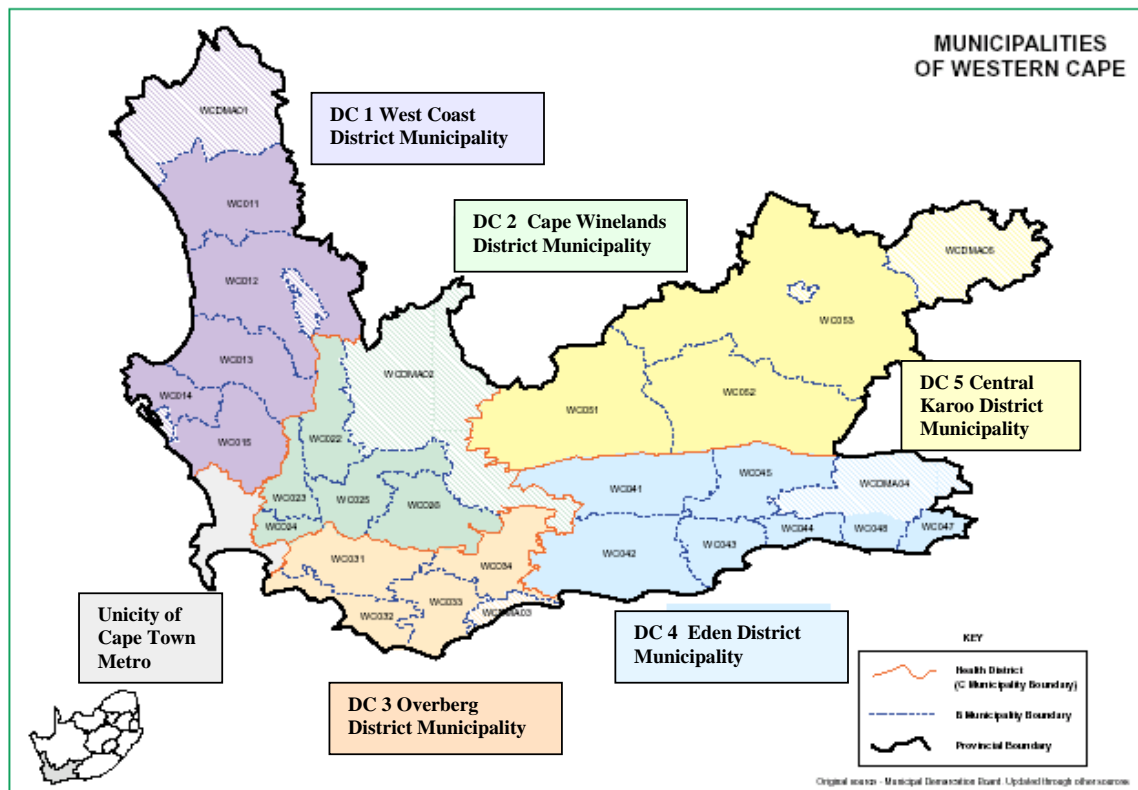




# WESTERN CAPE: ANNUAL REPORT - ENVIRONMENTAL HEALTH SERVICES 2005



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# Western Cape Annual Report: 2005

## Environmental Health Services

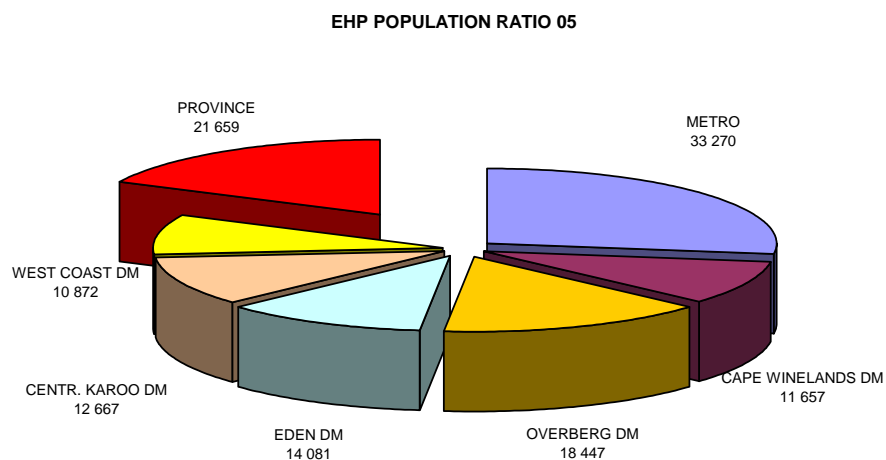
### 1 INTRODUCTION

This report reflects the state of Municipal Health Services (Environmental Health Services) for 2005. The Metro and all District Municipalities (Category A and C) have at this stage fully accepted their responsibility in terms of The National Health Act, 2003 (Act 61 of 2003) regarding the rendering of Municipal Health Services. However some restructuring might still have a slight influence on the quality of the service. It seems as if this process will be completed during 2006.

### 2 EHP/POPULATION RATIO

Although the National norm of 1:15 000 per population is met in 4 of the 5 District Municipalities, Overberg District Municipalities has already addressed this matter and should also reach the National norm in 2006. However the situation in City of Cape Town (Metro) remains problematic with the ratio rising from 1: 27,399 in 2003 to 1:33,270 for the reporting period. **(See Graph 1)** The unsatisfactory situation can possibly be contributed to the fact that a staff reduction due to voluntary severance agreements occurred on the one hand and the abnormal influx of people to the Metro region on the other hand.

