

Training for Transition

Love is a pre-condition for Learning and Development



Community Systems Strengthening Project Anita Marshall



Community Systems Strengthening for Health

Programme funded by the
EUROPEAN UNION

Belhar Community Mapping

Information Gathering Team

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Sheynain Benjamin: Belhar Community Health Forum

Sgt. Draghoender & Col. Gukol: Belhar SAPS

Mrs Florina Serfontein: Victim Empowerment Project (VEP)

Ms. Miemie Kristoffel: *“If Only”* Community Development

Ms. Jolene Booyens: Community member

Mr Visser: Community Policing Forum

Chief Julie: VEP Trauma

Special Thanks: **Mr Kenneth Kelly**, Chairman of BCHC and **Mr Gaffieldien Benjamin** of BCHC for opening the gate and **Mrs Sheynain Benjamien** for organising the event and **Ms Damaris Kiewiets**, Chair of the **Cape Metro Health Forum**.

Historical Background

Belhar was conceptualised on apartheid spatial planning and intended to be a model coloured township, intended to cater for the more affluent members of the coloured community.

As the group areas act was fast-tracked in the 70's, however, the area became a dumping ground for people forcibly moved out of inner city areas and developed into a 'divided' Belhar with people from the full range of socio-economic backgrounds. It evolved over time into a receiver neighbourhood for relocated coloured people.

A quote out of a newspaper article of August 9th of 2004 in the Cape Argus strikingly summarises this: *“Belhar is divided along class lines; one half is home to an affluent quiet community of professionals, while the other is battling drugs and gangsterism [...] (It) may have one name, but it is home to two different communities”*

City of Cape Town (Stats 2011)

Belhar Wards 12 & 22 Snap Shot

Ward 12

- Population : 35 707
- Households: 7 590

(A household is defined as a group of persons who live together, and provide themselves jointly with food or other essentials for living)

9 078 Children

None of the schools offer life-skills, recreational or after school care.
Three schools have after-school sports programmes.

Secondary	Primary
Perseverance Secondary	Accordion Street Primary
Symphony Secondary	Belhar Primary
Excelsior Secondary	Belvue Primary
Belhar High	Dr Van Der Ross Primary
Iqra Academy	Erica Primary
Oasis	Gardenia Primary
Belhar Islamic Primary	Riebeeck Street Primary
	Matroosberg Primary
	Symphony Primary

City of Cape Town Demographics

- The population is predominantly coloured (92%).
- 30% of those aged 20 years and older have completed Grade 12 or higher.
- 75% of the labour force (aged 15 to 64) is employed.
- 39% of households have a monthly income of R3 200 or less.
- 90% of households live in formal dwellings.
- 99% of households have access to piped water in their dwelling or inside their yard.
- 92% of households have access to a flush toilet connected to the public sewer system.
- 99.6% of households have their refuse removed at least once a week.
- 98% of households use electricity for lighting in their dwelling.

CCT: Population, Employment & Schooling

Age	Pop. Size
0-4	3 647
5-14	6 089
14-24	7 331
25-64	17 375
65 and older	1 265
	35 707

Schooling	
None	405
Some Primary	2 371
Finished Primary	1 793
Some Secondary	10 927
Matric	5 777
Higher	909

Murder	Sexual offences	Attempted murder	Common robbery	Robbery aggrav. Circ
36	35	87	150	243

Income and Tenure Status

Monthly household income	Ad. Pop.	%
Up to R1 600	1 002	13.2
R1 600 – R3 200	1 339	17.6
R3 200 – R6 400	1 837	24.2
R6 400 – R12 800	1 635	21.5
R12 800 – R25 600	904	11.9
R25 601 – R51 200	204	2.7
R51 201 – R102 400	18	0.2
R102 401 up	18	0.2
No income	632	8.3

