



PROJECT WEAVE

DRIVING GROWTH & INNOVATION

- A Kululeko and Khulisa Social Solutions Partnership -

ALEXANDRA DIALOGUE CIRCLE

*What residents said about safety, what keeps the problems in place,
what already exists, and what to do next*

ALEXANDRA, JOHANNESBURG • 11 SEPTEMBER 2026

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Executive Summary

Project Weave, the Social Fibre Initiative, is a joint undertaking of Kululeko and Khulisa Social Solutions NPC. It sets out to understand what connects and disconnects South Africans, and where trust and belonging are strongest and weakest. The Alexandra Dialogue Circle of 11 September 2026 was its first field session.

Residents were asked four questions in sequence: where they feel unsafe, insecure or excluded; why those conditions keep happening; what already exists that could make things better; and what should be done together, what part technology should play, and how anyone would know it had worked.

Six Findings Run Through The Session:

1. Residents do not experience their problems separately. The same person describes an unsafe home, an overloaded school, an unreliable clinic, a dark street and no work — at the same time, and as one condition rather than five.
2. Safety is not only about crime. It includes a stable household, dignity at the clinic, a school that is safe to learn in, a street that can be walked at night, and the confidence to speak at a meeting without becoming a target.
3. Alexandra is not short of institutions. It has schools, clinics, a police station, libraries, community centres, churches, NGOs, patrols and skilled residents. What it lacks is connection between them.
4. The problem is not scarcity alone. Existing services are overloaded, fragmented, hard to reach and inconsistent in how they respond.
5. Accountability is the weakest link and the biggest opportunity. Residents report problems and hear nothing back, so they stop reporting.
6. Residents did not put it all on the government. They named things families, schools, businesses, churches and residents themselves should do, and they proposed practical, low-cost measures.

Two of these carry the rest. The existence of an institution is not evidence that it functions: the questions worth asking are whether residents can reach it, trust it and get a response from it. And the accountability chain — identify, report, refer, respond, resolve, feed back, verify — breaks in the middle, which is why residents stop reporting.

Alexandra's problem is therefore not scarcity alone. What is already there does not work as a system. That changes the question from "what new project does Alexandra need?" to "how do we make the system that exists work for the people inside it?"

Four things follow: take the findings back to the residents who produced them within four weeks; complete the diagnostic over three months with an asset map, a responsibility map, a referral pathway map, a trust assessment, a baseline and further circles; start the handful of measures that need no new money, each with a named person responsible; and run one accountability pilot through the full chain, recording what happens at every stage. Six months from now the initiative should be able to say, with evidence, whether more problems are being reported, how many were acted on and how quickly, how many residents received feedback, and whether the sense of safety and trust has shifted.

1. Introduction and Purpose

Project Weave begins from a base of more than 150 000 community participation contributions gathered by Khulisa through Dialogue Circles, community engagements, focus groups, transit walks, asset mapping and monitoring work. Its purpose is to strengthen unity through understanding and valuing difference: to establish what connects and disconnects South Africans, and where trust and belonging are strongest and weakest. Physical fibre connects places; social fibre connects people, possibilities and opportunity.

Alexandra was chosen for the first Dialogue Circle because it concentrates, in a small area, most of the pressures the initiative sets out to understand: density, unemployment, strained services, crime and a long history of interventions that have not added up to a system.

This report sets out what the session produced, what it means, and what should follow from it. It is written to be read by the residents and organisations who took part, by the partners who would act on it, and by funders considering the wider programme.

