GDP	3,60%	1,90%	8%	5%	2,8%	3%	3%	5,9%	2%
Industry Size (US $ Million)	96 427,4	19 773,1	97 750		10 449, 1		425 562	11 799	339 957
% of Total Employment	5,10%	3,70%	8,60%	6%	2,80%	5%	4,5%	5,90%	4%
# of Jobs	26 741 700	4 649 300	4 568 400		687 300		567 900	224 500	751 800
Average receipts per individual (US $)	451,5	425, 5	479,5	479,5	512,4%	418m%	401,5	488,5	418, 5

Curiously, South Africa has not been able to convert its competitive advantages into meaningful performance over the last decade - despite riches of biodiversity and wildlife, superior cultural and heritage assets, and being a price-competitive country.

Our research seeks to unpack this problem statement further in its propositions.

Work-Work © 2020

Background

A framework for impact

The Long Run

The proposed Sanlam interventions are framed in areas where tourism businesses can create impact. Sanlam's interventions should therefore intensify already successful efforts in the tourism sector where businesses are already measuring impact outcomes. It is premature to define these outcomes. However, we recommend four broad impact themes to help think through non-financial outcomes arising from Sanlam's interventions. For this purpose, we turn to a membership-based organisation focused upon nature-based tourism, called The Long Run, as a possible framework for adoption.

The Long Run membership comprises nature-based tourism businesses committed to driving sustainability. The community is global in scope and growing. The aim is to maintain a healthy and productive planet for posterity. Collectively, these businesses conserve over 23 million acres of biodiversity and improve the lives of 750,000 people. The Long Run seeks to support, connect and inspire nature-based businesses to excel in following the highest standards of sustainability encompassing the 4Cs: conservation, community, culture and commerce.
(More information: http://www.thelongrun.org/)

Ultimately, Sanlam's interventions ought to address the two growing concerns of our time: the climate change crisis and socio-economic inequality. This brings us to the next section, on sustainable global development objectives for the common good.

Figure 15.
The four 'Cs' of The Long Run

Conservation

Thriving ecosystems and biodiversity are integral to the survival of people and our planet. Conservation is safeguarding this biodiversity to support global needs.

Community

People matter: it is the right of every person to have their basic needs met, and enhancing the well-being of communities is a fundamental obligation of all.

Culture

Celebrating cultural diversity and commonality nurtures understanding and fosters connections. Respecting cultural difference is crucial to our future.

Commerce

Trading has been central to the develipment of civilisations over thousands of years and is likely to remain so and so sustainability must be central to business.

The UN's Sustainable Development Goals

The United Nations Sustainable Development Goals are a call for action by all countries - poor, rich and middle-income - to promote prosperity while protecting the planet. They recognise that ending poverty must go hand-in-hand with strategies that build economic growth and address a range of social needs including education, health, social protection, and job opportunities while also tackling climate change and environmental protection. More important than ever, the goals provide a critical framework for Covid-19 recovery.

Along with aligning itself to the SDGs, Sanlam has also embraced the United Nation's Principles for Sustainable Insurance (PSI). Sanlam has acknowledged the strategic role the group has to play, with its pan-African footprint, in the sustainable development of emerging markets.

Africa is a continent at the sharp end of intersecting ESG vulnerabilities, which the Covid-19 pandemic has only made more urgent.

Sanlam's thematic focus upon material resilience includes recognising the value of sustainable investment. The Tworism interventions posited align with the group's internally adopted objectives while increasing resilience - for the tourism sector, for the country as a whole, and for the common good. The next section sets these propositions out in detail.

In turn, we have placed cogent summaries of the project scope, next steps and Sanlam's strategic alignment to the SDGs at the end of each of the five workstreams for easier reading.

Figure 16.
The UN's 17 Sustainable Development Goals. Source: UN

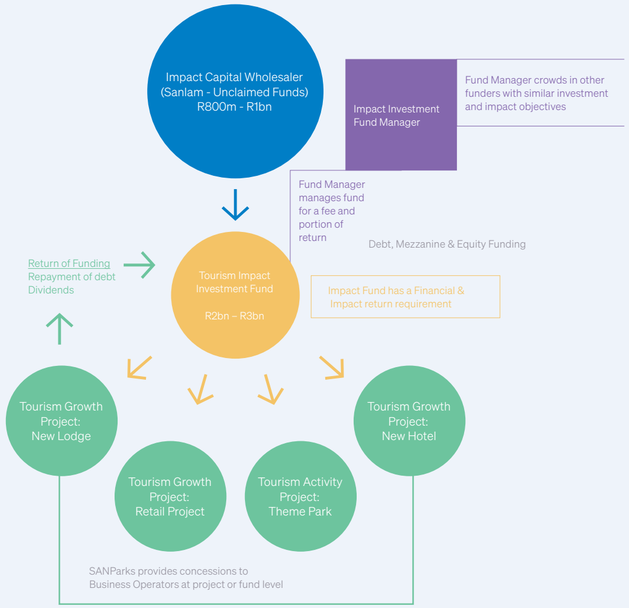
Work-Work © 2020

Model 2:
Tourism Impact Fund

It is proposed that the tourism growth projects of SANParks be funded by private investment funding via Public Private Partnerships and concessions. Tourism growth projects over the 10-year forecast period amount to an estimated R2.2 bn.

Figure 23
Tourism Impact Fund

Aim: Fund Tourism Growth projects including:
Accommodation - hotels, lodges, camp sites ; tourism attractions and activities; tourism retail



The potential range of benefits from implementing a Tourism Impact Fund are summarised below (Table 17).

Table 18
Tourism Impact Fund summary

Fund Overview	Long-term equity and/ or mezzanine type investments with financial and impact returns
Fund Type	En-commandite partnership
Investment Horizon	Three to five years 10-year Fund term
Targeted Return	Overall returns of between 3% to 5% above the Prime Rate Social Impact returns - Job creation, empowerment SMME development Skills development Local economic development Conservation and environmental sustainability
Targeted Fund Size	Approx. R3 bn
Differentiator	Investing in tourism growth opportunities including business expansion opportunities, new developments in tourism accommodation, attractions and retail
Jurisdiction	South Africa primarily; opportunities in SADC territories can be entertained

Work-Work © 2020

Tourism Exchange South Africa

This recommendation unleashes the tourism sector's potential through technology.

Our recommendation is for Sanlam to build a digital platform called Tourism Exchange South Africa (TXSA). This platform would unite tourism suppliers (accommodation, tours, experiences, restaurants), distributors (such as Booking.com, Airbnb, Expedia) and destination management organisations (such as SA Tourism, Wesgro, Visit Gauteng).

The Exchange would act as a one-stop portal for suppliers to manage availability, pricing and bookings, and for distributors to tap into a huge range of tourism products. The platform would be invisible to travellers but essential to the sector.

TXSA would be a unique opportunity to provide the South African tourism industry a true all-in-one approach with capabilities and automation that mean small and medium businesses can enjoy the same opportunities as big hotel chains and globally renowned attractions.

That's good news for the supplier, good news for travellers and good news for tourism. By extension, it is good news for Sanlam too. In essence, Sanlam's digital exchange would act as a digital matchmaker for the traveller, online travel agencies and local suppliers.

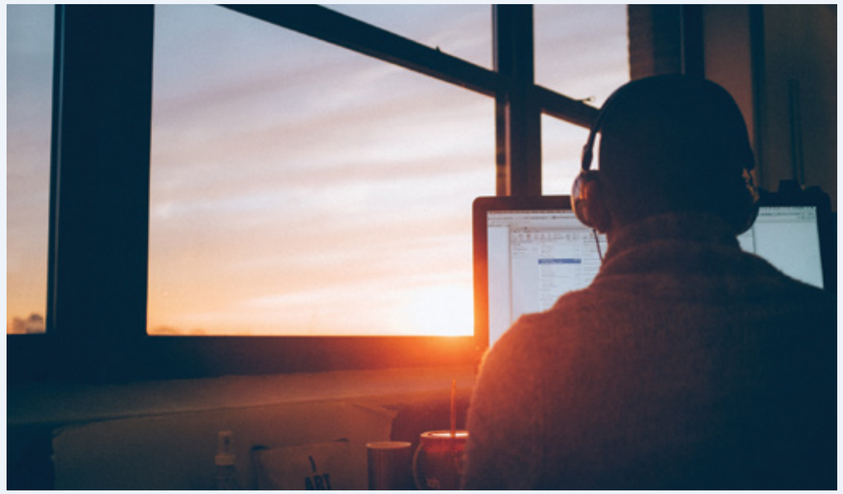
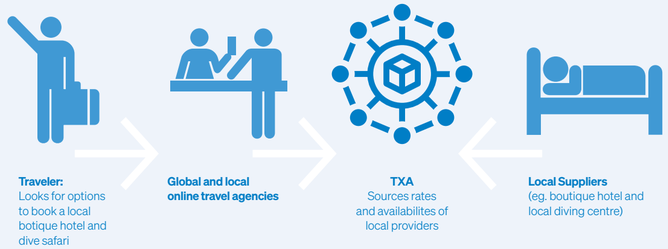


Figure 25
The Tourism Exchange South Africa (TXSA) model. Source: After McKinsey.

