

## A COMMUNITY STRUGGLES FOR HEALTHY HOUSING

Western Township is eight kilometers west of the centre of Johannesburg. The community in this township has been united in opposing the provision of sub-optimal housing for its members. Community members formed an organisation called the Western Residents' Action Committee (WRAC) in 1981 to make the views of the community known to the authorities. Last year, WRAC was involved with a health screening programme in the community.

Critical Health interviewed members of WRAC about the organisation's objectives and its involvement in the issue of housing and health.

CH : Why was WRAC formed?

WRAC : WRAC was formed because members of the community realised that if they were not satisfied with the new housing developments proposed for Western, they would have to take up the issue themselves. Members of the local Coloured Committee (CMC) were supposed to perform this function, but it was clear that they were unable or unwilling to represent the views of the community in an attempt to influence the City Council.

CH : What are the objectives of WRAC?

WRAC : The major task is to encourage the realisation that if people want to change their lives, they have to define their aims and fight for what they want.

CH : How is WRAC structured?

WRAC : Most of the residents are members of WRAC. Each street has one or two representatives, and the street representatives together form a committee which has elected a steering committee which does the day to day work of the organisation.

CH : What are the housing problems in Western?

WRAC : There is a severe shortage of housing and the whole community is cramped and overcrowded. We know of some houses where 22, and even up to 30 people are living in a one-bedroomed house.

Most households have three or four generations in the same house. This places tremendous strains on the family. We have found that normal relationships between parents and children have been adversely affected by young couples having to live with their parents once they are married and have their own children. They are forced to live so closely together because there is no other housing available.

CH : What about the quality of the houses?

WRAC : The quality is very poor. Most of the houses in the old area are over seventy years old. No improvements to the houses have been made by the



