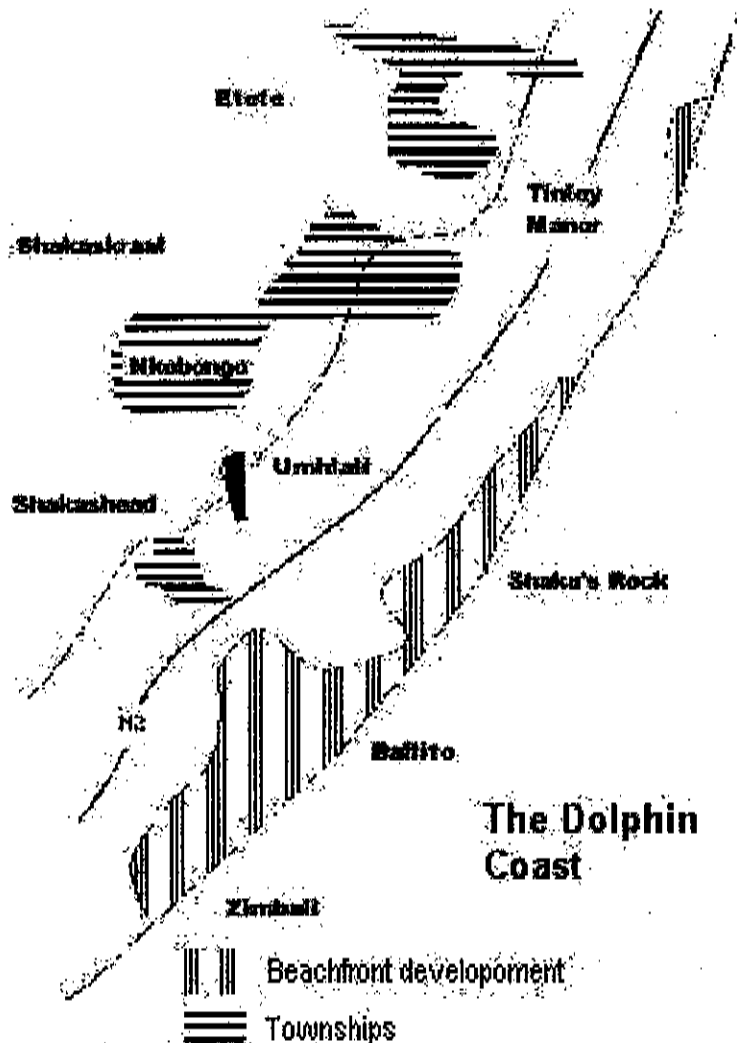


**The burden of care: water, health and gender in the Dolphin Coast concession**

David Hemson 2004/05



Public private partnerships are being presented as the cutting edge of change in the provision of municipal services. It is argued they augment the limited government resources through municipal service partnerships with government institutions, the private sector and community based organisations and NGOs (DCD 1999). Municipalities are at the forefront of transformation and are being directed to adopt a developmental focus but have limited resources. In this article one of the most prominent public private partnerships involving a concession between one of the

foremost water multinationals and a local authority is examined within the changing policy framework for municipal services. Policy has a number of sides: an encouragement of the engagement of the private sector, cost recovery, and the provision of a minimum of basic services to the poor. Increasingly internationally financial institutions are using the language of pro-poor policy as the framework through which investments in services should be established.

To what extent does the engagement of the private sector meet the objectives set in policy; in particular what has been the effects of private sector participation, the management of municipal services by a multi-national company, on the lives of women, particularly those struggling for a better life in the townships and shack communities in South Africa? Has the concession worked to bring an improvement in the lives of working people, as has been claimed, or has the concession worked to increase the drudgery of women of carrying water. What also has been the effect on the domestic sphere of the concession on water borne diseases such as the cholera epidemic and on homebased care for AIDS victims.

The Dolphin Coast concession has been one of the most publicised examples of a public private partnership in South Africa: launched early in 1999 it took over the assets of the local municipality, administered the water services, and has collected the tariffs. The local officials state that this step was taken because the existing reticulation was in decay and that they found it impossible to raise capital from private or official sources for the necessary investment to upgrade and extend the service. The enabling environment for public private partnerships and the political and economic background is examined in Hemson and Batidzirai (2002).

