

Sanitation: appropriate solutions for the poor



**WSSLG STRATEGIC WORKSHOP
ESKOM Conference Centre
Midrand
6 June 2006**

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An outline

- What is preventing policy from being translated into delivery?
- Poor municipal capacity, planning and budgeting
- Poor linkages to water delivery
- Developing linkages that work -- are they too complex?
- Inadequate health and hygiene promotion
- Community and HR dimension
- New approaches



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
- MDG 2010 target to provide sanitation to all
- Sanitation latched on to high profile EPWP and ASGISA
- 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
- Nov 2005: 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?
- Clear entire review of existing technical, strategic, and financial approaches needed



Access to basic sanitation (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
Below standard or none	2,951,317	4,634,171
Without access	34%	37%

Source: OHS 1995 and GHS 2003



Section 2: Poor municipal capacity, planning and budgeting

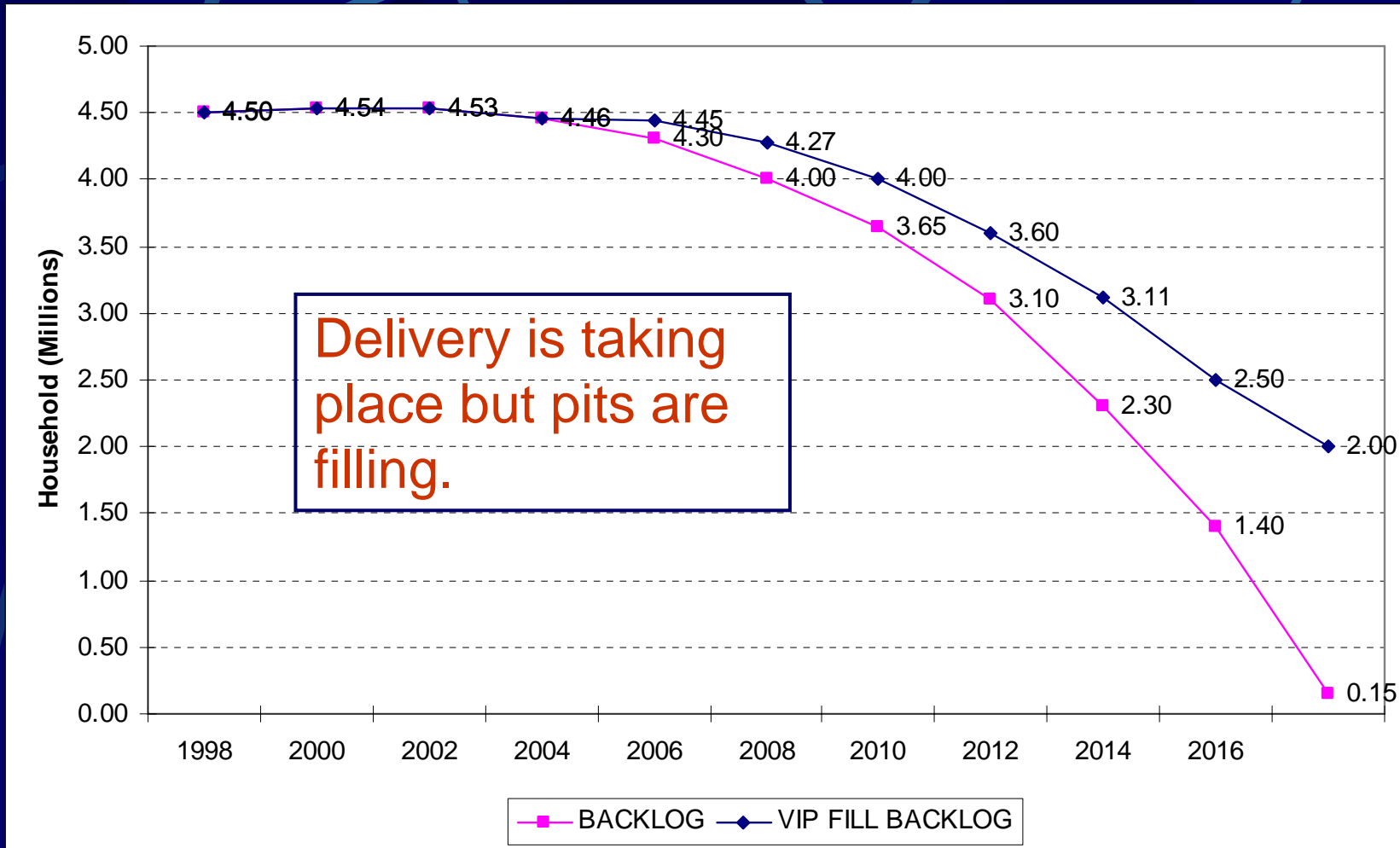


Key issues

- Who is responsible for sanitation? How can communities initiate and manage sanitation projects?
- Generally poor representation of sanitation in IDPs/ WSDPs
- DWAFA 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 target
- What are the cost/benefits involved over 20 years?
- Generally increasing emphasis on waterborne sanitation



Measuring progress



Section 3: Poor linkages to water delivery



Identified issues

- A lower level of demand in rural communities: if demand management is abandoned where is household and individual initiative?
- How do we get rural people to prioritise sanitation?
- Linking sanitation to water delivery a good idea but not very successful
- Need to reflect and learn from approach to create demand (Phase A and B)
- Linking sanitation to job creation is a new approach



Section 4:

Developing linkages that work



Key issues

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



Section 5: Inadequate health and hygiene promotion



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 storage and volume of water available are key indicators of improved hygiene.
- This has, however, taken time to gain momentum.
- In schools there is now emphasis in Grade 6 on water, sanitation and hygiene;
- An appropriate syllabus and texts but the emphasis on water conservation rather than advocacy, rights, volume and health issues;
- The WASH campaign to take on interesting initiatives.



Section 6: Conclusion



Inadequate expenditure

- What are the final 'real' costs: VIPs have to factor in replacement over 10-12 years or even sooner.
- Key issues are re-involving community: PSCs to 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 R 3000 per toilet with 40 % water bourne solution, need R21.3 billion or R 5.3 billion per year.



The problem with VIPs

- The “Full Up”:
- 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?
- Present available allocation is R 1.1 billion per year.



Key issues ISD and HR

- Not sufficient priority given to 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, and 3
- Greater possibilities in local networking: leadership across water and sanitation, local suppliers, etc



'Solutions' emerging on the ground

- New social and institutional arrangements e.g. MT in Ozwathini appear effective
- eThekweni Municipality urinary diversion offered 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?