Tenure status

Owner fully paid 27.6%

Owes the bank 40.8%

Renting 26.1%

Occupy rent free 2.8%

Other 2.8%

TFT Community Mapping

Child Protection		Social Problems & Facilities	
0-5 year population	5240	Recreational Facilities	Erica Sports Grounds, Accordion Sports Grounds, Symphony Sports Grounds, Belhar Sport Centre, Aalwyn Park Sports Grounds
No. of Creches	Not known due to number of informal creches	Soup Kitchen	Ext. 23
SAPS: Abuse and trafficking	Not known	Gang activity	High
Domestic violence Interventions (Source Col. Gukol)	SAPS, Preco, Safer Roads For Youth Ms Fagmeeda Ameerodien Women on the Move VEP Trauma	Rape and gender based violence	SAPS Source: low Women on the Move: <i>“The Real extent is not known. Unreported, but high. The police are not trained and equipped to manage rape reports.”</i> Mrs Florina Serfontein
Violence against young people whose sexual orientation differs	SAPS Source: Low Women on the Move: Unreported but high. Made examples of two recent incidences. Mrs Florina Cerfontein. <i>“Children are stigmatised. Saw a child stoned for being a ‘moffie.’”</i>	Substance Abuse (Source Col. Gukol)	Saps, Preco, Safer Roads For Youth Ms Fagmeeda Ameerodien
NGOs working with children	None	Health facilities	St. Vincent and Chesnut clinic (Open 2 days per week)

TFT Community Mapping

Nutrition		Peace Building	
Soup Kitchens	St. Mary Magdalene, Catholic Church. Some private individuals but no monitoring of distribution of food.	Peace Initiatives	None
Food gardens (Source Col. Gukol)	Masindise Robert Scholtz	Crime stats, sexual abuse of children.	SAPS: Not allowed
Schools/creches/clinics; providing vitamins or supplementation	None	Hotspots for rapes, muggings, interpersonal assault	Flats, Ext 13., Traffic lights, Growth of informal settlements, Bushes
School Feeding Scheme	Three Schools	Contributing factors: Schools SGB need to be addressed.	<i>“Children aged 9-14 yrs get expelled (Excelsior and Riebeeck) and become vulnerable to gang activity. End up being ‘hitmen’.”</i>
		Migrant Pop. issues	People lose their homes to migrants who start out as tenants. <i>“Women of the community are abused – married for convenience and ultimately lose property.”</i> 10 Julie Visser.

Research Required

- Gang influence on the Cape Flats is a tragedy of an unimaginable scale.
- Gang initiation to create 'hitmen' is gruesome.
- Prison should not be an option, as it is a feeder system for the growth of the gangs for young men who are essentially 'trafficked' and are themselves victims of a broken social system.

The situation is stealing youth and destroying life. There is no crime more heinous than the destruction of a child. Many young men are destroyed by violence that they are forced to participate in. They are unemployable and the violent trauma that they have witnessed or experienced creates irreparable damage. Even with intervention, what you are getting back is not a little boy anymore.

Gangs are feared by the community and the police alike. There is no indication of a plan to address this problem.

What Else?