Now the concession is much more critically appraised. Public opposition from citizens and ratepayers is becoming vocal as there are strident complaints of a lack of consultation, of information and of participation. In 2001 Siza Water complained that property development was in a slump, the currency in terminal decline, and slowed down infrastructural development (Hemson, 2001). Now there is a feverish boom, a stable currency and heavy demands being made on an inadequate infrastructure.

On the side of the poor there are complaints that the free water policy announced by national government has not been implemented and that the few people with house connections could not manage the high tariffs and standard charges. The ratepayers in the prosperous seafront complain that there has been no effective oversight or regulation of the contract and SAUR has had a 'free ride'. Following the renegotiation of the concession in 2001 on what was seen as very generous terms to the company (Business Day, 2001), questions have been raised about municipal strategy towards SAUR and about the use of funds paid over to the council.

### **Seafront and shadow: two communities**

The Dolphin Coast is similar to many other South African urban centres, but also significantly different. The communities making up the KwaDukuza municipality, which includes the Dolphin Coast areas, Stanger and small towns; share the same characteristics of many South African urban municipalities; rich and poor. But it has two important differences; firstly in being a tourist zone with vastly fluctuating populations seasonally and secondly in the fact that it has participated in the first

water concession in South Africa. The seafront is or has been home to some of the sports personalities of our time (such as the former rugby administrator, Louis Luyt), upwardly mobile couples, and retired businessmen. There is an extraordinary property boom taking place with the average property anticipated to increase in the municipal valuation by 200% over the past few years (Interviews and Brennan, 2002). In high season the beachfront, marked with rock outcrops and sandy coves, are packed by upcountry visitors, and parking is at a premium. The only contact with the townships to the interior is through servants, petrol attendants, and the occasional sweep of tidily-dressed children along the beach asking for a little share.

The forerunner of the KwaDukuza municipality, the Borough of Dolphin Coast, administered these communities. From 1999 it became a centre of attention for initiating the first water concession in South Africa; there were numerous international visitors, trips abroad for the councillors, intense discussions with a wide range of state bodies, and the congratulations of the State President when he received the freedom of the city. This small municipal entity just to the north of the Durban municipal boundary received the applause of senior politicians and a high profile in the business pages and trade journals. The engineering of the concession became a moment of civic pride with awards and other forms of recognition for a new type of partnership. Its agreement and experience was to serve as the template from which many other public private partnerships would be fashioned.

It was soon followed by the Nelspruit concession and a number of forecasts were made that such concessions were the wave of the future. This was the way in which the private sector would provide expertise and capital to build model partnerships which would not only be efficient but also humane; by providing a good level of service to those communities previously on the margins of municipal services. Now in 2004 there is deep dissatisfaction from the poor communities and, possibly surprisingly, an even stronger voice of opposition from amongst the well-off. What were the factors behind this turnaround? What was the basis for the concession and what has happened over time to bring such scepticism and hostility? Have the needs of the poor been met and how has their voice been heard?

### Living in the shadow zone

Two very different communities exist in the former Dolphin Coast borough in which the concession operates, divided by the R1 (north/south) freeway and the railway line. In the shadow of the affluent sea-facing suburbs lie the townships of African and Indian people. The poor who are fall within the scope the concession are located in three townships inland from the seafront; Shakashead, Nkobongo, and Etete each with a population of 2000, 3000, and 7000 estimated in 2000 respectively. The broadly figures produced in the 2001 Census are as follows:

	African	Coloured	Indian	White	Total	
Ward 5	1,623		28	749	302	2,702
Ward 8	8,280		4	10	-	8,294

Ward 7	6,591	153	1,909	58	8,710
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These communities generally show very rapid population growth (Nkobongo more than doubling in a few years) and increasing diversity with a rising number of languages other than English or isiZulu.

These poor townships have emerged from the relatively prosperous market gardening and small sugarcane farming communities with small and medium sized holdings owned by such personages as Chief Albert Luthuli, former president of the ANC and Nobel Peace Prize winner, and P.A. Padayachee (patriarch of a landowning family with timber interests). A survey of these communities does provide some evidence of a recent influx particularly after 1996, but the majority of families had had substantial residence in the area. Recently, however, the shacklands have exploded in anticipation of a better life adjacent to the seaward strip of wealth.

