

DDP Community Meeting Khayelitsha

Wednesday 18 November 2009

**Guest Speaker: Elroy E Paulus, National Advocacy Programme
Manager BLACK SASH**

*Kutheni lento kufuneka sisebenzisane – Why we must work together
Realising health and socio-economic rights – why the three levels of
Government have to work together.*

Introduction

Established in 1955, the Black Sash had as its chief mission the promotion of human rights during the apartheid era.

But its mandate did not come to an end with the advent of democracy in 1994.

It continues to act as an independent Civil Society organisation that helps communities ensure that Government fulfills its constitutional role to realise socio-economic rights and provide adequate service delivery.

For example, between 1999 and 2000 the Black Sash, Legal Resources Centre and others instituted action against the government to force it to pay out social grants to the value of R2200 million to community members in the Eastern Cape.

Even today, 15 years after the advent of democracy in South Africa, organisations such as the Black Sash, the DDP and other Civil Society structures have to work together with Government to ensure

that human rights do not exist merely on paper but are given effect to in the lives of all the country's citizens.

Promoting human rights in an urbanised society

All three levels of Government – national, provincial and local – have to co-operate to promote human rights and ensure adequate service delivery.

South African society is rapidly becoming increasingly urbanised. There are currently 283 municipalities and six large metros throughout the country.

Over 50 percent of the country's population live in these six metros or what are known as Category A municipalities. Census statistics, used as a basis for the division of revenue and the allocation of funds to municipalities, have often been out of date and inaccurate, especially as a result of the large migration of people from rural to urban areas and between provinces. For example, in a particular municipal ward in Gauteng, as a result of peri-urban growth, there are 60 000 residents, contrary to the official estimate of 10 000.

Civil Society has to hold all three spheres of Government accountable with regard to its obligations to provide adequate health care.

The legislation governing the provision of health services in South Africa is largely contained in the Constitution and the National Health Act 61 of 2003.

Among other things, they provide for the establishment of Provincial Health Committees and Metro Health Clubs to articulate the needs of the community and to ensure that Government fulfills its mandate to provide adequate health services.

In the case of Cape Town, the responsibility for the provision of health care is shared between provincial and municipal authorities in a unique way.

This requires constant communication between national, provincial and municipal structures together with those of Civil Society.

Unfortunately good communication and hence efficient service delivery in the Western Cape have been hampered by ongoing political infighting and factionalism.

According to the City of Cape Town's own statistics, infant mortality rates in the metro's eight districts have decreased substantially between 2003 and 2007. The exceptions to this trend are however Khayelitsha and Mitchell's Plain where infant mortality rates are up to four times higher than those of the Western district and still far higher than in other districts.

Communities need to ask questions of national, provincial, and local authorities. For example, is the above phenomenon due to skewed nurse/patient ratios, poor medicine management, inadequate nurse

training, the high number of people migrating to Khayelitsha and surrounding areas or corruption?

The community itself also needs to be well-informed to enable it to make decisions about its own wellbeing and to help in the improvement of health care.

In post-apartheid South Africa it is unacceptable that there should be such glaring disparities in health care and health services.

Members of the community need to be constantly vigilant to ensure that provincial and local authorities comply with health legislation requirements. Failure to do so could, as an example, fuel dangerous and illegal practices, such as the dumping and processing of medical and human waste in parts of South Africa.

Unemployment and the working poor

At least one in four South Africans is unemployed or “working poor”. A table of allocations from National to Provincial Government shows that in 2008/9 the South African Social Services Security Agency (SASSA) paid out close to R78 billion in social grants to the nine provinces.

The province with the greatest allocation was KwaZulu-Natal, largely because of the highest number of people living there.

Conclusion

Mr Paulus told the story of a 52-year old mother of two teenage sons in Tambo Village, near Nyanga Station, Manenberg, who was forced to borrow R600 from “loan sharks” to pay for a nebuliser for her asthmatic son.

As a result of the debt she incurred, she and her family had literally nothing to live on for the month. The only party to benefit from the pay-out of the disability pension intended for her son, were in fact the “loan sharks” themselves.

Such problems are also caused by pension fund administrators who “sit on the money”. Sadly, such a scenario is a common one.

Practical exercise

Members of the audience were divided into separate groups and asked to discuss how they would go about working together to improve health care and health service delivery.

Report-back: key issues to follow up

- Education/Training;
- Identifying the lack of resources and access to information;
- Surveys and research;
- Age restrictions for access to health services and accessibility to mobile clinics.