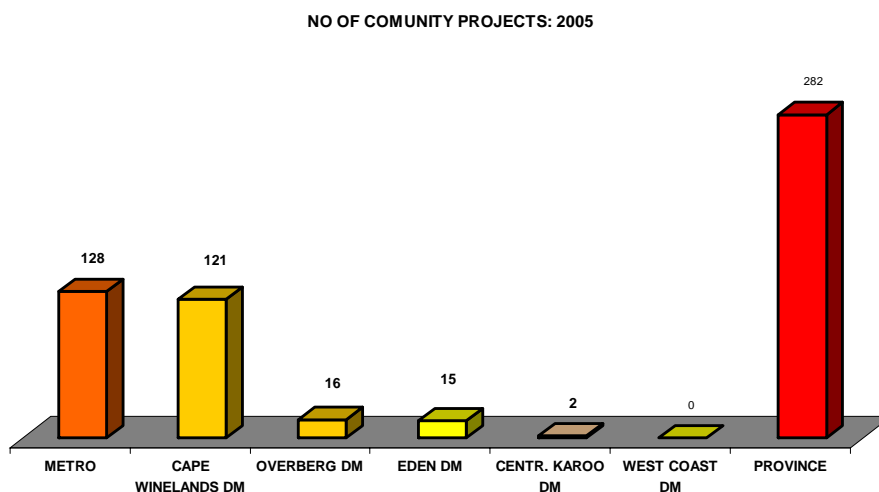
#### Graph 1



### 3 COMMUNITY PROJECTS:

During 2005, EHPs in the Western Cape facilitated or were involved in a total of 282 community-based projects (**Graph 2**). This reflects a significant increase from the 123 projects in 2004. This is an indication that Category A and C Municipalities committed themselves to the rendering of all the aspects of Municipal Health Services with less involvement in unrelated functions previously performed by many EHPs working for local municipalities. These projects range from Clean and Green, Adopt a River and several Environmental Health Promotion/Education Projects.

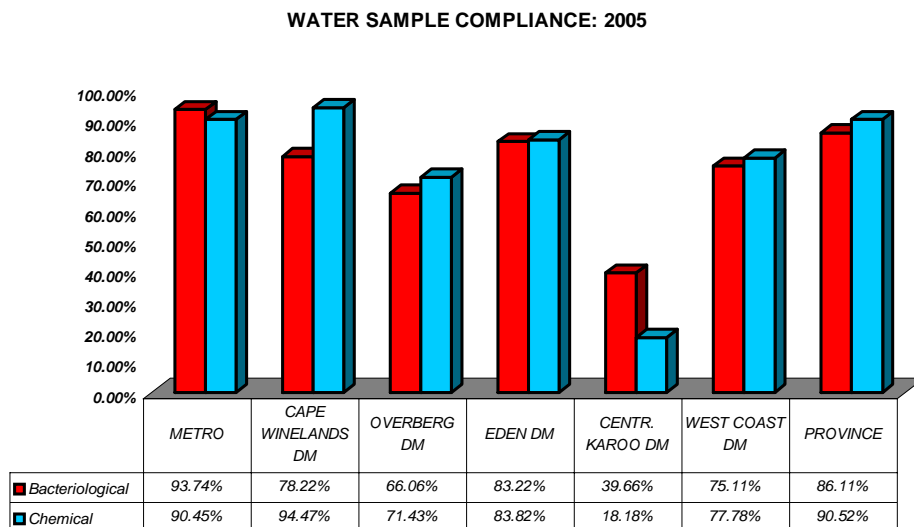
#### Graph 2



### 4 DRINKING WATER

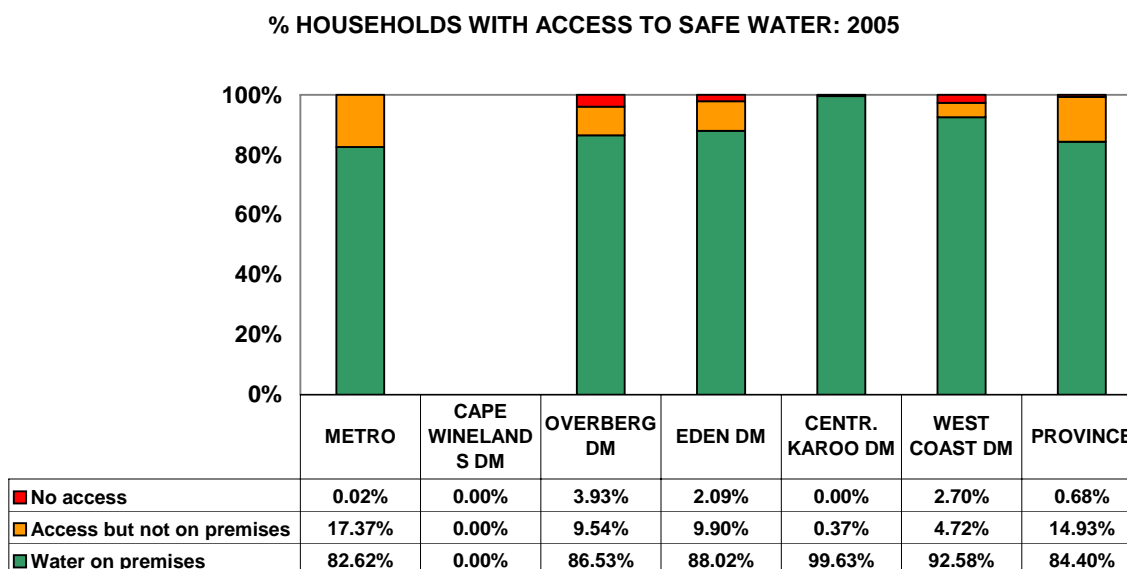
A total of 6032 bacteriological and 2458 chemical samples of drinking water were analyzed during 2005. The compliance rate of these samples is reflected in **Graph 3**. The bacteriological compliance rate of 86,1% is a steady improvement from 81,3% in 2003 and 84,1% in 2004. The chemical compliance rate is unchanged. As was the case in the previous year, the bacteriological quality of drinking water in some of the rural areas is a matter of concern and should be addressed. The reason for the above could be two-fold namely poor maintenance of infrastructure and also the fact that people living on agricultural land in many instances does not have access to safe drinking water reticulation as is the case in town areas.

### Graph 3



The percentage of households with access to safe drinking water is reflected in **Graph 4**. The Cape Winelands District Municipality again could not provide any information in this regard. The Provincial average is influenced by this lack of information and the District Municipality should make a serious attempt to establish a dependable database. The percentage of people with access to water but not on premises in the Metro rose from 7,2% in 2003 to 17,4% in 2005. It is therefore assumed that this increase of people utilizing communal taps could be attributed to the extension of informal settlements due to the influx of people as previously mentioned.

