

HSRC RESEARCH  
**5053**

# Sanitation: real solutions for the poor?

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# Section 1: Introduction



## High profile: high delivery?

- Sanitation no longer has a low profile
- There is now considerable policy on the question and well developed delivery strategies
- 2010 target to provide sanitation to all
- MDG target to halve backlog by 2015
- Sanitation latched on to high profile EPWP and ASGI-SA
- Sanitation acceleration delivery strategy “Operation Gijima” designed to create jobs
- Much greater general awareness in rural areas and high levels of demand in urban areas



## The gap: output/target 2010

- Improved policy has somehow not had expected results
- Existing unofficial backlog of 3.9 million households not served.
- MIG allocation shows bias toward allocation in urban centres (bucket eradication and waterborne sanitation projects)
- What relationship between planning, budgets and delivery?
- What role for rural communities, ISD?
- Review of existing technical, strategic, and financial approaches needed against *local* targets



# Slipping targets

- Bucket eradication in the formal established settlements by December 2007.
- There are 106 800 buckets remaining in these *formal* established settlements
- The original target for the ending of the bucket system was 2006 (SFWS T5)
- All schools were to have adequate and safe water supply and sanitation services by 2005 (SFWS T3) now 2008/9;
- SFWS adopted by Cabinet in Sept 2003.

# Will the MDG be met? (hhs)

Access to flush toilet or Ventilated Improved Privy

	1995	2003
All households	8,802,344	12,546,104
Basic sanitation	5,851,027	7,911,933
<b>Below standard or none</b>	[REDACTED]	
Without access	34%	37%

