

City of Windhoek Health Profile and Work Plan

"We deserve a closer look"

Summary

The aim of the document is to identify the most important health problems that used to be tackled and how to go about tackling them (Work Plan). For health to be achieved there should be tireless efforts from all sectors of society including the recipients towards achieving it.

Health for all peoples of the world regardless of their colour, creed or status in society, is a must. However this does not come on a silver platter. For health to be achieved there should be tireless efforts from all sectors of society including the recipients towards achieving it.

It is for this reason that the World Health Organization has over the years come up with numerous approaches towards achieving health for all. One of these approaches is the Healthy Cities Programme or the Settings Approach which started in Europe in 1986. This Approach is being practised in more than 1000 cities around the world with wonderful results being achieved.

The Approach has also been introduced to the African region. Windhoek was one of the first Anglophone African cities to adopt the Approach June 2000. The Windhoek Healthy Cities Programme is in its initial stage with good signs of gaining momentum given the will and commitment of the political leadership which continues to manifest itself towards the programme.

This document is about the Windhoek City Health Profile and Work Plan – the first and most important step towards establishing the programme firmly. The aim of the document is to identify the most important health problems that used to be tackled and how to go about tackling them (Work Plan). In order to improve

the wellbeing of the City, we first needed to find out the current health position. The information was gathered through three task groups.

The indicators for health have been categorised into three broad groups: physical and emotional health (mortality, morbidity, preventative health, delivery of health, safety/security, cultural vitality, psychological health, social support, political efficacy); environmental sustainability (air pollution, noise pollution, water pollution, energy use, sanitation, etc.); livelihood and prosperity (employment, working conditions, education, etc).

Information gathered ranked mortality rates due to HIV/AIDS and related illnesses under physical and emotional health as unhealthy in the City. HIV/AIDS has been declared a devastating pandemic and the Namibian government has called on every Namibian to fight against it. The City of Windhoek has already embarked on the path to fight HIV/AIDS by using all means.

Windhoek is a healthy city. This does not mean Windhoek has achieved a particular health status level, but means it is conscious of health and is striving to improve it. What is required is a further commitment to health and a structure and process to achieve health for all its inhabitants. Embracing the Healthy Cities Programme provides the way forward.

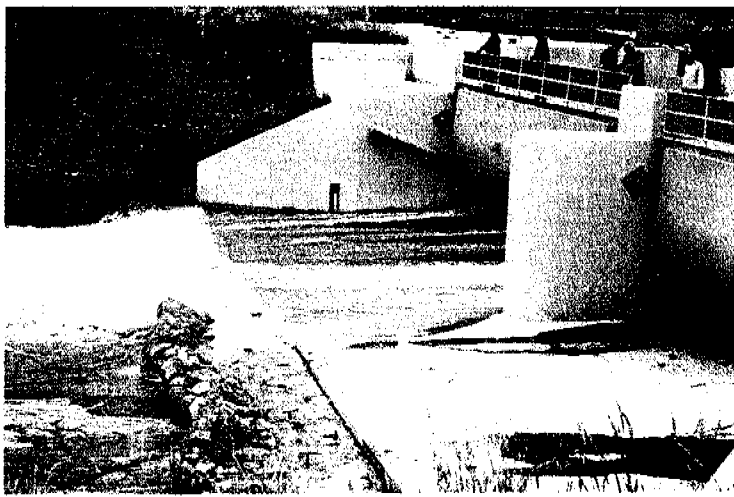


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Table of Acronyms

| | |
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| AIDS | Acquired Immunodeficiency Syndrome. |
| ARI | Acute Respiratory Infection |
| ARV | Antiretroviral |
| CBHC | Community based Health Care |
| COW | City of Windhoek. |
| CBS | Central Bureau of Statistics |
| CSO | Central Statistics Office |
| DCC | District Health Coordinating Committee |
| DHS | Demographic and Health Survey |
| GDP | Gross Domestic Product |
| GRN | Government of the Republic of Namibia |
| HIS | Health Information System |
| HIV | Human Immunodeficiency Virus |
| IMR | Infant Mortality Rate |
| MET | Ministry of Environment and Tourism |
| MOHSS | Ministry of Health and Social Services |
| NANGOF | Namibia Non Governmental Organizations Federation |
| NaTIS | National Traffic Information System |
| NGO | Non-Governmental Organization |
| NPC | National Planning Commission |
| OPD | Out Patient Department |
| PHC | Primary Health Care |
| PMO | Principal Medical Officer |
| RMT | Regional Management Team |
| UNDP | United Nations Development Programme |
| VCT | Voluntary Counselling and Testing |
| WHO | World Health Organization |





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General information on the City

Chapter 1

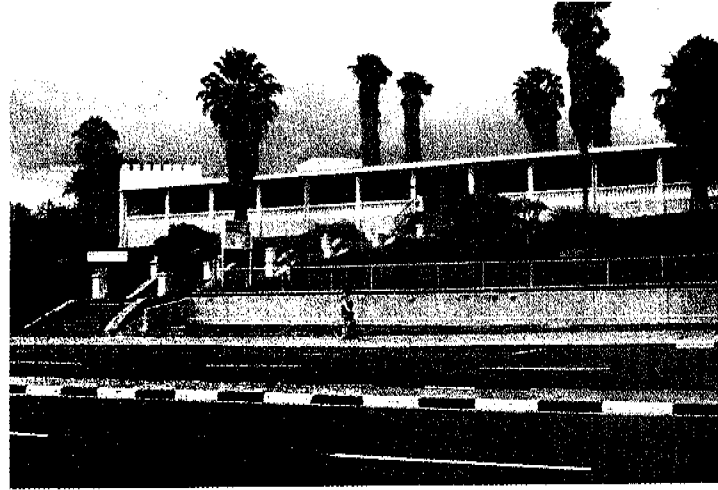
The present Windhoek was founded on 18 October 1890, when Major Curt von Francois, a leader of German protective corps, laid a foundation stone of the fort which is known as the Alte Feste (Old Fortress)

1.1 Introduction

Windhoek is situated on an inland plateau that averages 1 720 metre above sea level and is surrounded by the Eros Mountains in the north-east, Auas Mountains in the south-east and the Khomas Hochland in the west. It is the capital city of Namibia and the administrative, legislative and judicial seat of the Government of Namibia. It is Namibia's main business, cultural and educational centre. The city has a cosmopolitan atmosphere and is regarded as one of Africa's cleanest cities.

The present Windhoek was founded on 18 October 1890, when Major Curt von Francois, a leader of German protective corps laid a foundation stone of the fort which is known as the Alte Feste (Old Fortress). Windhoek grew as a settlement in the late 19th and early 20th centuries; it gained municipal status in 1909 and was proclaimed a city in 1965. Namibia gained independence from South Africa's colonial regime in 1990.

On average Windhoek receives 300 days of sunshine per year and relatively little rainfall. Summer temperatures range from 16 to 39 degrees celsius. October to November are the hottest months. Winter lasts from May to July when temperatures vary from 6 to 21 degrees celsius. During mid-winter nights are cold, often with frost in the mornings. Windhoek has a summer rainy season that



runs from October to April, with an average rainfall of 370 mm per year.

English is the official language of Namibia, but various ethnic languages are also widely spoken in the city.

1.2 Demographic and Socio-Economic Background

The 2001 National Population and Housing Census estimated the City of Windhoek's population to be 233 529 representing all of the country's population groups. The City's population is growing at a rate of 4.44 % per annum, principally through migration from rural or other urban areas of Namibia. 71 % per cent of the population live in the northern and northwestern areas of the city.

Males represent 49.8 % and females 50.2 % of the population of Windhoek. However, in the informal settlement areas these figures are 57.8 % and 42.2 % respectively. The proportion of female-headed households in Windhoek is 26 %.

Of the informal residential settlements, 72.12 % are aged between 20 and 44 years of age; the highest proportion of residents in the north and north-western areas are aged between 20 and 29 (38.6 % and 26.3 %).

Average monthly household expenditure in the north and north-western areas is N\$ 1 159 and N\$472 respectively. This compares with a city average of N\$2 250, and exceeding N\$ 20 000 in the east and south areas of the City.

The highest rate of unemployment is found in the northern and north western areas of the City, which represent 27.3 % and 33.4 % respectively.

The level of affordability by the informal settler population is very low; 92.5 % of the residents are not able to afford a housing solution costing more than N\$46.00 per month.

Population density (number of people per gross hectare) varies from 9.58 in Klein Windhoek North to over 40 people/ha in Katutura and 80 people/ha in the informal areas. At some locations it is as much as 114.98 people/ha.

1.3 Political and Administrative Background

The City of Windhoek is a designated municipality under the Local Authority's Act (No. 23 of 1992), and has a wide range of functions delegated to it. Fifteen councillors are elected every five years to represent residents on the Council. There are currently six female and nine male councillors who were elected on 14 May 2004. A Mayor is elected annually by the councillors to represent the City. There are nine departments, which are directly involved in providing services to residents and visitors. The departments are headed by Strategic Executives reporting to the Chief Executive.

1.3.1 Office of the Chief Executive

The City of Windhoek's Chief Executive has the central responsibility to oversee the following:

- Policy implementation
- Implementation of the City's strategic thrusts with the support of staff
- Maintaining of discipline
- Supervision and co-ordination of all functions

In addition to the nine departments, the following divisions/functions, including the office of the Mayor for administrative support, resort under the Office of the Chief Executive.

Office of the Mayor:

As a principal head, the powers and functions of the Mayor's office are prescribed in the Local Authorities Act and includes the following:

- Initiation and formulation of planning and development policies

- Promotion and creation of employment
- Overseeing the planning and execution of all development programmes and projects
- Be accountable to the residents

For administrative purposes the office is headed by the Executive Assistant - Operations: This office renders secretarial, administrative, logistical and other support services to all municipal departments to ensure the smooth running of the Council's various operations and services. The office also serves as a link or liaison between the administrative branch of the City Council and the Council's customers.