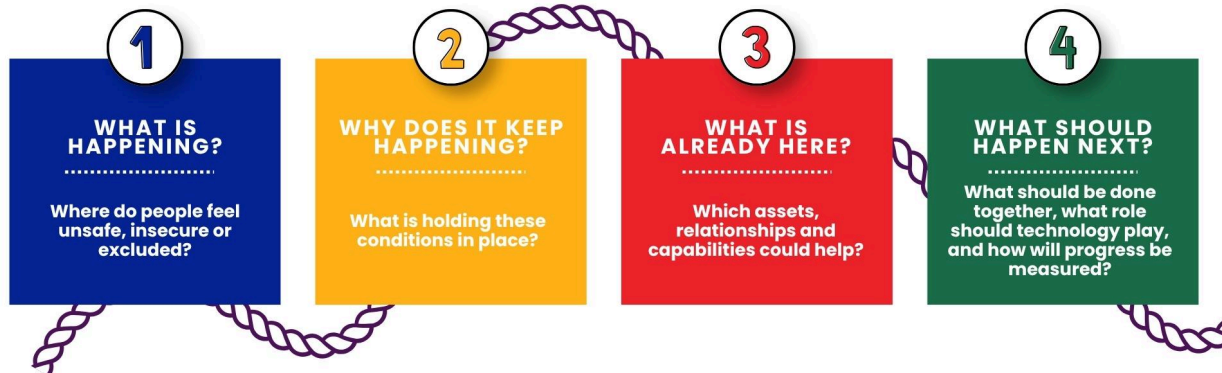
2. Method

The Dialogue Circle is not a survey and not a focus group. It is a structured conversation, held in the language participants choose, working from what is happening in their own lives. The four questions run in a deliberate sequence, moving the room from grievance, to diagnosis, to the assets already present, to accountability and measurement.

The Weave framework is explicit that technology should not be assumed to be the solution, and the fourth question is framed to test that rather than to invite a wish list.

FROM LIVED EXPERIENCE TO SHARED ACTION

A structured conversation that moves from
lived experience to practical action



**THE SEQUENCE MOVES THE CONVERSATION FROM GRIEVANCE, TO
DIAGNOSIS, TO ASSETS, TO ACCOUNTABILITY AND MEASUREMENT.**

Session details:

Session detail	To confirm
Date and venue	11 September 2026, Alexandra — venue to be confirmed
Participants	Number, age range, gender split and how they were invited — to be supplied
Facilitators	Names and organisations — to be supplied
Languages used	To be supplied
Recording and consent	How the session was recorded, and the consent obtained — to be supplied

2.1. Limitations

This is one circle, held on one day, in one part of Alexandra, with residents who were able and willing to attend. It is a first baseline and a strong one, but it is not representative, and nothing in this report is claimed beyond what participants themselves described. A second and third circle, including young people and residents who did not attend this session, will show how much of it holds.

3. Findings

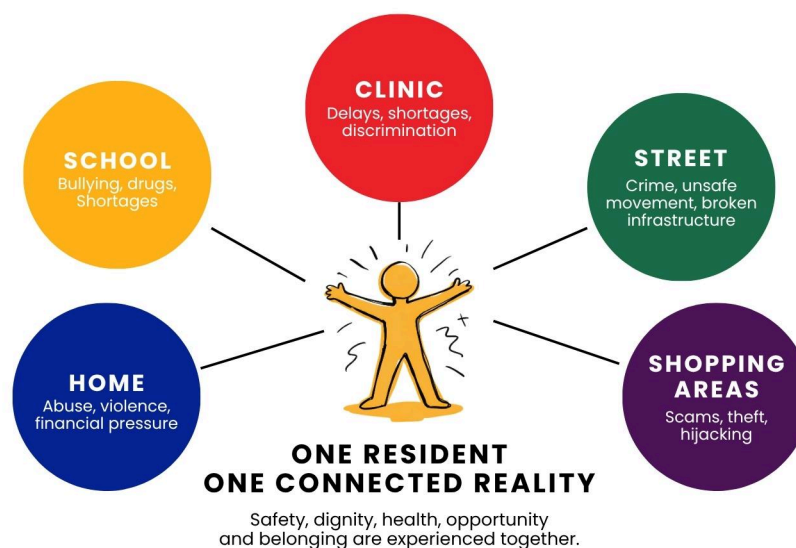
3.1. Where people feel unsafe, insecure or excluded

Participants named five places: the mall, the home, the clinic, the school and the street corner.

The home came up as strongly as any public space — abuse, violence, unfair treatment between family members, and the weight of being the one person in the house with an income. Insecurity starts indoors.

At the mall it was scams, theft and hijacking, with pensioners, people with disabilities and drivers most exposed. At the clinic it was discrimination, shortages, delays and the loss of dignity and confidentiality, particularly for people living with chronic illness. At school it was shortages, bullying, drugs, weapons, weak access control and strained relationships between learners and teachers. On the street it was reckless driving, hit-and-run incidents, drug dealing, rape and abuse, alongside potholes and broken pavements.