Progress from 5,9 to 7,9m HH but increase in backlog from 3,0 to 4,6m HH

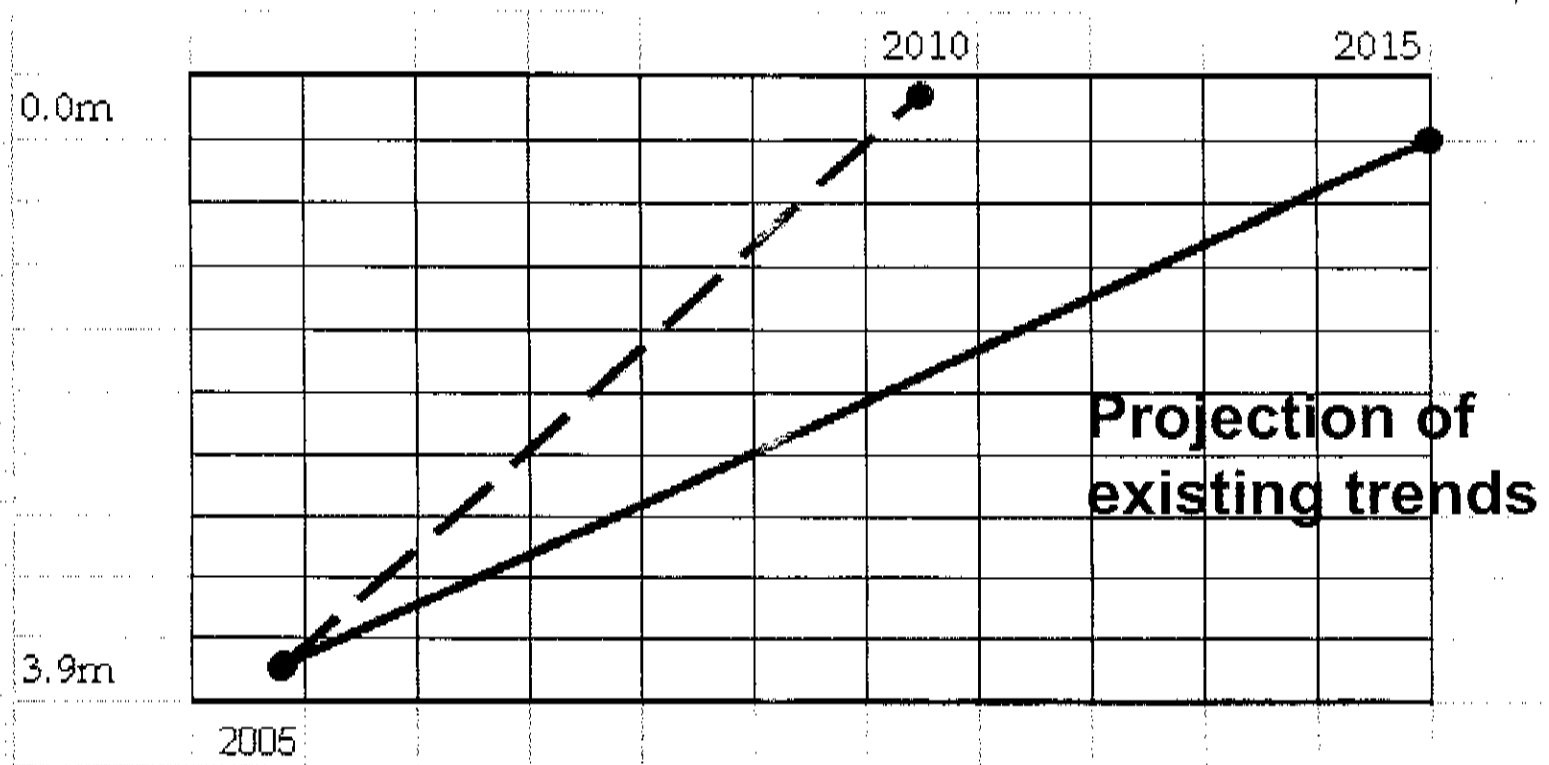
Source: OHS 1995 and GHS 2003

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# 'Sanitation for all by 2010'



UN Millennium Development Goals

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# Section 2: Poor municipal capacity, planning and budgeting