Matchmaker

- Promote tourism experience by connecting suppliers with distributors and intermedaries
- Aggregates offerings; offers diverse product categories
- Accommodation, attractions, events, etc).
- Enhance diversity and packaging of offerings to optimise visitor experience.
- Share data and provide analytical insights.



The exchange connects customers directly with tourism suppliers, facilitates online bookings and payments, and increases online distribution. It is an open and neutral industry-wide platform that is 'booking system agnostic' – that is, open to all systems and distributors that want to connect, and neutral to whatever commercial model the connecting systems or distributors may employ.

Work-Work © 2020

Work-Work

Portfolio: Editorial Design + Infographics

Case Study 02

MSF Southern Africa: Mamela Magazine

Work-Work © 2020

MSF Southern Africa: Mamela Magazine

WE GO WHERE NEEDED
WORLDWIDE

CONTENTS

→ MAMELA #28

→ JULY 2021

3 EDITORIAL
Dr Essa Djama reflects on 50 years of MSF's work treating people trapped in conflict, as well as his own experiences.

4–5 NEWS FROM THE FIELD
What our fieldworkers are seeing in active conflict areas in Mali, Mozambique and Ethiopia.

6–7 CARE IN CONFLICT
How does MSF overcome the enormous challenges that come with providing medical care to people in war-torn areas?

8–9 PHOTOSTORY
Meet some of the patients we've treated in Maroua, Cameroon, who share their incredible stories of survival.

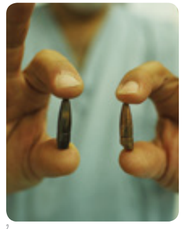
10–11 WHAT CONFLICT MEANS FOR OUR PATIENTS
Unpacking the consequences of conflict for our patients.

12–13 FIELDWORKER VOICES
Reflections and stories from our MSF fieldworkers who've worked in war and conflict zones across the globe.

14 HOW MSF NEGOTIATES
Three principles allow us access to patients who might otherwise be completely trapped.

15 DONOR STORY
Shabnam Mayet from Protect the Rohingya shares why they chose to donate to MSF specifically.

1



2

3

1. Forced to flee violence, Wagiha and her children shelter at an informal settlement in a school in central Tigray, Ethiopia.
© IGOR BARBERO

2. Two bullets removed from two separate patients in Kunduz, Afghanistan.
© ANDREW QUILTY

3. Mohamed, an MSF health promoter, talks to a displaced family in Niono camp in Mali.
© LAMINE KEITA

WE BEAR WITNESS
WORLDWIDE

EDITORIAL

As a doctor having worked in active conflict areas like Yemen and Syria, I have seen first-hand the devastation that war and violence can bring to human lives, which is why conflict interventions have remained at the heart of the work of Doctors Without Borders (MSF) for the past 50 years. Around 27% of all donations MSF receives are dedicated to providing medical care to people trapped in armed conflict.

That said, providing medical humanitarian assistance during conflict is much more complex than simply arriving at a hospital and supporting local colleagues in treating patients.

Sometimes there is no hospital left standing, as it has been decimated by a bomb or occupied by armed groups. Sometimes there are no staff, as they've been forced to flee the area with their families. And even when we do find hospitals still functioning, sometimes there is no electricity or water and simply not enough medicines or supplies to provide adequate healthcare.

I will never forget treating patients with gunshot wounds, burns and blast injuries in Yemen. Because of the conflict the hospital faced dire shortages of essential items to respond effectively to these injuries. Things like pain medication, antibiotics, vaccines, and anaesthetic drugs, as well as wound and burn dressing materials and surgical equipment were not available. We had to use what was available to us and do what we could to alleviate suffering.

But what of the lives of people outside of the emergency room? While managing trauma cases is an essential part of what we do in conflict areas, there are other health crises that inevitably emerge. With little to no healthcare, epidemics and malnutrition surge, women struggle with maternity complications and mental health issues are exacerbated as people find themselves under extreme stress. These health issues cannot be ignored.

In this issue of *Mamela* we dissect the knock-on effects of conflict and through our fieldworkers' and patients' stories give you a glimpse of what war is really like. While many of the stories are harrowing, there is still a strong sense of hope and determination.

The human spirit is resilient – we witness this every day when treating patients – but without the care that MSF provides, fewer people would be able to continue hoping for a better life.

We hope these stories remind you how your regular donations save lives around the world.

It is only through donors like you that we have been able to intervene in conflict areas and provide critical medical care for the last 50 years. Thank you.

Together, we can continue providing care to the most vulnerable and persecuted for another 50 years.

DR ESSA DJAMA
Dr Essa Djama has been working with MSF for 10 years and completed assignments in Yemen, Afghanistan, Kenya, Somalia, Syria, Iraq, Somaliland, Lebanon and Papua New Guinea

MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

CONTACT MSF SOUTHERN AFRICA
T +27 (0) 11 403 4440/1/2
E office-joburg@joburg.msf.org
W www.msf.org.za

/MSFsouthafrica
/MSF_southafrica
/msfsouthernafrica
@msf_africa

DO YOU WANT TO WORK FOR MSF IN THE FIELD?
Visit www.msf.org.za to find out how to apply

QUESTIONS ABOUT DONATING TO MSF?
Call the Donor Care team toll-free on
0800 000 331
or email us at
donorservices@joburg.msf.org

COVER CREDITS
MSF midwife, Odette, accompanies Amatou, a refugee from Democratic Republic of Congo, who is about to give birth. Amatou was transported by pirogue to an MSF-supported hospital to get medical care due to complications with her pregnancy. © ALEXIS HUGUET /CENTRAL AFRICAN REPUBLIC

ABOUT DOCTORS WITHOUT BORDERS (MSF)

Doctors Without Borders (MSF) is a global network of principled medical and other professionals who specialise in medical humanitarian work, driven by our common humanity and guided by medical ethics. We work together in teams, small and large, to respond to the medical needs of people affected by conflict, disasters and epidemics and people excluded from healthcare.

We strive to practically provide medical care that matches the realities of patients, adapting care in order to be relevant and specific. At times, this may include partnering with other individuals and organisations, and working with local experts. MSF team members are on the ground, working directly for and alongside patients, every day.

We bear witness and describe what is happening, to raise awareness about the experiences of the people we assist and the situations where we work. We alert the public to emerging crises, acute emergencies and serious challenges, such as exclusion from health-care. We mobilise support for MSF's work and social mission. We communicate to provoke change.

MSF PRINCIPLES

WE ARE INDEPENDANT, IMPARTIAL, NEUTRAL

WE ARE A NETWORK

WE GO WHERE WE ARE NEEDED

WE BEAR WITNESS

WE SPEAK OUT

Work-Work © 2020

WE GO WHERE NEEDED
MALI, ETHIOPIA, MOZAMBIQUE

NEWS FROM THE FIELD

SEVERAL EMERGING CONFLICT-RELATED CRISES HAVE BEEN MAKING HEADLINES GLOBALLY. HERE'S WHAT PEOPLE ON THE GROUND ARE EXPERIENCING AND HOW OUR MSF TEAMS ARE HELPING.

VIOLENCE SPILLS OVER IN MALI

In 2012, conflict between government forces and non-state armed groups sent Mali into war. Since then, hundreds of thousands of people have been displaced and Central Mali is now considered the deadliest region in the country as violence continues to flare. Innocent people are often caught in the crossfire and some are attacked under the suspicion of being linked to terrorist groups. Many public health providers have left the region, but MSF continues to reach out to isolated communities and support where possible.

"They came into our houses and destroyed everything. We fled and after walking for two days, we arrived here in the middle of the night. Some of my loved ones have disappeared. I don't know where they are. We are constantly on alert. We are scared that those armed men will come back to hurt us. We have nothing. We have neither clothing, food, money nor anywhere to stay."

LT
DISPLACED PATIENT IN MALI, DECEMBER 2020

1

HEALTH CENTRES VANDALISED, DESTROYED IN ETHIOPIA

Hundreds of thousands of people have been uprooted in the Tigray region of northern Ethiopia after fighting broke out in early November 2020. In the towns of Shire, Adwa, Axum, Adigrat and Abyi Adi, MSF teams have witnessed a massive influx of new arrivals since the beginning of March. Most people have been displaced several times and are physically and psychologically exhausted. The situation is at breaking point, with insufficient shelter, food, latrines and access to water.

"We haven't really had a chance to wash ourselves since we arrived. My baby gets sick because of the harsh conditions in which we sleep."

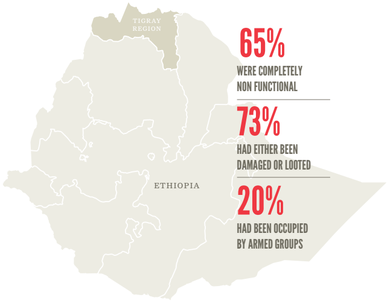
BAYESH DANYO, 25
DISPLACED MOTHER OF TWO IN AXUM, MARCH 2021

Additionally, the health system in Tigray has almost completely collapsed as armed men have deliberately vandalised, looted and destroyed facilities rendering them non-functional. MSF is currently rehabilitating these health centres and restocking supplies.