The farms of the respected middle class landowners have now been swept away in an inrush of displaced plantation workers, the destitute of the traditional areas from KwaZulu-Natal and the former Transkei, and those hoping to find some employment. In the early 1990s private land was occupied and the one place of local employment, the timber mill operated by P.A. Padayachee was burnt down on more than one occasion. The flux of people has not slowed. There have been considerable shifts in population as shacklands have sprung up, new housing built, more shacklands established and more plans for housing made. The Integrated Development Plan is replete with housing plans to expand the townships appreciably (KwaDukuza, 2002). The KwaDukuza Council complains of the poor and destitute pouring into the area as it is one of the few with a comprehensive housing program in the region.

This is a zone in which there is social solidarity but also crime, desperation, initially very poor services leading to diarrhoea and cholera.

Despite being launched with great fanfare and praised as a success, within a year of its commencing operations and taking over a network of standpipes in the townships, the concession was held responsible for making the community vulnerable to the ravages of cholera (Pauw, 2003 and Filebox, 2004).

The argument is made that privatisation puts a higher cost on water and displaces households from domestic connections or use of standpipes to streams and rivers. Private companies are profit seeking and generally regarded as exercising much more rigorous credit control than public managers, disconnecting families and enforcing charges at standpipes (McDonald and Pape, 2002).

There is considerable evidence both before and after the cholera epidemic that water was being drawn not only from the streams and the Nkobongo River, but also from filthy and waterholes containing floating rubbish adjacent to seeping sewerage (personal observation and Thompson, 2003). The problem, the people say, is not necessarily the cost of water per kilolitre (although the poor who use the standpipes pay the highest tariff) but that the disc used to access the standpipes is prohibitive to the poor: the cost has risen from R36 in 2002 to R60 in 2003. In addition it has become more difficult to electronically 'charge' the disc (which operates like a telephone card) with credit; people complain that they can no longer get R5 credit.

The table below indicates that in Ward 5 where the population between the two census was more or less constant (including the well off areas) there was a continued tendency to draw from problematic sources: greater distances from community stands, stagnant water, and rivers and streams.

**Table 1: Household access to water, Ward 5, Shakashead and other areas**

Households	1996	2001	% change
Dwelling	308	324	5.19
Inside yard	247	237	-4.05
Community stand	117	18	-84.62
Community stand over 200m	-	39	-
Borehole	226	30	-86.73
Spring	20	9	-55
Rain tank	-	66	-
Dam/Pool/Stagnant water	-	6	-
River/Stream	50	21	-58
Water vendor	1	0	-100
Other	-	93	-

Source: Stats South Africa website, Ward Profiles 2003.

Many households have been recorded as having a higher level of service but are using inferior sources. Pauw provides a vignette of David Radebe living in Nkobongo who lost his job, was disconnected, his meter removed and was forced to use other sources (2003). The census was conducted on the evening of 9-10 October 2001 considerably after the outbreak of cholera and records a decline in some of these unsafe sources; but the pattern continued.

The WHO issued a statement on the cholera epidemic which explains that piped water is safe and that cholera was being contracted through the use of unsafe sources:

All piped and municipal water in Kwazulu-Natal is safe. Only people using water directly from rivers and dams are at risk and if good sanitation and personal hygiene measures are followed, the chances of contracting cholera are minimal (WHO, 2000).

Whatever the immediate cause the 'index' (first case) in the Dolphin Coast occurred on 9 October 2000, about two months after the outbreak in Empangeni further to the north. For a period the epidemic appeared to have been contained, but at about Christmas 2000 there was an explosion of cases, rising from one or two a day to a peak of eight in a day in April 2001. Altogether there were 140 cases of cholera in the Dolphin Coast, the highest number being recorded from Etete (where there were large areas of shackland), but also 50 were recorded from Nkobongo where formal housing had been completed.

Most of the patients were treated at Stanger Hospital, some distance from the communities. The incidence within the Dolphin Coast and Stanger attracted



wellbeing. Diarrhoea is reported throughout the year with some infants being brought to the clinic very dehydrated and Oral Rehydration Therapy is employed and the worst cases sent to hospital in Stanger. The conditions of desperate poverty weigh down on the ability to make educational progress: some children not attending school because they are hungry and queue up for food rather than education. Tuberculosis patients are provided with a soup kitchen by the clinic at Shakaskraal.<sup>1</sup>

St Vincent de Paul, a voluntary organisation associated with the Catholic Church feeds 150-200 children twice a week. Adults in need are also provided with meat, bones and vegetables which the society scrounges from supermarkets and about 150 are provided for. The society has a small clinic which treats children for basic ailments such as colds, 'Natal sores' (contagious bacterial and fungal sores which fester in warm climates) are very common, as well as parasitic worm infections (a key indicator of poor access to water and sanitation). The treatment is very basic and the society is involved with child and baby care.

