

A NARRATIVE ENQUIRY OF SEXUAL JUSTICE FOR INFORMAL SETTLEMENT COMMUNITIES

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Research on Lived Realities towards
Healthy Cities

Linking voices of the community to
policymakers

Linking voices of students to
community impact

Linking voices of partners to lasting
change

Informal Settlement Health

This research has been conducted by the
COPC Unit, Faculty of Health Sciences,
University of Pretoria, Gauteng, South
Africa in collaboration with LIFT NPO in the
Woodlane Village Informal Settlement
Clinic, Gauteng, South Africa.

Introduction and Rationale



Informal settlements pose health risks particularly to vulnerable populations such as women and children, the elderly, and are likely to aggravate gender-related inequalities.

Person-centric care for vulnerable groups should expand beyond free primary care services to support and enable within the community; education, nutrition and skills development that empower women to make decisions about their bodies, health and lifestyle reflecting the social development goals for equality and social justice.

Action and Population Group Concerned



In the last decade the COPC Research Unit, deployed an Informal Settlement Health program within 4 communities in Gauteng, South Africa to address social justice rights linked to access to care

Includes an essential comprehensive maternal and childcare program supported by local leadership, stakeholders and non-profit organisations.

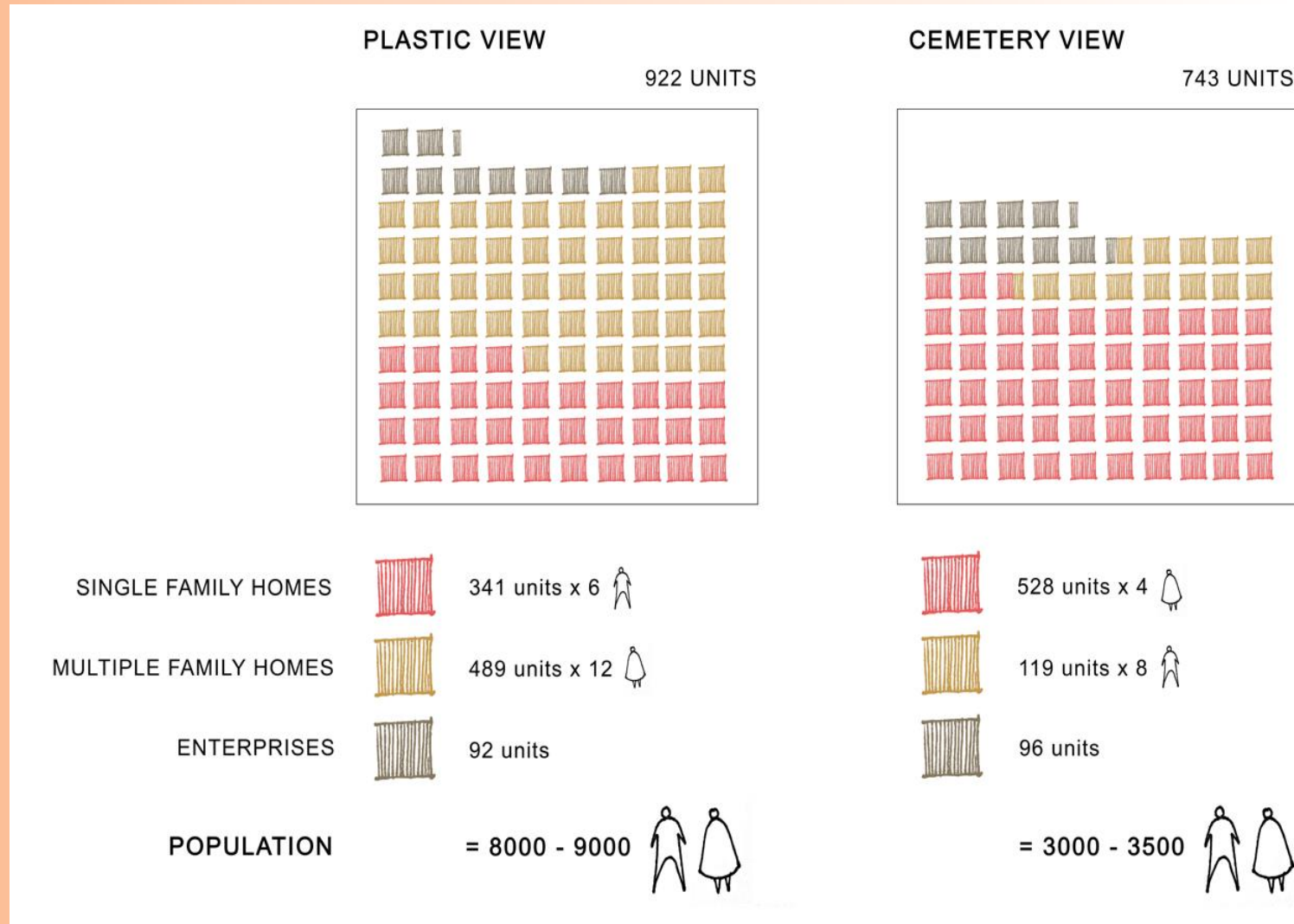
The holistic health posts include development of a clinic, kitchen and training centre from converted containers.

