

SECOND CARNEGIE INQUIRY INTO POVERTY  
AND DEVELOPMENT IN SOUTHERN AFRICA

Evaluation of the Empilisweni SACLA  
clinic as a model for intervention  
in a squatter area

by

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## 1 INTRODUCTION

### a) The Community of Crossroads

Crossroads is a squatter camp consisting of about 40,000 people, 15 km from the centre of Cape Town. It was started in 1975 when the local government authorities moved squatters from throughout the Peninsula to the present site. The community consists of Xhosa-speaking blacks, most of whom are migrant labourers who have deliberately chosen to live here with their families (despite the fact that up until the present, legislation prevents these wives and husbands living together).

The community stood against massive government pressure to clear the camp in 1978 and early in 1979 the Minister of Co-operation and Development agreed to "legalize" all the people in Crossroads and build a New Crossroads to house them. This has been partially completed and now the whole community is under threat of removal to Khayelitsha.

### b) The Clinic

#### i) Background.

From 1976 to 1980 the only curative medical facility in the community was a bi-weekly SHAWCO mobile clinic staffed by medical students from the University of Cape Town. They were treating approximately 70 patients per afternoon.

The Clinic is a Christian Primary Health Care centre, seeking to treat both the physical and spiritual needs of the Crossroads community. It opened to see patients on the 4th June, 1980 and has temporary permission to function which has to be renewed annually.

#### ii) Control.

The Clinic seeks to put itself under the control of the patients it serves. Thus the bulk of the controlling committee (8) are elected by the patients at the Annual General Meeting. Other committee members are one each from the four largest churches in Crossroads (Anglican, Catholic, Methodist and Zionist Christian Church), 2 staff representatives, the person in charge of welfare on the Crossroads Executive Committee, Doctor in charge, Dentist in charge, sister in charge and an appointed representative of the Provincial Administration of the Cape of Good Hope. The committee controls all staff appointments, salaries, finances and the overall direction of the clinic.

The staff of 20 meets weekly and democratically decides on the day to day running of the clinic and puts recommendations to the committee regarding objectives and possible programmes.

iii) Clinic Hours of Opening.

The Clinic is open from 8h30 to 16h15 Monday to Thursday; 8h30 to 13h00 on Friday and 8h00 to 13h00 on Saturday. There is no service on Sunday and at night although people are able to come to the clinic and use the phone to call an ambulance at night (because there is a live-in caretaker).

2. EVALUATION OF THE CLINIC BASED ON THE PROVISION OF RESOURCES.

A) PERSONNEL

i) Medical Diagnosis, Treatment and Back-up.

All staff are full-time unless otherwise stated.

Doctors (2)

Primary Health Care Nursing Sisters (1month intensive course + 5mths supervision)

One full-time and one sister working from 9h00 to 13h00 Monday to Saturday.

Student Interns from the University of Cape Town.

These final year students work at the clinic in groups of 4-5 for a 2 week period

The above form the medical diagnostic team and in the 12 month period from

1 January,1983 to 22 December,1983 saw 30,058 patients.

An analysis of a normal working week (13 February,1984 to 18 February,1984)

showed the following breakdown of who saw the patients:

Doctors	49,8%	14,969 units of service per year(Projected)
Nurses	33,9%	10,190 " " " " " "
Student Interns	16,3%	4,899 " " " " " "

Dressings.

Staff nurse (1)

Nursing Assistant (1) - only employed from November,1983

In the period 1 January,1983 to 22 December,1983 there were 5,253 dressings done.

Back-up.

As primary health care clinic we attempt to utilize members of the community in the health team as fully as possible. The lack of professional training is often outweighed by the improved communication and sense of oneness with the patients. Also all the staff listed below are essential for the medical health team to function.

Receptionists:2 full-time and 1 three mornings a week

Untrained Pharmasist (1)

Relief worker (1) (functions as an untrained social worker)

Baby weigher (1)

Interpreter (1) (for the medical students )

Handyman/cleaner (1)

ii) Family Planning.

Our staff nurse is responsible for this service and it is offered free of charge to patients. The supplies are supplied free from the Department of State Health. In the 12 month period from 1 January, 1983 to 22 December, 1983 there were 2,440 units of service offered.

iii) Dental Clinic.

This is staffed by the University of the Western Cape Department of Community Dentistry. Staff consists of one dentist and one dental assistant, assisted by 2 fifth year dental students 5 days a week and 2 oral hygienists on Mondays. The dentist has been employed since August, 1982 and the service has been getting progressively more busy as it becomes more widely known. It effectively services the Crossroads squatter community as well as the neighbouring black townships of Nyanga and Guguletu.

The statistics show that 4,289 patients were treated in the six month period from 1 September, 1983 to 29 February, 1984.

iv) Philani Nutrition Scheme.

There are 4 nutrition workers on the staff (1 of which is paid for by State Health Department). They are all seconded to the Philani Nutrition Centre and caters for approximately 350 children in weekly or fortnightly clinics.

There is a fifth nutrition worker employed by the centre.

The work of Philani will be dealt with in another paper to be presented at this conference and therefore is not dealt with in detail here.

**B) FACILITIES AND EQUIPMENT**

The building is a prefabricated structure and consists of the following:

Medical Consulting rooms - 10

Dental Consulting rooms - 3

Dressing room, waiting room, pharmacy, reception, meeting area,

Ante-natal room, classroom, Advice office, printing room and

caretakers two bedroomed flat.

