


**THE IMPACT OF URBAN RENEWAL ON THE HEALTH STATUS OF THE
COMMUNITY OF EVATON**

By

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The crest of Stellenbosch University is centered behind the text. It features a shield with a blue and red design, topped with a crown and a banner. The Latin motto "Perfata coluntur cultus recti" is inscribed on a scroll at the bottom of the crest.

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DECLARATION

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ABSTRACT

Urban renewal is fairly new in South Africa compared to North America where the concept was introduced around 1949. Some urban areas in South Africa lacked basic subsistence needs while others had deteriorated into slums. That prompted the present government to act against such living conditions and make environments conducive to its motto of “better life for all”.

One such area was Evaton within Emfuleni Local Municipality in Gauteng. The semi-rural centennial settlement is one of the few that enjoys freehold land tenure in South Africa. Unfortunately, that contributed to its underdevelopment as the politics of land release before 1996 prevented any development by the regime. The situation led Evaton developing into a slum without basic needs such as proper infrastructure, proper sanitation, refuse removal system, adequate water supply and social amenities. The situation manifested itself in poor community health status.

The health status of the community was also influenced by the prevailing socio-economic conditions such as unemployment and poverty. Communities depended on home farming and animal husbandry to support their households.

Unemployment and poverty resulted in crimes of stock-theft, house robberies and muggings. Gangsterism became the lifestyle of hooligans which made life difficult for vulnerable community members.

Moreover, environmental health conditions were appalling. Water was drawn from improperly covered wells. Pit latrines and ash dumps were used for sanitation thus causing fly-breeding and rodent habourage. Animals roamed about while backyards were overpopulated with shacks instead of decent housing. Fossil fuel fires used inside mud houses with poor ventilation caused carbon monoxide poisoning. Particulate matter from dusty streets polluted the air. Diseases spread easily due to dust, overcrowding, and poor ventilation and sanitation. Families could hardly afford proper medical care which was scarce, remote and expensive.

The intended urban renewal project aimed to improve the living conditions in Evaton. Improved housing was provided where possible, sewerage reticulation system was widened, electricity was installed and some service roads were tarred.

More clinics were built to provide better and free health services to the community. Modern shopping malls were built. Municipal health and other essential services were partly delivered. The prospects of improved health status were beaming.

Unfortunately, the project was hampered by obstacles such as politics of resistance to land release by landlords, which retarded housing progress. Funding was problematic and allegedly misused. Housing, roads and sanitation remained poor. Air quality remained poor as fossil fuel continued to be used due to high electricity costs. Animals were still kept and unemployment rate remained high.

Research findings revealed that suspicions regarding clandestine land release deals were abound. Residents blamed leaders for offering jobs to friends and associates. Provision of affordable housing was rather too slow and made tedious by squabbles over management issues. Local economic development crucial to job creation and poverty alleviation needed strengthening to encourage self-reliance.

It would be recommended that the situation in Evaton be afforded urgent intervention by government, with the support of strong community participation, which is crucial for smooth implementation of processes meant to improve living conditions in Evaton. Regeneration, with its envisaged prospects, needed the co-operation of all stakeholders. All suspicions regarding projects and processes had to be overcome. It would be important to employ persons with appropriate expertise, preferably from the local community; to strengthen project management for positive outcomes that would impact on the health status of the community was important.

OPSOMMING

Stedelike hernuwing in Suid-Afrika is 'n redelike nuwe konsep in vergelyking met Noord-Amerika waar stedelike hernuwing reeds vanaf 1949 plaasgevind het. Sommige stedelike areas in Suid-Afrika het agteruitgegaan as agtergebuurtes met 'n tekort aan basiese lewensbehoefte. Hierdie situasie het die huidige regering aangemoedig om aksie te neem teen hierdie lewenskondisies en ook beheer oor hierdie agtergebuurtes te neem ter ondersteuning van die regering se slagspreuk: "*Beter lewe vir almal*".

Een so 'n area in Gauteng is Evaton, wat onder beheer van Emfuleni Plaaslike Munisipaliteit is. 'n Honderd jare oue semi-plaaslike plek het vrye besitreg van eiendom in Suid-Afrika bepaal. Ongelukkig het hierdie bygedra tot onderontwikkeling aangesien politiese besluite rakende grond ontplooiing en ontwikkeling in Evaton negatief beïnvloed was deur die beherende bewind van daardie tyd. Hierdie situasie het ook bygedra dat Evaton in 'n agtergebuurte verval het sonder voldoening aan basiese behoeftes soos aanvaarbare infrastruktuur, sanitasie, vullisverwydering, genoegsame water voorsiening en sosiale geriewe. Hierdie omstandighede het gevolglik aanleiding gegee dat Evaton gemeenskap onder andere lae gesondheidstatus geniet.

Die gesondheidstatus van Evaton gemeenskap is verder ook beïnvloed deur heersende sosio-ekonomiese kondisies soos werkloosheid en armoede. Die gemeenskap was dus afhanklik van selfonderhoudende landbou- en veeboerdery ter wille van oorlewing.

Werkloosheid en armoede het gevolglik ook aanleiding gegee tot misdade soos veediefstal, huisinbrake en rooftogte. Bendewese het 'n leefstyl geword van straatboewe wat die lewe verder bemoeilik het vir kwetsbare gemeenskapslede.

Walglike omgewingsgesondheid kondisies het gevolglik ook verder die oorhand gekry. Water is uit onbeskermdes putte getap en buite toilette en ashope is vir sanitasie geriewe gebruik. Vlieë het uitgebroei en knaagdiers het daar begin aantel. Vee het vry gewei en agtererwe was vol oorbevolkte krotte in plaas van aanvaarbare wonings. Vure van fossielbrandstof is binne-in modderhuise met swak ventilasie gebrand en dit het tot koolstofmonoksied vergiftiging by inwoners gelei. Stofdeeltjies van stofstrate het lugbesoedeling veroorsaak. Siektes het vinnig

versprei as gevolg van stof, oorbevolking, swak ventilasie en onhigiëniese sanitasie. Gesinne kon skaars geskikte mediese behandeling bekostig wat ver, skaars en duur was.

Die stedelike hernuwingsprogram beoog om lewenskondisies in Evaton te verbeter. Beter behuising is verskaf waar moontlik, 'n wyer rioolnetwerk is voorsien, elektrisiteit is voorsien en sekere dienspaaie is geteer. Meer klinieke is gebou om sodoende beter asook gratis gesondheidsdienste aan Evaton gemeenskap te voorsien.

Ongelukkig was daar struikelblokke wat die stedelike hernuwingsprogram vertraag het. Die behuising projek kon nie volgens beplanning verloop nie aangesien grondeienaars onwillig was om hul grond af te staan. Fondse was nie genoeg nie en volgens aantuigings misbruik. Behuising, paaie en sanitasie bly nog swaak. Lugbesoedeling is steeds hoog aangesien fossielbrandstof steeds gebruik word as gevolg van hoë elektrisiteitskoste. Vee word steeds vrylik aangehou en die werkloosheid syfer is steeds baie hoog.

Hierdie situasie in Evaton eis onmiddellik intervensie. Susisies rakende grondhervorming moet oorkom word. Voorsiening van bekostigbare behuising moet verskerp word. Plaaslike ekonomiese ontwikkeling wat noodsaaklik is vir werk skepping en armoede verligting moet aangespreek word om sodoende self-versorging aan te moedig.

Intervensie van die Regering, met goeie gemeenskap deelname, is noodsaaklik vir gesonde lewenstandaarde in Evaton. Hervorming met beplande vooruitsigte sal dringend verskerp moet word sodat die impak van gesondheid standarde op Evaton gemeenskap positief beïnvloed kan word.

DEDICATION

It is with great love and honour that I dedicate this piece of work to all my children, especially my daughter, Kelebogile, who helped me tremendously with her expertise in computer operation, and Keletso who sacrificed my attention to his studies. Your dedication to your own studies was an encouragement to achieve my own goal. Your caring support is highly appreciated. God bless you.

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CHAPTER 1:

INTRODUCTION

1.1 Background

Evaton was established in 1904 in the aftermath of the Anglo-Boer War (1899-1902). The centennial settlement is situated on a farm known as Wildebeesfontein Farm No 12, south of Johannesburg, west of Vanderbijlpark and north of Vereeniging on the northern side of the Vaal River which forms the boundary between Gauteng Province and the Free State.

The farm was owned by Messrs Adams and Easton of Evaton and Adams Company, whose wives Mrs Eva Adams and Mrs Easton subdivided the farm into stands measuring about 4 000m² each and generously sold them to persons willing to buy, irrespective of nationality and colour. Hence the area was occupied by Whites, Blacks and Coloureds, including Indians, and Chinese. The eastern side was occupied predominantly by Whites while most Blacks inhabited the western part of the settlement around an area known as Small Farms. The multiracial occupation of the settlement is evident today from the street names that depict the harmonious occupancy of the settlement by the diverse cultural groups of inhabitants, e.g. Renfrew, Milner, Ward, Hamilton, McKay, Bodea, Mikado, Togo and Maritz Roads, to mention but a few.

Evaton, a township in the Vaal Triangle area under the jurisdiction of Emfuleni Local Municipality (ELM) on the southern border of Gauteng Province, was one of a few black settlements that enjoyed freehold land tenure in South Africa. This, unfortunately, led to the area's underdevelopment as government could not impose its authority and wish on the land owners with regard to any developmental plans or forced removal, as was the inclination of the regime of the time. The area remained undeveloped and resistance to government's effort to develop the area sometimes ended in the courts of law. Successive local authorities that administered the area of the Vaal Triangle area had all failed to convince the land owners to release their land for the government's development programmes, and Evaton suffered gross underdevelopment as a result.

The situation in Evaton received the attention of the then President of the Republic of South Africa, Mr Thabo Mbeki in 2003 during his official visit to the area, which coincided with preparations for the centenary celebrations of the township in 2004. On seeing the squalour under which the community lived, and knowing the copious and abundant history that the township possessed, the president pledged financial support to help the reconstruction of Evaton as one of the priority areas earmarked for urban renewal programme that was rolled out to other similar places such as Alexandra Township north of Johannesburg.

The development programme, reminiscent of the state intervention in the urban renewal of cities in Britain in the 1860's (Couch 1990: 12-14), sought to improve the standard of living of the residents while fostering participation by the communities in their own healthy and sustainable development.

The programme resulted in the birth of the Evaton Renewal Project, an urban renewal process that was driven by the Evaton Development Forum as overseers representing present and erstwhile residents of Evaton, members of the different political parties and formations like the South African National Civic Organisation (SANCO) and other community structures. The project, as maintained by Kellerman (Kotze 1997: 49), was to be demand-driven and owned by the Evaton community. In conjunction with the Gauteng Department of Housing the forum liaised with other stakeholders to monitor the effective and proper process of development to foster and promote a healthy environment in Evaton.

The forum was to ensure that the project delivered better housing, proper and much needed infrastructure like sewerage system, waste management system, air quality monitoring system, proper roads, adequate and potable water supply, and viable local economic development that would encourage job creation and poverty alleviation. These would augur well for the promotion of healthy living in the community, which was lacking and adversely affecting its health status.

1.2 Research problem

It is a premise of this thesis that the poor health status of the community was the manifestation of the unhealthy conditions and environment under which the community lived. Poor service delivery exposed the community to ill-health: diseases like tuberculosis spread easily due to overcrowding in poorly built mud houses with poor ventilation and dust from gravel roads, poorly protected wells and poor sanitation by pit latrines resulted in diarrhoeal diseases which sometimes resulted in death. These environmental health factors were aggravated by inadequate, remote and unaffordable health care and facilities. Unemployment, crime and poverty also contributed to the unhealthy situation as people could not cater for themselves and their families. Malnutrition was counted among social diseases in the community. This situation adversely affected the health status of the community.

1.3 Research questions

The situation in Evaton was thrown a lifeline by the birth of the Evaton Renewal Project in 2004, an urban renewal project that aimed to convert the miserable and unhealthy living conditions of Evaton. The advent of the urban renewal project posed a few questions regarding the improvement of the health status of the community of Evaton:

- How did the pre-urban renewal conditions impact on the health status of the community of Evaton?
- What impact would the urban renewal project have on the health status of the community of Evaton?
- What role should municipal health services play in the improvement of the health of the community?

1.4 Research design and methodology

With the aim of evaluating the health outcomes of the interventions of the renewal project and its programmes, an evaluation research design was chosen and used. The following methodologies were used for data collection:

1.4.1 Interviews

Interviews were conducted with the Gauteng Department of Housing, the custodians of the project, and officials of Emfuleni Local Municipality, under whose jurisdiction Evaton falls.

1.4.2 Records

Records from the clinics serving Evaton were scrutinised and evaluated. The aim was to study the trend of disease prevalence and the impact that the facilities made on health conditions related to slum conditions, comparing the pre-project period with the latter when the project was halted.

1.4.3 Literature review

The literature study included printed books, research work by other researchers on the subject of urban renewal and development, newspaper articles, newsletters and regulatory framework that included relevant legislation and policies, and reviews on the subject of urban renewal and community health from the internet. Articles posted in Evaton News, the Evaton renewal project newsletter are also reviewed.

1.5 Layout of chapters

Chapter 1 provides an orientation to the thesis, introducing the background of the location and the community under review. It tables the problem statement that poses some questions which give rise to the design and methodology to be applied to answer the research questions. It further outlines the structure of the thesis, i.e. the division of the chapters.

Chapter 2 reviews literature relating to urban renewal as implemented in other countries globally, and how it sought to remedy the living conditions of disadvantaged communities with the aim of improving their health status. The chapter conceptualises urban renewal and the health status through literature study, and how the latter concept can be influenced and affected by the former.

Chapter 3 explores the case regarding underdevelopment in Evaton, firstly giving the history of the area, its socio-economic realities, its politics and environmental health conditions and how all these affected the health status of the community.

Chapter 4 deals with data collection, i.e. how the urban renewal process was implemented in Evaton. The data is then analysed to show the successful or unsuccessful implementation of the urban renewal project in Evaton with regard to the health status of the community.

Chapter 5 deals with the evaluation of the health status in Evaton using data analysis and interpretation of results as qualitative measurement.

Chapter 6 concludes the thesis by summarising the progression of the entire thesis, highlighting the main aspects of the findings and showing how the urban renewal process contributed to the enhancement or otherwise, of the health status of the community.

CHAPTER 2: A REVIEW OF URBAN RENEWAL AND COMMUNITY HEALTH

2.1 Introduction

Evaton could be declared a slum due to the squalid and unhealthy conditions that its community was living in. Such conditions were the manifestations of the resistance displayed by the stand owners to any development by the authorities, as the area enjoyed freehold rights and they were suspicious towards developments that they viewed as usurpation of their land. Landlords, instead, made a living by renting space on their stands to shack dwellers or squeezing stranded subtenants in unhealthily constructed chains of rooms for a monthly rental, thus creating overcrowding which caused the easy spread of diseases, especially tuberculosis.

The practice of subletting portions of the properties for a gain was not unique to Evaton and South Africa as this was also the case in America in the early 1950's, when people were living in unhealthy slum conditions, according to Millspaugh and Breckenfeld, as edited by Colean (1958: 3, 11 & 12).

As a result of the resistance Evaton was neglected and thus suffered underdevelopment with regard to adequate and proper housing, basic services such as municipal health services and adequate social amenities that could contribute towards healthy living. Also, the area lacked physical and municipal infrastructure that were crucial to progressive development. The situation in Evaton typically matched the situation described by Tannerfeldt and Ljung (2006: 35) regarding settlements with “the absence of infrastructure, the same type of housing, and small-scale agriculture with pigs, chickens and goats”. And, according to Thwala (2006: 1), referring to an assertion by the World Bank, “infrastructure can deliver major benefits in economic growth, poverty alleviation, and environmental sustainability”, if labour-intensive approach is used in providing it.

The community was embroiled in a situation that was anything but healthy. Health indicators pointed to lack of health care and services that were essential to healthy living. The premise of this thesis is that the health status of the Evaton community was determined by conditions such

as socio-economic factors, physical health of the inhabitants as categorised by age and social status, environmental health factors and access to proper health care and health facilities. Diseases related to socio-economic conditions like undernourishment due to poverty caused by unemployment, were rife. These included malnutrition and kwashiorkor among children, and tuberculosis due to dust inhalation from untarred roads as well as overcrowding in the mud houses which characterised the settlement.

The pre-urbanisation phase of Evaton had symptoms of the pre-phase situation of South India in the 2300-1800BC era (Ramachandran 1989: 44) when the human settlements depended on home farming with cattle, sheep and goats for their livelihood. Evaton fitted into the description of the rural-urban fringe as articulated by Ramachandran (1989: 293) where urban locations have emerged around rural areas that were beyond municipal jurisdiction, thus transforming them.

The situation warranted developmental change in the form of urban renewal. This would ensure the provision of proper infrastructure to enable the provision of essential health care services through the building of adequate and accessible health facilities. The urban renewal programme would also provide municipal health services and afford the much needed service delivery to address the adverse conditions that existed in the settlement. The implementation of the programme was crucial in redressing the long-standing imbalances and creating a healthy community in Evaton.

Urban renewal came in as the appropriate vehicle to deliver the much-needed development to the previously underdeveloped communities. In February 2001 when the former President Thabo Mbeki was opening parliament, he announced a national urban renewal strategy that was aimed at developing areas which had suffered underdevelopment in the past. Evaton was one of the eight areas where Urban Renewal Programme (URP) was introduced as the government's initiative to combat poverty and underdevelopment. The urban renewal programme was essentially about the regeneration of urban decay existing in the townships.

Literature will show that urban renewal had been applied globally mainly to effect change in unhealthy living conditions of health-impooverished and distressed communities. It has been

considered as the tool to improve environmental conditions of localities which in turn influenced the lifestyle and thus the health status of their communities.

2.2 Urban renewal

The notion of urban renewal has to be understood against the background of the situation that prevailed as the norm during the apartheid era, namely neglecting the living conditions in the formerly black areas as it was planned and envisaged that Blacks were sojourners and would ultimately end up in their respective homelands as was designated by the regime. Urban renewal had the task of reversing that.

According to the Concise Oxford Dictionary, Ninth Edition renewal means restoration, which means bringing back to the original state by rebuilding (1995: 1164, 1174). Develop, according to the dictionary (1995: 369) means, among others, “make fuller...construct new buildings on (land) ...convert (land) to a new purpose so as to use its resources more fully”. Development, in this context, therefore implies the process or action of developing housing or rebuilding the land to serve a (new) useful purpose. Urban renewal, according to the dictionary (1995: 1544), means “slum clearance and redevelopment in a city or town”.

Gruen, in his contribution to “The Appraisal Journal” (April 1963: 11), refers to urban renewal as “the battle against blight and deterioration” where, among others, residential slums, smog, urban and suburban blight are fought, and blames “public complacency, uncontrolled development and government red tape as some of the obstacles hindering development. This was true to the plight of Evaton where the community was satisfied with their living conditions rather than allow government intervention. On the other hand, government’s red tape by requiring acquisition of privately-owned land before any development could take place, was problematic to the owners who suspected usurpation by the regime.

2.2.1 Conceptualisation of urban renewal

The urban renewal concept is supported by the assertion of Smith (Smith and Williams eds.1986: 18, 25) that, as in gentrification, urban renewal is “certainly a process of slum clearance” as much as it is the clearance of obsolete buildings used by slum dwellers. Rondinelli, as edited by May, Jr (1989:20) refers to urban renewal as urbanisation (1989: ix), and affirms that urban renewal is slum clearance. But, quoting World Bank (1980) and Kulaba (1982), Rondinelli laments the failure of the defective policies put in place to deal with slum clearance and public housing in the early 1970’s as being due to high costs to the developing countries. These sentiments were echoed by the directorate in the Department of Housing in the Gauteng Provincial Government, the champions of the Evaton Renewal Project.

The main adverse effect of a slum is ill-health and unhealthiness due to the lack of proper conditions that are conducive to healthy living. These include health and hygiene conditions, social and environmental factors and economic development situation, all having a negative impact on the general health status of the community.

The government, through the Constitution, 1996 (Act No 108 of 1996) and other applicable legislation, including White Papers and policies, had embarked on a process of redefining the acceptable living standards that would culminate in better life for all communities within the country. The process was first defined in a governmental development strategy termed Reconstruction and Development Plan (RDP). The objectives of the RDP focused on the provision of the required infrastructure, construction of housing units, provision of essential services and creation of standards that would be conducive to healthy, economic, progressive, and sustainable development, all encompassed in a broad concept termed urban renewal which is based essentially on service delivery to the communities.

Unfortunately, the Reconstruction and Development Plans (RDP) sought to divide communities according to affluence, i.e. to locate the less capable sector of the

community from their affording counterparts, thus creating animosity between the two sectors of the same community by providing better services (including health services) to those who can afford, while offering poor quality services to the less affluent. Another failure of the RDP as a developmental vision was its weakness on mechanisms for implementation, such as affirmed by Mellor (1977: 42) in his criticism of uneven land use in Britain.

In 2005 the government introduced a new policy coined “Breaking New Grounds” wherein it embarked on a plan of combating fragmentation according to affluence, by establishing what was termed sustainable human settlements.

Whereas, according to Hosking and Bond, as quoted by Khosa (2000: 35), large corporations still retained much power over policies and projects mandated by the RDP, something that was disturbing the balanced provision of infrastructure in which municipalities could invest as a developmental and health-enhancing resource, the Evaton Renewal Project aimed to sidestep this status quo which had not changed much since the gaining of democratic independence in 1994.

Urban renewal was the government’s effort to improve the standard of living of the formally disadvantaged communities by providing the necessary infrastructure to enable development to take place. Steward, quoted by Kotze (1997: 1), contributes to the theme of development by defining it as “positive social, economic and political change in a country or community”. By connotation and comprehension, renewal means a change for the better or development from the existing state. Therefore, urban renewal meant the development of housing and the land in an urban set-up from an existing state to the one wherein the full utilisation of its potential could be realised.

Urban renewal was implemented differently in different countries globally. Although the purpose seemed the same – to combat urban decay – the mission seemed to differ.

2.2.2 Urban renewal in America

Whereas urban renewal in South Africa was a fairly new concept, it was “hailed as the tool that would enable the cities of America to save themselves from blight, decay, and obsolescence” as early as 1949 when the National Housing Act was passed there, according to Davies III (1949: 1).

Earlier in the 1950’s until the mid-1970’s urban renewal in America was criticised for being insensitive to the Negroes whose removal was viewed as inhumane. The programme was also attacked for the destruction of neighbourhoods and notable buildings which were replaced by monotonous structures which did not enhance community pride. As a result, the cities deteriorated and crime increased, according to Sanders, quoting Diamonstein and as edited by Rosenthal (1980: 103).

