



Final Draft **National Sanitation Strategy**

Accelerating Sanitation Sector Delivery



**PREPARED FOR DEPARTMENT OF WATER AFFAIRS AND FORESTRY
NATIONAL SANITATION TASK TEAM**

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EXECUTIVE SUMMARY

VISION

The overall vision of the National Sanitation Strategy is to achieve the goals of improved health, safety and dignity of communities through provision of adequate sanitation for all South Africans. This vision is to be achieved through the development of a coherent approach that incorporates the strategies produced by other stakeholders such as Provincial Sanitation Task Teams, South African Local Government Association etc. In line with the vision, the strategy has the objective of mobilising resources at all government and community levels to eliminate the backlog by 2010. Though an extensive consultative process has been undertaken since the publication of the Strategy Framework, there has been little documented commitment from stakeholders on resource allocations, delivery approaches and technical options. The strategy seeks to table the agreed delivery approaches, technical options and resource allocations and to seek full support from all stakeholders.

IMPLEMENTATION

The strategy is intended to be implemented by all stakeholders in sanitation delivery in order to reach the goals of accelerated sanitation delivery leading to the universal coverage in South Africa as per the stated objectives of government. The strategy recognises the key role played by local authorities as Sanitation and Water Services Authorities and the advent of the Municipal Infrastructure Grant, which leaves the funding decisions in the hands of local authority within agreed parameters and conditions set by the various sectors. The strategy also notes the low priority afforded by many local authorities to sanitation programmes and advocates the need to raise awareness of the impact of inadequate sanitation to persuade the municipalities to allocate more resources to it.

Due to the multi-disciplinary nature of sanitation and the need for coordination and joint decision making and joint commitment by various Departments it is envisaged that the National Sanitation Task Team will continue to be functional and be strengthened to take responsibility for information management and strategy implementation.

The strategy document looks at various aspects of the delivery of sanitation including current bottlenecks and makes proposals for accelerating the delivery in order to meet the national targets of universal coverage by 2010. Various recommendations have been made throughout the document in order to achieve this.

- **Need for Coordination**

The National Sanitation Task Team, (NSTT) must be strengthened through participation by decision makers from the Departments concerned.

The mandate of the NSTT has to be renewed and the terms of reference have to be redefined in view of the current and proposed role. The need for the NSTT is even greater if this strategy is to be achieved. Implementation cannot just be left in the hands of local authorities without centrally coordinating and managing the strategy and overseeing its objectives. The NSTT must also be strengthened with resources to do monitoring and evaluation and to handle the reports from the key Departments so that it becomes a one-stop-shop sanitation strategy management at national level. Information processed through the NSTT must not have a DWAF bias but must have balanced reporting from all the Departments concerned.

- **Need for Advocacy**

In spite of all efforts done over the past years and a high level of commitment at national level, sanitation still seems to be a low priority within many municipalities. This is evidenced by skewed allocation of funds and in some cases, by taking away financial allocations from sanitation in favour of water projects. Continuous advocacy with the municipalities is required. This needs resources and co-opting of organisation such as SALGA.

- **Capacity to Meet the Targets**

The current national capacity cannot cope with the task of delivering sanitation for all by 2010. Capacity, particularly at municipal level, is very low and priority has to be given to building the capacity up through the National Capacity Building Strategy. Capacity at NSTT and also at Provincial level should also be increased to cope with the increased demand of monitoring evaluation and specifically reorientation of the strategy to cope with specific needs.

- **Roles and Responsibilities and Commitment by Stakeholders**

Clarity of roles and responsibilities and commitment by various stakeholders contributed to the outstanding achievements during the 2000 cholera outbreak in KwaZulu Natal. Without that kind of clarity and acceptance of roles by various players as well as commitment of required resources, the objectives of this strategy will not be realised. All role players must commit themselves to the same basic objectives and definition of sanitation. Delivery that falls short of some of these objectives should be avoided.

- **Planning for Sanitation**

Sanitation must form an integral part of the WSDP and should not be delivered ad-hoc depending on funds availability. All WSAs must produce a program by which the national targets will be met. Basic levels of service must be considered in all cases with the clear understanding that in each case the most basic level, compatible with the specific situation has to be used.

All sanitation projects must be preceded by a proper feasibility study to determine what is suitable for the area and to plan properly for implementation. The feasibility studies must be properly funded. Area based sanitation strategies and plans must be developed and at least 75% coverage must be achieved before the project is completed. The aim must be to provide 100% coverage as per national objectives in each project. All community sanitation projects must include proposals for schools within the community.

