



Working to deliver: women, water and workers in Southern Africa

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Social science that makes a difference



Outline

Sub-Sahara Africa is lagging

Action research and intervention by HSRC

Review of record of participant countries

Gender issues

The burden children carry

Case study, Citizen Voice: OR Tambo

Targeting the issues:

Political commitment, south/north

Developing quality public service delivery

Union action

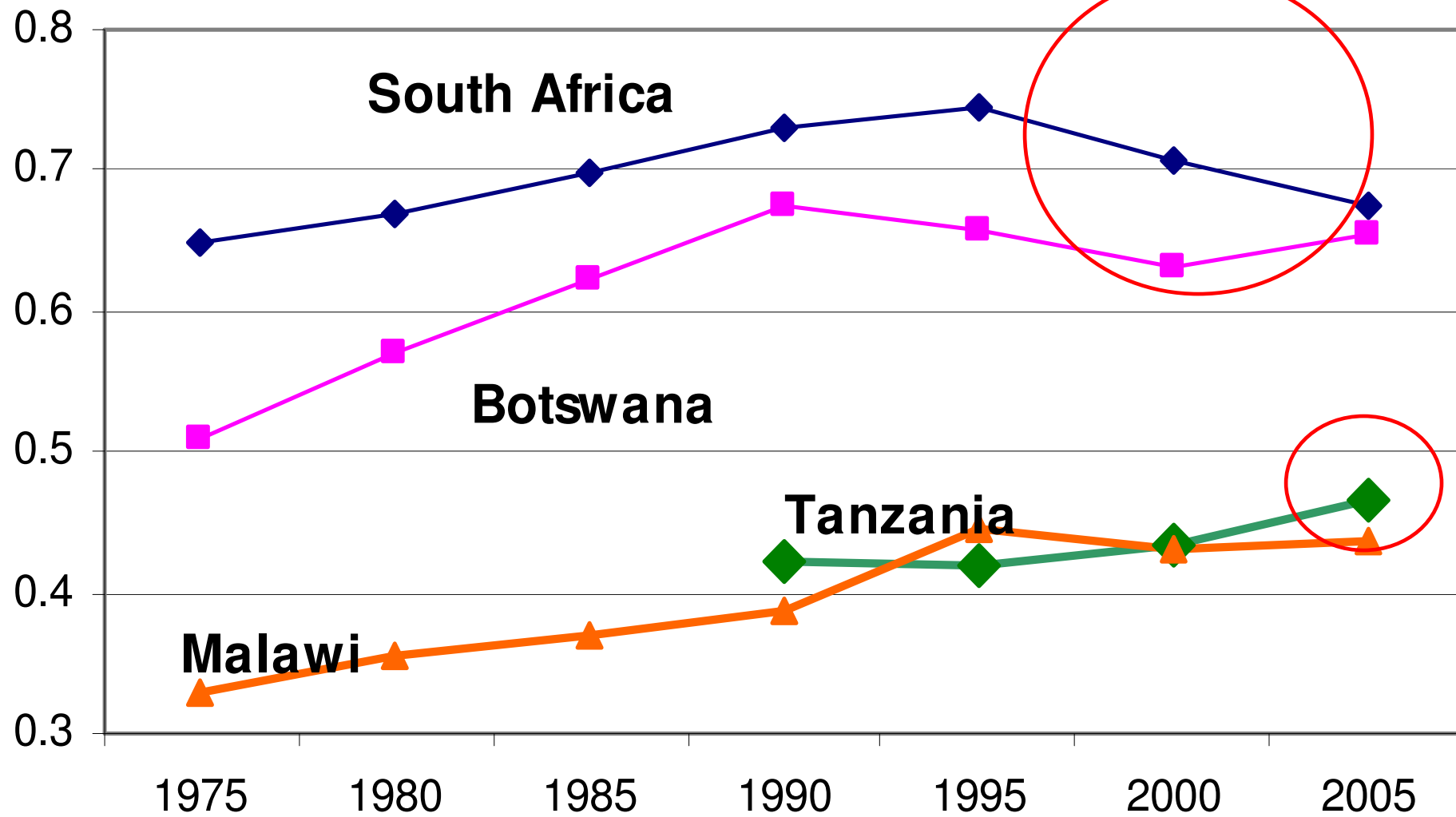
What are the key obstacles to delivery?

Social science that makes a difference

Introduction

- The Centre arises out of a commitment to:
 - contribute **scientific research** towards not only understanding and explaining the requirements and dominant trends in service in service provision for human development,
 - but also to analyse and generate **practical solutions** to problems of planning and implementation.
- The Centre will formulate a set of strategies to
 - help **mitigate the service delivery problems** in South Africa by
 - implementing **multi-layered, action research projects**
 - which aim to produce **evidence-based knowledge** and
 - demonstrations leading to **local interventions** that will have
 - a significant impact on the **service delivery problematic** in the country and else where in Africa.

Progress is being made: Human Development Index (HDI)



Action research and intervention by HSRC

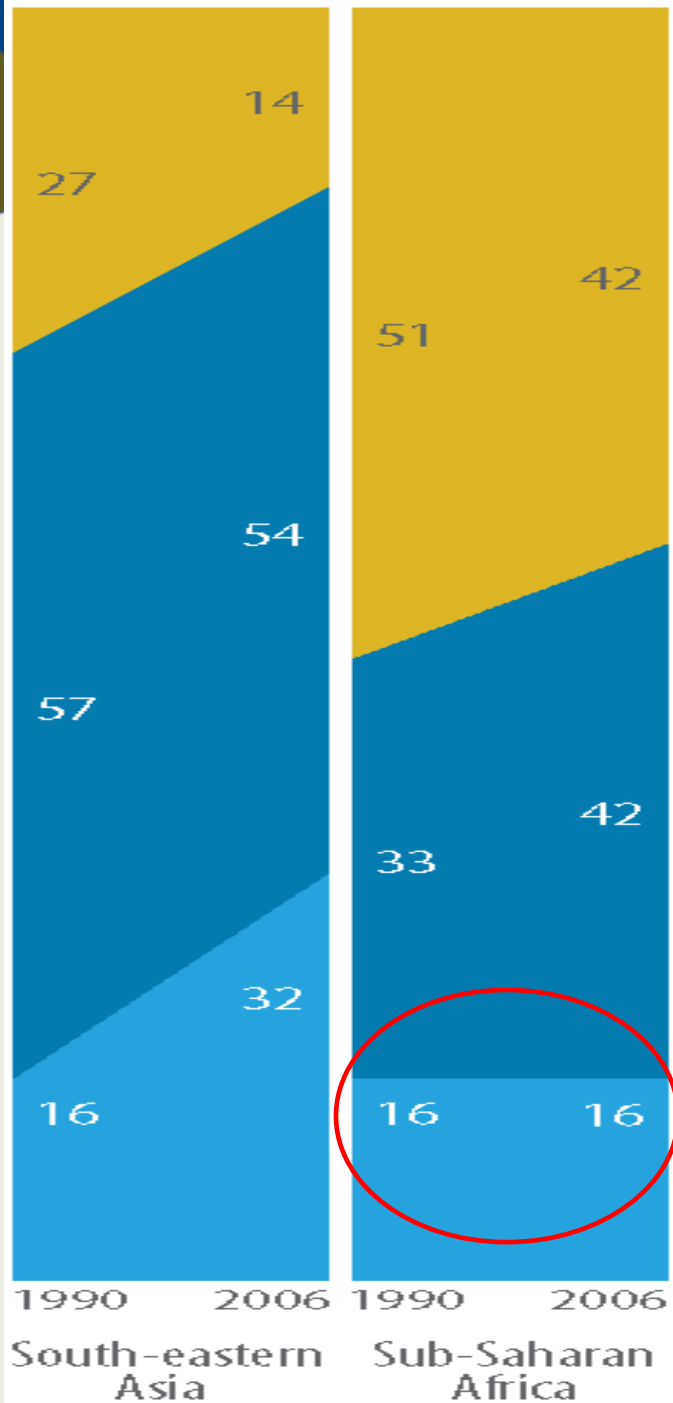
- **MSP: Cholera report (with SAMWU)**
- ***Citizen voice in Mbizana***
- **Developing effective public participation**
- ***Measuring service Delivery in Southern Africa***
- **On-going stats monitoring**

