



**Western Cape Government  
Provincial Treasury**

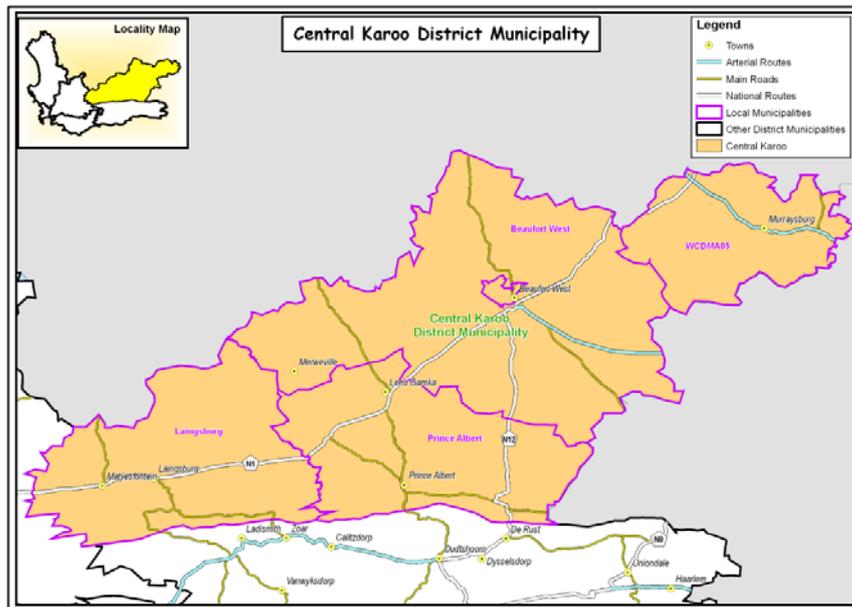
**Socio-economic Profile  
Central Karoo District**

**2012**

**Executive Summary**



# Central Karoo District



## List of towns

Beaufort West  
Murraysburg  
Laingsburg  
Prince Albert

## Introduction

Regional profiles provide Western Cape municipalities with data and 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 own needs.

The areas covered in this profile include information on: demographics, education, health, crime, poverty, housing, municipal services, labour force, economy, finance and resource mobilisation 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 data<sup>1</sup>, primarily sourced from Statistics South Africa, administrative data from sector departments, the Municipal Review and Outlook (MERO) and Quantec. The data sourced from sector departments are the most recent that is available. The latest survey data available at municipal level from Statistics South Africa 2011 Census; comparisons are also made with the 2001 Census.

The format of the profile allows for easy readability with data being displayed in table or graph, followed by the relevant trend analysis.

The information contained in this profile highlights information for the Central Karoo District in relation to the Western Cape.

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<sup>1</sup> 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 back of the profile.

## 1. Demographics

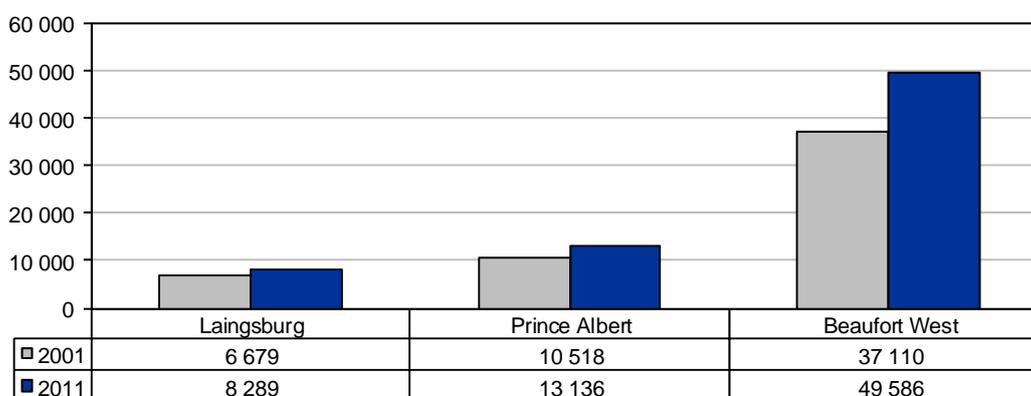
The demographics of a population refer to selected population characteristics such as age, gender, race and income level. Demographic characteristics in a municipal service delivery environment, determines the extent and quantum of services to be delivered. Population characteristics inform key policy decisions, e.g. household income for example determines a household's inclusion or exclusion from certain benefits, e.g. if a family's income is less than R3 500 per month, it qualifies for state provided housing opportunities. Furthermore income levels also qualify households to classify as indigent and therefore access to free basic services (water, electricity) benefits as stipulated by the Indigent Policy of municipalities.