Model involves community health workers living in the communities.

Regular contact with women at the clinic during growth monitoring, breastfeeding promotion, nutrition education and family planning activities provide opportunities for empowerment, education and care.

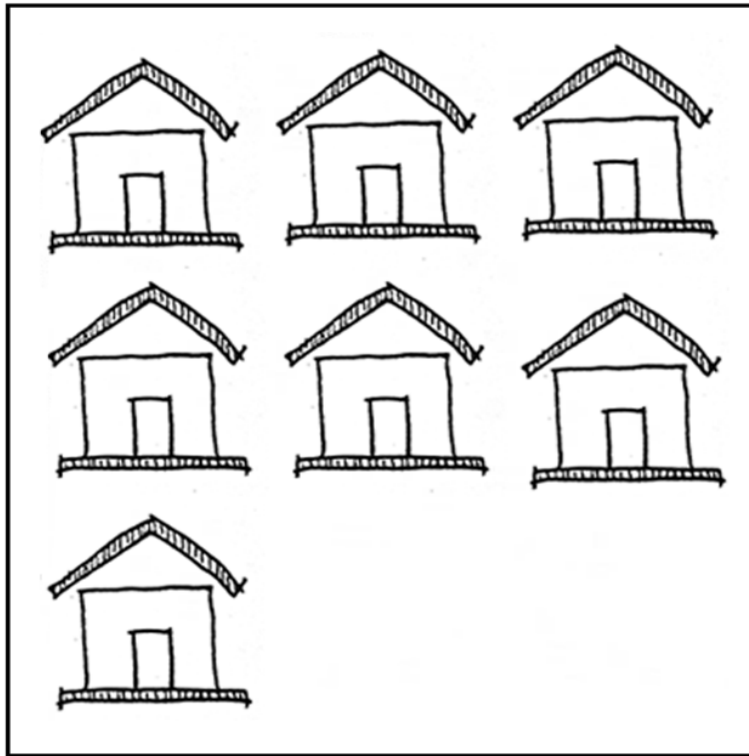


Number of residents in Plastic View and Cemetery View Informal Settlements

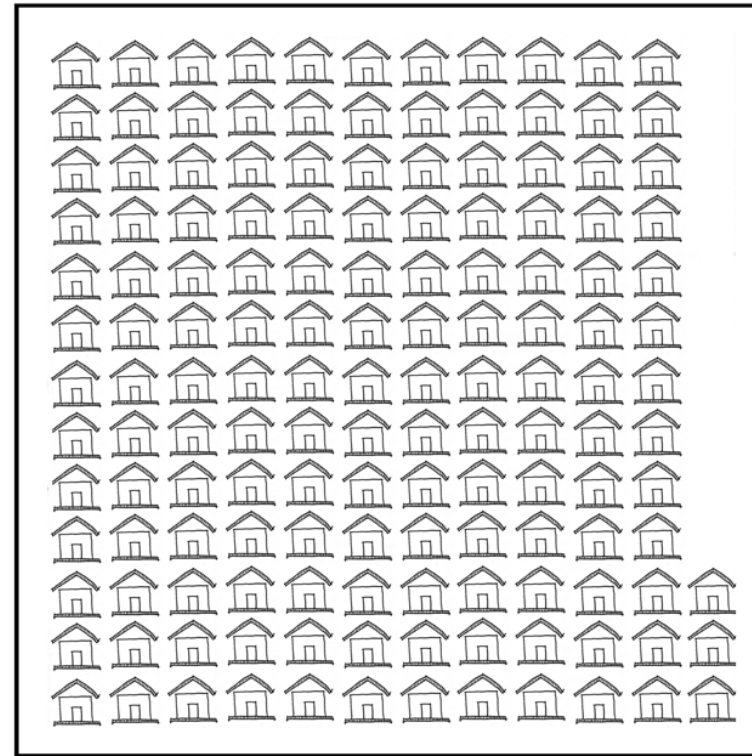


Where you live matters: Scarce resources exacerbate gender-based violence

Houses per hectare



7 Average affluent houses per hectare

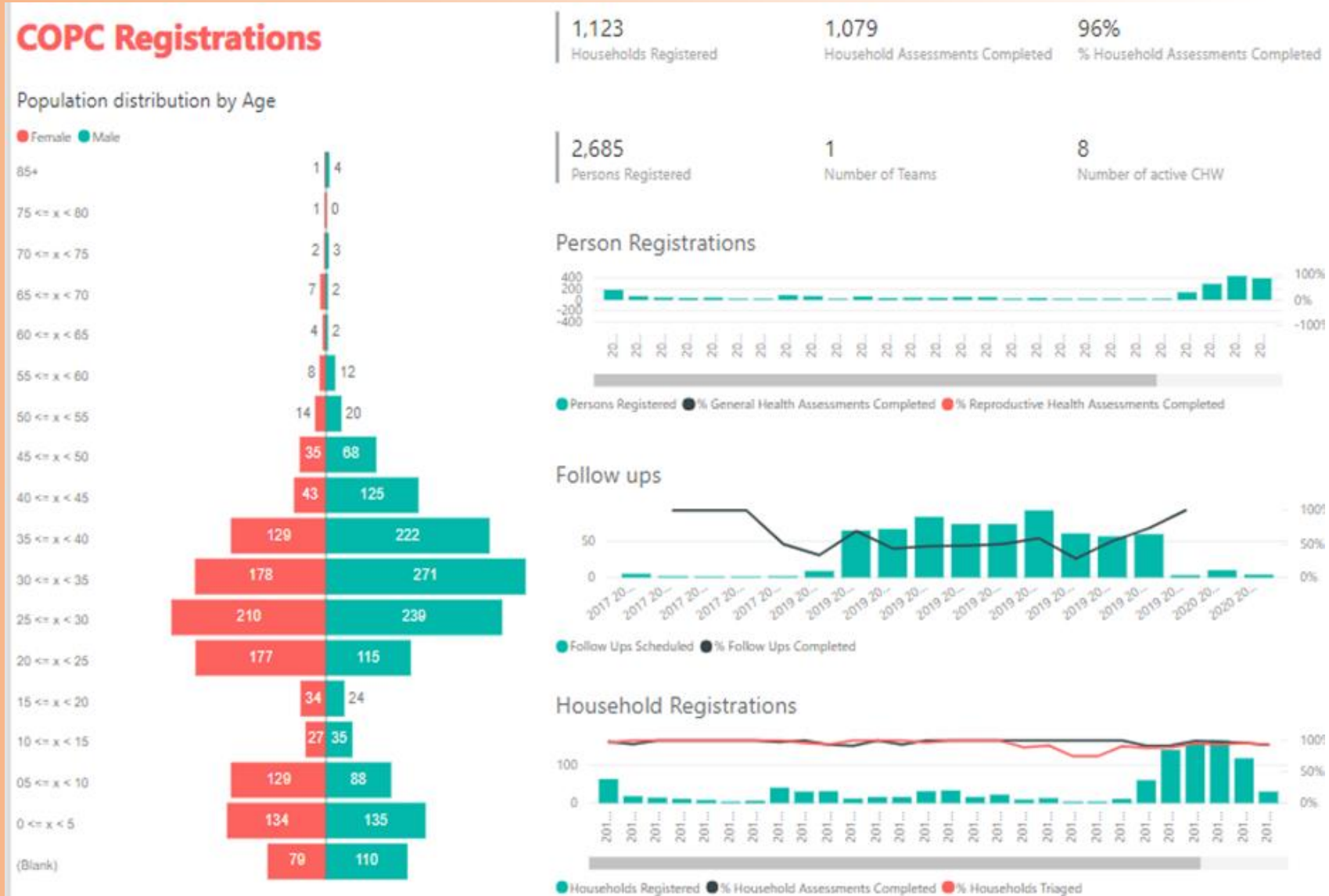


146 Average informal houses per hectare

Partnerships for Change

- UP in partnership with LIFT NPO and Moreleta Church has been offering services to the residents of Woodlane Village and Cemetery View informal settlements at a clinic established on-site since Feb 2017.
- This encompassing primary care strategy known as COPC (Community Orientated Primary Care) e primary care workers visiting households and identifying and supporting early treatment of health and social problems. Data is captured on the AITA™ health app and used to inform interventions.
- Household care is linked to clinical care at the facility.