Capacity to produce proper business plans for sanitation must be included in the capacity building strategy outlined above. Approval of the business plans must be streamlined to facilitate acceleration of delivery without compromising quality. Business Plans must include detailed proposals for operation and maintenance and a discussion of how the planning and implementation of the project will facilitate the proposed operation and maintenance procedures (e.g. positioning of toilets for access for mechanical pit emptying)

- **Implementation Approaches**

Various implementation approaches are recommended for implementation of the strategy. The community-based approach is recommended as the main delivery mechanism as it offers a way to achieve expanded implementation capacity whereby sanitation is delivered by trained community members while the services providers concentrate on management and organisational issues. The approach can also be used in line with all other methodologies recommended in this strategy. It will also assist with income generation and poverty alleviation at community level which is in the line with the White Paper principles.

Nominated subcontractors and turnkey approaches can also be used. The process where a service provider is appointed to do all the planning, implementation and monitoring of projects should be used as it bypasses the critical problems caused by current procurement procedures. This can be in the form of Term Tender where the prices are fixed for the term or turnkey type where the prices are quoted at current rates with agreed adjustments for escalation. It ensures that the process is undertaken once at tendering and from there implementation is accelerated. This should of course be coupled with improved and streamlined approval of implementation plans.

Health and hygiene education must be seen as an integral part of sanitation delivery and must be implemented by all agencies that deliver sanitation either as stand alone projects or as part of delivery of other services such as housing. Resources must be set aside by these agencies to fund specific health and hygiene education programmes. The community based approach is also recommended as the route to provide health and hygiene education in order to achieve wide coverage with minimal institutional resources.

The most basic level of service suitable for a particular area should be implemented in order to stretch resources to a maximum. In no case should systems lower than VIP latrines be implemented with public funds. Container toilets must be banned immediately and efforts to find an acceptable solution must be intensified. The bucket eradication programme must be accelerated. Stereotypes about suitability of certain levels of service to specific situations must be avoided and innovations such as the successful VIP latrine programme in Mangaung should be used more widely. A feasibility study must include investigations of affordability and resources capacity for the service provider to be able to manage the chosen technology. Where service levels are to be upgraded, clear and achievable plans for upgrading must be put in place and facilities must be positioned such that the upgrading process will be possible.

- **Institutional Sanitation**

Institutional sanitation should be provided along with sanitation for domestic needs. The private sector and NGOs should be used more to increase capacity and the current delivery through Department of Works should be accelerated. Dedicated programme and funding, separate from MIG should be made for school sanitation. Coordination with DWAF to capitalise on their experience with the domestic sanitation programme will be of assistance.

- **Regulation for Sanitation**

In order to achieve common purpose, sanitation should be regulated more and adequate resources must be allocated for the purpose. DWAF must take the responsibility of creating resources at national and provincial level to ensure that the regulations are enforced. The regulations must include aspects such as minimum standards, components of a sanitation programme and other requirements such as environment input assessments.

- **Monitoring and Evaluation**

Monitoring and evaluation are key to the success of the strategy. Monitoring must be carried out at all levels relevant to the programme and information must be used to inform the NSTT in order to be able to evaluate and reorient the strategy as required.

- **Institutional Arrangements**

The key responsibility for sanitation delivery remains with the Water Services Authorities. The Water Services Authorities must use all available resources such Public Private Partnership, self help schemes and other resources to achieve the targets in this strategy. Assistance must be provided by the National and Provincial government to ensure that capacity exists at WSA level for sustained and accelerated sanitation delivery.

STRUCTURE

The document is divided into three main sections. The first section comprising Chapters 1 to 4, mainly set the scene by discussing the sanitation problem in South Africa in the context of Global and African situations and highlighting the extend of the problem and key measures already put into place to address it. The section also puts the roles and responsibilities of sanitation role players into perspective to emphasise the multi-sectoral nature of sanitation and to make a case for concerted efforts to ensure continuous coordination and championing of the programme if success is to be had.

The next section comprising Chapters 5 to 10 are the core of the implementation strategy. It discusses key issues in sanitation delivery and makes recommendations in each case for successful implementation of the programme if the expected targets are to be met. A discussion of other sanitation programmes such as emergency sanitation projects is also made. The last section consisting of Chapters 11 to 12 contains a strategy action plan and a summary of conclusions.

ANNEXURES

A list of annexures comprising documents referred to and used or quoted in this document is added at the end. The electronic version of the strategy document available on a compact disk, contains hyperlinks to the annexures for ease of reference

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SECTION 1: STRATEGY CONTEXT

1 BACKGROUND

1.1 WHY A NATIONAL SANITATION STRATEGY

Access to adequate sanitation services is important in order to achieve the goals of improved health, safety and dignity of all South Africans, particularly those at greatest risk from sanitation related illnesses i.e. young children, women and the poor.