2

ATTACKS ON HEALTHCARE – TIGRAY CONFLICT, ETHIOPIA

OF 106 HEALTH FACILITIES ASSESSED BY MSF TEAMS



65% WERE COMPLETELY NON FUNCTIONAL

73% HAD EITHER BEEN DAMAGED OR LOOTED

20% HAD BEEN OCCUPIED BY ARMED GROUPS

CABO DELGADO: CONFLICT ON OUR DOORSTEP

Since the attacks in Palma in March, tens of thousands of people have fled. Some have taken boats towards the south, others have gone inland or to the border with Tanzania, and many seem to still be hiding in the outskirts of Palma. MSF teams are working hard to meet the medical and humanitarian needs of thousands of people seeking refuge in Montepuez, Mueda, Nangade, Pemba and Macomia.

3

GLOBALLY
80 MILLION
PEOPLE HAVE BEEN FORCIBLY DISPLACED. THIS FIGURE HAS DOUBLED IN THE LAST 10 YEARS, AFFECTING NEARLY
1 in 97
PEOPLE

"When the attacks happened in Mocimboa da Praia [in 2020], I decided to move to Palma. I carried on with my business there and was able to make a living, but when this attack happened, I lost everything, including my eldest son. We became separated, and I don't know where he is now. We were all together when it happened. But as soon as we heard gunshots, we panicked and ran in different directions. We were lucky to get out of there."

ZAINABO BACAR,
DISPLACED MOTHER IN PEMBA, MARCH 2021

4

MSF ACTIVITIES IN CABO DELGADO

2017
ON 5 OCTOBER, NON-STATE ARMED GROUPS ATTACK 3 POLICE STATIONS IN MOCIMBOA DA PRAIA

2018
MSF EMBARKS ON AN EXPLORATORY MISSION TO ASSESS THE NEEDS OF PEOPLE AFFECTED BY CONFLICT IN CABO DELGADO PROVINCE

2019
CYCLONE IDAI AND CYCLONE KENNETH HIT CABO DELGADO. MSF REHABILITATES HEALTH CENTRES AND PROVIDES EMERGENCY MEDICAL CARE

2020
MSF PROVIDES PRIMARY HEALTHCARE AND MENTAL HEALTH CARE FOR THOUSANDS OF DISPLACED PEOPLE FLEEING VIOLENCE IN CABO DELGADO

1. Nurse Ena examines a child who was brought to the MSF mobile clinic in Niono, central Mali.
© LAMINE KEITA

2. A child walks among the remains of a school library that was damaged in Tigray, Ethiopia.
© EDUARDO SOTERAS JALIL

3. After an attack on Palma, Zainabo and her children shelter in a stadium in Pemba, Mozambique.
© AMANDA FURTADO BERGMAN

4. Displaced families are forced to share whatever shelter they can find, often on borrowed land in Montepuez, Mozambique.
© TADEU ANDRE

GET REGULAR UPDATES ON OUR PROJECTS & ACTIVITIES.
SIGN UP FOR OUR NEWSLETTER ON WWW.MSF.ORG.ZA

Work-Work © 2020

FEATURE

CONFLICT
DRC, YEMEN, CAR, SOUTH SUDAN, NIGERIA

UNTOLD CONSEQUENCES: WHAT CONFLICT MEANS FOR OUR PATIENTS

1. Basma (7) spent 4 weeks in Dhi As Sufal hospital after a traumatic fire accident following her family's displacement from Taiz, Yemen
© MAJD ALJUNAID

2. A pregnant mother in Bangui, CAR, is given an HIV test from psychosocial advisor Adeline.
© ELISA FOURT

3. Mental health activities for children often involve storytelling through art.
© PATRICK MEINHARDT

CONFLICT VIOLENTLY UPROOTS PEOPLE, LEAVING THEM DISPLACED IN THEIR OWN COUNTRY OR AS REFUGEES IN ANOTHER.
TREACHEROUS JOURNEYS AND DIRE CONDITIONS AT THE PLACE OF DESTINATION JEOPARDISE THEIR PHYSICAL AND MENTAL HEALTH.

EPIDEMICS

Conflict and displacement and the resulting unsanitary living conditions can be catalysts for epidemics and disease outbreaks. Insecurity and collapsed health systems also cut people off from receiving preventative healthcare, including vaccinations that could protect them from these preventable diseases that can turn deadly, especially for young children.

In the Democratic Republic of Congo (DRC), ongoing violence has forced millions of people from their homes, leaving them vulnerable to a host of endemic diseases. Between 2018 and 2020, MSF responded to the biggest outbreak of measles in decades and as of early 2021, the epidemic is far from over.

MSF nurse Vera Shmitz shares a touching story from a measles vaccination campaign in DRC in early 2020:
"A woman from the next village comes by. When she hears about our vaccination campaign, she bursts into tears, telling us about her five children she already lost to measles. She begs us to vaccinate the remaining ones. I am deeply moved and promise her that we will vaccinate all of her children."

DEMOCRATIC REPUBLIC OF THE CONGO

IN THE DRC BETWEEN 2018-2020, YOUR DONATIONS HELPED ENSURE:

90 000
PATIENTS TREATED FOR MEASLES BY MSF TEAMS

2.3 MILLION
CHILDREN VACCINATED AGAINST MEASLES BY MSF TEAMS

1

YEMEN

NUTRITION

Protracted conflict more than often results in a collapse of the economy. People are unable to work and feed their families as the food prices soar along with transport costs, which can lead to malnutrition in both children and adults.

In Yemen, years of civil war has left the healthcare system devastated and infant and maternal mortality rates have increased rapidly mainly as a result of malnutrition. Without humanitarian aid, many families would not eat at all.

Hamdi is not yet two years old, but has been admitted to the MSF Abs hospital in northern Yemen twice. The first time he was five months old. Just over a year later, he is suffering from severe malnutrition with pneumonia. His eyelids are swollen, he has a constant cough and he has a hard time breathing. Hamdi is one of more than 100 children that MSF treated at the Abs hospital inpatient therapeutic feeding centre in less than two months in 2021. For many families, the hospital is their only lifeline.

MSF has worked in Abs District, Yemen, for over five years now, but the gaps in care remain enormous. Providing more consistent and lasting nutritional support programmes in both displacement camps and host communities would reduce the number of severely malnourished children.

2

CENTRAL AFRICAN REPUBLIC

MATERNITY CARE

While the intention of conflict is to disrupt lives, people still go on living. Birthdays are celebrated, marriages are ordained and babies are born. Without fully functional healthcare, however, giving birth can be dangerous and receiving paediatric care can prove an immense challenge.

Lidi Fatimatou, an MSF patient in conflict-riven Central African Republic, has had three miscarriages and lost two children. One disappeared in the forest, she says, and the other died after a sudden and brief illness. *"We have no health centre in the village. There's only a building, but with no doctors and no medicine."* When she was pregnant or when one of her children falls ill and needs to see a doctor, their options are either a 7km walk through the dense forest with the risk of encountering armed groups, or an expensive 25km motorbike ride along a bumpy track.

CHRONIC DISEASE MANAGEMENT

Between restrictions on travel and shortages of essential medicines, people with chronic diseases such as diabetes, TB or HIV are left particularly vulnerable during conflict.

Years of war have left many people without access to treatment for tuberculosis (TB) in South Sudan. If left untreated, TB can be fatal; it is one of the top 10 causes of death worldwide. MSF has integrated the diagnosis and treatment of TB into some of our emergency medical programmes in South Sudan in order to help tackle this disease.

SOUTH SUDAN

"I was coughing all the time…My relatives took me to an MSF hospital. When I arrived, I was very sick and unconscious, weighing just 45 kilograms. They confirmed I had TB….Now I have recovered. When I went back, my weight was 54 kilograms and it continues to increase. The doctor has changed my medication to start the next phase of treatment. I'm fit and healthy, thanks be to God. I am very happy as I didn't expect such a quick recovery."

JOHN JIMIS
SUDANESE REFUGEE IN MALAKAL, SOUTH SUDAN

3

MENTAL HEALTH

As commodities become scarce during conflict, the price of basic food and necessities skyrocket, while fear, insecurity, and loss generate psychological distress. We regularly see an increase in sexual violence during conflict too.

Gwoza, a town in northeast Nigeria's Borno state, is home to 60,000 people, many of them displaced from elsewhere by the ongoing conflict. Living conditions are difficult, there is little humanitarian aid, and frequent clashes take place between the military and armed groups.

"It seems like there is no one who has not been affected by the conflict, and this includes children," says Kyla Storry, MSF's mental health activity manager in Gwoza. *"When given paper and pencils for drawing, some children can draw assault rifles better than a football or animal."*

MSF has invested in mental health services in Gwoza through staffing, education and training.

"MSF's work in Gwoza, alongside local health authorities, is regularly made up of success stories, so it's crucial that mental healthcare is available to children and adults living in this situation."

KYLA STORRY
MSF MENTAL HEALTH ACTIVITY MANAGER IN GWOZA

NIGERIA

LEAVE A LEGACY OF CARE BY DONATING TO MSF IN YOUR WILL.