Measuring Service Delivery

- Study 1, 2, 3
- Partners in South Africa, Malawi, Tanzania and Botswana
- Accent on discussion with civil society, trade unions, and NGOs
- Battle against privatization largely won as private sector not interested unless there are generous concessions
- These concessions are not possible for governments to implement and guarantee

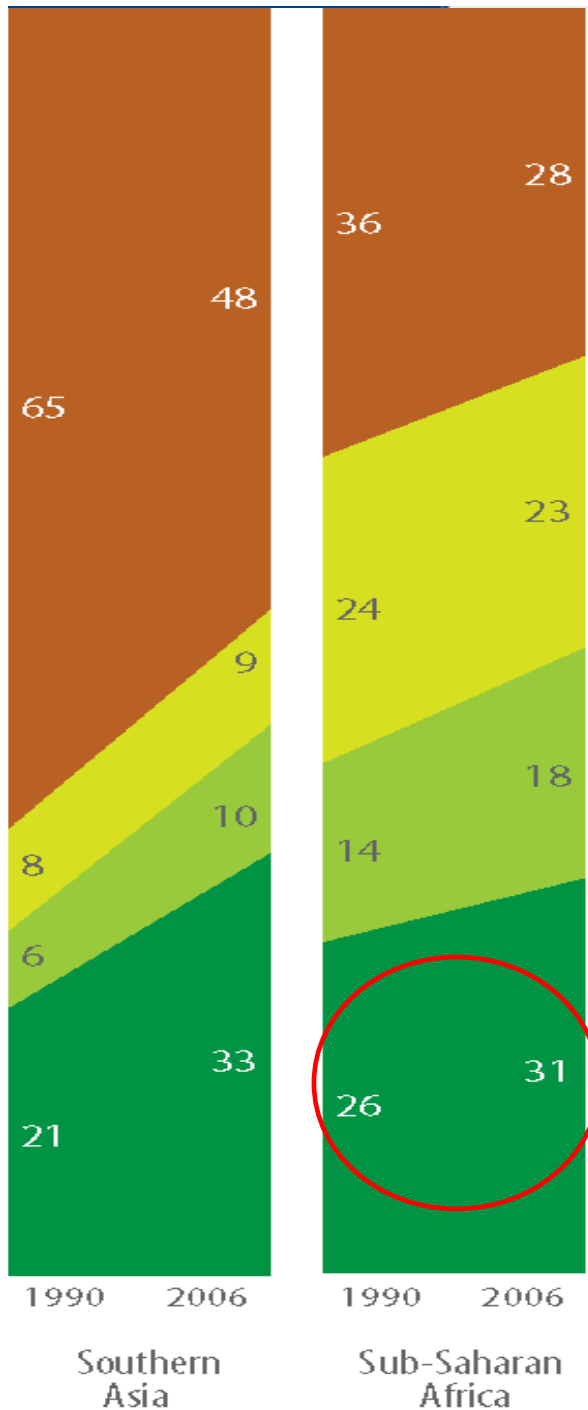
Access to safe, sufficient and affordable water is essential to gender equality.

- Light blue=house connections which have hardly improved over 25 years;
- Dark blue=improved water source which is where there has been growth;
- But 42% of African people still lack safe drinking water;
- MDG will not be reached;
- Water in poorly managed systems is most likely to be contaminated.



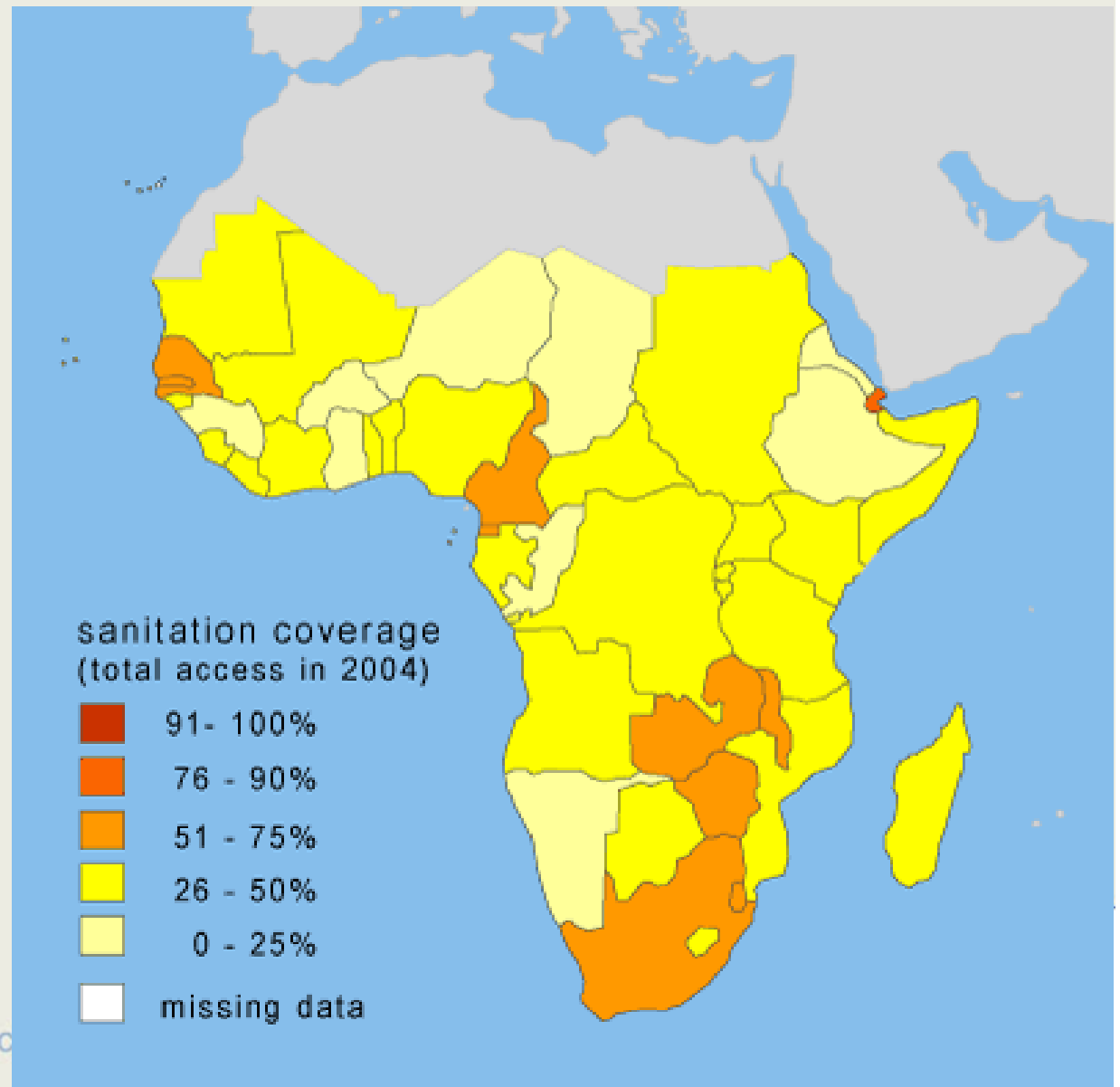
Access to Sanitation is essential to eradicate poverty and achieve all the Millennium Development Goals