A thorough understanding of population changes is necessary to ensure adequate planning based on available information.

This section outlines the gender, age and racial (population group) distribution of the population of the Central Karoo District. It provides a gauge of anticipated population growth trends since 2001, the gender and age distribution of the population and the racial distribution of the population.

### 1.1 Population Size

**Figure 1 Central Karoo District Population Comparison, 2001 and 2011**



Source: StatsSA Census 2011

According to these population statistics all the municipalities in the Central Karoo District showed increases in the number of people within their municipal boundaries between the two Censuses. The people in Laingsburg increased by 24.1 per cent from 6 679 to 8 289, in Prince Albert by 24.9 per cent from 10 518 to 13 136 and Beaufort West by 33.6 per cent from 37 110 to 49 586 between 2001 and 2011.

### 1.2 Age and Gender Distribution

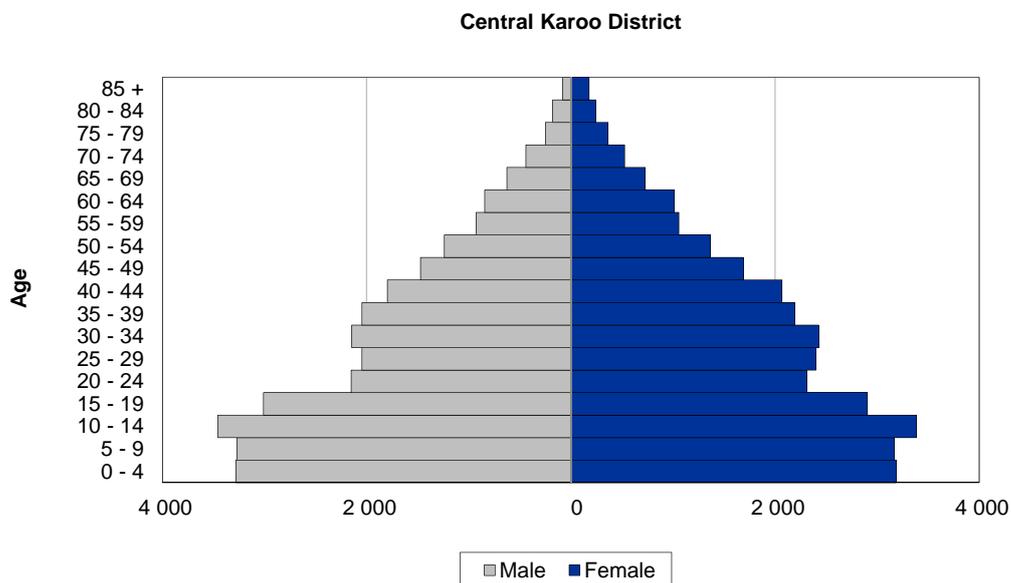
The age distribution of a population provides a crucial guide for differentiated policy options as it can assist in targeting resources more appropriately toward the relevant age groups. The 2011 Census results indicate that 50.9 per cent of the Western Cape

population is female and 49.1 per cent male. Life expectancy nationally is estimated to have increased to 54.9 years for males and 59.1 years for females. This trend will contribute to an increase amongst the older age cohorts (Statistics South Africa, 2011 estimates).

### 1.2.1 Age and Gender Distribution of the Central Karoo District

The population pyramid for the different districts in the Western Cape tend to have wide base that gradually narrows in the upper age cohorts. The wide base at the bottom pyramid indicates high fertility rates. The pyramid narrows toward the top which indicates a higher death rate amongst the older generations than among the younger people. This trend is consistent for the Central Karoo District population pyramids (2001 & 2011) presented below.