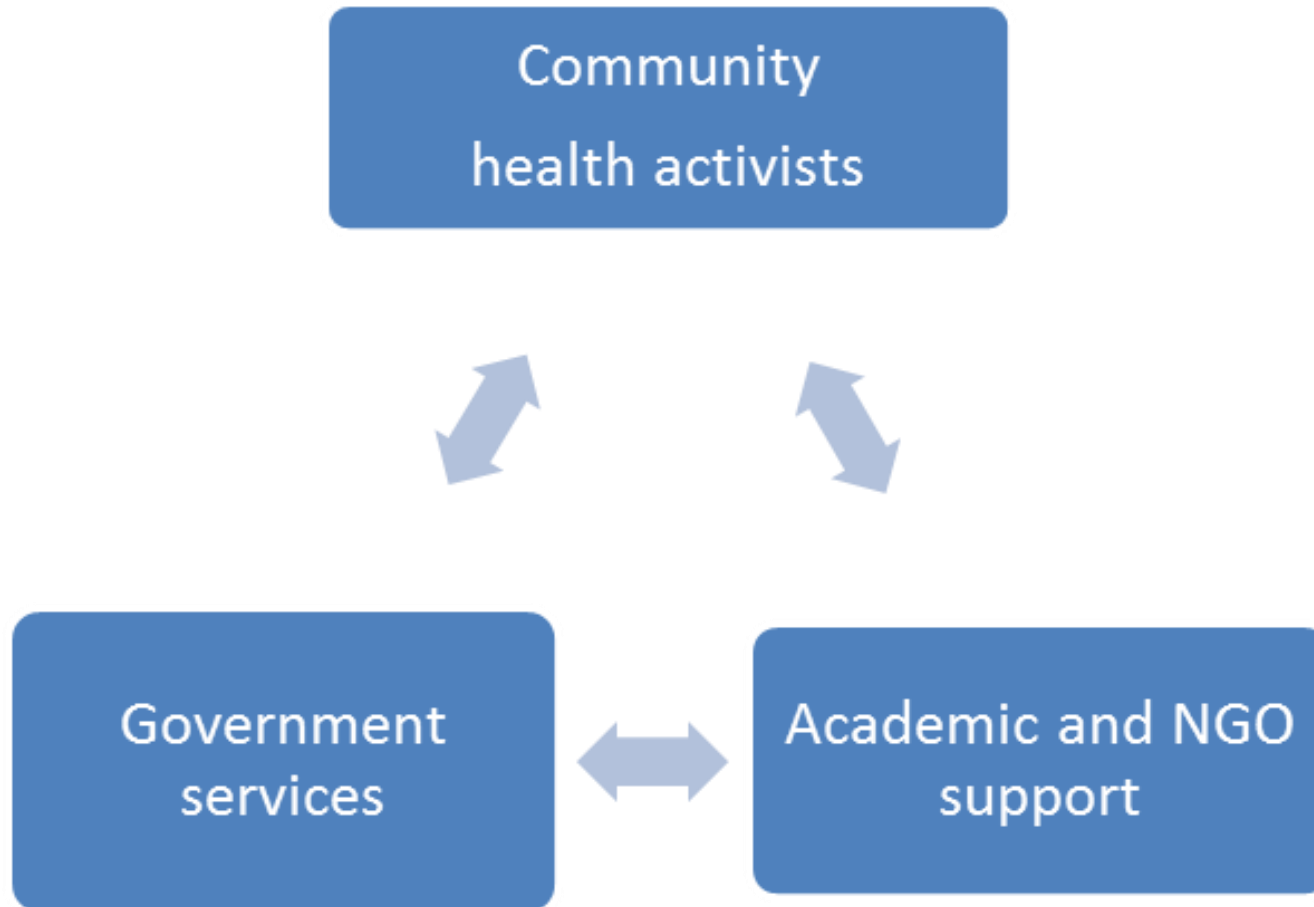
- **Access to grants** – an area of great need.
- **Access to trauma counselling** – no services in a community with high levels of rape, child abuse and the impact of discord created by the gangs.
- High level of **incarceration of young men** essentially coerced by their environment.
- **No jobs on release** due to criminal record, no matter how hard they try.
- High levels of **drug abuse** related to high levels of social trauma such as domestic violence, rape and physical assault.
- **Poverty endemic** – “*We eat mielie meal every day.*” community member.
- **Pervasive Powerlessness** of not being able to protect our children.
- **No place to turn to for help.** Treated with contempt by the agencies meant to help.
- A society with little compassion.

Own Observation

- High level of **anxiety** and a range of **paranoid** behaviours in our communities. (Distrust and conflict between individuals is high).
- Sometimes we deny each other opportunities to progress.
- Need to develop a culture of generosity.
- Citizens are managing **ongoing trauma** with no end in sight and no evidence that it is about to change.
- **No services** to offer relief or **safety or intervention** of any kind, except the few community members who, without resources, attempt some kind of supportive intervention.
- **Professional** services from qualified personnel. Non-existent.