- Dark green=improved sanitation which have shown some progress over 25 years;
- Light Green=shared which is where there has been growth;
- Yellow=unimproved which is about the same;
- Brown=in poorly managed systems is most likely to be contaminated;
- Conclusion: MDG will not be reached.



Toilets: yellow for lack of progress

- Generally acknowledged that sanitation is lagging;
- But lack of sanitation is the cause of poor water quality;
- Improved sanitation will lead to lower disease and lower infant mortality.

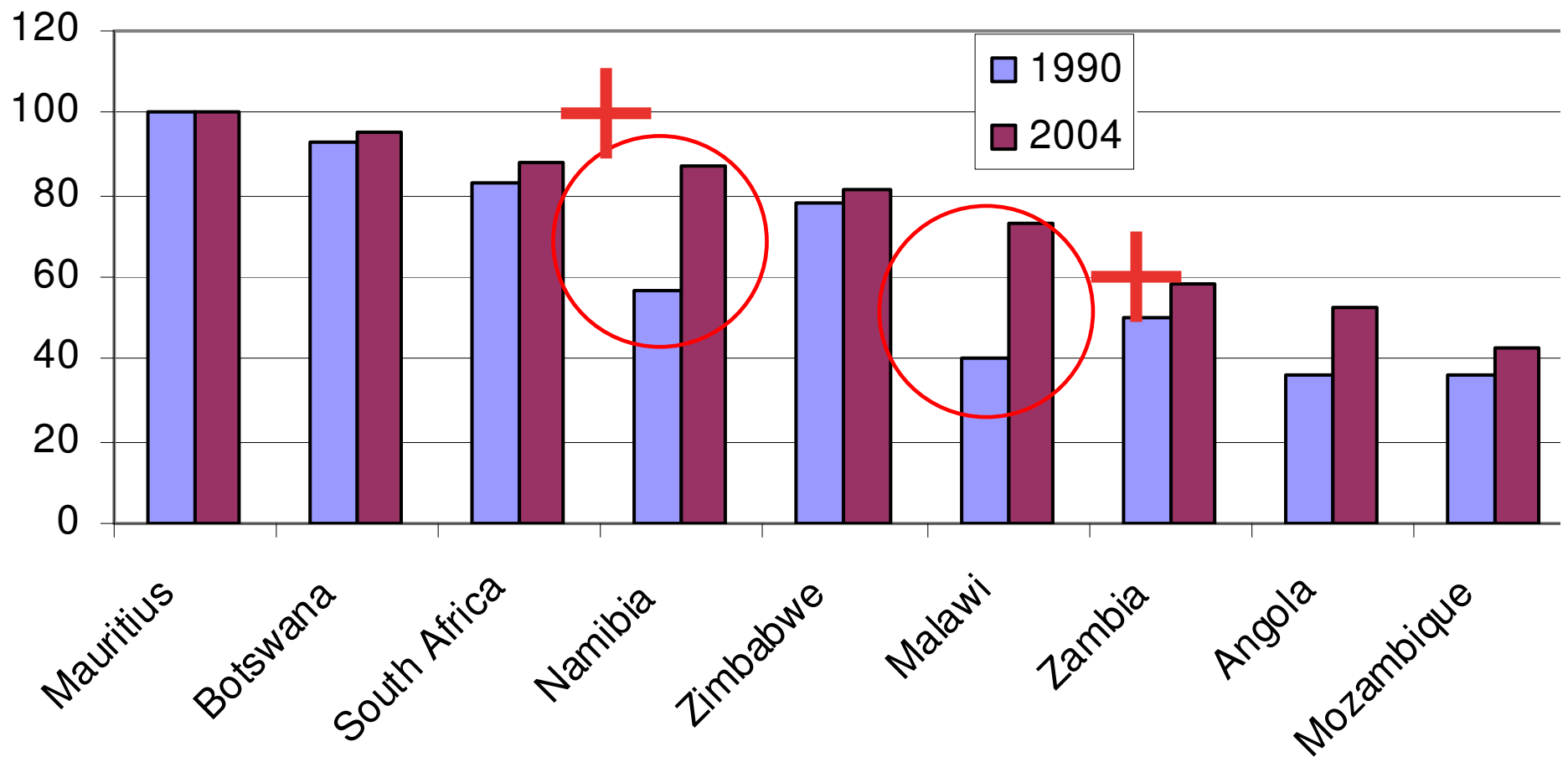


Angola, Botswana, Malawi, Mauritius, Mozambique, Namibia, Swaziland, South Africa, Zambia and Zimbabwe

- Key objective: universal access to sufficient safe drinking water and improved hygiene
- Research objectives
- Preliminary conclusions
- Illustrations from case studies for replication
-