The urban renewal project was reconsidered through the introduction of the Housing Act of 1949 to truly eliminate slum and blight by replacing low-rent homes with some high-rent ones.

Later in the United States of America, according to Live Search, “urban renewal” changed to “community development”, subsequent to the introduction of the Housing and Urban Development Act, and The New Communities Act of 1968, and the establishment of the Community Development Block Grant programme which focused earnestly on “redevelopment of existing neighbourhoods and properties, rather than demolition of substandard housing and economically depressed areas”.

2.2.3 Urban renewal in Britain

Urban renewal in other countries like Britain was controversial as it was viewed as a means to legally repossess private property for development projects that would suit mandates planned in accordance with the local authorities’ wishes under the false pretext

that the authorities were clearing residential slums. In its original form the concept was called a failure by civic leaders and urban planners in Britain.

This view is supported by Mellor (1977: 69) who states that urban renewal in Britain “was seen as yet another pressure towards monopoly and concentration” by municipalities who caused the demolition of some 1, 7 million dwellings in Great Britain and the displacement of small firms and independent entrepreneurs under the pretext of slum clearance or urban renewal. The adverse effect was that the neighbourhoods were badly disrupted.

Mellor further maintains that the so-called urban renewal programme in Britain was nothing but an attempt for the “modernization of the housing stock” by planners whereby older housing was to be replaced by the new one. Houses were built to present the future outlook of the area rather than as a need for the low-renting households. This is in contrast to the idea of the housing project that was planned for Evaton whereby proper housing was essential for better and healthier living in accordance with the Constitution.

2.2.4 Analogy between urban renewal overseas and in South Africa

The analogy between urban renewal as viewed by Johnson (1980: 126), in his contribution to the subject, and the Evaton Renewal Project as planned and envisaged by the Gauteng Department of Housing, was that the land was to be converted from slum conditions into new and totally different neighbourhoods which would be pleasant to stay and leave in.

Yet, according to Hanley, as edited by Berry et al (1993: 128), urban renewal had to fully and effectively meet the current environmental agenda by addressing global issues such as air quality, congestion, noise pollution, the greenhouse effect and acid rain. In South Africa, the National Environmental Management: Air Quality Act, 2004 (Act No 39 of 2004) is in force to address the issues, with its chapter 6 concerned with international air quality management.

Hanley further advocates the minimisation of waste and encourages recycling and the use of renewable resources to promote sustainable environments. The concept of sustainable environments through sustainable developments support the notion of the Brundtland Report which was coined at the World Commission on Environment and Development, and defines the development as “development that meets the needs of the present without compromising the ability of future generations to meet their own needs.” Recycling and reuse are programmes very common to the South African waste management strategy.

Urban renewal in America was previously seen as the right move to combat the increasing number of slums by providing better housing with appropriate basic necessities for decent living (Davies III 1949: 6), which compares well with the South African version where, in Evaton, provision of proper and decent housing was the main objective of the renewal process. However, urban renewal in South Africa may differ in some instances with urban renewal overseas.

In the United States of America urban renewal was perceived as “a program of land redevelopment in areas of moderate to high density urban land use”, while in Britain it was described as “urban regeneration” both of which versions are tantamount to South Africa’s urban redevelopment.

Just like in North America, urban renewal in South Africa was done by the government as its obligation to uplift and improve the health status of its citizens without an aim to gain in any manner. It was imperative for the government of the day to provide for its people in line with its manifesto of health for all. The government’s real purpose in urban renewal was to ensure that it redressed the imbalances of the past which were created by the erstwhile apartheid regime. The marginalised people like the community of Evaton were to benefit from the urban renewal programme mooted by the South African government, as compared to urban renewal programmes instituted overseas where the aim was profiteering.

In America in the late 1940's urban renewal was used to address the shortage of housing in most urban areas. Like in South Africa, it concentrated on middle- and low- income rental housing. Further, it aimed to reduce the escalating number of slums and provide people with better dwellings with basic necessities for decent living (Davies III 1949: 6). The efforts in both countries were not without challenges of land ownership, politics and financial constraints on the part of the government that undertook the programme of housing.

2.2.5 Challenges posed by urban renewal

Urban regeneration or renewal sometimes poses a number of problems such as upholding and restoring a desirable relationship in land use for different social uses like proper housing, recreational facilities on the one hand, and economical considerations like transportation, agriculture and industry on the other, as was the case with the former Czechoslovakia, as stated by Matouskova, and edited by Berry et al (1993: 135). In some cases, the problem of property rights and land tenure, as is the case with Evaton, crops up and destabilises any envisaged progress.

One other problem regarding urban renewal is the cost involved in the process, especially where municipal services such as roads, storm water drainage, and water and sewerage systems have to be provided. The installation of these services in an existing township absorbs most of the funds allocated for the whole renewal programme, as was the case with Alexandra (Raymer 1989: 25) and is the case with Evaton presently.

By definition, urban renewal is tantamount to urban redevelopment or slum clearance, as illustrated before in the equation explaining urban renewal. According to Imperato and Rustler (2003: 1) urban development or upgrading of low-income settlements usually involves the participation of the urban poor themselves, as was the case with urban renewal in Evaton. While the Latin-American scenario portrayed by the authors showed unsatisfactory results which due to lack of external support in the cost-effective process

of urban upgrading, the scenario of the urban renewal of Evaton was different: the process was initiated by an external agency; yet the results also left much to be desired.

What Imparato and Rustler elucidate, though, is that, in upgrading an existing settlement the indigenous knowledge gained by residents through their long years of building their own homes, is not recognised. This assertion is correctly supported by Theron ed. (2008: 9) lamenting the unfortunate ignoring of the indigenous knowledge systems of communities by outsiders (Theron ed. 2008: 58). Participation by the community in developments is therefore important for the success of projects (Burkey 1993: 56; Theron, ed 2008: 15; Imparato & Rustler: 20).

Oluwande, as edited by Soen (1981: 217-218) also speaks of urban renewal in the context of slum clearance, whose acceleration can be assisted by the involvement of private developers and industrialists, rather than depend on government alone. Oluwande, like many others quoted afore, blames most of the environmental problems leading to slum conditions on lack of development such proper sanitation, adequate water supply and proper housing-a typical case of semi-rural Evaton.

Oluwande also blames the non-consultation of the people by authorities when development schemes are planned. In Evaton the Master Business Plan was drawn by consultants and people are coerced into buying in on the plan, hence the resistance.

Neil Smith, as edited by Lees et al (2010: 93), maintains that urban renewal, as implemented in America of late, is like a rehabilitation process which focuses on housing that is dilapidated or unsound for further human habitation. Smith also points to the types of professional developers involved in the gentrification of areas and their purposes for the process, being either to rent out, inhabit or sell for profit. As alluded to earlier, this used to be the trend with urban renewal in America.

Gibson and Langstaff (1982: 12 and 13) confirm the assertion by Smith by referring to urban renewal as “the redevelopment or rehabilitation of the older parts of town and cities including

their central business areas.” They further declare that the national urban renewal policy has slum clearance and redevelopment as its initial phase of development, thus affirming what has been stated by other authors as quoted in this chapter.

Urban renewal obviously creates urban environments as compared to rural and semi-rural environments like Evaton. Urban environments then create economic opportunities for different enterprises to operate (Johnson 1980: 23). This would augur well for the benefit envisaged by the urban renewal process planned for Evaton.

Urbanisation in India, which was in essence the urban renewal plan for its cities, recognised, among its number of five-year plans, the acute shortage of housing whereby low cost housing was considered in its first five year national plan (Ramachandran 1989: 329). In its third plan the government initiated programmes in community development where social and human problems like slum clearance were addressed. The sixth of these plans considered the provision of adequate infrastructure through which piped water supply and sewage projects could be satisfactorily addressed.

The envisaged urban renewal project in Evaton matched, in many respects, the urbanisation planned for India: building of low cost housing to deal with acute shortage of houses, and the provision of adequate infrastructure to facilitate the installation of water and sewerage reticulation systems were among the main projects for the urban renewal programme for both areas.

The successful implementation of urban renewal, as noted by Schwartz (2004: 3) is based on “plausible set of guidelines (the Master Plan), a strong sense of mission, and attention to detail of implementation”, and “a willingness of the planners to become enmeshed in day-to-day municipal politics”. This is crucial, especially in the case of the Evaton Renewal Project where the present local government structure, the Emfuleni Local Municipality, has to deal with, and try to appease the deep-rooted fears and suspicions of the Evaton community.

The Evaton Master Business Plan is similar in structure to the “Master Plan (Guidelines)” as devised by the French urbanist, Alfred Agache and adopted by the Italian city of Curitiba in 1943, in that the implementation approach was in accordance with the demarcated precincts and functional areas, e.g. alleviation of traffic congestions and consolidation of government office buildings (Schwartz 2004: 27, 29).

Urban renewal as introduced in Evaton was a means to address the negative and low health status of the community by providing infrastructure to enable development to take place. The envisaged development was aimed at creating conducive conditions for local economic development to combat unemployment and assist in poverty alleviation. The development also sought to provide essential health services for proper and necessary health care and health care facilities that would boost positive community health status. That would be determined by the creation of a healthy community that was liberated from poverty and ill-health, and capable of providing for its families.

2.3 What constitutes a healthy community?

The concept of “a healthy community” is best understood by considering the holistic approach to health, as compared to the definition contained in the constitution of World Health Organisation (WHO 1948) that health is “a state of complete physical, mental and social well-being, and not merely the absence of disease and infirmity”.

Gilbert et al (1996: 7-8) captured the approach appropriately in the illustration of “the mandala of health: a model of the human ecosystem.” The illustration depicts a comprehensive approach to health as defined and influenced by community and human-made environment. These include sick care system (human biology and personal behaviour), lifestyle (personal behaviour and psycho-socio-economic environment) and work (psycho-socio-economic environment and physical environment). This indicates that sick care system (i.e. personal healthcare), lifestyle and work can define and influence human health. Inversely, human health could influence and shape the environment. This means that where there is healthcare, work, proper lifestyle and conducive human-made environment, then the community will be healthy; whereas, lack of

proper health care, improper lifestyle and unemployment and physical environment that is not conducive to healthy living, then the community will be unhealthy.

McMurray (1999: 7) describes a healthy community as “one with a visible commitment to achieving the health and wellbeing of individuals, families and various groups of people”. A healthy community is, therefore, the outcome of improved standard of living among the inhabitants of an area. According to Hattingh et al (2006: 6) the goal of a healthy community is achieved when “each community contributes to the health and welfare of the nation”.

Urban renewal would usher in a developmental change that was necessary for the improvement of the living conditions of the community. Provision of adequate and accessible health facilities to render proper and affordable health care to the community would reduce the incidence of ill-health and diseases. The creation of improved socio-economic conditions which were conducive to local economic development would assist in job creation and poverty alleviation. That would augur well for qualitative community health status in Evaton.

2.4 Community health status

It follows that a healthy community is one that has all or most of the attributes that constitute health in its holistic form, viz. proper health care (e.g. health facilities), appropriate lifestyle (i.e. proper personal, psychological and social behaviour) and work (i.e. psycho-socio-environmental conditions which include employment and physical environment conducive to economic development). It is obvious then that community health status is a collective social standing by which the overall health and wellbeing of a community is measured or defined. It defines the level of community health which is “much more than the sum of the health status of all community members” (Hattingh et al 2006: 6).

The healthiness of the community (or community health) can be reflected and measured by the health status indicators prevalent within that community. They could include the commonality of some diseases and certain unhealthy occurrences and incidents in the community, e.g. incidence of measles, deaths through cardio-vascular diseases, perinatal care, suicide tendencies, incidence

of tuberculosis and mortality (Reagan & Brookins-Fisher 1997: 105). According to McKenzie and Pinger (1997: 171) mortality has always acted as the single most reliable health status of a population or community. The health status of the community, according to McMurray (1999: 63), can be determined by other epidemiological indicators such as chronic diseases prevalent in the community.

As correctly and appropriately observed by Mechanic (1972: 80), there is clear correlation between the health status of the people (community) and the type of health services that they can access. The poor are vulnerable to illness as a result of poor quality care as compared to the affluent. Mechanic blames ill-health of the poor on “socio-cultural and environmental circumstances”, and the “social and psychological factors for the outcome of disease processes” (Mechanic 1972: 246), the situation which befitted the living conditions in the Evaton community.

The psycho-socio-environmental model of the definition of health calls for the provision of vehicles or mechanisms required to deliver the necessary attributes that would foster healthy living amongst community members and hence a healthy community. Generally, a healthy community is a community staying together in a locality or environment that is conducive to healthy living. This would be a developed environment where there are proper and basic municipal services as defined by section 1 of the Municipal Finance Management Act, 2003 (RSA, Act No 56 of 2003) and advocated by section 73 of the Municipal System Act, 2000 (RSA, Act No 32 of 2000) and municipal health services as defined in section 1 of the National Health Act, 2003 (RSA, Act No 61 of 2003).

It is quite clear and obvious that the creation of a healthy community in South Africa is the responsibility of the government as legislation suggests. With the adoption of the Constitution it became imperative for the government to assume the obligation of providing health for all its citizens.

2.5 Government's obligation to provide health for all

The Evaton Renewal Project was introduced by the President of the country to fulfill the mandate of the Constitution and promote the slogan of the government as was coined by the ruling party, the African National Congress, viz. "health for all!" The Constitution clearly stipulates the government's obligation to protect the health of every citizen of the country by protecting the environment from any detrimental factors. Section 24 of the Constitution stipulates the right of everyone "to an environment that is not harmful to their health or well-being". This, in essence, obligates the government to devise and apply means and ways to combat existing environmental factors that adversely affect the health of the people. The government, through its designated organs of administration, had instituted intervention mechanisms to achieve the necessary and conducive conditions for healthy living among its citizens.

The Ministry for health, in terms of sections 3 (1) and (2) of the National Health Act, 2003 (Act No 61 of 2003), is also obliged to provide health care for the populace of South Africa. The obligation is spread through the three spheres of government for accountability, efficiency and effectiveness. One strategy that the government has devised as a plan and means to achieve its objectives of providing health care to the communities is service delivery. The plan affects all spheres of government with the obligations located strategically in the different spheres according to competences, as contained in Parts A of both Schedule 4 and 5 of the Constitution. The local government level of administration, being the level closest to the grassroots, i.e. the communities, is obliged in terms of the provisions of Chapter 5, section 23 (1) (a), (b) and (c) of the Local Government: Municipal Systems Act, 2000 (Act No 32 Of 2000), to undertake developmentally-oriented planning through the Integrated Development Planning to ensure the achievement of objectives of local government as set out in section 152 (1) (d) of the Constitution, viz. to promote a safe and healthy environment to the communities.

The Integrated Development Planning (IDP) process is the government's strategy for enhancing community participation in the approval of services that the communities need. This is a right step in the right direction in promoting the spirit of Batho Pele Principles in that the people shall

set the standard of services, including health services that they need and want. The approval of the services planned by municipalities includes approval of all processes involved in the rendering of such services, the budgets, time-frames, and all resources needed to implement the services.

The development planning process mapped the provision of essential services to the community by the government through its agencies or departments in its different spheres. The departments were tasked by legislation to ensure that the services were rendered to the communities. The obligation believed and trusted as one of the vehicles to delivery the services to the people and usher in healthy living, was simply termed service delivery.

2.6 Urban renewal through service delivery

With the advent of our democratic dispensation government had embarked on a number of programmes that would assist in the provision of health-promoting services to the community. One of these is service delivery which is a vehicle that is used to provide essential basic needs for a community to subsist. The programme has been placed in both the provincial government in terms of Part B of Schedule 4 and 5 of the Constitution, and the local government, the sphere closest to the community, in terms of section 73 (1) (c) of the Municipal Systems Act, 2000 (Act No 32 of 2000) and section 152 (1) (b) of the Constitution (Act No 108 of 1996).

Service delivery includes, inter alia, a number of essential aspects or deliverables which are meant to impact favourably on the health of communities and their health status:

2.6.1 Provision of proper housing:

The supreme law of the country stipulates, as a basic human right, that every person in this country has a right to have access to adequate housing in terms of section 26 (1) and (2) of the Constitution. Housing, as a means to healthy living, shall provide shelter against weather elements as well as afford safety to the occupants. The function of housing is the competency of the Provincial Government in terms of Part A of Schedule 4

of the Constitution. Housing, according to Tannerfeldt and Ljung (2006: 53) is more than just providing a house for shelter but includes more than that, e.g. water supply, sanitation and refuse removal.

2.6.2 Adequate and safe water supply:

The community shall be provided with adequate and potable water supply at all times to cater for their domestic and other daily needs, such as cooking, washing, drinking and watering. Provision of potable water is essential to the prevention of water-borne diseases such as cholera, which are found in cases where water is drawn from natural sources and used without being purified.

2.6.3 Proper sanitation:

This is the provision of complete and effective sewerage reticulation system that is able to handle the disposal of human waste matter and waste water without causing any faecal pollution or contamination that may result in diseases of E. coli origin, e.g. diarrhea and dysentery.

Potable water supply and sanitation services are functions located in the municipalities in terms of Part B of Schedule 4 of the Constitution. These services are so important for a healthy community or population that Juuti (Juuti et al eds. 2008: 6), focusing on the achievement of water-related goals, aimed to halve the water and sanitation shortages by the year 2015 and states that it was a justifiable but difficult goal to achieve.

2.6.4 Proper refuse removal system:

Refuse removal is part of cleansing that is advocated by Part B of Schedule 5 of the Constitution. This involves the collection, removal and proper disposal of household refuse as well as other rubbish from open spaces within a township or municipality. Failure to deal properly with refuse leads to land pollution and may result in air and water

pollution where water sources are not properly protected. Haphazard refuse dumping may lead to the presence of obnoxious smells and fly-breeding which could predispose the community to diseases like diarrhoea.

Unfortunately, poor or lack of service delivery turned out to be the main cause of discontentment in many non-affluent residential areas. Despite promises of turnaround strategies which aimed to deal with the “crumbling mud houses, shacks and dirty roads”, the slow pace of service delivery caused widespread discontentment among residents. Even the community leaders were up in arms against local councils for taking too long to change the negative image of townships (Vaal Weekly, 24-30 June 2009: 14).

In Evaton residents were still complaining about lack of promised service delivery even after years of the introduction of the urban renewal project (Vaal Weekly 21-27 July 2010: 10), citing mistrust in the councillors and proponents of the project. The results of discontentment had been mass protest marches to the offices of the authorities. In some cases at Sedibeng District Municipality the protest marches ended in ugly and unpleasant deeds of violence (Sowetan 26 July 2010: 8; Sowetan 28 July 2010: 8).

Another vehicle that was crucial to healthy living among the communities was the provision of health services specifically by municipalities. The services termed municipal health services are concerned with monitoring environmental health aspects which have an impact on healthy living in the community.

2.7 The role of municipal health services in community health

Municipal health services, as outlaid in section (1) of the National Health Act, 2003 (Act No 61 of 2003), are important in uplifting the general health condition of the community by focusing on the environmental health factors that impact on the living conditions in the community. The services, which form part of the overall environmental health services package, are defined by the following principles:

2.7.1 Water quality monitoring:

Adequate supply of water as an attribute of service delivery is not complete without frequent monitoring of the water to ensure its safety and quality. Piped water and water from natural sources like the springs, dams and rivers need to be sampled and tested for possible contamination by foreign objects or bacteria that may cause disease, such as *vibrio cholerae* which causes cholera.

2.7.2 Food control:

Food is inarguably an essence of health and, implicitly, of a healthy community. Food control implies safe food supply which is vital for a healthy body and mind, and the prevention of diseases caused by lack of nutritional nourishment, e.g. malnutrition and kwashiorkor. Adequate food supply, which must be controlled by means of sampling for fitness for human consumption, is essential for a healthy community. Hygiene requirements are strictly monitored in terms of regulations No R918 of 30 July 1999 (Regulations Governing General Hygiene Requirements for Food Premises and the Transportation of Food). This is to ensure that food is safe for a healthy public or community. The Foodstuffs, Cosmetics and Disinfectants Act, 1972 (Act No 54 of 1972) is used to ensure food safety by insisting of foodstuffs labelling.

2.7.3 Waste management:

This involves cleansing and the removal of solid waste which might be detrimental to human health. Waste management targets household and garden refuse as well as indiscriminate dumping on open spaces. Rubbish is collected, removed and disposed of at designated landfill sites where it is dealt with in a manner that will not cause any nuisance detrimental to health. Properly, the landfill sites has to be ideally situated, i.e. far (about 100 metres or more) from any residential area to minimise nuisances and unhealthy situations of rodent infestation, fly-breeding and foul smells.

2.7.4 Health surveillance of premises:

This involves the inspection of premises, including food and other business premises, crèches and residential houses to identify any defects related to environmental conditions which may be detrimental to human health. Buildings are inspected for compliance with the National Building Regulations and Standards Act, 1977 (Act No 103 of 1977) as amended, which apply to all municipalities, in respect of the provision of adequate natural lighting and ventilation, sanitation and drainage. Regulation No R918 of 30 July 1999 is also applied in the case of premises dealing with food, especially its preparation.

2.7.5 Surveillance and prevention of communicable diseases:

Communicable diseases may easily spread where the living conditions are conducive, like the spread of tuberculosis where people live in overcrowded houses. Eradication of such conditions is vital in the prevention and monitoring of like situations. Improvement of environmental conditions that may otherwise encourage the spread of communicable diseases is a must in order to foster healthy living among communities.

2.7.6 Vector control:

This refers mainly to creatures (vectors) that exist within a community and are essentially the carriers of disease-causing parasites such as fleas, ticks and mosquitoes. Some of the creatures like rats may cause damage to crops, goods and stored food. Death due to rat-biting has been reported before where even infants were the victims. The control and treatment of the harbourages of these vectors in a community is important for their control, reduction or elimination, which would render the environment safer and free from these disease-causing creatures.

Vector control is therefore important for a healthy community in which sources and harbourage of unwanted vectors within a community are minimised, removed or completely exterminated: Removal and proper disposal of refuse and proper sanitation

will reduce the risk of rodent harbourage and fly-breeding which may result in bubonic plague and diarrhoea respectively; avoidance or treatment of stagnant water and dark areas will help to control mosquito-breeding which cause malaria; grass-cutting will reduce the prevalence of rodents and snakes which may bite the community and even cause death.

2.7.7 Environmental pollution control:

Pollution of the environment may be in three main forms: air, land and water pollution.