Internal Audit: This division is responsible for examining and evaluating the adequacy and effectiveness of the City's system of internal control. This is to safeguard all assets and optimum usage of all resources in line with established goals and objective of the City. This also includes conducting fraud and ad-hoc investigations.

Legal Services: The legal services division ensures that the City is provided with the best legal representation if and when needed. This includes all professional legal advice pertaining to all legal matters, arbitration or other negotiations on behalf of the City. It also includes drafting legislation, agreements and other legal instruments to achieve the objectives of the City in line with the Local Authorities Act and other relevant legislation.

Corporate Communications: This division is responsible for effective corporate communication (public relation), marketing support services to the organization and customer satisfaction by liaising with all departments in addressing customer queries and complaints. The division is also responsible for promotion of tourism in the City of Windhoek.

Organizational Performance Management: The primary purpose of this division is to manage and coordinate overall organizational performance related matters of the City of Windhoek in line with its Vision, Mission and Strategic Objectives. Provision of proactive support to the management of the City of Windhoek through the provision of accurate management information using the Business Intelligence and the Corporate Performance Model and make recommendations for decision making that promotes and enhance organizational performance and development as well as growth.

1.3.2 Department of Economic Development and Community Services

This department is responsible for strategic economic and community development services including health services, parks, recreation, cemeteries, rendering support to small, micro and medium enterprises (SMME's).



1.3.3 City Police and Emergency Management

This department is composed of the Crime Prevention Unit, Traffic Management Unit and Emergency Management Division and Finance and Administration. The main responsibilities of the department are crime prevention and detection, traffic management and control, law enforcement as well as the rendering of 24 hour emergency services such as fire fighting, ambulance assistance and rescue, to co-ordinate and manage the disaster management program of the City.

1.3.4 Department of Transportation

The City's transport service is responsible for planning and maintenance construction of roads, bridges and stormwater systems as well as traffic engineering and maintenance and administration of the municipal vehicle fleet and City's buses.

1.3.5 Department of Electricity

This department is mainly responsible for the provision of continued reliable electricity supply and infrastructure to all consumers in the City. This entails installation of new electrical equipment. It also provides for extension of electrical distribution system due to new developments and customer requests. Ensuring reliable measuring of electrical consumption to ensure accurate revenue collection for the City of Windhoek is also part of its service. The City's electrical service also includes installing and maintaining metering equipment, as well as ensuring safe and functional electrical installations. The department further provides secure and reliable pre-payment vending system to the City.

1.3.6 Department of Finance

The City's finance department renders effective and efficient financial and budgeting services. This is important in order to enhance proper compilation of the City's budget and financial statements and optimal management of cash resources. Maintenance of effective credit control and collection of all revenue accrued to the City is an imperative service rendered by this department.

1.3.7 Department of Human Resources

This City's department services aims to attract, develop and retain competent staff members for the City. It also renders secretarial, administrative and logistical support to all employees in order to ensure the smooth running of the City's various operations and services. This includes dealing with occupational health and safety aspects at the work place.

1.3.8 Department of Information Technology

This department provides efficient and professional information technology services to the City of Windhoek.

1.3.9 Department of Infrastructure, Water and Technical Services

The vital service of this service department is developing and maintenance of the City's infrastructure. It also ensures supply of potable water, as well as the collection, reticulation and treatment of sewerage water. Solid waste management services are also provided which includes containment, transport and disposal of waste at seven disposal sites. The provision and maintenance of all building infrastructures occupied by City of Windhoek is also provided for by this department.

1.3.10 Department of Planning, Urbanization and Environment

This department is responsible for sustainable city planning, management of the urbanization process, sale and lease of City land, access to housing, finance for low-income residents and control of building activities. The services also include surveying, mapping and geomatics information systems which are being provided in an environmentally sound manner, while also guiding, advising and aiding in implementing town-planning policies. Valuation of all ratable properties within the City for property tax purposes and the valuation of all City owned properties for all purposes are also provided for.

1.4 Provision of Health Services

Health Services in Windhoek are provided by the Ministry of Health and Social Services and by various private individuals and institutions.

There are two main state hospitals, Windhoek Central Hospital which functions as the national referral hospital and Katutura State Hospital which functions as the regional hospital and referral facility. There are also facilities for treatment of private patients at Windhoek Central Hospital.

The Ministry of Health and Social Services, Khomas Region and Windhoek District, provide secondary and primary health care services in Windhoek through two Health Centres and five Clinics, Outreach and Primary Health Care Services, including Immunization Services, School Health Services, Health Promotion and Environmental Health Services. Management of services at regional level is carried out through the Regional Management Team (RMT) headed by the Chief Medical Officer. At district level, management is through the District Health Co-ordinating Committee (DCC) chaired by the Principal Medical Officer (PMO).



Environmental Health services provided by the MOHSS include communicable disease investigations and inspection of GRN premises, e.g. Ministry premises, schools, etc. Other Environmental Health Services are provided by the City of Windhoek, e.g. occupational health and safety, food hygiene, business registrations, environmental inspections, etc.

Private health service providers include Windhoek State referral hospital, three private hospitals, a number of private doctors and consulting rooms, clinics, laboratory and ambulance services.

There are numerous traditional healers who provide services in Windhoek and who are members of the Traditional Healers Association.

The main causes of ill health in Windhoek are HIV/AIDS, Tuberculosis, Acute Respiratory Infections, Pneumonia and diarrhoea.

1.5 Steering Committee

The following candidates were nominated to serve on the City of Windhoek Healthy Cities Programme Steering Committee in the year 2000:

- Hon. Richard Kamwi – Deputy Minister of Health and social Services.
- Cllr. Mathew Shikongo (Chairperson) – Mayor of the City of Windhoek.
- Ms JP Hilukilua - PHC Co-ordinator: Khomas Region, Ministry of Health and Social Services
- Ms V de Preez - Chief Social Worker:

Khomas Region, Ministry of Health and Social Services.

- Mr Jan Venter - Chief: Health Services Division, City of Windhoek.
- Mr T Nghitila – Ministry of Environment and Tourism.
- Ms O Abrahams – NANGOF.
- Ms De Klerk – Women Action for Development.
- Mr F Xoagub – World Health Organization.

1.6 Task Forces

Three Task Forces were set up by the Task Force forum to collect and validate relevant information and data, carry out a gap analysis and collectively draft the healthy city profile and action plan. The Task Forces were constituted as follows:

1.6.1 Physical and Emotional Health

Mr FC Adonis (CoW, Health Services): Chairperson, Ms E Indongo (MOHSS), Ms Lawrence (MOHSS) and Ms V de Preez, Social Worker (MOHSS).

1.6.2 Environmental Sustainability

Ms MM Kahitu (CoW, Health Services): Chairperson, T Nghitila (MET), JG Menge (CoW, Scientific Services).

1.6.3 Livelihood and Prosperity

Mr G Kauami (CoW, Health Services): Chairperson E Shepperson (MOHSS).



Vision and Mission Statement

Chapter 2

"We commit ourselves to make the City of Windhoek a vibrant, economic and technological centre of excellence in Africa in order to enhance the quality of life of all our people"

2.1 Collective vision of the City of Windhoek

Vision

"We commit ourselves to make the City of Windhoek a vibrant, economic and technological centre of excellence in Africa in order to enhance the quality of life of all our people"

Mission Statement

The City of Windhoek is committed to:

- Render affordable, effective services and infrastructure to our customers through the optimal use of resources, technology and sound management.
- Create competitive economic development opportunities, while applying sound environmental management principles.



- Promote a user-friendly culture while encouraging public participation and ensuring customer satisfaction.
- Seek co-operation between Government, parastatals and the business community in pursuit of synergy between service providers.
- Promote tourism.
- Ensure a crime free and safe environment.

2.2 Vision of the City of Windhoek Healthy Cities Programme

"We commit ourselves to be a healthy, prosperous city through the prevention of all threats like diseases, crime, stress, poverty, pollution in order to ensure a better quality of life and healthy living conditions for all through community participation and political commitment".



Environmental Health Analysis of the City of Windhoek

Chapter 3

According to the 2001 population and housing census it is 72/1000, which is higher than the National average of 49/1000. This has increased tremendously due to the HIV/AIDS epidemic.

Part I: Health Profile – Situation Analysis

3.1 Physical and Emotional Health

3.1.1 Physical Health

a) Mortality

According to the chosen core indicator for Mortality, (IMR), Windhoek's (Khomas) population has a borderline ranking. According to the 2001 population and housing census it is 72/1000, which is higher than the National average of 49/1000. This has increased tremendously due to the HIV/AIDS epidemic. Life expectancy at birth is 49, this has fallen, also as a result of the epidemic. Taking into account these more recent developments, the ranking for Mortality is considered to be "**Moderately Unhealthy**".

b) Morbidity

List of Top five OPD Conditions (Under 5's) (MOHSS Khomas Region Report 1999)

- Ear, Nose and Throat Infections
- Diarrhea without blood
- Common cold
- Other Respiratory Infections
- Skin Diseases
- Other Respiratory

List of Top Five OPD Conditions (Over 5's) (MOHSS Khomas Region Report 1999)

- Ear, Nose and Throat infections
- Acute Respiratory infections
- Musculo-skeletal complaints
- Skin Diseases
- Other Respiratory

List of top Five causes of death in hospitals (Windhoek Central: MOHSS HIS Report 1999)

- HIV/AIDS related deaths
- Pulmonary TB
- Pneumonia
- Breast Cancer
- Prematurity
- Head injury (males)

Conclusions and Remarks: HIV/AIDS, TB, Acute Respiratory infections, Pneumonia and Diarrhoea are the five diseases of most concern. Generally, prevalence rates compare well with other regions and Southern African Countries. However, the exception to this is HIV/AIDS; Windhoek has the third highest prevalence rate for pregnant women in Namibia (2002 HIV Sentinel survey), and the highest rate of new infections for the country. On this basis alone, **the Morbidity Ranking is 1 (Unhealthy)**. (A core indicator was not used as no single indicator provides a broad enough picture.)



c) Preventive Health Care

Namibia has adopted a Primary Health Care (PHC) system, and Khomas Region MOHSS is actively involved in promoting sound health behaviours but is hampered by resources and availability of transport.

