Intersectoral action for health and well-being in Khayelitsha: A health sector perspective

14 March 2013
Virginia De Azevedo
Outline

- Cape Town & migration
- Khayelitsha
- Health indicators of inequality in the city
- What prompted us to get involved in improving access to W&S in Khayelitsha
- How we conceptualized our role in that process
- Our experience in dealing with a no. of role-players involved, amongst others:
  1. Other city departments
  2. Communities
  3. Leadership structures
  4. NGOs
- Conclusion
City of Cape Town

- Population ~ 3.6 million
- Divided in 8 health sub districts
- Continued in-migration against a housing backlog resulted in proliferation of informal settlements of various sizes
- City adopted norms for provision of basic services (access to water, toilets and solid waste removal)
- EHPs carry out weekly inspection visits to informal settlements to monitor health hazards
- Failure to meet city adopted norms and problems with access to water, sanitation and waste management are reported to relevant departments
How big & difficult to handle is the migration problem in Cape Town?

Cape Town population estimated increase for the next 15 years (2010-2025) = 13% i.e. ~4,2 million

In 2012 = Cape Town has 287 informal settlements
Migration (2001 census data)

- Migration from the EC into the poorest parts of the city: Khayelitsha, Guguletu, Nyanga

- Migration of skilled people (mainly Gauteng & KZN) into the wealthier areas of Southern and Northern suburbs and the Atlantic seaboard
Projected Growth of African Cities, 2010 & 2025

Growth of African cities
% increase, 2010-2025 forecast

- Dar es Salaam
- Nairobi
- Kinshasa
- Luanda
- Addis Ababa
- Abidjan
- Dakar
- Lagos
- Ibadan
- Accra
- Douala
- Alexandria
- Algiers
- Casablanca
- Cairo
- Johannesburg
- Cape Town

Source: UN-HABITAT

City population, forecasts, 2010 & 2025

- Algiers
- Alexandria
- Cairo
- Addis Ababa
- Ibadan
- Accra
- Dakar
- Douala
- Lagos
- Kinshasa
- Luanda
- Cape Town
- Johannesburg
- Durban

(UNHabitat, 2010)
Cape Town is experiencing significant, although not exceptional, population growth

Pattern of urbanization in Cape Town:
1. Growth concentrated among poor
2. Youthful population – median age=26
3. High child dependency ratio
4. Exacerbated by high unemployment
5. Household growth exceeds population growth
6. Increasing no. of households will not be able to provide for themselves and will be reliant on public sector for a range of services

In the context of existing inequalities, this growth, if not properly managed, could tilt the city to a path of declining social indicators

The ability of the economy to absorb additional population is limited
Peri-urban township

Situated 30 kilometres outside Cape Town

Population close to 500,000

Of which ~ 2 thirds live in 46 informal settlements
Health Indicators
The Burden of Disease Study (BOD)
ARV enrolments by sub-district
2010-2012

RIC 25 735
TB Case Notification Rate (100,000 population)

Eastern: 803
Khayelitsha: 1275
Klipfontein: 704
M/Plain: 705
Northern: 612
Southern: 348
Tygerberg: 656
Western: 536
City Totals: 689
Cape Town: STIs-New Cases

2012: male condom distribution
(no. of condoms /male >15 years of age/ year)
Cape Town, IMR: 2003-2010
(No. of babies dying under 1 year, out of 1,000 live births)
The maps show the plotting of diarrhoea deaths in 3 consecutive diarrhoea seasons. The clustering of deaths in certain areas is obvious.

Although the density of dots was reduced in subsequent seasons, the geographical pocket areas where the dots are located, by and large remain fixed from one season to the next.
Access to water & sanitation and the infrastructure backlog

- Informal settlements are too dense and inappropriately situated (wetlands, road reserves, servitutes)
- Sub district most affected by the backlog in access to basic services
Challenges

- Departments work in silos
- Inability to meet heightened expectations
- Decision paralysis with service options and their location
- Communication challenges between service departments & communities
- On-going conflict with community groupings
- Disagreement and dissatisfaction expressed through extensive vandalism
- Service backlogs aggravated +++
- Escalation of repairs and maintenance needs
- Insufficient budget
- Officials anger and resentment
‘Small-wins’ approach to achieve improved access to W&S