FIND OUT MORE ON
WWW.MSF.ORG.ZA/GIVE-YOUR-WILL

Work-Work © 2020

MSF Southern Africa: Mamela Magazine

MSF Southern Africa: Annual Report

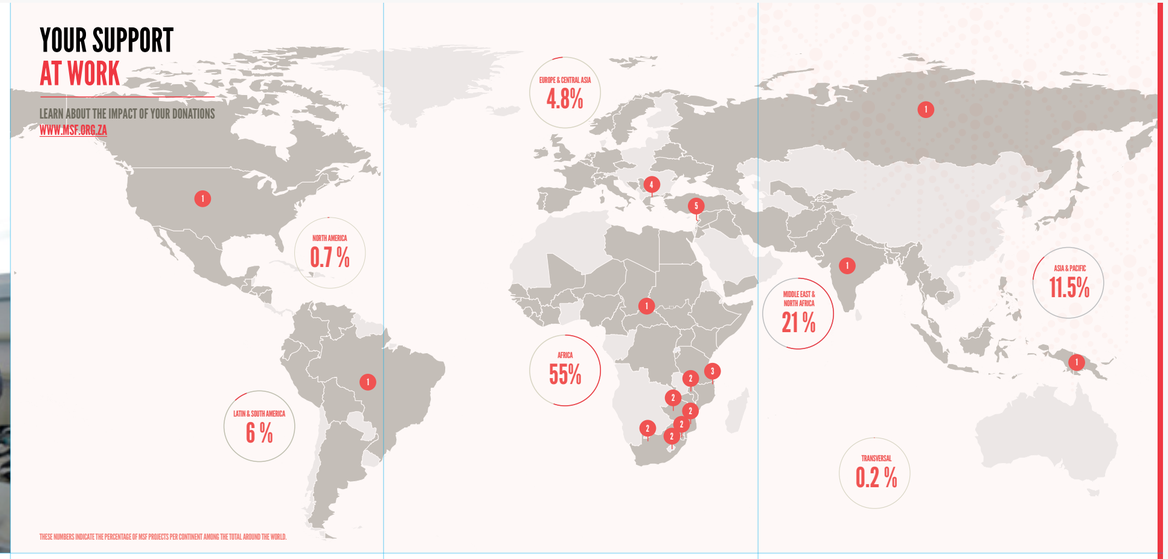
MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

HOW YOU HELPED DOCTORS WITHOUT BORDERS GO WHERE NEEDED IN 2020

YOUR DONATIONS SAVE LIVES EVERY DAY AROUND THE GLOBE. THANK YOU!

YOUR SUPPORT AT WORK

LEARN ABOUT THE IMPACT OF YOUR DONATIONS
WWW.MSF.ORG.ZA



THESE NUMBERS INDICATE THE PERCENTAGE OF MSF PROJECTS PER CONTINENT AMONG THE TOTAL AROUND THE WORLD.

ON THE COVER:

7-month-old baby Momo is treated for at the MSF Hangha hospital in Kenema, Sierra Leone.
© VINCENZO LIVIERI

1 NORTH AMERICA + SOUTH AMERICA + AFRICA + ASIA + EUROPE

OUR GLOBAL RESPONSE TO COVID-19

MSF and municipal health system's staff arrive to conduct COVID-19 screenings at a community in the Lake Mirini region of the Amazon rainforest in Brazil.
© DIEGO BARAVELLI

WHEN COVID-19 EMERGED AS A PANDEMIC IN EARLY 2020 OUR PRIORITY AS DOCTORS WITHOUT BORDERS (MSF) WAS TO MAINTAIN THE MEDICAL CARE WE OFFER TO PATIENTS AROUND THE WORLD AND INTERVENE WHERE CARE WAS NEEDED MOST AS PART OF THE GLOBAL COVID-19 RESPONSE. BETWEEN JANUARY AND DECEMBER, WE PROVIDED DEDICATED COVID-19 SUPPORT IN 80 COUNTRIES ON 5 CONTINENTS.

From hard-hit areas to conflict and crisis settings, MSF sought to reach vulnerable populations who were at risk of being left behind, delivering medical care and other assistance to remote communities, people on the move, the homeless, and elderly people living in long-term care facilities. Working alongside local healthcare workers from Eswatini to Uzbekistan, we strengthened infection prevention and control measures, conducted screenings, trainings, contact tracing and mental health consultations and donated masks, PPE and hygiene kits.

We opened several COVID-19 field hospitals and assigned staff to hospitals struggling under the pressure. Importantly, MSF teams also worked hard to keep other essential health services open and remained fully committed to the care of our existing patients.

2 SOUTH AFRICA + ESWATINI + LESOTHO + MOZAMBIQUE + MALAWI + ZIMBABWE

COVID-19: CLOSE TO HOME

An elderly woman is given oxygen at the MSF Khayelitsha Field Hospital in Cape Town, South Africa.
© ROWAN PYBUS

AS SOUTHERN AFRICAN BORDERS CLOSED IN MARCH 2020, MSF REDIRECTED EXISTING STAFF TO COVID-19 RESPONSES CLOSER TO HOME. THESE INCLUDED DEVELOPING AND DISSEMINATING HEALTH PROMOTION MATERIALS, CONDUCTING HEALTH PROMOTION SESSIONS AND PROTECTING HEALTHCARE PROVISION BY INSTALLING TRIAGE TENTS AND HANDWASHING POINTS AT FACILITIES.

Across the region, MSF provided mental health support and established medicine pick-up points to reduce non-essential visits to healthcare facilities. In South Africa's Western Cape province in June, we opened a 60-bed COVID-19 field hospital in Khayelitsha to support the local district hospital. In Eswatini, teams implemented adjusted models of care for patients living with HIV, TB and non-communicable diseases in order to reduce their risk of infection, such as video observed therapy using smartphones.

Following a joint proposal by South Africa and India that the Word Trade Organization waive patents on medical tools and therapeutics for COVID-19 in the pandemic, MSF worked with civil society partners to advocate for equitable and affordable access to COVID-19 therapeutics and tools, including vaccines both locally and internationally.

3 MOZAMBIQUE

CONFLICT IN CABO DELGADO

A woman waits for her clothes to dry in a field next to a makeshift camp for displaced people in Metuge, Cabo Delgado Province, Mozambique.
© TADEU ANDRE

SINCE THE FIRST ATTACKS ON TOWNS IN MOZAMBIQUE'S CABO DELGADO PROVINCE IN OCTOBER 2017, CIVILIANS HAVE BEEN RAVAGED BY FIGHTING BETWEEN THE MOZAMBICAN ARMY AND A NON-STATE ARMED GROUP. IN THE LAST MONTHS OF 2020, VIOLENCE AND LIVING CONDITIONS FOR HUNDREDS OF THOUSANDS OF PEOPLE WORSENED.

"Every day, MSF teams see hundreds, some days thousands, of desperate yet determined people arriving by boat, truck and by foot at Pemba, the capital of Cabo Delgado, in northern Mozambique," Caroline Gaudron, MSF strategic support manager, said in December. *"They've left everything behind to stay alive. They all have a terrible story to tell – a decapitated husband, a kidnapped wife, a son from whom they have no news. The insurgents attacked their village, burned down their house, took away their meagre possessions."*

By December, almost half a million people had been displaced and thousands of people were stranded in makeshift camps or tents crowded with several families. The sanitary facilities are insufficient, and the lack of clean drinking water is dramatic – the perfect conditions for a disease outbreak.

4 GREECE

TRAPPED IN THE ASHES

Refugees and asylum seekers are forced to leave Moria camp after a fire destroyed most of the temporary shelters.
© ENRI CANAJ

NEARLY 12,000 MEN, WOMEN AND CHILDREN WERE FORCED TO EVACUATE MORIA REFUGEE CAMP ON THE GREEK ISLAND OF LESBOS, AFTER A FIRE TORE THROUGH THE CAMP IN SEPTEMBER. THE FLIMSY SHELTERS WERE RAZED TO THE GROUND AND FORCED PEOPLE ONTO THE STREETS WITH NOWHERE TO STAY.

"The human suffering and violence produced by European and Greek migration policies are to blame for the fire, and we can only hope that the same system of inhumane containment will not be reborn from the ashes in Moria," **Aurelie Ponthieu, MSF humanitarian advisor on displacement said.**

A month after the fire, a new camp was erected but conditions were worse than ever with people sleeping in tents on mats, no running water and limited food. Since the fire, MSF psychologists continued to note concerning symptoms among our patients, including sleepwalking, nightmares, regressive behaviour, as well as self-harm and suicidal ideation. In 2020, our child psychologists treated 49 children with suicidal ideation and suicide attempts.

5 LEBANON

CRISIS AFTER CRISIS

3-year-old Samar is brought to the MSF mobile clinic to receive wound wound care after the chemical explosion in Beirut, Lebanon.
© MOHAMMED CHEBLAK

IN AUGUST 2020, A MASSIVE EXPLOSION OF STORED CHEMICALS IN A BEIRUT WAREHOUSE LEFT WIDESPREAD DESTRUCTION THROUGHOUT THE CITY. FOR A COUNTRY IN THE MIDST OF AN ECONOMIC MELTDOWN, THIS TRAGEDY ONLY COMPOUNDED THE LEVELS OF DESPERATION AND HUMANITARIAN NEED.