(a) Air pollution means that the quality of air that the community breaths is low due to dirt, dust and gaseous emissions from industries and fossil fires. This causes the diseases of the upper respiratory tract and the lungs in human beings. The National Environmental Management: Air Quality Act, 2004 (Act No 39 of 2004) is applied for the control of air pollution from industries, domestic and natural sources such as boilers, domestic fires and dust respectively. Air pollution is still on the increase in so-called Black areas, according to Beavon, as edited by Drakakis-Smith (1992: 72)

(b) Land pollution refers to the illegal and random disposal of refuse which causes rodent harbourage, fly-breeding and an eyesore to the human eye. Further, land pollution may result in nearby water sources being polluted through seepage thus compromising the quality of water.

(c) Water pollution is the result of any foreign objects being intentionally or unintentionally introduced into water sources. The contaminants may be physical like dirt, gases and chemicals, or bacteriological like germs and other bacteria, e.g. E. coli from faecal pollution.

Environmental pollution in any form is undesirable for a healthy community. Therefore, it shall be advisable and, indeed, imperative for any harmful and dangerous environmental factors and pollutants to be removed from the community's environment

so as to promote healthy living. Incidentally, most of these factors are man-made and can therefore be rectified by man's efforts.

2.7.8 Disposal of the dead:

The commonest and most accustomed way of disposing of the dead is by ground burial. While cremation is fast gaining popularity interment is the most preferred and practiced method from time immemorial. Land is made available by the municipality for the purpose. Funeral undertakers must therefore provide appropriate facilities for the storage of corpses before burials could be effected.

The keeping of corpses within the community has to be in an appropriate manner that will not predispose the community to contagious diseases, obnoxious odours and other nuisances that may emanate from unhygienic tendering of dead human bodies. Legislation, such as "Regulations Relating to Funeral Undertakers' Premises, No R237 of 8 February 1985" is therefore applied for the regulation and proper conduct of the business of funeral undertakers within a community.

2.7.9 Chemical safety:

This principle of municipal health services refers to the handling of such chemicals as paraffin, pesticides and other household, agricultural and industrial chemicals like paint used within a community. The storage, utilisation and disposal of such chemicals within a family or community may result in poisoning and even death. Paraffin poisoning has been widely reported within families and communities. Illegal dumping of chemical containers, chemical waste materials and other hazardous waste materials like medical waste, especially at landfill sites where scavenging by poor members of the community is common, is prohibited by law. That has prompted the local municipality to use its by-law unit to enforce strict measures against any form of illegal dumping in its area of jurisdiction (Sebokeng Vision, 5 August 2010: 1)

Failure to collect and dispose of waste in a proper manner may, and usually, result in it being burnt. According to Walker (Godlee and Walker 1992: 39) toxic substances such as dioxin may result from the combustion of some organic waste materials such as wood or incomplete combustion of hazardous materials illegally dumped.

The implementation of the principles of municipal health services would assist in rescuing Evaton out of the squalid conditions that have caused it to be a slum. As it were, Evaton survived the wrath of the slums regulations of the 1950's due to the stern resistance of the stand owners who had freehold rights to their properties. The area was, as a result, overlooked and sidelined when it came to the provision of services, including municipal health services, which left it underdeveloped, squalid and unhealthy for living.

The Gauteng Department of Housing had introduced the Evaton Renewal Project in the settlement as one of the three urban renewal programmes under its key priority development areas in Gauteng, the other two being Alexandra in Johannesburg and Bekkersdal in the West Rand area of the province.

The urban renewal project was to spell the dawn of better life for the community, with better and affordable housing, proper infrastructure, an environment conducive to local economic development and growth and adequate and better health facilities, all leading towards a healthier and more content community.

The successful implementation of the process to achieve its objectives needed a workable strategy. Otherwise, the implementation process would be derailed by opportunistic forces opposed to community ownership in favour of their personal gains. As always, opportunists would waylay community projects where there was no community cohesion and try to advance their self-enrichment agenda under the pretext of assisting. Community participation in all envisaged developments would, therefore, be the ideal strategy even to circumvent suspicions always levelled at developers and community leaders.

2.8 Community participation in urban renewal

According to Bryant and Kappaz (2005: 112-113) participatory development or community participation, as in the case of Evaton renewal project, could be costly but, was important for untangling and solving problems that could crop up during the implementation of urban renewal processes. Further, it would increase the need for communication, negotiation and co-ordination, and intensify commitment to the processes which would address people's beliefs, fears and hopes. Communication would address perceptions that could otherwise derail the processes. Any interventions by the external change agents would have to gain acceptance by the intended beneficiaries who would ultimately assume the ownership.

While the government's plans of restoring and redefining Evaton to a healthy and economically viable urban township were hailed as the appropriate step in the right direction, especially with the means of funding initiated by the government itself, there was a dire need for a strategy to engage a harmonious implementation process to quell all past and prevailing community attitudes.

2.8.1 Community participation as an implementation strategy

According to the then Premier of Gauteng Province local government structures such as ward committees, which are regarded as the coalface of service delivery, had to be empowered so as to play a meaningful role in the affairs and life of their communities (Gauteng News, June 2009: 6).

A new approach similar to the one adopted in Denmark, whereby the tenants' responsibility and involvement was ensured (Power 1993: 274), was used. The residents, through the community representative Evaton Development Forum, were harnessed into decision-making processes, thereby participating in the hard decisions-making processes regarding the utilisation of allocated resources.

Ralekgetho (2003: iii) states that provision of basic services is one of the problems faced by local governments, and attest that the very health conditions that rendered Evaton underdeveloped, such as poor sanitation and overcrowding in poor quality houses, are widespread and present also in many areas around big towns. He correctly maintains that issues affecting communities, especially at local level of government, should be addressed in partnership with key stakeholders, just as the Evaton community was one of the key stakeholders in the project.

Theron (2008: 15-17) quoting Bryant and White (1982), affirms by referring to participation as “a dynamic and mutual social learning and capacity-building process (the second building block of development)”. Participation would lead to sustainability, the last building block of development.

The issue of sustainability, especially in housing or human settlement development, was emphasized by Agenda 21 of the United Nations Conference on Environment and Development (UNCED) held at Rio de Janeiro (Brazil) in 1992 (Kok and Gelderblom 1994: 95-98). This came after the problem of land availability for housing in the urban areas was noted to be a sensitive matter due to the politics of the time wherein citizen or community participation was unheard of.

The International Association for Public Participation (IAP2), as a leader in public participation, has developed IAP2 Core Values to help affected people and entities to make better decisions which reflect and express their interests and concerns as part of their decision-making. Decisions-making regarding the redevelopment of Evaton, especially after such a long period of underdevelopment due to community resistance, lied mainly with the community relenting.

The community itself would be encouraged to participate in the processes of the development project in the spirit of taking responsibility for their own health and well-being. As was the case with the rural poor, as observed by Burkey (Burkey, 1993: 56-57), participation of the community in their own development was measured as a key factor in the success of projects

2.8.2 The importance of community participation in urban renewal

The importance of community participation in health care cannot be over-emphasised more than it has been in the Alma Ata Declaration, as coined at the conference held in Rio de Janeiro in 1978. Community's participation, in whatever formation or structure, had to be a commitment more than just an involvement of the community that always awaits feedback from change agents, that is, development forums or any authority, about plans that the community did not have a say in.

Smithies and Adams, as quoted by experienced health promotion practitioners, Davies and Kelly (1993: 55), maintain that community participation has become a vital principle in health promotion. They, too, refer appropriately and ingeniously to the principles of the Declaration from World Health Organisation's International Conference held at Alma-Ata in 1978 which gave the people "the right and duty to participate individually and collectively in the planning and implementation of their health care", The conference coined the Primary Health Care Approach, now adopted by the present government as the right approach to service delivery in the country (ANC 1994: 20). The approach which was later incorporated into the supreme law of the country, the Constitution, states that:

"Primary Health Care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the country and community can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination".

According to the ANC (1994: 19) the approach "embodies the concept of community development, and is based on full community participation in the planning, provision, control and monitoring of services".

Theron (2008: 158), quoting Van Rensburg and Pelser and also Barron and Sankar, states that community participation in health care matters has been found to render ineffective the harsh realities of the apartheid era in health care delivery, and, with intersectoral collaboration, formed the cornerstone of the present day District Health System which was formulated by the African National Congress and subsequently adopted by the government.

In the Evaton Renewal Project the Gauteng Department of Housing, was the champion of the project and the main stakeholder. The Sedibeng District Municipality, Emfuleni Local Municipality and the Evaton Development Forum which was representing the Evaton community, were partners with the department and therefore stakeholders and participants in the development project.

Apart from the Evaton Development Forum, social services involved included community structures like ward councillors and community liaison officers as development change agents and sectoral stakeholders. They had to be informed and capacitated in a variety of manners, including the running of workshops and information dissemination sessions. As observed by Theron (2008: 17) the change agents would be better trained (re-trained and sensitised) and appropriately trained to “walk the development tightrope.” Community participation was therefore crucial for the sustainability of the efforts made by the project.

The Evaton Renewal Project was not meant to be the change agent for the community of Evaton but was an agent of change with the active participation of the community. That meant that the people had to possess enough power to dictate the terms for their own participation, as well as the influence over the direction that the project should take, according to Ngobese and Cock as quoted by Munslow, Fitzgerald and McLennan (Fitzgerald et al 1997: 264). Davids, Theron and Maphunye (Davids et al 2005: 50) maintain that development institutions (like the Department of Housing in the case of Evaton renewal project) should make provision for the active participation of the community in the planning of development activities that benefit them. Roodt, as stated by Coetzee et al (2001: 469) concurs when he maintains that participation, especially at local level of government, meant the involvement of the people (community) in structures concerned with

the decision-making and the implementation regarding their development. This would eliminate the monopoly of power and development resources by certain groups and individuals who would wield some advantageous political or other influence at the expense of the less resourced.

This confirms what Abbott (1996: 113-114) saw as the reduction of government's manipulation and control of communities in the 1980's to a mere supportive role in the process of empowering the local communities. The involvement and active participation of communities in intricate urban renewal signified the return to the idea of government's national programmes implemented through the undertaking of local projects by local communities (Abbott 1996: 110).

Community participation is tantamount to citizen participation although it differs with public participation in its context and participatory relationship. But, public participation may include citizen participation (Bekker 1996: 134). Therefore, citizen participation and community participation are the integral parts of public participation. According to Theron, quoting Burkey (Davids et al 2005: 120), public participation is the very first building block of development in general and an integral component of human development. Community involves humans and, therefore, community participation is an important aspect of community development as well as development in general.

In a case study on Boomtown, a suburb where people lived in desperate conditions like in Evaton, Cloete, as edited by Schütte et al (1995: 42 -43) maintains that lack of participation by the community and its tacit support at the initial stages of the project could lead to the demise of the project. According to Haan (2005: 132) as updated and revised by Dennill and Vasuthevan, "the success of community participation is dependant on members of the community giving of their time, labour and other resources as well", meaning that the community has to be fully participant in any project that they undertake to do.

According to Abbott (Abbott 1996: 4) community participation is relevant to all sectors of development, including health. It is vital for the promotion of sustainable development as it is a fundamental basis of security of the individual or state.

While community participation was crucial for the redevelopment of Evaton as a phenomenon about change Clarke, as edited by Symonds and Kelly (1998: 126) is sceptical about the parameters to which some health and welfare interventions can reach in their endeavour to achieve real change, especially with regard to the health status of the communities. That state, he maintains, is a result of the level of resources at the disposal of health professionals and the ever changing styles of management and control.

Yet, in the case of Evaton, community participation in development was suppressed by the politics of the time more than anything else. The deterioration of the health and welfare states of the community was based on the absence of consideration under the then prevailing circumstances. The freehold land tenure dispensation did more harm than good to the health, welfare and life of the community in general. The area suffered intense degeneration as no authoritative intervention could be implemented. There was, literally, resistance to development in favour of adherence to political stature. Lack of community participation in the development of the place adversely affected community health and thus the health status of the community sunk low as community health is directly related to the health status of individual members of the community (Hattingh et al 2006: 6)

Evaton Renewal Project was seen as a vehicle that would transport the image of Evaton and the hope of its people from the squalor of underdevelopment to the glitter of a modern, developed and economically prosperous urban township. However, the routes had to be cleared and paved with appropriate means of ensuring efficient and effective transition that would be void of community and political potholes, given the entrenched culture of resistance and non-conformity to authoritarian development. That called for some intense strategic planning as well as coercive negotiations with the community to successfully implement the development process.

Having studied literature pertaining to urban renewal, the importance of community participation in its implementation towards improving community health status, certain deductions are evident.

2.9 Conclusion and deductions

From the literature reviewed it is evident that urban renewal was regarded globally as the most appropriate and viable tool to combat urban decay and usher development in underdeveloped areas. The programme focused mostly on the provision of adequate and proper housing to disadvantaged communities mainly to improve their living conditions to uplift their health status. Mainly, urban renewal, as introduced in Evaton, did not differ much in purpose with that implemented in some countries overseas. The purpose was to develop the living conditions of communities. There were, however, different motives for the implementation of urban renewal in some countries: while most were genuinely aimed to better the lives of poor communities, others sought to gain from the programme.

In the case of Evaton, provision of physical infrastructure through the urban renewal project was as crucial as the provision of better housing to enable developments that would result in better and adequate service delivery such as proper sanitation, refuse removal and adequate health facilities. Poverty alleviation through job creation and improved local economic development was included as valuable means of self-reliance leading to improved health conditions and thus health status of the community.

Service delivery and municipal health services in a community are significant to combat the detrimental effect that could be caused by their absence in a community. Community health status would be greatly enhanced by the provision of the services.

It would be benefit communities better and effectively if the urban renewal process included participation by knowledgeable and committed experts in the project to work in partnership with governments to facilitate and manage the process to eliminate any suspicions of irregularities as alleged in the case of Evaton.

CHAPTER 3: UNDERDEVELOPMENT AND THE COMMUNITY'S HEALTH

3.1 Introduction

As said before, Evaton is one of the few townships in South Africa that enjoyed freehold land tenure rights in the pre-1994 era. Such areas were left to fend for themselves as far as development to meet urbanisation standards was concerned. That was prompted by the condition that the government, especially at local level, could not interfere in the affairs of the inhabitants of a freehold land without the owners' permission, a stipulation to which Evaton belonged. There was therefore strong resistance by stand-owners to budge from their land to make way for any development mooted by the apartheid authorities.

However, the residents seemed content with their conditions as, at least, they had what they could refer to as their own. Their living conditions did not deter them from achieving what the urbanised and advanced areas could achieve. Evaton depicted a diversity of history in its existence. It boasted a glittering and splendid history of noteworthy achievements along with the gloom of underdevelopment in terms of acceptable health and economic conditions and standards of living of the community. Known for its valorous resistance to forced removals meted out to communities during the discriminatory apartheid epoch, the township survived the ominous provisions of the notorious slums regulations of the 1950's. Those draconian laws dealt a blow to underdeveloped black areas which were razed and either rezoned for business development or white occupancy by virtue of their proximity to town centres. Otherwise, they were left underdeveloped as black residential areas under the erstwhile apartheid laws and policies which saw the forced removals of other freehold areas like Lady Selbourne in Pretoria, Top Location in Vereeniging and the legendary Sophiatown in Johannesburg.

The underdevelopment of Evaton resulted in unhealthy living conditions in the area. The socio-economic realities that prevailed as a result of unemployment and poverty had an adverse effect on the ordinary lives and lifestyles of the community. Crime was rampant as a result of the socio-economic conditions. Coupled with unfavourable environmental health factors that the

community had to contend with in Evaton, the realities spelled doom for healthy living in the settlement.

The township lacked infrastructure for development to happen. Essential services, especially health related services that are crucial to prevent the occurrence of ill-health, were lacking. Poor housing with overcrowding and gravel roads led to the spread of diseases such as tuberculosis, poor quality water drawn from scantily covered wells predisposed people to water-borne diseases due to contamination, pit latrines used as means of sanitation caused diarrhoeal diseases due to fly-breeding, and uncontrolled refuse dumping all over the place, overgrown stands and the keeping of livestock in close proximity to residences as a means of farming exposed the inhabitants to all kinds of ill-health. Lack of health facilities and the inaccessibility of a few that existed aggravated the situation.

Development in the form of urban renewal was introduced as a means to redress the unhealthy situation in Evaton. That was expected to improve the health status of the community which was low by providing infrastructure that would enable developments such as proper housing, safe water supply, improved and proper sanitation, the building of adequate and accessible health care facilities, viable local economic development that would offer employment and alleviate poverty, to take place and create better socio-economic conditions in the area.

Despite all the gloom caused by the unhealthy situation in the area, the urban renewal process known as the Evaton Renewal Project was introduced to an area which was rich with diverse history based on educational, academic and sports achievements, religious and political activities, and social lifestyle. Unfortunately, the gloom caused by living standards and health conditions masked the rich history of Evaton.

This chapter seeks to explore the case of Evaton to assess the impact that the urban renewal project has had on the health status of the community, despite its history.

3.2 The history of Evaton

Evaton was the cradle of social, educational, religious and political achievements that had a noteworthy contribution to the history of our country, despite being notorious for its skirmishes, bus boycotts and faction fights, which resulted in the death of many people.

The famous (now defunct) Wilberforce Training Institution was a well-known seat of learning which produced a number of renowned academic, professional, political, religious and other notable and outstanding public figures, renowned locally and nationally. The institution was founded by the late Charlotte Maxeke, the first Black woman graduate in South Africa and the founder of the African National Congress Women's League (Evaton News, Vol. 2. September 2005: 4), who was born in Evaton. Following her extensive travels abroad and the impressive waving gesture that the Wildebeesfontein (now Evaton) people displayed when the British Royal House passed through the area by train on their way to and from Lesotho during the Anglo-Boer War, the Britons bought the land for the occupants and enabled Maxeke to start the school which became known as Wilberforce Training Institution. The old school buildings are now housing the African Methodist Episcopal (AME) church seminary, an institution that is backed by the parent bishopric in America, while the new modern buildings, called Wilberforce Community Centre, were erected on the adjacent site.

Although many eminent leaders born in Evaton such as the late Advocate Duma Nokwe, the first black advocate in South Africa, have since passed on, a number of them are still alive and shining legends of our country.; the current deputy-chairperson of South Africa's Independent Electoral Commission, Advocate Pansy Tlakula; well-known Advocate Ishmael Semanya SC; Mr Dumisani Khumalo, South Africa's ex-Ambassador to the United Nations; (Evaton News, Vol. 5. April 2008: 1), and Mrs Emelda Manoto who taught at Wilberforce Training Institution and travelled abroad extensively as South Africa's Girl Guide ambassador. Together with her late husband, Thipe, the Manotos were well-known academics who contributed immensely to the educational history of Evaton. The former caretaker doctor of South Africa's national football team, Bafana Bafana, and now a television health programme anchorman, Dr Victor Ramathesele, is counted among the youngest sons of Evaton Township.

The St. John Apostolic Faith Mission, founded by the late Mother Christina Nku who was respected for her amazing prayer-healing powers, started in her home in Evaton and is today widely established across South Africa and its neighbouring African countries. The McCamel Temple, founded by the late Father McCamel and later served under the tutelage of his son, the late Reverend Dr Lord E R McCamel, a well-known and respected pastor, teacher and civil leader, stands as a very important and noticeable landmark in Evaton.

Because of the dreary and monotonous life that prevailed alongside gangsterism, many sober-minded and visionary inhabitants of Evaton indulged in different sporting activities as pastime.

That led to the production of national champions in many sporting disciplines. The legendary football maestro, Steve “Kalamazoo” Mokone, now a professor of sports academy in the United Kingdom, is a child of the soil of Evaton, while Elias “Baby-face” Tshabalala and Joe “Jolting Joe” Maseko were South African boxing heroes who campaigned abroad and pitted their strengths against the best in the world. All remained household names in social and sporting cycles in the dusty streets of Evaton.

On the other hand, Evaton, then nicknamed “Dark City” because of the absence of electricity which was available in other neighbouring townships, albeit in selective and minimal supply, was notorious due to a number of unsavoury events that ruled the dark world, like the faction fights that involved the “Russians” (as the Basotho people were called). Those were led by gangsters known as Ralekeke (someone walking sideways), and his opposition leader known as Khabutlane. Their gangs terrorised people in Evaton and the Reef. There were also the Evaton Bus Boycotts led by the late Levai Mbatha who later became instrumental in establishing the “Freedom Route” to the Frontline States while in exile due to the oppressive apartheid regime.

Evaton’s success episodes made up for its dreary outlook as a result of gross underdevelopment which adversely impacted on the lives and health of its community. Much of the infrastructure that would be basic to the provision of essential services was absent as a result of underdevelopment. Although Evaton was within reasonable distance from towns with heavy

manufacturing industries and electricity power station that could contribute to its tax base, the place remained undeveloped.

Vereeniging, a town established following the signing of the Vereeniging Peace Treaty in 1892 after the war, offered the people work opportunities at its Vaal Power Station and the steel factory known as Union Steel Corporation (USCO). Later, Iron and Steel Corporation (ISCOR) was established in the 1920's offering more people job opportunities in Vanderbijlpark, (named after Hendrik van der Bijl who was responsible for housing the labourers working on the plant). Meyerton, which originated in the late 1890's as a smallholding, developed gradually, though on a small scale, with the erection of a giant manganese factory known as SAMANCOR (South African Manganese Corporation). These establishments contributed to the influx of people who were seeking work in the Vaal area. Later, small factories manufacturing bricks, earthenware products like tiles, pottery and ceramic goods, also emerged in Meyerton (Hallows and Munnik 2006: 18-19).

There were people who wanted to be with their families but could not be accommodated at the compounds provided by the factories, as those were strictly the abode for male migrant workers. They therefore sought accommodation in outbuildings erected by landowners in Evaton, as lodgers. Many more came looking for work and them also, lodged in backrooms around Evaton, where affordable rental for family occupancy could be found.

Evaton was characterised predominantly by mud houses with a few brick structures, as compared to its neighbours where formal rented brick houses were built by the local authorities. There was hardly any infrastructure in the area, save for rough and bumpy gravel roads that traversed the scantily demarcated properties.

No worthwhile development like proper housing, health facilities, formal economic and community hubs like business centres and public offices, were catered for save for make-shift structures like the offices of the then Bantu Affairs Commissioner (the present day Department of Home Affairs), and municipal offices to deal with day-to-day problems of registration of births, deaths and the applications for the much-hated *passes*.

Despite being situated nearer industrialised areas of Vereeniging, Vanderbijlpark and Meyerton, Evaton remained underdeveloped partly because of resistance to land release for development by government authorities, something that the community viewed and feared as land usurpation.

Evaton's underdevelopment and squalour was further encouraged by stand owners who banked on making money from renting out rooms built for the purpose on their properties. While the apartheid regime and its surrogates, the administration authorities, regarded forced removals and development on their terms as a solution to deal with the oppressed majority, they met with steadfast opposition in Evaton.