Dental equipment consists of 4 chairs, 3 ultrasonic scaling units, 2 units fitted for conservative treatment.

Medical equipment consists of a dressing room equipped for minor surgery and emergency resuscitation; eight blood pressure apparatuses, 8 diagnostic sets, and other minor equipment.

Laboratory equipment consists of 1 microscope, 1 hand centrifuge, 1 haemaglobinometer

Other equipment:

- A printing press and paper plate maker for printing up to A3 size
- 2 electric sewing machines for our relief sewing project
- 2 gas hot plates and 2 gas hot water systems

The clinic initially functioned with gas lights until October 1982 when electricity was installed so that the dental clinic could offer a better service.

3. EVALUATION BASED ON THE QUANTITY OF SERVICES PROVIDED AND RECEIVED

A) Operational Research Study.

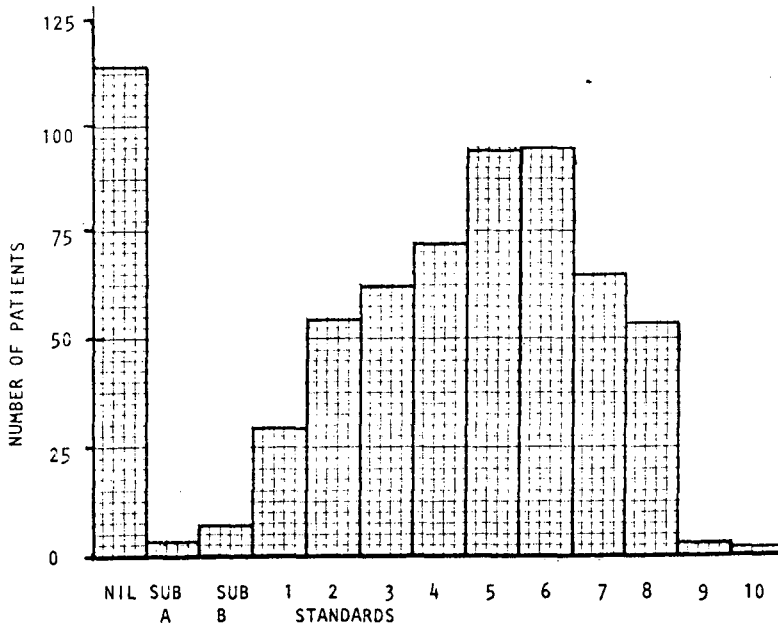
i) Curative Medical Service.

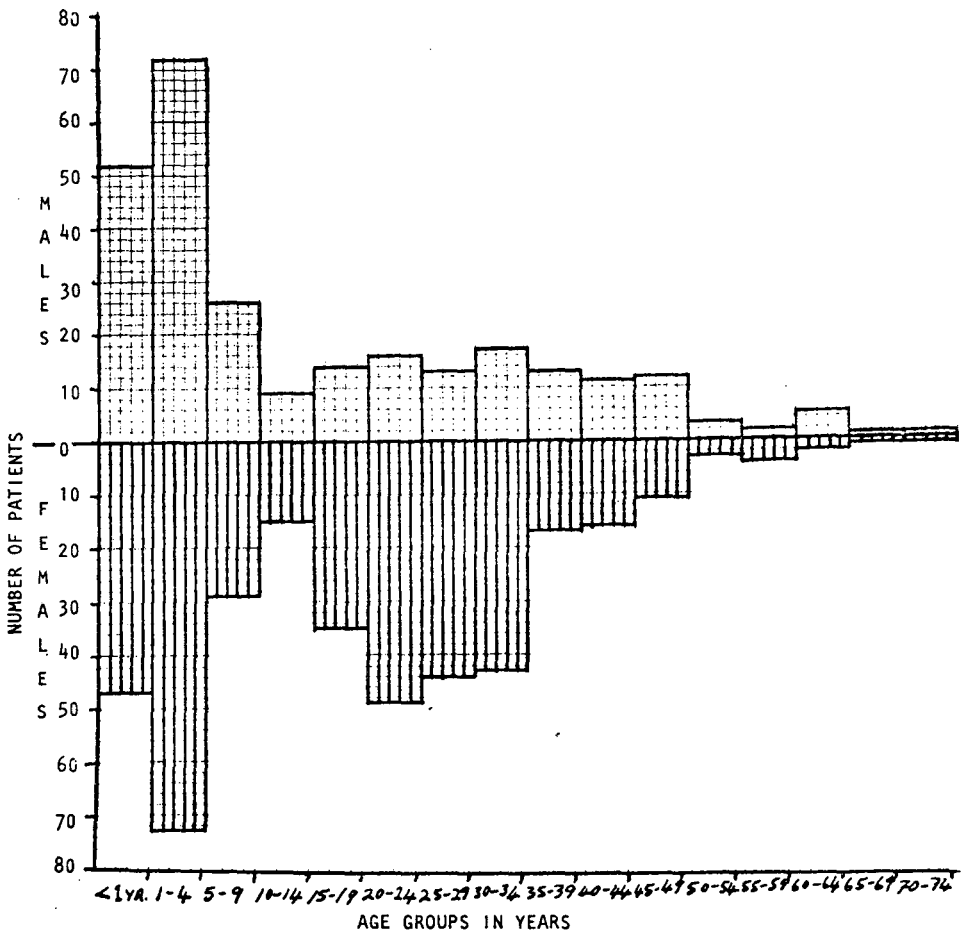
The following information is from a study carried out from 13 February, 1984 to 10 March, 1984 (i.e. a 4 week period). A questionnaire (see appendix A) was filled in on every patient but excluding patients who were returning for follow-up on the same illness within the period. Because of the deadline for this paper only the first week's information on 657 patients was analyzed. An exception was the disease profile which was the analysis of the first 2 weeks consisting of 1,281 patients.

