



**Western Cape Government
Provincial Treasury**

**Socio-economic Profile
City of Cape Town**

2012

Executive Summary

City of Cape Town



Introduction

Regional profiles provide Western Cape municipalities with information which may assist in planning, budgeting and the prioritisation of municipal services. It is acknowledged that municipalities across the Western Cape have different capacities and therefore will use the information in this profile in a way that suits their own needs.

The areas covered in this profile include information on demographics, education, health, crime, poverty, housing, municipal services, labour force, economy, government finance and environmental management.

The indicators reflect the socio-economic reality of municipalities. As such, valuable insight can be gained as to the developmental challenges faced by communities residing within a specific geographical area.

This profile uses data¹ primarily sourced from Statistics South Africa, administrative data from sector departments, the Bureau of Economic Research and Quantec. The data from sector departments are the most recent, while Statistics South Africa's 2011 Census represents the latest municipal level data; comparisons are also made with the 2001 Census.

The format of the profiles allow for easy readability with data being displayed in table or graph format, with the relevant analysis.

The information contained in this profile highlights information for the City of Cape Town in relation to the Western Cape and its district municipalities as well as, at times, other South African metropolitan municipalities. Since the greater part of the Province's population (66.3% in 2007) as well as the greatest Rand value of the Province's economic activity (73.6% in 2010) takes place within the City's borders, the City often dominates Western Cape discussions on socio-economic realities. Yet, the City only accounts for 1.9 per cent (2 440 km²) of the Province's total geographic space (129 462 km²)².

1. Demographics

The demographics of a population refer to selected population characteristics such as age, gender, population group and income levels. Demographic characteristics inform key policy decisions, for example, a household's income level determines whether or not the household qualifies to be classified as indigent. Having indigent status in turn entitles that household to certain benefits, such as free basic services as stipulated in the Indigent Policy of the municipality.

A thorough understanding of population changes is necessary to ensure that planning is informed. This section outlines the gender and age distribution of the population of the City of Cape Town.

1.1 Population Size

The Western Cape population increased to 5 822 734 in 2011 from 4 524 331 in 2001 according to survey results from Statistics South Africa. Table 1 below shows the growth rates in population figures for district municipalities and the metro in the Western Cape Province between 2001 and 2011.

¹ A caveat to the data used to inform the analysis contained in this profile has been attached in the form of a cautionary note at the end of the profile.

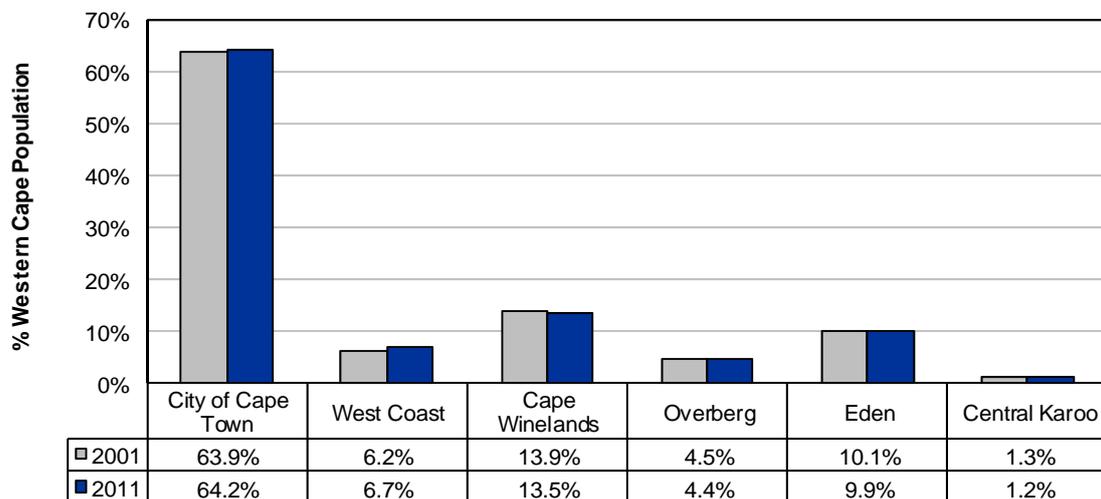
² Demarcation Board.

Table 1 Western Cape population numbers 2001 and 2011

| Population numbers | StatSA 2001 Census | StatsSA 2011 Census | Percentage population growth 2001 - 2011 | Average annual growth rate |
|--------------------|--------------------|---------------------|--|----------------------------|
| City of Cape Town | 2 893 247 | 3 740 026 | 29.3% | 2.6% |
| West Coast | 282 673 | 391 766 | 38.6% | 3.3% |
| Cape Winelands | 629 490 | 787 490 | 25.1% | 2.3% |
| Overberg | 203 520 | 258 176 | 26.9% | 2.4% |
| Eden | 454 919 | 574 265 | 26.2% | 2.4% |
| Central Karoo | 60 482 | 71 011 | 17.4% | 1.6% |
| Western Cape | 4 524 331 | 5 822 734 | 28.7% | 2.6% |

Source: Statistics South Africa Census 2001 and Census 2011

The City of Cape Town had the second largest increase in population, having expanded nearly 30 per cent between the two Census years. The West Coast district registered the biggest increase in population, with over 100 000 more people (or 38.6%) living in the District in 2011 compared to 2001. The Central Karoo, which has the smallest population in the Province, grew the least between 2001 and 2011. The average annual growth for the districts and the metro between 2001 and 2011 is 2.6 per cent. Close to two thirds of the Western Cape population lives in the City of Cape Town as depicted in Figure 1 below. The Cape Winelands and Eden district municipalities are second and third respectively in terms of population numbers as shown in Figure 1 below.