### Graph 4

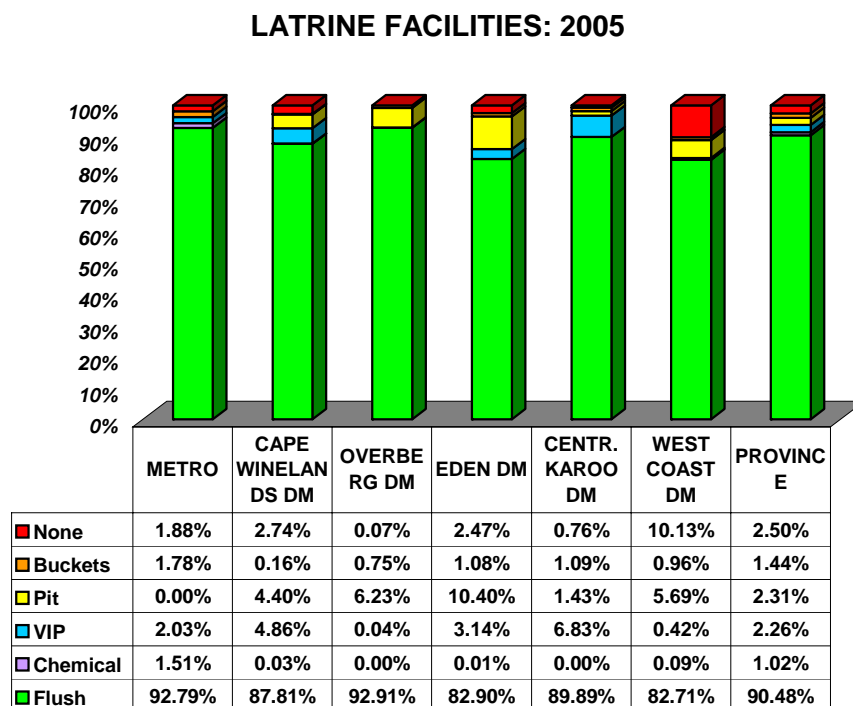


## 5 SANITATION

### 5.1 Sewage Disposal

**Graph 5** reflects the percentage of households with access to different types of latrine facilities. The Provincial average for households with access to flush sanitation has improved steadily from 88,9% in 2003 to 90,5% in 2005. However the 3 categories which represent unacceptable latrine facilities namely, pit latrines (unventilated), buckets and none still account for more than 6% of households in the Province. The phasing out of the afore-mentioned problem areas should be a matter of priority. It has been proven worldwide that poor sanitation can contribute significantly to the disease burden of a country. The phasing out of the afore-mentioned problem areas should be high on the agenda of Local Authorities when budgetary planning is done.

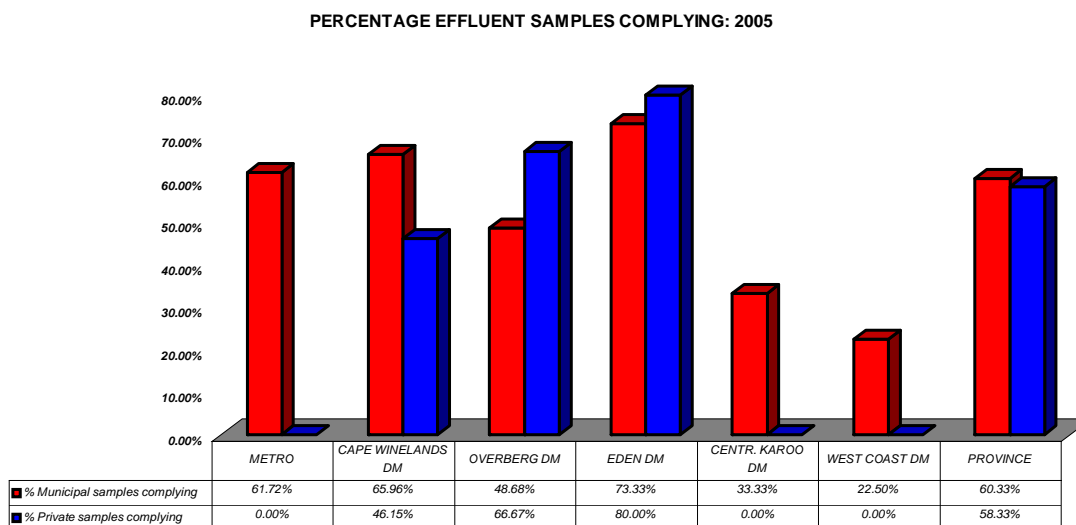
#### Graph 5



In total there is 134 Municipal and 48 private development sewage plants in the Western Cape. 1578 Municipal and 24 private sewage effluent samples were analyzed during 2005 and the compliance rate thereof is reflected in **Graph 6**. The poor quality final sewage effluent of which a significant volume is disposed of into water sources such as rivers remains a major problem. It seems as if the sewage purification plants are being operated above their design capacity, which in turn leads to inadequately treated sewage effluent being produced. From an Environmental Health point of view no new developments should be allowed, unless it can be proven beyond doubt that the particular sewage plant can safely accommodate the additional load from such