Significant advances have been made in increasing the priority of sanitation services: Cabinet adopted the White Paper on Basic Household Sanitation in September 2001 and there have been significant increases in budgets allocated to sanitation. Several strategies have also been developed to support the acceleration of sanitation services delivery. The role of local government and other sector role-players in relation to water and sanitation services delivery have been reviewed and clarified in the Strategic Framework for Water Services. The Municipal Infrastructure Grant (MIG) has also been established in order to streamline the funding of infrastructure programmes in municipalities.

The National Sanitation Strategy takes these recent developments into consideration and provides a coherent approach to sanitation services delivery in South Africa. The strategy has the objective of mobilising sufficient resources at all levels of government and at community level, it provides clear delivery approaches and technical options in order to facilitate the elimination of the sanitation backlog by 2010.

1.2 POLICY AND LEGISLATIVE FRAMEWORK

There are several policy documents and strategies that relate to the delivery of sanitation services and the National Sanitation Strategy has been developed within this policy. The key documents are listed below:

1.2.1 Policy Documents

- **South African Constitution**

The Bill of Rights contained in the constitution enshrines the right of all South Africans to dignity (section 11), life (section 10), safe environment (section 24), and access to health care (section 27).

The constitution outlines the responsibilities of local government to manage its administration, budgeting and planning processes to give priority to the basic needs of the community, and to promote the social and economic development of the community (section 153) with the support

from national government to strengthen the capacity of municipalities to manage their own affairs, to exercise their powers and to perform their functions (section 154).

- **White Paper on Basic Household Sanitation, 2001**

In 1995, it was recognised that sanitation was a multi-departmental responsibility and that different departments within government had their own individual delivery systems, processes and programmes. In order to coordinate this delivery a National Sanitation Task Team (NSTT) was formed. This task team comprised representatives of National Departments, which were deemed to be responsible for the delivery of sanitation, the Mvula Trust, which was the major Non-Governmental Organisation (NGO) responsible for water, and sanitation delivery in rural areas and the Development Bank of South Africa. The specific mandate of the NSTT was to be a forum where coherent and coordinated policy for sanitation delivery could be made and where policy and strategy to address the backlog in sanitation could be developed.

The NSTT produced the first draft of the White paper on sanitation in 1996 and revised it in 2001. The paper detailed key policy principles on which sanitation delivery should be based and incorporated the principles of rights of access to basic sanitation and the need to deliver sanitation in an equitable and sustainable manner. Key to the delivery of sanitation is also the concept of community involvement and community based delivery approaches. This document was adopted by cabinet in September 2001 together with the newly formulated National Sanitation Strategy Framework.

- **Water Services Act**

The Water Services Act provides a legislative framework for the rights of access to basic water supply and basic sanitation. It provides for the setting of national standards and of norms and standards for tariffs. The Act also provides for water services development plans as well as a regulatory framework for water services institutions and water services intermediaries.

- **Municipal Structures Act**

This Act provides in Section 84 (1) for the division of powers and functions between the new District and Local Municipalities including the development of the Integrated Development Plan relating to the strategy in terms of health and hygiene education planning.

- **Municipal Systems Act (No 32 of 2000)**

The Act stresses the need for co-operative governance and full participation of constituencies on the basis of a development plan where

the contents of the plan are provided. Chapter 5 (Sections 23 – 37) deals with each of the components of an Integrated Development Plan. This relates to the strategy in terms of health and hygiene education planning.

- **Policy Framework for the introduction of the Municipal Infrastructure Grant (MIG)**

This policy provides a framework for the MIG Programme that aims to provide all South Africans with at least a basic level of service by 2013 through the provision of grant finance aimed at covering the capital cost of basic infrastructure for the poor and relates to future funding of project based health and hygiene education programmes.

- **National Health Bill**

The National Health Bill provides a framework for a structured uniform health system within South Africa and in particular provides for the establishment of Municipal Health Services (Section 32) at District Municipality Level (Group C municipalities). This relates to the strategy in terms of identifying institutional responsibility for health and hygiene education at local government level.

- **Draft Environmental Health Services Policy**

This policy provides a framework for the delivery of environmental health services in South Africa. The first section of this policy relates to this strategy in terms of highlighting the important role that Environmental Health Services have to play in supporting the integration of primary and preventative health care measures within the municipal health services. The third section of the policy highlights the need for greater emphasis on the effective and efficient service rendering and capacity of Environmental Health Practitioners.