The society has a hospice with two beds and people come from time to time and looked after; in the last week in May 2004 there were two deaths and a desperately ill 12 year old child. There is a small school for children with special needs. St Vincent de Paul has trained 6 home based carers who go house to house and teach people how to look after. The sick are taken to clinics and Stanger Hospital. Home based carers are being trained to assist in the Anti-Retroviral (ARV) rollout which is now being implemented from 1 June.<sup>2</sup>

Those who are involved in charitable welfare in the communities describe the conditions in the townships as 'appalling', the needs 'terrifying' and the tasks 'overwhelming'.

Women find the threat to their lives of HIV/AIDS as hugely stressful. The biggest problem is to get psychologically over fact that they will not die immediately. Lots of women battle to overcome this huge barrier; eventually they come to believe they have to stay alive for the children.<sup>3</sup>

Women have to 'soldier on' while carrying the oppressive weight of stigma and the debilitation of the disease. The burden of community liaison and counselling in HIV/AIDS appears to be falling directly on voluntary organisations which are associated in the Community Networking and Resource Centre (CNRC). There is no explicit HIV/AIDS policy from the municipality, not even in relation to assistance to destitute families. The 4 child-headed families known in the communities are helped by St Vincent de Paul.

These poor conditions of support place the burden of care on women and add to the drudgery of carrying water and maintaining the home. The model of treatment in South Africa is that of the family. As the Minister of Health has expressed it:

..it is poor families and poor communities that are hardest hit. It is therefore imperative that we use our limited health care resources as optimally as possible.... It

<sup>1</sup> Interview with nurses at the Nkobongo clinic, 29 April 2002.

<sup>2</sup> Interview with Charles Southwood, St Vincent de Paul, 30 May 2004.

<sup>3</sup> Interview with Charles Southwood, St Vincent de Paul, 30 May 2004.

is the intention that these guidelines should help members of all sectors to become involved with confidence and energy (Department of Health, 2001).

Even though the department is committed to extending the system of Community Health Workers at R1000 a month this is not yet being implemented except in the rural areas, the guidelines promise little in support for home based carers in the urban centres. The first home-based care workers have been trained and provided for by faith-based organisations rather than the state.

Various studies of home-based treatment report that the homes of HIV/AIDS victims are inadequately provided with water and sanitation; yet both are desperately needed. According to Steinberg et al (2002,ii), "The households worst affected by HIV/AIDS are also those most underserved by basic public services such as sanitation and piped water. Only 43% of the households in the survey had a tap in the dwelling and nearly a quarter of the rural households had no toilet at all."

In the case of the communities of the Dolphin Coast only the houses of families with a permanently employed member are able to access and continue to maintain a household connection: this amounts to some 10% or even less.

### **'How we live'; voices of the communities**

A relatively small survey conducted with the support of the Municipal Service Project in May 2002 to gather data on services and incomes, concluded that some 80% of the people are living in deep poverty (less than the equivalent of \$1 per person per day), that water consumption is generally below the municipal target of 50l per person per day. It concluded there were serious health risks in the communities and found that there were many households drawing water from very polluted streams and pools.

The communities include the poor and the very poor. There are two basic approaches to assessing poverty: the first through income surveys and the second through qualitative indicators such as the assessment of the communities themselves. Both approaches will be adopted here.

**Table 2: Family income, percentages**

<b>Rand</b>	<b>0-500</b>	<b>500-1000</b>	<b>1000-1500</b>	<b>1500+</b>
Shakashead	55	32	8	6
Nkobongo	66	24	7	3
Etete	30	43	15	13

Source: CHS surveys, 1999-2000

The figures indicate very high levels of poverty, as the overwhelming majority are below the notional minimum living level for a household which is in the region of R1000. At this level, for a family of 4.5 adult equivalents, there is an income of R7.41 per person per day. Although there are attempts to shield children from poverty, some 60% of respondents in the survey reported that their children suffered from hunger in



the last year. In these communities the proportion of families living in what is generally regarded as deep poverty internationally (at \$1 per person per day which at the time of writing is equivalent to about R6.50) ranges from 70 – 90%. Living levels appear to be fairly equivalent between Shakashead and Nkobongo which suffer very high levels of unemployment, while in Etete more adults are employed.