Although Evaton had all this deep but diverse history depicting a mixture of successful and unpleasant episodes, the township was engulfed by harsh and somber socio-economic realities which prescribed how the community should conduct their normal day-to-day life.

3.3 Evaton's socio-economic realities

The socio-economic conditions in Evaton were represented by a number of indicators which reflected a way of life in the area. The indicators could be categorised as socio-economic factors that characterised the way of living amongst the community of Evaton, which contributed to their poor health status. The indicators reflecting the socio-economic realities which contributed much to the unhealthy situation in Evaton included the societal politics of resistance to land release for development, unemployment, poverty and crime.

3.3.1 Politics of resistance to land release

Any development needed land acquisition to install proper infrastructure and build proper and decent houses for the people. But, there was a serious problem of land acquisition in Evaton. Ownership of land by particularly affluent individuals and some who could manage to purchase stands, posed a great problem for development in Evaton. Because of the vast sizes of stands, many land owners built spare rooms and outbuildings for hiring out to tenants, mostly from farms in the Orange Free State who came to work in

the mines on the Reef in the then province of Transvaal. Others allowed squatting on their stands for a minimal rental. That was, otherwise, a means of earning a living or making some profit out of the land that could not be wholly utilised. All attempts by successive local authorities to develop the vast land in Evaton were met with resistance by the landowners who held tight to their properties acquired genuinely and legally under freehold land tenure.

During the 1970's the then Orange-Vaal Administration Board, the provincial administration authority appointed by the erstwhile apartheid regime to administer the local affairs of the Vaal region, failed to obtain rights to the land owned by Evaton people, to build houses that it would rent out to tenants who would in turn pay rental to the Board. Successful court actions by the land owners frustrated the authorities and left them with no option but to abandon any further ideas to develop the area.

The subsequent declaration of black local authorities (Swilling, Humphries and Shubane 1991: 64) under the apartheid regime, called Urban Bantu Councils, saw the establishment of Sebokeng Local Council, which also sought to govern Evaton as part of its area of jurisdiction. The council wanted to appropriate all Evaton stands and use them for housing projects wherein the very stand owners would also pay rent. On the other hand, the council sought to increase rental across the board in all townships of the Vaal area as noted also by Seekings, as stated by Swilling et al (1991: 291,299).

That sparked the Rent Boycott of September 1984, which resulted in a massive scale rioting. Many councillors were murdered while their houses and business premises were razed and burnt down. There was total anarchy which spread to other local authorities nationwide.

Land release was crucial for land reform, which, according to Abdalla Hamdok and Lala Steyn, as quoted by Elbadawi and Hartzenberg (2000: 143), was critical for the government's Reconstruction and Development Programme. Their assertion further

maintains that land reform in the context of an urban situation had to play a major role as an urbanisation strategy in the provision of housing as a developmental programme.

3.3.2 Unemployment

As Evaton was a semi-rural settlement thriving on small-scale farming under strict control of the apartheid laws, no prosperous livelihood was realised. Farming in cattle, sheep, goats, pigs and ploughing was practiced and supplemented by small handwork industries started by foreigners from mainly Zimbabwe. Land owners and tenants alike could not develop or improve their lot. A few lucky ones managed to secure some employment in the not-so-far town of Johannesburg while others found employment in the heavy industries of Vereeniging, Vanderbijlpark and Meyerton. Women were working as domestic servants in nearby towns or shop assistants at the Indian and Chinese stores that were scattered around Evaton and Lenz, an Asiatic settlement between Vereeniging and Johannesburg, now called Lenasia.

The situation was “regrettable for other reasons too” as maintained by Roux (2005: 51), correctly stating that an unemployed person is incapable of contributing effectively and meaningfully to the country’s economy. The small plots within the stands yielded very little produce that did not benefit lodgers and landowners economically, let alone produce enough for the local municipal market. Moreover, unemployment was a direct cause of malnourishment as there was less money to spend on balanced diet. Unemployment put strain on personal and social relationships as people resorted to clandestine and surreptitious ways of making a living. That adversely affected the psychological and emotional health and wellbeing of the affected people. Medical treatment, also, became difficult to access (Feuerstein, 1997: 33).

Unemployment in its diverse forms, as defined by the International Labour Organisation, quoting Hussmanns et al (1990) and Mayer (1991) [UNCHS (Habitat)/ILO (1995: 15)], was rife in Evaton despite manufacturing industries in the nearby towns. The unemployment rate affected the ability of communities to properly feed and provide

adequately for themselves and their families, which situation manifested itself in malnutrition, kwashiorkor and many poverty-related diseases.

The assertion by Chetty, as edited by Smith (1992: 223) that unemployment is one of the factors that contributed to social instability which was reflected in homicide, one of the health problems associated with urbanisation, was true to Evaton where gangsterism and faction fighting was rife. There were struggles for territorial dominance as inhabitants came from different localities to claim residence in the freehold Evaton.

Adversely, unemployment caused poverty. Most of the inhabitants of Evaton relied on home farming, odd jobs and domestic work in neighbouring towns and suburbs, which could not effectively counter poverty.

3.3.3 Poverty

Poverty was rife in Evaton as the community could not satisfactorily and adequately meet its basic needs for survival and cater for proper systems of health and recreation for maintaining the well-being among its people (Burkey 1993: 3). Many managed to pay affordable rent to their landlords as compared to the exorbitant one paid to local authorities elsewhere. Poverty had adverse effects on the health and well-being of the community. While the settlement was a place of achievements in many spheres, the social and, indeed, moral fibre of the community, was being eroded by poverty which contributed to its psychological and emotional ill-health (Feuerstein 1997: 33).

According to Diana Silimperi, as quoted by Harpham and Tanner (1995: 17), poverty is one of the common obstacles hampering “the development of effective urban community-based health delivery systems”. Consequently, dwellers like the Evaton community experienced difficulties in mobilising their communities to act appropriately in the delivery of health services to improve their own health status.

The cost of combating ill-health was not easy due to the prevailing low socio-economic level where health facilities were few and not easily accessible as they were also far apart. Poor environmental health factors alone were a major contributory factor towards the low standard of health in Evaton. The situation manifested itself in low self-esteem and generally low morale and health status of the community. It also manifested itself in criminal activities among the younger residents of the area.

3.3.4 Crime

With more and more people coming to the Vaal area in search of work, employment opportunities became scarce and that led to increased unemployment, poverty and the escalation of crime in Evaton. Evaton was a haven of crime due to factions that existed and fought for territorial dominance. Two factions of the “Russians” led by Ralekeke and Khabutlane respectively waged a reign of terror among residents who dared to support the opposition gang. Support was garnered from Basotho domestics and mine-workers that stayed in hostels and compounds in and around Johannesburg.

Lawlessness was the order of the day. That was exacerbated by the absence of lit streets in the township known as “Dark City” and haphazardly located and built houses with no proper fencing between properties, which afforded easy hideouts for criminals. Loafing added to the criminal activities that were perpetuated by gangsters.

The “Asikwelwa”- (no commuting!) bus boycotts, also, contributed to the crime prevalence as people were prevented from using buses to go to work in the city of Johannesburg. That caused commuters to stay at their work places during the week and came home over the weekends. That gave the criminals an opportunity to easily commit their unlawful acts as only the vulnerable women and children were left to look after the homes during the week.

The socio-economic realities in Evaton were partly responsible for the status that the health of the Evaton community assumed. Other factors such as environmental health

conditions, lifestyle trends, availability of health facilities and infantile mortality rate greatly influenced the health status of the community.

3.4 Evaton health status

The health status of a community is mainly influenced by factors which impact either positively or negatively on the health of that community in general. Factors involved in shaping the outlook of the community health status include, apart from the socio-economic realities, the prevailing environmental health conditions, provision of health facilities, the general lifestyle of the community and its infantile mortality rate. Unfortunately, the living conditions in Evaton were influenced mainly by adverse and hostile environmental health factors which impacted negatively on the health and general life of the inhabitants.

While Evaton's historical background portrayed a township that epitomised a haven of success and prosperity, the factors that led to its underdevelopment did more harm to the health of its community than the fame did to its existence. Glaring adverse environmental health factors were uninhibitedly dictating the health status of the community which was, unfortunately, hapless. Poor standard of housing, inadequate water supply, poor sanitation, lack of waste management, unsafe food supply, lack of proper infrastructure, and lack of environmental pollution control, to mention but a few factors, were the most conspicuous environmental factors affecting community health in the underdeveloped Evaton.

3.4.1 Poor standard of housing

Quality housing in Evaton was not of paramount importance as was mere accommodation. Individuals built houses to stay in while extra rooms were built for renting out to those who could not afford their own. No social housing was considered by the authorities for the class of people who had to rent from affluent land owners. Lodgers were allowed to bring their own materials and erect shacks to stay in on the properties.

Despite the assertion by Fitzgeorge-Butler and Williams, as articulated by Kirkpatrick and Lucio (1995: 108), that social housing “has been seen to become the home of the most deprived and marginalised members of the population”, Evaton did not have the local authority or any form of housing tribunal with that foresight. Even under the informal sector housing which benefited from lack of regulation and cheaper construction technologies [UNCHS (Habitat) 1995:14], as was the case elsewhere in Africa, housing in Evaton remained the baby of individuals to take care of, and an eyesore for the public to behold.

Most dwellings did not meet the minimum health requirements as they were not built according to approved building plans. The numerous mud houses that the residents built did not meet the health standards as is the case today. The houses were not fitted with glazed windows of appropriate sizes, i.e. windows of the area that is equal to 10% or more of the total floor area of the room in which they were fitted, as per the present day’s researched standards of the National Building Regulations and Standards Act, 1977 (Act No 103 of 1977). Instead, apertures with wooden panels for closure sufficed for windows. That predisposed the inmates to communicable diseases such as tuberculosis, especially because the houses were rather small and usually overcrowded, as also noted by Hardoy, quoted by Tulchin (Tulchin 1986: 9), who criticised such rural housing which was “exemplified by overcrowding and poor ventilation”, as being the cause of high mortality rate. Natural lighting was very poor to can accord the necessary sunlight for good body growth. The train-type backrooms built for lodgers and sub-tenants were a risk during fire hazards and did not offer privacy to the tenants.





Evaton houses and scenery

Gelderblom and Kok (1994: 163-164) have noted the ill-health that was brought about by severe shortage of housing in urban areas. Quoting Kok and Motloch they correctly and sincerely blamed housing shortage for the rampant overcrowding. Inadequate water supply and lack of proper refuse and sewerage disposal services which, according to Tannerfeldt and Ljung (2006: 53), form part of housing, predisposed the inhabitants to a number of contagious diseases. Further, supporting Ferrino and Barron, Gelderblom and Kok maintain that the health problems resulting from housing shortage could be overcome if the land tenure issue was properly and non-rationally addressed.

Matthews, as edited by Griffiths and Hunter (1999: 66-69) maintains that there are two areas of influence linking housing to health, namely sociological and environmental aspects. The sociological aspect includes mental and physical health problems such as homelessness, while the environmental aspect relates to factors such as air quality, security, design and neighbourliness. If not well catered for by way of proper housing the aspects could lead to serious ill-health in a community. That makes the provision of quality housing an issue of paramount importance.

Chetty, as quoted by Smith (1992: 210) concurs with Kok and Motloch regarding the overcrowding and pollution of the internal environment which are the result of the shortage of quality housing. Again, Chetty, quoting Lipschitz in Smith (1992: 219), further ascribes the adverse and low socio-economic conditions and the prevalence of morbidity and mortality to poor housing.

The *status quo* in Evaton remained even after the promulgation of the supreme statute of the country, the Constitution, in 1996. The community remained steadfast in their

resistance to giving in on the land release issue, possibly doubtful of new developments, and adopting the wait-and-see attitude out of suspicions as before.

Despite the provisions of section 26 (1) of the Constitution, 1996 (Act No 108 of 1996), which articulates the provision of adequate housing for everyone, and Part A of Schedule 4 thereof, which locates the housing competence in the Provincial Government, the situation in Evaton remained a dream that the urban renewal project had seriously and earnestly embarked on addressing with the aid of Gauteng Department of Housing. Providing proper housing would yield positive impacts such as substantial improvement in the quality of life of the residents (Beiders ed. 2007: 155).

3.4.2 Inadequate water supply

Wells were used as a source of water supply in Evaton. Residents relied on a few wells owned by people who could afford to dig them. People drew water from the wells for a monthly fee to the owners. The water was not completely safe for human consumption due to the obvious likelihood of contamination by weather elements. True to what Hardoy, as quoted by Tulchin (1986: 9) states, piped water supply would sharply decrease the occurrence of infantile diarrhoea, cholera and dysentery.

The large stands were later provided with one standpipe each and that had to serve an average of ten to twenty households on each stand. That forced the subtenants to use water sparingly to avoid the many trips to the distant standpipe, and meant that the water had to be kept in containers that were not always provided with close-fitting lids as children were also using them, thus exposing the water to further contamination. The practice exposed the users to water-borne diseases like diarrhoea due to filth and contamination.

Diarrhoea was also caused by failure to observe personal hygiene like washing hands after using the pit latrine and before touching food, as water was not easily and readily accessible. Very few houses had piped water laid inside their homes. Inadequate water

supply also affected the watering of food gardens that could assist nutrition through family vegetable gardening.

3.4.3 Lack of waste management systems

Evaton never had a proper solid waste removal system since its establishment. Ash from domestic heating appliances such as coal stoves and braziers was used to fill up disused pit latrines or simply stored in the backyards for future use. These rubbish dumps tended to be the feeding ground for animals, especially pigs and goats that were part of the animal breeding process, and roaming dogs. The rubbish dumps were also used as latrine facilities for small children who could not use the pit latrines for safety reasons.

Horn, Hattingh and Vermaak, as edited by Smith (1992: 117-119) state that appalling conditions in Winterveld are also found in other similar settlements. Undoubtedly, Evaton was among the rest. The refuse removal problem and the general waste management system in Evaton were lacking and not different from the situation in Winterveld, an informal settlement near the city of Pretoria.



Household refuse dumped on the residential stand in Evaton

The ill-effects of lack of proper waste removal system were not far from those of lack of proper sanitation systems. The situation resulted in obnoxious smells and fly-breeding, as also observed by Birley (Birley 1995: 151), which was the direct cause of diarrhoea. Land pollution resulting from many ash and rubbish dumps was plenty. These also caused air pollution by particulate matter from fly ash and the burning of rubbish in the backyards. The result of the situation was also the infection of upper respiratory tract of humans.

Strange enough, the filling of furrows in roads by using ash was not as common as it is today. The superstitious belief was that dirt from the household was not supposed to be scattered in the public terrain as that could expose the household to possible witchcraft by neighbours or passers-by.

According to Mäki (2008: 236) there is evidence that links poor housing conditions, lack of potable water and poor sewerage disposal system to the prevalence of diseases and hazardous health conditions, which he claims to be worse than about 20 years earlier. This is true, considering the rate at which urbanisation is taking place, with more and more informal settlements cropping up all over, and rapidly so. That has put more strain on municipal water supply and provision of housing accommodation. The manifestation of that was the number and frequency of service delivery protests based on lack of proper infrastructure to allow people to settle better than was the case some two decades ago.

3.4.4 Lack of proper infrastructure

Evaton, as a semi-rural settlement, had no proper planning with regard to infrastructure. Municipal infrastructure that could enable the laying of proper roads with storm water drainage and sewerage reticulation systems was a far-fetched idea when the township was founded. The infrastructure services that included social infrastructure services such as health, were worse than urban infrastructure services in the neighbouring locations which had become inadequate to the extent that the quality of life of the inhabitants was compromised (Khosa 2000: 4,105).

Chetty, discussing the inequitable distribution of health facilities that disadvantaged blacks due to the regime's policies of segregation (Smith 1992: 226), concludes that the infrastructure in urban areas was lacking to the extent that it could not match or withstand the rapid rate of urbanisation by black people. He blamed most of the anomalies to the lack of will power on the side of the South African government of the day.

3.4.5 Dusty and impassable roads

The gravel roads were constructed mainly to cater for horse-drawn wagons and carts that transported wood and coal, while only a few motor vehicles were used. Apart from being difficult to travel, the roads were a source of dust that predisposed the community to the transmission of air-borne diseases such as tuberculosis of the lungs as a result of dust inhalation. The streets were dangerous to travel, especially at night due to the absence of street lighting. The situation also encouraged crime as there were many footpaths criss-crossing open spaces and vast stands.

3.4.6 Poor sanitation

The common method of sanitation in Evaton is still pit latrines which were dug on the residential stands. One pit latrine on a stand was meant to serve the stand owner's household as well as the many subtenants lodging on that stand. The structures over the pit latrines were anything from unpainted and rusted corrugated iron metal sheets to Hessian sacks and plastic materials. The sanitary situation was an apt source of fly-breeding, obnoxious odours and exposure to the risk of accidental falling in. The dumping of newborn babies in those kinds of latrines was reported on several occasions. The health nuisance created by the situation included dysentery and diarrhoea from flies. According to Doyal (1979: 99), "best-known faecally-related diseases.....are a major cause of death in much of the third world". Bad smells, as well, were the order of the day. The ill-effects of lack of proper sanitation in the implementation of projects, as would be the case with the Evaton Renewal Project, is also highlighted by Birley (Birley 1995: 149-150), who also condemns communal latrines like the ones found in Evaton where the stand owner shares the latrine with the many subtenants.



A single pit latrine on a large stand in Evaton

Whereas a sewerage reticulation network was laid in the recent past, residents were not provided with water-borne toilets. Anyone who had the capability and capacity to connect a flushing toilet was allowed to do so at his or her own expense. That resulted in many sewerage blockages due to faulty connections and inferior workmanship performed by unqualified people out to make some quick money to offset unemployment and hunger.



Sewerage blockage in Hamilton Road, Evaton

Lack of municipal infrastructure, therefore, created health hazards and unsafe situations for the communities, as observed by Carien Engelbrecht reflecting on “urban renewal overview”, focusing on “understanding urban renewal”. She rightly maintains that “affordable municipal infrastructure must be installed to address public health and safety concerns” (Finance Week 23 June 2004: 34).

3.4.7 Poor air quality

Because of the many subtenants and households on each stand, and insufficient supply of electricity to these households, the most affordable means of warming and cooking was fossil fuel fires. Even though electricity was supplied, the subtenants and lodgers found it

difficult to connect to the landlords supply because of the cost involved. Connections usually permitted for tenants by the landlords were for lighting, radio and television, and water-boiling using a kettle. The luxury of a heater was usually “prohibited” by most landlords as this caused the electric circuit breakers to trip thus disrupting the supply to the main household.

Coal stoves and mainly braziers, were still the cheapest means of heating and cooking although paraffin was preferred as quicker for cooking. These means of heating were not without environmental hazards and health risks.

The health risks involved with brazier fires include carbon monoxide poisoning by inhalation and air pollution from smoke emissions. Paraffin stoves pose the risk of noxious smells, burning by accidental tipping which also resulted in smoke and particulate matter being released to the air, and accidental ingestion of paraffin by small children.

While the industries around the Vaal area were the major cause of poor air quality, air pollution from domestic burning and heating appliances using fossil fuel contributed a large portion to the problem. Undoubtedly, Evaton, being a semi-rural human settlement with a large number of households using coal stoves and home-made braziers, contributed a lot to the Declaration of the Vaal Triangle Air-shed Priority Area in 2006 (Notice No 365 of 21 April 2006, Government Gazette No 28732: 6), in terms of the provisions of section 18(1) of the National Environmental Management Act: Air Quality Act, 2004 (Act No 39 of 2004).

The purpose thereof was to implement “specific air quality management action to rectify the situation” which was adversely affecting the health of the inhabitants of the Vaal area as air pollution has adverse effects on the upper respiratory system of human beings.

3.4.8 Keeping of animals

Livestock, especially pigs, were allowed to feed on rubbish dumps as animals were kept in close proximity to people. Cattle kraals and pig sties were a common sight on most stands since small animal farming was part of the community's genre and lifestyle. The regulations prohibiting the keeping of animals in a residential area did not apply in Evaton as this was a semi-rural settlement with freehold land tenure not tightly bound by urban residential laws.

Animals were not kept far away and out of sight of the owners for fear of theft and roaming into other people's private properties where they could be impounded or even killed for sale. Therefore, smells emanating thence and resultant fly-breeding were the common nuisances that the people, unfortunately, had endured. The nuisances resulting from both livestock, roaming domestic animals like dogs and birds like chickens caused parasitic diseases from tick bites as well as rabies in some instances. Rodent harbourage from shabby cattle kraals and pigsties, overgrown stands and accumulation of all sorts of scrap articles and building materials also caused filth resulting in ill-health among the people.

The socio-economic and environmental health conditions that prevailed in Evaton predisposed the community to all kinds of ill-health which needed to be treated. This called for the provision of health facilities to give treatment to the community as there were no proper and adequate health facilities available or accessible. The semi-rural township situated adjacent to urban setup had actually degenerated into a slum.

3.5 Evaton's urban degeneration

In Evaton health facilities were few, below acceptable standards and far apart. There were a few surgeries owned mostly by Indian doctors who operated on certain days only when not doing work somewhere else. Due to unemployment and poverty in the community, people could hardly afford the services of a doctor. The use of Health Visitors mainly for maternity cases was the

practice then as ambulances were not readily available, let alone communication systems to summons them.

Many urban housing structures had deteriorated into unsightly eyesores as a result of non-maintenance; the erstwhile owners had passed on and their descendents had either moved to modern townships or simply neglected the properties in which they were staying. Skirmishes among warring factions had left a trail of destruction on some buildings while mud houses had suffered the effects of the weather elements over the years.

Absence of proper infrastructure and lack of proper town planning as a result of freehold occupancy had resulted in haphazard informal housing, utilisation of unhealthy sanitation methods like pit latrines, overcrowding in poorly built structures that had inadequate natural lighting and ventilation, lack of social amenities and keeping of animals within the residential area, which all caused the settlement to deteriorate into a slum with low moral value and lack of self-respect by its inhabitants.

Evaton epitomized misery and ill-health judging from its neglected and unhygienic and unhealthy environment. It was for that reason that the caring erstwhile and present residents of the settlement had seized the opportunity created by the government's initiative to revamp underdeveloped areas within the country. The area was thrown a lifeline by the introduction of the government's urban renewal programme whose aim was the revival and regeneration of the urban decay which produced slum conditions in the townships.

The renewal process introduced in Evaton compared well with some processes introduced in other areas in South Africa and overseas, yet differed in motive with many others, despite the common purpose of uplifting the living conditions of communities to be healthier.