Figure 1 City/district population as a percentage of Western Cape – 2001 and 2011

Source: Statistics South Africa Census 2001 and 2011

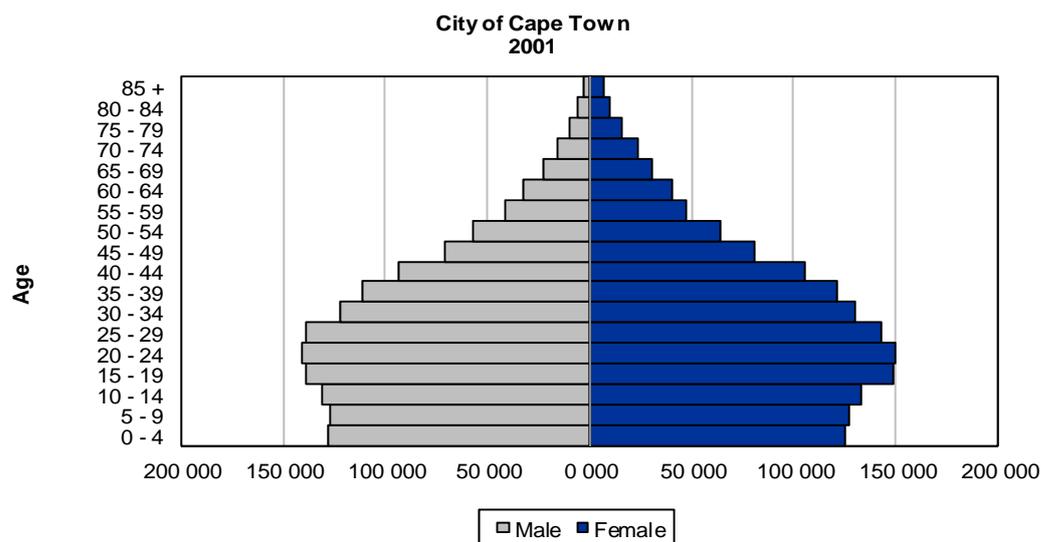
The City's population as a proportion of the Western Cape's population increased from 63.9 per cent in 2001 to 64.2 per cent in 2011 due to increased urbanisation. The West Coast district's population as a proportion of the province also increased to 6.7 per cent. While the City and West Coast populations have shown an increase in proportion to that of the Western Cape, there are marginal declines in the proportions for the Cape Winelands, Overberg and Central Karoo.

1.2 Age and Gender Distribution

The population pyramids in Figures 2 and 3 below shows the age and gender distributions of the City of Cape Town’s population in 2001 and 2011.

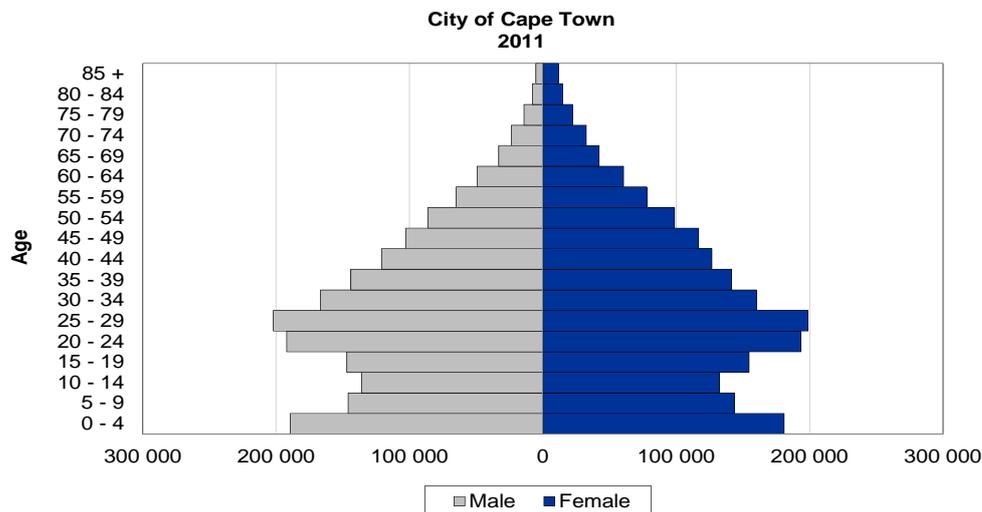
In both 2001 and 2011, it is evident that the bulk of the population is between the ages of 15 and 65 years, the economically active population.

Figure 2 City of Cape Town Population Pyramid, 2001



Source: Statistics South Africa Census 2001

Figure 3 City of Cape Town Population Pyramid, 2011



Source: Statistics South Africa Census 2011

When comparing the shape of the 2001 and 2011 population pyramids, population decreases are particularly noticeable at ages 5 to 14 years. This will have particular implications for the provision of facilities and services related to children and child care. However, the youth population between 15 and 40 years remains robust

between the two Census years. This growth in the labour force will also have a direct impact in a greater need for employment opportunities.

A crude breakdown of different age groups is presented in Table 2 below; 0 to 14 years representing children, 15 to 64 years the working age population and 65 years and older the aged; the 15 to 34 year group represent the youth.

Table 2 City of Cape Town, 2001 and 2011 Population by Age group

| Age group | | 2001 | 2011 | Percentage population 2001 | Percentage population 2011 | Annual Average Growth 2001 - 2011 |
|-------------|------------------------|-----------|-----------|----------------------------|----------------------------|-----------------------------------|
| 0 -14 years | Children | 771 066 | 928 329 | 26.65 | 24.80 | 1.87% |
| 15 - 64 | Working age population | 1 977 994 | 2 604 210 | 68.37 | 69.60 | 2.79% |
| 65+ years | Aged | 144 190 | 207 487 | 4.98 | 3.90 | 3.71% |
| 15 - 34 | Youth | 1 111 807 | 1 414 221 | 38.43 | 37.80 | 2.44% |

Source: Statistics South Africa Census 2001 and Census 2011

The total population for the City has grown between 2001 and 2011, and there have been changes in the proportion of each of the age groups in relation to the total population size. It is noted that the City's overall population shows some signs of ageing, with the proportions in the relatively older age groups increasing the most as shown by the relatively high average annual growth of 3.71 per cent for the 65 and older age group. An increase in the proportion of the working age population is also noted.

The child dependency ratio for the City, based on the 2011 Census, is 35.6 per cent and the aged dependency ratio during the same period is 8 per cent. Adding these two ratios together, the total dependency ratio for the City amounts to 43.6 per cent in 2011, which is nearly half the population. This highlights the extent of support that the City needs to take into consideration when planning service delivery. For the Province as a whole, the total dependency ratio is slightly higher, at 44.9 per cent.

2. Social Development and Well-being

2.1 Education and Human Development

Education and training improves access to employment opportunities and helps to sustain and accelerate overall development. It expands the range of options available from which a person can choose to create opportunities for a fulfilling life. Through indirect positive effects on health and life expectancy, the level of education of a population also influences its welfare.