**Figure 2 Central Karoo Population Pyramid, 2001**



Source: StatsSA Census 2001

## 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 from which a person may choose to create opportunities for a fulfilling life. The level of education of the population in a region influences amongst others its welfare through indirect positive effects on health and life expectancy.

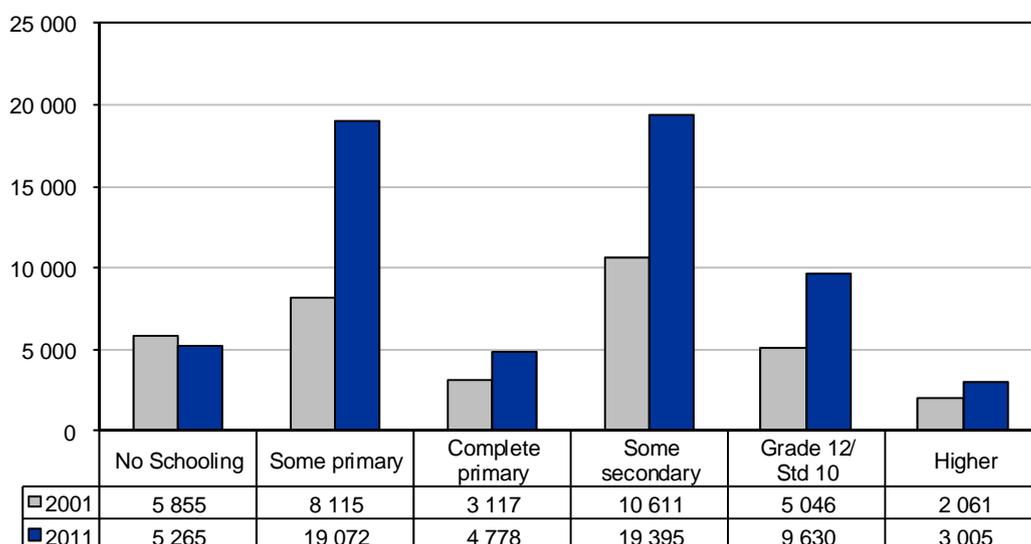
Selected indicators affecting the education and skill levels in communities discussed here are the learner enrolment and learner teacher ratio, literacy rate and access to training facilities, education outcomes and learner dropout rates in the municipal area. An indication of the number of no fee schools in a municipal area 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 contribution towards education costs.

### 2.1.1 Educational attainment

An advantage of having access to the educational attainment levels of the communities of a municipal area is that it allows the 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.

**Figure 3 Educational attainment of the Central Karoo population in 2001 and 2011**



Source: StatsSA, Census 2001 and Census 2011

The number of individuals that have not received any schooling decreased from with 590 from 5 855 in 2001 to 5 265 in 2011. The number of individuals that completed some primary and some secondary-schooling has increased significantly in 2011. The number of individuals that completed Grade 12 has increased significantly between 2001 and 2011 with 4 584. The number of individuals with higher qualifications than Grade 12 also increased from 2 061 to 3 005 between Census 2011 and 2011. The overall observation is that the educational levels of the communities in Central Karoo have increased considerably between 2001 and 2011.

### 2.1.2 Learner enrolment, learner teacher ratio and dropout rates

Population dynamics, which include knowledge of the current population profile and projected learner growth, provide a basis for sound education planning. Knowing the learner enrolment numbers of a municipality enables the Western Cape Education Department (WCED) to determine the level of demands placed on schools for the

current year as well as anticipated demands for future years. Having a sense of the exit points allows the WCED to plan more effectively with respect to Further Education and Training (FET).

This information should further be used by local government and business partners in the region to assess the current and potential skills base in a region. Learners in a farming area for example may be encouraged through various support initiatives such as learnerships, apprenticeships and bursaries to consider agriculture related studies, often offered at FET colleges, the Department of Agriculture (through various diploma courses) and tertiary studies at universities. These are often done in an effort to retain skills in the region or to develop the potential of the people in this area. One area where challenges exist is to ensure that sufficient technical curricula exists, particularly those of engineers, agricultural extension officers and various categories of artisan training are available within municipal areas.