However, there is a lack of reliable quantitative data with which to measure "Preventive Health Care" in Windhoek. A reported survey, on substance abuse among young Namibians, indicated that the level of alcohol use among the youth is very high by international standards with more than half of people aged 13 – 30 years reporting regular consumption. There is no reason to suppose that this consumption pattern is significantly less in Windhoek. MOHSS Khomas Region Annual Report, 1999, lists alcohol and drug abuse as the main social welfare problem in Windhoek.

Overall, Windhoek is ranked 4 (Moderately healthy) for Preventive Health Care on the basis that the annual immunisation of children has been able to reach 73.3 % of the target population (Namibia Demographic and Health Survey 2000) and that alcohol consumption patterns among the youth is worryingly high although no reliable data is yet available.

d) Provision of Health Care

The core indicator does not take into account the numbers of private medical practitioners registered in Windhoek. These doctors operate outside the MOHSS. There are no accurate statistics to indicate the percentage of the population who use private doctors, but the figure is likely to be around 25% for the population outside Katutura and Khomasdal. Therefore the actual indicator figure is more likely to be around 0.25. A shortage of available transport for Region MOHSS programmes reinforces this low ranking. However, although this ratio is perhaps poor by international standards, it remains the best in Namibia, therefore the ranking is "Moderately Unhealthy".

3.1.2 Emotional Health

a) Safety and Security

The indicators here relate to reported crimes to the City of Windhoek Security Division and the Women and Child Protection Unit at Katutura Hospital. From 2001, statistics for reports to the Namibian Police and the City of Windhoek will be combined and therefore more reliable statistics should become available.

In the absence of statistics from other Regions and other Southern African countries, it was difficult to make an objective ranking. However, the Task Force decided that compared with many other cities in the region, Windhoek remains a relatively safe city. However, the incidence of violent crimes appears to be increasing and there is concern that unless this trend is tackled then safety and security in the City of Windhoek will continue to worsen. The intensity and numbers of violent crimes against women and children are also of concern.

Therefore it was decided that the current perceived trend warranted a **ranking of "Moderately Unhealthy"**.

b) Psychological Health

The statistics were obtained from the Police Mortuary in Windhoek, which also provides a service to surrounding districts of Rehoboth and Okahandja for routine cases, and country-wide for more complex or unusual deaths. There are no published statistics on rates of psychosis.

c) Social Support

Conclusion and remarks: The preferred core indicator relates to the percentage of people who are satisfied with their social support system. However, no survey to gather this information has been carried out. The general impression is that institutional (e.g. Ministries, Churches, NGOs etc) and informal social systems provide a reasonable level of social support.

d) Political Efficacy

With the adult suffrage rate of 18, the ranking is 5 (healthy). Namibia has a multi-party democracy since independence. National Assembly, Regional and Local government elections are held every five years. Many peaceful demonstrations/protests are held throughout the country without any injury. The press and judiciary are independent.

e) Cultural Vitality

The City of Windhoek spends 0.3 % of its annual budget on cultural activities. There are several cultural organisations holding their annual activities, including the City of Windhoek's own. Community halls and centres are spread all over the City. The government of the Republic of Namibia also spends 1% of its annual budget on cultural activities in Windhoek. Cultural vitality can therefore be ranked 5 (healthy).

3.2 Environmental Sustainability

3.2.1 Environmental Problems/ Issues

a) Air Pollution

No known data exists for common city air pollutants such as carbon dioxide, sulfur dioxides, oxides of nitrogen from fossil fuel burning (motor vehicle emissions or household uses) or from other industrial processes. Not all roads are tarred and vehicles on such roads, particularly under dry conditions, can generate significant amounts of dust.

It may be significant that ear, nose, throat and respiratory tract complaints are principal reasons for visiting state health facilities.

There is a need to quantify air pollution from both an occupational health as well as public exposure point of view. Early detection, quantification and control of emission sources could reduce the pressure on the City's health care facilities. The Environment Division at the

City of Windhoek is hoping to produce an Environmental Structure Plan, which will include a profile necessitating quantification of air pollution levels.

The ranking for this determinant is therefore **Unhealthy**.

b) Noise Pollution

A survey of ambient environmental noise levels has recently been conducted by consultants in each of the City's land use zones. At none of the chosen sites, for taking measurements, did the sound levels exceed 65db(A). The consultants concluded that noise is not a major problem in Windhoek.

However, complaints about noise from residents and businesses continue to concern the Council. Therefore, there appears to be a level of concern in the community and a subjective **ranking of 3, borderline**, is being given to this area of concern.

Proposals to establish a noise control policy, noise control and enforcement measures and possible incorporation of noise control into the town-planning scheme, is currently under discussion.

c) Water Pollution

The only permanent surface water in and around Windhoek is contained in dams. Some of these water bodies are highly polluted with waste products dumped in the catchment areas of the source rivers. Riverbeds are dry for most of the year and uncontrolled dumping of waste takes place in these watercourses and are washed down by run off into the dams. The worst example is Goreangab dam in the northwest of the City.

Extensive and comprehensive programmes will have to be developed not only to curtail and stop the spread of waste in the catchments, but also to clean out the Goreangab dam before developing the area for recreational and other purposes. Therefore the ranking for surfaced water is 1 (**Unhealthy**).

3.2.2 Environmental Infrastructure/Services

a) Transportation

Generally, the City of Windhoek has an excellent network of well-maintained tarred roads in the formal areas. Roads in the informal areas are reasonably well maintained but are not all tarred.

In Namibia there is no economic incentive to use unleaded fuel, diesel fuel is cheaper than petrol.

Although there are no available statistics on traffic congestion, localised congestion is known to occur especially in the central business district during peak hours.

Public transportation in the form of Municipality buses is limited to peak hours of the day. Accessing this bus

service is inconvenient to many people living in informal settlements and for school going children as it follows only the main access roads to and from the central business district and operates only during peak hours.

Taxis provide the only other alternative transportation service, particularly for those living in the north and northwestern areas who cannot afford their own vehicles and many of whom work in the central business areas. Other modes of transport are private or commercial vehicles, cycling and walking.

Injury statistics show that some 250 to 450 accidents are recorded every month. From these, about 4 persons are killed on the roads every month.

Centralising the vehicle registration process under NATIS may have helped to reduce accidents involving vehicles. Non-road worthy vehicles have very little chance now to use public roads without being detected.

The ranking given for transportation is "borderline". The road network is excellent, but public transport is very limited, the number of vehicles is relatively high and there is potential for local air pollution problems. There is no data available on emissions.

b) Energy Use

Electricity is supplied from South Africa. According to the 1993/1994 Namibian Household and Income Expenditure Survey C (CSO 1996), only 6 % of households do not use electricity or gas for cooking. In Katutura this figure is 12 %. However, in recent years the percentage of population living in informal settlements has risen and electricity is not a service provided in these areas, it is probable that the percentage using traditional fuels (wood or charcoal) has also increased accordingly, although there are no statistics available to confirm this. Some people living in low-income formal settlements choose to use traditional fuels for cooking and heating. The national average is 75 %. Therefore the **ranking for this determinant is 4 (Moderately Unhealthy)**.

c) Water Supply

The City of Windhoek buys bulk water from NAMWATER and distributes it to all residences and industries. Water is supplied to almost 100 % of the City's population. In the informal settlement areas supply is usually from an accessible standpipe within 200 m of each dwelling in accordance with the National Housing Policy.

Water is a scarce commodity in Namibia and Windhoek's water is sourced and piped for many kilometers from the Von Bach dam near Okahandja. There is always the danger that the future demand for water will exceed supply. The ranking given therefore is "moderately healthy" to reflect future needs.

Annually, Windhoek recycles about 15 % of its drinking water. There are works underway to expand this to 30 %.



d) Sanitation

The percentage coverage is good compared with other urban areas in Namibia. However, there remains 21,000 people with no sanitation in informal areas (Development Level 0 – COW Development and Up-grading Policy). However, it is intended to upgrade some of these areas to provide sanitation services during 2001 – 2003.

Additionally, in those informal areas with sanitation in development levels 2, 2 and 2, sanitation facilities are communal and appear not to be well maintained and used. So the figure of 91.7 % relates to access to facilities and not actual usage rates. The morbidity statistics for diarrhea (top five for under fives) reflect that sanitation and household hygiene requires further investigation and improvement. There is a need for further data on usage.

A health education programme is being implemented through the Division of Community Development and established community structures, on latrine – usage and household hygiene in collaboration with the Health Services Division.

For water-borne disposal of human waste, there are three treatment plants that have adequate capacity to handle all sewage inflows. The holding capacity of the two sewage plants are adequate for now.

Industrial and other potentially hazardous wastes arrive at the treatment plants via the sewage system. Disposal of industrial and commercial waste into watercourses is controlled and monitored by the City of Windhoek.

In view of the numbers of people without adequate sanitation, and the apparent low usage rates of the communal facilities with which most of the informal settlement residents are provided, the **ranking for this important determinant is 4 (Moderately Unhealthy)**.

e) Solid Waste Disposal

The City of Windhoek is responsible for the collection and disposal of approximately 40 % of the general waste stream. Private contractors handle the remaining 60 %. However, in some informal areas the level of service provided to residents fluctuates.

Waste is collected by collection vehicles in formal residential areas and by individual contractors making use of otherwise unemployed persons, to collect waste from households in informal settlements and open areas. The service provided by the City is of a high standard.

Disposal of both hazardous and non-hazardous waste are at the Kupferberg site, which is well fenced, and waste are separated, treated and covered.