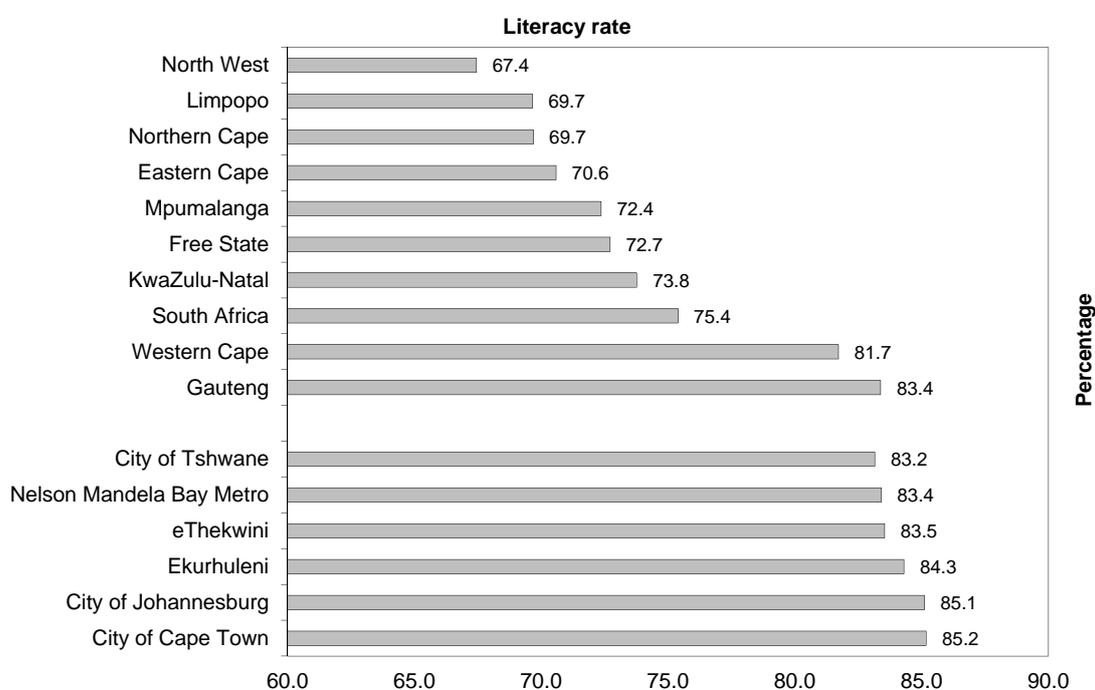
Selected indicators affecting the education and skill levels in communities discussed here are the literacy rate and access to training facilities in the municipal area. An indication of the number of no fee schools in the City is also included; this gives a sense of the extent to which the Department of Education has identified and prioritised support to households who are unable to make a financial contribution towards the cost of education.

2.1.1 Literacy

Literacy is used to indicate a minimum education level attained. A simple definition of literacy is the ability to read and write, which is more strictly defined as the successful completion of a minimum of 7 years of formal education. Since most learners start school at the age of 7 years, the literacy rate is calculated as the proportion of those 14 years and older who have successfully completed a minimum of 7 years of formal education.

A comparison of provincial and metropolitan literacy rates for 2007 is provided in Figure 4 below. In 2007, South Africa’s literacy rate³ was 75.4 per cent; with a rate of 81.7 per cent, the Western Cape as a Province performed better than the national average. Provincially, the North West province fared worst (67.4%) while Gauteng’s topped the provincial list with a rate of 83.4 per cent.

Figure 4 Literacy rates, 2007 Inter-Provincial and Inter-Metro Comparison



Source: Statistics South Africa Community Survey 2007

The literacy rate of all the metros was better than that of the national average, the City of Cape Town topping the list with a rate of 85.2 per cent.

Compared with other Western Cape municipalities, the City of Cape Town was second only to Saldanha Bay’s 85.3 per cent. The Province’s lowest recorded literacy rate was in the Bergrivier Municipality, 70.5 per cent.

³ Based on Community Survey data.

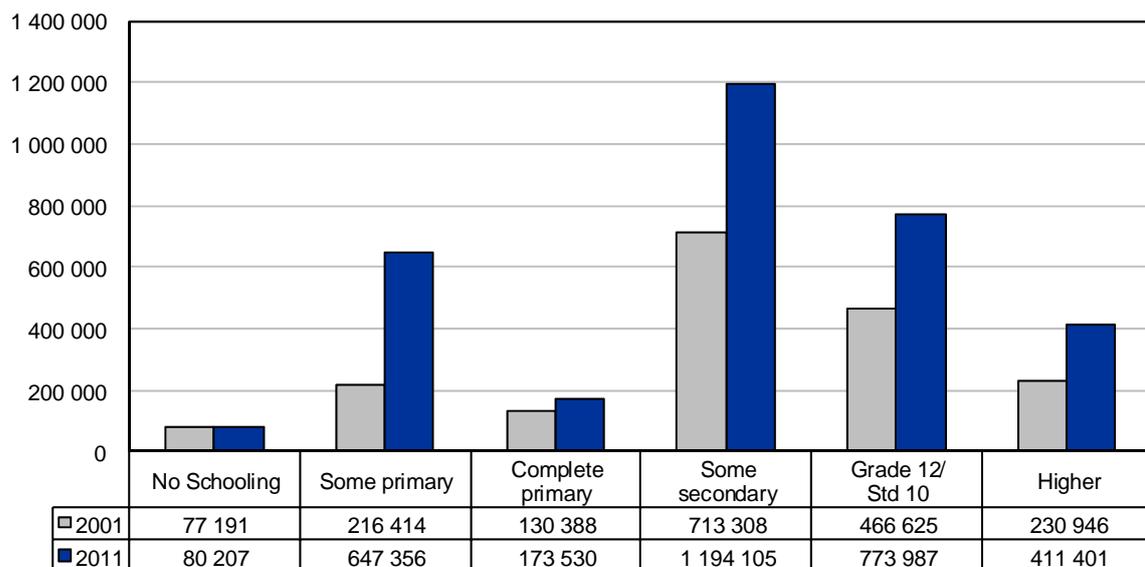
2.1.2 Educational attainment

An advantage of having access to the educational attainment levels of the communities of a municipal area is that it allows the Western Cape Education Department (WCED) and the Municipality to proactively plan services by taking into account the needs as well as the developmental potential of the region. Municipalities may further use the information of the education profiles to attract businesses while providing specific motivation for the retention of specific types of businesses and industries already in the municipal area. It further equips the municipality with the relevant information in making presentations to businesses, industries and satellite offices where decision on the possible location is a consideration.

Comparison of education levels - Census 2001 and 2011

Figure 5 below shows that the most significant change in education levels for the City of Cape Town was in the number of people with some primary schooling, which jumped nearly 200 per cent from 216 414 people in 2001 to 647 356 people in 2011.

Figure 5 Comparison of City education levels - Census 2001 and 2011



A big improvement can also be seen in the number of people with higher education in the City of Cape Town, which increased by 78.1 per cent from 230 946 in 2001 to 411 401 in 2011. There is a marked increase in the number of people with some secondary education and Grade 12 or Standard 10 between 2001 and 2011. The number of people with some secondary schooling has increased by 67.4 per cent between 2001 and 2011 while those with Grade 12 have increased by 65.9 per cent. The number of people in the City of Cape Town with no schooling has increased by a meagre 3.9 per cent between 2001 and 2011. On average, there was an increase in education levels amongst the people living in the City of Cape Town between 2001 and 2011.