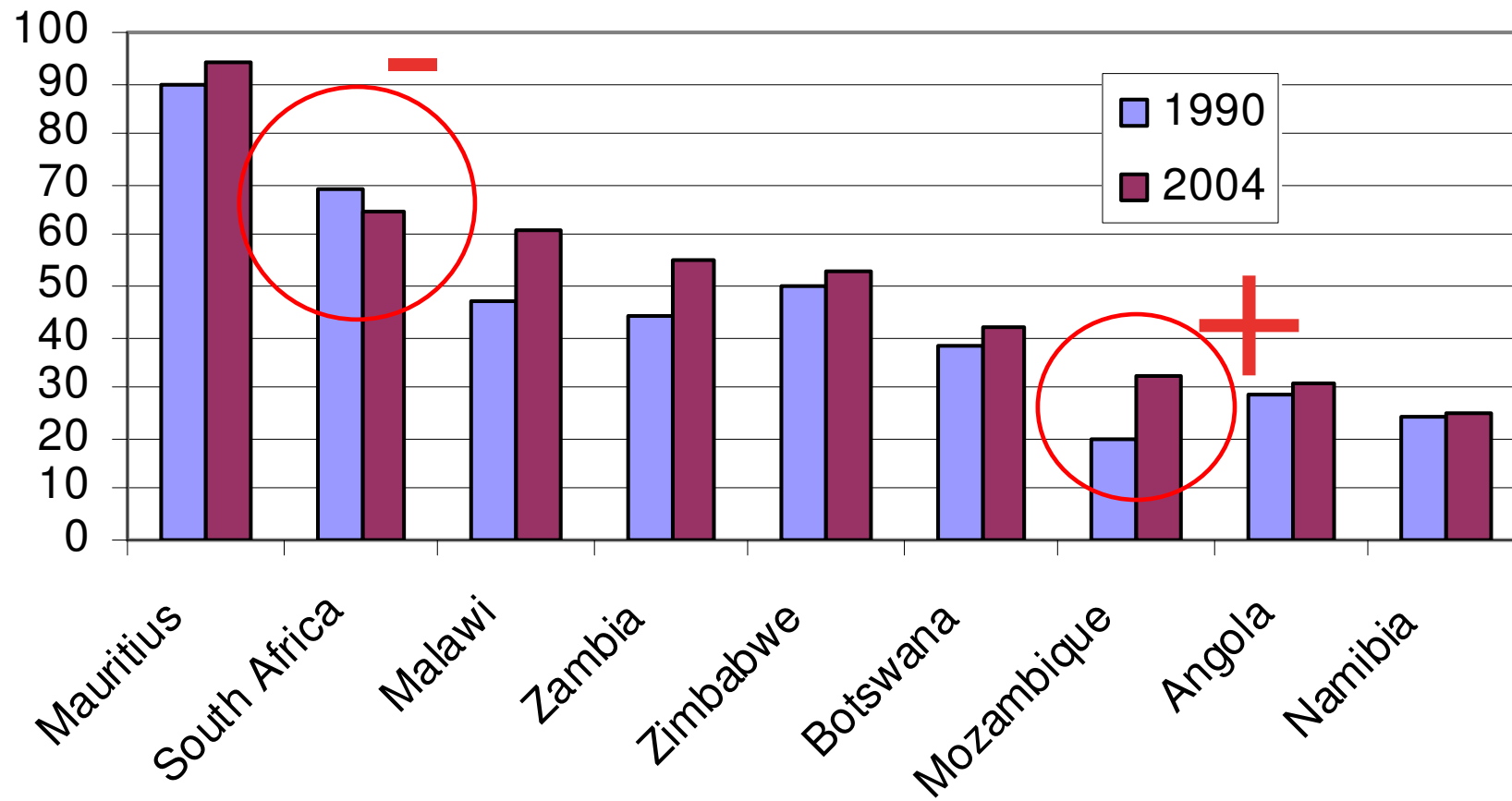
Progress in water delivery

Participating countries



The *sanitation* challenge

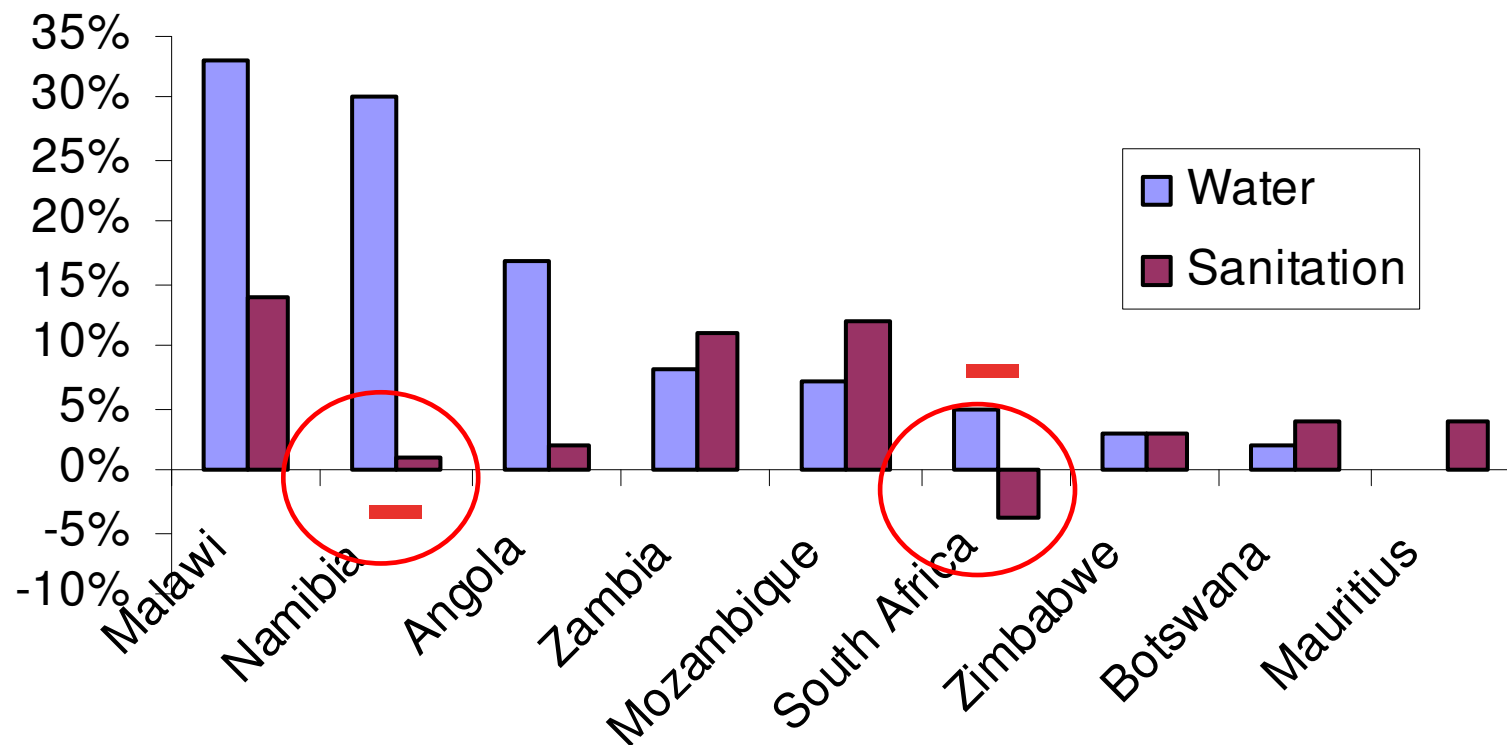
Participating countries



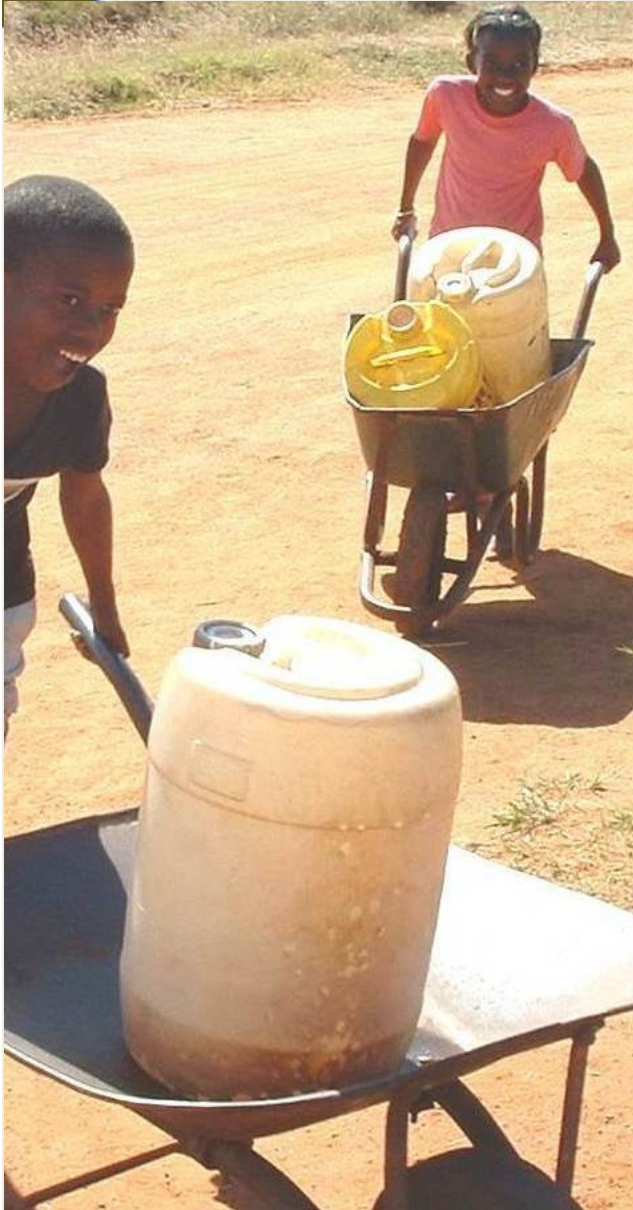
Gap between water/sanitation

Participating countries

Progress in access, % change 1990-2004



Children collecting water study



- Findings: In deep rural areas children contribute up to 80% of household consumption.
- Very long time in all chores, 19hr 30m weekly
- “Sometimes you are so late that you find yourself coming to school without washing.
- “We girls are not comfortable at all coming to school without washing”.
- Missing classes, late, tired, poor morale mentioned.
- But those undertaking more than a trip/day most likely to miss school and experience other problems.
- Also more age *inappropriate* to grade i.e. older than average.



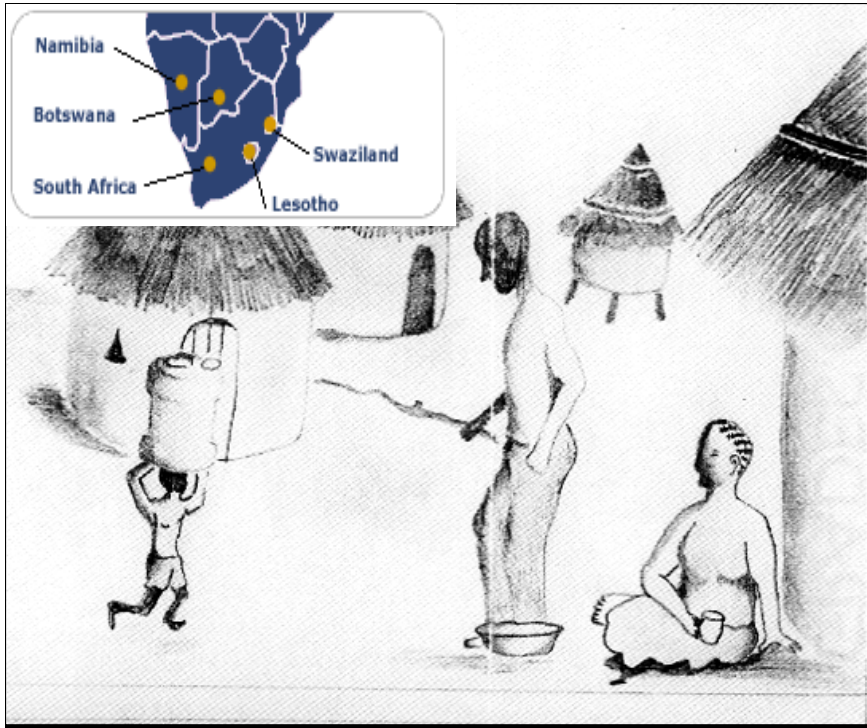
The burden on children

What children say about collecting water:
This is the toughest of the household chores, it takes most of our time and is very tiring.”

“We will be happy if water is brought closer to our home, in that way we will do well at school – and would pass with distinction.”

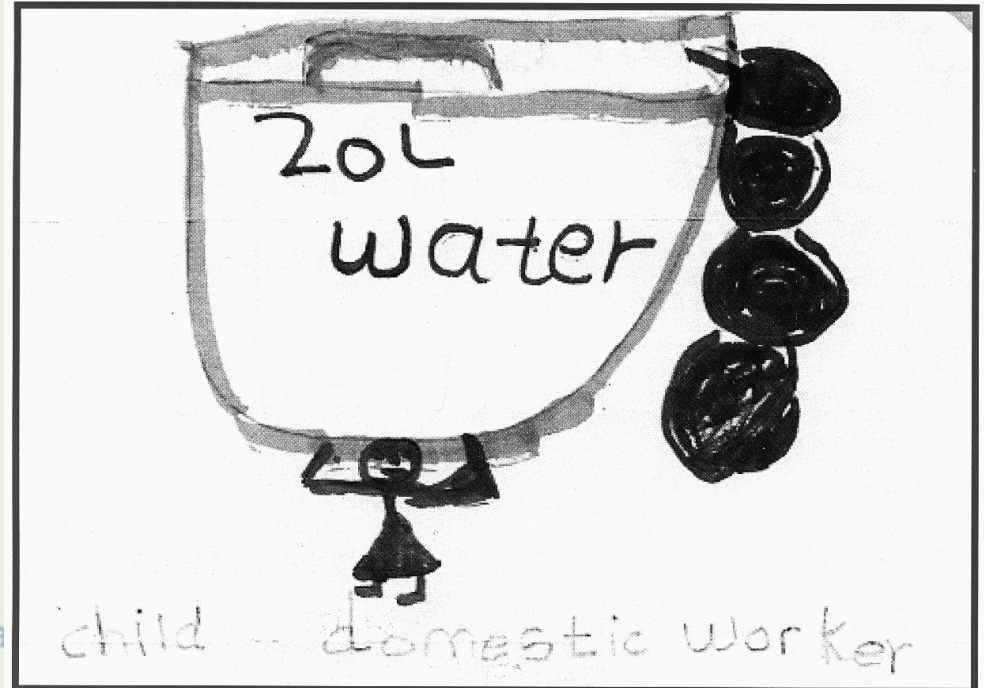
“We hate the task of fetching water because it is taking lot of time and in that way we can't study or do our homework properly.”

- Jabu is 9 years old and was found carrying water during school hours. She doesn't have a birth certificate which means her mother can't apply for a child support grant.
- She says that her mother, who lives in another rural area, felt she could not cope with all her children and had sent Jabu to live with relatives in the community.
- Jabu takes the main responsibility for collecting water for her household.
- While she collects water she feels unsafe, lonely and unhappy. Along with this work she has other household chores and Jabu is often late for school or misses school for the day.