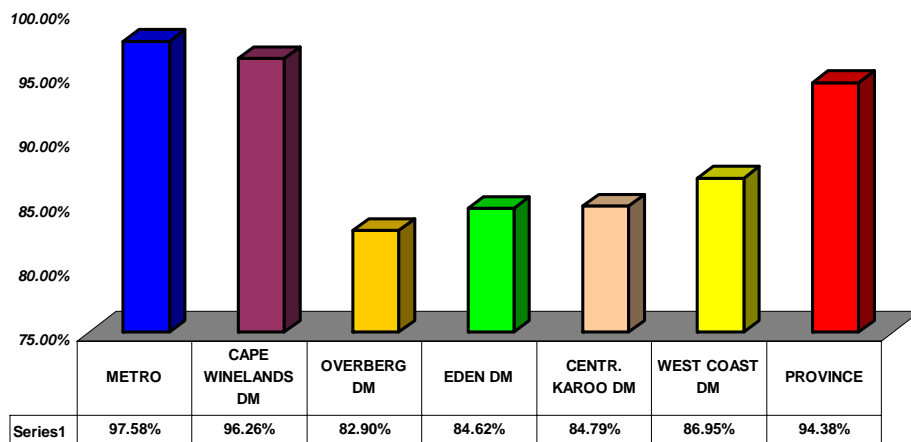
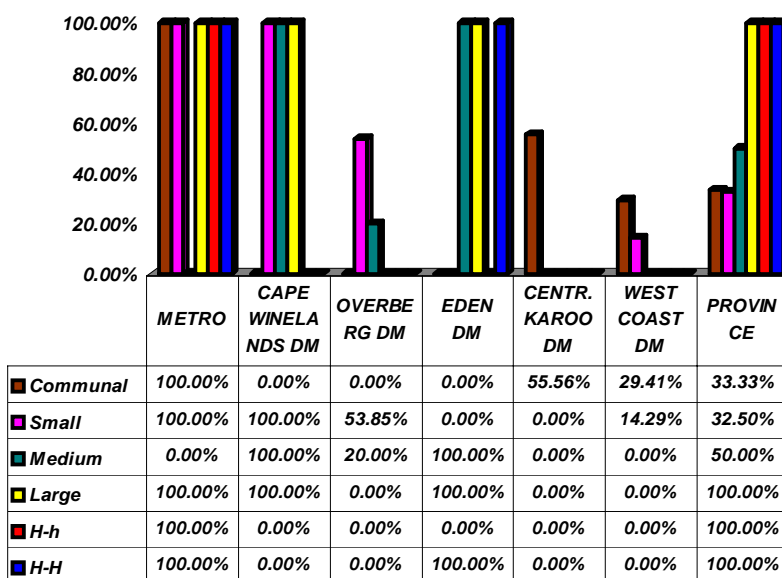
developments. The afore-mentioned situation has serious health implications and should receive immediate attention from all responsible authorities.

## **Graph 6**



## **5.2 Refuse Removal**

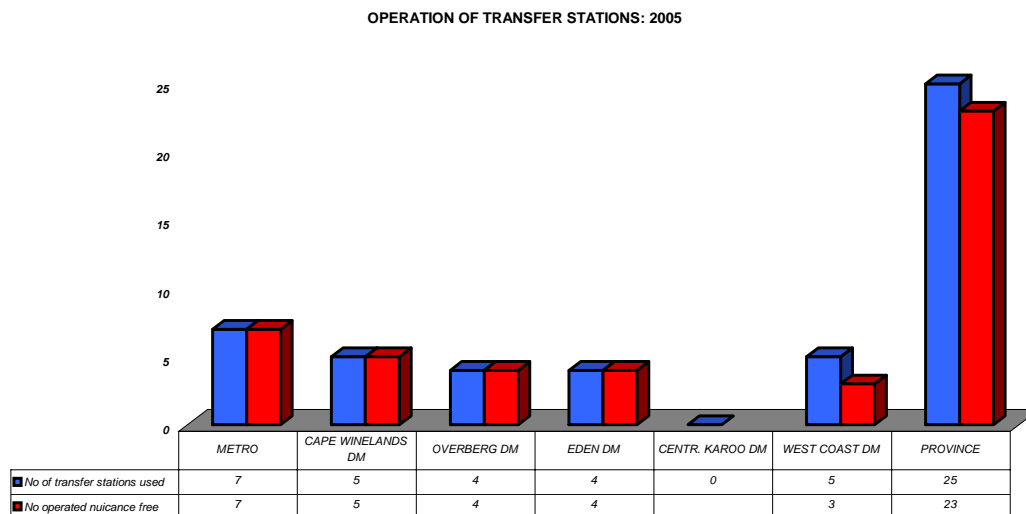
**Graph 7** illustrates the percentage of households in the Western Cape with access to effective refuse removal services. The Provincial average of 94,4% can be regarded as satisfactory. The remaining almost 6% which might represent certain informal and also rural areas receiving poor refuse removal services could once again represent a health risk. The number of landfill sites decreased due to the closure of smaller unsafe sites and the development of various regional refuse disposal sites. **Graph 8** reflects the percentage of waste sites with effective sanitary landfill procedures. From this graph can be deduced that the larger regional disposal sites are being operated considerably more efficient than smaller individual sites.

**Graph 7****% HOUSEHOLDS WITH EFFECTIVE REFUSE REMOVAL SERVICE: 2005****Graph 8****% WASTE SITES WITH SANTARY LANDFILL" 2005**

### 5.3 Operation of Transfer Stations

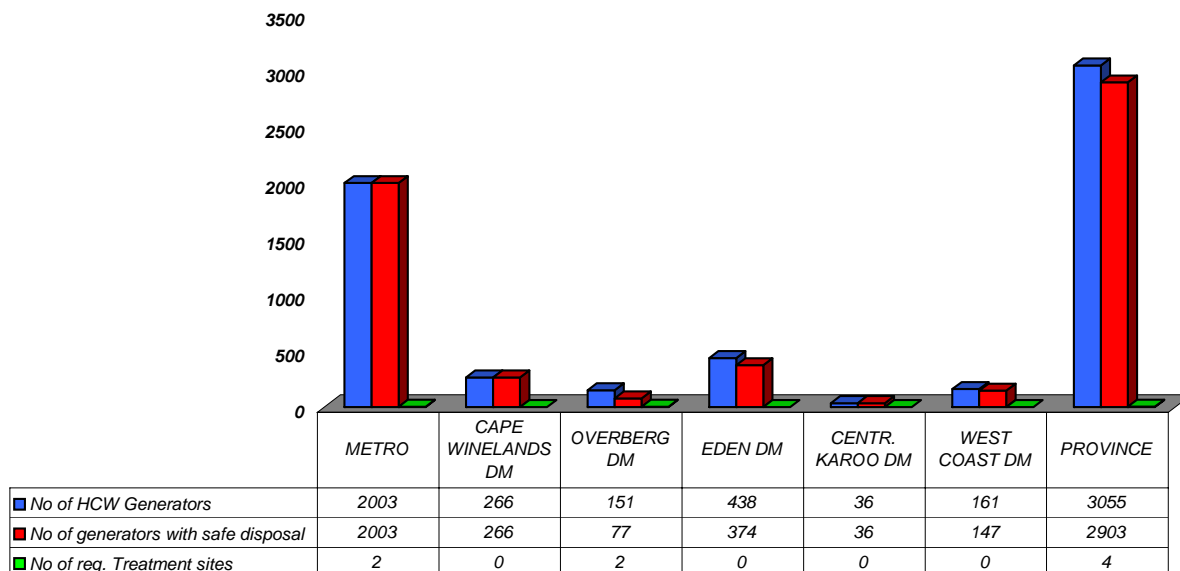
The number of transfer stations in the Western Cape as well as the number operated nuisance free is reflected in **Graph 9**. The fact that 92% of these transfer stations are being operated nuisance free underscores the previous point as these stations are being utilized in conjunction with regional disposal sites.