"Lebanon has been battered by wave after wave of crisis," Jonathan Whittall, MSF emergency coordinator said. *"The explosion exposed needs and vulnerabilities that until now were hidden just beneath the surface. The people whose houses have been destroyed experienced an economic collapse just months before the explosion, pushing many of them into poverty. Some had fled war in recent years before seeking refuge in Lebanon. The explosion was a crisis no-one should be forced to absorb, and it has left people angry and tired."*

MSF provided wound care for people injured in the blast, as well as continuity of care for chronic diseases patients, and mental health care for people affected by the trauma of the explosion.

MSF Southern Africa: Annual Report

DOCTORS WITHOUT BORDERS 2020 IN NUMBERS

MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS

HIGHLIGHTS OF MSF ACTIVITIES, WORKING IN 499 PROJECTS IN 85 COUNTRIES GLOBALLY.

9,904,200 OUTPATIENT CONSULTATIONS

877,300 PATIENTS ADMITTED

112,000 OUTPATIENT CONSULTATIONS FOR COVID-19

64,300 SEVERELY MALNOURISHED CHILDREN ADMITTED TO INPATIENT FEEDING PROGRAMMES

947,800 VACCINATIONS AGAINST MEASLES IN RESPONSE TO AN OUTBREAK

63,500 PEOPLE ON FIRST-LINE HIV ANTIRETROVIRAL TREATMENT UNDER DIRECT MSF CARE

101,000 MENTAL HEALTH CONSULTATIONS IN GROUP SESSIONS

306,800 BIRTHS ASSISTED, INCLUDING CAESAREAN SECTIONS

349,500 INDIVIDUAL MENTAL HEALTH CONSULTATIONS: PATIENTS ADMITTED

2,690,600 MALARIA CASES TREATED

1.16 BILLION LITRES OF WATER DISTRIBUTED

8,300 PEOPLE TREATED FOR CHOLERA

WHERE THE FUNDS CAME FROM

IN 2020, MORE THAN 42,000 INDIVIDUAL DONORS FROM SOUTH AFRICA CONTRIBUTED FUNDS TO MSF SOUTHERN AFRICA.

MSF OPERATIONAL CENTRE BRUSSELS GRANT VS MSF SOUTHERN AFRICA FUNDS

MSF OCB GRANT 56.6% | MSF SOUTHERN AFRICA FUNDS 39.9 | OTHER INCOME 0.5

CHANNEL	TOTAL CONTRIBUTIONS
MSF SOUTHERN AFRICA FUNDS	56 694 373.00
MSF OCB GRANT	84 576 765.00
OTHER INCOME	720 155.00
TOTAL	141 991 313.00

2020 PRIVATE DONOR FUNDING CHANNELS

53% INDIVIDUAL MONTHLY GIVING
32% CORPORATES, TRUSTS & FOUNDATIONS
3% MAJOR GIFTS
8% LEGACIES
5% OCCASIONAL DONORS

CHANNEL	TOTAL CONTRIBUTIONS
INDIVIDUAL MONTHLY GIVING	29 902 941.00
CORPORATES, TRUSTS AND FOUNDATIONS	18 000 400.00
LEGACIES	4 679 330.00
MAJOR GIFTS	1 456 692.00
OCCASIONAL DONORS	2 567 010.00
TOTAL	56 694 373.00

REVENUE

MSF ENSURES INDEPENDENT, IMPARTIAL AND NEUTRAL MEDICAL CARE THROUGH INCOME FROM PRIVATE INDIVIDUAL DONORS AROUND THE WORLD.

88% of this income goes directly to our field projects. MSF Southern Africa is one of two sections in Africa and receives financial support from MSF's Belgian headquarters (OCB). The powerful contribution of African donors is essential to enabling our capacity to demonstrate independence when negotiating access to people trapped in conflict areas.

CHANNEL	2020	2019
INDIVIDUAL MONTHLY GIVING	29 902 941.00	29 902 770.00
MAJOR GIFTS	1 456 692.00	5 154 369.84
CORPORATES, TRUSTS AND FOUNDATIONS	18 000 400.00	1 609 486.00
LEGACY	4 679 330.00	–
INDIVIDUAL OCCASIONAL DONORS	2 567 010.00	1 309 114.00
TOTAL PRIVATE CONTRIBUTIONS	**56 604 373.00**	38 165 739.84
GRANTS RECEIVED	84 576 765.00	77 987 822.38
OTHER INCOME	720 155.00	733 168.75
TOTAL REVENUE	141 991 313.00	116 886 730.97
EXPENDITURE	135 053 022.00	118 803 293.37
SURPLUS/NET LOSS	**6 938 291.00**	-1 916 562.40

MSF psychologists conduct a group mental health session with people who have sought shelter in the Nangua camp for internally displaced people in Cabo Delgado province after fleeing brutal violence in Mozambique. © TADEU ANDRE

HOW WE USED YOUR FUNDS

THIS CHART SHOWS HOW DONATIONS RECEIVED IN SOUTHERN AFRICA ARE USED.

88% SOCIAL MISSION FIELD MEDICAL PROGRAMMES

12% SUPPORT SERVICES SA MEDICAL UNIT AND TRAINING, PROGRAMME SUPPORT, AWARENESS RAISING, FUNDRAISING, MANAGEMENT AND GENERAL ADMIN

PROGRAMME	REVENUE
SOCIAL MISSION	49 682 019.10
SUPPORT SERVICES	7 002 353.90
TOTAL EXPENDITURE	56 604 373.00

To staff the COVID-19 field hospital in Khayelitsha, MSF hired over 50 people, including doctors, nurses and support staff. Many of them were Khayelitsha residents. © ROHAN PYBUS

Abdo seeks care from an MSF mobile clinic after being injured in the Beirut blast in Lebanon. © MOHAMAD CHEBLAK

EXPENDITURE

THE SOCIAL MISSION INCLUDES ALL COSTS RELATED TO OPERATIONS AND PROGRAMMES IN THE FIELD, AS WELL AS ALL THE MEDICAL AND OPERATIONAL SUPPORT FROM HEADQUARTERS. AT AN INTERNATIONAL LEVEL ACROSS MSF, SOCIAL MISSION COSTS REPRESENT 80% OF TOTAL COSTS.

SOCIAL MISSION	2020	2019
FIELD MEDICAL PROGRAMMES	49 682 019.10	31 601 848.00
SA MEDICAL UNIT AND TRAINING	23 110 259.41	23 345 832.00
PROGRAMMES SUPPORT, FIELD STAFF RECRUITMENT & ADVOCACY	6 584 018.97	8 398 895.00
AWARENESS RAISING	8 436 017.53	9 113 705.00
TOTAL PROGRAMME/SOCIAL MISSION	**87 822 715.01**	73 430 281.00
SUPPORT SERVICES		
FUNDRAISING	20 309 281.73	20,565,128.00
MANAGEMENT AND GENERAL ADMINISTRATION	18 921 015.26	15 787 904.37
TOTAL SUPPORT SERVICES	47 230 306.99	45,373,032.37
TOTAL EXPENDITURE	**135 053 022.00**	118 803 293.37

Lantana was brought to the MSF Shinkafi hospital in Zamfara state, northwest Nigeria by his grandmother, pictured here. © ABAYOMI AKANDE

STATEMENT OF FINANCIAL POSITION

THE FIGURES FOR THE STATEMENT OF MSF SOUTHERN AFRICA'S FINANCIAL POSITION ARE TAKEN FROM AN ANNUAL INDEPENDENT AUDIT OF OUR FINANCIAL STATEMENTS IN SOUTH AFRICAN RANDS.

In 2020 we received an unqualified audit which means a complete independent audit was conducted and that that the auditors (PWC) could not find any discrepancies and matters of concern in our finances.

ASSETS	2020	2019
CURRENT ASSETS	34 227 165.00	23 978 139.00
NON-CURRENT ASSETS	1 228 424.00	1 332 124.00
TOTAL ASSETS	**35 455 589.00**	25 310 263.00
EQUITY AND LIABILITIES		
EQUITY	9 665 595.06	5 479 194.00
CURRENT LIABILITIES	25 789 993.94	19 831 069.00
TOTAL EQUITY AND LIABILITIES	**35 455 589.00**	25 310 263.00

FOR MORE INFORMATION, PLEASE VISIT WWW.MSF.ORG.ZA/ABOUT-US/PUBLICATIONS/FINANCIAL-REPORTS

INTERNATIONAL ACTIVITY

TOTAL EXPENDITURE FOR 2020 WAS € 1.08 MILLION

TOP 5 COUNTRIES RANKED BY MSF'S OPERATIONAL EXPENDITURE

10.6% DEMOCRATIC REPUBLIC OF CONGO € 114 M
7.2% SOUTH SUDAN € 78 M
7% YEMEN € 76 M
6.4% CENTRAL AFRICAN REPUBLIC € 69 M
4.2% NIGERIA € 45 M

*BASED ON 2020 EXPENDITURE FROM MSF'S WORK IN 76 COUNTRIES

MSF health promoter Shagufta Sayyed shares information during a mass COVID-19 awareness campaign in Mumbai, India. © PREMANANDA HESSENKAMP

INTERNATIONAL PROGRAMME EXPENSES BY CATEGORY

53% PERSONNEL COSTS
18% MEDICAL AND NUTRITION
10% TRANSPORT, FREIGHT AND STORAGE
8% OFFICE EXPENSES
5% LOGISTICS AND SANITATION
2% COMMUNICATIONS
4% OTHER

NOTE: PERCENTAGES REPRESENT MSF INTERNATIONAL PROGRAMME EXPENSES AND ARE ROUNDED OFF TO THE NEAREST WHOLE NUMBER.