The learner teacher ratio is very important, because it is closely related to the amount of money spent per child. It also has an impact on the education outcomes.

**Table 1 Central Karoo District Learner enrolment, Learner-teacher ratio and Dropout rate, 2012**

	<b>Learner enrolment (Gr 1-12 + LSEN)</b>	<b>Percentage of enrolment in the Central Karoo District</b>	<b>Learner teacher ratio</b>	<b>Dropout rate</b>
<b>Central Karoo District</b>	14 014			
Beaufort West	10 710	76.4%	30.8%	41.0%
Prince Albert	2 126	15.2%	29.8%	39.2%
Laingsburg	1 178	8.4%	26.0%	26.0%

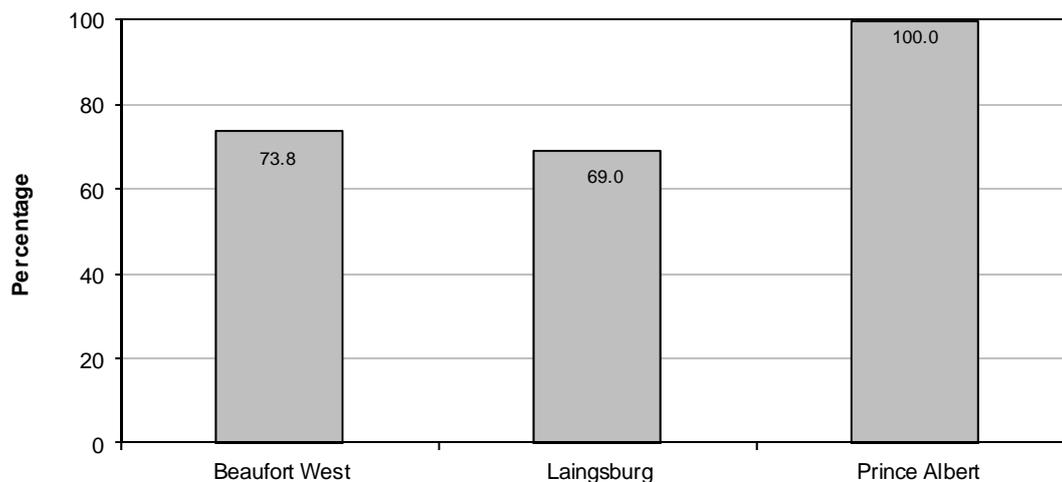
Source: Western Cape Department of Education, 2012

In terms of Table 1 the majority of the learners (76.4%) in the Central Karoo District, are enrolled at schools in the Beaufort West municipal area and the smallest number of learner enrolment is in the Laingsburg municipal area. The highest dropout rate is recorded within Beaufort West (41%) with the highest learner teacher ratio (30.8%). One important observation that could be made is that approximately one in every three enrolled learner drops out of school and that there is one teacher for every three learners within the schools within the Central Karoo District.

### 2.1.3 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.

**Figure 4 Education Outcomes – 2011 Matric Pass Rates within the Central Karoo District**

Source: Western Cape Education Department, 2012

During 2011 Matric examination, the schools in the Prince Albert municipal area achieved a collective matric pass rate of 100 per cent whereas the schools in Beaufort West obtained 73.8 per cent and the schools in Laingsburg obtained 69 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 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 (MDGs) 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 evaluates 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 healthcare facilities and healthcare staff within a geographic space. South Africa's healthcare system is geared in such a way that people have to move from primary, to secondary and tertiary levels of healthcare. The first point of contact would be at the primary healthcare level. Primary healthcare facilities include Community Health Centres (CHCs), Community Day Centres (CDCs) and Clinics.

**Table 2 Central Karoo District Healthcare Facilities, 2012**

List of facilities at February 2012	Community Health Centres	Community Day Centres	Clinics	Satelite Clinics	Mobile Clinics	District Hospitals	Regional Hospitals
<b>Central Karoo District</b>	0	1	8	3	8	4	0
Laingsburg Local Municipality	0	0	1	1	1	1	0
Prince Albert Local Municipality	0	0	2	1	2	1	0
Beaufort West Local Municipality	0	1	5	1	5	2	0

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

Within the District there appears to be an equitable spread of facilities given the capacity of individual municipalities. Beaufort West has the majority of fixed/permanent structures accounting for five clinics and five mobile clinics respectively. Laingsburg has the least fixed/permanent structures accounting for 1 clinic, 1 satellite clinic, 1 mobile clinic and 1 district hospital respectively.