Children through-out Africa are engaged in the burden of collecting water

Reducing Child Labour in Southern Africa) Project awareness, improve educational opportunities, enhance social services, and strengthen government policies in Botswana, Lesotho, Namibia, South Africa, and Swaziland



Impact on health and wellbeing

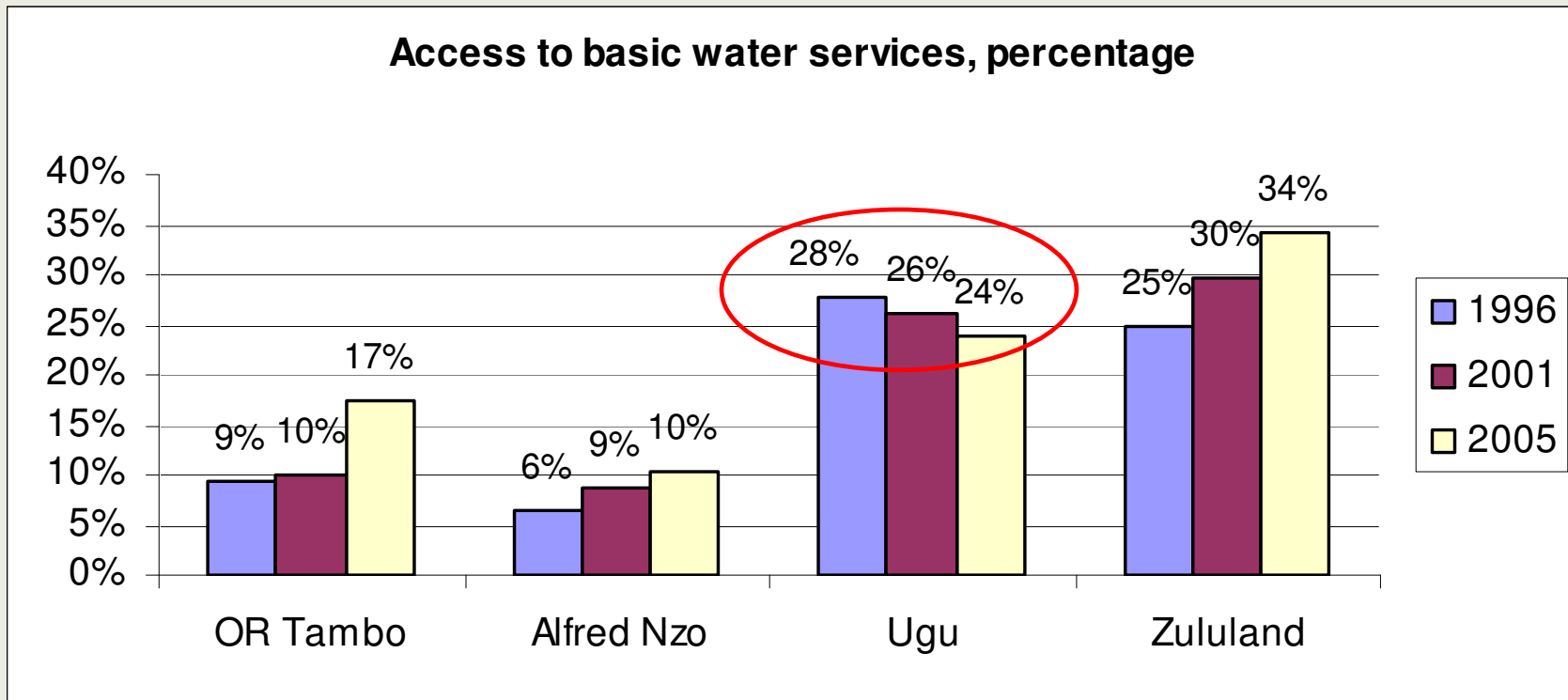
Change in health

| Trips/day | Got worse |
|----------------|-----------|
| Once a day | 18% |
| More than once | 82% |



- Children feeling their health is suffering;
- Associated with unhappiness in undertaking the task.
- Comes largely (78%) from larger households.
- More than half (57%) have sought medical attention for ailments 'from the beginning of the year'
- 75% reported fatigue.

Rural municipalities struggling to improve



Target: end backlog by 2008 (water) and 2010 (sanitation)

Steady progress in Zululand particularly, less in Alfred Nzo

Most DMs haven't progressed beyond their quintile; beyond the 20% range

Rural sanitation

- Very little progress in sanitation;
- Backlog in Eastern Cape rises from 74 to 93% (i.e. equal to those HH with improved sanitation), similarly in Limpopo and Mpumalanga;
- Only province making progress is KZN with decline from 84 to 77% of HH with improved sanitation.

Research: Citizen Voice Engagement

- Project on Citizen Voice to provide tools and a strategy to help poor rural communities engage with municipalities
- Tools developed and formal SAQA training provided on pilot basis
- Started at Mbizana; meetings with traditional leadership, LM politicians and officials
- Cascaded training; deployed 4 trainers in 4 wards to conduct exercises leading to a final scorecard on municipal performance

Municipal responsibility/citizen voice

Regulation strategy

| | Local regulation | Citizen action |
|--|---|--|
| Access to a basic water supply service | WSAs have to report on the percentage of people who have access to at least a basic water supply in the municipality, the total backlog and changes in the backlog. | Citizens report on lack of access at the local level; interact with municipalities about backlog; discuss improvements to basic service. |
| Access to a basic sanitation service | WSAs have to report on the percentage of people who have access to at least basic sanitation in the municipality, the total backlog and changes in the backlog. | Citizens report on lack of access at the local level; interact with municipalities about backlog; discuss improvements to basic service. |
| Customer service standards | WSAs have to show information on the proportion of households that experienced interruptions in water supply of greater than 6 hours, 24 hours and 48hours. | Assess municipal responsiveness to complaints of interruptions, etc |
| Drinking water quality | WSA have to show that they have a water quality monitoring programme in place. | People judge quality by look and taste; and assess whether information about quality is disseminated. |
| Impact on the environment | WSAs have to report on the quality of effluent treatment works. | People may judge effluent quality and ask whether quality checks are being made. |

Meeting with Amakhosi, 7 March 2006



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Implementing cascade strategy

- Training must include learning/teaching techniques;
- Trainers train others, take initiative in opening access to villages and ward structures;
- Concentrate on water and sanitation through new tools;
- Work within a ward framework, community by community, and conclude with Ward Forum and Plan;
- Consult municipality: tools need to become embedded in local government practices, an 'institutional home' in community and governance.