The cost is not only physical. Participants described trauma, poor mental health, isolation, low confidence, movement restricted to certain hours and routes, and small businesses losing stock and custom.



**RESIDENTS DO NOT EXPERIENCE THESE PRESSURES AS SEPARATE PROBLEMS.
THEY EXPERIENCE THEM AS ONE CONDITION.**

Table 1. Where insecurity is experienced, and by whom

Place	What was described	Who is most exposed	What it costs
Shopping areas	Scams, theft, hijacking	Pensioners, people with disabilities, drivers	Financial loss; people avoid going
Home	Abuse, violence, unfair treatment, financial pressure	Children, vulnerable family members, income earners	Trauma, stress, isolation
Clinics	Discrimination, shortages, delays	People with chronic illness, poorer households	Loss of dignity, distrust, people stop going
Schools	Shortages, bullying, drugs, weapons	Learners and educators	Learning in an unsafe environment
Streets	Reckless driving, crime, drugs, rape, abuse	Everyone, children and older people most	Restricted movement and fear
Infrastructure	Potholes, inadequate pavements	Pedestrians and motorists	Injury, damage, reduced mobility
Small business	Theft from traders	Informal traders and entrepreneurs	Lost stock, income and opportunity

3.2 Why these conditions keep happening

This question was designed to get past the list of problems to what holds them in place. Participants described several systems failing at once.

Population pressure was the clearest. Schools are overcrowded, the electricity network is overloaded, sanitation is beyond capacity. One participant described about forty people sharing a single toilet.

Shortages of staff, facilities and equipment were raised repeatedly, and were not put down to funding alone. Participants named poor management and corruption in the same breath.

Fear shapes participation. Residents said they hold back at community meetings because speaking openly can make a person a target. Where that happens, formal participation stops telling anyone the truth.

Economic exclusion was described through nepotism and favouritism in access to opportunity, which participants felt had become normal. Infrastructure failure also breeds its own coping: illegal connections that then contribute to outages and pressure on substations.

Participants also turned the question on themselves. Parents were challenged to check what their children take to school and to be more involved in their schooling.

Table 2. What keeps the problems in place, in order of leverage

No.	Blockage	What it does to the system
1	Weak accountability	Problems are reported, nothing comes back, people stop reporting
2	Fragmented institutions and services	What exists does not work as one system
3	Population and infrastructure mismatch	Services run permanently beyond capacity
4	Low institutional trust	Less reporting, less participation, less cooperation
5	Information and referral gaps	Residents do not know where to take a problem
6	Economic exclusion	Nepotism and unemployment close off opportunity
7	Emotional and household insecurity	Undermines confidence and participation
8	Resource and maintenance deficits	Assets that exist run below what they could do
9	Unclear responsibility	Neither institutions nor residents are sure what is theirs
10	No measurement	Nobody can see whether anything is improving

The conclusion is that Alexandra's difficulties are systemic rather than sectoral. An intervention in policing, schooling, infrastructure or jobs alone will not hold if everything around it stays fragmented.

3.3 What already exists that could make things better

The third question moved the room from what is missing to what is already there. The list was long: schools, a police station, libraries, clinics, NGOs and NPOs, churches, government departments, community centres, patrols, outreach nurses, local businesses and leaders, and residents who can cook, plumb, wire a house, fix a computer or run an office.

The problem is the condition of those assets, not their absence. Libraries are underused and have had equipment stolen. Community centres stand disconnected, without programmes or funding, some with vandalism, electricity faults and toilets that do not work. The police station is present but, in participants' experience, not responsive: poor service, little empathy, too few vehicles. NGOs, churches, local businesses and local leaders were named as genuine strengths.