User (Patient) Profile.

Educational Level.

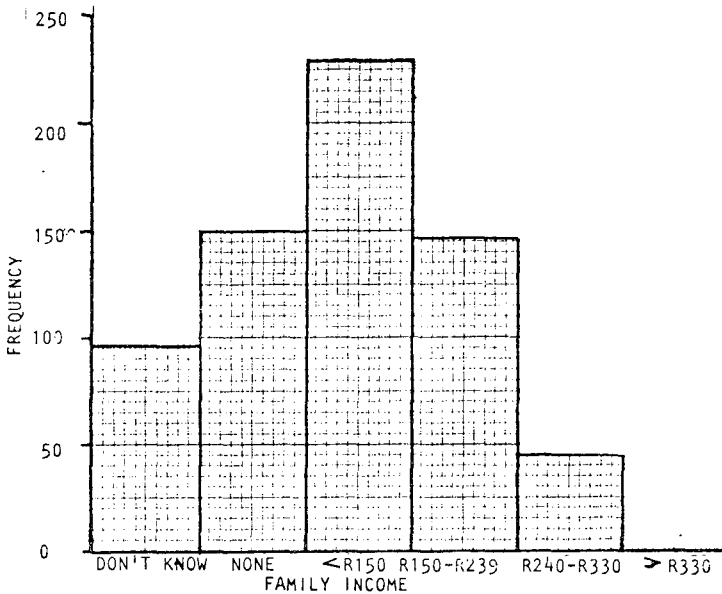
This graph shows the educational level reached by the patient. If the patient was under 18 years of age then the educational level reached by the mother was asked.



Age / Sex Distribution of Patients.

### Family Income.

These figures showed only 8% of those interviewed who knew their family income actually has an income above the minimum living level (R238,70 for an average black household size of 4,91 as at August, 1983.)



### Employment Status.

This question was only asked of patients 18 years or older.

	Working	Not Working	Total
Actual	135	199	334
Percentage	40,4%	59,6%	100%

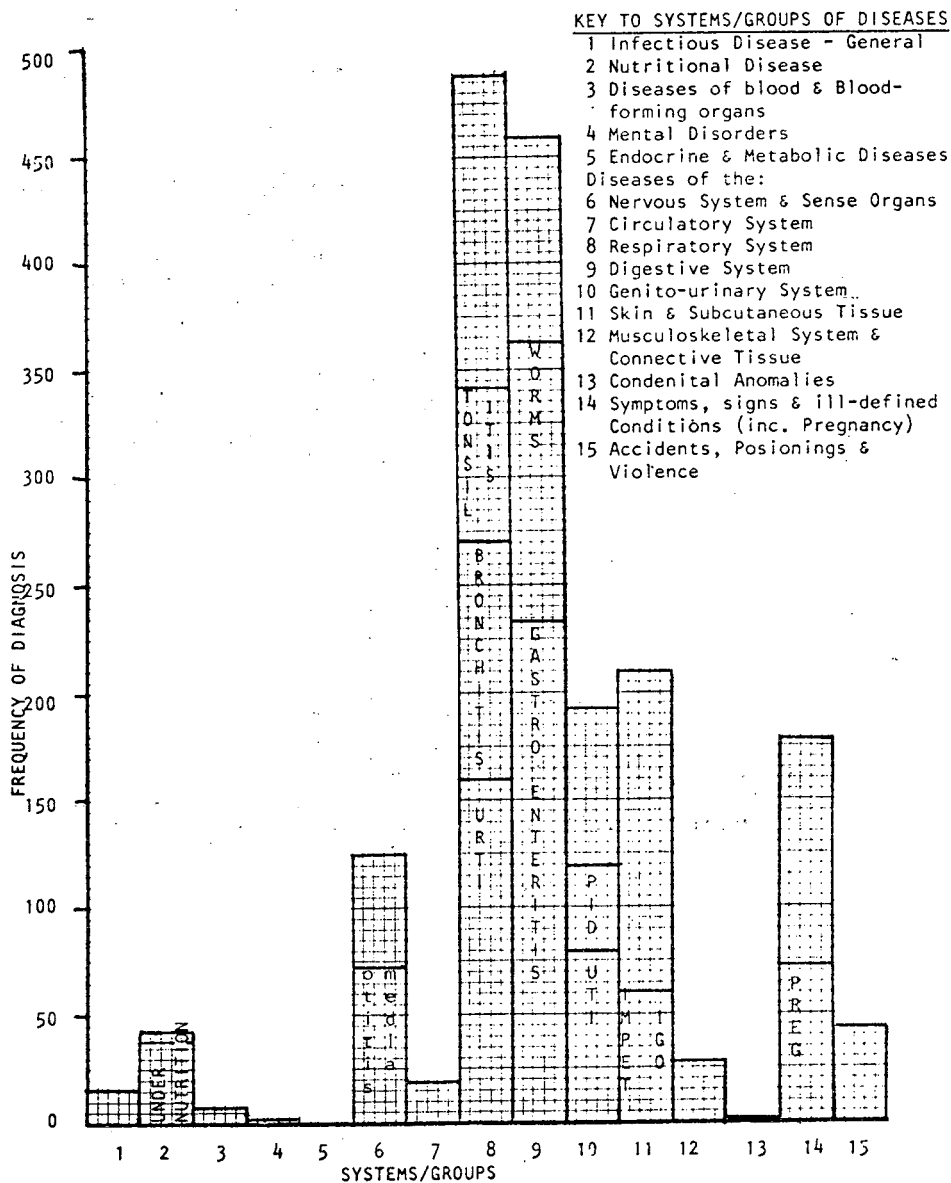
Of those working 90,4% (122) were working full-time.