Village facilitators in Mbizana



Cascade: prospects/results

- Municipal suggestion for a Ward level cascade
- In the Mbizana cascade the practitioners achieved the selection and training of facilitator in virtually all the communities; in Ward 2 there were 7 facilitators, in Ward 20 another 7, and in Ward 19 a further 9.
- Abahlali baseMjondolo further 8 trained
- 26 village and 3 informal settlement appraisals conducted independently
- 491 route and 371 health questionnaires completed and 26 Scorecards
- Ward Forums to report on results within context of agreement with Mbizana LM

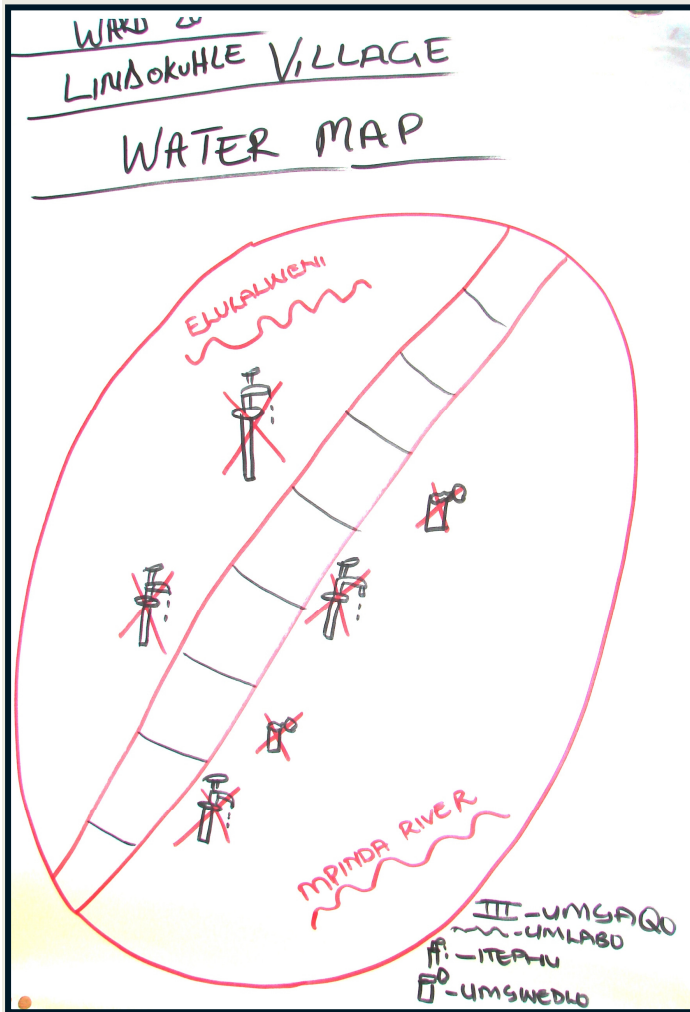
Use of Under 5 Health Survey Tool

1. Measures impact of water and sanitation provision or lack of provision;
2. Able to be used directly by trainers and facilitators;
3. A tool for gathering data and analysing at a *local level* over a 7 day period;
4. Provides current information about health conditions;
5. Reliable in identifying areas of greatest need;
6. Could be used by Community Health Workers;
7. Helps to plan health interventions before a crisis develops.

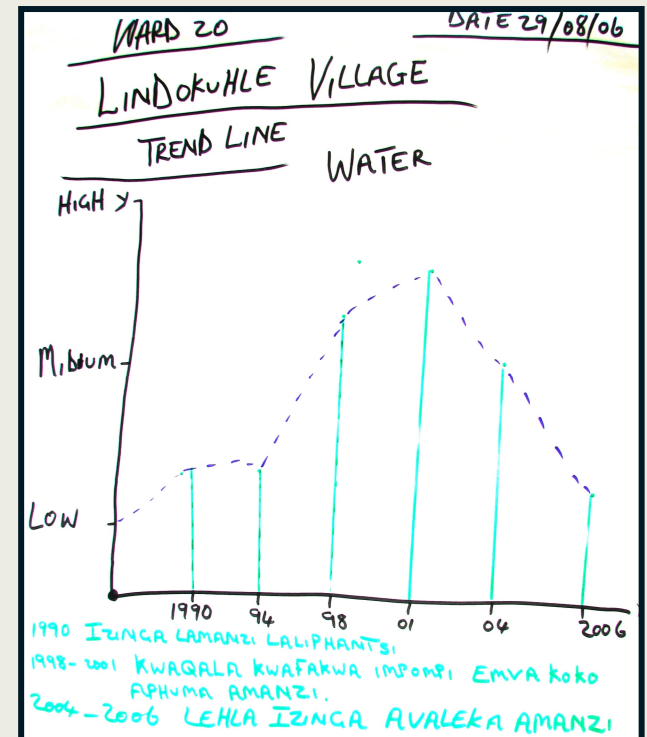
Under 5s: Worms and bilharzia

| Ward | Village | Worms | Bilharzia |
|------|-----------|-------|-----------|
| 2 | Mafadobo | 82% | 100% |
| 19 | Mqeni | 71% | 76% |
| 20 | Elthridge | 57% | 64% |
| 19 | Ntlozelo | 88% | 64% |
| 19 | Thokozani | 86% | 59% |
| 19 | Monti | 68% | 48% |
| 19 | Nonja | 73% | 47% |
| 19 | Kopana | 77% | 46% |
| 20 | Stanford | 79% | 29% |