Number of Households Registered in WV on AITA



A vulnerable population: TB and HIV Statistics

Due to the high density of residence in the area as well as lack of adequate water and sanitation, the identification of TB positive patients and early treatment is a priority.

The TB oral swab study is a unique research intervention offering care on household level to address TB in this informal settlement that is currently 6% (compared to the Tshwane region's average of 1% infection rate).

Newly diagnosed HIV + patients at the weekly clinic offered on site are in line with national statistics with an average of 12% of new diagnosis per month

Evaluating the utility of the PrimeScreen-TB oral swab triage assay for community-based diagnosis of TB in a high-risk setting: The Woodlane TB Intervention Study*

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Persons at risk of active/subclinical TB referred to oral swab team via:

- Routine Health Care Worker visits to Woodlane households
- Woodlane community clinic (no structured TB diagnostic services)
- AitaHealth mobile tool² database (household-level primary care data registry)



Structured TB-risk questionnaire administered to all persons 18 yrs or older and oral swab triage test offered to all responding 'Yes' for:

- Positive symptom screen
 - Persistent cough (or cough of any duration if HIV+)
 - Persistent fever
 - Drenching night sweats
 - Unexplained loss of weight
- Previous TB (past 2 years)
- Contact of known case (current/past yr)
- HIV-infected
- Pregnant

PrimeScreen oral swab kit: UP HREC-approved consent form and one-page questionnaire, flocked swab, PS-MTM tube, transport bag, disposable gloves

Oral swab in PS-MTM to central lab (no special transport precautions or cold-chain); weekly pick-up Wednesdays

qPCR assay performed, results out within 48 hrs (Friday); Woodlane and HCW's notified.

Patients with **positive triage test** referred for **confirmatory test** (Xpert and culture plus DS testing) to Pretoriuspark Clinic; household **contacts** referred to oral swab HCW team.

Pilot study³ serving as rationale for scale-up to demonstration project

Households visited: **n=150**
Mean adult occupancy per household: **3.2**

Swabs taken from persons with cough plus one or more TB symptoms or with previous TB or living with a diagnosed case of TB: **n=73**

TB symptoms only: n=60
PCR-positive: **18 (30.0%)**

Recent TB with/without symptoms: n=4
PCR-positive: **2 (50.0%)**

Case of TB in the household: 9
PCR-positive: **4 (44.4%)**

Conclusions:

Oral sputum/saliva swab-specimens from persons with TB symptoms or previous disease, stored/transported in PrimeStore molecular transport medium and subsequently analysed by qPCR using PrimeExtract and PrimeMix are:

- easy to collect (non-invasive, quick, patient-friendly)³
- safe (specimen rapidly rendered non-infectious)⁴
- robust (no cold chain, optimal preservation of DNA)^{5,6}
- multiplatform PCR compatible, including GeneXpert⁷

If **confirmed positive**, patients started on appropriate TB therapy as per DS profile; treatment adherence facilitated by Woodlane HCW team. If **negative**, clinician to consider empiric therapy if high clinical concern for TB and/or schedule follow-up assessment one month later.

References

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*This study is being conducted in South Africa by the University of Pretoria in partnership with the not-for-profit organization LIFT and has been designed to comply with the Guidance for Studies Evaluating the Accuracy of Tuberculosis Triage Tests¹



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Maternal and Child Health is Key to the Program

- Weekly clinic service available for patients to consult at no cost on problems identified on household level.
- Walk-ins or self-referrals are also assisted.
- Medication is given wherever possible and for more specialised treatment patients are referred.
- Patients seen at the clinic registered on an EHR system Synaxon™.
- 1175 children <5 were seen from Jan 2019-Jan 2020 during the once a week clinic.
- Ante-Natal and Contraceptive Care is at the heart of the program.