However, littering and illegal dumping of waste in open spaces and riverbeds is rife in Windhoek and therefore the figure of 100% only relates to the waste made available for collection. Public awareness is

acutely lacking and random disposal of waste, especially in riverbeds, continue unabated. However, recent programme initiated by the City and encouraged by the the President of Namibia, is being implemented to clean up Windhoek through provision of skip containers and intensified clean-up campaigns.

In the absence of a regulatory framework for waste control, there is no formal categorisation of waste types.

Management of certain types of waste is a problem. For example, there are no special disposal or repositories for radioactive waste, medical and other hazardous waste are not treated in accordance with relevant standards and regulations. The lack of a recycling market shortens the life of the waste disposal sites, and the non-use of cleaner technologies in industry contribute to the high volumes of waste generated.

In conclusion, although the City of Windhoek provides a very good service in the management of the waste generated, there is room for improvement in the area of hazardous wastes and regulatory framework and controls, and a subjective ranking of 3 (borderline) has been given on this basis.

f) Housing

Most housing in Windhoek is “modern and detached”. However, as 26 % of the population live in the informal areas, many households live in temporary structures made from corrugated iron, or similar, and are below standard.

As dwellings in informal areas (Development Levels 1 – 3) are not provided with electricity, the percentage of the population using traditional fuels or gas (potentially in dangerous circumstances), is also around 36% (estimate). It also follows that the statistics for percentage households with electric lighting given above, are also out of date and a figure around 36% is more accurate. Additionally, over 50% of households do not have any heating which may contribute to the high incidence of respiratory infections including pneumonia in the colder months. 7% of the population live in the overcrowded “singles quarters”, although many have been upgraded and improved. There is no data on overcrowding. **Overall the ranking given is 4 (Moderately Unhealthy)**.

g) Open Space

The City of Windhoek owns most of the non-urbanized developable land and a considerable amount of the mountainous area extending beyond 10 km in most directions. It is blessed with a substantial number of designated open spaces to which the public has access, with some 1,200 hectares with good distribution, although uneven. However, there is a shortage of accessible public areas for children from the informal settlement areas. Therefore **the ranking for this determinant is 2 (Moderately Healthy)**.

3.2.3 Municipal and National Government Commitment to Environmental Health

a) Air Quality

Traffic Congestion:

Traffic schemes and road schemes have been devised to minimize congestion.

Regulations requiring use of Unleaded Petrol:

There are no regulations nor incentives to use unleaded petrol although it is widely available and the Ministry of Mines and Energy encourage use.

Control of Vehicle emissions:

No controls Draft Legislation is in existence to control environmental pollution.

An Air Pollution Ordinance is in existence to control emissions from industrial premises.

b) Noise Controls

There are no current controls concerning noise pollution. However, there are some proposals being considered by the City of Windhoek to introduce by laws for the control and enforcement of noise pollution. Additionally prevention and control of noise pollution is being considered as part of the City of Windhoek planning scheme.

c) Energy

The National Electricity Act and National Energy Policy were passed in 2000 and require Local Authorities to use clean technologies for electricity / energy supply.

The Ministry of Mines and Energy runs a number of research programmes nationwide related to alternative energy sources, including solar electrification, biomass energy generation and solar heating in urban areas.

d) Water Supply Related

The City of Windhoek supplies almost 100 % of households with safe drinking water. The water supply and distribution network is well regulated and has full regard to safety. The City of Windhoek operates a drinking water quality sampling and analysis programme, which includes bacteriological and chemical parameters. Drinking Water Guidelines have been adopted.

The Water Act (No. 56 of 1956) guides supply, although a new Water Bill is in draft form.

e) Waste Disposal and Sanitation

There are on-going up-grading programmes to improve sanitation in the informal settlements. Health education on hygiene, waste disposal and sanitation is provided by the responsible City Departments in collaboration with the Community Development Division and the established community structures and representatives.

The Water Act requires prior approval through a permit system to discharge effluents to the sewerage system and

is administered by the Ministry of Agriculture, Water and Rural Development. Compliance monitoring is carried out but enforcement of permit conditions is difficult.

There are no regulations concerning recycling and waste reduction but it is encouraged. There is no prior approval or licensing system for controlling solid waste disposal. Powers to deal with accumulations of waste are available in the Public Health Act 1919, General Health Regulations 1969, and Road Traffic Legislation.

f) Housing Related

The City is committed to facilitate and provide adequate and sustainable access opportunities to affordable land, housing and services for the low and ultra-low income residents of Windhoek. This is being implemented through devising innovative low income loan schemes, savings schemes, Housing Associations, technical advice with construction and advise and training on construction of shelters. Community involvement is central to these strategies.

The Municipality has an on-going programme of upgrading informal settlement areas to improve the accessibility of residents to services.

Single quarters are in the process of being upgraded.

Town Planning Ordinances regulate land use, and in the City of Windhoek there are schemes to control and zone different classes of land use in different areas of the City. For example, Industrial/commercial uses are separated from residential uses.

g) Sustainable Development

Community participation in the City of Windhoek's decision making is facilitated by a Steering Committee for settlements and elected by residents committees who have a representative for every 30-40 households. Communities are consulted over most intended programmes and developments, e.g. during feasibility studies for upgrading of informal areas in order to improve services.

Bi-annual public meetings are held in each area with Councilors and Council Officers in attendance. There is a Community Development Department of the City of Windhoek that is responsible for increasing "Community Participation" in the identification of needs, planning and delivery of the City's services. There also exists a Community Development Policy.

There are however, a number of health promotion and community initiatives, based around clinics (Health Promoters Programme in Khomas Region – a CBHW scheme), and schools 9WHO/ Ministry of Health / Ministry of Basic Education Health Promoting Schools Initiative).



There are three major pieces of legislation in draft form relating to Waste and Pollution Control, Environmental Resource Management and Water Resource Management.

3.3 Livelihood and Prosperity

3.3.1 Livelihood

a) Employment

Conclusion and Remarks: Unemployment rates vary considerably between the different areas of the City. Windhoek having the lowest rate of 7 % and Katutura the highest at 32 %. Overall, the rates, and in particular the differences between different parts of the City, have been rated as "Unhealthy".

b) Working Conditions

Conclusion and Remarks: The statistics used here are ten years old. They are also likely to be an underestimate as there was no requirement to report accidents and the figures only reflect those accidents occurring in the formal sector where claims were made for compensation. Therefore the actual rate is likely to be considerably higher. In the absence of an up to date accurate statistic and unavailability of statistics for regional comparison, a professional judgement was made on the ranking to be allocated. The impression is that employer's and employee's awareness of health and safety at work is very low, that law enforcement is weak and that there is a growing informal sector.

c) Exploitation of Workers

There is currently no information available on this issue.

d) Education

No information is currently available on what % of the City's GDP is SPENT BY Government on Education.

3.3.2 Prosperity

a) Poverty: Ability to meet basic needs

Conclusion and remarks: The Namibian Human Poverty Index has been selected as the core indicator for this determinant, as it takes account six indicators of poverty, and measures the number of deprived individuals, i.e. the breadth rather than the depth of poverty. The level of poverty, measured by the Human Poverty Index for the City of Windhoek is the lowest in Namibia. However, there are considerable differences between different areas, with Katutura featuring as the area with the greatest numbers of people (6.9 %) defined as "poor" according to food consumption rate. Having regard to the Human Poverty Index of other regions in Namibia, the overall ranking for Windhoek is "Moderately Healthy", however, it is noted that Katutura, if ranked alone, would be "borderline".

b) Income Distribution

Namibia has one of the most unequal distributions of income in the world which is reflected in these statistics. **Therefore, income distribution in Windhoek is ranked as "Unhealthy".**

c) Shelter

Data indicated that over one-fifth of the population of Windhoek (Approx. 45,000 people) live in informal settlements in shelters designed or constructed to be temporary structures. Although no scale was used to rank this indicator measure, the task force forum considered this situation be "Unhealthy".

d) Education

The relatively youthful age structure, good access to education and occupation structure has elevated the literacy rate well above the national average of 81 %. It is therefore considered "healthy", although it is noted that fewer women progress onto senior secondary school compared to men.

Part II: City Health Profile – Tables

3.1 Physical and Emotional Health

3.1.1 Physical Health

Table 1: Mortality

| Indicator Description | Indicator Measure | Ranking | Source |
|---|-------------------|--------------------------|-------------|
| Core Indicator: Infant Mortality Rate (per 1 000 live births) | 50 | 3 (Borderline) | DHS 2000 |
| Under five mortality rate (per 1 000 live births) | 39 | 3 (Borderline) | DHS 2000 |
| Life Expectancy at birth (years) | 56.2 | 1 (Moderately unhealthy) | UNDP (1999) |
| Average | | 2 | |

Table 2: Morbidity

| Indicator Description | Indicator Measure | Ranking | Sourcing |
|--|---|--|----------------------------------|
| % of Population attending Health Facilities annually | 65 % | 1 (Unhealthy) | |
| HIV Prevalence among pregnant women (%) | 27 % | 1 (Unhealthy) | MOHSS 2002 |
| Rates of New HIV Infections (per 1 000 population) | 17 | 1 (Unhealthy) | MOHSS 1999 |
| Death Rates – HIV/AIDS (per 1000 population) | 1.8 | 1 (Unhealthy) | MOHSS 1999 |
| Prevalence rate of TB (per 100,000 population) | 637 | 1 (Unhealthy) | MOHSS HIS 2001 |
| Prevalence rate of Pneumonia/ ARI (per 1 000 population) | 88 | 1 (Unhealthy) | Khomas Region Annual Report 2002 |
| Prevalence rate of Gastro-intestinal disease in under fives (per 1 000 population) | 52 | 1 (Unhealthy) | Khomas Region Annual Report 2002 |
| Prevalence rate for Cancer (per 1 000 population) | 1 500 new cases treated in Windhoek from all over the country | 2 (Moderately unhealthy) because the data is not broken down | Cancer Association of Namibia |