MSF SOUTHERN AFRICA FIELD-BASED HUMAN RESOURCES

MSF SOUTHERN AFRICA RECRUITED 110 FIELDWORKERS WHO WERE PLACED MAINLY IN:

EAST & CENTRAL AFRICA	36
NORTH & WEST AFRICA	18
ASIA	18
SOUTHERN AFRICA	7
EUROPE & CARIBBEAN	5

FIELDWORKERS WERE RECRUITED FROM 12 COUNTRIES ACROSS SUB-SAHARAN AFRICA

*OUR RECRUITMENT PROCESS WAS AFFECTED BY COVID-19 RESTRICTIONS WHICH SAW FEWER FIELDWORKERS SENT FROM MSF SOUTHERN AFRICA.

MSF SOUTHERN AFRICA MEDICAL UNIT

TRAINING IS A STRONG COMPONENT OF MSF'S HUMAN RESOURCES STRATEGY, LED BY THE SOUTHERN AFRICA MEDICAL UNIT (SAMU).

IN 2020 SAMU TRAINING WAS MOSTLY CONDUCTED ONLINE DUE TO COVID-19 RESTRICTIONS.

484 STAFF IN MSF PROJECTS RECEIVED TRAINING AND KNOWLEDGE TRANSFER RELATED TO COVID-19, HIV, TB AND DRUG-RESISTANT TB (DR-TB), AS WELL AS CLINICAL MONITORING.

13 TRAININGS AND WEBINARS WERE CONDUCTED, REACHING PROJECTS IN SOUTH AFRICA, MALAWI, MOZAMBIQUE, KENYA, ZIMBABWE, DRC, GUINEA AND IRAQ.

Work-Work

Portfolio: Editorial Design + Infographics

Case Study 03

Work-Work © 2020

Contents

Foreword	4
Introduction	5
Celebrating 20 Years of Local Government	6
Our Approach	8
Our Challenge	9
Key Themes	10
Our Inspiration	12
Vision 2063	13
Key Themes	
Water	14
Sustainable Human Settlements	22
Resilient Local Government	30
Mobility	38
Smart Cities	46
Waste	54
Energy	62
Economic Development	70
Health	78
Our Partners	
COGTA	86
SALGA	87
SACN	88
City of Joburg	89
References and Credits	90

Work-Work © 2020

Our Approach

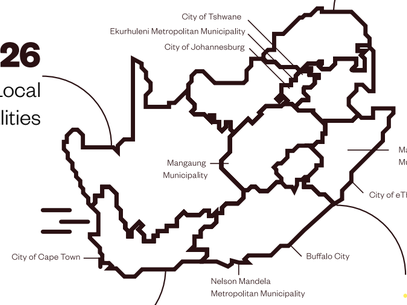
We believe in the unique role of local government to enable our vision for the future of the African city.

Within the last 20 years of South Africa's democratic and inclusive rule we have achieved a great deal - particulary in the last 15 year journey of transforming South African Local Government. Communities are experiencing positive change in their household- and individual lives. And yet, the more we attain, the more new challenges emerge.

The 8 Municipal Districts of South Africa

278
Individual Municipalities

226
Local Municipalities



8
Metros

44
Districts

The Challenge

1 in 3
children in the world will be born in Africa by 2063

How do we Review, Showcase, Converse & Recognise a culture of innovation within Local Government?

Review

It has become imperative to review policy impact of the last 15 years, the management practise of municipalities, administrative experience of both the institution and personnel, and operational mechanims throughout the Local Government fraternity. With this in mind, the objective of institutionalising a municipal peer review mechanism is to open up our municipal institutions and their varied practices to public scrutiny, and in partnership with social and private sector partners, continue unearthing Local Government innovation.

Showcase

Equally, it is of critical importance to practically showcase and exhibit what South African Local Governments have managed to implement, and reflect on the journey of transformation. In this way, we are able to share best practice with the world, our sister countries and practitioners on the African continent and, importantly, with South Africa itself. It is for this purpose that we present this exhibition.

Converse

Through no fault of any person, we have lost the mettle that characterised the Mass Democratic Movement that provided the final thrust of energy that displaced apartheid. We have lost the ability to effectively communicate what is being achieved; what new challenges are emerging, the degree of difficulty we are experiencing with the slow pace of transformation and critically, to find again that mettle and ardour inherent in our society. Conversing regularly achieves the dissemination of accurate information; it raises awareness about the business of municipal governance, with special emphasis on urbanisation, spatial transformation & sustainable development goals. This dynamic sphere of government functions in an arena with constantly moving targets.

Recognise

We also lost awareness that our human resources were operating in a VUCA environment. The crippling fear of being less than perfect, caused Local Government to lose focus on the truism that "Local Government is everybody's business, and Local Government works" Despite negative perceptions about the sector, there are numerous examples of individual excellence and institutional innovation that are not being recognised.

77%
of African people will live in cities by 2063

40%
of urban dwellers will live in informal settlements by 2063

Work-Work © 2020

Theme 1 / Tower 1

Water

Water is life. In our country, and our continent, water is a precious and scarce commodity. With ever growing populations, Local Governments will have to be at the vanguard of mitigating water stress. Recycling and conservation, on an unprecedented scale, will become necessary to ensure the taps don't run dry.

Critical Question

How do we create a culture of respect and consideration around water usage?

Filthy water cannot be washed.

–

West African Proverb

© Iwan Baan

Work-Work © 2020

The Present

The Bill of Rights states that every South African is entitled to housing and a clean environment.

Local Government has achieved a great deal in making this a reality for millions of our people. South Africa is undergoing rapid and dramatic urbanisation. Already, almost two thirds of our people live in cities and towns. Our cities are marked by sprawling informal settlements, tacked on to old cityscapes, or springing up on pockets of land within old city boundaries.

Finding new models for integrated and sustainable human settlements is a pressing concern for Local Government. Since the dawn of democracy, government has tried to address the apartheid housing hangover by building millions of homes, but often these settlements have reinforced the spatial defects of apartheid, keeping the majority of people on the fringes of cities, away from the economic heartbeat and accompanying opportunities.

Over the past decade, government thinking has shifted to finding new, workable ways to redress prevailing geography, restructure cities, shift ownership profiles and provide more choices. The focus is on creating more holistic living environments, and not just providing shelter. Local Government has been placed at the centre of land use decisions which address the legacy of apartheid, through the introduction of the Spatial Planning and Land Use Management Act of 2013.

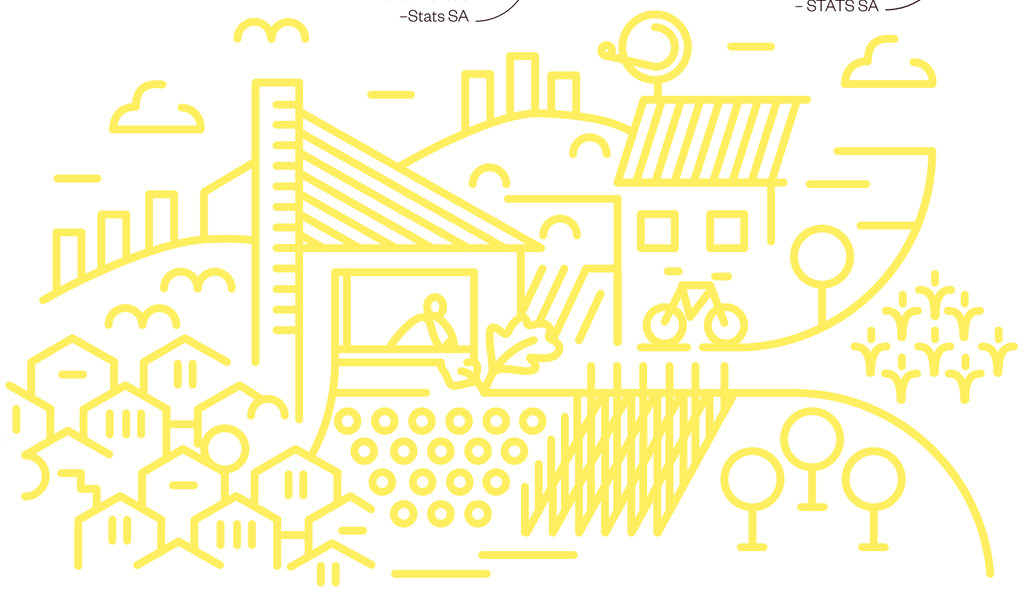
As the population pressure of rapid urbanisation comes to bear on infrastructure, conventional property ownership will remain unaffordable for many South Africans. The possibility of sufficient social and rental housing for the lower end of the market, also remains off the cards. The dream of an African urban future is buoyed by possibility in a world of narrowing perspectives. It is a dream containing fragments of memory of a vibrant future lost, but now regained.