Top Diagnosis at Woodlane Village Clinic

Top Diagnosis - Location




Description	ICD10 Code	Qty
Gauteng[Pretoria]{Morelete Park}(Woodlane Village Clinic)		
Contraceptive management	Z30.9	1,755
Dietary counselling and surveillance	Z71.3	795
Routine child health examination	Z00.1	511
General medical examination	Z00.0	491
Human immunodeficiency virus [HIV] counselling	Z71.7	444
Influenza	J11.1	334
Lack of adequate food	Z59.4	291
Unspecified acute lower respiratory infection; Acute (lower) respiratory	J22	239
Normal Pregnancy	Z34.9	176
Acute gastroenteritis [AGE], dehydration status unspecified	A09.9	175
Abdominal pregnancy	O00.0	152

Sexual Health

- The number one diagnosis for a consultation at WV clinic is contraceptive management
- Residents of informal settlements often struggle to access clinical primary care
- 80% of the residents of Woodlane Village and Cemetery View are foreigners
- Barriers to care include not having documentation, language, fear and intimidation, patriarchal systems where the husband must give permission for a women to use contraceptives, lack of money for transport and not knowing how or where to access care

Sexual Health

- Government local clinics often run out of contraceptives (as was the case again in our region in 2020 during Covid-19 for over 3 months).
- Women fall pregnant not out of choice, but lack of access to care.
- During this time one patient tried to self-abort at home.
- From June 2020-March 2021 123 women attended ante-natal care or reported being pregnant during a home visit.
- 18 of the 123 women were 18 years or younger at the time of their ante-natal visit (15%). With the youngest 12, having sex with multiple men, on her mom's consent.
- Most of them were in traditional marriages. Many from age 15 years.
- In 2019-2020 two women were rescued from human trafficking in this village.
- A Zimbabwean under aged-girl that was 'sold' by her parents where rescued and sent to a safehouse in Zim. Only to return to this man as she had nowhere to go.



Women want to tell their story.
They do not want to be nameless, faceless.

Dr Ellenore Meyer partnered with journalist
Noxolo Sibiya in giving a voice to the
voiceless. A series where women speak up.

8 Weeks of activism in partnership with
Rekord Newspaper.

Teenage Pregnancy in Informal Settlements



Melissa Maphosa (20) from the Zama Zama informal settlement shares her story on teenage pregnancy while living in a disadvantaged community.

“I didn’t know much about sex. The first time I tried, I fell pregnant,” she said. “I was scared. My mother didn’t know right away, I only told her two months later.” One of her biggest struggles she faced was a harsh and judgmental society while she herself was struggling to forgive herself. She said she also lost friends because of her pregnancy.

Since she fell pregnant Melissa Maphosa has become a valuable member of the COPC team counselling other young women.

She is one of thousands of young women facing similar situations.

Over 180 000 South African teenagers become pregnant each year, and many are still in school.

Mass education is required that targets schools and homes, supporting and enabling better health through informed decision making and care readily available to our communities.

A Woman Reclaims her Life from Drugs and Sex Work



Thandeka Ndlovu (32) shares her story of drug use, becoming a sex worker as well as physical and emotional abuse

Thandeka Ndlovu became a sex worker when she and her child were left in poverty, abandoned by her partner and father of her baby.

“We had absolutely nothing. I had to mix powdered milk with porridge, make it a thin consistency in order to feed my child. Things had become really bad and I felt so hopeless. This is when I was introduced to sex work and drugs. I felt like I had no other option” she said. “I had to use drugs and alcohol to cope. I used cocaine, pills and stone.

She was taken to the Plastic View informal settlement, east of Pretoria, by a friend who showed her the ins and outs of the life. In the first three days on the job, she made close to R3 000, which allowed her to pay rent and buy food and clothes for her daughter who she had left behind in Johannesburg.

She said, “I got into it, but it wasn’t easy. I watched my soul die every single day.”

Thandeka through one of the life skills programs at the clinic today has another occupation.