### New Case or Repeat Case.

Of the total 229 (34,9%) were new cases (i.e. attending the clinic for the first time). The number of patients attending the clinic for the second or more visit was 428 (65,1%).

Disease Profile.

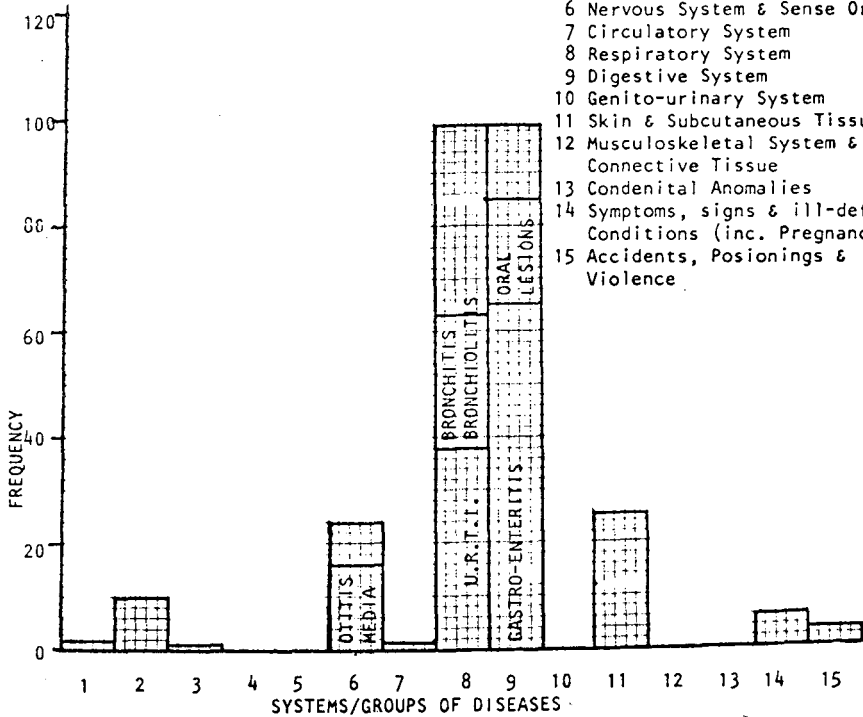
The following graph is the frequency distribution of diagnosis (in systems) of all the patients seen in the 2 week period 13 February, 1984 to 25 February, 1984 and consisting of 1,281 patients.



Disease Profile - Under 1 year of Age.