Table 3. What exists, what condition it is in, what it could do

Asset	Condition described	What it could become
Schools	Overcrowded, under-resourced	Youth mobilisation, learning and safe-space programming
Libraries	Underused, theft of equipment	Digital access, study support, information hub
Community centres	Present but disconnected	Coordination hubs for programmes and meetings
Clinics	Resource constrained	Health outreach and integrated referral
Police services	Present, low confidence	Rebuilt response pathways and accountability
NGOs and NPOs	Active and trusted	Implementation and referral partners
Churches and local leaders	Established networks	Mobilisation, representation, coordination
Local businesses	Already giving some support	Partnership and local investment
Community patrols	Operating, under-resourced	Community safety network
Outreach nurses	Already going door to door	Prevention and referral
Resident skills	Plumbing, cooking, technology, electrical, admin	Work, mentoring and local enterprise
Phones and WhatsApp	In everyone's hands	Reporting, alerts and information

This is why Alexandra should be approached through asset mapping rather than another needs assessment. The question to ask of each asset is not whether it exists, but whether it functions, whether people can reach it, whether they trust it, and whether it is connected to anything else.

3.4 What to do together, the place of technology, and measurement

Participants proposed street WhatsApp groups, safe houses and meeting points, better lighting, a community reporting system, closer links between community policing structures, churches and schools, panic whistles and WhatsApp SOS functions, cameras, solar backup and, possibly, drones. Most of these build on something that already exists.

They were also realistic about technology. One participant asked how drones would be paid for when there is still no free Wi-Fi. A camera achieves nothing without electricity, monitoring and someone who

responds. A WhatsApp group achieves nothing if no one is responsible for acting on what is posted. Technology should be tested against cost, access, power, connectivity, maintenance, community acceptance, privacy — and whether a response mechanism exists at the other end.

Their description of accountability was the most useful thing said all day: someone is clearly responsible, they respond in time, and residents are told what happened.

Table 4. What was proposed, and what each would need to work

Proposal	What it builds on	What it needs
Street WhatsApp groups	Phones already in use	Trusted administrators and a link to someone who responds
Safe houses and meeting points	Residents, churches, schools	Identified locations and clear protocols
Improved lighting	Existing infrastructure	Maintenance and reliable electricity
Cameras	Existing security initiatives	Governance, monitoring and response
Panic whistles and SOS	Community networks	An agreed response protocol
Monthly safety meetings	Halls and community centres	Attendance and follow-through
Solar backup	Existing buildings	Installation and maintenance
Community reporting system	Phones and local structures	Clear escalation and feedback
Drones	Possible private-sector support	Feasibility, cost, privacy, trained operators
Integrated safety network	Schools, churches, patrols, police, residents	Coordination and defined responsibilities

4. What The Findings Mean

4.1 Existing is not the same as functioning

Alexandra has police stations, clinics, schools, libraries, community centres, government departments and NGOs. Listing them proves nothing. The questions worth asking are whether each one functions, whether residents can get to it, whether they trust it, whether it responds, whether it is connected to the others, and whether it produces the outcome it exists for. The asset map Project Weave builds should therefore distinguish four things: an asset that exists, one that functions, one that is trusted, and one that is connected.



THE ASSET MAP SHOULD DISTINGUISH ASSETS THAT EXIST, FUNCTION, ARE TRUSTED AND ARE CONNECTED.

4.2 The accountability chain is broken in the middle

Residents identify a problem and report it. After that the chain breaks: referral is unclear, response is inconsistent, resolution is not recorded, feedback rarely arrives and nobody verifies whether anything improved. Repair that chain and most of the other blockages loosen, because trust and participation both depend on it.