Table 3: Preventive Health Care

| Indicator Description | Indicator Measure | Ranking | Source |
|--|-------------------------|--------------------------|--|
| % Target Children Fully Immunized in 2000 1999 | 73.3% | 4 (Moderately healthy) | MOHSS Khomas Region Annual Report 1999 |
| Alcohol Consumption Rate (liters of pure alcohol per year) | Limited data in Namibia | 2 (Moderately unhealthy) | Namibia Demographic and Health Survey 2000 |
| Number of cigarettes smoked per day | Limited data in Namibia | 2 (Moderately unhealthy) | Namibia Demographic and Health Survey 2000 |
| Average | | 3 | |

Table 4: Provision of Health Care

| Indicator Description | Indicator Measure | Ranking | Source |
|--|-------------------|--------------------------|--|
| Number of people served by each health facility | 20,784 | 4 (Moderately healthy) | MOHSS (Khomas Region Annual Report 1999) |
| Average pop/health facility | 25 031 | 4 (Moderately healthy) | |
| Core indicator: Number of Doctors per 1 000 population | 0.175-0.25 | 2 (Moderately unhealthy) | MOHSS (Khomas Region Annual Report 1999) |
| Pop/doctor | 83 435 | | 2001/2002) |
| Average | | 3 | |



3.1.2 Emotional Health

Table 1: Safety and Security

| Indicator Description | Indicator Measure | Ranking | Source |
|---|-------------------|--------------------------|---|
| Number of Violent Crimes (rate per 1 000 population) | 32 | 5 (Moderately unhealthy) | City of Windhoek Security Division. Statistics for 1999(unpublished) |
| Number of Reported violent crimes against women reported to Women and Child Protection Unit (rate per 1 000 population) | 8.3 | 4 (Moderately unhealthy) | Windhoek Hospital Annual Report 1999 – 2000 |
| Homicide Rate (rate per 1 000 population) | 0.7 | 3 (Borderline) | City of Windhoek Security Division. Statistics for 1999 (unpublished) |
| Number of burglaries or thefts (rate per 1 000 population) | 54 | 3 (Borderline) | City of Windhoek Security Division, Statistics for 1999 |
| Average | | 3 | |

Table 2: Psychological Health

| Indicator Description | Indicator Measure | Ranking | Source |
|---|-------------------|------------------------|---|
| Core Indicator: Number of Suicides (rate per 1 000) | <3 | 5 (Healthy) | Dr N Anvew, Medical Officer, Windhoek Police Mortuary |
| Prevalence of Psychosis (rate per 1 000 population) | 4 | 4 (Moderately healthy) | Namibia Population and Housing census 2001 |
| Average | | 5 | |

Table 3: Social Support

| Indicator Description | Indicator Measure | Ranking | Source |
|---|-------------------|--|---------------------|
| Number of Street Children | No data available | 1 (unhealthy because there is no data) | |
| Number of organisations registered as Welfare Organisations | 138 | 4 (Moderately healthy) | Khomas Region MOHSS |
| Average | | 3 (Borderline) | |

Table 4: Political Efficacy

| Indicator Description | Indicator Measure | Ranking | Source |
|---|-------------------|-------------|-------------------------|
| Adult Suffrage Rate (% of Population over 18) | 100 % | 5 (Healthy) | Constitution of Namibia |

Table 5: Cultural Vitality

| Indicator Description | Indicator Measure | Ranking | Source |
|---|-------------------|------------------------|--------------------------------|
| % Annual City of Windhoek Budget spent on cultural activities | 0.3 % | 4 (Moderately healthy) | City of Windhoek (Unpublished) |
| % GRN Budget Expended on cultural activities | 1 % | 5 (Healthy) | UNDP 1999 |
| Average | | 5 (Healthy) | |



3.2 Environmental Sustainability

3.2.1 Environmental Problems/Issues

Table 1: Air Pollution

| Indicator Description | Indicator measure | Ranking | Source |
|---|-------------------|---------|--------|
| Average Sulfur dioxide + suspended particles + air borne lead | No data | | |

Table 2: Noise Pollution

| Indicator Description | Indicator measure | Ranking | Source |
|---|-------------------|-------------|--------|
| Percentage of population exposed to traffic and airport noise of 65 dB A and higher | Below 65 dB A | 5 (Healthy) | |

Table 3: Water pollution

| Indicator Description | Indicator measure | Ranking | Source |
|---|--|---------|--------|
| Average Sulfur dioxide + suspended particles + air borne lead | No Data but the permanent water in dams in and around Windhoek is visibly contaminated by sewerage | | |

3.2.2 Environmental Infrastructure/Services

Table 2: Transportation

| Indicator Description | Indicator Measure | Ranking | Source |
|--|-------------------|------------------------|---------------------------------|
| Number of Registered Road Vehicles | 70,381 | 3 (Borderline) | City of Windhoek Traffic Police |
| Number of Road Traffic Accidents/1000 registered vehicles | 68 | 4 (Moderately healthy) | City of Windhoek Traffic Police |
| Road Traffic Accident Mortality | 4.06 Average | 4 (Moderately healthy) | City of Windhoek Traffic Police |
| Estimated Pollutant Emissions: No, SO ₂ , Lead, particulate | No Data | | |
| Total Fuel Consumption | No Data | | |
| Road Network Length | 666.4 km | 5 (Healthy) | City of Windhoek |
| Average | | 2 | |

Table 3: Energy Use

| Indicator Description | Indicator Measure | Ranking | Source |
|---|-------------------|------------------------|----------|
| % Households using traditional energy sources for cooking and heating | 6 | 4 (Moderately healthy) | CSO 1996 |
| Industrial emissions | Nodata | 1 (Unhealthy) | |

Table 4: Water Supply

| Indicator Description | Indicator measure | Ranking | Source |
|---|---------------------|------------------------|-----------|
| % Households with access to safe drinking water supply | 99.8 % | 4 (Moderately healthy) | UNDP 1999 |
| % Water Samples analyzed which meet Namibian Water Quality Guidelines | No data (unhealthy) | 1 (Unhealthy) | |



Table 5: Sanitation

| Indicator Description | Indicator Measure | Ranking | Source |
|---|-------------------|------------------------|--|
| % households with access to adequate sanitation | 91.7 % | 4 (Moderately healthy) | Windhoek City Council Sustainable Development Division |
| Average | | | |

Table 6: Solid Waste Disposal

| Indicator Description | Indicator Measure | Ranking | Source |
|--|-------------------|----------------|------------------|
| Percentage of waste made available for collection, collected | 100 % | 3 (Borderline) | City of Windhoek |
| Average | | | |

Table 7: Housing

| Indicator Description | Indicator Measure | Ranking | Source |
|--|-------------------|--------------------------|---|
| % cooking with electricity or gas | | | National Population and Housing census 2001 |
| Windhoek | 32 % | 3 (Moderately unhealthy) | |
| Katutura | 12 % | | |
| % Households with no heating | 42 % | 3 (Moderately unhealthy) | CSO 1994 |
| % Households without Electric lighting | | | |
| Windhoek: | Katutura: | Khomasdal: | |
| | 10 % | 17 % | 5 % |
| 3 (Moderately unhealthy) | CSO 1996 | | |

3.3 Indicators of Livelihood and Prosperity

3.3.1 Livelihood

Table 1: Employment

| Indicator Description | Indicator measure | Ranking | Source |
|-----------------------|-------------------|--------------------------|---|
| Unemployment Rate (%) | 31% | 1 (Unhealthy) | National Population and Housing census 2001 |
| Windhoek | 7 % | 4 (Moderately healthy) | National Population and Housing census 2001 |
| Katutura | 32 % | 1 (Unhealthy) | National Population and Housing census 2001 |
| Khomasdal | 16 % | 1 (Unhealthy) | National Population and Housing census 2001 |
| Average | | 2 (Moderately unhealthy) | |

Table 2: Working Conditions

| Indicator Description | Indicator Measure | Ranking | Source |
|---|-------------------|--------------------------|---|
| Occupational Accident Rate 1990 – 1991 (per 1000 employed population) | 37/1000 | 2 (Moderately unhealthy) | Namibia Workman's Compensation Commissioner |

Table 3: Exploitation of Workers

| Indicator Description | Indicator Measure | Ranking | Source |
|------------------------------------|------------------------------|---------|--------|
| Ratio of Women to men employed in: | Data not currently available | | |
| Low skill occupations | " | | |
| Managerial Occupations | " | | |
| Professional Occupations | " | | |
| Technical Occupation | " | | |

Table 4: Education

| Indicator Description | Indicator Measure | Ranking | Source |
|--|---|---------|--------|
| % of City's share of GDP spent by Government of Namibia on Education | Not currently available for Khomas Region | | |

3.3.3 Prosperity

Table 1: Poverty: Ability to meet basic needs

| Indicator Description | Indicator Measure | Ranking | Source |
|--|-------------------|------------------------|-----------|
| 1. Food Consumption rate >59 % (household income expended on food) | >59% | 4 (Moderately healthy) | CSO 1996 |
| Average – City of Windhoek | 3.8 % | | |
| Katutura | 6.9 % | | |
| Khomasdal | 0 % | | |
| Windhoek | 0.4 % | | |
| 2. Namibian Human Poverty Index (Khomas Region) | 15.8 % | 4 (Moderately healthy) | UNDP 1999 |

Table 2: Income Distribution

| Indicator Description | Indicator Measure | Ranking | Source |
|---|-------------------|---------------|----------|
| Average Annual per capita income N\$ in the year 1994 | | | DSO 1996 |
| Average – City of Windhoek | 10,889 | 1 (Unhealthy) | |
| Katutura | 4,288 | 1 (Unhealthy) | |
| Khomasdal | 9,906 | 1 (Unhealthy) | |
| Windhoek | 27,065 | 1 (Unhealthy) | |
| Average | | 1 (Unhealthy) | |