3.6 Comparison between urban renewal in Evaton and elsewhere

In Evaton, urban renewal had to provide for public services, including health care facilities and services which were inadequate in the area. As was the case with Bridgefields estate in Britain

(Lupton 2003: 99) whose residential state had degenerated into a slum, primary health care in Evaton was absent among the public services provided, save for the lip-service provided by a few general practitioners who could not cope with the community demand. The Evaton Renewal Project, like the Urban Regeneration Companies in Britain, was to stimulate and attract private investment to boost capacity for developments (p146-7).

Social renewal, like the renewal of the few public health facilities and social amenities that existed in a deplorable state, would be part of the entire urban renewal process in Evaton. That, according to Friedly et al (1968: 14) would have cost-effective benefits for the community in the long run as it would moderate or lessen the social costs associated with living in slum conditions, such as the control and elimination of diseases.

Evaton was earmarked for regeneration like in Alexandra Township, a densely populated area in Johannesburg, Gauteng, where the programme was introduced earlier than it was in Evaton. That was understandable given the similarities pertaining to both areas: both enjoyed freehold land tenure both had a deep-rooted history of politics of resistance, both had remained underdeveloped and lacked infrastructure and both were established over a century ago.

The two townships differed in that while Alexandra is situated in close proximity to the city, urban suburbs, and an international airport (Gauteng Department of Housing, March 2002: 2), Evaton is a semi-rural settlement located between and away from towns. While the rich northern suburbs of Johannesburg offered decent job opportunities to Alexandra residents, the people of Evaton depended on home farming if not lucky enough to be employed in the far off Johannesburg city or the Asian business complex of Lenz and its suburb of Lenasia. Employment opportunities were better in Alexandra than in Evaton.

Yet, the two areas were equally underdeveloped and survived in slum conditions for their entire existence. Both were placed under the same government's urban renewal initiative. Provision of basic services conducive to healthy living were almost absent in both residential areas. Although their plight of under-development seemed similar, Alexandra could easily access health services

which were readily available at the nearby suburbs, unlike Evaton where the health services were inadequate and far apart.

Renewal processes engaged in both Evaton and Alexandra were similar to those used in other settlements around South Africa regarding improvement of health status and economic viability. Yet, in Alexandra and Khayelitsha in Cape Town the process also focused on attracting outside investments to boost local economic developments. In Evaton local economic development was aimed at investment from locals. However, the urban renewal processes differed with those in overseas countries where property and financial gain was the ultimate purpose, as opposed to just the uplifting of the communities' living conditions for healthier existence.

The project, as envisaged in the urban renewal plan for Evaton differed from other presidency-led urban renewal programmes in South Africa in that it focuses mainly on uplifting living conditions of the people to better their health status (Evaton News: Volume 6, August 2008), more than just concentrating on reducing crime and attracting investments to boost the economic situation, as was the case with Cape Town's Khayelitsha Township (South Africa.info: 24 July 2004) and Johannesburg's Alexandra Township (ARP: Project Overview: June 2006):

(a) People would not be relocated so as to use the "eminent domain (known as Compulsory Purchase in the UK) as a legal instrument to reclaim private property". Instead, people would retain their private properties which would only be sold to the Gauteng Department of Housing under the Land Release Programme as initiated by the Evaton Renewal Project, to make land available to build new houses and make other developments that would benefit the very land owners. Land owners in Evaton were not "temporary sojourners" as was the case with the millions of Africans who could not possess land in urban areas as decreed by the 1913 Native Land Act, as stated by Hendricks, quoted by Coetzee (Coetzee et al 2001: 290).

(b) Private properties would not be reclaimed for "city-initiated development projects", as was the case in Britain; but would rather be developed for the land owners as per agreement and in accordance with their wishes and aspirations.

(c) Civil leaders were fully behind the urban renewal so much that the Evaton Development Forum consisted of members of SANCO (South African National Civic Organisation), ward councillors and other local community formations. The Evaton Renewal Forum was once chaired by a ward councilor who, unfortunately, passed on during the proceedings. In the UK urban renewal was seen as a failure and was thus reformulated to direct its focus on redevelopment of existing communities.

(d) As opposed to the utilisation of private urban developers in overseas countries like in Britain, the Evaton renewal project was an urban renewal programme that was initiated by the Gauteng Department of Housing, a public sector government entity whose primary aim was to render essential services and improve the living conditions of the community in line with the provisions of the Constitution, 1996 (Act No 108 of 1996), and other relevant statutes.

Urban renewal in Evaton was the development of undeveloped and underdeveloped areas. Its main purpose was to regenerate and replenish areas that had degenerated or were left to deteriorate into slums, in a process known as gentrification. The process was meant to afford Evaton the status of a developed township that could attract affluent citizenry.

3.7 Gentrification

The trend was mainly to rebuild and refurbish urban decay in cities and towns to restore the economical worth thereof. Residential slums would justifiably be renewed and there would definitely be redevelopment of existing communities, as was the case in Britain. True to the belief by Tlhabanelo (2004: 18), the poor property owners in Evaton who did not effect improvements to their properties as the affluent property owners did, would benefit by the gentrification process. The Evaton renewal project would, in fact, benefit all as the gentrification would enhance the value of all properties and improve the health status of all the community alike. The government's intervention served as a complement in the joint effort to eliminate decay which actually devalued the properties of the affluent owners, and sought to eradicate sources of unhealthiness that affected every member of the community alike.

Gentrification and the housing developments would require appropriate policies, especially regarding planning. While slum clearance would have been easier under the erstwhile Slums Clearance Act, it would need policy as an urban renewal programme. The urban renewal process in Evaton was an answer to slum housing similar to that which was a concern in Kuala Lumpur, where there were calls for the removal of slum housing in favour of development projects (Payne 1977: 66).

According to the Evaton Master Business Plan drawn by the Gauteng Provincial Government's Housing Department the provision of better housing would obviously require the joint efforts and participation of a number of relevant stakeholders. Housing was on top of the programme of the Evaton renewal project, as suggested by the involvement of the National Department of Housing, through the Gauteng Provincial Government's Housing Department which was accountable for championing the project. There were other important stakeholders, from the official point of view, which had to give input into the project as they were directly involved. These included:

- ◆ Department of Transport and Public Works
- ◆ Department of Education
- ◆ Department of Sports, Arts and Culture
- ◆ Department of Agriculture and Environment
- ◆ Department of Land Affairs
- ◆ Department of Finance and, of course
- ◆ Department of Health, and other relevant departments.

Besides the national and provincial departments other partners involved in the renewal project in Evaton included the local authorities of Sedibeng District Municipality and Emfuleni Local Municipality. Although municipal health services are the competence of the district municipality according to the powers and functions in terms of section 84(1) (i) of the Municipal Structures Act, 1998 (Act No 117 of 1998), the local municipality rendered the service on its behalf by Service Level Agreement. The municipal health services, as defined in the National Health Act, 2003 were also used as another strategy to implement the urban renewal process in Evaton.

According to the plans of the Evaton Development Forum, such environmental health services as waste management, environmental pollution control, health surveillance of premises and prevention of infectious diseases were the priority environmental health aspects planned for the community. The consultant-drawn Evaton Master Business Plan for the years 2008 to 2011 listed health as a programme under social infrastructure and services, one of the key functional areas that defined the overall scope of the Evaton Renewal Project.

The study of Evaton has revealed a diverse situation existing in a township rich with history yet poor in healthy living standards. The living conditions and the realities faced by the community in Evaton elucidate a conclusion that there are serious factors impacting negatively on the health status of the community.

3.8 Conclusion and deductions

Evaton is a well of past and present residents who feature prominently in its rich and diverse history. Despite this attribute to its existence, Evaton was underdeveloped as far as healthy living conditions were concerned. The township suffered as a result of socio-economic realities which included its status as a freehold land tenure entity which led to active resistance by land owners to control by government administration. Besides, rate of unemployment was high while poverty and crime were rife.

The Evaton community health status was adversely influenced and affected by the living conditions which were a manifestation of lack of service delivery in the form of municipal services like proper housing, adequate water supply, proper sanitation, waste management systems, air quality monitoring, proper and passable roads, and proper infrastructure. Livestock was kept in close proximity with dwellings. Municipal health services were also lacking, thus pre-disposing inhabitants of the area to a variety of diseases.

The township had degenerated into a slum that could not be remedied due to its land tenure status. The life-style of the community had changed for the worst due to lack of self-esteem. The

advent of the Evaton Renewal Project was a lifeline meant to salvage the situation from further urban decay.

Unfortunately, the process, championed by the Gauteng Department of Housing in conjunction with the Evaton Development Forum, was riddled with irregularities and obstacles such as allegations of nepotism, misuse of funds and favouritism. The housing project was marred by intermittent stoppages, voluntary land release by land owners was viewed suspiciously as usurpation and funding was said to be inadequate.

CHAPTER 4: THE RENEWAL PROJECT AND THE COMMUNITY'S HEALTH

4.1 Introduction

The scope of the Evaton Renewal Project was the regeneration of the area from its tattered image to an attractive, healthy, economically-viable and prosperous community. The project, as indicated in its newsletters *Evaton Renewal Project* (January 2006 issue: p5; vol.4 December 2007: p1; vol. 5 April 2008: p1), required massive planning and, like the observation made by Harrison et al (2003: 181), the planning was aimed at improving the lives of previously disadvantaged people of Evaton while benefiting all and focusing on “devising and institutionalising appropriate procedures for the task.” Hence, the national government had tasked the Provincial Department of Housing with the project management of the work that had to be done in Evaton.

According to the housing directorate in the Gauteng Provincial Government the project was assigned to the directorate with other departments also involved, e.g. the Department of Provincial and Local Government, the Department of Transport and Public Works and the Department of Health. Unfortunately, no extra funding came with these other departments to pay for their responsibilities. All financial burdens had to be shouldered by the Department of Housing, which retarded the progress as funds became insufficient for the project's interventions as originally planned.

The planned interventions aimed at providing infrastructure that would enable the provision of adequate, equitable and safe and healthy environmental conditions. Proper roads had to be constructed to engineering specifications so as to facilitate transportation networks, especially for public transport. Housing as the primary deliverable would be constructed with basic requirements such as sewerage and water reticulation systems laid on.

The project would also provide social infrastructure in the form of business complexes, social centres for recreation, a one-stop shop government complex for easy access to government

services, medical and health centres within easy reach of the community and sporting facilities to cover different sporting disciplines at venues easily accessible to the community.

Another important and crucial goal was the promotion of local economic development. This would provide job opportunities and employment for sustainable development within the area. It was also well-thought that urban renewal would boost local economic development in the area as developers and business moguls would flock to the area and thus create work opportunities for the locals.

Among the envisaged prospects of the urban renewal process was the integration of community assets. Public facilities like transport and businesses as well as public places would be integrated for accessibility and easy utilisation. Utilisation of land was to be rationalised for profitable use. This was to ensure that available and vacant land could be re-organised and used logically to benefit the community. Open spaces were to be similarly managed rather than left to waste.

The project took into account the characteristics of the area which were to be preserved by all means. These were symbols such as school and church buildings as well as the offices which formed landmarks in the township, multi-cultural land occupancy and historic places which gave Evaton its peculiar image and character. The landscape that included the hillock and the streams were to be enhanced rather than spoilt.

The primary aim of the interventions was to change the adverse environment in Evaton with the sole purpose of creating conditions that were favourable and conducive to healthy living. This chapter aims to collect data regarding the implementation of interventions in line with the proposed business plan as produced by consultants for the Evaton Development Forum. The interventions were categorised into objectives that were to guide the process as it unfolded.

4.2 The objectives of the Evaton Renewal Project

The interventions were divided into two kinds of objectives, viz. tangible objectives and soft objectives. Tangible objectives included provision of physical infrastructure, upgrading of

housing development, establishment of social infrastructure, and promotion of local economic development (LED). Soft objectives involved the integration of town planning processes, rationalisation of land use, management of open spaces, preservation of local character and enhancing townscapes.

4.2.1 Implementation of tangible objectives

In pursuance of the provision of tangible objectives, as articulated in the Evaton Master Business Plan the Gauteng Department of Housing selected specific priority areas which would impact on the development planned for a period of three financial years, from 2008 to 2011.

4.2.1.1 Provision of bulk physical infrastructure

The premier of the province had made an undertaking that social infrastructure that would aim mainly at bulk infrastructure like water and sanitation, and roads and transport, would be provided as a priority programme of the project (Gauteng News, June 2009: 6). She envisaged attracting investment from private sector to realise the objective. The benefit of that venture was that proper houses would be built with infrastructure already in place, compared to the RDP where houses were erected on stands that had shacks already erected on them. Housing with proper sanitation and water supply for the beneficiaries, i.e. the community, would then be realised.

Provision of bulk infrastructure like sewerage reticulation systems had to have other stakeholders roped in. These included the City of Johannesburg whose areas of jurisdiction, like Orange Farms, are situated on the border of the city with Emfuleni Local Municipality and stood to benefit from the project as the installation of systems would serve its areas.

The importance of provision of physical infrastructure in Evaton by the Gauteng Department of Housing was to encourage and enable sustainable development to be

effected in the area. That would include the completion of sewerage reticulation system and connections to toilets, as compared to the previous setup where the system was provided in part with the option for stand owners to connect thereto themselves

4.2.1.1.1 Sewerage reticulation system

Three projects had already been completed in the 2006/7 financial year. The task envisaged in the project's master plan financial years, i.e. 2008-2011, was to upgrade the existing system to cover a large area of Evaton where sewerage system never existed. The streets upgraded with the installation of the system thus far include Selbourne and Eagle Roads.

Unfortunately the actual installation of the pipe work in many other parts of the area had not yet started by the year 2009 although estimates of the budget were in place. The Town Planning department of Emfuleni Local Municipality was responsible for the layout plans of the system which was to cover a large number of stands. The population density played a role in delaying the process of planning as stands had long been occupied and evacuation of the tenants posed a problem as alternative accommodation had first to be found for them before they could be removed.

On the other hand, negotiations with the property owners who had built permanent houses on the route of the system lines, and also made a living from rental from their tenants, proved tedious and time-consuming. That led to other negative outputs like funds acquisition from financial institutions which acted only on certainties.

The obstacle of acquisition of funds from the financial institutions by the contractors who were awarded the tenders to do the work was enormous. The notion of using emerging contractors to provide the service was agreed upon and followed, hence the reluctance to employ big consortiums or establishments to carry out the tasks. This, unfortunately, has had negative results for the project as funding proved to be arduous for small time and emerging contractors who struggled to raise collateral.

4.2.1.1.2 Refuse removal service

The project under the slogan of “zap it in the Zibi Can” had 45 000 dustbins earmarked for distribution in phases to households in Evaton. The first two phases saw 13 223 dustbins distributed by a team of 140 men and women in a job-creation stint. The project managed to buy two compactor trucks where five were needed. Council would, in the meantime discourage the practice of illegal dumping of household refuse on open stands and spaces. More of these types of trucks were later purchased by the local authority for use in Evaton but were, instead, used in other parts of the municipality where roads were passable.



Handing over of a refuse compactor truck in Evaton

However, the system still had shortcomings to cover the whole of Evaton and more roads still had to be upgraded to facilitate easy access to households for the weekly household refuse removal service. As it were, refuse dumps were still scattered around the Evaton.

4.2.1.2 Upgrading of roads and transport networks

According to the Evaton Master Business Plan, Evaton had a total road network of about 103 kilometres consisting of the following types:

27.8% asphalt-surfaced roads (about 28.6 km)

10.4% seal-surfaced roads (about 10.7 km)

61. 8% gravel roads (about 63.8 km).

The project plan was to tar gravel roads (which form the bulk of roads in Evaton), resurface worn tarred roads and provide kerbs and pave sidewalks. That would reduce the prevalence of dust caused by the movement of vehicles and people in the streets, and enhance the healthiness of the environment as advocated by the constitution.

The original plan was to attend to the provision of infrastructure in eight corridors (service roads) in Evaton, as mentioned in the overarching precinct, and add other roads later as the upgrading was to be done in phases. The first phase targeted Adams, Sterling, Old Golden Highway, Easton, Selbourne, Lind, Hamilton and Bodea roads. An amount of R80m (eighty million rand) had been approved for the widening, kerbing, installation of street lighting and storm water drainage. The roads targeted for widening were the Old Golden Highway (i.e. the continuation of Moshoeshoe road from Sebokeng Township in the south), Easton and Adams Roads. The tarring of Evaton Road, which was part of the 63, 8 km of gravel road, was to link with Selbourne road in the south when completed. A total of about 32km of gravel roads had been upgraded (levelled) with the view to eventually surfacing (i.e. tarring) them in about three years' time.

In the Small Farms area of Evaton more than six impassable roads were upgraded. They include the gorgy road that led to Thlokomelong clinic, the satellite clinic in Small Farms. A few roads were either tarred or smoothly compacted in gravel to be more user-friendly to both motorists and pedestrians.

Although geo-physics and feasibility studies delayed the process the project managed to widen and provide kerbs in Sterling road, Easton road and Adams road which is the main street of Evaton. Solar lighting was also installed and switched on in Adams road by the executive mayor of Emfuleni Local Municipality.

The main obstacle in the provision of infrastructure was financing which the contractors had to face. The work went out to tendering, which created problems for small companies awarded the contracts as they had to obtain finance from the financial institutions but were viewed as high risk because of lack of capital.

4.2.1.3 Upgrading of housing

The Gauteng Department of Housing, in conjunction with the Sedibeng District Municipality and Emfuleni Local Municipality, in pursuance of the provisions of section 26 (1) of the Constitution, 1996 (Act No 108 of 1996) which states that “everyone has the right to have access to adequate housing”, had taken upon itself to address the abominable state of housing in Evaton, as in other earmarked areas in the province, in line with section 26 (2) of the Constitution.

By the year 2004 there was a backlog of about 14 000 housing units in the whole of Evaton, which represented an estimated historic shortage of housing based on the 2001 census. The census showed the existence of some 7 000 shacks in the backyards of formal houses, and 4 000 informal shacks in Evaton Central and Small Farms, a section of Evaton.

4.2.1.3.1 The housing development framework

The main aim of the development framework was to embark on a three-pronged intervention plan, viz.

(a) Brown-field densification, which had the potential to produce 5 000 houses, measuring 70m² and 120m² in both cases; and

(b) Brown-field upgrade wherein the densities of an average of 500m² would be maintained.

(c) Green-field densification, which would potentially produce some 3 175 housing units.

The development framework also aimed at striking a balance between densification of housing units, and preserving the character of Evaton, i.e. that of freehold land tenure.

(i) *The Brownfield construction:* That was the reconstruction of existing houses to bring them to the acceptable level of health standards. Most of these would be the dilapidated brick houses that have turned to be unfit for human occupancy, and all the mud houses

that were actually never habitable. The aim was to build proper, affordable and standard housing units for those who could not afford to build their own, while allowing those who could a chance to do so.

(ii) *The Greenfield construction*: The construction involved starting the erection of houses from scratch, i.e. building on vacant sites. Vacant stands were to be acquired through the project's *Land Release Programme* under which stand owners had the option of selling the entire stand or a portion thereof to the Evaton Renewal Project. Various options for the utilisation of the land so purchased were also given. For instance, a land owner could sell portion of his or her land and opt to have a rental unit built at the remaining portion, at his or her cost which would then be deducted from the proceeds of the sold portion.

According to the Gauteng Department of Housing, another planned intervention in the housing development was to embark on the construction of high-rise structures on acquired land so as to accommodate more people who are on the ever-increasing waiting list for houses. While this kind of development has been done in some major areas like Soweto in Johannesburg and Cape Flats in Cape Town, the idea would be new and strange to Evaton. Similar to the observation by Sadie, edited by Snyman (Snyman, 1992: 105), the community's aversion to the notion on the grounds of culture and custom would be minimal and overridden by the dire need for proper and affordable housing especially for the low-income groups.

In the spirit of transparency and fairness, the Evaton renewal project had issued pamphlets to inform the community of the project's proposals, especially on the question of land release which had been the main stumbling block for a long time. Those were distributed in addition to numerous public and forum meetings that were held over long periods of time before the commencement of the project. The purpose and intention was to allay fears and suspicions of land usurpation, given previous attempts by past local administrations to seize the land from the rightful owners.

Housing remained the biggest attribute that service delivery by the government was measure with. The quality of housing that the provincial government provided to fulfill its mandate as the custodian of the project, through the competence bestowed upon it, was always critically viewed because that had been the cause of uprising in many townships where the quality was considered to be sub-standard.

4.2.1.3.2 Progress in housing development

The housing project took off only in the 2008/2009 financial year due to some delays in the planning phase. The delays were caused mainly by the red tape which was not in the hands of the provincial authorities but in the municipal technical division's hierarchy. The construction process was planned to be done as three programmes, namely (a) the show village, (b) upgrading and (c) land release.

(a) *Show village*: The show village was built at the corner of Bodea and Buffalo roads. That comprised 4½ roomed houses of different shapes and sizes (i.e. 40 - 50m²). By August 2008 about 30 houses at different stages of construction had been built, as the project started behind schedule due to problems such as:

- (i) illegal occupation of ± 90% of land donated to the project by Emfuleni Local Municipality, prior to the start of construction thus preventing work to be done,
- (ii) resistance of people who did not want to be housed in temporary structures to give way for the construction of the show village, and
- (iii) complaints about the small sizes of the houses. According to the government directorate responsible for the project, people ignored the fact that the houses were of a better standard than their bigger shacks and sub-standard houses. Councillors, as co-stakeholders in the project, were helping with providing labour through the Labour Desk created to oversee the job-creation process.

(b) *Upgrading*: The targeted number of houses to be upgraded was 1 000 for the lifespan of the project (i.e. 2008 to 2011 financial years). The target for 2008 only was 250 houses but the project managed only 120 of new and renovated houses by the year 2009.

(c) *Land release*: This was a venture whereby willing land owners would sell the unused and undeveloped portion of their stands to the department of housing in return for some reimbursement, part of which would be used by the department to build the land owner a decent house. The initial targeted number of building sites was between 90 and 100 demarcated sites of 300m² each for the 2008 to 2010 financial years. Two types of houses were planned, i.e. the 40m² and 45m² sizes of decent houses. Those were built according to approved building plans as per approved regulations and standards.



The first new house with the old one in the background (presentation by the mayor and MEC for Housing)

Unfortunately, only 30 houses of the two types were built before a halt was forced by a number of obstacles, some similar to the ones encountered at the show village:

- (i) residents complained of the small sizes of the houses compared to their old and dilapidated big houses;
- (ii) a group of people led by a civil organization called “the concerned Wildebeesfontein residents” challenged the project by protest marches and demonstrations.
- (iii) some families suddenly cropped to lodge disputes against title deed holders of some properties, apparently because they wanted to have a share of the sales proceeds. Those included younger generation who claimed co-ownership of the properties by virtue of lineage;
- (iv) most people who were given the option of building bigger houses of their choice after receiving the reimbursement from the Department of Housing did not qualify for bank loans as they earned less than R3 500 per month; also,

(v) the bureaucratic and tedious procedure prior to building, e.g. approval of building plans, affected the progress.