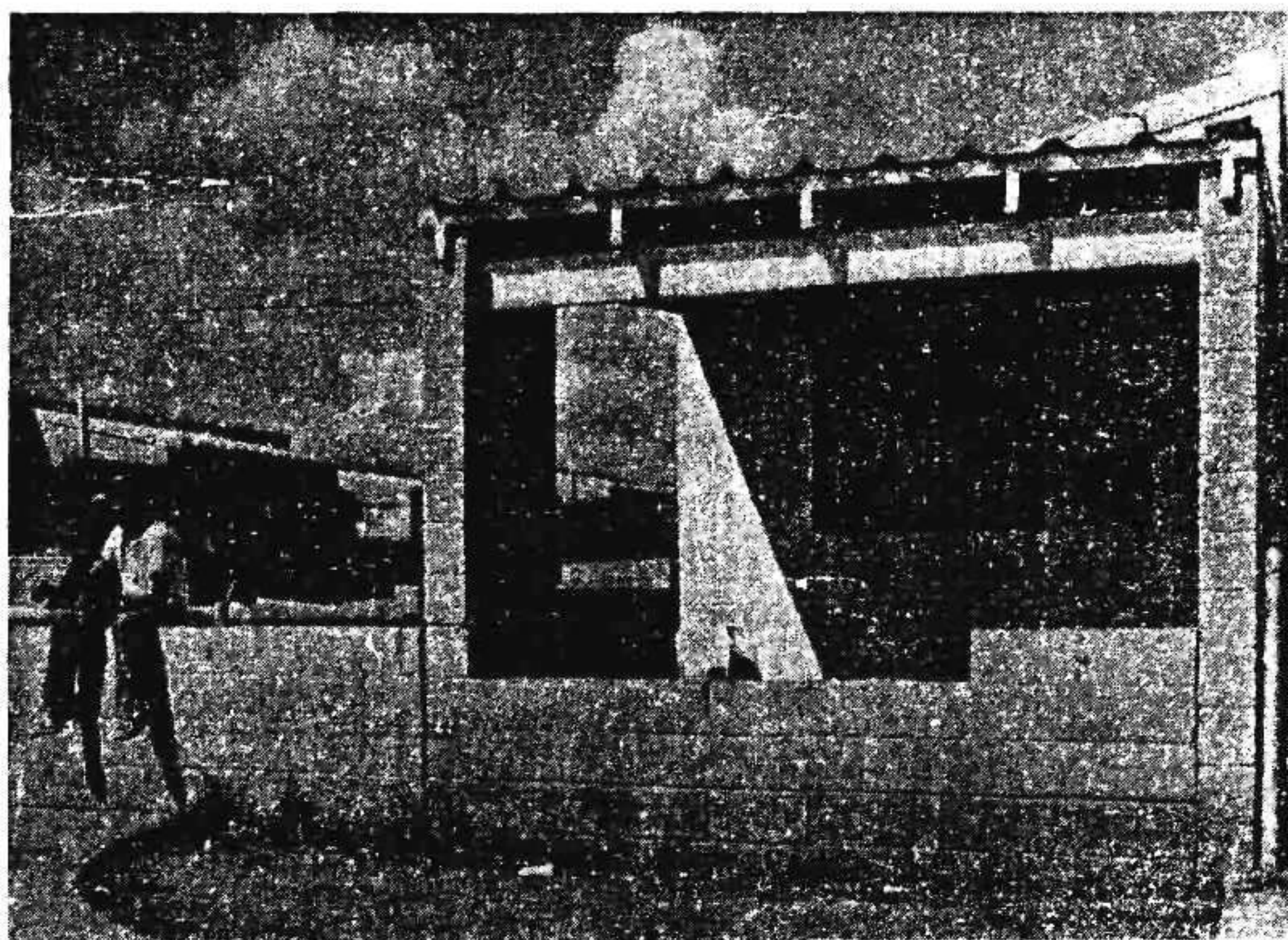
Western Township: One of the old houses

City Council - everything has been done by the people themselves. Even things like plastering and maintenance have been done by the tenants themselves.

CH : What is the quality of the new houses that have been built by the Council?

WRAC : People in the community really looked forward to the new houses that were to be built. Now that we have seen them, they are totally inadequate. They have not been plastered, they have no ceilings, and no hot water. The rooms are cold, and already the walls are cracking. The houses are on top of each other with hardly any yard.

People had no choice but to move into them because their own houses had already been knocked down by the Council.



Western Township: The new houses

CH : What other problems arose with the new housing area?

WRAC : The Council had said that the occupants of one house in the old area should move to one house in the new area. We opposed this. In the old area, there were too many people living in each house. We believe it is the responsibility of the Council to house all the people comfortably.

In the new area, some of the houses were so much smaller that people could not even fit their furniture in. WRAC believes that re-development of the area should overcome the overcrowded conditions, and not duplicate them in new areas. The Council has said that if we want better houses, we will have to pay more. We refuse to accept this - we want better houses that the people in the community can afford - we do not want affordable houses that are not any better, and in many cases worse, than the present ones.

CH : How does housing affect health?

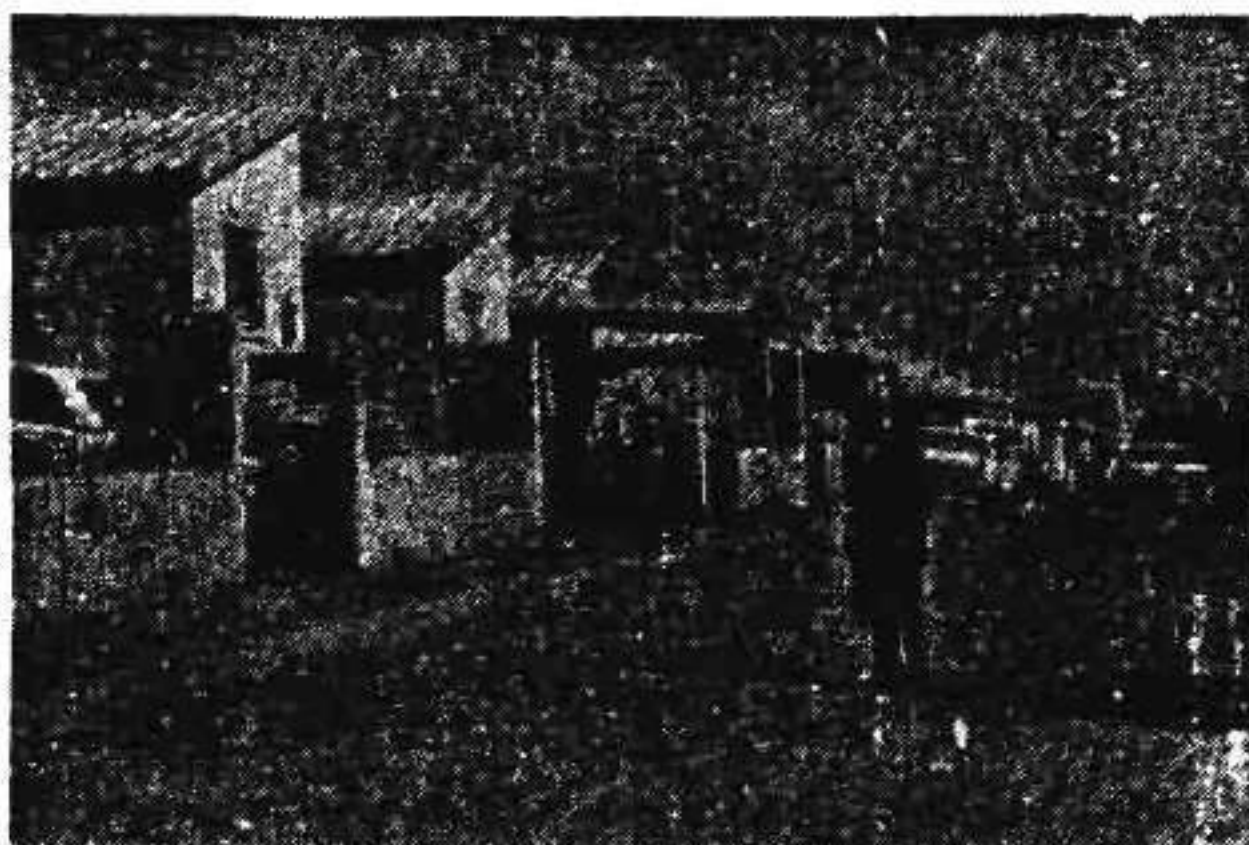
WRAC : Firstly, the physical conditions themselves affect health. The cold, the damp, and the use of poor condition asbestos roofing materials all affect our health.