KEY TO SYSTEMS/GROUPS OF DISEASES

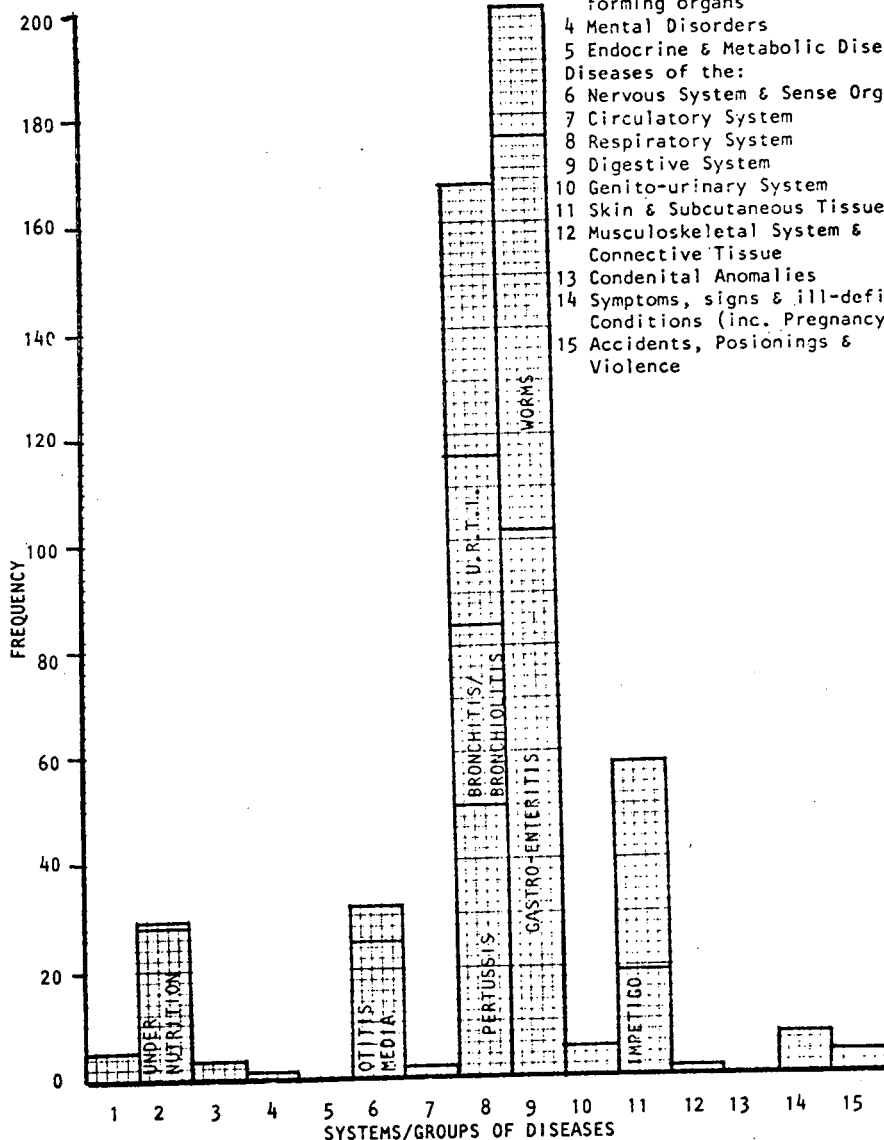
- 1 Infectious Disease - General
- 2 Nutritional Disease
- 3 Diseases of blood & Blood-forming organs
- 4 Mental Disorders
- 5 Endocrine & Metabolic Diseases
- Diseases of the:
- 6 Nervous System & Sense Organs
- 7 Circulatory System
- 8 Respiratory System
- 9 Digestive System
- 10 Genito-urinary System
- 11 Skin & Subcutaneous Tissue
- 12 Musculoskeletal System & Connective Tissue
- 13 Condenital Anomalies
- 14 Symptoms, signs & ill-defined Conditions (inc. Pregnancy)
- 15 Accidents, Posionings & Violence



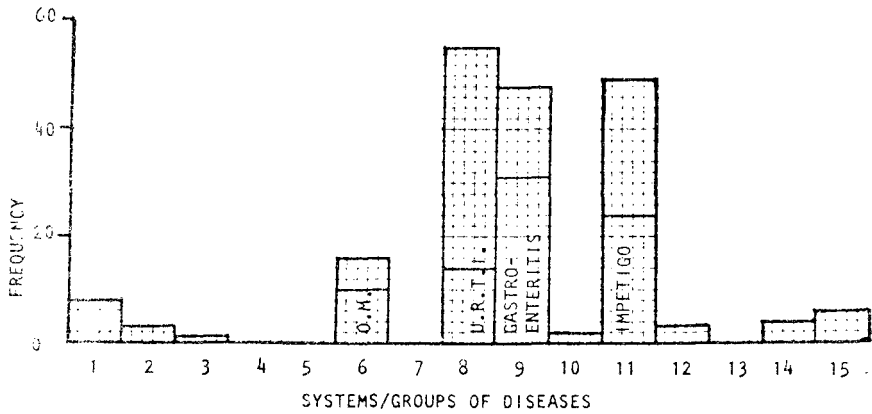
Disease Profile - 1 to 4 Years.

KEY TO SYSTEMS/GROUPS OF DISEASES

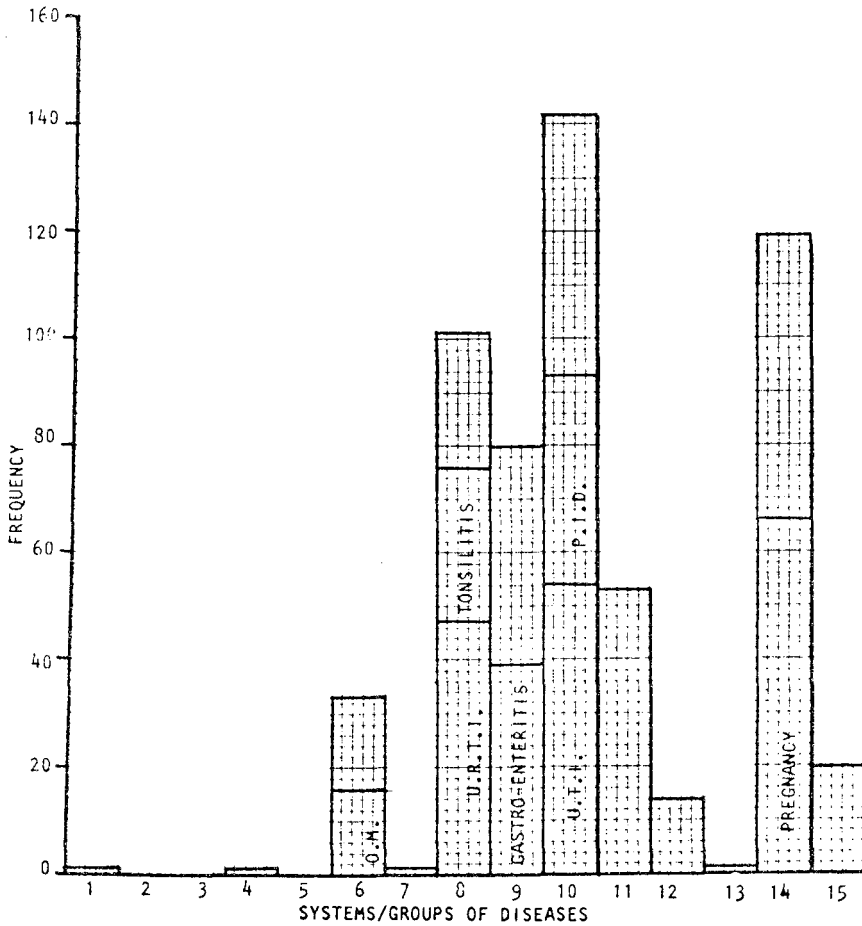
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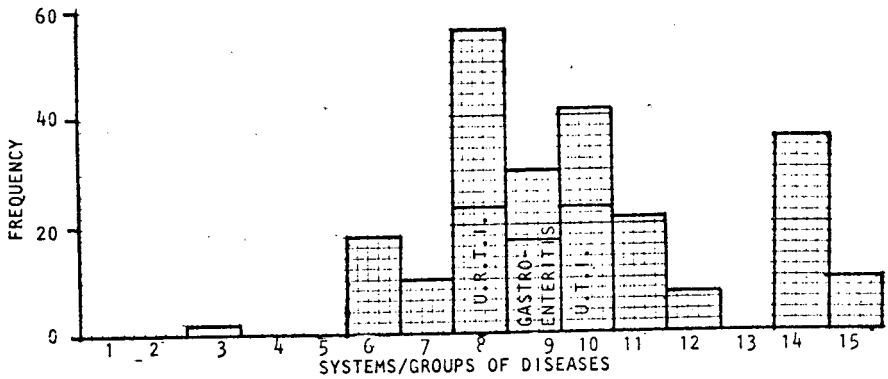
## Disease Profile - 5 to 14 Years of Age.