4.2.1.4 Provision of social infrastructure

Another tangible objective planned by the renewal project was the provision of social infrastructure. That involved the establishment of a social centre with public offices, business hub and government offices at a central point. The construction was meant to be done in a one-stop-shop context in which the community would be able to access as many services as possible without having to traverse distances to get various services, especially government-provided services.

The Mafatsane complex which has been housing the post office, municipal offices and the police station was identified as the main social infrastructure development point suitable for locating essential government services. The double-storeyed building was under construction and would accommodate administration offices for local authority staff, the new police station, an indoor sports centre, a multipurpose centre and a welfare centre. The surrounding sports fields and the golf course would be upgraded to modern standards. The complex would be provided with transport terminals and commercial facilities like shops.

Other community facilities were to be interspersed around Evaton so as to be within easy reach of the community. Those would include commercial houses like banks along Adams Road (the main street of Evaton), schools, health facilities in accordance with the provisions of the District Health System, i.e. within a radius of not more than five (5) kilometres from residences and recreation facilities like parks and sporting grounds around Evaton.

According to the directorate of housing in the Gauteng Provincial Government, there was lack of inter-departmental coordination between the relevant departments to have a stronger buy-in in upgrading social facilities. This was not unexpected, given the fact that

the Provincial Department of Housing had to perform tasks of other departments without extra funding from those departments, as aforementioned. The Department of Housing had upgraded the Tshepo-Themba High School hall and entrances out of its own funds.

The upgrading of the clinics, like schools, was abandoned as it did not make a strong impact for the project. The four clinics serving the community of Evaton were not upgraded to the level of community health centres as envisaged. Instead, Levai Mbatha Community Health Centre was built by the Gauteng Provincial Health Department in Evaton to ease the load borne by Empilisweni Community Health Centre in nearby Sebokeng.

4.2.1.5 Local economic development

The urban renewal project also intended to indulge in job creation and poverty alleviation. That would help to boost the economic state of the area while encouraging the self-sustenance of the community. The process had already embarked on a few community projects which were to be managed solely by the community itself with the assistance of professionals for successful implementation and sustainability.

4.2.1.5.1 Community projects

The objective was to create work for the community so that they could sustain their livelihoods. The renewal project was concentrating mainly on agriculture, although it was decided to diversify the undertaking to include other works such as pottery and reeds crafting. Some 110 people were employed on the farming project, with the intention of gradually increasing the number as the venture prospered. Community projects embarked upon included:

(i) *Hydroponics crop farming* – the production of vegetables using chemical means: Land was identified at places that were easily accessible to the community. Vegetables were planted with added nutrients in the form of chemicals to aid their growth.

Food gardens were initiated at the Mafatsane government complex, the new Wilberforce Community Centre and farmers market along the Old Golden Highway. The agricultural project called the hydroponic gardening was aimed at poverty alleviation whereby struggling families would tender the gardens to produce food for their own consumption and selling the surplus to cater for their other essential needs.

Unfortunately, the food gardens were not enough to meet the demand by the entire Evaton community. Not enough could be spared for the market as the community lived in abject poverty. However, some organisations dealing with vulnerable and poor persons like the Polokong Children's Village, Katleho School and Musupatsela Centre for the Handicapped Children, all situated in Evaton, benefited from the produce of these food gardens and therefore from the Evaton Renewal Project.

(ii) *Reeds for making furniture*: Reeds that grew in the streams around Evaton were cut when they had attained a certain height. The reeds were then dried in a particular way, and worked on by skilled people from the community to manufacture household furniture like patio chairs and pot flower baskets.

Reeds from the rehabilitation of the wetlands and swamps along the Rietspruit were to be profitably used, e.g. in the cane furniture-making and craft work. Business plans for the purpose were drawn and the project was awaiting Environmental Impact Assessment (EIA) and a blanket approval was expected by October 2008. That would create jobs that would help a number of people to feed and sustain their families.

Unfortunately, the project was abandoned. Apparently, political processes were involved in the decision.

(iii) *Brick-making plant* – the production of bricks to be used in the housing project. That would save the project some money while making profit from the sale of extra bricks.

A brick-making plant would be located at a light industries area in Ironsyde as the initial area earmarked for the project was not zoned for the purpose according to the report of the Environmental Impact Assessment. The undertaking would assist in the housing project while it was also going to generate income for the community to counter poverty.

(iv) *Promotion of the SMME's* – to encourage local business initiatives. Small businesses would be assisted to flourish by engaging the assistance of skilled persons from big corporations.

Promotion of small, medium and micro enterprises (SMME's) benefited most of the projects embarked upon, albeit on a short term basis. Most of these were literally unknown until exposed by the project which took a chance with them. Fortunately, many of them did not disappoint but delivered the expected goods and services. Their work managed to give a few people jobs that helped the employees to sustain their families for some period.

According to the Job Creation Scorecard of the Evaton Renewal Project (ERP), indicating progress as in 2008 (Evaton News: Vol.6, August 2008: 2),

- ◆ 9 SMME's benefited from the roads project;
- ◆ 1 SMME was involved in the upgrading and refurbishment of Tshepo-Themba school hall, creating work for 34 people;
- ◆ 3 SMME's contracted for the grass-cutting project created work for 132 people;
- ◆ 2 SMME's created work for 140 people tasked with the waste management project;
- ◆ 1 SMME created sustainable work for 100 people in the vegetable project, while a further 30 were sent for specialised training in the field of agriculture;
- ◆ 3 people from the community were trained in communication skills and were seconded to the communications desk of the project.

According to the directorate overseeing the project, the number of people employed for the projects had increased in September 2008, thus:

150 to distribute dustbins, and
190 for the hydroponic gardens.

About 350 people are employed per month for the projects as some of the jobs are done on rotation basis.

(v) *Upgrading of roads and transport networks*: the undertaking created employment opportunities wherein some 10-15 small emerging companies were tasked with the job of paving pedestrian sidewalks subsequent to the upgrading of roads. The companies were graded in accordance with the CIDB (Construction Industry Development Board) grading system from grade 1 to grade 4, depending on the amount of tender they qualified for; the least being R750 000. To minimise the risk of shoddy work, one major civil construction company, namely Grinaker, was contracted on service level agreement to oversee the work done by the small companies and to impart skills such as safety, construction management, etc. The process was at an advanced stage and Sedibeng District Municipality came on board and made a presentation to the National Treasury in applying for the National Development Grant.

The job- creation venture, aimed at alleviating poverty that was, and still is rife in Evaton, managed to reduce the affliction caused by unemployment and thus poverty as the enterprises proved themselves and some of the jobs were on-going, despite funding problems. The livelihood of the community of Evaton showed some patches of improvement albeit very minimal.

4.2.1.5.2 Business hubs

Two formal shopping centres were built on the outskirts of Evaton, viz. Evaton Plaza on the western border and Palm Springs Shopping Centre on the northern border of the township. The complexes comprised many businesses that are found in town. These benefited the Evaton community in that people did not have to always use paid transport to buy goods in town.

Besides saving costs, the complexes created job opportunities for many people in Evaton following the policy that any venture undertaken in an area must employ people from the area where the venture is undertaken.

The implementation of the tangible objectives was viewed as crucial in that it was to serve as a positive buy-in for the community to give their full cooperation and support for other projects that were to follow. The rejection of the project initiatives would lead to the irreparable collapse of the entire renewal project. The projects had to enhance the trust of the beneficiaries who desired nothing less than a healthy environment that would promote their life for the better.

4.2.2 Application of soft objectives

These objectives were goals that mattered although not as vital to the community as tangible objectives that meant everything to the lives of the people. The objectives included:

(a) *The integration of all community assets such as public facilities:* town planning processes regarding the regeneration of Evaton had to take into account the integration of public assets such as businesses, public transport and public places, to be easily accessible to all community members without any undue hassle. Health facilities had to be located within five kilometers radius around residences to be within easy reach of the public, as advocated by the ANC National Health Plan, 1994. Infrastructure projects should be “bound” in holistic planning that would preclude bias within livelihoods, given the semi-rural and poverty status of Evaton as McGregor et al (2006: 317) also maintain.

Proper medical consulting rooms had been planned at developmental precincts and near business centres. A new shopping mall in Evaton had eased the plight of traveling to distant towns of Vereeniging and Vanderbijlpark for big shopping. Social facilities like the indoor sports centre, multi-purpose centre, welfare offices, police station and other government offices would be situated within the Mafatsane sporting complex which is

centrally- situated in Evaton. Other offices and community offices would be integrated and within easy reach in the vast township.



New office accommodation at Wilberforce Community Centre

(b) *Rationalising land use:* Evaton has large stands measuring about 4000m² each, some of which are not fully occupied, or are used for domestic farming in cattle, sheep, goats and pigs. In its land release programme the Provincial Department of Housing had suggested that the stands be divided so that unused portions could be sold to it for low-cost housing developments. In that way land could be profitably used as part of the proceeds from sold portions would be used to assist the land owners who stayed in unsound houses to put up decent houses for themselves. This was a means to use land profitably and avoid letting land go to waste, a progressive shift from using land for farming to residential use (McGregor 2006: 324). However, there would be a portion of land still available for crop and domestic farming as the shift would consider the different livelihoods of the entire community. Available land had to be utilised to benefit the community.

Land was also earmarked for social amenities that would enhance community relaxation and psychological well-being. Recreational facilities were planned to be widely spread to be within easy reach of the entire community.



Land prepared for community hydroponic crop farming (New Wilberforce Community Centre in the background)

(c) *Management of open spaces*: open spaces were to be converted into parks and sports grounds to be worked by the communities. Communities around an open space would be assisted by the municipality to improve the space into a recreational park. Trees and other vegetation were provided by the municipality in some areas that were ready to create parks. In the case of bigger open spaces that needed municipal labour, the labour desk of Evaton Development Forum would employ residents staying around the particular area on periodic bases to take care of the conversion process. That was done as a means of job creation and poverty alleviation. Open spaces would be used for community projects or recreation rather than as refuse dumping areas, as has been the practice all along.

(d) *Preservation of local characteristics*: Evaton is characterised by some historic and well-known landmarks which are as old as the township itself, such as the McCamel Temple, the Evaton Cemetery popularly known as No1, *Machaeneng* (Chinese complex), the famous St. John's Apostolic Church founded by Mother Christina Nku and well-established in South Africa and adjacent countries, and the Wilberforce Training Institution, which are all synonymous with Evaton. These buildings are still standing as originally built, with a few renovations where it was necessary, but never demolished for anything modern or new. The cemetery is fenced off and closed from usage and regarded as the sacred place of the ancestry that had protected Evaton from the powers that were. The Chinese complex is regarded as a symbol of survival through past economic hardships that the community of Evaton went through, and the age-old multi-racial friendship that the community enjoyed during the hard apartheid era.



The McCamel Temple

(e) *Enhancing townscapes*: Evaton denoted a picture of residential misery, underdevelopment, squalor and economical gloom. Its appearance did not inspire any local tourism or economic investment, despite being the haven of free and content living by its community. Visitors to the place, who had no inkling about the background history of the area, wondered at the squalor that it was while developments were taking place just next to and around the area.

However, new modern housing developments around the area with impressive names like Beverly Hills, Palm Springs and Lakeside, gave hope and encouraged Evaton residents that similar developments in the old Evaton were eminent.

Indeed, judging from the progress made in infrastructure developments, road constructions and business hubs already established around the area, it was evident that the renewal project aimed to upgrade Evaton into a tourist attraction, a business hub and economic mega to marvel at, given its history of underdevelopment. Two big shopping malls had already been built; a big fire station was under construction; the double-storey Mafatsane civic complex, built adjacent to the social centre and golf course was nearing completion, and public transport network through wider and tarred roads had been created.

Situated below a hill on its eastern side and the Golden Highway on the west, the view was planned to be attractive from the N1 freeway on the far western side. The appearance was planned to change the face of Evaton for the better. All mooted environmental artefacts would enhance the townscape in more ways than its gloom did.

The implementation strategy involved a methodology that sought to cover a number of areas that were to be developed. The township was divided into developmental environs for orderly and practicable servicing. The areas were demarcated into precincts according to streets and roads.

4.3 The methodology applied in development

The methodology, according to the Evaton Master Business Plan, was to involve the concept of developing the area in accordance with demarcated precincts and functional areas as well as corridors (i.e. main streets) around Evaton, to define structure and implementation approach in the development process. The identified precincts, as outlined by the business plan, were:

(i) *Eastern precinct*: This would be located next to the railway line that runs from Vereeniging to Johannesburg, and comprised vacant land along Selbourne Road. Developments would include a shopping centre, medical consulting rooms and housing developments.

(ii) *Western precinct* located along the Golden Highway on the western side of the township. The precinct would include the Chinese shopping complex (better known to the residents as *Machaeneng* - Sesotho for Chinese place), which is as old as the township itself and is an eyesore due to uncontrolled informal trading conducted on the sidewalks adjoining the complex. The developments aimed to include medical rooms, housing developments, a communal hall and a shopping centre.

(iii) *Heritage precinct* was to be on the western side of the township, next to the cemetery and east next to the old Wilberforce Institution, both of which form heritage gateways. Developments would include a chapel, ablution facilities and a cultural village.

(iv) *Government and Sports precinct* defined by the municipal offices that also house the police station, a golf course and sports grounds nearby along Union road, stretching upto Easton road.

Developments would include a welfare centre and a multi-purpose indoor sports centre. The developments were to upgrade the open space within the Rietspruit to be the second order sports facility. The complex was to house the new police station, multipurpose centre and other sporting facilities like netball field.

(v) *Overarching precinct*: this was to be divided further into corridors and intervention zones which would be vast to include

(a) corridors, viz.

Adams road	Sterling and 1 st Avenue
Old Golden highway	Easton road
Selbourne road	Lind road
Hamilton (Boundary) road	Bodea road, and

(b) intervention zones, viz.

Small farms and the flood line areas with projects such as roads and storm water;
bulk sewer and water;
street lighting;
environmental cleaning and greening;
houses (densification and upgrading); and
essential services to densified houses (i.e. water supply, sewerage system and electricity).

Some progress was achieved in the implementation of planned interventions, however minimal compared to set targets. According to personal observation and as confirmed by the directorate of the Evaton Renewal Project, progress varied from one intervention to another. Some interventions succeeded because of the high level of interest in the upgrading of the area, especially from the more enlightened and the younger generation of residents.

However, there were old people who saw the project as an answer to their disputes over ownership of properties which involved relatives and grandchildren. Those were the sensitive problems that were handled by the Evaton Development Forum as a body representing the community in the project. The legal minds representing both the forum and the disputants were engaged, resulting in an exercise that retarded progress immensely. Also, there was an attempt in March - April 2007 to re-invent the project because of some disputes regarding a number of issues that proved to be teething problems of mistrust and miscommunication.

Other interventions needed the involvement and approval of external agencies and interested or concerned parties like departments at other spheres of government, community-based

organizations, civil organizations, financial institutions and families with title deeds, and those contesting them. The implementation process followed the objectives as set out in the planning phase. The developments thus far proved a willingness to revamp the entire Evaton into a modern and healthy environment to live in.

Although the work done thus far was visible the impact as shown by the analysis was very minimal and discouraging to many people in the community and outside. The conclusion that will be fair to the efforts as made by the renewal project would demonstrate the tough and plenty hard work that still had to be done to realise the dream of an environment that was conducive to healthy living that would in turn have a positive impact on the health status of the community.

4.4 Conclusion and deductions

The study of the developments effected by the Evaton Renewal Project since its inception show some progress in the attempt to uplift the health status of the community as envisaged by the government's urban renewal plan. The implementation of the objectives meant to bring about a change in the living conditions of the people was done but targets were not achieved; financial and other resources needed to fully implement objectives like housing developments were not forthcoming; Cooperation in instances like land release by the very targeted beneficiaries was lacking, and support from other government departments was minimal.

The deductions that could be made from the situation were that although government meant well in its intentions to uplift the living conditions of the Evaton community by the introduction of the renewal project, there have been less efforts from other stakeholders to support the project, let alone to sustain its developmental momentum. Hence the abandoning of projects like the housing development and the completion of bulk infrastructure. Government will have to rethink the implementation strategies and consult wider in order to achieve the desired effect without hindrance from other stakeholders such as land owners and beneficiaries.

CHAPTER 5: EVALUATION OF HEALTH STATUS IN EVATON

5.1 Introduction

Evaton was born over a century ago and boasted a history of academia, sports personae and political genius. It bore a famous educational institute which produced some of the country's powerful world-acclaimed professionals like educationists, doctors and politicians, sports personalities and other leaders.

Yet, the township was embroiled in the misery of underdevelopment and slum conditions. The semi-rural township survived on domestic farming with cattle, sheep, goats and pigs which were kept on the land owners' large stands, among the residents. The area was characterized by mud hovels interspersed with brick houses and mansions, roaming animals, factional skirmishes, unemployment and poverty.

Environmental health conditions left much to be desired: sanitation was poor as pit latrines were used, initially water was drawn from wells and streams before communal standpipes could be provided, there was no refuse removal system in place and rubbish dumps were all over the stands, and most of the roads were ditches that traversed through the area. Air pollution was bad due to the fossil fires that were used for cooking and heating as there was no electricity available. The small mud houses were always overcrowded and not erected to any health or building standards.

The conditions as described above pre-disposed the community to various illnesses such as diarrhoeal diseases like dysentery caused by poor sanitation, water-borne diseases like cholera, and the easy spread of tuberculosis due to overcrowding in small poorly ventilated houses. Lack of proper health facilities like clinics and medical centres, poverty and unemployment exacerbated the unhealthy situation which adversely affected the health of the community. The pre-urban renewal conditions in Evaton impacted negatively on the health status of the community at large.

The township was thrown a lifeline by the introduction of the Evaton Renewal Project in 2004. This sought to remedy the unhealthy living conditions and usher in conditions that would be conducive to health for all, as advocated by the Constitution of the country. Urban renewal processes were planned under the championship of the Gauteng Department of Housing in conjunction with the Evaton Development Forum which represented the community of Evaton. Unfortunately, the processes were never without hitches that actually worked against progress. Work was done in some areas of delivery but with gross financial constraints due to lack of adequate funding. There were also allegations of mismanagement of available resources by project leaders. The main obstacle that hindered the planned progress was the unwillingness of land owners to release their land for developments, even for compensation and assistance to build their own better houses.

This chapter seeks to evaluate the impact of the project on the health status of the community of Evaton by analysing data gathered in the process of implementing the strategies meant to deliver the expected outcomes. There are visible marks made by the project and its impact on the health status of the community of Evaton will be measured also by interpreting the results, focusing on the intervention processes.

5.2 Impact of the intervention processes

Some visible changes for the better could be noticed in some areas of development. An attempt was made to deliver proper and adequate community services in the form of bulk infrastructure provision, upgrading of roads, building of low cost housing, provision of more health facilities and improved local economic development through the establishment of business complexes. Municipal health services were rendered to a limited extent due to some inevitable constraints like lack of proper resources and delivery of some community services. Yet, only the analysis of the data collected and the interpretation of the resultant output from the implementation of interventions can reflect the true picture of intended outcomes with regard to the health status of the community.

5.2.1 The impact of service delivery on community health status

Service delivery was in the form of provision of community services like bulk infrastructure, upgrading of roads, building of proper and affordable houses, provision of adequate health facilities and laying conducive infrastructure for local economic development.

5.2.1.1 Provision of bulk infrastructure

Bulk infrastructure had been provided but not to a greater extent as originally planned. While some projects were to be implemented simultaneously others depended on the completion of some before they could start; for example, some local economic development projects like crop farming could start simultaneously with the housing developments as they did not depend on one another. Yet, some other work like the upgrading of some roads had to wait for the laying of sewerage reticulation system first.

5.2.1.1.1 Laying of sewerage reticulation system

The mammoth task of the laying of sewerage reticulation system involved other outside stakeholders who were going to benefit from the project while they did not actually fall under the administration of the authorities involved in the project. The outside beneficiaries included the City of Johannesburg some of whose areas were bordering on the outskirts of Evaton.

Estimates of costs and capital budgets, which delayed the process as these were done in more than one municipality, were already in place but work could not start because of financial problems. Acquisition of funding from financial institutions was another major problem.

Three projects had been completed in the 2006/2007 financial year already. These were the only success story in that regard although an underachievement then, given the size of the ever-growing population and shacks in the area. No sewerage improvement work was

done in the planned 2008-2011 financial years of the project. Bucket system was still being used in some sections of the settlement creating a problem for the health department as these were emptied indiscriminately, including into the existing manholes and storm water channels some of which traverse residential stands. Serious sewerage blockages are still occurring in many parts of Evaton due to the failure to effectively improve the system since 2007.



Sewage spillage from the manhole along one of the streets

The intervention did not achieve its intended outcome as per the project plan of having all members of the community connected to a properly working sewerage system in Evaton. Failure of the intervention to provide adequate and effective service to the community in respect of proper sewerage system that would have positively addressed its sanitation problem that had bedevilled the community since the establishment of the township, impacted negatively on the health status of the people.

5.2.1.1.2 Cleansing services

Only 13223 of the targeted 45 000 (i.e. $\pm 29\%$) dust bins had been distributed to households in Evaton. They were dished out in two phases where 140 people per phase were employed for the job. That translated to job creation for only 280 persons in that field of work. The project was moved to new formal housing extensions of Evaton, i.e. Evaton West, which was completely new and not part of the old Evaton for which the project was meant. This revealed lack of efficient project management wherein resources were not utilised where they were meant to be used.

Although five refuse removal trucks were planned for the renewal project, only two compactor trucks had been delivered, which was 40% achievement of the target. The problem was blamed on the lack of funds since the local council had to replace trucks in other areas of its municipality such as Sebokeng where communities demanded service delivery as obliging ratepayers.

The low achievement did less to alleviate the plight of the community to combat illegal dumping of household refuse on open spaces, behind residences on their stands and at street corners. The status quo remained and community health was dealt a blow in that no improvement was effected on refuse removal for healthier environment which could have impacted on the health status of the community.

5.2.1.2 Upgrading of roads

Upgrading of roads and transport network had been one of the noticeable improvements in Evaton, probably because the roads had been a nightmare to travel and, like housing, characterised the township. The linking by the upgrading of most service roads had made travelling much easier than when a road and a driveway into a private property could not be easily differentiated.