Secondly, the overcrowding leads to increased spread of infectious disease, both within households, and from one household to another.

Thirdly, financial problems are made worse by inappropriate housing. Rentals are high, in addition to high costs of electricity - as a result people have less money available for food and clothing. The current recession and the high rate of unemployment have made this worse.

CH : Why did WRAC get involved with a health screening programme?

WRAC : The aim of the screening programme was firstly to provide a service to the community, and secondly to strengthen the organisation. Every second family complains of illness in the family; it was our task to ensure that people realised that this related to the poor housing conditions and the lack of money in the community, and that only they could begin to find solutions to these problems.



CH : What were the stages of the screening programme?

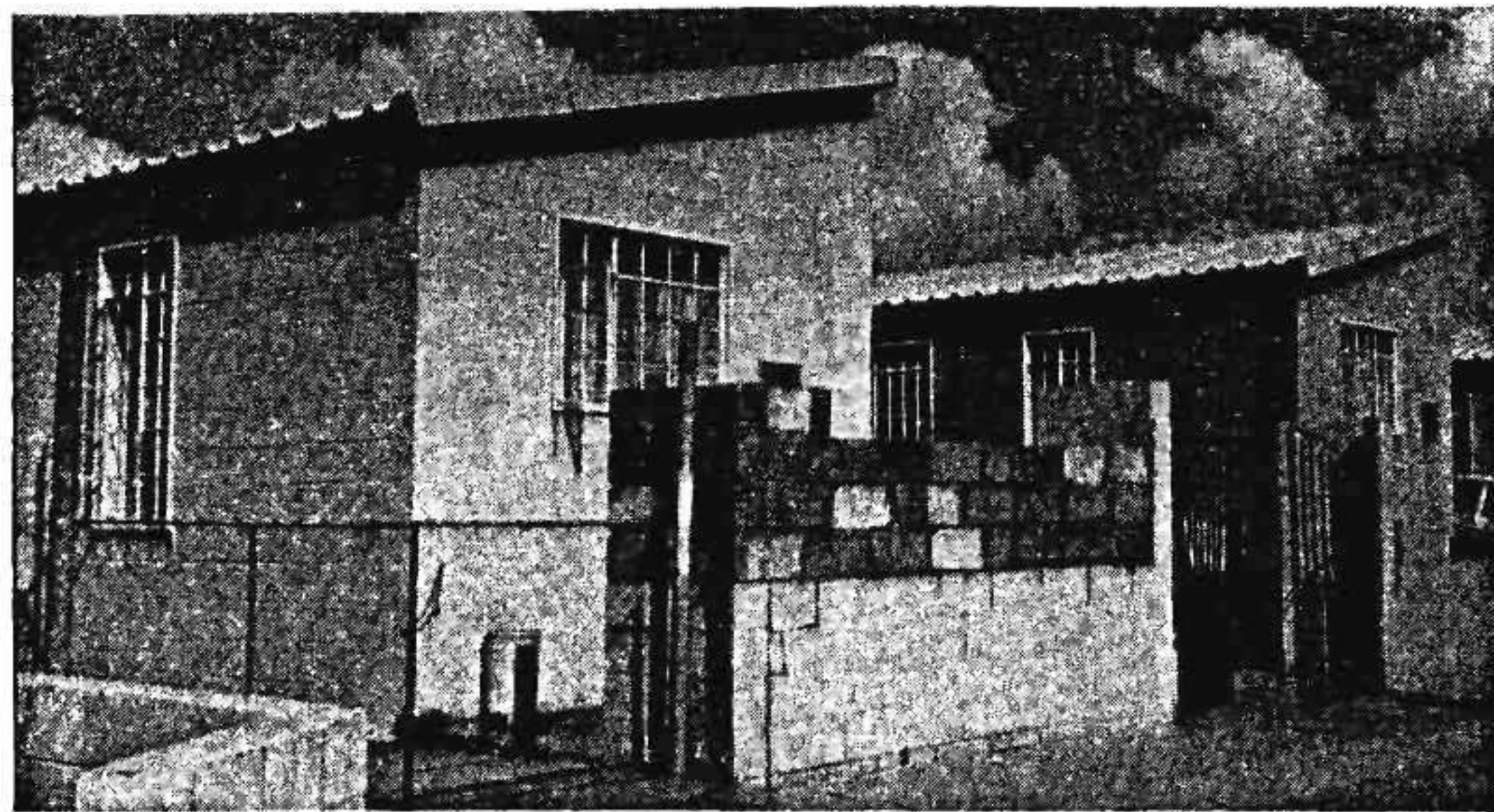
WRAC : The first task was to explain the project to people. This was done on a door-to door-basis. At the same time, a questionnaire was administered to each household - to find out how many people lived there, what the problems were, how much the rent was, the cost of electricity, etc. We hoped that we would be able to develop some idea of the minimum subsistence level in the community.