Figure 6 City of Cape Town 2011 education levels

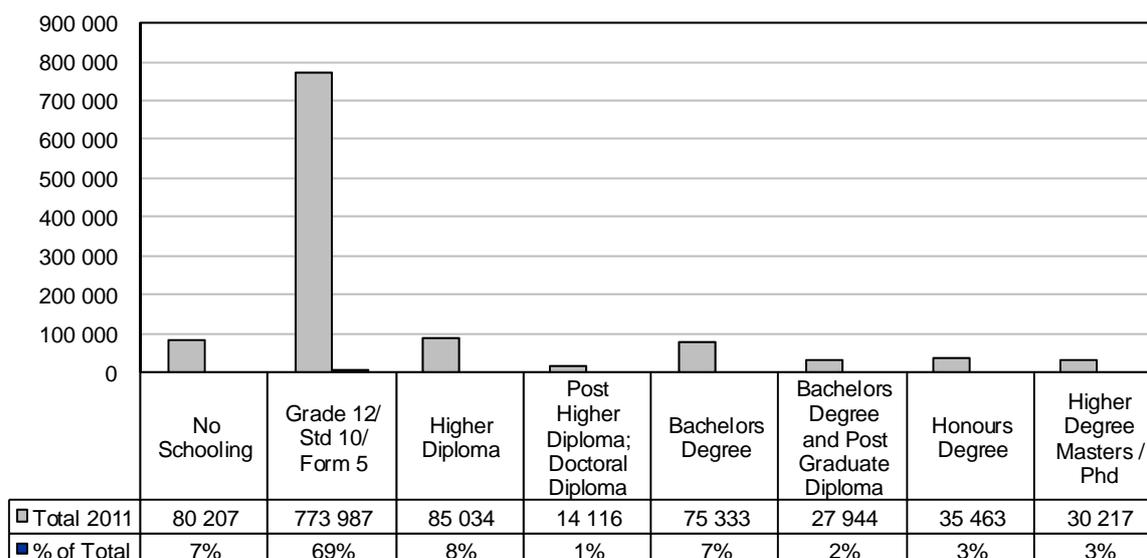


Figure 6 above shows that a significant majority of people living in the City of Cape Town in 2011 had obtained a Matric qualification. Over 260 000 individuals of the City’s population had post schooling education and 80 207 individuals had no schooling at all. Only 30 217 individuals had a masters or doctorate qualifications in 2011 but in overall residents of the City.

Education Outcomes (Matric Pass Rate)

Education remains one of the key avenues through which the state is involved in the economy. In preparing individuals for future engagement in the labour market, policy choices and decisions in the sphere of education play a critical role in determining the extent to which future economic and poverty reduction plans can be realised.

The impact of the education and training system on the lives of the general population is an important barometer of the contribution to development, and human resource development in particular, that the South African education and training system has achieved. The matric results are among the most important indicators of the performance of the schooling system.

Table 3 Education Outcomes – 2011 Matric Pass Rates in the City of Cape Town

| | Education outcomes - Matric pass rate per school |
|--------------------------|--|
| Metro Central | 79.0 |
| Metro East | 73.4 |
| Metro North | 82.6 |
| Metro South | 81.9 |
| City of Cape Town | 79.2 |

Source: Western Cape Education Department, 2012

In the 2011 matric examinations, 79.2 per cent of the City's matriculants passed. Overall, the variation in the pass rate was very low across the education districts, with the Metro East area with the lowest rate of 73.4 per cent.

2.2 Healthcare Services

Good health is vital to achieving and maintaining a high quality of life. A diverse range of factors play a role in ensuring the good health of communities and that those diseases, especially preventable and contagious/communicable ones, are kept at bay. Some of the factors include lifestyle features that also depend on the provision of high quality municipal services, such as clean water and sanitation. It is the function of healthcare services not only to restore bad health, but also to prevent communities from contracting preventable diseases.

In September 2000, 191 United Nations member states signed the United Nations Millennium Declaration that commits world leaders to combat poverty, hunger, disease, illiteracy, environmental degradation and discrimination against women. The eight Millennium Development Goals are derived from this declaration, and although they are all interdependent, three are specifically focused on achieving improved health outcomes; these are to reduce child mortality, to improve maternal health and to combat HIV/AIDS, malaria and other diseases.

The Western Cape Provincial Strategic Objective 4: Increasing Wellness has also identified a number of these factors identified in the MDGs as key indicators of wellness; these include maternal mortality, child mortality and HIV and TB incidence.

This section on healthcare services focuses on selected health outcomes and speaks to the ability of the healthcare system to deal with these pertinent issues. Some of the key health indicators, identified also through the MDGs as well as the Province's Strategic Objective 4: Increasing Wellness, will also be discussed below.

Although healthcare is provided by both public and private institutions, information provided by the Department of Health, as detailed in this section, pertains only to public sector healthcare institutions. Any privately provided facilities or services are not reflected in the information below.

2.2.1 Healthcare Facilities

Access to healthcare facilities is directly dependent on the number and spread of facilities within a geographic space. South Africa's healthcare system is geared in such a way that people have to move from primary, with a referral system to secondary and tertiary levels; the first point of contact is at the primary healthcare level.

The Western Cape has a range of healthcare facilities (see Table 4) which includes community health centres (9), community day centres (49) and clinics (224), including satellite (74), mobile clinics (94), district hospitals (34) and regional hospitals (8).

Table 4 Number of Western Cape Healthcare Facilities

| List of facilities at February 2012 | Community Health Centres | Community Day Centres | Clinics | Satellite Clinics | Mobile Clinics | Total Primary Healthcare Facilities* | | | District Hospitals* | Regional Hospitals* |
|-------------------------------------|--------------------------|-----------------------|------------|-------------------|----------------|--------------------------------------|------------|------------|---------------------|---------------------|
| | | | | | | 2012 | 2011 | 2010 | 2012 | 2012 |
| City of Cape Town | 9 | 37 | 87 | 21 | 5 | 159 | 159 | 165 | 9 | 5 |
| West Coast District | 0 | 0 | 27 | 23 | 18 | 68 | 69 | 70 | 7 | 0 |
| Cape Winelands District | 0 | 5 | 44 | 7 | 27 | 83 | 84 | 79 | 4 | 2 |
| Overberg District | 0 | 1 | 23 | 7 | 14 | 45 | 47 | 48 | 4 | 0 |
| Eden District | 0 | 5 | 35 | 13 | 22 | 75 | 76 | 75 | 6 | 1 |
| Central Karoo District | 0 | 1 | 8 | 3 | 8 | 20 | 20 | 19 | 4 | 0 |
| Western Cape | 9 | 49 | 224 | 74 | 94 | 450 | 455 | 456 | 34 | 8 |

* Information for 2010 and 2011 from 2010/11 and 2011/12 Annual Performance Plans; In 2012/13, West Coast DMA included in Matzikama Local Municipality, Cape Winelands DMA included in Witzenberg Municipality, Central Karoo DMA included in Beaufort West Municipality, Eden DMA included in George Local Municipality.