Most residents have had the recent experience of living in shacks there is general gratitude for the RDP housing which the council has been provided. But not all feel that there has been a real improvement; the difficulty with the mass housing program is that it does not provide for large families. Housing has also brought other concerns not least of which has been electricity, water, and, most importantly, rates. Many are confused by the rates which are being implemented to cover the cost of services such as refuse removal. The implementation of rates is seen as threatening access to the existing housing.

Now I do not know how I am going to stay, that's my problem. The rates have to be paid and my husband is not working, he only gets a pension.

The communities report national and international trends bearing on their prospects for employment. Jabulani reports that the prospect for casual work gardening has now passed as the better-off households on the seafront now engage contract gardeners. Mrs Radebe<sup>4</sup> in Etete reviews her limited possibilities for a better life with sickness at home:

I depend on my late husband's R200 pension money only. With this money I have to buy food and that's it. I cannot even go out and look for work because there is a sick child here that I have to nurse.

The calm community atmosphere with new houses, new roads, and some prospects of progress is accompanied by a quiet desperation.

Within the conditions of deprivation there is an affirmation of solidarity at two identified levels. Firstly people enjoy and are proud of the good relations between African and Indian people in communities of the poor. In response to a question on inter-group relations a group of African women responded: "We are united, one Rainbow nation!" This is a matter of some pride:

The African children love the Indian children very much and Indian children go around looking for African children to play with them. A while ago there was an Indian car that came by with cakes for children calling them to come and sing on the street. We do not know what happened to that Indian car because every Sunday we would so happy our children attending church services with the Indians.<sup>5</sup>

Secondly there are basic forms of social support from the poor to the very poor.

Sometimes I spend R20 a month on water and if I do not have it I get the water from the river, bring it home boil it and drink. Sometimes I ask the neighbours for

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<sup>4</sup> This and other names used in the text are not the real names of participants in focus groups.

<sup>5</sup> Respondents in Etete focus group2.

assistance to sponsor me with 25 litres.<sup>6</sup>

A woman pensioner is reported to lend her water disc and her home has become a port of call to anyone desperately needing water.

These are the forms of social solidarity which exist particularly among women often settling into new communities without well established neighbourly relations. But in addition to social support, in the conditions of generalised want, crime is increasing and bands of young men are, at times, bold in acts of theft.

Now they even rob old women who earn pension; after they get paid they go to their houses and force them to give them the money. Even if you are working and you have your television set you live in fear that they are going to break in at any time and take it.<sup>7</sup>

This growth in lawlessness is described by women a relatively new phenomenon and weighs down both on their morale and their ability to leave the home; where crime is widespread the women mention how even the washing of poor families can disappear.

### **The poor use less, the poorest the streams**

To what extent has the improvement in housing been able to carry over into improved conditions generally and the ability of women to cope with the tasks traditionally falling to them: maintaining the family under conditions of deepening poverty and rising illness?

In the section which follows the impact of the concession on the lives of people in the poor communities is appraised, along with strategies to develop the region and provide employment and life sustaining services.

In the townships of the Dolphin Coast most of the water provision is through communal standpipes; this is known as the Level 2 service (with VIPs). Those who had house connections (with flush toilets making the level 4) have gradually been disconnected over time; in the survey more than 90% of the people access water from the street.

Higher levels of service, such as flush toilets and domestic connections, have not survived the insistence on cost recovery by the concession. One of the controversies about water delivery is why there was the Level 4 when the houses were built. Councillors and officials argue this was a mistake, that the 'wrong' people who were unable to keep up the connection charges and tariff took over the houses. Domestic connections have either been disconnected by Siza Water or in some cases residents have asked to be disconnected as they have found their water bills spiralling out of

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<sup>6</sup> Respondent in Etete focus group2.