It acknowledges how ordinary citizens are transforming cities and how, through these acts of growing, retrofitting and recycling, new cities will be built.

828
MILLION PEOPLE
Number people living in informal settlements in the world today
–OECD

63%
South Africa's population currently living in urban areas
–Stats SA

66%
of South Africans own their dwelling
– STATS SA



Work-Work © 2020

The Voices of the People

There is a two-way relationship between our Cities and us.
We influence our cities and our cities influence us.
The most important perspective, is YOUR vision

Can car-owners be persuaded to shift to public transport? Of course we can. The lifestyle with which we associate ourselves depends on our perceptions, experiences, attitude and values.
–
Gail Jennings
Mobility Magazine

32%
households indicating travel time as the biggest determinant of transport mode choice
– UN

In 2063, my children are able to attend evening classes at university because there Is a 24-hour bus system that circulates the city. I reflect on how these children do not ask their parents for cars for their birthday; rather, they request fully foldable bicycles that can be stored in any motorised public transport system.
–
Thando Mthimkulu
Transport Planner

In the year 2063, access to public transport networks, and the ease with which we can travel across the continent is no longer a costly burden. Traffic and congestion are a myth. Cape to Cairo and Durban to Dakar are accessible by high-speed rail.
–
Thando Mthimkulu
Transport Planner

I imagine an Evaton with no shacks, better roads and skateparks.
–
Zaloba Jeke, 15
Evaton

21%
workers who walk to work
–Stats SA

I imagine my village in Limpopo with better roads and world class public health facilities.
–
Khutso Makena, 20
Diepkloof

59%
poor urban residents who spend more than 20% of their declared household income on transport
–Stats SA
– Stats SA

The future doesn't belong to flying cars. A switch to electric cars is not the best either since that innovation will encounter similar problems: traffic congestion and, thus, prolonged travel times. Instead, it's the use of bicycles that should be promoted to both augment and help alleviate pressure on motorised transport
–
Geoffrey Brifford
SACN

Work-Work © 2020

Work-Work

Portfolio: Infographics + Illustration

Case Study 04

Sanlam Reality Programme: Infographic

Sanlam reality

Taking care of your money should be rewarding

Reality Check

What is Sanlam Reality?

Sanlam Reality is a programme available to all Sanlam group clients that empowers and rewards you as you improve your financial wellbeing.

Reality Check

170%

Average percentage by which Sanlam Reality members' **portfolios are larger** than Sanlam clients

Membership Options

Sanlam Reality has membership options to suit every pocket and lifestyle. All options also offer Family membership, allowing a spouse and all dependants to be full members in their own right.

Reality Health

This option is available to members of qualifying medical schemes, including Bonitas and Fedhealth. Enjoy all the benefits of our flagship Reality Plus offering but with a broader gym offering.

Reality Plus

Our flagship offering with top tier discounts and many unique benefits. Save big on international and local flights, gym membership, car hire, movies, eating out, entertainment and much more.

Reality Core

A great value offering, much loved by our members. Get top tier benefits like discounts on local flights, gym membership, hotel accommodation, car hire and movies, at a very affordable price.

Reality Check

6.2x

Sales growth since 2014

Benefit Categories

Save big on international and local flights, gym membership, car hire, movies, eating out, entertainment and much more.

Everyday Savings

Travel

Health

Personal Services

Wealth

Entertainment

Reality Check

6x

Growth in **member engagement** across the period from **May 2014 to June 2017**

Do More – Earn More

The Sanlam Reality tier status model has been designed to offer even more benefits and rewards to those members who want to earn tier points, become healthier and more financially fit. There are four ways to engage and earn:

Product Portfolio

Earn points for holding Sanlam Financial Products.

Earn up to:

25 000 points

Managing your Risk

Earn points for Health and Life events or Safety and Security events.

Earn up to:

30 000 points

Programme

Earn points for registering, updating details, membership option changes and more.

Earn up to:

8 500 points

Online Wealth Aivities

Complete financial tools, calculators, quizzes and more.

Earn up to:

24 000 points

The Tiering System

The more tier points you earn, the better your tier status will be. In turn, you will receive bigger benefit discounts and rewards. In order to be on the below mentioned tier status levels, your points balance needs to be:

Gold Tier
60 000 + points

Silver Tier
30 000 - 59 999 points

Bronze Tier
0 - 29 999 points

Reality Check

40%

Average percentage by which **Sanlam Reality clients are less likely to lapse**

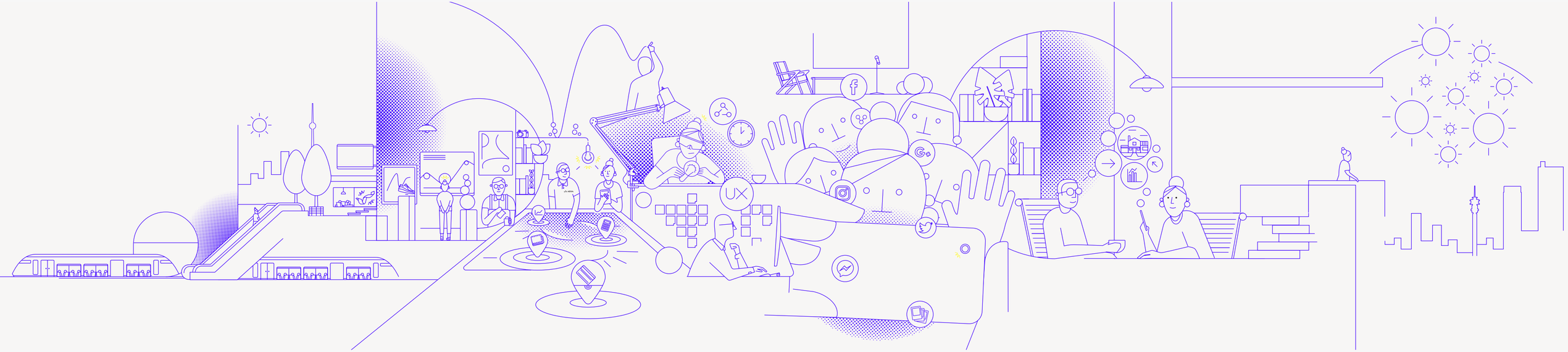
Work-Work © 2020

Work-Work

Portfolio: Infographics + Illustration

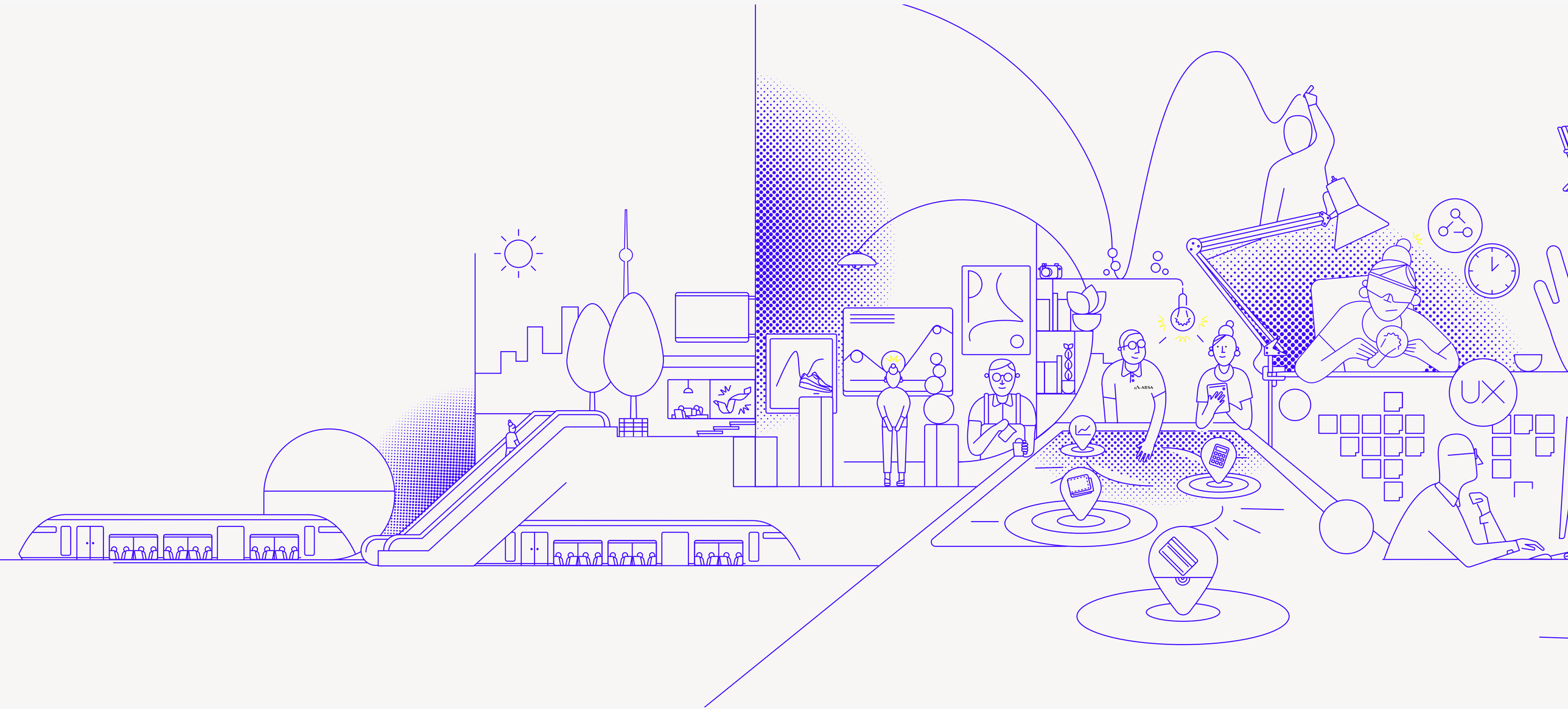
Case Study 05

ABSA / Barclays Group South Africa: Illustration + Animation Key Frame



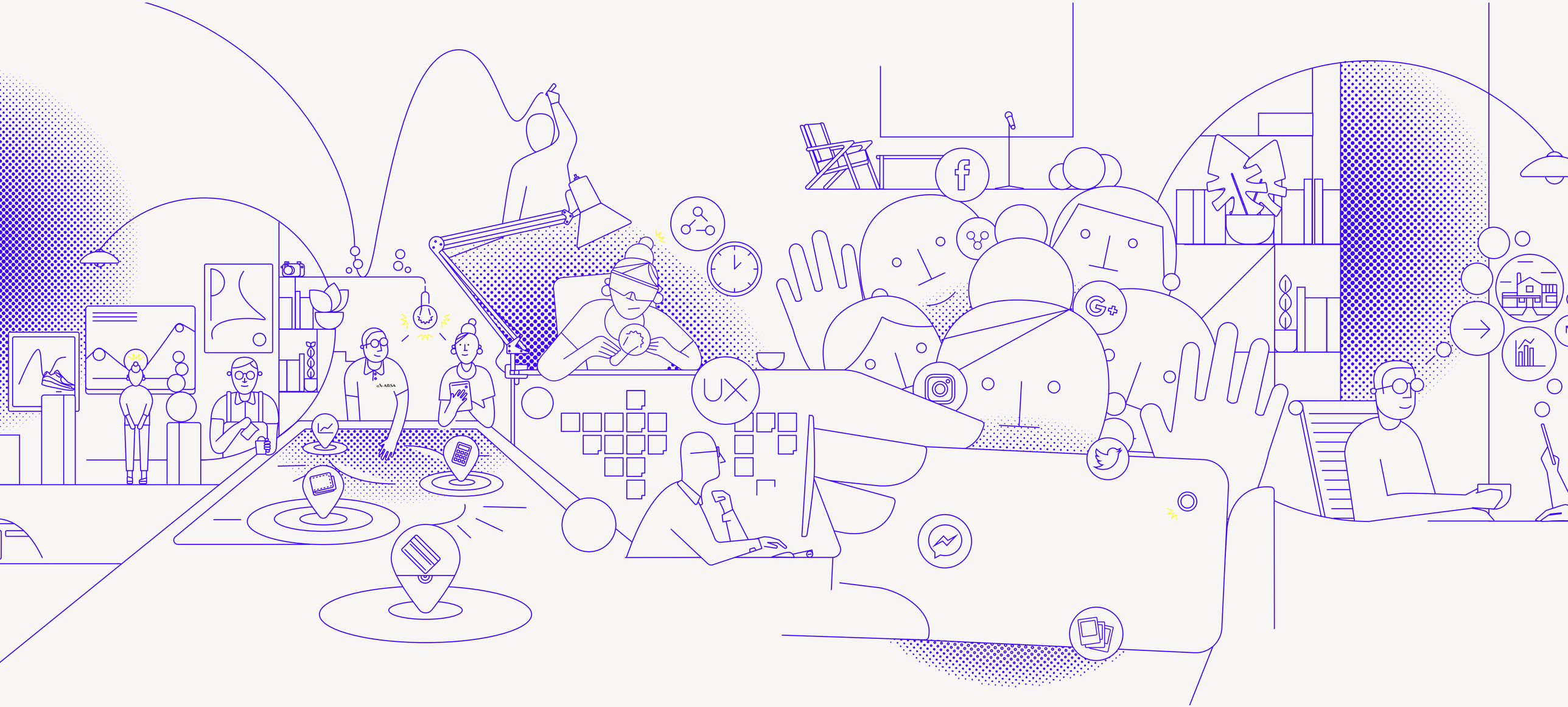
Work-Work © 2020

ABSA / Barclays Group South Africa: Illustration + Animation Key Frame



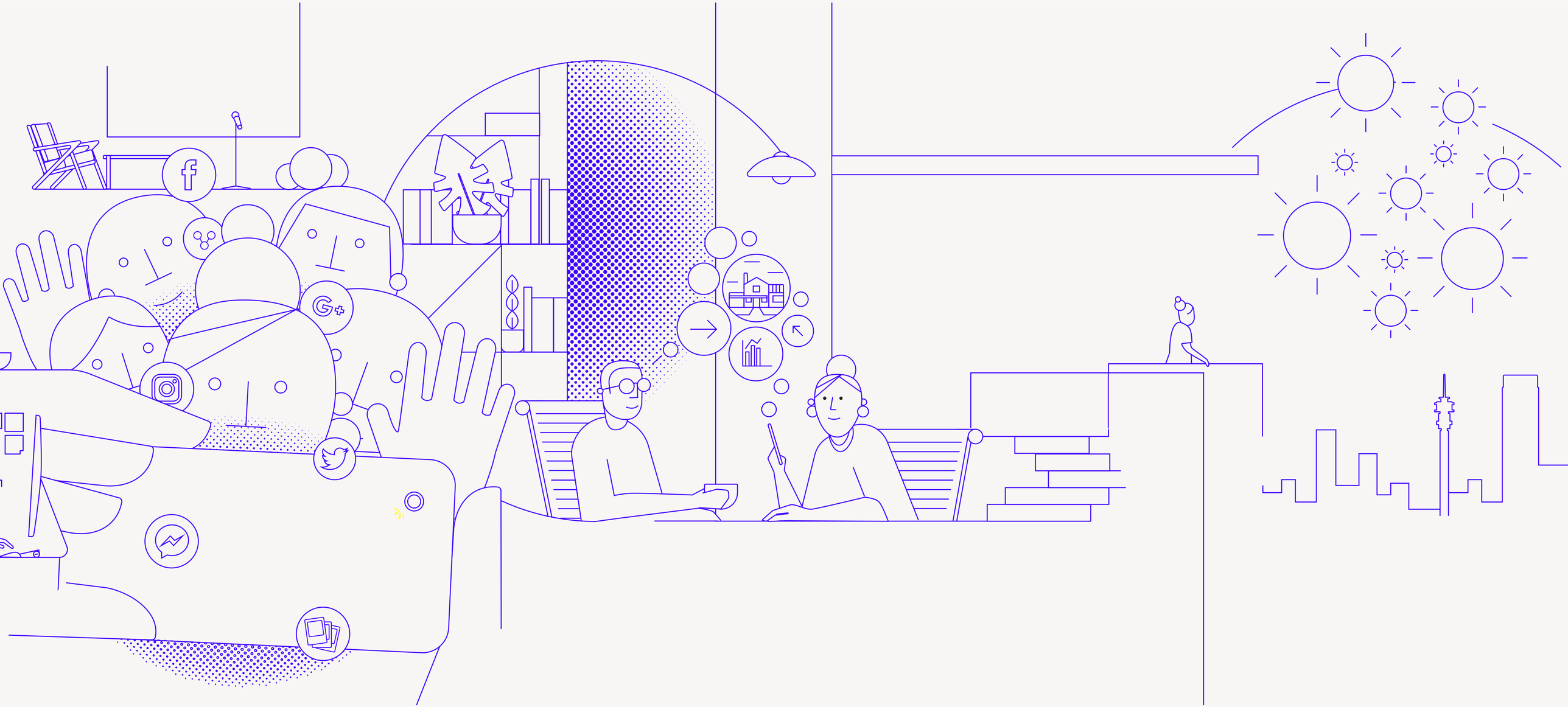
Work-Work © 2020

ABSA / Barclays Group South Africa: Illustration + Animation Key Frame



Work-Work © 2020

ABSA / Barclays Group South Africa: Illustration + Animation Key Frame

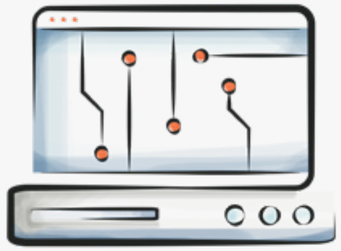


Work-Work © 2020

Work-Work

Portfolio: Iconography + Illustration

Case Study 05



Work-Work © 2020

Work-Work © 2020

Work-Work © 2020

Work-Work © 2020

Work-Work © 2020

Work-Work © 2020

Work-Work © 2020

Work-Work © 2020

Thank You!