Source: Western Cape Department of Health Annual Performance Plan 2012/13

Of these facilities, 9 Community Health Centres, 37 Community Day Centres, 87 clinics with 21 satellite and 5 mobile clinics are situated within the City. In addition hereto, the City also has 9 district and 5 regional hospitals.

2.2.2 Child Health

Children, infants and especially new-born babies are particularly vulnerable to malnutrition and the contraction of infectious diseases, many of which are preventable or can be treated. The prevention of mother-to-child HIV transmission has already been briefly discussed above.

Two other indicators of child health will be discussed here, namely, immunisation and malnutrition.

Immunisation⁴

Immunisation protects both adults and children against preventable infectious diseases; the administration of a vaccine stimulates the body's own immune system to protect the person against subsequent infection or disease. Low immunisation rates speak to the need for parents to understand the critical importance of immunisation, as well as the need to encourage parents to have their young children immunised.

The National Department of Health has set an immunisation target of 90 per cent against which the Western Cape results can be benchmarked. The Western Cape Health Department has set its immunisation target for the 2011/12 as well as the 2012/13 financial years at 95 per cent, higher than that of the national target (Department of Health APP 2012/13: 129).

⁴ The immunisation rate is calculated as the number of children immunised as a percentage of the total number of children less than one year of age. If children who are one year or older are immunised, the immunisation rate for that year could be greater than 100 per cent because more than 100 per cent of children aged less than one year would have been immunised in that particular year.

When looking at the breakdown of immunisation across the City (refer to Table 5), it is apparent that certain areas, particularly Khayelitsha (70.4%) and the Southern (78.9%) sub-districts, were significantly below the City's average while, at 124.2 and 101.9 per cent the Western and Klipfontein sub-districts, were significantly above the City's average.

Table 5 Child Health in the Cape Town: Full Immunisation and Malnutrition

| | Population < 1 year fully immunised 2010/11 | Population < 1 year fully immunised 2011/12 | Number of severely underweight children < 5 years per 1000 population 2010/11 | Number of severely underweight children < 5 years per 1000 population 2011/12 |
|-------------------|--|--|--|--|
| Cape Town | 84.1% | 87.5% | 0.8 | 3.2 |
| CT Eastern SD | 84.9% | 82.8% | 1.0 | 1.8 |
| CT Khayelitsha SD | 72.4% | 70.4% | 1.5 | 2.4 |
| CT Klipfontein SD | 91.8% | 101.9% | 0.3 | 2.0 |
| CT Mitch Plain SD | 83.9% | 82.8% | 0.6 | 2.5 |
| CT Northern SD | 78.9% | 88.1% | 1.2 | 7.6 |
| CT Southern SD | 73.4% | 78.9% | 0.9 | 3.6 |
| CT Tygerberg SD | 83.8% | 82.8% | 0.6 | 1.8 |
| CT Western SD | 108.6% | 124.2% | 0.6 | 3.2 |

Source: Western Cape Department of Health, 2011 and 2012

Malnutrition

Malnutrition (either under- or over nutrition) refers to the condition whereby an individual does not receive adequate amounts or receives excessive amounts of nutrients. The indicator is measured by the number of severely underweight children less than 5 years per 1 000 of the population.

The number of malnourished children under five years (see Table 5 above) in 2011/12 is 3 per thousand population in the Western Cape; with an overall number of 3.2 per thousand population, the City recorded a slightly higher number of malnourished children. The Northern Sub-district standing out with a total of 7.6 malnourished children per thousand population in 2011/12.

2.2.3 Maternal Health

Maternal health refers to the health of women during pregnancy, childbirth and the postpartum period. Even though it may not strictly fit the definition, information on births to teenage mothers and termination of pregnancies is also included here.

Maternal deaths

Table 6 Maternal Health in the City of Cape Town: Maternal Mortality

| <i>Maternal mortality</i> | Total number of live births in facilities 2010/11 | Total number of maternal deaths in facilities 2010/11 | <i>Maternal Mortality per 100 000 live births 2010/11</i> | Total number of live births in facilities 2011/12 | Total number of maternal deaths in facilities 2011/12 | <i>Maternal Mortality per 100 000 live births 2011/12</i> |
|---------------------------|---|---|---|---|---|---|
| Cape Town | 59 786 | 33 | 55.2 | 61 898 | 19 | 30.7 |
| CT Eastern SD | 5 189 | 0 | 0.0 | 4 733 | 0 | 0.0 |
| CT Khayelitsha SD | 5 094 | 2 | 39.3 | 1 757 | 0 | 0.0 |
| CT Klipfontein SD | 4 384 | 1 | 22.8 | 13 197 | 1 | 7.6 |
| CT Mitch Plain SD | 3 471 | 0 | 0.0 | 14 806 | 0 | 0.0 |
| CT Northern SD | 1 788 | 0 | 0.0 | 5 150 | 0 | 0.0 |
| CT Southern SD | 10 712 | 1 | 9.3 | 3 801 | 1 | 26.3 |
| CT Tygerberg SD | 14 854 | 18 | 121.2 | 3 243 | 10 | 308.4 |
| CT Western SD | 14 294 | 11 | 77.0 | 15 211 | 7 | 46.0 |

Source: Western Cape Department of Health, 2011 and 2012

Of the 26 maternal deaths in Western Cape 2011/12, 19 were recorded in the City. Maternal deaths/mortality occurs in less than 1 per cent of live births in Western Cape public healthcare facilities.

Births to teenage mothers

Teenage pregnancy is almost always unplanned; as a result when young parents are placed in a position to care for their children, they often have to postpone or sacrifice their own lives' dreams. For these young people life can become particularly tough, especially if they do not have family or social support. Women with unplanned pregnancies, whether teenage or other, may also opt to terminate their pregnancy.