**Graph 9**



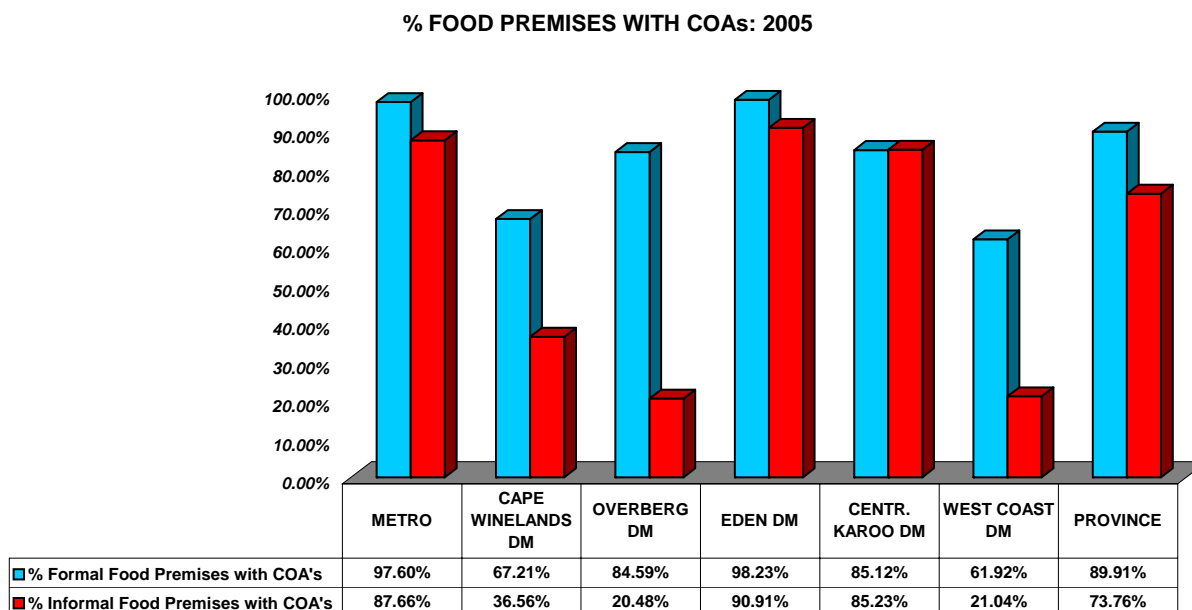
### 5.4 Health Care Waste Disposal

Sustained attention to safe health care waste disposal by Municipal Health Sections has contributed to the fact that 95% of all generators dispose of their health care waste safely (**Graph 10**). The availability of approved contractors for the disposal of health care waste in the rural areas might become problematic in future due to the fact that relative low waste quantities and distances negatively impact on their profits. The relevant role players namely Department of Environmental Affairs, Local Authorities, Department of Health etc. should collectively investigate and address this issue where necessary.

**Graph 10****HEALTH CARE WASTE DISPOSAL: 2005****6 FOOD CONTROL****6.1 Certificates of Acceptability (C.O.A's)**

The percentage of food premises with C.O.A's has increased from 77,3% for formal food premises and 51,6% for informal food premises in 2003 to 90% and 73,8% respectively (**Graph 11**). This improvement represents a significant input by EHPs, which will ultimately contribute to safer foodstuffs in the Province. However there are still specific areas of concern such as proper cleaning of food processing equipment as recently highlighted in the media. It is recommended that municipalities develop guidelines specifically aimed at addressing these problem areas.

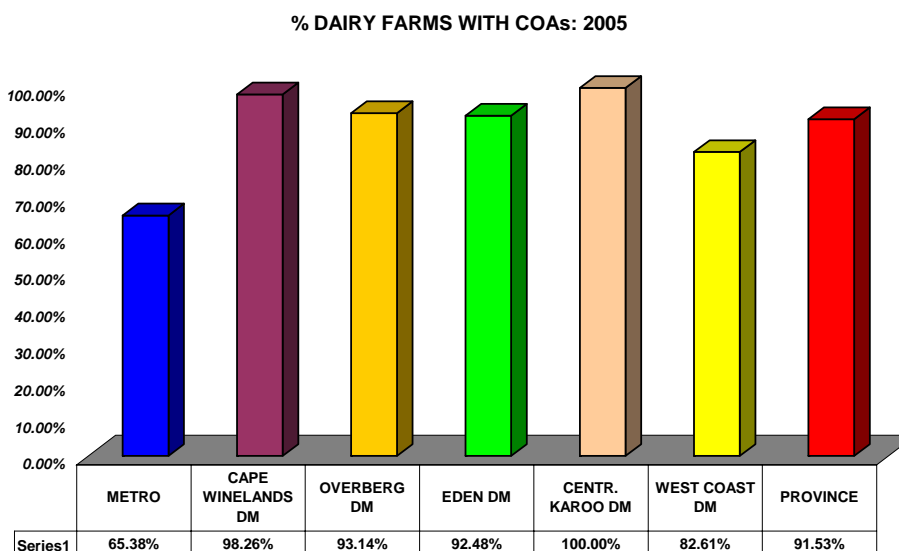
## Graph 11



## 6.2 Dairy Farms

**Graph 12** reflects the dairy farms with C.O.A's. Contaminated milk can have serious health implications, due to the fact that it is a very good growth medium for disease causing organisms. The high percentage of dairy farms complying is commendable. The Provincial Environmental Health Component has initiated the **compilation** of a Western Cape database for food premises and milking sheds with valid C.O.A's. This database can be utilized in various ways and will also be made available to all role players.