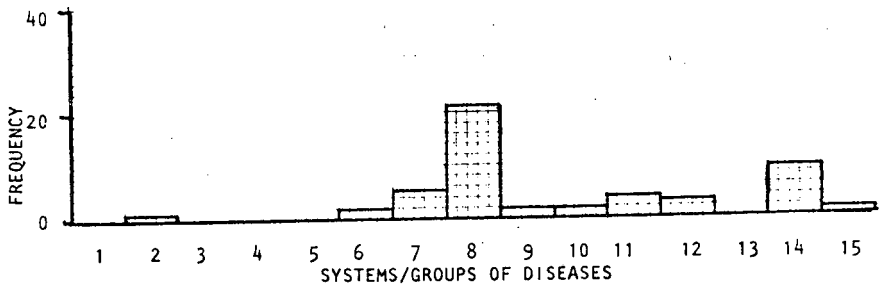
## Disease Profile - 15 to 34 Years of Age.



Disease Profile - 35 to 54 Years of Age.



Disease Profile - 55 Years and Upward.



Referral Rates.

These were calculated on the first weeks folders (N= 657).

Referred to:	Actual	Percentage
Hospital	22	3,4%
Ante Natal Clinic	26	4,0%
V.D. Clinic	14	2,1%
T.B. Clinic	14	2,1%

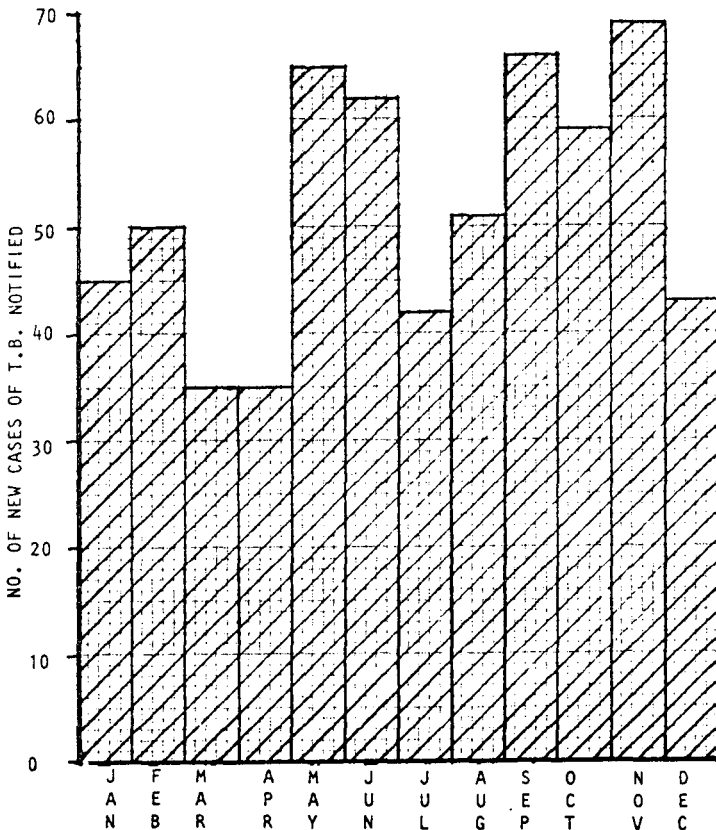
Tuberculosis Notifications - 1983.

Unfortunately the operational research study we have conducted does not accurately reflect the incidence of Tuberculosis in the Crossroads Community because the final diagnosis is made at the Divisional Council T.B. Clinic in Nyanga - usually from a Chest x-ray plate.