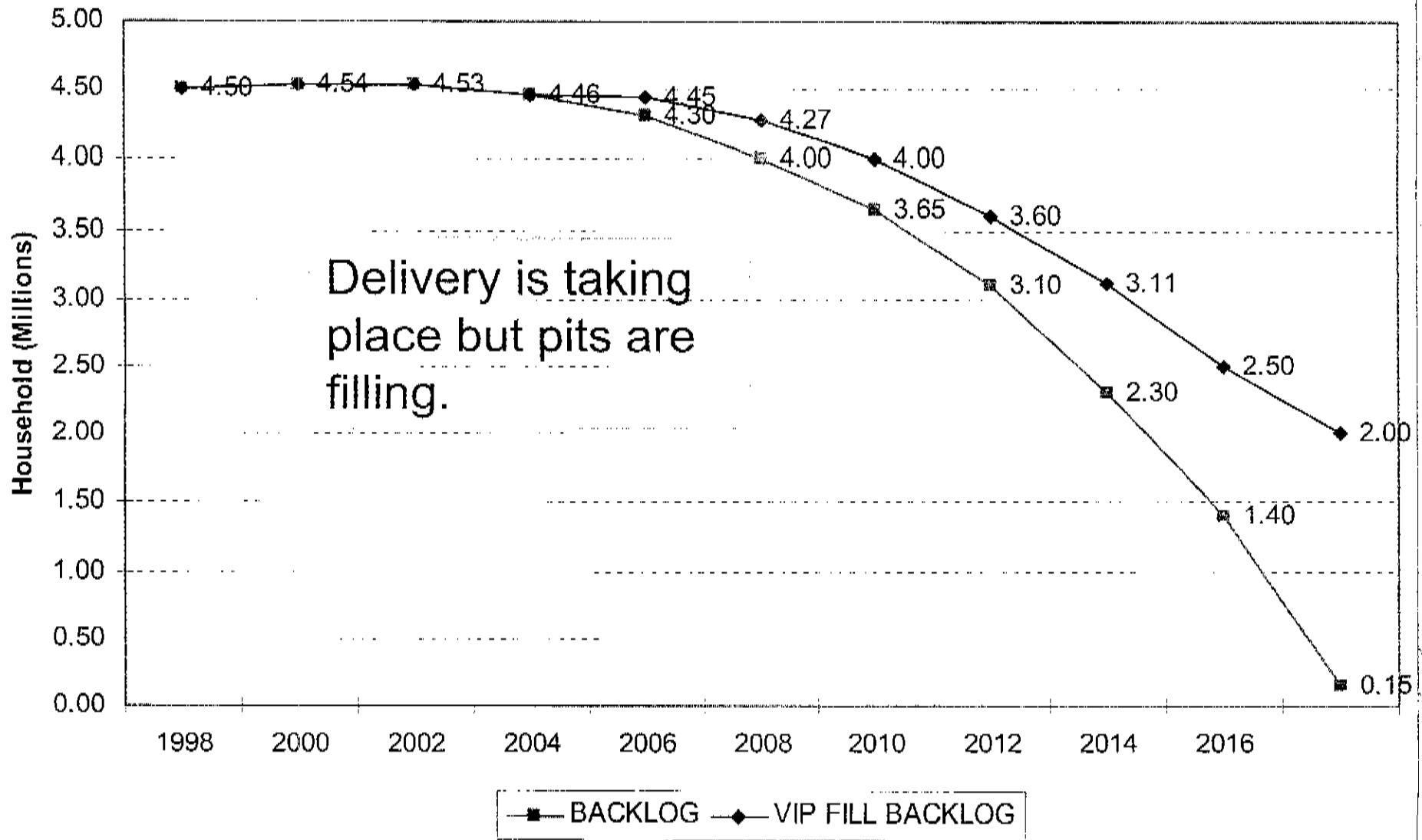




# Key issues

- Who actually is responsible for sanitation? How can communities initiate and manage sanitation projects?
- Generally poor representation of sanitation in IDPs/ WSDPs
- DWAF assembling sanitation data per Province and WSA to assist in inserting sanitation into WSDPs
- Municipalities access funds for sanitation through MIG, but funds allocated to sanitation are inadequate to achieve targets
- What are the cost/benefits involved over 20 years?
- Generally increasing emphasis on waterborne sanitation

# Measuring progress



# Section 3: Poor linkages to water delivery and hygiene

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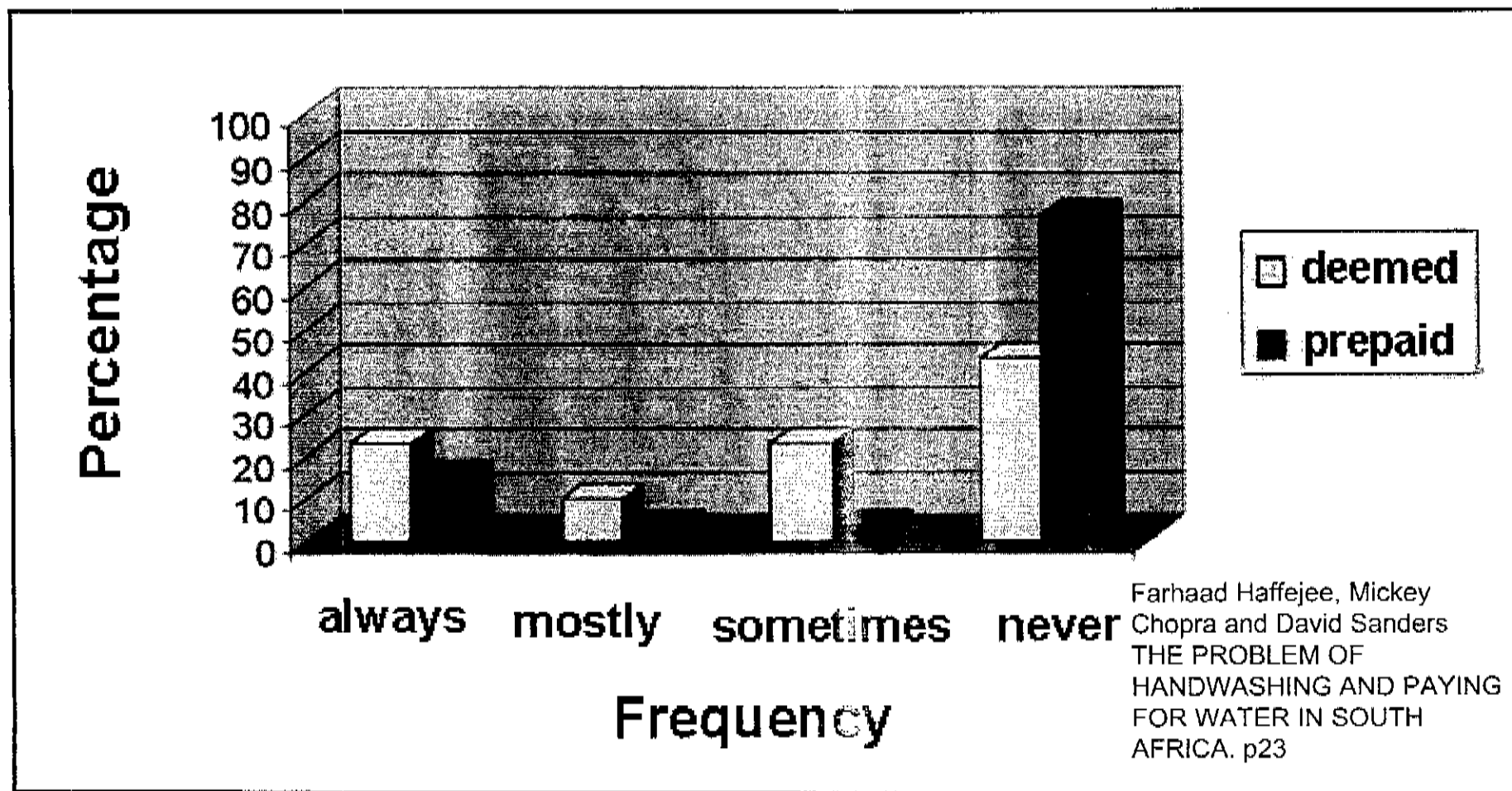