A Health Care Worker Making a Difference in Informal Settlements

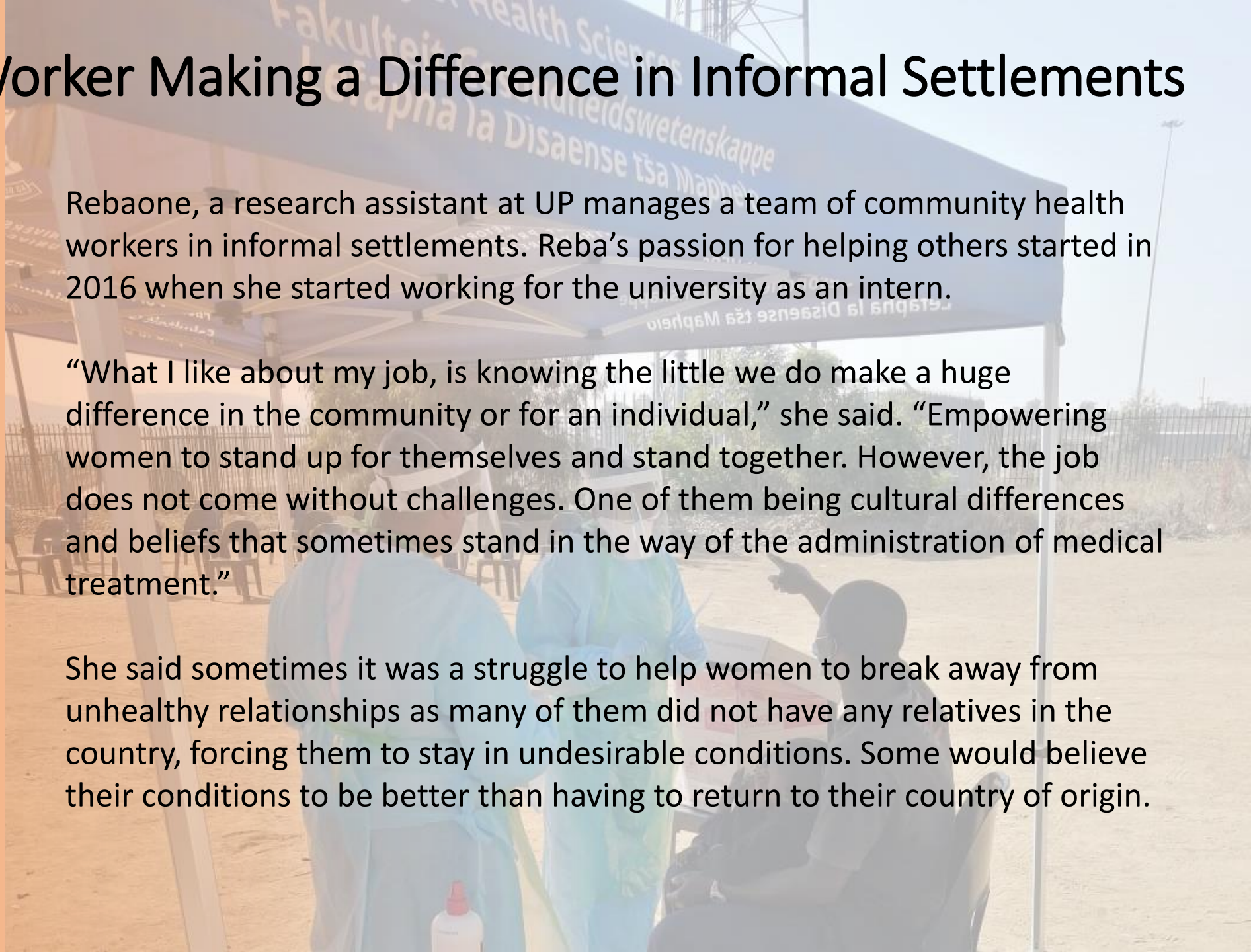


Rebaone Kutlo Madzivhandila, a 30-year-old health worker who committed her life to helping vulnerable people

Rebaone, a research assistant at UP manages a team of community health workers in informal settlements. Reba's passion for helping others started in 2016 when she started working for the university as an intern.

"What I like about my job, is knowing the little we do make a huge difference in the community or for an individual," she said. "Empowering women to stand up for themselves and stand together. However, the job does not come without challenges. One of them being cultural differences and beliefs that sometimes stand in the way of the administration of medical treatment."

She said sometimes it was a struggle to help women to break away from unhealthy relationships as many of them did not have any relatives in the country, forcing them to stay in undesirable conditions. Some would believe their conditions to be better than having to return to their country of origin.



Outcome



The inter-disciplinary approach has improved the lives of thousands of people and has contributed to sexual health education and empowerment that is both relevant to our current context and responsive in addressing individual and collective needs.

The narratives of these women highlight the bleak reality that thousands, millions of women face.

Issues pertaining to sex work, displaced people, human trafficking, youth and adolescent sexuality, gender-based violence and contraception.

Preventative and essential primary care should be linked to life skills where people live

Discussion and Recommendations



Working with vulnerable women and children in their communities enable health professionals and policymakers to see first-hand what patient's experience; informing a better understanding on how to support patients in a holistic fashion and introduce inter-disciplinary social justice solutions.



UP_COPC_Informal Settlement Health Website



Informal Settlement Health Research

UP Community Oriented Primary Care Research Unit / Informal Settlement Health Research

Future-Proofing Communities Post-COVID-19: Gearing Community-Based Platforms For The Fourth Industrial Revolution