Table 3: Shelter

| Indicator Description | Indicator Measure | Ranking | Source |
|---|-------------------|---------------|---------------------------------------|
| % population living in informal settlements | 22 % | 1 (Unhealthy) | 1995 Windhoek Residents Survey Report |
| Overcrowding | No Data | 1 (Unhealthy) | |

Table 4: Education

| Indicator Description | Indicator Measure | Ranking | Source |
|--|-------------------|-------------|-----------|
| Literacy Rate (% of adult Population) | 94 % | 5 (Healthy) | UNDP 1999 |
| Primary School Enrollment | 87 % | 5 (Healthy) | UNDP 1999 |
| Primary School Enrollment – Female (% of total primary enrollment) | 50 % | 5 (Healthy) | UNDP 1999 |
| Progression from Junior to Senior Secondary School by gender (% of learners progressing) | | 5 (Healthy) | UNDP 1999 |
| Male : | 93% | | |
| Female: | 86% | | |



Part III: City Health Profile – Figures (Radar Plots)

Figure 1:

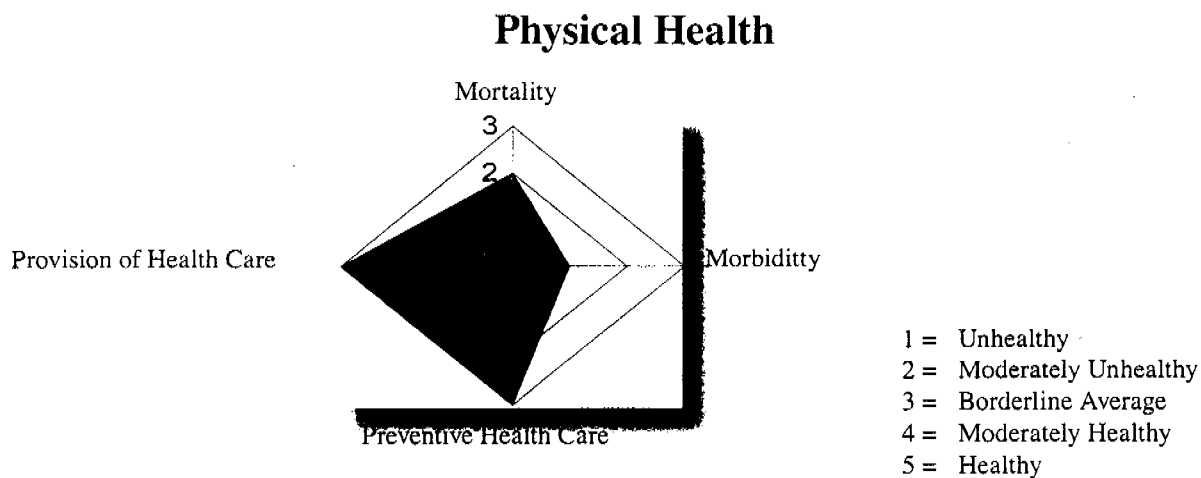


Figure 2:

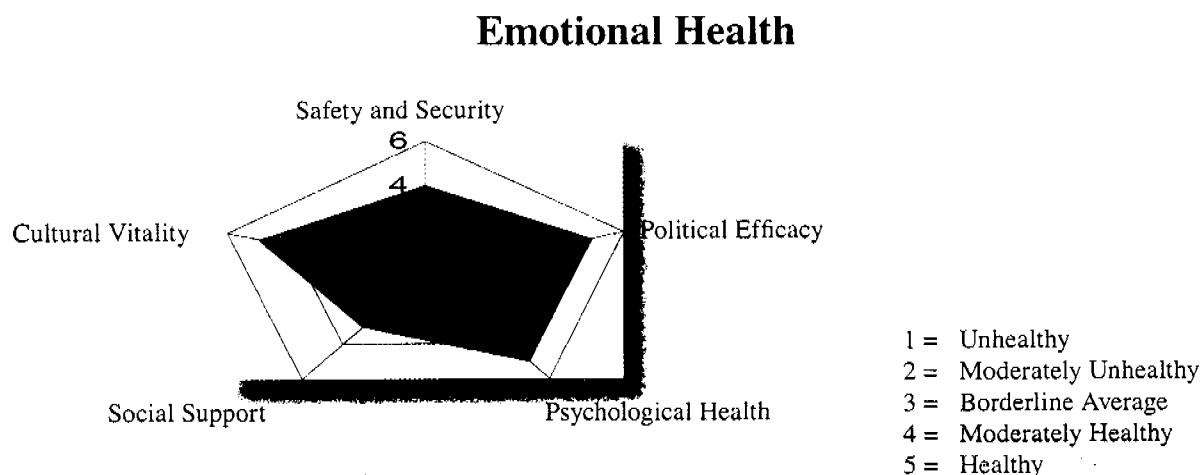


Figure 3:

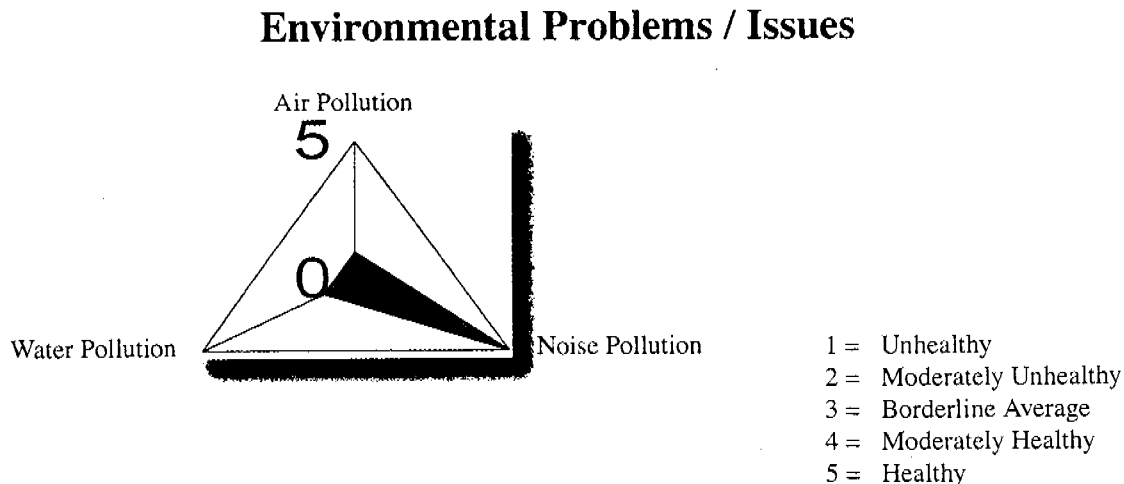


Figure 4:

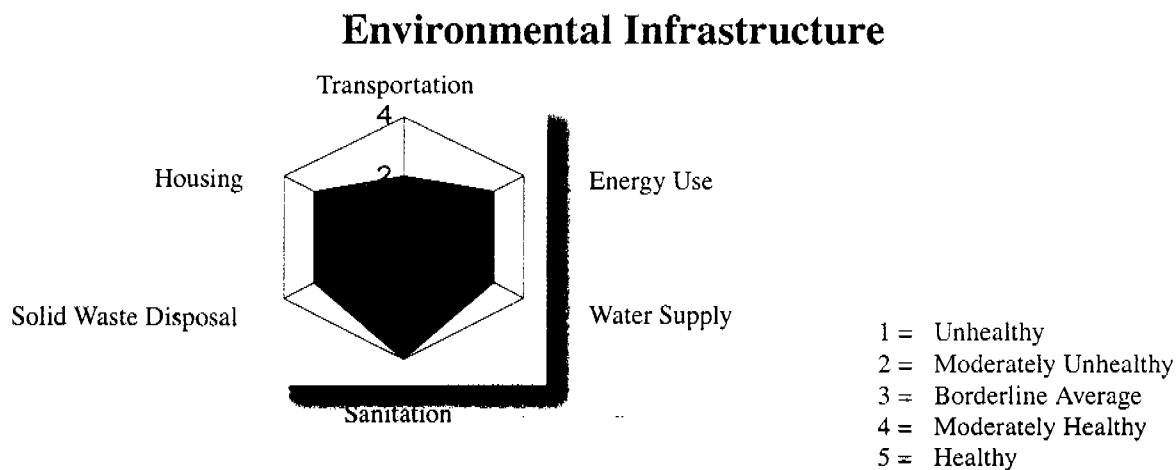


Figure 5:

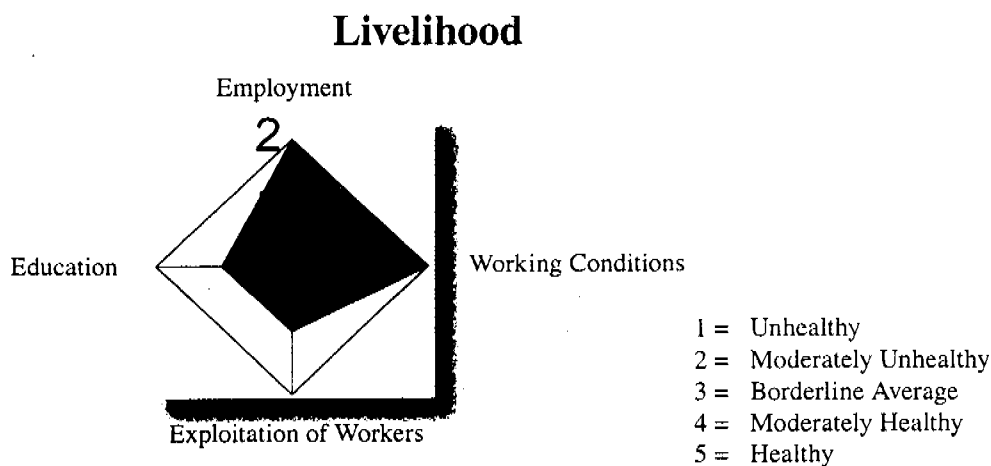
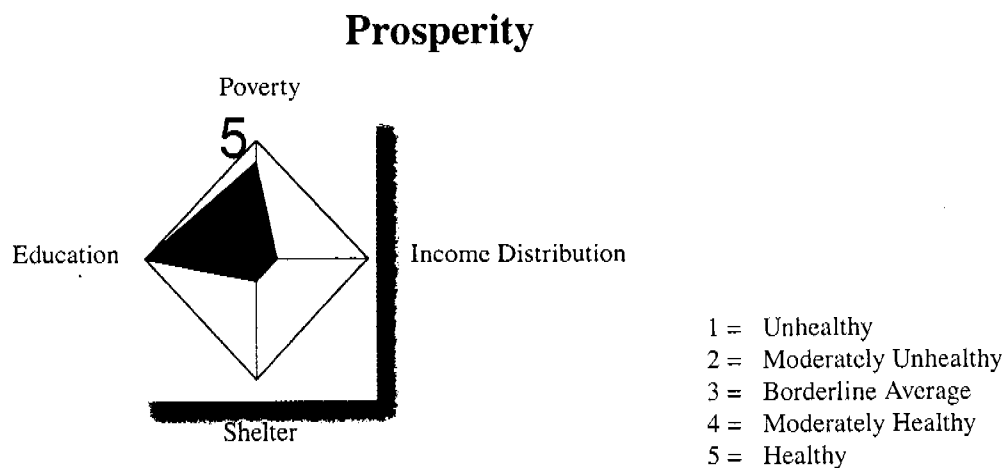


Figure 6:



Part IV: City Health Profile: Summary of Rankings

Health Determinants Ranked as UNHEALTHY:

Morbidity
Employment
Income Distribution
Shelter

Health Determinants Ranked as MODERATELY UNHEALTHY:

Mortality
Preventive Health Care
Provision of Health Care
Housing
Open space
Safety and Security
Sanitation

Health Determinants Ranked as BORDERLINE:

Waste Disposal
Transport

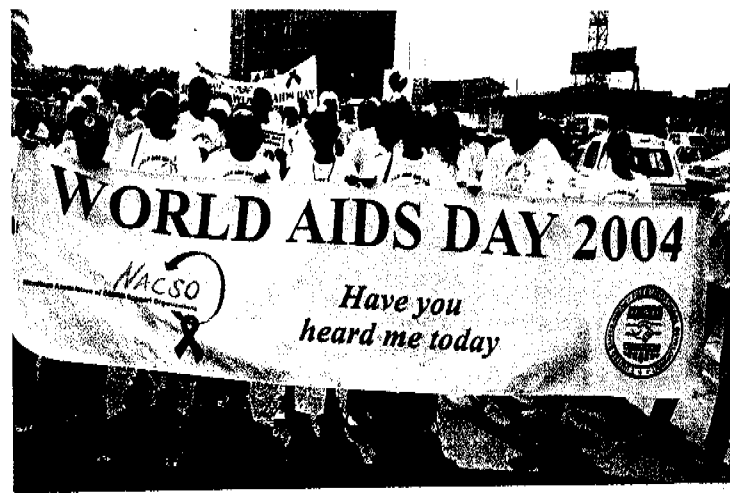
Health Determinants Ranked as MODERATELY HEALTHY:

Social Support
Energy Use
Water Supply
Government Concern
Poverty

Health Determinants Ranked as HEALTHY:

Psychological Health
Political Efficacy
Cultural Vitality
Education





Work Plan

Chapter 4

Officials from the MOHSS, Ongwediva Town Council and WHO also participated fully and the whole process was guided with the expertise of The WHO/AFRO Regional Adviser on Environment and Promotion of Health, from the WHO regional office Brazaville, Congo.

4.1 Selected Priority Health Problems

The following priority health problems were identified at the WHO technical support workshop held from 10 – 14 May 2004 in Windhoek. The problems were listed in order of their importance after a thorough review by participants of the City of Windhoek Health Profile – the version adapted from the second draft of 2000:

- 4.1.1 Unemployment
- 4.1.2 HIV/AIDS & TB
- 4.1.3 Food Security & Safety
- 4.1.4 Shelter/ Housing (Basic Services)
- 4.1.5 Occupational Health & Safety
- 4.1.6 Water & Sanitation
- 4.1.7 Lack of Health Promotion
- 4.1.8 Safety & Security
- 4.1.9 Inadequate Educational Facilities
- 4.1.10 Inadequate Government Facilities

4.2 Five year Strategic Plan (2004 –2009)

Like the list of priority health problems, the five year strategic plan was formulated by the participants of the WHO Technical Support Workshop of 10-14 May 2004, organised by the City of Windhoek. The workshop was organised with the support of the Ministry of Health and

Social Services and the WHO Namibia Country office. The participants were drawn from a multi-sectoral spectre within the City of Windhoek

The City of Windhoek Departments/Divisions represented included: Health Services, Housing, Pollution Control, Town Planning and Environment.

Officials from the MOHSS, Ongwediva Town Council and WHO also participated fully and the whole process was guided with the expertise of The WHO/AFRO Regional Adviser on Environment and Promotion of Health, from the WHO regional office Brazaville, Congo.

The strategic plan was developed by three groups working on three different themes, i.e.: Group 1- Communicable Diseases; Group 2 – Water and Sanitation; Group 3 – Shelter.

4.2.1 Communicable Diseases – HIV/AIDS & TB

Theme: Major Communicable Diseases

- HIV/AIDS
- TB

Aim

To mitigate the social and economic impact of major communicable diseases by instituting appropriate preventive and control interventions.



Issues

- Lack of awareness
- Access to treatment and care
- Availability of VCT services
- Compliance to treatment

Objectives

- Reduce the prevalence rate of HIV infections in the age group of 15 – 24 years by 20% by 2009.
- Reduce mortality due to TB by 20 % in 2009.

4.2.2 Water and Sanitation

Theme: Water and Sanitation

Aim

To ensure through services and programmes that people have access to both water and sanitation they need for a healthy life.

Priority issues:

Water:

- Access to potable water
- Usage of water
- Water quality assurance
- Protection of water resources
- Maintenance of water network
- Cost recovery

Sanitation:

- Access to proper sanitation
- Awareness on usage of sanitation facilities
- Awareness on usage of personal hygiene
- Maintenance of sewer system
- Cost recovery

Objectives:

- To provide access to potable water and proper sanitation to all households
- To educate people on water and sanitation and personal hygiene
- To maintain the water network in order to save cost and also maintain the sewer system to prevent pollution
- Balance the provision and cost recovery by making access to facilities affordable
- To make sure that the water is of potable quality for everyone
- To ensure water resources are protected and secure

Strategies:

- Revise the current development and upgrading strategy
- Revive the water and sanitation awareness campaign not only in times of need but as a way of life in the City
- Build capacity of the community development team (education team)
- A proactive maintenance approach and constant monitoring of the systems
- Strengthen the current water quality monitoring security of water resources

4.2.3 Shelter

Theme: Shelter

Aim:

- To ensure that all the inhabitants of the City have access to proper housing.

Priority Issues

- Shelter and poverty
- Unemployment
- Availability of residential erven
- Bureaucracy in acquiring housing
- Access to basic services
- Adverse conditions associated with poor housing
 - Overcrowding
 - Diseases
 - Environmental degradation
 - Crime

Objective

- Reduce the proportion of population living in the informal settlements from the current 22% to 10% by the year 2009.

Strategies

- Have appropriate policies addressing shelter and poverty reduction in informal settlements
- Create employment opportunities for people living in informal settlements, which will in turn make them afford proper houses somewhere else or improve their current houses
- Provision of low cost erven for informal settlements
- Provision of low interest housing loans for informal settlers
- Awareness raising on available housing schemes and acquiring land
- Improve existing structure to a minimum standard of habitation
- Establish an organised community structure
- Fund raising for communities by communities
- Skill development to create employment opportunities
- Continuous monitoring of Informal Settlements for overcrowding, contagious diseases, environmental degradation and crime

4.3 Action Plan

The Strategic and Action Plan have only been developed for the first three of the ten identified priority Health Problems. The seven remaining ones will be addressed in time by developing similar strategic and action plans with the steering committee and relevant task forces.

The table below is a summary of the action plan showing the first three selected priority health problems, interventions, and most importantly, targets to be met. The Windhoek Healthy Cities Steering Committee will review this work plan at least once a year and whenever necessary during their quarterly meetings. It is important to note that the HIV/AIDS and TB problems are already being tackled by the Community Services and HR Department through their Divisions, Health Services and Occupational Health and Safety respectively.