<sup>7</sup> Respondents in Etete focus group2.

reach. These families now face the humiliation of fetching water from the street to flush the toilet and another level of service has evolved: that of the 'pour-flush' toilet.

The high bills and experience of disconnection has left a mark in the minds of the community. The majority of respondents now favour the standpipes because they are considerably less expensive, although 24% still favour house connections.

The flush toilets are, however, much preferred to the VIPs and other privies; the problem is that Siza Water levies a monthly fixed connection charge which rises annually. A former councillor who was involved in the negotiations for the concession regards this as iniquitous.

This burns me as the fixed fee for sewerage was never supposed to be increased as it was installed to pay an outstanding loan. It has now grown to over R100 a month irrespective of water used and was meant to be a fixed fee.<sup>8</sup>

The survey concluded that a toilet in the dwelling is generally a factor of higher levels of income; most of these connections are now being maintained without a domestic connection. The VIPs (Ventilated Improved Privy) are sought by families with some higher levels of income. Those families with no sanitation at all, who use the fields are in the lower range of incomes.

There is a considerable range in per capita consumption between different families; ranging from an upper level of 50 litres per capita per day (pcpd) to a lower level of 12l pcpd. Only those who have fought to maintain their domestic connection have consistently higher levels of consumption. The level of consumption used by municipalities as a benchmark for urban consumption is 50l pcpd and few of the residents of the townships of the Dolphin Coast reach that level. Studies of health and hygiene conclude that a certain level of water consumption (dependent on particular communities and practices) is required before the health impact, which is one of the key objectives of the service, is achieved.

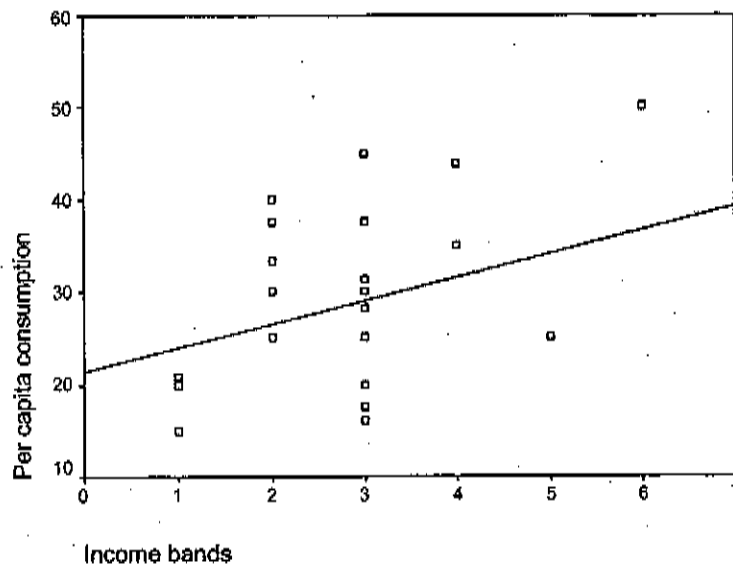
The relatively low level of consumption is explained by two factors: firstly the intrinsic nature of standpipe service which is limited by the physical demands on the water carriers. But this is not the only indicator. There is evidence that per capita consumption is linked to incomes. In the graph below (in which 5 indicates Don't know and 6 Refusal to respond) there is a clear indication that the lowest income households also have the lowest level of consumption.

**Figure 2: Consumption per capita per day, litres, and income**

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<sup>8</sup> Interview 30 May 2004.

## Consumption and income



These relationships are confirmed in the interviews with residents. The poorest of the poor could not afford the R36 initial charge in 20902 for the cards and end up paying 2 cents a litre rather than the .39 cents of those who have discs. This problem has worsened with the increased charge of R60 per disc. As a resident relates:

Sometime because the water recharge cards are very expensive therefore we buy 25 litres for 50 cents from those people who have cards.

What we heard at the beginning was that even if you pay R50 or whatever amount you will get the water but now the just disconnect you. And after you have been disconnected they still send you bills with new larger amounts being owed to them of R800.

The free water provision for people in the western areas has been a matter of discussion for some time. Three years after the announcement of the free basic water policy there is no free basic water although the council officials say it is now coming. But as an Nkobongo resident complained in a focus group discussion: "We only hear of free water on the radio".