### 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 discussed above.

Two other indicators of child health will be discussed here, namely, immunisation and malnutrition. 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. Malnutrition (either under- or over nutrition) refers to the condition whereby an individual does not receive adequate amounts or receives excessive amounts of nutrients; however, the indicator looked at here is for underweight children.

## Immunisation<sup>2</sup>

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 results from the Western Cape 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).

**Table 3 Child Health in the Central Karoo: Full Immunisation and Malnutrition, 2011/12**

	Population < 1 year fully immunised 2010/11	Population < 1 year fully immunised 2011/12	Number of severely underweight children < 5 years per 1 000 population 2010/11	Number of severely underweight children < 5 years per 1 000 population 2011/12
<b>Central Karoo District</b>	84.4%	80.3%	2.2	2.0
Laingsburg	85.4%	94.7%	1.7	3.1
Prince Albert	82.6%	53.0%	1.9	2.8
Beaufort West	87.7%	89.0%	0.4	1.0
Central Karoo DMA	65.3%	56.0%	20.9	6.1

Source: Western Cape Department of Health, 2011 and 2012

## Malnutrition

The number of malnourished children under five years is less than 1 per cent in the Western Cape; the District have recorded rates lower than 1 per cent, except for Murraysburg (former District Management Area), where 2 per cent have been recorded. Murraysburg has been incorporated into Beaufort West with effect from 1 July 2011 and this will have an impact on Beaufort West going forward.

### 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 are also included here.

<sup>2</sup> 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.

## Maternal deaths

In 2011/12 there was good improvement in the Western Cape with maternal mortality decreasing to 28.7 per 100 000 live births compared to the previous years' 43.3.

**Table 4 Maternal Health: Mortality in the Central Karoo, Delivery to women under 18 years and Termination of pregnancy, 2011/12**

<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>
Central Karoo DM	1 039	1	96	1 084	0	0
Beaufort West	727	1	138	740	0	0
Central Karoo DMA	104	0	0	102	0	0
Laingsburg	80	0	0	83	0	0
Prince Albert	128	0	0	159	0	0

Source: Western Cape Department of Health, 2011

Across the Central Karoo District, Maternal Mortality per 100 000 live births has been reduced to zero.

**Table 5 Maternal Health in the Central Karoo: 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>
Central Karoo DM	92	1 043	88.2	109	1 102	98.9
Beaufort West	59	722	81.7	64	750	85.3
Central Karoo DMA	12	107	112.1	10	107	93.5
Laingsburg	9	87	103.4	8	86	93.0
Prince Albert	12	127	94.5	27	159	169.8

Source: Western Cape Department of Health, 2011 and 2012

The births to women under 18 years per 1 000 deliveries have increased from 81.7 in 2010/11 to 85.3 in 2011/12 in Beaufort West and increased from 94.5 in 2010/11 to 169.8 in 2011/12 in Prince Albert. Laingsburg recorded a reduction in the delivery to women under 18 years per 1 000 deliveries from 103.4 in 2010/11 to 169.8 in 2011/12.

**Table 6 Maternal Health in the Central Karoo: Termination of Pregnancy**

Termination of pregnancy (TOP)	Total TOPs performed 2010/11	Female population 15 - 44 years 2010/11	<b>TOP per 1 000 female population 15 - 44 years 2010/11</b>	Total TOPs performed 2011/12	Female population 15 - 44 years 2011/12	<b>TOP per 1 000 female population 15 - 44 years 2011/12</b>
Central Karoo DM	357	199 501	2	0	13 225	0
Beaufort West	31	8 722	4	0	8 835	0
Central Karoo DMA	61	1 132	54	0	1 140	0
Laingsburg	170	1 378	123	0	1 387	0
Prince Albert	95	1 865	51	0	1 863	0

Source: Western Cape Department of Health, 2011 and 2012

According to Table 6 the termination of pregnancies per 1 000 female population 15 – 44 years has been reduced to zero in 2011/12 from 3.6 for Beaufort West in 2010/11, 123.4 for Laingsburg in 2010/11 and 50.9 for Prince Albert in 2010/11. This data can however be questioned and is it more likely that it has not been captured.