Table 7 Maternal Health in the City of Cape Town: Births to Women under 18 years

| <i>Delivery to women under 18 years</i> | Delivery to women under 18 years 2010/11 | Total deliveries 2010/11 | <i>Delivery to women under 18 years per 1 000 deliveries 2010/11</i> | Delivery to women under 18 years 2011/12 | Total deliveries 2011/12 | <i>Delivery to women under 18 years per 1 000 deliveries 2011/12</i> |
|---|--|--------------------------|--|--|--------------------------|--|
| Cape Town | 3 911 | 63 082 | 62.0 | 3 756 | 64 116 | 58.6 |
| CT Eastern SD | 426 | 5 383 | 79.1 | 441 | 5 533 | 79.7 |
| CT Khayelitsha SD | 353 | 3 960 | 89.1 | 108 | 5 339 | 20.2 |
| CT Klipfontein SD | 342 | 3 833 | 89.2 | 689 | 3 966 | 173.7 |
| CT Mitch Plain SD | 230 | 3 616 | 63.6 | 727 | 3 568 | 203.8 |
| CT Northern SD | 121 | 1 811 | 66.8 | 303 | 1 785 | 169.7 |
| CT Southern SD | 574 | 12 807 | 44.8 | 302 | 13 162 | 22.9 |
| CT Tygerberg SD | 1 105 | 15 094 | 73.2 | 203 | 14 974 | 13.6 |
| CT Western SD | 760 | 16 578 | 45.8 | 983 | 15 789 | 62.3 |

Source: Western Cape Department of Health, 2011 and 2012

Within the City (see Table 7 above), the teenage delivery rate for 2011/12 was significantly higher in certain areas, notably in the Mitchells Plain, Klipfontein and Northern Sub-districts, with rates of 203.8, 173.7 and 169.7 per 1 000 deliveries

respectively; these represent sharp increases from the previous year. This coincides with a sharp fall in the teenage delivery rate per 1 000 deliveries in the Khayelitsha, Tygerberg and Southern sub-districts compared to the previous year.

Termination of pregnancy

These teenage delivery rates can also be seen in conjunction with the termination of pregnancy rates as unplanned or unwanted pregnancies may result in terminations.

Table 8 Maternal Health in the City of Cape Town: Termination of Pregnancy

| <i>Termination of pregnancy (TOP)</i> | <i>Total TOPs performed 2010/11</i> | <i>Female population 15 - 44 years 2010/11</i> | <i>TOP per 1 000 female population 15 - 44 years 2010/11</i> | <i>Total TOPs performed 2011/12</i> | <i>Female population 15 - 44 years 2011/12</i> | <i>TOP per 1 000 female population 15 - 44 years 2011/12</i> |
|---------------------------------------|-------------------------------------|--|--|-------------------------------------|--|--|
| Cape Town | 10 233 | 923 847 | 11.1 | 10 753 | 945 028 | 11.4 |
| CT Eastern SD | 312 | 105 305 | 3.0 | 590 | 107 719 | 5.5 |
| CT Khayelitsha SD | 477 | 120 754 | 4.0 | 833 | 85 700 | 9.7 |
| CT Klipfontein SD | 4 349 | 108 974 | 39.9 | 3 990 | 129 425 | 30.8 |
| CT Mitch Plain SD | 837 | 131 556 | 6.4 | 911 | 105 544 | 8.6 |
| CT Northern SD | 2 | 83 780 | 0.0 | 51 | 123 523 | 0.4 |
| CT Southern SD | 775 | 126 524 | 6.1 | 629 | 111 472 | 5.6 |
| CT Tygerberg SD | 2 324 | 143 776 | 16.2 | 2 710 | 134 572 | 20.1 |
| CT Western SD | 1 157 | 103 178 | 11.2 | 1 039 | 147 073 | 7.1 |

Source: Western Cape Department of Health, 2011 and 2012

In 2011/12 within the City, the Klipfontein and Tygerberg sub-districts stand out as out as the areas with the highest termination of pregnancy rates of 30.8 and 20.1 respectively, per 1 000 female population. Although the Klipfontein Sub-district showed improvement from the previous year, the Tygerberg and the Khayelitsha Sub-districts rates worsened (i.e. increased).

Reading the teenage delivery and termination of pregnancy rates together suggests that, especially within certain sub-districts, the City may have a particular challenge in respect of unplanned and unwanted pregnancies.

2.3 Poverty and Inequality⁵

The section on poverty and inequality speaks to the level of human development as well as the levels of poverty and inequality within different areas within the Western Cape. The level of development and income level of the population also serves as an indication to the level of need within communities, which also indicates the need for assistance required. Inequality levels highlight how the experience of different members of the same broader community may be grossly dissimilar.

⁵ This section draws on Global Insight data.

2.3.1 Human Development Index

The Human Development Index (HDI) is a composite, relative index that attempts to quantify the extent of human development of a community. It is based on measures of life expectancy, literacy and income. It is thus seen as a measure of people's ability to live a long and healthy life, to communicate, to participate in the life of the community and to have sufficient resources to obtain a decent living. The HDI can assume a maximum level of 1, indicating a high level of human development, and a minimum value of 0.

As seen in Table 9, the levels of human development differ across the broad geographic areas in the Western Cape; the average HDI score for the Province improving slowly over time, from 0.68 in 2001 to 0.70 in 2007 and 0.71 in 2010.

Table 9 HDI 2001, 2007 and 2010

| Municipality | 2001 | 2007 | 2010 |
|---|-------------|-------------|-------------|
| Western Cape | 0.68 | 0.70 | 0.71 |
| City of Cape Town Metropolitan Municipality | 0.71 | 0.73 | 0.74 |
| West Coast District Municipality | 0.63 | 0.64 | 0.65 |
| Cape Winelands District Municipality | 0.63 | 0.65 | 0.65 |
| Overberg District Municipality | 0.63 | 0.65 | 0.66 |
| Eden District Municipality | 0.64 | 0.68 | 0.69 |
| Central Karoo District Municipality | 0.57 | 0.59 | 0.60 |

Source: *Global Insight Regional Explorer, 2011*

The level of human development in the City, as captured by the HDI, is significantly above all other Western Cape districts. In addition, the HDI also indicates that the level of development within the City has also improved over the past decade; the HDI increasing from 0.71 in 2001 to 0.74 in 2010. The same trend is observed in the non-metropolitan areas of the Western Cape.

2.3.2 Gini Coefficient

The Gini coefficient is a summary statistic of income inequality, which varies from 0, in the case of perfect equality where all households earn equal income, to 1 in the case where one household earns all the income and other households earn nothing. In practice the coefficient is likely to vary from approximately 0.25 to 0.70.

A comparison across the Western Cape (Table 10) shows that inequality across all districts and the City, as measured by the Gini coefficient, has been relatively high, but has shown some decline over the past decade.