As this is a very important disease in this community I am including a graph of the Tuberculosis notification for Crossroads (and New Crossroads) for the year of 1983. These figures are from the Divisional Council Weekly Notification of Notifiable Diseases Statistics.

The total number of NEW cases of T.B. notified in 1983 was 622.

If one took the population of Old Crossroads as 40,000 and New Crossroads as 12,000 (Official Figures) this would give a rate of 12 per 1,000. This figure is probably inflated because a number of these patients have come down from the homelands to seek treatment for their illness.



ii) Dental Service.

The following figures are for the last six months ( 1 September, 1983 to 29 February, 1984).

Total number of patients seen in this period was 4,289.

	Extractions	Scaling	Fillings	Other	Referral
Actual	6,833	673	354	214	33

The referral rate for the dental clinic is 0,8%.

B) Utilization Studies.

i) Results From a "Pilot Study into Utilization Of Empilisweni Clinic by Xhosa Speaking Children Living in Old Crossroads".

This study was conducted by E.M. Fotheringham, J.J. Pons and G.M. Surtees for their 4th year Community Health Project in February, 1984.

Their sample was 67 houses randomly chosen from 3 distinct areas in Old Crossroads and the mothers were asked about the illnesses of their children under 5 years of age in the last 2 weeks.

The results showed the following:

Knowledge of the Clinic facilities (i.e. Empilisweni SACLA Clinic) was 100%.

Primary Health Service Utilization:

No Treatment	SACLA Clinic	Hospital	Private Doctor	Herbalist
16%	65%	8%	7%	3%

ii) Results from another paper to be presented at this conference:

"Overcrowding, Health & Legal Status; a Study in Crossroads" by Gwen Hewatt, Tennyson Lee and Crispian Olver.

In this study the following questions were asked of approximately 60 randomly selected households:

Have you been ill in the last 3 months? Any long term illnesses? Specify.

Have you been treated? Where?

These results showed the following:

Not Treated	Not specified	SACLA Clinic	Hosp.	Private Dr.	Day Hosp.	Trad. Dr.
6	21	53	30	27	5	4

Utilization as a % of those

who specified where treated: 45% 25% 23% 4% 3%

#### 4. EVALUATION BASED ON COSTS.

##### i) Medical Service.

Capital Expenditure (Buildings, Land, Equipment) to date: R34,620.09.

This figure is so low because much of the building materials and equipment has been donated.

Running Costs.

The Following figures are calculated from 1 January, 1983 to 31 December, 1983 but exclude the cost of the Philani Nutrition Scheme (salaries and milk)

as these figures are being analysed in another paper on nutrition.

During this period there were 30,058 patient visits to the Clinic.

These figures include money spent on relief work.

	Actual	Cost per Visit
Salaries	R52,054,48	R1,73
Medical Supplies	R29,127,78	R0,97
Other	R18,800,24	R0,63
<u>TOTAL</u>	<u>R99,982,50</u>	<u>R3,33</u>

##### ii) Dental Service.

Capital Expenditure (4 chairs, 3 scaling units, 2 units fitted for conservative treatment) : estimated at R10,000,00

This is because most of the equipment was purchased second hand.

Running Costs.

In comparing the running costs of the dental service it must be remembered that the clinic is a teaching centre for dental students from the University of the Western Cape.

	Actual	Cost per Visit (Projected from 6mths fig)
Salaries	R55,000,00	R6,41
Materials	R22,500,00	R2,62
<u>TOTAL</u>	<u>R77,500,00</u>	<u>R9,03</u>

Note:

The above figures for materials are an estimate as the materials are part of all the material costs incurred by the Department of Community Dentistry.

#### 5. CRITICAL EVALUATION.

##### A) Positive Aspects.

##### i) Community Acceptance.

The Clinic is well known in the community and well utilized (between 45% and 65%).

There is a relaxed atmosphere and "non western" feel to the waitingroom.

During unrest in the community the clinic is not seen as a "government building" but rather as a community facility.

Perhaps this acceptance is helped by the fact that the committee is community based; the clinic has links with the local churches and is known as a Christian clinic (in a fairly highly churched society) and most of the staff employed at the clinic are members of the Crossroads community.

ii) Wholistic Approach.

The Clinic is not only concerned about the physical health of the people but but also the spiritual and emotional well-being of individuals.

The clinic spends R130,00 per week on relief to destitute families (who work at the clinic so as to not have degrading 'handouts'), and also each day is begun with a short service where the spiritual needs of people are hopefully met to a small degree.

The Philani Nutrition Scheme is another aspect of this wholistic approach.

iii) Facilitates Community Health.

The clinic tries where possible to facilitate aspects of community health and development. Examples of this are:

The building is used for the following: Secretarial Course to help people upgrade their skills and so get better jobs.

Advice office run by the Anglican Church.

Legal Aid Clinic run by University of Cape Town law students on Saturdays

Ante Natal Clinic. Part of the building is loaned to the Cape Provincial Maternity Services for a bi-weekly clinic. The main reason for this is that the other clinics are far from Crossroads and people were being arrested when attending them.

"Ezempilo eCrossroads" - a health newspaper in Xhosa which also has a news section. The first issue dealt with the use of Oral Rehydration Solution (made from salt and sugar in the home) and one can see the relevance of this when looking at the high incidence of diarrhoeal disease.