Major roads targeted for widening, kerbing and lighting were Moshoeshoe, Easton, Adams, Sterling and Selbourne roads. All had been completed save for lighting. Kerbing in Selbourne and Moshoeshoe Roads was still outstanding. Only Adams road, which is the main taxi and bus route, had been solar-lit. The tarring of Evaton Road from Adams Road in the east to Selbourne Road on the western side of the township had been 50% completed. Otherwise, lighting of the streets was depended on high-mast lighting that was meant for the entire township.

Grading and compacting of gravel roads was about 40% done in the main Evaton while only 20% of the roads in Small Farms had been attended to. Paving of pedestrian sidewalks was done in certain main roads only. Like the re-construction of roads which

had to await the completion of the laying of the sewerage reticulation system, as aforesaid, paving depended on the completion of the kerbing of roads and was thus minimal in the context of the entire township. The problem sited by the directorate concerned was that 10-15 small companies were allotted tenders to do the work of paving but not all qualified for funding by the banks. The companies were graded according to the CIDB grading which put Grade 1 to a company that was allotted a job worth R750 000 and so on. Unfortunately, most of the companies struggled to get funding due to high collateral demands from financial institutions.

Upgrading of roads was concentrated on the main roads while inside streets were left to emit dust. These streets were not provided with storm water drainage, which resulted in their easy deterioration due to rain. This element of service delivery has been a smoke-screen solution to the needs of the community and has failed to make a notable impact on the health status of the community.

5.2.1.3 Housing improvements

The building of new houses and the upgrading of existing ones which were still sound was going to be the visual evidence of the real work of the renewal project as expected by the community. But the delay in the commencement of the construction process fed doubts and suspicions in the minds of many, especially the hard-to-please stand owners. They were always equating the project to the past chicanery by the erstwhile regime which was suspected of usurpation of their land.

The process only started late in the 2008/ 2009 financial year due to a number of obstacles which included:

(a) *The involvement of civil organisations:* The Widerbeesfontein Concerned People's Forum disrupted processes by protest marches as they were claiming ownership of Evaton against involvement of councillors as stakeholders in the project. Their concern was that the community leaders had entered into clandestine agreements with government

without their knowledge and consent and were involved in surreptitious deals with the developers to sell their land for their own gain.

(b) *Illegal occupation of land*: Plans were that two-room structures were to be built at a place on the corner of Bodea and Buffalo roads to house people temporarily while their houses were being upgraded. But people occupied the land with the false understanding that they would be considered first when houses were made available for occupancy. That hindered the start of construction work.

(c) *Family disputes over ownership of title deeds*: People had suddenly emerged to claim that they were the qualified owners of title deeds. That led to the tracings and tribunals to determine the real qualifiers for the title deeds. Some of the cases were still pending as the real people had died without testate.

(d) *Procedure in the approval of building plans*: Technical considerations by different municipal departments before approving the building plans were time-consuming. Circulation of plans among the different departments delayed the process as corrections and requirements had to be effected before approval, much to the frustration of the Provincial Housing Department.

(e) *Land release*: The problem of land release was still with the project as many land owners were either adamantly uncooperative or demanded exorbitant prices that were not market-related for their land. That, according to the provincial directorate of housing, was done deliberately to frustrate the process. The project's target was to acquire 90-100 stands of 300m² for the first year of the proceedings but managed the acquisition of 30 stands only.

A thousand houses were planned as the target for the 2008 to 2010 financial years, but the project managed only 120 of both new and renovated houses, which translated into 12% achievement of the target. The type of houses built was of the category of an area of 40-42m² about which the people complained that they were small. The people did not

consider size for price, that is, the houses were a bit small but well-equipped with bare construction essentials as compared to their big miserable houses that had serious structural defects that even posed a danger to their own lives.

The new housing developments, which would outstandingly reflect a change in the overall image of the gloomy and depressing Evaton façade, was lagging behind thus relegating most improvements to obscurity.

Failure or delay to provide proper and affordable housing for the masses in Evaton meant that overcrowding in small mud houses persisted, thus facilitating the easy spread of diseases like tuberculosis, and therefore retarding the progress to improve the health status of the people.

5.2.1.4 Building of health facilities

Two satellite clinics, i.e. Tlhokomelong and Osizweni, and a bigger community health centre (Levai Mbatha) were built to assist the upgraded Evaton Main Clinic. Although Mpumelelo Health Centre was situated at the recently-built modern Evaton North section just outside Evaton, it also helped to offer services to some Evaton residents.

The facilities built in Evaton were meant to reduce the prevalence of diseases in the township thereby boosting the health status of the community. As the graphic representation of statistical records from clinics serving Evaton will show, some notable progress was achieved. Overcrowding at the clinics was still a service problem. However, primary health care was better accessible than before the advent of the renewal project. The project helped to ease the health care in Evaton, albeit on a relatively minimal scale.

5.2.1.5 Job creation for better livelihood

The renewal project was concentrating on urban agriculture and had given jobs to 110 destitute families. The idea was to diversify and include pottery to create more jobs.

Cooperative concept was applied to manage the project of economic development so as to sustain it. The hydroponic crop gardening at the Mafatsane complex and Wilberforce Community Centre had created jobs for about 190 people. That was far less than the number required to at least alleviate poverty to a larger extent given the unemployment rate that was experienced in Evaton.

The brick-making and reeds projects had not yet started due to disapprovals of the Environmental Impact Assessment processes and the waiting of blanket approval. These two projects were shelved indefinitely, apparently for some political reasons.

The SMME's managed to create work for a comparatively few people given the unemployment rate in Evaton. However, the number of street vendors and hawkers increased as people saw opportunities for self-employment.

The formal shopping centres and branches of renowned chain stores absorbed a number of people, thus alleviating the poverty situation to some extent and improving the living standards of many.

The interventions through service delivery have shown a notable degree of failure. Most of the planned interventions met with pitfalls which prevented progress in many spheres of development. Resistance to land release, illegal occupancy of land to be developed and difficulty in accessing funding hindered progress in housing upgrading, roads construction and other developments. Allegations of corruption also added to the problems.

Meanwhile, the urban decay was not visibly removed. The general situation in Evaton remained appalling and unhealthy as before the inception of the urban renewal project. The impact of the project on the health status of the community was very minimal even though noticeable in some instances.

5.2.2 The output from municipal health services

Water quality monitoring by water sampling proved that drinking water quality was upto standard. Unfortunately, that cannot be said about water from polluted streams. A number of cholera cases during the rainy seasons were attributed to water from the streams as people had grown used to utilising stream water since the era of wells when water was not readily available. Statistical information will, however, show that drinking water from standpipes does not pose a cause for concern. This is due to constant water quality monitoring.

Food control at food outlets and food preparation premises was done by means of regular and routine inspections by Environmental Health Practitioners. Premises that complied with the minimum health requirements in terms of Regulation R918 promulgated in terms of the Health Act, 1977, were issued with a Certificate of Acceptability. Non-complying premises were served with notices and even summonses where necessary. Constant health education was the main tool used for food vendors, hawkers and food handlers at food establishments, especially its preparation and serving. Similarly, caterers were subjected to the same legal process which was a condition for being listed on the municipality's data base for consideration whenever there were events that needed catering.

Milk sampling was done on a regular basis where raw milk was barred from entering the municipal area without a permit which was issued only when the health requirements were fully met by the milk depots, distributors and retailers. Seminars were held for milk producers by the Dairy Standards Association on regular basis to discuss new innovations and problems faced by producers and the Health Department regarding safe handling of milk and its products.

To an extent, food control was successfully done in formal business premises but still posed a danger because of unknown food handlers who were scattered around the area in un-demarcated spots. Spaza shops were cropping up from time to time. Small time food

handlers would not come up as they knew that they do not comply with minimum health requirements. This hinders the management of food handling premises and poses a risk of food poisoning, which could be against healthy living.

Waste management in Evaton could not be effectively done due to the impassable roads, shortage of resources like refuse removal trucks, and refuse collection receptacles, as discussed under cleansing services. This left the township in an unsightly situation because of illegal dumping of rubbish all over the area, including behind dwellings on residential stands.

Surveillance of premises is done by routine inspection of crèches, places of care, old age homes and other public places. Accommodation standards and structural defects are noted and owners are served with compliance notices. Complaints received are recorded and dealt with timorously. The main problem experienced in Evaton is stands overgrown with weeds and overgrowth. Haphazard erection of shacks on stands and the dilapidated mud and other houses awaiting the urban renewal process are hindering proper and healthy living as the premises remain overcrowded and unfit for human habitation. While new buildings are being erected for purposes of community centres and homes, a lot of old buildings like churches are still being used. Crèches are the most problematic places that struggle to comply with minimum health requirements, thus endangering the health of children in their care. A task team is busy with educational programmes in this regard.

Health surveillance and prevention of communicable diseases was done jointly with primary health care section of the health department. Tracing of patients discharged from health facilities was done on continuous basis by environmental health practitioners who also assisted with immunisation campaigns as people who know Early Childhood Development centres in Evaton, compared to nurses who normally operate from the clinics. The tracing of patients is hampered by non-South African patients who do not have fixed places of abode.

Environmental pollution control in Evaton involved the removal of solid waste or rubbish dumped illegally on open sites, which constituted land pollution. Unfortunately, council was not obliged to remove rubbish within stands as that was the responsibility of the stand owners. As aforementioned, rubbish was dumped on stands behind dwellings and that was the breeding place for rodents as they were offered harbourage by the dumps. Small children are directed to use the dumps as toilet as they cannot use the pit latrines. Sewage running down the streets was evidence of blockages in an incomplete and poorly maintained sewerage reticulation system.

Apart from rodent harbourage the rubbish dumps are a source of fly-breeding and smells as any rubbish is deposited thereon. Air pollution is abundant due to fossil fires used in almost all the homes for heating and cooking. Dusty streets also contribute to the air pollution problem. The risk involved is the occurrence of diseases like diarrhoea and tuberculosis which are bad for health.

Vector control involves the extermination of pests like rodents, cockroaches, and other vermin. Unfortunately, pest control by the municipality was limited to council buildings and premises only. This meant that private houses in Evaton have to hire their own pest or vector control agencies if they had a problem of that nature. This, obviously, discouraged residents from taking stern measures against vectors in their own surroundings as that would mean payment on their part.

Failure by the municipality to remove refuse and rubbish from open spaces and stands, and failure to render the vector control service free of charge to the community resulted in the neglect of the environment to an extent that complaints of infestation by snakes due to uncut grass on vacant stands and the veld were lodged on regular basis. Not only was the situation dangerous for the community but it was exposed to the risks of snake bites and diseases such as bubonic plague.

Disposal of the dead is essentially a principle of regulating how the business of funeral undertakers is conducted so as not to create any health nuisance. Environmental health

practitioners of the municipality inspect mortuaries and funeral parlours in Evaton on regular basis to ensure that the tendering of corpses is done in the most hygienic manner possible. Yet, the risk of exposure to diseases was always present due to lack of proper facilities like approved premises in terms of the regulations governing the trade (R237 of 1985, promulgated under the Health Act, 1977).

Due to the mushrooming of illegal funeral undertakers a task team has been established to ensure compliance with the legal requirements for the trade. Although the task team has recorded enormous success in this regard, the menace continues unabated, putting the health of the community at risk as corpses are sometimes delivered to families in a bad state. The main problem encountered in Evaton was that funeral undertakers' premises were not compliant due to their state of repair and because old buildings were used despite notices to acquire appropriate premises or renovate present ones to required standard.

Chemical safety, which refers to proper and safe handling of chemicals frequently used, was done simultaneously with routine inspections of food premises. This was because such chemicals as paraffin, pesticides and other small industrial chemicals were sold in ordinary shops and supermarkets that sell groceries. The storage and display of these chemicals pose a serious danger to the public if not properly handled. Health education in general dealer stores proved beneficial in that shop assistants learnt the importance of the correct storage thereof, thus minimizing complaints about goods that smelled of chemicals.

Health education is also given to Early Childhood Development practitioners about paraffin safety, while hand-washing practice is instilled among food handlers and the general public.

Municipal health services could play a very meaningful role in the improvement of the health of the community if implemented correctly, adequately and vigorously. Much has been done in trying to implement the principles of municipal health services in Evaton with the view to

assisting the planned interventions. Unfortunately, the implementation of most of these principles relied much on the provision of community services such as proper infrastructure, improved roads construction, better housing, adequate social and health facilities, and an appropriate environment which would be conducive to local economic development.

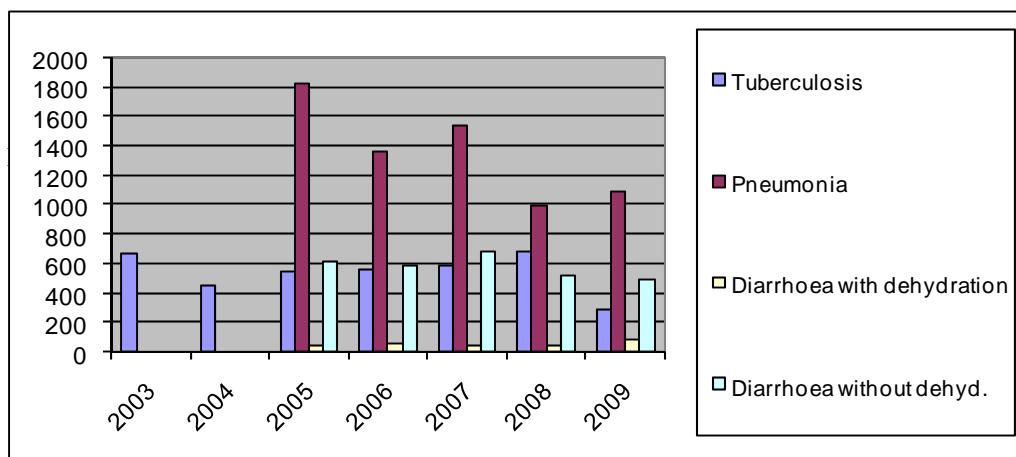
5.2.3 Records from the clinics

Records of case findings from the four health facilities serving Evaton were obtained from the Health Information System office of Sedibeng District Health Services. This provincial office compiles data from all health facilities in the region which includes Evaton in Emfuleni Local Municipality. The health facilities whose records were studied were Evaton Main clinic, Levai Mbatha Community Health Centre, Osizweni and Thlokomelong clinics. A study of the records focused on diseases attributed to unhealthy living conditions such as those found in slum conditions of Evaton; namely, tuberculosis, pneumonia and diarrhoea. The findings relate to pre-project period (2003) through the years until 2009 as the project had literally stalled.

5.2.3.1 Case findings

	2003	2004	2005	2006	2007	2008	2009	% Improvement/ Deterioration (+/-)
Tuberculosis	669	454	547	557	588	686	282	+42
Pneumonia < 5yrs	-	-	1825	1360	1535	993	1088	+40
Diarrhoea with dehydration	-	-	46	55	47	41	75	-63
Diarrhoea without dehydration	-	-	613	579	685	520	495	+19

Fig 1a: Number of new cases registered annually at the four clinics serving Evaton.



(No records for pneumonia and diarrhoea were available for the years 2003 and 2004).

The picture painted by the analysis of the data and interpretation of results of case findings obtained from the four health facilities serving Evaton show a decrease in the number of new tuberculosis, pneumonia and diarrhea without dehydration cases registered in 2009 compared to the pre-project period, while the numbers for diarrhea with dehydration have increased for the same period. The numbers in all cases fluctuate over the years between 2003 and 2009, thus obscuring the real effect of the project on the diseases. Although the figures generally reflect a decrease in the number of new cases registered for the periods under review, the analysis ascribe the scenario to many factors other than the Evaton Renewal Project, given the tangible output of the implementation of the remedial processes.

5.2.3.2 Interpretation of case findings

Despite the apparent improvement of disease prevalence as indicated by the results and interpretation of case findings, the renewal project had less effect on the disease prevalence in Evaton, given its many failures to achieve expected outputs in the implementation processes. The decrease in the number of new cases registered at the clinics is attributed to factors other than those directly associated with the inception of the renewal project:

- (a) Health education at health facilities regularly given by trained community health workers who are stationed at health facilities, in conjunction with

professional tuberculosis (TB) coordinators.

(b) The spread of TB is curtailed by DOT (Directly Observed Treatment) supporters who take treatment to defaulting and disabled patients at home, thus ensuring that the spread of the disease is contained and people are not infected unnecessarily.

(c) National awareness campaigns such as TB Week, Water Week and World Environment Day.

(d) Volunteers from the health desks of the ward committees, who are regularly assisting in workshops for different categories of residents, i.e. the elderly, school children and Early Childhood Development practitioners.

(e) Health education given to food handlers at food premises, hawkers in food and food vendors.

5.3 Findings from data analysis and interpretation of results

Based on the analysis of data collected and the interpretation of the results achieved by the interventions implemented as per the Evaton Master Business Plan, it is evident that the Evaton Renewal Project has achieved some successes albeit less than the desired outcome, viz. to improve the living conditions of the Evaton community with the view to upgrading the health status of the community. Yet, generally, the project has failed to achieve its intended mandate of ridding Evaton of its slum conditions.

There were hiccups in the execution of planned projects, which hampered progress substantially. Lack of funding and unwillingness by land-owners to release their land for developments emerged as the main obstacles in the initiation and completion of processes. The following are some of the aspects of development which failed to materialize thus contributing to the failure of the Evaton Renewal Project to impact positively to the health status of the community:

5.3.1 Outcome of service delivery on community health status

(a) Sewerage reticulation system: The project failed to upgrade the existing reticulation system as envisaged in the master plan financial years of 2008-2011, to cover a larger area of Evaton. Despite completed budget estimates the installation of pipe work in many parts of the area had not started by 2009. The system has not yet been completed as it was stalled. The continued use of pit latrines does not augur well for the improvement of community health status.

(b) Refuse removal system: Only two of five compactor trucks had been purchased for Evaton. These together with new trucks bought to augment the number are used in other parts of the municipality because of the failure of the project to get roads in good condition for travelling. Again, it is alleged that the people of Evaton are not paying for services like those in other parts of the municipality. Illegal dumping is rife and present rodent harbourage which is unhealthy and impacts negatively on community health status.

(c) Upgrading of roads: The process has been halted after the upgrading of Easton, Adams and Sterling Roads, three of the initial eight roads targeted. The tarring of Evaton Road, which is part of the 63, 8 km of gravel road, was not completed to link Adams Road in the north with Selbourne Road in the south. Dusty streets facilitate the spread of diseases like tuberculosis and pneumonia which adversely influences the community health status.

(d) Housing upgrades: The target for 2008 only was 250 houses; by August 2008 only about 30 houses at different stages of construction had been built. A thousand houses were planned for the 2008 to 2010 financial years, but the project managed only 120 of both new and renovated houses by the year 2009, which translated into 12% achievement of the target. The process had to be stopped due to obstacles encountered.

Housing is the main service delivery aspect that would change the living conditions of the community for the better. Unfortunately, it proved to be the very element of service delivery that the project failed dismally to provide adequately thus failing to improve the lives of the community in Evaton and hence failing to impact positively on the health status of the community.

(e) Social infrastructure: The upgrading of Mafatsane social complex is yet to be completed. Of the three clinics built to ease work load at Evaton Main Clinic two were satellite clinics and only one, built by the Provincial Health Department instead of the project was a community health centre. These have not managed to cope with the ever-increasing population of Evaton. The influx of foreigners who rent accommodation in the backyards has exacerbated the situation.

(f) Local economic development: Although the Evaton Plaza was built as a shopping complex with potential to ease unemployment in Evaton, less business ventures are established around the area; only street vending and hawking which cannot give jobs to many are resorted to. Most tuck shops are opened by foreigners who do not employ locals for fear of robberies, and flout health regulations by sleeping inside the shops. Although a joint operation by relevant authorities to address the situation is in place, the situation has not contributed positively to the improvement of community health status.

5.3.2 Impact of municipal health services on the health status of the community

Some elements of municipal health services managed to positively influence the health status of the community in Evaton. Yet, many could not be implemented effectively or at all due to the failure of the Evaton Renewal Project to adequately, effectively and timorously provide the planned interventions.

Water quality monitoring is regularly and effectively carried out and mortuaries are constantly monitored to ensure the safe and healthy disposal of the dead. Surveillance and prevention of communicable diseases was effectively done through health education and tracing of discharged patients. Yet, food control is not effectively done despite regular

health inspections of food premises because of unknown and unregistered food handlers that cannot be readily identified. These include backyard slaughtering and unscrupulous selling that is not reported to authorities due to connivance with illegal traders. Non-compliance with regulations governing food handling is a problem. Food-poisoning results from poor food-handling and is bad for health, which contributes to poor health status of the affected community.

Poor waste management leads to rodent harbourage as mentioned earlier under “refuse removal”. Rodent harbourage is a cause for bad odours, fly-breeding and emergence of bubonic plague, diarrhoeal diseases and other rat infestation related conditions. Ill-health in the community contributes negatively to community health status.

Health surveillance of premises has improved health conditions in premises such as crèches, schools and other public places. Yet, this element of municipal health services was difficult to apply in dilapidated and old premises that the Evaton Renewal Project had planned to upgrade but had thus far failed to upgrade. These include business, public and residential premises. The large open stands in Evaton are full of weeds and undergrowth which harbor rats and snakes that are a danger to humans. The state of these premises has a negative effect on the general health status of the community.

Vector control, which the municipality does at its premises only, does not assist the improvement of health status. As stated above, vectors such as rats and snakes from the open veld abound in Evaton cannot be effectively eliminated from residential places surrounded by these open velds. This also is a disadvantage for the improvement of community health status. Environmental pollution control, like vector control, cannot be properly addressed because of the filthy state of the environment. Illegal dumping and fossil fires smoke from poor homes made of shacks are not easy to control or monitor. These are always on the increase for as long as proper housing is not provided, and contribute enormously to unhealthy environment which negatively affects the health status of the community.

Chemical safety in the form of proper use and storage of chemicals such as paraffin and pesticides is utmost difficult if not nearly impossible in Evaton where daily use of these is unavoidable. Most tenants and lodgers use paraffin stoves for heating and cooking while pesticides are regularly used at home food gardens.

The implementation of the elements of municipal health services could contribute positively to the improvement of the community's health status, only if there was the right environment for their utilisation. Unfortunately, the environmental health conditions in Evaton negate the application of the principles which are apt for a healthy environment for healthy living and improved health status. As most of these elements of municipal health services cannot be applied effectively in Evaton due to environmental conditions which were supposed to be remedied by the implementation of the Evaton Renewal Project, the services have failed to improve the health status of the community.

5.4 Reasons for the failure of the renewal project to improve the health status of the community

The Evaton Renewal Project was incepted in the township as an initiative by the government to upgrade the living conditions of the Evaton community from a slum that it is. The purpose was to eradicate the appalling situation in which the community lacked proper housing, sanitation and refuse removal system, better roads, and an environment conducive to the promotion of local economic development.