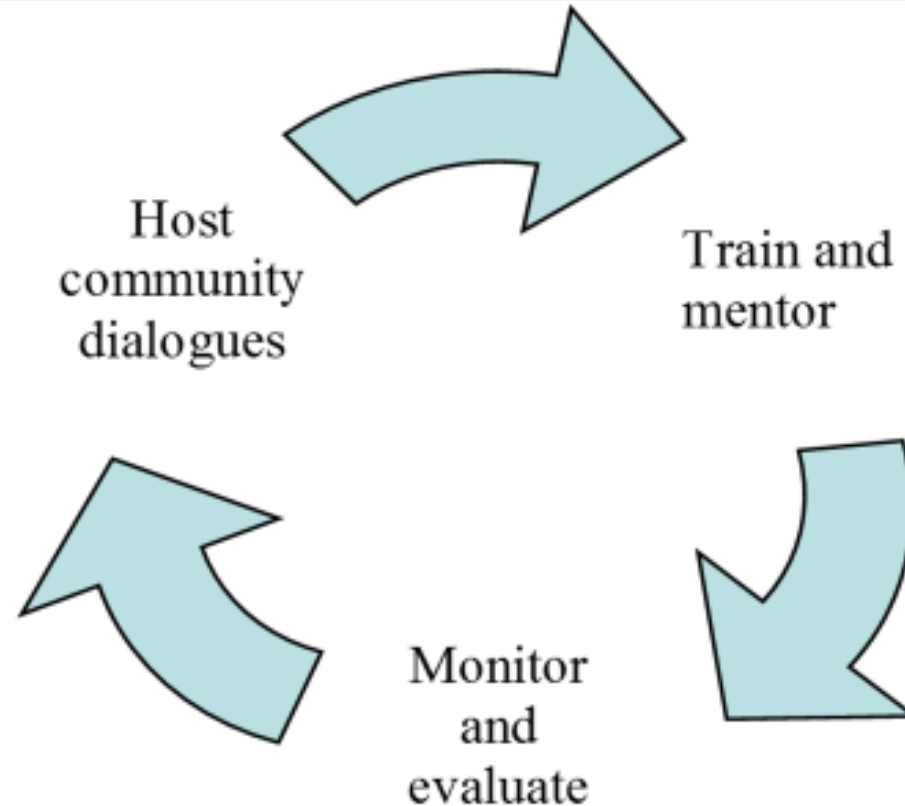
What are we offering?

As a model, it is an overt effort to look at the three priority links to effective health access as described in the following chart.



Our approach: Community Ownership

Phased community entry



Logic informing our model

- South Africa currently experiences **high level of service delivery protests**.
- Although government has planned for a few interventions to support communities, **very few people seem to be aware of these services** and local government officials are not always efficient in drawing in the existing community structures to address the need.
- It is **not sufficient to address the needs**.
- Government **very efficiently collects taxes** from our citizens.
- Intention: **Facilitate linkages** between the community activists and local government or other support structures, as proactive efforts at collaboration-building.
- The primary function in our intervention logic is supporting the **capacity development of community activists** through ongoing training.

Four areas of intervention

- Train a cadre of **child-protection trainers**.
- Train a cadre of **Peace-Builders**.
- Train a cadre of community-based individuals to identify **families in need of food and nutrition support**.
- Train a cadre of **Health Educators**