Table 10 Gini Coefficient 2001, 2007, 2010

| Municipality | 2001 | 2007 | 2010 |
|---|-------------|-------------|-------------|
| Western Cape Province | 0.60 | 0.60 | 0.58 |
| City of Cape Town Metropolitan Municipality | 0.60 | 0.59 | 0.57 |
| West Coast District Municipality | 0.59 | 0.61 | 0.60 |
| Cape Winelands District Municipality | 0.60 | 0.60 | 0.59 |
| Overberg District Municipality | 0.58 | 0.59 | 0.58 |
| Eden District Municipality | 0.59 | 0.59 | 0.56 |
| Central Karoo District Municipality | 0.59 | 0.60 | 0.58 |

Source: *Global Insight Regional Explorer, 2011*

According to Gini calculations, there has been a decline in the level of income inequality experienced in the City of Cape Town since 2001; the Gini coefficient falling from 0.60 in 2001 to 0.59 in 2007 and 0.57 in 2010. These figures correspond closely with the Province's Gini coefficient recorded for the respective years.

2.4 Access to Housing

The Constitution of the Republic of South Africa (The Constitution) states that every citizen has the right to access to adequate housing and that the state must take reasonable legislative and other measures within its available resources to achieve the progressive realisation of this right. Still, there are many South Africans who lack this basic right.

Information from Statistics SA Census 2001 and 2011 is used to provide estimates of the extent of the lack of adequate housing within the City of Cape Town.

A more detailed look at housing in the City is captured in Table 11 below; it captures the access levels by dwelling type in both 2001 and 2011; changes in housing access between these years have also been calculated.

Table 11 Access to housing in the City of Cape Town, 2001 and 2011

| Dwelling Type | Census 2001 | Percentage Share 2001, Census | Census 2011 | Percentage Share 2011, Census | Change in Number of Households between 2001 and 2011 | Percentage point difference between 2001 and 2011 |
|----------------------|----------------|-------------------------------|-----------------|-------------------------------|--|---|
| Formal | 599 773 | 77.2% | 837 533 | 78.4% | 237 760 | 1.2% |
| Informal | 143 109 | 18.4% | 218 780 | 20.5% | 75 671 | 2.1% |
| Traditional dwelling | 14 723 | 1.9% | 3 767 | 0.4% | -10 956 | -1.5% |
| Other* | 19 791 | 2.5% | 8 493 | 0.8% | -11 298 | -1.8% |
| Total | 777 396 | 100.0% | 1068 753 | 100.0% | 291 357 | |

* Other includes ship, boat, caravan or tent, workers' hostel (bed/room) as well as anything that was not specified.

Source: *Statistics South Africa Census 2001 and Census 2011*

The total number of dwellings in the City of Cape Town increased by an estimated 291 357 while the number of formal dwellings increased by 237 760 between 2001 and 2011. Over the same period informal dwellings in the City increased by 75 671.

When looking at the percentage changes between these years, the proportion of households with access to formal dwellings increased from 77.2 to 78.4 per cent and the proportion of people in informal dwellings increased from 18.4 per cent to 20.5 per cent. The proportion of people living in traditional households declined from 1.9 to 0.4 per cent.

Although the number of households with access to formal housing has increased marginally between the survey years, a significant need still remains. According to the City's Housing Directorate's database, 386 590 households are waiting for a housing opportunity while an estimated additional 187 392 have not registered their names on the database (City of Cape Town 2011/12 IDP Review: 25)⁶.

2.5 Access to Municipal Services⁷

Access to services such as potable water, basic sanitation, safe energy sources and refuse removal services ensures that households enjoy a decent standard of living.

This section looks at household access to services as drawn from Census 2001 and Census 2011. The information provides a breakdown of the types of access for each service area; changes in the relative proportions indicate either improvements or worsening in the in overall access levels.

2.5.1 Water

Access to potable water is essential to maintaining a healthy life. The water supplied and made available to communities should be safe so as to prevent the contraction and spread of diseases.

A more detailed look at water access levels in the City is captured in Table 12 below; it captures the access levels by water source in both 2001 and 2011. Changes in water access levels between these years have also been calculated.

In 2001, the overwhelming majority of households in the City of Cape Town (98.7%) already had access to piped water, either inside the dwelling, inside the yard or outside of the yard.

Table 12 Access to water in the City of Cape Town, 2001 and 2011

| Water source | Census 2001 | Percentage Share Census 2001 | Census 2011 | Percentage Share Census 2011 | Change in Number of Households between 2001 and 2011 | Percentage point difference between 2001 and 2011 |
|-----------------------------------|----------------|------------------------------|-----------------|------------------------------|--|---|
| Piped water inside the dwelling | 538 860 | 69.3% | 801 743 | 75.0% | 262 883 | 5.7% |
| Piped water inside the yard | 117 320 | 15.1% | 130 953 | 12.3% | 13 633 | -2.8% |
| Piped water from outside the yard | 111 323 | 14.3% | 128 658 | 12.0% | 17 335 | -2.3% |
| No access to piped (tap) water* | 9 893 | 1.3% | 7 219 | 0.7% | -2 674 | -0.6% |
| Total | 777 396 | 100.0% | 1068 573 | 100.0% | 291 177 | 0.0% |

* Includes borehole, spring, dam/pool, river/stream, water vendor, rain water tank as well as other (anything that was not specified).

Source: Statistics South Africa Census 2001 and Census 2011

⁶ City of Cape Town, Five Year Plan for Cape Town 2007 – 2012, Integrated Development Plan 2011 - 2012 Review.

⁷ The City uses the 2009 General Household Survey information.

A positive development between 2001 and 2011 has been the increase in the number of households with piped water on site, either inside the dwelling or inside the yard, increasing from 84.4 per cent in 2001 to 87.3 per cent in 2011. It is noticeable that more households gained access to the most convenient form of piped water i.e. piped inside dwelling from 2001 to 2011. However, there were still 7 219 households that did not have access to piped water in the City in 2011, down from 9 893 in 2001.

2.5.2 Energy

Energy is essential for human life; commonly identified uses include energy for cooking, heating and lighting. Given the harmful environmental impacts of certain identifiable energy sources, as well as growing energy demand and needs, the use of clean and sustainable energy is becoming increasingly important. Different energy sources also have other usage risks; e.g. health and safety risks especially in the use of paraffin and open flame usage.

The information below relates to the sources of energy used for cooking for households in the City of Cape Town.

A more detailed look at energy sources used for cooking in the City is captured in Table 13 below; it captures access levels in both 2001 and 2011. Changes in energy source access levels between these years have also been calculated.