Visuals Ward 20: Mbongwa Ngaleka



Lindokuhle:
water map,
trend line and
action plan



WARD 20
LINDOKUHLE VILLAGE
ACTION PLAN

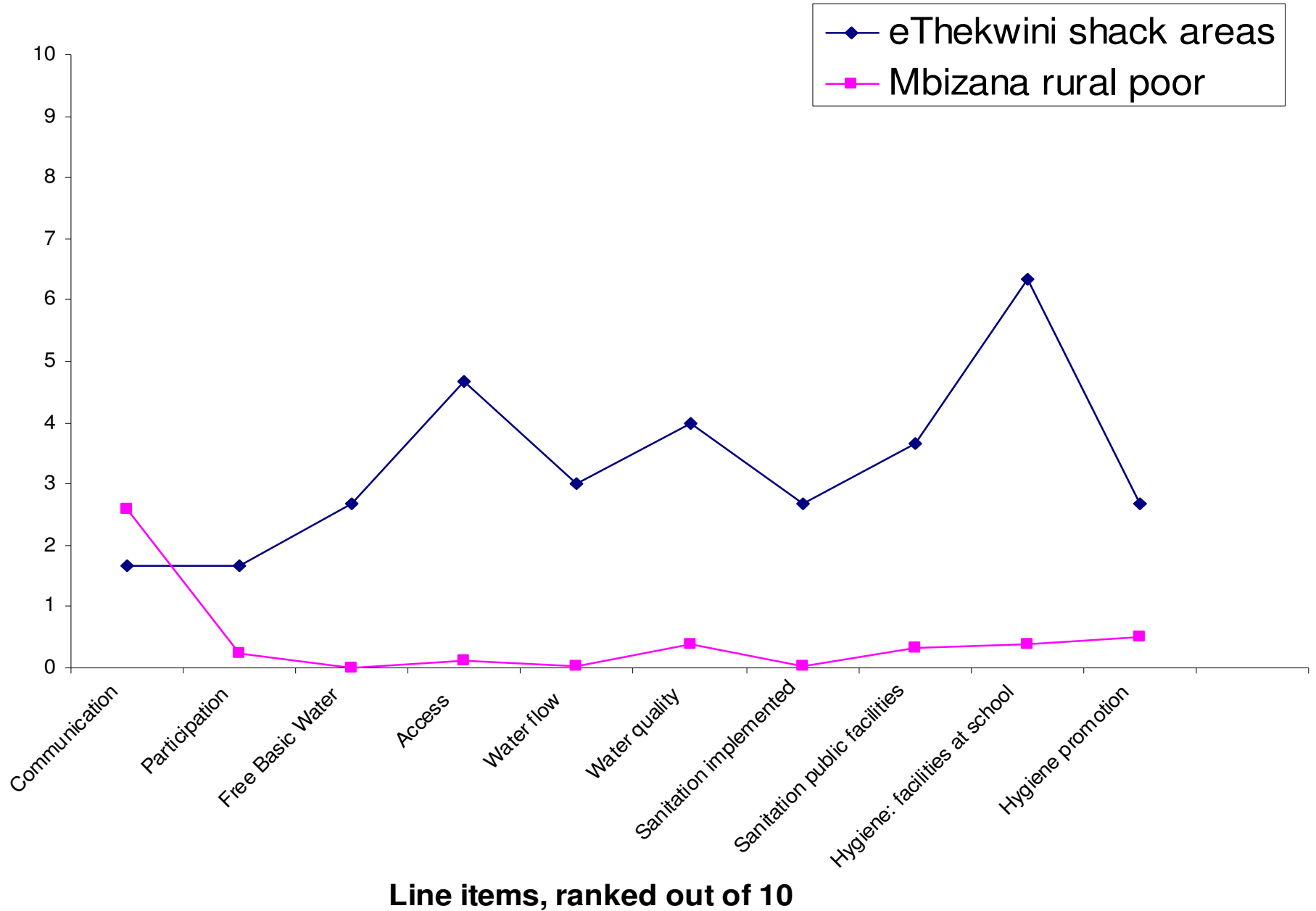
DATE 29-08-06

| PROBLEMS | OBJECTIVES | WHO | WHEN | RESOURCES |
|----------------------------|---------------------------------|----------------------------------|--------------------------|--|
| 1. AVAILABILITY OF TOILETS | 1. TO END DISEASES LIKE CHOLERA | 1. W. Comm - Councilors | On 5th September 2006 | 1. Ventilated pit latrine toilets |
| 2. WATER SCARCITY | 2. TO END DISEASES | 2. W. Comm - Councilors - H. MAN | 2. On 5th September 2006 | 2. 6 women TO create water dams - Water taps |

The scorecard

- 1 Communication of Municipality with community
- 2 Water: participation in planning for water services
- 3 Water: provision of Free Basic Water at 200 litres/household/day
- 4 Water: access for all or date of access for all is known
- 5 Water: facilities are working with proper flow
- 6 Water: quality of water is known
- 7 Sanitation facilities: access or date of access for all is known
- 8 Sanitation: public facilities (clinics, schools, courts) have toilets
- 9 Hygiene facilities: children's needs for hand washing met at school
- 10 Hygiene: health promotion undertaken and health of under 5s improving

Scorecard results



Poor delivery: VIP Latrines



In many areas the construction of VIP latrines is incomplete.

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Workshop for delivery, Jan 2007



Front Row: Tanya Hoogerwerf (UNDP, Water and Sanitation Engineer), Nolufefe Mbatani (IDP coordinator: O R Tambo DM), **Basil Mase (Mbizana Municipal Manager)**, **Sylvia Tshivunge (Infrastructure Coordinator: O R Tambo DM)**, Zikhona Sikutshwa (Planning Facilitator: O R Tambo DM)

Back Row: Esther Jantjies (HSRC), **Luvuyo Mahlaka (Municipal Manager: O R Tambo DM)**, O N Hlazo (Infrastructure: O R Tambo DM), V Mabamdua (Sanitation Resource Centre: O R Tambo DM), A Katsana (Director for projects, infrastructure: O R Tambo DM), David Hemson (HSRC)

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Engagement with municipality

- Lack of enthusiasm to engage with key issues e.g. not spending funding
- Many institutional layers between citizen and provider
- Competency questions
- Use of tools in itself does not resolve issue
- Further initiatives in research into democratic planning and effective implementation.



- Still there was growing frustration from communities that the appraisal has not yet taken the communities forward: as was stated by a participant at a Ward Forum:
- “Please we need water now, no more papers and research!”

Unions making the change

- Political commitment, funding and planning;
- Quality of water services;
- Union action to improve water services;
- Obstacles to delivery

Political commitment, funding and planning

- Key question is political commitment to driving change;
- SAP devastated public services although policies have since been modified;
- Donor funding often crucial but should be directed through national plans;
- National plans should be aligned to MDG and beyond.

Quality of water services

- Main issue in Africa still *access* to water and sanitation;
- But strong public sector critical and so is public support for public provision;
- Good service/responsiveness important in improving access and maintaining existing services;
- Last judgment of quality comes from citizens.

Canadian Citizen Priorities:

Best practice but *access to service* is the problem

SATISFACTION

- 1 Timeliness
- 2 Accessibility
- 3 Quality / standard

PERFORMANCE

- 4 Information
- 5 Extra mile
- 6 Access to staff
- 7 Waiting time

OUTCOME

- 8 Outcome

Canadian Key Questions

| Canadian Drivers | Questions/Statements | Satisfaction | | | | |
|---------------------|---|----------------|----|-----------------------------|-------------------|------|
| | | Very satisfied | | | Very dissatisfied | |
| SATISFACTION | | | | | | |
| 1 Timeliness | Overall, how satisfied were you with the amount of time it took to get the service? | 1 | 2 | 3 | 4 | 5 |
| 2 Accessibility | Overall, how satisfied were you with the accessibility of the service/product? | 1 | 2 | 3 | 4 | 5 |
| PERFORMANCE | | | | | | |
| Driver | Questions/Statements | Agreement | | | | |
| | | Strongly agree | | | Strongly disagree | |
| 3 Information | I was informed of everything I had to do to get the service/product | 1 | 2 | 3 | 4 | 5 NA |
| 4 Extra mile | Staff went the extra mile to make sure I got what I needed | 1 | 2 | 3 | 4 | 5 NA |
| 5 Access | I was able to get through to a staff member without difficulty | 1 | 2 | 3 | 4 | 5 NA |
| 6 Waiting time | I waited an acceptable amount of time at the service location | 1 | 2 | 3 | 4 | 5 NA |
| OUTCOME | | | | | | |
| Drivers | Questions/Statements | Yes | No | Satisfaction | | |
| 7 Outcome | In the end did you get what you needed? | | | I got part of what I needed | | |

Union action to improve water services

- Actively participating in discussions leading up to national plans, Poverty Reduction Strategies;
- Most important in translating commitments into budgets for delivery;
- Ensuring women's participation in planning and implementation;
- Working closely with civil society groups to ensure progress;
- Arguing for open access, free basic services.

What are the key obstacles?

- International aid, national commitments, capacity
- National commitment: Are governments *planning* to meet these goals?
- What plans are in place? What participation from civil society/trade unions to secure prioritization?
- If so is sufficient funding provided in budgets, capital commitments and capacity being developed?
- Inadequate public participation; listening to the people?
- What links between different levels of government; different sets of public servants?
- Responsiveness of public sector?

Safe, affordable and sufficient water for All!