## 2.3 Poverty and Inequality<sup>3</sup>

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. The province contains 131 towns outside the Cape Town metropolitan area. Some of these settlements have solid developmental bases and experience dynamic growth, whilst others are stagnant or declining. Settlements with declining populations, economic activities, services and infrastructure leads to decreasing and social and economic service levels in the surrounding hinterland, which consequently impacts negatively on rural quality of life.

### 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.

<sup>3</sup> This section draws on Global Insight data.

**Table 7 HDI, 2001, 2007 and 2010 per municipality**

Municipality	HDI 2001	HDI 2007	HDI 2010
WC051: Laingsburg Local Municipality	0.56	0.59	0.59
WC052: Prince Albert Local Municipality	0.55	0.57	0.58
WC053: Beaufort West Local Municipality (including Central Karoo DMA)	0.58	0.60	0.60
WC - DC5 Central Karoo District Municipality	0.57	0.59	0.60

Source: *Global Insight Regional Explorer, 2011*

Prince Albert Municipality (0.58) has the lowest HDI in the district followed by Laingsburg Municipality (0.59). This poses a huge challenge to the district to create more employment opportunities to improve the standard of living in the area. Life expectancy is shown to be low due to high mortality stemming from the mixture of diseases of affluence and of poverty.

### 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 of the Gini coefficient across the Western Cape shows that inequality across all the districts and the Central Karoo has been relatively high, but has over the past decade shown some decline. According to Gini coefficient calculations, there has been a marginal change in the level of income inequality experience in the Central Karoo District; as the Gini coefficient increased from 0.59 in 2001 to 0.60 in 2007 but declining to 0.58 in 2010. The Gini coefficient for the City of Cape Town came down from 0.60 in 2001 to 0.57 in 2010.

**Table 8 Gini coefficient 2001, 2007, 2010 per municipality**

Municipality	HDI 2001	HDI 2007	HDI 2010
WC051: Laingsburg Local Municipality	0.59	0.61	0.59
WC052: Prince Albert Local Municipality	0.61	0.62	0.61
WC053: Beaufort West Local Municipality (including Central Karoo DMA)	0.59	0.59	0.57
WC - DC5 Central Karoo District Municipality	0.59	0.60	0.58

Source: *Global Insight Regional Explorer, 2011*

Prince Albert Municipality (0.61) had the highest Gini coefficient in 2010 in the Central Karoo District followed by Laingsburg Municipality (0.59). The Central Karoo District has more poverty to contend with than most of the other districts as a result of the high unemployment rate of the area.

## 2.4 Access to Housing

The Constitution of the Republic South Africa (the Constitution) states that every citizen has the right to access to adequate housing and that the state must take reasonable legislation and other measures within its available resources to achieve

the progressive realisation of his right. Still, there are many South Africans who lack this basic right.

The three spheres of government (national, provincial and local) share the responsibility for delivery of adequate housing. Housing is an important determinant of the living conditions of any populations. It has an effect on health and thereof on worker productivity, but is in turn affected by economic conditions and in particular by income and housing costs.

Information from the 2001 Census and 2011 Censuses are used to provide estimates of the extent of the backlog in housing within the Central Karoo District.

#### **2.4.1 Access to Housing: Central Karoo**

In 2011, the Central Karoo District has the highest proportion of households who have access to formal housing (96.7%) and consequently the lowest proportion of households housed in informal housing (3.3%).