## Graph 12

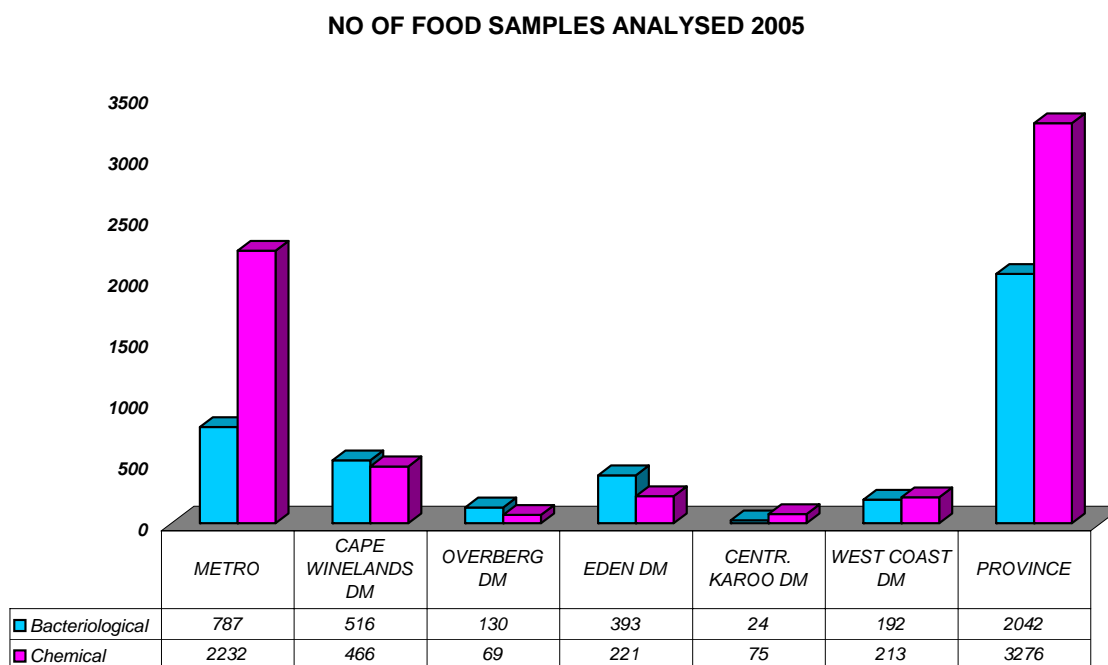


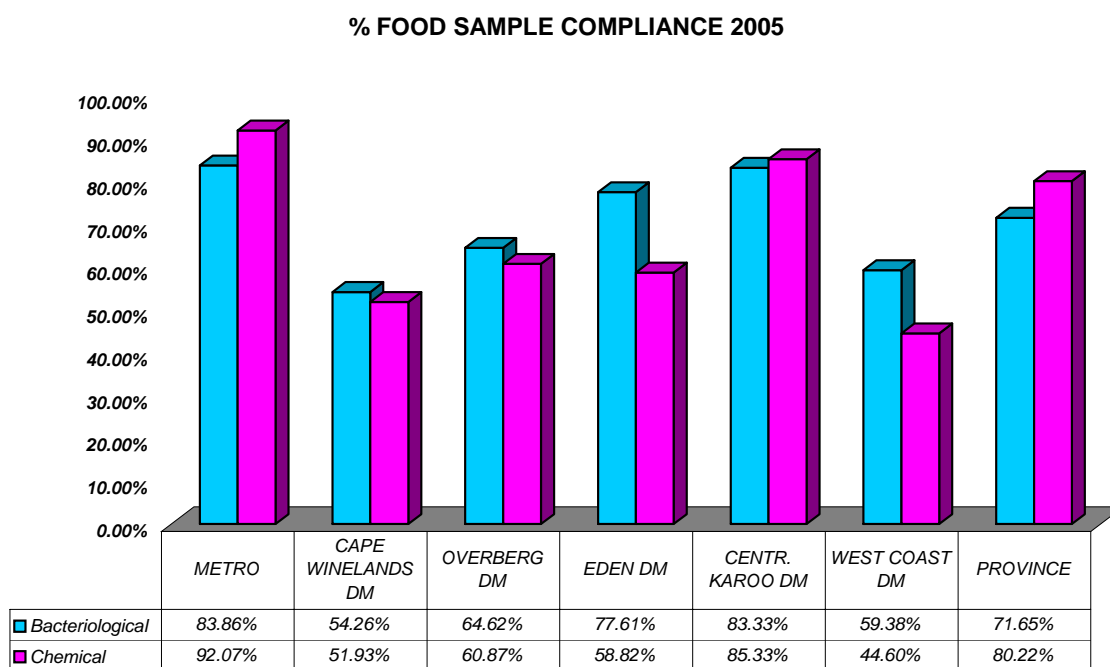
### 6.3 Food Sampling

The total number of bacteriological and chemical food samples analyzed during 2005 is illustrated in **Graph 13**. The compliance rate in terms of the Foodstuffs, Cosmetics and Disinfectants Act, 1972 (Act 54 of 1972) is reflected in **Graph 14**. The compliance rate for the Province is consistent with the rate for the last 2 years namely  $\pm 70\%$  and  $80\%$  for bacteriological and chemical analysis respectively. However the compliance rate, bacteriologically and chemically in some of the rural regions, especially Cape Winelands and West Coast District Municipalities is matter for concern. Planning at the Western Cape Food Control meeting as well as the various Environmental Health Forums should centre around rectifying the low compliance rate of foodstuffs available to the public.