THE ACCOUNTABILITY CHAIN

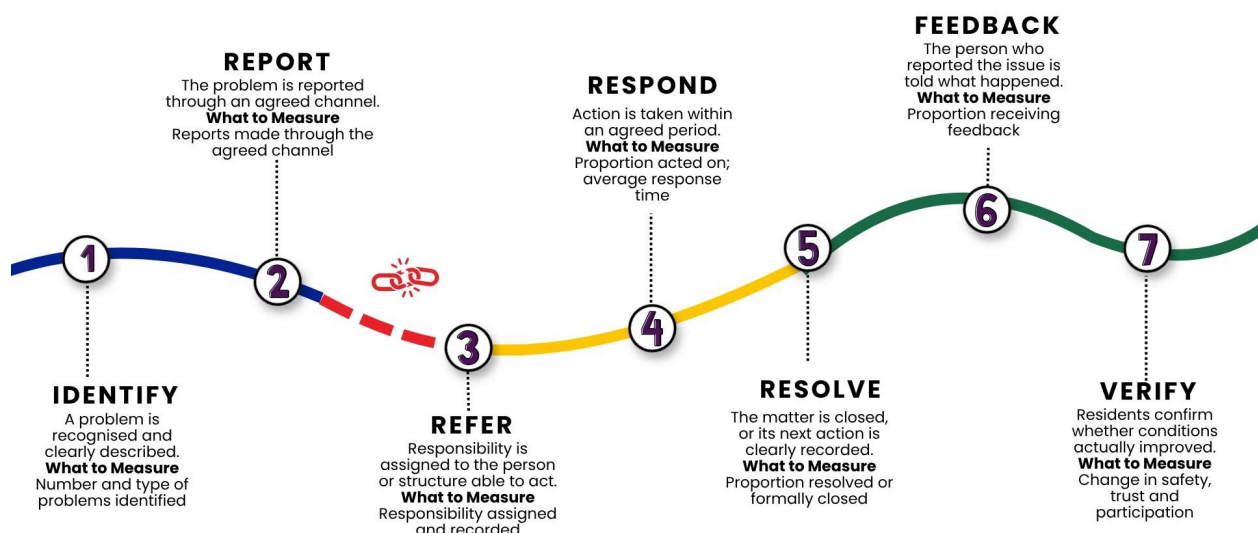


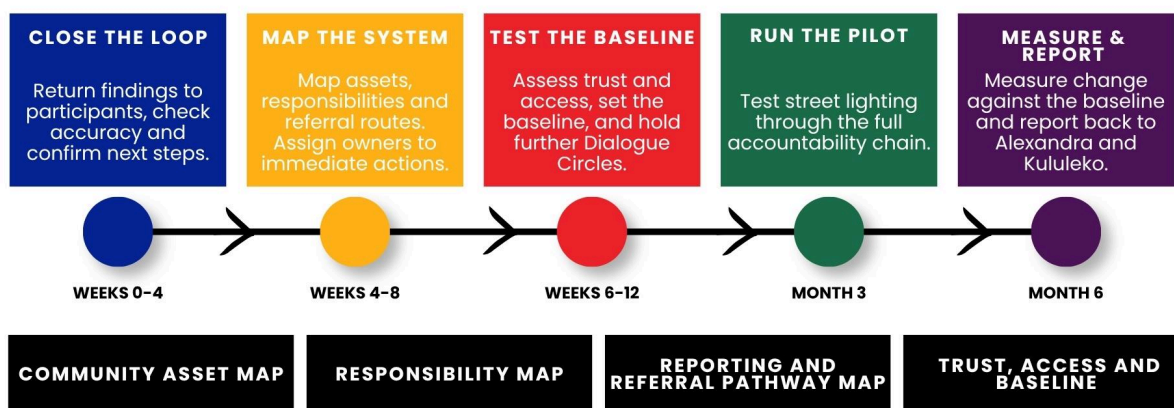
Table 5. The accountability chain, and how it would be measured

Stage	Where it breaks now	What we would measure
Identify	Problems are recognised but not classified	Number and type of reports
Report	Routes are unclear	Reports made through an agreed channel
Refer	Problems are passed between structures	Responsibility assigned and recorded
Respond	Response is inconsistent	Proportion acted on; average response time
Resolve	Matters are left open	Proportion closed
Feedback	Residents hear nothing	Proportion who receive feedback
Verify	No measurement of improvement	Resident confirmation; change in safety, trust and participation

5. Next Steps and the Way Forward

The session produced a diagnosis. What follows turns it into something Alexandra residents, partners and funders can act on and measure. It has four parts: closing the loop with the people who took part, completing the diagnostic, starting the things that need no new money, and connecting Alexandra to the wider Project Weave programme.

FROM DIALOGUE TO EVIDENCE OF CHANGE



THE TASK IS NOT TO ADD ANOTHER PROJECT. IT IS TO MAKE THE SYSTEM THAT EXISTS WORK FOR THE PEOPLE INSIDE IT.

5.1. Close the loop with participants (within four weeks)

Residents said clearly that they report problems and hear nothing back. If this report goes to partners and funders before it goes back to the people who produced it, Project Weave repeats the failure it has just documented.