### **2.5 Access to Municipal Services**

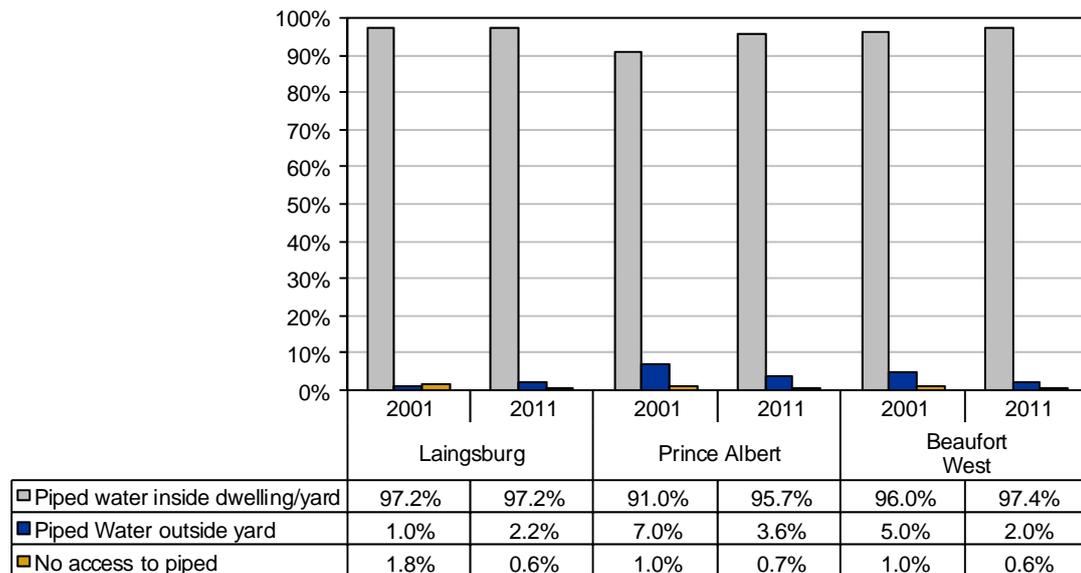
Access to services such as potable water, basic sanitation, safe energy sources and refuse removal services ensures that households enjoy a decent standard of living.

This section looks at household access to services as drawn from the 2001 Census and 2011 Census. 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 improved water sources is a key element in improved quality of life. The Water supplied should be safe and should be made available to communities to prevent the use of unsafe supplies that can lead to diseases. Unsafe water supplies will in turn have an impact on public health.

Figure 5 indicates the access to water over the districts and the Metropolitan area in the Western Cape as extrapolated from StatsSA Census 2001 and Census 2011. A comparison is made between three access levels such as households with no access to piped water, households with access to piped water inside yard or dwelling and households with access to piped water outside the yard or dwelling.

**Figure 5 Access to piped water in the Central Karoo District**

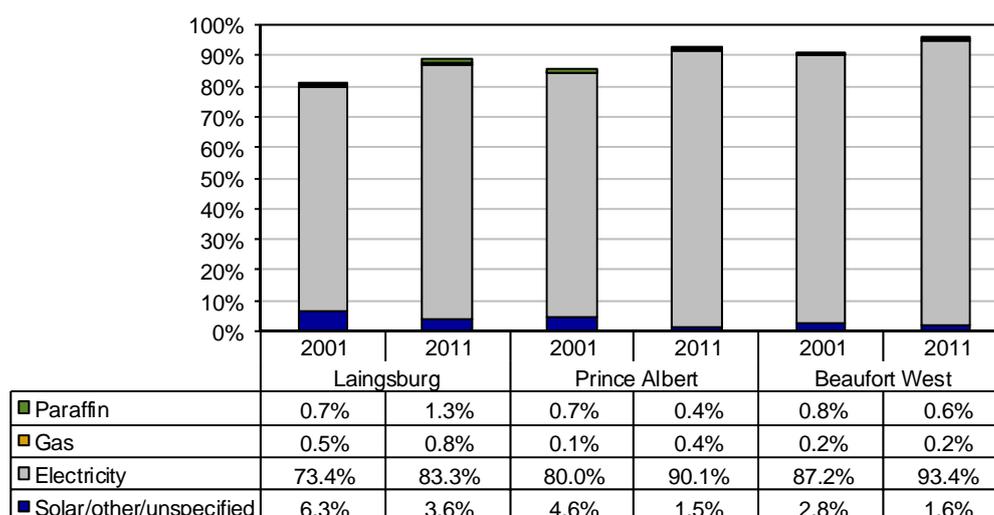
Source: Statistics South Africa Census 2001 & 2011

All the municipalities in the Central Karoo obtained more than 90 per cent access to piped water inside the dwelling or yard in both Census 2001 and 2011. Prince Albert had the highest access to piped water outside the yard in 2001 at 7 per cent but reduced this to 3.6 per cent in 2011, with a concomitant rise in piped water inside the dwelling or yard. Laingsburg had the highest percentage of households without access to piped water in 2001 and reduced this to 0.6 per cent in 2011.