4.3.1 Summary: Action Plan

| Strategic Objective | Actions | Responsible | /Time Frame | Output/Target | Resources |
|--|---|---|-------------|--|---------------------------|
| 1. To reduce the prevalence of HIV/AIDS by 20% in the age group 15-24 by 2009 | <ul style="list-style-type: none"> ■ Health Promotion ■ Extend the provision of ARV drugs to two private hospitals ■ Increase service coverage to areas that are undercovered ■ Establish at least one VCT providing facility for each residential area | <ul style="list-style-type: none"> ■ City of Windhoek ■ RMT, Khomas Region ■ Regional Council ■ NGOs ■ UN Agencies | 7/04-6/09 | <ul style="list-style-type: none"> ■ Increased awareness on preventive measures ■ Treatment for everyone ■ Greater coverage ■ ARV to two private hospitals ■ VCT facility for each area | Within existing resources |
| 2. Reduce mortality due TB by 20% in 2009 | <ul style="list-style-type: none"> ■ Health Promotion ■ Revise the current development and upgrading strategy | <ul style="list-style-type: none"> ■ City of Windhoek ■ RMT, Khomas Region ■ Regional Council NGOs, CBOs ■ UN Agencies | 7/04-6/09 | <ul style="list-style-type: none"> ■ Increased awareness on preventive measures ■ Build two more clinics in underserved areas | Within existing resources |
| 3. To provide access to potable water and proper sanitation to all households | Revise the current development and upgrading strategy | <ul style="list-style-type: none"> ■ City of Windhoek ■ Regional Council | 7/04-6/09 | Revised strategy | Within existing resources |
| 4. To educate people on water and sanitation and personal hygiene | Revive the water and sanitation awareness campaign not only in the City | <ul style="list-style-type: none"> ■ City of Windhoek ■ Regional Council | 7/04-6/09 | Water and Sanitation awareness | Within existing resources |
| 5. To maintain the water network in order to save cost and also maintain the sewer system to prevent pollution | Build capacity of the community development team (education team) | <ul style="list-style-type: none"> ■ City of Windhoek | 7/04-6/09 | Cost saving and maintenance of sewer system | Within existing resources |
| 6. Balance the provision and cost recovery by making access to facilities affordable | Revise the current water provision policies | <ul style="list-style-type: none"> ■ City of Windhoek | 7/04-6/09 | Access to potable water | Within existing resources |

| | | | | | |
|--|---|--|-----------|--|---------------------------|
| 7. To make sure that the water is of potable quality for everyone | A proactive maintenance approach and constant monitoring of the systems | <ul style="list-style-type: none"> ■ City of Windhoek ■ Regional Council | 7/04-6/09 | Quality water for everyone | Within existing resources |
| 8. To ensure water resources are protected and secure | Strengthen the current water quality monitoring security of water resources | <ul style="list-style-type: none"> ■ City of Windhoek | 7/04-6/09 | Protected and secure water resources | Within existing resources |
| 9. Reduce the proportion of population living in the informal settlements from current 22% to 10% by the year 2009 | <ul style="list-style-type: none"> ■ Have appropriate policies addressing shelter and poverty reduction in informal settlements ■ Create employment opportunities for people living in informal settlements which will in turn make them afford proper houses somewhere else or improve their current houses. ■ Provision of low cost erven for informal settlements ■ Provision of low interest housing loans for informal settlers informal settlements ■ Awareness raising on available housing schemes and acquiring land ■ Improve existing structure to a minimum standard of habitation ■ Establish an organised community structure ■ Fund raising for communities by communities ■ Skill development to create employment opportunities ■ Continuous monitoring of Informal Settlements for overcrowding, contagious diseases, environmental degradation and crime | <ul style="list-style-type: none"> ■ City of Windhoek ■ City of Windhoek ■ Regional Council ■ NGOs ■ City of Windhoek ■ Regional Council ■ NGOs ■ City of Windhoek ■ City of Windhoek ■ NGOs ■ GRN ■ City of Windhoek ■ GRN ■ NGOs | 7/04-6/09 | <p>Policies in place</p> <p>Employment opportunities</p> <p>Low cost erven for informal settlements</p> <p>Access to loans</p> <p>Structure improvement</p> <p>Community structures</p> <p>Fund raising activities</p> <p>Skills development</p> <p>Reduced statistics of overcrowding, diseases and crime</p> | Within existing resources |

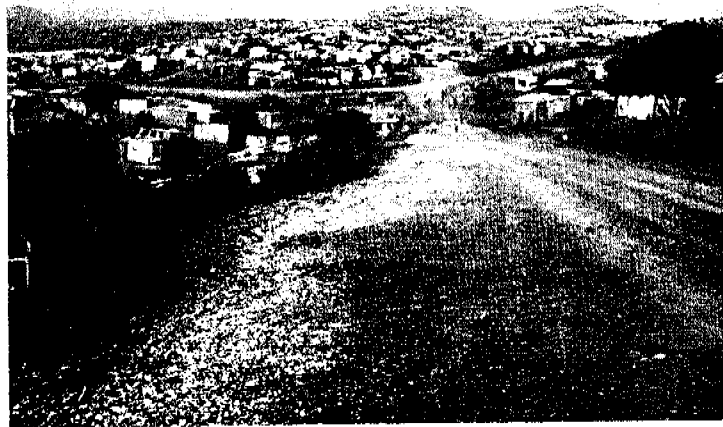


4.3.1 Summary: Action Plan

| Strategic Objective | Actions | Responsible | Time Frame | Output/Target | Resources |
|--|---|---|------------|--|---------------------------|
| 1. To reduce the prevalence of HIV/AIDS by 20% in the age group 15-24 by 2009 | <ul style="list-style-type: none"> ■ Health Promotion ■ Extend the provision of ARV drugs to two private hospitals ■ Increase service coverage to areas that are undercovered ■ Establish at least one VCT providing facility for each residential area | <ul style="list-style-type: none"> ■ City of Windhoek ■ RMT, Khomas Region ■ Regional Council ■ NGOs ■ UN Agencies | 7/04-6/09 | <ul style="list-style-type: none"> ■ Increased awareness on preventive measures ■ Treatment for everyone ■ Greater coverage ■ ARV to two private hospitals ■ VCT facility for each area | Within existing resources |
| 2. Reduce mortality due TB by 20% in 2009 | <ul style="list-style-type: none"> ■ Health Promotion ■ Revise the current development and upgrading strategy | <ul style="list-style-type: none"> ■ City of Windhoek ■ RMT, Khomas Region ■ Regional Council NGOs, CBOs ■ UN Agencies | 7/04-6/09 | <ul style="list-style-type: none"> ■ Increased awareness on preventive measures ■ Build two more clinics in underserved areas | Within existing resources |
| 3. To provide access to potable water and proper sanitation to all households | <ul style="list-style-type: none"> ■ Revise the current development and upgrading strategy | <ul style="list-style-type: none"> ■ City of Windhoek ■ Regional Council | 7/04-6/09 | Revised strategy | Within existing resources |
| 4. To educate people on water and sanitation and personal hygiene | <ul style="list-style-type: none"> ■ Revise the water and sanitation awareness campaign not only in times of need but as a way of life in the City | <ul style="list-style-type: none"> ■ City of Windhoek ■ Regional Council | 7/04-6/09 | Water and Sanitation awareness | Within existing resources |
| 5. To maintain the water network in order to save cost and also maintain the sewer system to prevent pollution | <ul style="list-style-type: none"> ■ Build capacity of the community development team (education team) | <ul style="list-style-type: none"> ■ City of Windhoek | 7/04-6/09 | Cost saving and maintenance of sewer system | Within existing resources |
| 6. Balance the provision and cost recovery by making access to facilities affordable | <ul style="list-style-type: none"> ■ Revise the current water provision policies | <ul style="list-style-type: none"> ■ City of Windhoek | 7/04-6/09 | Access to potable water | Within existing resources |

| | | | | | |
|---|---|--|------------------|--|----------------------------------|
| <p>7. To make sure that the water is of potable quality for everyone</p> | <p>A proactive maintenance approach and constant monitoring of the systems</p> | <ul style="list-style-type: none"> ■ City of Windhoek ■ Regional Council | <p>7/04-6/09</p> | <p>Quality water for everyone</p> | <p>Within existing resources</p> |
| <p>8. To ensure water resources are protected and secure</p> | <p>Strengthen the current water quality monitoring security of water resources</p> | <ul style="list-style-type: none"> ■ City of Windhoek | <p>7/04-6/09</p> | <p>Protected and secure water resources</p> | <p>Within existing resources</p> |
| <p>9. Reduce the proportion of population living in the informal settlements from current 22% to 10% by the year 2009</p> | <ul style="list-style-type: none"> ■ Have appropriate policies addressing shelter and poverty reduction in informal settlements ■ Create employment opportunities for people living in informal settlements which will in turn make them afford proper houses somewhere else or improve their current houses. ■ Provision of low cost erven for informal settlements ■ Provision of low interest housing loans for informal settlers informal settlements ■ Awareness raising on available housing schemes and acquiring land ■ Improve existing structure to a minimum standard of habitation ■ Establish an organised community structure ■ Fund raising for communities by communities ■ Skill development to create employment opportunities ■ Continuous monitoring of Informal Settlements for overcrowding, contagious diseases, environmental degradation and crime | <ul style="list-style-type: none"> ■ City of Windhoek ■ City of Windhoek ■ Regional Council ■ NGOs ■ City of Windhoek ■ City of Windhoek ■ NGOs ■ GRN ■ City of Windhoek ■ GRN ■ NGOs | <p>7/04-6/09</p> | <p>Policies in place</p> <p>Employment opportunities</p> <p>Low cost erven for informal settlements</p> <p>Access to loans</p> <p>Structure improvement</p> <p>Community structures</p> <p>Fund raising activities</p> <p>Skills development</p> <p>Reduced statistics of overcrowding, diseases and crime</p> | <p>Within existing resources</p> |





Conclusion

The Strategic and the Action Plans need to be refined by the Steering Committee

The information used in this document is mostly from secondary sources. The latest information used is for 2002 on HIV/AIDS. Some of the information used date back to as far as 1996, where in some areas, no information was available at all. The out-dated information or lack of it is in itself unhealthy. It is better to know what is currently happening so that appropriate action can be taken before is too late than to be in darkness.

The Strategic and the Action Plans need to be refined by the Steering Committee. The first task of the Steering Committee will therefore be to identify Task Groups for each identified priority problem in order for them to formulate projects which must be implemented as soon as possible and within the five year time frame.

The current Steering Committee is not properly constituted. There is therefore an urgent need to revise the current committee and appoint members in accordance with WHO recommendations. An ideal Steering Committee should be composed of:

1. Mayor (Chairperson)
2. Healthy Cities Programme
Cordinator(Secretary)
3. City of Windhoek representatives:
 - 3.1 Chief: Health Services
 - 3.2 Manager: Sustainable Development
 - 3.3 Manager: Budgeting
4. University
5. Ministry of Health and Social Services
6. Ministry of Regional, Local Government,
Housing and Rural Development
7. Community Representative
8. Trade Union Representative