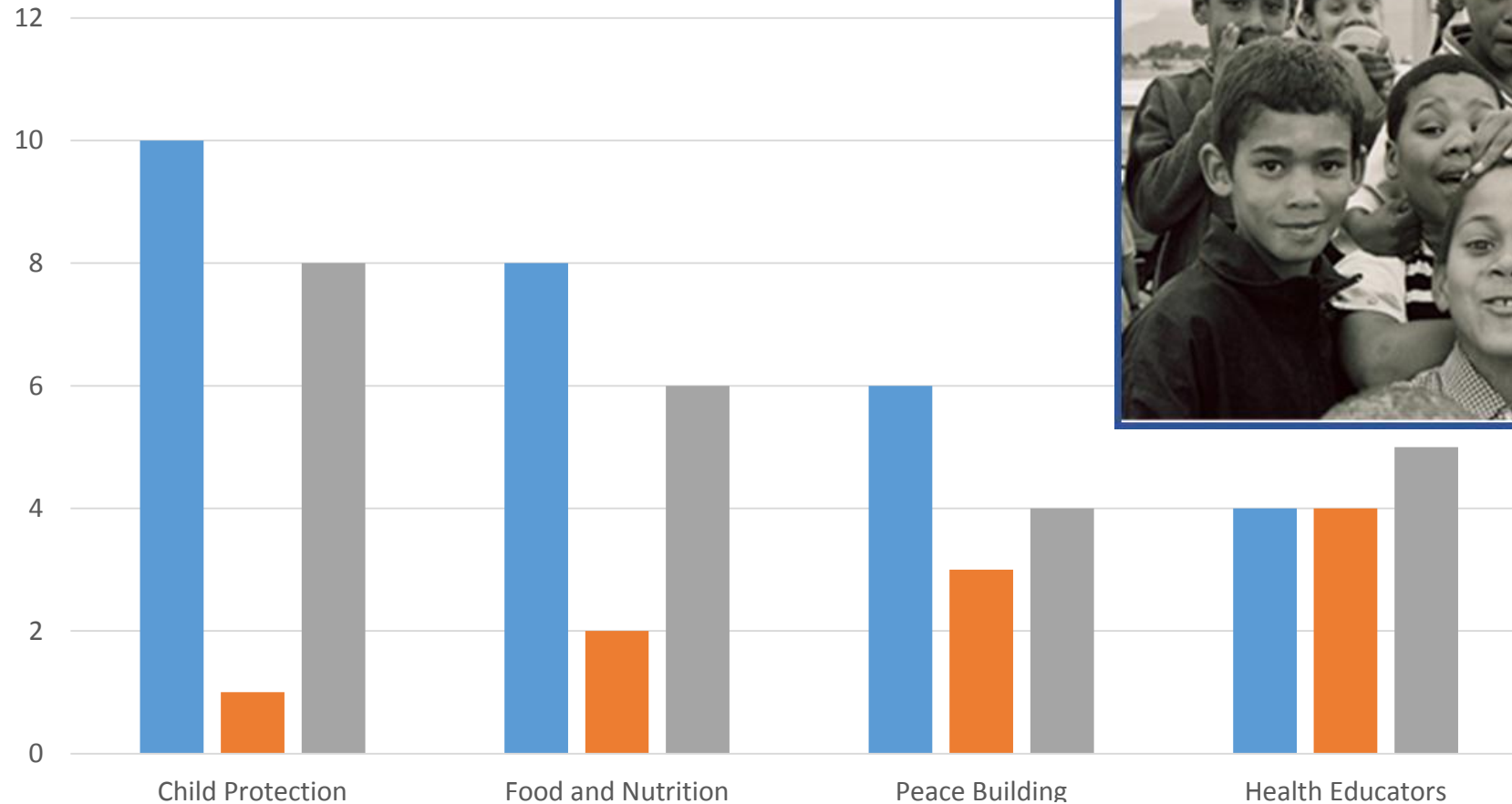
INTENDED BENEFITS FOR COMMUNITY

- ✓ Services are established
- ✓ Skills imparted to community health activists
- ✓ Technical understanding of donor requirements
- ✓ Knowledge of planning processes
- ✓ Community empowerment
- ✓ A model to replicate in other areas of need
- ✓ Structured interventions providing an identified service rather than ad hoc (all over the show) efforts.
- ✓ Integration with local government for sustainability
- ✓ Training that provides real skills rather than vague 'empowerment'

Benefits of partnership

- ✓ Real community involvement through role of Belhar Health Committee and Women on Farms Project.
- ✓ TFT experienced trainers, sharing of capacity development processes and organisational development practice.
- ✓ UCT, School of Public Health institutional strength, analytical rigour and documentation and reporting on process.

Who will address the needs of our most vulnerable citizens?



"I'll do it!"



Community Systems Strengthening Project (CSS)



DANKIE! THANK YOU! ENKOSI!



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