- Send a two-page plain-language summary of these findings back to everyone who attended, in the languages used on the day.
- Hold a short feedback session in Alexandra to check that residents recognise themselves in the findings, and correct what they do not.
- Say plainly what happens next and by when, including what Project Weave cannot do.

5.2. Complete the diagnostic (the next three months)

The next phase should not be another needs assessment. Five pieces of work complete the picture.

Table 6. The diagnostic work still to be done

Piece of work	What it produces	Who leads	By when
Community asset map	Organisations, facilities, programmes, skills and networks, each marked as existing, functioning, trusted or connected		
Responsibility map	Who is accountable for which issue, named		
Reporting and referral pathway map	Where the current chain breaks		
Trust and accessibility assessment	Which institutions residents actually use and trust		
Baseline measurement	Starting measures for safety, belonging, agency, trust and responsiveness		
Second and third dialogue circles	Whether the same findings hold with other residents, particularly young people and people who did not attend		

5.3. Start what needs no new money — alongside the diagnostic

Several of the proposals from the session can begin now, because they build on what already exists. Each needs one named person who is responsible, or it will join the list of things that were suggested once.

Table 7. What can start immediately

Action	What it needs to work	Who leads	By when
A street WhatsApp network with agreed administrators	Administrators, ground rules, and a named person at the other end who responds		
Identify safe houses and meeting points	Agreement from churches, schools and residents, and a simple protocol		
A lighting and infrastructure fault list, reported as one submission	One list, one route into the municipality, one person tracking replies		
Reopen a community centre as a meeting and coordination point	Agreement from whoever holds the keys; repairs to toilets and electricity		
A standing monthly safety meeting	A venue, a convenor, and feedback on what happened since the last one		
Bring the patrols, schools, churches, clinic and station into one contact group	A convenor and a shared contact list		

The accountability pilot matters more than any single one of these. Take one issue — street lighting is the simplest — and run it through the full chain: identify, report, refer, respond, resolve, feed back, verify. Record what happens at each stage. Whether it succeeds or stalls, Alexandra learns exactly where the chain breaks, and Project Weave gets its first measured case.

5.4. Bring the partners in

- Share the report with the Alexandra organisations and leaders named in it, before it goes further.
- Take the responsibility map to the relevant municipal departments, the station commander and the clinic management, and ask them to confirm or correct who is accountable for what.
- Approach local businesses with one specific ask each, tied to the accountability pilot, rather than a general request for support.
- Agree with Kululeko how Alexandra feeds the national Social Fibre Diagnostic, and what Alexandra gets back from it.

5.5. How we will know it is working

The measures are already set out in Table 5. Six months from this session, Project Weave should be able to answer, with evidence rather than impression:

1. Are more problems being reported through an agreed channel than before?
2. What proportion of them were acted on, and how quickly?

3. What proportion of residents who reported something received feedback?
4. Has residents' sense of safety, trust and participation shifted since this baseline?

If the answer to the last question is no, but the first three have improved, that is still progress: the chain is being rebuilt and trust follows later. If none of them has moved, the model needs rethinking, and it is better to know that in Alexandra than after nine provinces.

Table 8. Summary timeline

When	What happens	Who
Within 4 weeks	Feedback summary and session back to participants; report to Alexandra partners	
Weeks 4–8	Asset, responsibility and referral pathway mapping begins; immediate actions given owners	
Weeks 6–12	Trust and accessibility assessment; baseline measurement; second dialogue circle	
Month 3	Accountability pilot running on one issue, with each stage recorded	
Month 6	First measurement against the baseline; report back to Alexandra and to Kululeko	

6. Conclusion

Alexandra is under real pressure — social, economic, infrastructural and emotional. It also has more working parts than the conversation about it usually admits: schools, clinics, police, libraries, community centres, churches, NGOs, businesses, leaders and residents who are willing to act.

The finding is not that Alexandra needs more investment. It is that what is already there does not function as a whole. That changes the question from “what new project does Alexandra need?” to “how do we make the system that exists work for the people inside it?”

This is where Project Weave earns its place. It turns what residents live with into structured evidence, names the blockages that keep the problems in place, finds the assets already capable of responding, and then builds a way of measuring whether anything actually changed. The Alexandra session is a solid first baseline for the wider programme.

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 11 September 2026