# Identified issues

- Link sometimes established but often not planned for and gaps in planning, ISD, and suppliers;
- Linking sanitation to water delivery a good idea but not always successful
- There is a greater need to ensure sufficient water for handwashing and to improve hygiene (see next slide)
- A lower level of demand in rural communities: what role for advocacy to incorporate household and individual initiative?
- Linking sanitation to job creation is a new approach and could be successful e.g. Alfred Nzo

# Link between water and hygiene

Figure 2: Handwashing with water flowing from a tap



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## Section 4:

# Developing linkages that work



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# Key issues

- Piggy backing on EPWP or other approach helps to build demand and provide jobs,
- Widens benefit to community and trains people, may even support LED;
- But municipal incentive to take on more extensive programme is questionable;
- Arguably may not cost more, but new strategies are more complex and may slow delivery;
- Are delivery systems and a variety of budgets confusing?

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# Section 5: Inadequate health and hygiene promotion

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# Progress and lags

- Objective of the SFWS in itself not being met, but a set of initiatives taking place.
- The cholera epidemic led to changes in sanitation strategy; a stress on health promotion.
- Research shows **less** storage and **higher** volumes of water available are key indicators of improved hygiene.
- An appropriate syllabus and and some texts now exist but the emphasis on water conservation rather than advocacy, rights, volume and health issues

# Hand washing

- A problem both in urban as well as rural areas;
- Greatest, however, where there are the lowest levels of consumption of water;
- Health and hygiene education episodic and discontinuous
- Again *accredited* training needed
- Community Health Workers overstretched and inadequately supplied with materials
- The WASH campaign to take on interesting initiatives.
- Integration needed between Health Department in promotion, DWAF, Department of Education, DM/LMs
- Stronger role for children; domestic health promotion



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# Section 6: Models and standards

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# Competing models?

- Possible confusion because of the wide variety of mechanisms of delivery;
- Involvement of Local Municipalities?
- New integrated model needed around the key objectives:
- Highest level of direct beneficiaries: suppliers, builders and HHs
- High levels of capacity building through project roles;
- Labour intensity
- *Accredited* training in skills: building, PM, health promotion,
- Use of local suppliers as far as possible,
- Minimize unnecessary transportation,
- Involvement of householders and individuals
- Technology which is cost effective over time



# Inspection and standards

- Many complaints from HHs about VIPs especially over time;
- Availability of hand washing facilities?
- What depth and life of VIPs e.g. Blair toilets set at 3m;
- Are the pits lined where necessary?
- Doors able to be repaired?
- Are HHs trained to 'sign off' on the completion of VIPs?
- What check on the Quality Assessors?
- Adequate quality of materials?



# The problem with VIPs

- The “Full Up” issue a major question:
- Many VIPs in rural areas are filling up. In many cases it is not possible or affordable to empty or move them.
- So as progress is being made toward the target, the backlog is being renewed.
- Possible Solutions: see analysis of gaps
- Should we build on what is working-progress in policy, Mvula community level, innovations?

# Key issues ISD and HR

- Not sufficient priority given to advocacy, social mobilisation and institutional issues;
- Need to link to movement for social upliftment of PSCs, local economic development, etc.
- Insufficient attention to training: where is training up to ABET1 level available? Which SETA?
- Training should not be narrowly technical; importance of **Development Practice** in Sanitation, ABET1, 2, 3, and 4
- Need for project manager training locally
- Greater possibilities in local networking: to provide leadership across water and sanitation, local suppliers, etc

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# Section 7: Conclusion





# Inadequate expenditure

- The final 'real' costs must be known;
- VIPs have to factor in replacement over 10-12 years or even sooner.
- Key issues are re-involving community: PSCs would increase delivery;
- To provide 3.9 million toilets in 4 years, need to deliver 1 million per year;
- Present delivery rate is 300,000 per year;
- It is suggested that, at R3000 per toilet with 40% water borne solution, need R21.3 billion or R5.3 billion per year.

# 'Solutions' emerging on the ground

- New combination of social and institutional arrangements and community control e.g. MT in Ozwathini appear effective;
- Alfred Nzo innovation with public construction teams
- eThekweni Municipality urinary diversion provided to rural communities;
- Everywhere there is a turn towards waterborne sewerage;
- What new ISD and HR approaches can involve the community and vastly accelerate implementation?

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