Bacteriologically, dairy products were once again the main reason for non-compliance while bottled water and spices also contributed to this figure to a lesser extent. Preservatives, Colourants, Flavourants, Aflatoxin and also incorrect labels were the main reasons for chemical non-compliance. All Category A +C Municipalities in the Province has now been re-authorized in terms of the Foodstuffs Act, 1972. In comparison with the other provinces food control in the Western Cape remains generally satisfactory.

#### Graph 13

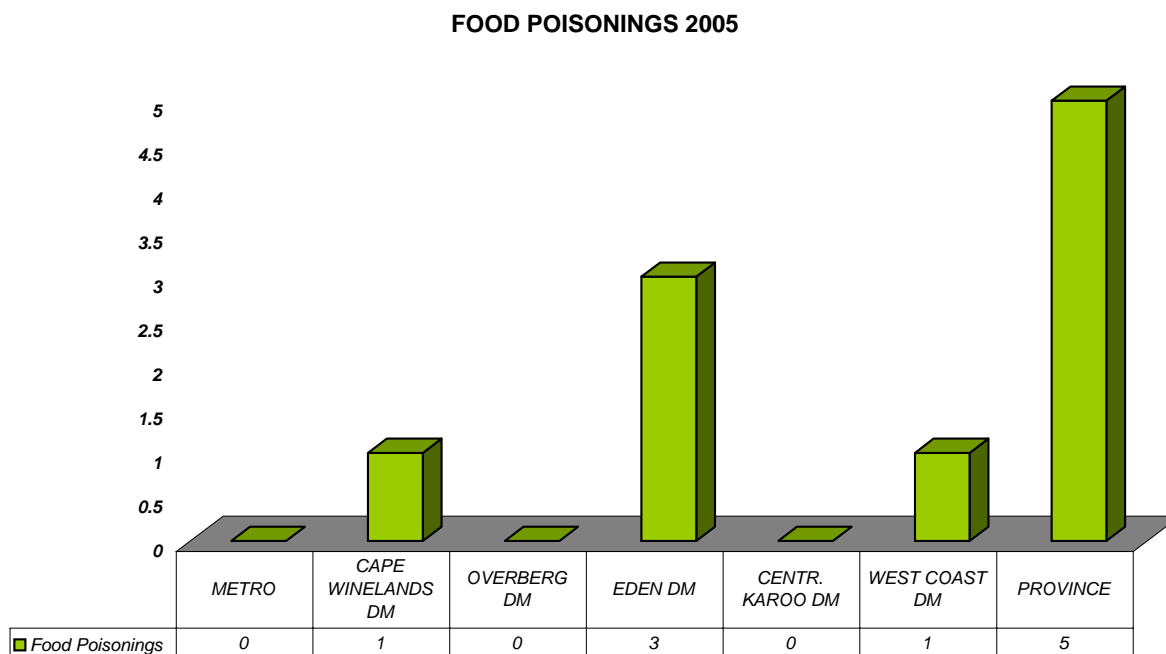


**Graph 14****6.4 Food poisoning**

**Graph 15** illustrates the number of food poisoning outbreaks for 2005. The fact that only 5 outbreaks were reported is a clear indication of under reporting.

It is therefore recommended that:

- Medical personal be sensitized to the reporting of cases of food poisoning.
- The present legislation regarding notifiable medical conditions should be revised due to the fact that an outbreak of food poisoning is currently defined as being 4 or more cases.

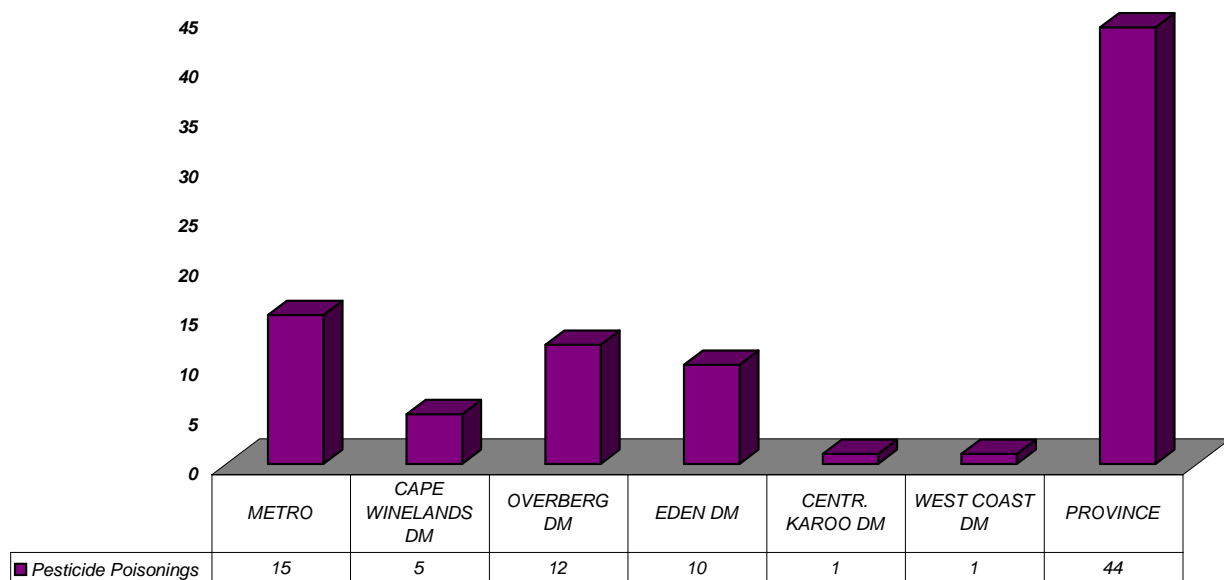
**Graph 15**

## 7 POISONING BY AGRICULTURAL REMEDIES

A total of 44 poisoning cases, due to agricultural remedies, were reported during 2005 with the majority emanating from the Metro, Overberg and Eden District Municipalities (**Graph 16**). Indications are that this is another notifiable condition that is substantially under reported, especially in some of the Districts. It also seems that not all reported poisoning cases are being brought to the attention of the relevant EHPs for investigation as the number of cases reflected by Provincial Information Management does not correspond with the number reported by EHPs.