The Clinic is involved in the 7 creches/pre-schools in Crossroads as follows:

Assists the Creche Committee (the dentist & a doctor sits on this committee)

The Dentist visits the creches and teaches children to brush their teeth as well as doing fluoride rinsing.

The children are treated for worms (endemic) every 6 months

The Clinic delivers rice to the creches to supplement the food given to the children.

iv) Concientizes Students and Visitors.

In an apartheid society people are not exposed to the suffering of others.

the clinic exposes both University of Cape Town medical students and University of the Western Cape dental students and oral hygeinists to the realities of a squatter community. Also there are many overseas visitors who visit the clinic and are exposed to the suffering of the oppressed blacks. It also informs local

newspapers of administration board raids and highlights health issues such as T.B.

#### B) Negative Aspects.

##### i) Low Level of Community Involvement.

Although the clinic has tried to put itself under the control of the community there is effectively a low level of community involvement other than the residents who are on the staff.

Some of the reasons for this might be the split in the Crossroads Executive Committee and the resulting violent clashes as well as the fact that because people are so poor they need to be paid for their work rather than being able to freely offer their services in community activities.

##### ii) Time spent with Patients.

Blacks in South Africa are treated as less than persons at every turn and therefore need to be affirmed as people of worth. This is especially true of the poor.

Thus although the clinic is a Primary Health Care Centre and to serve the community it will need to see many patients; patients need to have the right to spend time with the doctor/nurse/student to talk about problems and to feel affirmed as a person. Presently the clinic is not well staffed enough for this to really take place.

##### iii) Preventative Health and Health Education.

The clinic has long seen preventative health as a priority but has not allocated the staff time for this. Immunizations are done by the Divisional Council Clinic and the Clinic has a good working relationship with them. All children seen at the clinic are checked to see that their immunizations are up to date and if not they are sent to the Divisional Council Clinic to be updated. Health education is only now (3½ years after the clinic opened) being given in the waitingroom and only 3 slide tape programmes are in use. Much more could be accomplished in this area.

##### iv) Language Difficulties.

The 4 non-xhosa speaking members of staff (2 doctors, 1 nurse and 1 dentist) are only able to communicate on basic medical/dental questions. This means that they do not have a full history and also the patients find it difficult to discuss other problems. This frustrates the clinic's ability to treat patients in a holistic manner.

#### 6. CONCLUSION.

This paper highlights the health problems of a squatter community. This evaluation will help the clinic and hopefully others to more effectively intervene on health needs in a squatter community.

APPENDIX A  
EMPILISWENI SACLA CLINIC

1	5
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TO BE FILLED IN BY DOCTOR/ NURSE/ STUDENT

FOLDER NUMBER: -----

AGE: ----- MONTHS / YEARS

SEX: MALE / FEMALE -----

PATIENT SEEN BY: DOCTOR / NURSE / STUDENT -----

NEW CASE?: YES / NO -----

DIAGNOSIS: PRIMARY: Group: ----- Subgroup: -----  
 SECONDARY: Group: ----- Subgroup: -----  
 OTHER: Group: ----- Subgroup: -----

REFERRED TO: HOSPITAL / A.N.C. / V.D.CLINIC / T.B.CLINIC -----

IMMUNIZATION STATUS: NOT APPLICABLE / NONE / PARTIAL / UP-TO-DATE -----

DOES THE PATIENT SMOKE REGULARLY?: YES / NO TRADITIONAL / CIGARETTES -----

WORKING (IF PATIENT 18 YRS OR OLDER?): YES / NO FULL-TIME / PART-TIME -----

FEMALES OVER 15 YRS; UNDER 15 YRS ASK QUESTION OF MOTHER  
 NUMBER OF INFANT DEATHS (<1YR): -----  
 NUMBER OF CHILD DEATHS (1-4 YRS): -----

NUMBER OF PEOPLE IN DWELLING (INCLUDING CHILDREN): -----

DWELLING: SHACK LODGER / SHACK OWNER / PLASTICS / NEW X-RDS -----

LENGTH OF RESIDENCE IN CROSSROADS?: ----- MONTHS / YEARS -----

AREA OF ORIGIN: LOCALITY: -----  
 TRANSKEI / CISKEI / OTHER -----

TOWN WITH CLINIC                      TOWN WITHOUT CLINIC

VILLAGE WITH CLINIC                      VILLAGE WITHOUT CLINIC

RESETTLEMENT AREA WITH CLINIC      RESETTLEMENT AREA WITHOUT CLINIC

FAMILY INCOME: NONE / LESS R150 / R150-R239 / R240-R330 / MORE R330 -----

EDUCATIONAL LEVEL (IF PATIENT UNDER 18YRS THEN MOTHER): NIL STD -----

NUMBER OF LIVE BIRTHS? -----

7	9
11	13
17	19
21	23
25	27
29	31
33	34
36	37
39	41
43	45
47	47
51	52
56	58
55	57
59	60
62	64

These papers constitute the preliminary findings of the Second Carnegie Inquiry into Poverty and Development in Southern Africa, and were prepared for presentation at a Conference at the University of Cape Town from 13-19 April, 1984.

The Second Carnegie Inquiry into Poverty and Development in Southern Africa was launched in April 1982, and is scheduled to run until June 1985.

Quoting (in context) from these preliminary papers with due acknowledgement is of course allowed, but for permission to reprint any material, or for further information about the Inquiry, please write to:

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