### 2.5.2 Energy

In 2001, the major energy source for most of the households (above 80%) in the Western Cape is electricity. The highest percentage of households with access to electricity in 2001 was in the City of Cape Town at 88.8 per cent and the lowest was in the Central Karoo at 83.9 per cent.

By 2011, all the households in the districts as well as in the Metro had 93.4 per cent access to electricity. Central Karoo recorded a rise in access to electricity from 83.9 per cent to 89.7 per cent between 2001 and 2011.

**Figure 6 Energy Sources used for cooking and lighting in the Central Karoo, 2011**


Source: Statistics South Africa Census 2011

All the municipalities in the Central Karoo region have increased in access to energy, specifically electricity, from 2001 to 2011. Electricity is the major source of electricity within the Central Karoo, with Beaufort West having the highest portion of households with access to electricity with 93.4 per cent, followed by Prince Albert at 90.1 per cent and Laingsburg with 83.3 per cent in 2011. Laingsburg have the highest percentage of households that use solar energy, although access to solar energy declined from 6.3 per cent to 3.6 per cent between 2001 and 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 as well as providing the user with sense of human dignity. The state of sanitation reflects the state of human development in any community. Access to adequate sanitation has many advantages for public health, dignity and the advantages extend beyond households to the entire communities. However, when sanitation systems are inadequate the health impacts can be extremely serious.

**Table 9 Access to Sanitation per municipality in the Central Karoo District**

	Laingsburg		Prince Albert		Beaufort West	
	2001	2011	2001	2011	2001	2011
None	8.2%	4.9%	11.8%	4.3%	5.9%	2.6%
Flush toilet (connected to sewerage system)	61.6%	68.5%	63.3%	65.8%	82.6%	83.6%
Flush toilet (with septic tank)	12.8%	14.6%	15.7%	18.7%	7.4%	9.2%
Chemical toilet	0.3%	1.0%	0.3%	0.1%	0.1%	0.4%
Pit toilet with ventilation (VIP)	9.7%	5.6%	1.4%	5.1%	2.1%	2.7%
Pit toilet without ventilation	3.3%	1.4%	5.9%	4.3%	0.9%	0.6%
Bucket toilet	3.3%	1.4%	5.9%	4.3%	0.9%	0.6%

Source: StatsSA Census 2011

All the municipalities in the Central Karoo region have increased its access to flush toilets that are connected to the sewerage system between 2001 and 2011. Laingsburg, Prince Albert and Beaufort West have also decreased their percentage of households that does not have basic sanitation between 2001 and 2011.

#### 2.5.4 Refuse Removal

**Table 10 Access to refuse removal in the Central Karoo District**

Refuse Removal	Laingsburg		Prince Albert		Beaufort West	
	2001	2011	2001	2011	2001	2011
Removed by local authority/ private company at least once a week	62.0%	59.5%	71.6%	73.4%	85.4%	83.7%
Removed by local authority/ private company less often	0.0%	6.2%	10.0%	0.4%	0.4%	0.3%
Communal refuse dump	1.0%	4.7%	0.8%	1.4%	0.8%	1.1%
Own refuse dump	36.0%	27.7%	27.0%	20.2%	12.9%	13.6%

Source: StatsSA Census 2011

Almost 80 per cent of households in the Central Karoo municipalities have access to refuse removal by the local authority or a private company at least once a week in 2001 and 2011. In 2011, Laingsburg (27.7%) has the highest percentage of households that dump their own refuse, followed by Prince Albert at 20.2 per cent and Beaufort West with 13.6 per cent.

This decline is evident in all of the sub-regions except the DMA. On the other hand the strong growth in the manufacturing, construction and financial & business services sector is noteworthy throughout all municipal areas. It is clear that these are the CKD's growing industries.