Pesticide poisonings place an additional load on the already over-burdened public health facilities and therefore all role players, should be made aware of their various responsibilities, be it reporting, investigation of poisonings or the safe handling of these substances.

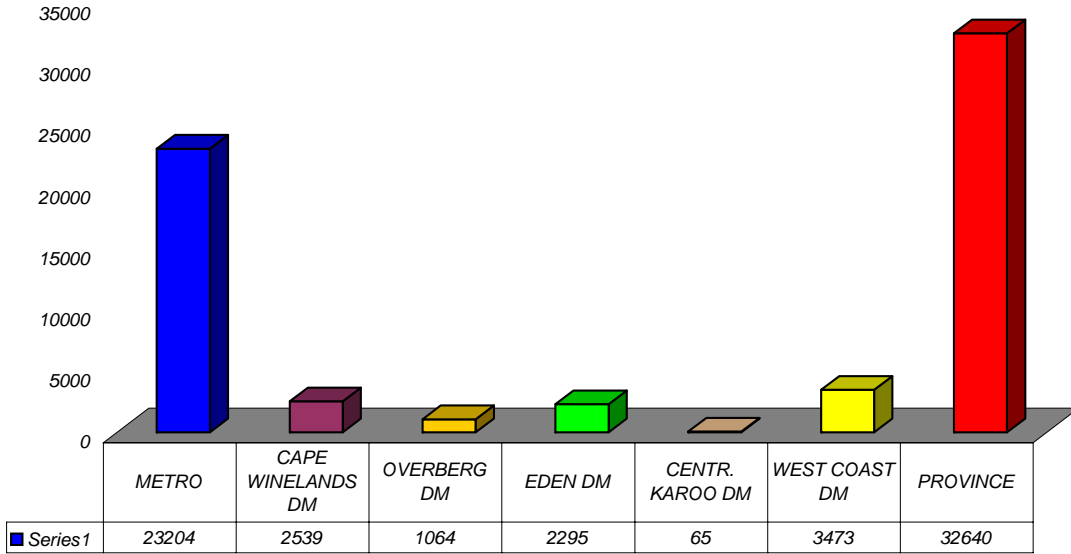
In terms of The National Health Act, 2003 (Act 61 of 2003) the Provincial Environmental Health Section is responsible for the control of the trade in Hazardous Substances. A total number of 174 Hazardous Substances licenses were issued during 2005. Furthermore this section has also compiled a database of all premises licensed to trade in Hazardous Substances. This dataset will be updated on a regular basis and be available to other role players.

**Graph 16****PESTICIDE POISONINGS 2005****8 COMPLAINTS**

There has been a marked decline in the number of environmental health related complaints received from 62,254 in 2003, 48,601 in 2004 to 32,640 in 2005. **(Graph 17)** Pest control related complaints were once again the main contributor to the total number of complaints received, with housing and vacant land second and third highest respectively. **(Graph 18)** Tobacco related complaints were the only category, which showed an increase (524 in 2003 to 583 in 2005). A possible reason for this increase might be the fact that non-smokers are becoming increasingly aware of their rights in terms of the Tobacco Products Control Act.

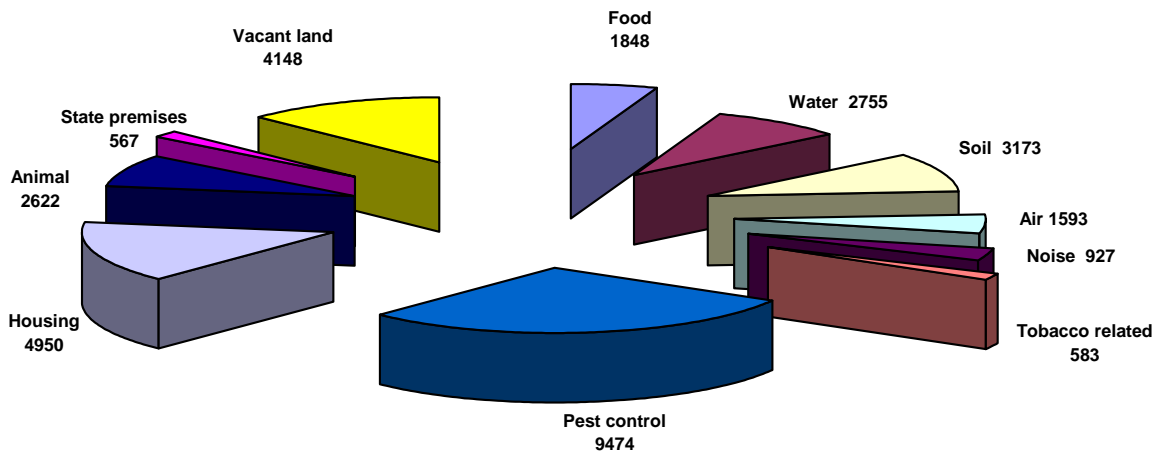
**Graph 17**

**TOTAL COMPLAINTS: 2005**



**Graph 18**

**2005 COMPLAINTS WESTERN CAPE**



## 9 CONCLUSION

At this stage it appears as if the restructuring of Environmental Health, due to the placement of Municipal Health Services with Category A and C Municipalities has brought about a more efficient service delivery to communities. This should result in a safer environment that could help to lessen the load on public curative services. The National Department of Health is currently in the process of developing a national indicator set for environmental health and the Western Cape provided a significant input in this regard. However it seems as if this process will not be finalized soon, therefore the present indicators for the Western Cape will remain in use until the National environmental health information system is implemented.

Local Authority Environmental Health Sections are once again thanked for their effort in enabling this Department to produce this report. The annual report plays an invaluable role in this Department's function of monitoring Municipal Health Services in terms of The National Health Act, 2003 (Act 61 of 2003) and it is trusted that Local Authorities will also find it valuable in evaluating their services.

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