We also asked questions about WRAC, and whether people were willing to spend time helping to strengthen the organisation.

There were lots of other things to organise - we required the support of health personnel and got assistance from the Health Workers' Association and NAMDA.

Volunteers were recruited from the community to help with gathering information, administering questionnaires, weighing and charting babies, etc.

Then we had house meetings at which we decided which group to focus on. These were difficult decisions and had to be made collectively during meetings of this kind. Eventually we decided to aim the screening at the pre-school children, and to concentrate our efforts on the new housing area into which people had been moved.



CH : How did the screening itself work?

WRAC : This was done over two weekends. The different phases of the screening were reception, where certain statistics were gathered; height and weight measurement; eye screening; developmental assessment; medical screening by doctors; dental screening; interviews with local volunteer social workers; and an assessment of the value of the screening programme itself.

CH : What did you learn from the screening programme?

WRAC : We picked up many problems. Medical problems were referred to Coronation Hospital. There were some dramatic problems which we were able to solve. For example, we found a child with a cleft palate that had not been detected, and this child has now had surgery and is progressing well.

We found numerous eye problems - an indication that eye services in the area are poor. We arranged to have children with these problems sent to St John's Eye Hospital.

There were a number of children with learning disabilities, and approximately one malnourished child per street was found. These particular problems are more difficult to deal with because of their link with socio-economic and political factors generally.

CH : Did the screening programme boost WRAC?

WRAC : Many people helped with the various stages of the project, but unfortunately we did not get too many permanent workers for the organisation. We have had a lot of support for WRAC since then, but it is difficult to say whether or not this results from the project.

CH : Would you say the screening project was successful?

WRAC : Yes. Some specific problems were dealt with in a very concrete way. In some cases we learned a lot more about the community  
 - how the destruction of normal family life can result from gross overcrowding and tensions between people; and how difficult it is for some children to get the stimulation and care they require under the slum conditions in the community.

We began to appreciate what a slum mentality is all about - that even when some children with gross abnormalities were detected, their mothers

sometimes did not care and were unable to provide the type of support that was needed.

The project, however, was a massive undertaking and depended on the support of a broad range of people. We still do not have all the results processed as this itself is a major task.

CH : What lessons did you learn from this project?

WRAC : It is essential to involve as many community members as possible in the project, so that people realise that it is their project.

It is vital to work out the project carefully and to have one or two fairly limited objectives. The gains envisaged must be practical, and the follow-up must be seen as an integral part of the project.

Most important is that the project must be seen as a way of building organisation. In this sort of project it is essential to link the community concern about poor housing to the poor state of health and the poverty in the community. It is important that people should learn from the project that if they want a just solution to their problems, they will have to fight for it.

It is essential that the screening programme should not remove the responsibility of the state and municipality for providing services. The results of the screening must be used to set up other services and facilities, rather than for us to attempt to fill the gaps in services by providing them ourselves.

Finally, we have learnt that we are able to run a big and co-ordinated project like this, and the skills we have gained can be used in a broad range of other activities.