The project failed in many instances to effectively implement many of its planned intervention programmes meant to improve the health status of the community. It had several obstacles to overcome for its mandate to be realised:

5.4.1 Financing

The Gauteng Provincial Department of Housing undertook the programme of Evaton Renewal Project without any extra financing from other government departments who had responsibilities within the project. Projects involving departments of health and social development (clinics), roads and transport (roads) and agriculture and rural development (agriculture and gardening) did not contribute financial support to the main project. The burden thus created for the Department of Housing forced it to delay the initiation of some projects.

Small and emerging contractors who won tenders to perform work such as the provision of infrastructure met with problems of funds acquisition from financial institutions as they did not have the required collateral. This also delayed and even jeopardised the processes of service delivery. Major consortiums were not willing to help. Proposed projects failed to meet envisaged targets

5.4.2 Resistance to land release by land owners

This played out to be one of the main obstacles in the implementation of the project. Most land owners were not willing to part with their properties for anything, or even to negotiate. Many feared usurpation by the authorities. This delayed and even prevented the upgrading and construction of low cost housing by the project. The result was that the project failed to meet targets. Only about 12% of the target was achieved in housing for the entire Evaton.

5.4.3 Bureaucratic processes

Work that needed to be done had to receive the approval of the local municipality. Geophysics and feasibility studies coupled with bureaucratic and tedious procedures regarding approval of building plans for houses, delayed at the municipal technical

departments as they had to go through all the different departments. This led to the late commencement of construction work.

There were also problems of verifying the *bona fide* owners of stands as, in many cases, the real owners had passed on. The fight of families over ownership of properties held back processes that could see the construction of houses on some stands. This, also, stalled the process of housing construction.

5.4.4 Illegal occupation of donated land

Work at the “show village” was halted after only 30 houses had been built, because illegal squatters occupied 90% of land donated by the municipality for development. Similarly, backyard tenants in Evaton either refused to move for developments to start, or their landlords refused to move them as the landlords gained from the rent that they paid.

Data collected show that some work had been done to meet the expectations of the disadvantaged community in Evaton. Yet, the bulk of the interventions that were planned were either started far behind schedule resulting in targets not met or neared, or were abandoned just after initiation. As discussed previously, the Evaton Renewal Project encountered many problems that affected its ability to deliver the proposed output as planned: housing, as the main element of the developments, achieved only 12% of the expected development, roads upgrading was abandoned after achieving only 40% of the expected target, bulk infrastructure provision was hampered by lack of funding, provision of social infrastructure could not cater for all the community needs such as enough health facilities and recreation halls, and local economic development was not granted the conducive base that it needed. The output of the project was that it could not achieve the required outcome of improving the health status of the community of Evaton as envisaged.

CHAPTER 6: CONCLUSION AND RECOMMENDATIONS

6.1 Introduction

The semi-rural centennial settlement of Evaton had been engulfed in adverse living conditions that defied healthy and prosperous human inhabitation for a long time. The situation was the sorrowful manifestation of its freehold land tenure right which excluded it from the erstwhile regime's development plans, thus relegating the township into a slum. The township could not be forcefully demolished as it happened with other slums like Sophiatown in Johannesburg, Lady Selborne in Pretoria and Top Location in Vereeniging, which did not enjoy freehold land tenure rights and suffered the harsh action of the defunct Slums Act.

The community of Evaton endured unhealthy living conditions for a long time as a result of lack of proper infrastructure to enable the installation of essential services. Pit latrines were used in the place of proper sewerage system for sanitation; no refuse removal system was in place; housing was mainly in the form of mud houses with no adequate natural lighting and ventilation; water was drawn from wells of sympathetic private owners; gravel roads without storm water drainage system were used, and farm animals were kept in the residential area among the community. Electricity was never a luxury dreamt of in a township aptly known as "dark city".

The situation predisposed the community to ill-health and diseases of all sorts. Worse still, there were few health facilities which were not easily accessible. The few private medical surgeries in the township were costly. Due to widespread unemployment and poverty in the community, private medical treatment was not affordable to most people in the area. The community's health status was dictated by adverse conditions which were below par as a result of the shortcomings.

The settlement was thrown a lifeline by the government through its introduction of the urban renewal programme which was dished out to underdeveloped areas such as Alexandra in Johannesburg, Khayelitsha in Cape Town, Bekkersdal on the West Rand and Evaton near Vereeniging in Gauteng. The advent of the Evaton Renewal Project spelled some hope of improvement towards uplifting the health status of the community of Evaton. The project

embarked on some revival programmes and projects that were aimed at improving the living conditions of the community, from the provision of bulk infrastructure for the provision of proper health services like proper sanitation, through better roads and housing, to improved local economic development to combat unemployment and poverty and achieve better health and living. Residents of the settlement hoped for better service delivery that they never had and were yearning for. The renewal project promised improved community health that would be envied by those who had always looked down upon the Evaton community.

Yet, the findings revealed the mammoth task that was still to be tackled before real healthy living could be realised and enjoyed by the community. Despite all attempts by the project there were serious obstacles and shortcomings that reduced the hope of many. The findings revealed a displeasing picture of extensive work that was lying ahead for the achievement of better life for all. That was neither pleasant nor encouraging.

6.2 Findings on the introduction of the renewal project in Evaton

Bulk infrastructure was not adequately provided to facilitate the installation of a number of essential services needed by the community to circumvent ill-health and diseases. Sewerage reticulation system was not extended to a larger area of the settlement. Pit latrines were still found in large numbers around the area. Prior to the urban renewal process the system was installed in places and residents were allowed to connect for themselves for a fee, which prevented many poor people from accessing the service. Refuse removal system was not functional in Evaton.

Only a few service roads were upgraded and tarred; the bulk of the roads remained untarred and dusty. However, there were some improvements regarding road network for easier public transportation. But, the work slowed down amidst allegations of corruption and mismanagement of funds. The incidence of pollution by particulate matter from dust still remained. The aim to reduce the incidence of upper respiratory tract infections substantially was not fulfilled. Many other roads within the area, were just gravelled and levelled for easier locomotion, but remained dusty.

Housing was upgraded to a far lesser extent than originally envisaged as the project met with problems of land release and allegations of corruption on the part of community leaders. Affordable housing was not provided in most sections of the township, which was bemoaned by people who rented accommodation from unscrupulous landlords. Unfortunately, the visibility of improvements made was rather blurry given the low percentage work done in this regard which was far less than what was predicted by the provincial administration in its planning and initial onset.

Social infrastructure was slightly improved. The number of public health facilities was increased with the building of three clinics and the upgrading of the existing one to a bigger community health centre. The clinics were not enough to satisfy the increasing number of residents. The upgraded double-storey Mafatsane social complex that was to house municipal offices and other government service centres was still to be completed.

Of the two shopping malls built in the area to ease the burden of travelling to town for shopping, only one offered employment to Evaton people as the other was on the outskirts of Orange Farm and created job opportunities for people not from Evaton. Although that was a sound move towards improved local economic development it had detrimental consequences for small scale traders who operated small shops and other businesses for survival.

6.3 Conclusion

The Evaton Renewal Project embarked on development initiatives that brought few improvements to the environment which was clouded by unhealthy living conditions tantamount to a slum. The adverse environmental health factors that dictated the health status of the community were slightly improved. The urban renewal project had endeavoured to improve the health status of the community of Evaton and had succeeded to a very minimal extent. Much was still to be done to achieve a satisfactory outcome, being healthier living conditions that were better than what the situation was initially. While every effort was made to develop Evaton from its near-ruins to a prosperous modern township, obstacles determined otherwise.

The on-going endeavours were hampered by a number of unforeseen circumstances. There were obstacles like land release for more and better housing, insufficient funding to realise proposed projects and scandals of corruption and gross irregularities (Vaal Weekly 20-26 January 2010) which seemed like a worldwide phenomenon as that was the case even in America (Beider ed. 2007:140) where public housing agencies were accused of corruption.

Despite the hindering obstacles the urban renewal project had effected some visible improvements in the area but still had a long way to go to provide the envisaged, acceptable and notable healthier living conditions to satisfactorily enhance the health status of the community of Evaton. Thus far, the Evaton Renewal Project has failed the community of Evaton by failing to deliver on its mandate.

6.4 Recommendations

The Evaton Renewal Project was a well-intended venture to uplift the lives of the community of Evaton from squalor to healthy living. Unfortunately, the implementation processes did not go as originally planned due to mishaps that occurred. The Evaton Master Business Plan can still be implemented provided that the strategy is amended to accommodate and address problems encountered. It is therefore recommended as follows for the successful implementation of the project:

- (1) The national government should rope in the services of all provincial departments concerned with the well-being of the Evaton community, together with required funding from each of them.

- (2) Serious consensus should be reached with all stakeholders in the programme before the commencement of the project. Nothing should be taken for granted as obvious, especially with the community.

(3) All stakeholders, including the beneficiaries of the development, must fully participate in the developments rather than be involved as passive recipients of the benefits of the development.

(4) Bureaucratic hindrances in the processing of documentation should be overridden by prioritisation of developmental needs.

(5) International funding should be sought through reputable and globally recognised institutions which are development- oriented.

(6) Private sector involvement should be seriously considered rather than being suspected of self-enrichment. This could be in the form of private-public-partnership developmental strategy.

The Evaton Renewal Project remains the sensible and apt solution to the woes of underdevelopment in Evaton and needs to be earnestly and honestly pursued.

REFERENCES

- Abbott J. 1996. *Sharing the City: Community Participation in Urban Management*. London: Earthscan Publications Limited
- ANC 1994. *A National Health Plan for South Africa*. Johannesburg: African National Congress
- ARP: Project Overview: June 2006
- Beider H. (ed.) 2007. *Neighbourhood Renewal & Housing Markets: Community Engagement in the US & UK*. Oxford: Blackwell Publishing Ltd
- Bekker K. 1996. *Citizen Participation in Local Government*. Pretoria: J L van Schaik Publishers
- Berry et al (eds.) 1993. *Urban Regeneration: Property Investment and Development*. London: Chapman and Hall.
- Birley M. H. 1995. *The Health Impact Assessment of Development Projects*. London: HMSO
- Bryant C. & Kappaz C. 2005. *Reducing Poverty, Building Peace*. Bloomfield: Kumarian Press, Inc.
- City Press, 1 June 2008. *Residents Lament Slow Pace of Project*. Johannesburg: Media 24 Newspapers
- Coetzee J. K. et al 2001. *Development: Theory, Policy and Practice*. Cape Town: Oxford University Press
- Coleman M. L. 1958. *The Human Side of Urban Renewal*. Maryland: Flight-Bright, Inc.
- Couch C. R. 1990. *Urban Renewal: Theory and Practice*. London: Macmillan Education Ltd
- Daly G. 1996. *Homeless: Policies, Strategies, and Lives on the Street*. London: Routledge
- Davids I. et al 2005. *Participatory Development in South Africa: A Development Management Perspective*. Pretoria: Van Schaik Publishers
- Davie J. K. & Kelly M. P. (eds.) 1993 *Healthy Cities: Research and Practice*. London: Routledge
- Davies, III J.C. 1949. *Neighborhood Groups and Urban Renewal*. New York: Colombia University Press
- Doyal L. 1979. *The Political Economy of Health*. London: Pluto Press
- Drakakis-Smith D. 1992. *Urban and Regional Change in Southern Africa*. London: Routledge

- Elbadawi I. A. & Hartzenberg (eds.) 2000. *Development Issues in South Africa*. London: Macmillan Press Ltd
- Engelbrecht C. 2004. *Understanding Urban Renewal: Urban Renewal Overview*. Finance Week, 23 June 2004
- Evaton News, Vol. 2, September 2005
- Feuerstein M. T. 1997. *Poverty and Health: Reaping a Richer Harvest*. London: Macmillan Education
- Fitzgerald P. et al (eds.) 1997. *Managing Sustainable Development in South Africa*. Cape Town: Oxford University Press
- Friedly P H et al. 1968. *Benefit-Cost Applications in Urban Renewal: Summary of the Feasibility Study*. Washington, D. C.: Resource Management Corporation
- Gauteng Department of Housing 2002. *Alexandra Urban Renewal Project: Establishment of Institutional Capacity for Social Housing: Recommendation for Improved Social Housing in Alexandra, Phase Three Report*. Johannesburg: University of the Witwatersrand.
- Gelderblom D. & Kok P. 1994. *Urbanisation: South Africa's Challenge. Vol. 1: Dynamics*. Pretoria: HSRC Publishers
- Gibson M. S. & Langstaff M. J. 1982. *An Introduction to Urban Renewal*. London: Hutchinson & Co. (Publishers) Ltd.
- Godlee F. & Walker A. 1992. *Health and the Environment*. London: British Medical Journal
- Griffiths S. & Hunter D. J. (eds.) 1999. *Perspectives in Public Health*. Abingdon: Radcliffe Medical Press Ltd.
- Hall P. et al 1993. *The Project for Statistics on Living Standards and Development: A Profile of Poverty in the PWV*. Cape Town: S A Labour & Research Unit
- Harpham I. & Tanner M. (eds.) 1995. *Urban Health in Developing Countries: Progress and Prospects*. London: Earthscan Publications Limited
- Hatting et al 2006. *Aspects of Community Health (Third Edition)*. Cape Town: Oxford University Press
- <http://www.iap2.org/displaycommon.cfm?4> IAP2 Core Values. Espanol: International Association for Public Participation

<http://cc.msnsocache.com/cache.aspx?q=urban+renewal>

- Imparato I & Rustler J 2003. *Slum Upgrading and Participation: Lessons from Latin America*. Washington: The World Bank
- Johnson J. H. 1980. *Urbanisation*. London: Macmillan Education Ltd.
- Khosa M. & HSRC (eds.) 2000. *Empowerment Through Service Delivery*. Pretoria: HSRC Publishers
- Khosa M. 2000. *Infrastructure Mandate for Change: 1994-1999*. Pretoria: HSRC
- Kirkpatrick I & Lucio M. M. (eds.) 1995. *The Politics of quality in the Public Sector*. London: Routledge
- Kok P. & Gelderblom D. 1994 *Urbanisation: South Africa's Challenge. Vol. 2: Planning*. Pretoria: HSRC Publishers
- Kotze D. A. (ed.) 1997. *Developmental Administration and Management: A Holistic Approach*. Pretoria: J. L. van Schaik Publishers
- Lees L. et al 2010. *The Gentrification Reader*. London: Routledge
- Lupton R. 2003. *Poverty Street: The Dynamics of Neighbourhood Decline and Renewal*. Bristol: The Policy Press
- Mäki H. 2008. *Water, Sanitation and Health: The Development of the Environmental Services in Four South African Cities, 1840-1920*. Tampere: Harri Mäki & Kehrä Media Inc.
- May, Jr.R. (ed.) 1989. *The Urbanization Revolution*. New York: Plenum Press.
- McKenzie J. F. & Pinger R. R. 1997. *An Introduction to Community Health (Web Enhanced Edition)*. London: Jones and Bartlett Publishers, Inc.
- McMurray A. 1999. *Community Health and Wellness: A Socioecological Approach*. Sydney: Harcourt Australia
- Mechanic D. 1972. *Public Expectations and Health Care: Essays on the Changing Organization of Health Services*. New York: John Wiley & Sons, Inc.
- Mellor J.R. 1977. *Urban Sociology in an Urbanized Society*. London: Routledge & Kegan Paul Ltd.
- Modise G. I. M. 2000. *Privatisation of Services by Potchefstroom City Council*. Potchefstroom: Potchefstroom University

- Payne G. 1977. *Urban Housing in the Third World*. London: Leonard Hill
- Phutiagae M. K. 2001. *Community Profiling as a Framework in Determining Community Needs: The Case of Ikageng*. Potchefstroom: Potchefstroom University
- Power A. 1993. *Hovels to High Rise* London: Routledge
- Ralekgetho L. 2003. *Urban Renewal Strategy: The Case of Klerksdorp*. Potchefstroom: Potchefstroom University.
- Ramachandran R. 1989. *Urbanization and Urban Systems in India*. New Delhi: Oxford University Press
- Raymer P. B. 1989. *An Investigation into Urban Renewal in Alexandra: With Specific Reference to Housing*. Johannesburg: University of the Witwatersrand.
- Reagan P. A. & Brookins-Fisher J. 1997. *Community Health in the 21st Century*. Needham Heights: Allyn & Bacon
- Rhoda R. 1982. *Urban and Regional Analysis for Developmental Planning*. Colorado: Westview Press
- Rosenthal D. (ed.) 1980. *Urban Revitalization*. London: Sage Publications, Inc.
- S.A.: *Foodstuffs, Cosmetics and Disinfectants Act, 1972 (Act No 54 of 1972)*. Pretoria: Government Printers
- S. A. Info: 24 July 2004
- S.A.: Local Government: *Municipal Structures Act, 1998 (Act No 117 of 1998)*. Pretoria: Government Printers
- S. A.: Local Government: *Municipal Systems Act, 2000 (Act No32 of 2000)*. Pretoria: Government Printers
- S.A.: Regulations No. R918 of 30 July 1999. *Regulations Governing General Hygiene Requirements for Food Premises and the Transportation of Food*. Pretoria: Government Printers
- S.A.: Regulations No. R237 of 8 February 1985. *Regulations Relating to Funeral Undertakers' Premises*. Pretoria: Government Printers
- S. A.: *The Constitution, 1996. (Act No 108 of 1996)* Pretoria: Government Printers
- Sandefur G. D. & Tienda M. (eds.) 1988. *Divided Opportunities: Minorities, Poverty, and Social Policy*. New York: Plenum Press

- Schütte et al (eds.) 1995. *Changing Public Development Management: South African Cases*. Kenwyn: Juta & Co. Ltd
- Schwartz H. 2004. *Urban Renewal, Municipal Revitalization: The Case of Curitiba, Brazil*. Alexandria: Hugh Schwartz
- Shildo G. 1990. *Housing Policy in Developing Countries*. London: Routledge
- Smith D. M. (ed.) 1992. *The Apartheid City and Beyond: Urbanisation and Social Change in South Africa*. London: Routledge, & Johannesburg: Wits University Press
- Smith N. & Williams P. (eds.) 1986. *Gentrification of the City*. Winchester: Allen & Unwin, Inc.
- Snyman I. (ed.) 1992 *Affordable Choices in the Social Service*. Pretoria: HSRC Publishers
- Soen D. (ed.) 1981. *Urban Development and Urban Renewal*. London: George Goodwin Limited
- Sowetan, 26 July 2010. *Sedibeng's Call for Accountability*. Johannesburg: Avusa Media Ltd.
- Sowetan, 28 July 2010. *Protest Action for Service Delivery*. Johannesburg: Avusa Media Ltd.
- Swilling M. et al (eds.) 1991. *Apartheid City in Transition*. Cape Town: Oxford University Press
- Symonds A. & Kelly A. (eds.) 1998. *The Social Construction of Community Care*. London: Macmillan Press Ltd
- Tannerfeldt G. & Ljung P. 2006. *More Urban Less Poor: An Introduction to Urban Development and Management*. London: Earthscan
- The Appraisal Journal, April 1963. *Urban Renewal and Development*. Chicago: American Institute of Real Estate Appraisers
- Theron et al. 2007. *Participatory Development in South Africa: A Developmental Management Perspective*. Pretoria: Van Schaik Publishers.
- Theron F. (ed.) 2008. *The Development Change Agent: A Micro-level Approach to Development*. Pretoria: Van Schaik Publishers
- Thompson D. (ed.) 1995. *The Concise Oxford Dictionary*. New York: Oxford University Press
- Thwala W. D. 2006. *Urban Renewal through Labour-Intensive Construction Technology in South Africa: Problems and Potentials*. African Studies Quarterly 8, no 4: URL: <http://web.africa.ufl.edu/asq/v8/v8i4a4.htm>

Tlhabanelo S. M. 2004. *An Assessment of the Cause, Nature and Remedy of Urban Decay: A Case Study of Innerscity Renewal and Regeneration of Roodepoort*. Cape Town: University of Cape Town.

Tulchin J. (ed.) 1986. *Habitat, Health, and Development: A New Way of Looking at Cities in the Third World*. Colorado: Lynne Rienner Publishers, Inc. UNCHS (Habitat)/ILO. 1995. *Shelter Provision and Employment Generation*. Geneva: UNCHS/ILO

Vaal Weekly, 24-30 June 2009. *The Fate of Small Farms: Residents and Council in Hefty Debate*. Johannesburg: Media 24 Newspapers.

Vaal Weekly, 21-27 July 2010 *Six Years and Still No Sign of Progress*. Johannesburg: Media24 Newspapers.

ANNEXURE A
INTERVIEW QUESTIONNAIRE FOR
THE GAUTENG DEPARTMENT OF HOUSING

1. Who are the stakeholders in this project?
2. What are your targets in order of priority, i.e. what do you intend achieving first, and so on?
3. What time frames have you set yourself for the achievement?
4. How far have you progressed upto now? What have you achieved thus far?
5. What obstacles or challenges do you meet from the community's perspective?
6. What obstacles do you meet as challenges to deal with from the local authority's side?
7. How is community participation in the project?
8. Do you receive any external support in the project? If yes, in which way?
9. Internally, what kind of support do you get?
10. What kind of feedback do you receive from the beneficiaries?
11. Who is funding the project?
12. What is the level of funding and how consistent is it?
13. Briefly explain how the project hopes to improve the health status of the community of Evaton.
14. How is the project received by the intended beneficiaries?
15. Any other comment/s with regard to the project and its intended purpose?

**RESEARCH INTERVIEW FOR DATA COLLECTION
FROM EMFULENI LOCAL MUNICIPALITY**

TO WHOM IT MAY CONCERN

I, **Malebo P Tlhabanelo**, am an enrolled student at the School of Public Management and Planning (SOPMP) at the University of Stellenbosch. Currently, I am conducting a research project under the heading "**The Impact of Urban Renewal Project on the Health of the Community of Evaton**", in partial fulfillment of the requirements for a degree of Master of Public Administration. The aim of the study is, inter alia, to assess:

- The impact of the renewal project on the general health of the community of Evaton.
- What role can municipal health services play in the improvement of the health of the community
- How service delivery can impact on the health status of the Evaton community.

The data collected will be used solely for the purpose of this research to develop scientifically sound interventions in order to increase community health literacy and awareness, and to improve the health service delivery in Evaton.

You are kindly requested to render assistance by allowing interviews that will be handled with **strict confidentiality**, and to supply appropriate information and where possible give permission to any appropriate officials to participate in this research

The success of this project will not be possible without your kind assistance.

Yours sincerely


TLHABANELO, M P

CHIEF ENVIRONMENTAL HEALTH PRACTITIONER

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05-09-2008

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