Current situation:
locked & explosive

Series of ‘small wins’ building on each other moving the current situation to the ‘ideal’

Ideal situation

Each ‘small win’ changes the situation and creates conditions for the next small-win
30 different stakeholders in informal settlements
ARE WE WORKING TOGETHER?
City’s challenges with informal settlements

The Environmental Health perspective:
1. Limited resources and competing needs
2. Difficulty in prioritization
3. Communication challenges
4. Skills challenges
5. Long delivery timeframes
6. Lack of trust
## 1. Resource challenges and competing needs

<table>
<thead>
<tr>
<th>Insufficient funding</th>
<th>Insufficient basic infrastructure</th>
<th>Technical solutions too costly</th>
<th>Political agitation on sanitation options, moves &amp; de-densification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insufficient land</td>
<td>ISs too dense, located in inhabitable, flooding areas and reserves</td>
<td>Insufficient funding</td>
<td>On-going metal theft</td>
</tr>
<tr>
<td>Not all sanitation options available</td>
<td></td>
<td></td>
<td>Parts replaced with cheaper plastic options</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Excessive use with high wear &amp; tear</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Community frustration &amp; extensive vandalism</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Insufficient maintenance budget</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>Increased infrastructure backlog</td>
</tr>
</tbody>
</table>
2. Difficulty in Prioritization

- Huge infrastructure backlog
- Human rights access issues
- Many competing needs
- Focus on new installations?
- Focus on maintenance?
- Which basic infrastructure to start 1st?
- In which sub district to start 1st?
- In which of the 287 ISs to start 1st?
- Political agitation rewarded with priority given
- No coherent plan is possible
3. Communication challenges

- Poor communication between departmental silos
- Poor communication between officials & residents
- IS development plan not clearly articulated & communicated
- Lack of SOPs for: officials, contractors & residents
- Unrealistic expectations of communities
- Lack of residents cohesiveness & refusal to have infrastructure installed at their door-step
- Unrealistic expectations of officials regarding ‘ownership’
- Political interference for personal gain
## 4. Skills challenges

<table>
<thead>
<tr>
<th>Official Skills Problems</th>
<th>System/Community Problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Officials poor behavioural skills</td>
<td>Poor systems for feedback to residents</td>
</tr>
<tr>
<td>Officials poor understanding of community dynamics</td>
<td>Lack of community understanding of how the infrastructure works</td>
</tr>
<tr>
<td>Officials poor communication skills</td>
<td>Poor systems to develop awareness &amp; educate residents</td>
</tr>
<tr>
<td>Poor systems for interdepartmental feedback</td>
<td>Lack of political savvy of communities</td>
</tr>
<tr>
<td>Lack of political savvy of officials</td>
<td></td>
</tr>
</tbody>
</table>

**Offices**
## 5. Long delivery timeframes

<table>
<thead>
<tr>
<th>Provision of basic services is a long process</th>
<th>Residents unrealistic expectations of what can be done</th>
</tr>
</thead>
<tbody>
<tr>
<td>Involvement of communities is a long and difficult process</td>
<td>Interference and agitation by various groupings</td>
</tr>
<tr>
<td>Lack of quick &amp; obvious results &amp; progress</td>
<td>Service departments need to spend budget allocated</td>
</tr>
<tr>
<td>Lack of informal settlements</td>
<td>Service departments spend the budget where it is easy, not where the need is the greatest</td>
</tr>
</tbody>
</table>

**SOPs for:**
1. Planning  
2. Installation  
3. Maintenance
6. Lack of Trust

No transparency regarding informal settlements strategy & plans

Lack of info with regards to city contractors

No trust between officials & residents

Residents don’t trust Sub-Council employment database

Employment used as source of power & influence

Residents anger frustration & vandalism

Officials resentment

NGOs scepticism
Conclusion

- It has been a long frustrated journey and we are no where near a breakthrough.
- The informal settlements in Cape Town, where poverty, HIV and other overlapping vulnerabilities concentrate, are highly politically contested spaces.
- There is no common understanding between the various role-players and no coherent plan of action to overcome current problems.
- Progressive realization of access to W&S is still a long way ahead.
- Environmental Health is ideally positioned to contribute to (perhaps lead) the path to achieving that.
Thank you

STIs
Teenage pregnancies

YOU CHOOSE

Zip-Zap Circus
World AIDS Day

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Thank you