Municipal services also do not provide support to those struggling to care for HIV/AIDS victims. The Dolphin Coast concession has lagged considerably behind in the implementation of the free basic water policy of 25litres per person per day (for a family of 8) or 6kl per household per month.

## Regulating the concession?

The tariffs have been the most significant indicator of accessibility of water services. While there have been changes in the structure of the tariff which makes comparability difficult, the figures show very high increases since the concession was instituted. The explanation has been that there have been both extraordinary increases necessary to reinforce the cash flow within the company which had declined due to

slower infrastructural growth. The other factor was attributed to the increases in bulk water tariffs from Umgeni Water. Whatever the cause there have been rapid increases in local tariffs which make the final bill considerably higher than those in Durban which have also increased significantly.

The tariff increases have led to increasing opposition to the concession from residents. The strongest arguments against the concession are being mounted by local middle class residents in the form of DCORRA (the Dolphin Coast Residents and Ratepayers Association) largely based on the seaboard. The ratepayers complain strongly that there has been a complete failure of regulation by the municipality. The Association has attempted to secure its rights through legal action but has been advised that citizens have no rights in the concession agreement; these are to be defended through the municipality. Ratepayers then appealed to the Public Protector to investigate what happened in 2001 in relation to the amounts paid to the municipality by Siza Water and to secure their rights in relation to the concession.

The Vice Chair of DCORRA concludes that the whole process showed the failure of the policy of public participation in municipal government as none of the residents had been consulted during the crisis of 2001/02. She feels that the municipal officials fobbed off the Public Protector as they took six months to provide a 'very unsatisfactory answer' to residents' questions. DCORRA concluded that intervention of the Public Protector was a 'huge disappointment' as it had brought no relief and neither had a promised local Water Forum materialised.<sup>9</sup>

Some municipal officials feel that the residents of the area have been "held to ransom" by a company which has rigorously advanced its interests. A review of the concession concluded that it would break even over time, but at a cost to residents.

The unit estimates that Siza will break even after the first five years of operation and start making a small profit after 10 years ... But ultimately, the experience has demonstrated how consumers come to carry the risk of municipal service partnerships that flounder, with two major tariff hikes to be shouldered by Dolphin Coast residents (Hesse 2001).

Since tariff increases have risen annually and, it has been calculated (before the most recent tariff increases) that Siza Water would make a minimum profit of about R24 million over its first five years, which translates to about 23 per cent profit on sales. The worst case scenario would see a profit rate on sale of 21% (Maharaj, 2003:245) i.e. profits are being realised by Siza Water in the short term and not after a 10 year lag. The tariff increases have put additional pressure on house connections particularly through the sewerage fixed charge which is deeply resented.

Since the renegotiation attitudes have hardened and there is growing opposition in the townships as well as the suburbs. Among political representatives and residents there is a sense of powerlessness and inevitability. A councillor states: "Its too hard to control Siza, not even the white officials can do that!"<sup>10</sup> Within the community there is scepticism about the effectiveness of political representation:

<sup>9</sup> Interview with Shelley Birnie, Vice Chair of DCORRA, 31 May 2004.

<sup>10</sup> Interview Norah Nzuza, 29 April 2002.

If we have complaints then a meeting would be called then we tell them our complaints and then they tell us to wait while they go and speak on our behalf. We wait and then they come back and tell us that they have spoken on our behalf but I don't not know if they really speak on our behalf or they are lying to us. I do not know.

A councillor from a seaboard ward who has actively supported the concession argues for privatisation but is frank in stating that this is not in the interests of the poor: "We privatised and I would do it again as we have huge infrastructural demands and could not have met these demands. But it is not beneficial to the poor, the poorest pay more." There is no public participation and in the townships confidence in the councillors is weak as two are facing charges of public violence or assault. Participation in decision-making through ward committees in the 19 wards promised in a Council resolution (IDASA, 2002) is not being realised.

There are feelings of powerlessness reported in the survey: those who feel their life is worse also tend to feel that the council is not representing their interests. Of most significance are the responses to questions probing representation of their interests; a majority is opposed to the council having entered into the water concession. Most feel that the council is not acting in their best interests, but the overwhelming majority feel they don't have a say in decisions affecting their community. Women are having to carry the burden of maintaining the family at a time when extreme poverty and unemployment is increasing. The concession which, at times, is claimed to be pro-poor and providing a better service has increased this burden.

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