Between 2001 and 2011, the number of households using electricity as a source of energy for cooking increased by 327 412 households or by 7.5 percentage points, from 80.1 to 87.6 per cent.

Table 13 Energy Sources used for cooking in the City of Cape Town, 2001 and 2011

| Energy sources | Census 2001 | Percentage Share Census 2001 | Census 2011 | Percentage Share Census 2011 | Change in Number of Households between 2011 and 2001 | Percentage point difference between 2011 and 2001 |
|----------------|----------------|------------------------------|-----------------|------------------------------|--|---|
| Electricity | 608 843 | 80.1% | 936 255 | 87.6% | 327 412 | 7.5% |
| Gas | 18 592 | 2.4% | 80 102 | 7.5% | 61 510 | 5.0% |
| Paraffin | 122 768 | 16.2% | 41 054 | 3.8% | -81 714 | -12.3% |
| Wood | 2 732 | 0.4% | 2 766 | 0.3% | 34 | -0.1% |
| Coal | 1 702 | 0.2% | 460 | 0.0% | -1 242 | -0.2% |
| Animal dung | 2 450 | 0.3% | 441 | 0.0% | -2 009 | -0.3% |
| Solar | 1 442 | 0.2% | 1 456 | 0.1% | 14 | -0.1% |
| Other* | 1 236 | 0.2% | 3 112 | 0.3% | 1 876 | 0.1% |
| None | | 0.0% | 2 927 | 0.3% | 2 927 | 0.3% |
| Total | 759 765 | 100.0% | 1068 573 | 100.0% | 308 808 | 0.0% |

* Other includes anything that was not specified.

Source: Statistics South Africa Census 2001 and Census 2011

The number and proportion of households that make use paraffin, an energy source that poses fire and health risks, has significantly decreased by 81 714 from 122 768 in 2001 to 41 054 households in 2011. The usage of gas, which is both a cleaner a safer source of energy, has increased from 2.4 to 7.5 per cent of households since 2001 to 2011.

2.5.3 Sanitation

Sanitation is a means of promoting health through the provision of safe disposal and treatment of human waste. Access to a toilet advances physical health and also provides the user with a sense of human dignity. Where sanitation systems are inadequate, negative health effects can be extremely serious.

Table 14 below provides a more detailed picture of the type of household access to sanitation facilities within the City of Cape Town in 2001 and 2011.

Table 14 Access to sanitation in the City of Cape Town, 2001 and 2011

| Type of Toilet | Census 2001 | Percentage Share Census 2001 | Census 2011 | Percentage Share Census 2011 | Change in Number of Households between 2001 and 2011 | Percentage point difference between 2001 and 2011 |
|---|----------------|------------------------------|------------------|------------------------------|--|---|
| Flush toilet (connected to sewerage system) | 663 500 | 85.3% | 942 589 | 88.2% | 279 089 | 2.9% |
| Flush toilet (with septic tank) | 15 268 | 2.0% | 21 247 | 2.0% | 5 979 | 0.0% |
| Chemical toilet | 1 742 | 0.2% | 12 341 | 1.2% | 10 599 | 0.9% |
| Pit latrine | 6 655 | 0.9% | 4 120 | 0.4% | -2 535 | -0.5% |
| Bucket latrine | 34 205 | 4.4% | 48 509 | 4.5% | 14 304 | 0.1% |
| None / Other | 56 026 | 7.2% | 39 766 | 3.7% | -16 260 | -3.5% |
| Total | 777 396 | 100.0% | 1 068 572 | 100.0% | 291 176 | |

Source: Statistics South Africa Census 2001 and Census 2011

In 2001, 663 500 (or 85.3%) households had access to flush toilets that was connected to the sewerage system, with an additional 15 268 having a flush toilet with a septic tank. Between 2001 and 2011, the City provided 279 089 additional households with access to flush toilets connected to the sewerage system.

However, in 2011 48 509 households (4.5%) still made use of bucket latrines, while 39 766 households (3.7%) had no/other access to sanitation facilities.

2.5.4 Refuse Removal

Refuse removal is an essential service that ensures that health related problems are kept at bay. It also ensures the protection of the physical environment. A lack of/inadequate service is likely to result in uncontrolled and unregulated dumping.

Given the environmental limitations in the creation of landfill sites, recycling is strongly encouraged; recycling extends the lifespan of landfill sites. By reducing the need for the creation of 'new' products, recycling also strongly encourages the preservation of our natural resources; in this sense it could best be used as part of the broader 'Reduce – Reuse – Recycle' environmental approach, that firstly encourages non-wasteful consumption practices (reduce), the reuse of products where possible (reuse) and the recycling of the product where its use in current form has been exhausted (recycle).

Table 15 provides a more detailed picture of access to refuse removal services in the City of Cape Town in 2001 and 2011. Within the City, the number of households with refuse removal services increased to over 1 million in 2011. Even though the number of households with access to refuse removal services in the City has increased by 275 107, the proportion of households (94.2 per cent in 2001 and 94.3 per cent in 2011) remained virtually unchanged.

Table 15 Access to refuse removal in the City of Cape Town, 2001 and 2011

| Refuse Removal | Census 2001 | Percentage Share Census 2001 | Census 2011 | Percentage Share Census 2011 | Change in Number of Households between 2001 and 2011 | Percentage point difference between 2001 and 2011 |
|---|----------------|------------------------------|------------------|------------------------------|--|---|
| Removed by local authority/private company at least once a week | 732 272 | 94.2% | 1 007 289 | 94.3% | 275 017 | 0.1% |
| Removed by local authority/private company less often | 9 498 | 1.2% | 7 261 | 0.7% | -2 237 | -0.5% |
| Communal refuse dump | 9 728 | 1.3% | 29 613 | 2.8% | 19 885 | 1.5% |
| Own refuse dump | 15 147 | 1.9% | 14 682 | 1.4% | -465 | -0.6% |
| No rubbish disposal | 10 751 | 1.4% | 7 209 | 0.7% | -3 542 | -0.7% |
| Other* | | 0.0% | 2 519 | 0.2% | 2 519 | 0.2% |
| Total | 777 396 | 100.0% | 1 068 573 | 100.0% | 291 177 | 0.0% |

* Other includes anything that was not specified.

Source: Statistics South Africa Census 2001 and Census 2011

Households using communal refuse dumps increased by 19 885 or 1.5 percentage points, while the number of households with own refuse dump decreased by 465; the number of households indicating that no/other provision was made for rubbish disposal totalled 9 728 in 2011.

It should be noted that the City have a large pockets of rural settlements within its borders, hence it would not be possible for all households' refuse to be removed once a week by the City and these households have to rely on other forms of refuse removal.