1.2.2 Strategy Documents

The following strategies and reports relate to this National Sanitation Strategy:

- **Framework for the National Sanitation Strategy**

The NSTT produced a Framework for National Sanitation Strategy on the basis policy principles listed in the section below. The strategy framework was disseminated and discussed with stakeholders and it set the scene for the strategy set out herein. Along with the White Paper on Sanitation, it contained details of the policy principles. It was approved by cabinet along with the white paper in September 2001. It set the vision, purpose, objectives and key focus of the strategy and it defined problems and explored opportunities to address the current backlog in sanitation. It

provided the basis on which all nine provinces have produced their own sanitation strategies, which have been considered and consulted extensively in the formulation of this national strategy.

- **National Health and Hygiene Education Strategy**

This provides a framework for the delivery of sustainable health and hygiene education in South Africa and advocates for the inclusion of health and hygiene education as part of water and sanitation programmes.

- **Strategic Framework for Water Services**

This sets out a national framework for the water services sector (water and sanitation) in South Africa.

- **DWAF Report Towards a National Schools Sanitation Strategy**

This provides an approach to the delivery of school sanitation and addresses the need for health and hygiene education to be provided as part of school learning programmes.

- **Capacity Building For EHP's Report**

This report provides a capacity assessment of the Environmental Health Services in relation to their involvement in delivering health and hygiene education and supporting sanitation services delivery in South Africa.

These policies and strategies are referenced as footnotes where applicable in this strategy document.

1.2.3 Policy Principles

The following principles are incorporated in the white paper and they guide the development of policies and intervention strategies undertaken to address the sanitation problems:

- Sanitation improvement must be demand responsive, supported by an intensive Health and Hygiene Programme
- Community participation
- Integrated planning and development
- Sanitation is about environment and health
- Basic sanitation is a human right
- The provision of access to sanitation services is a local government responsibility

- “Health for All” rather than “all for some”
- Equitable regional allocation of development resources
- Water has an economic value
- Polluter pays principle
- Sanitation services must be financially sustainable
- Environmental integrity

1.3 KEY DEFINITIONS

There are several key terms that relate to the delivery of sanitation services these are defined below:

1.3.1 Definition of Sanitation

In order to understand the contextual framework of this strategy document, it is important to understand the definition of sanitation as envisaged herein:

Basic sanitation services are defined in the strategic framework for water services as:

Basic Sanitation Service:

The provision of a basic sanitation facility which is easily accessible to a household, the sustainable operation of the facility, including the safe removal of human waste and waste water from the premises where this is appropriate and necessary, and the communication of good sanitation, hygiene and related practices.

(Strategic Framework for Water Services, Section 6.3, Table 2)

Sanitation is defined in the White Paper on Basic Household Sanitation, 2001:

“Sanitation” refers to the principles and practices relating to the collection, removal or disposal of human excreta, household waste water and refuse as they impact upon people and the environment. Good sanitation includes appropriate health and hygiene awareness and behaviour, and acceptable, affordable and sustainable sanitation services.

The minimum acceptable basic level of sanitation is:

- a. Appropriate health and hygiene awareness and behaviour;*
- b. A system for disposing of human excreta, household waste water and refuse, which is acceptable and affordable to the users, safe, hygienic and easily accessible and which does not have an unacceptable impact on the environment; and*

c. *A toilet facility for each household.*

In this strategy therefore the emphasis is on those aspects of sanitation that are related directly to human habitation, activity and behaviour and does not include the broader definition of sanitation. The strategy is biased mainly towards the management of human excreta as well as the maintenance of appropriate health and hygiene behaviour.

1.3.2 Health and Hygiene Education

Definition of **Health**:

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. (The World Health Organisation)

Definition of **Hygiene Education**:

All Activities aimed at encouraging behaviour and conditions which help to prevent water and sanitation related disease (Boot, 1991)

1.3.3 Water Services

“Water services” means water supply services and sanitation services according to the Water Services Act 108 of 1997.

Basic Water Supply Service:

The provision of a basic water supply facility, the sustainable operation of the facility....and the communication of good water use, hygiene and related practices.

(Strategic Framework for Water Services, Section 6.3, Table 2)

1.3.4 Water Services Authority

Definition:

A water services authority is any municipality that has the executive authority to provide water services within its area of jurisdiction in terms of the Municipal Structures Act 118 of 1998 or the ministerial authorisations made in terms of the Act. There can only be one water services authority in any specific area. Water services authority boundaries cannot overlap. Water Services authorities are metropolitan Municipalities, district municipalities and authorised local municipalities.

(Strategic Framework for Water Services, Section 3.3)

1.3.5 Water Services Provider

Definition:

A Water Services Provider is defined as:

- *Any person who has a contract with a water services authority or another water service provider to sell water to, and/or accept wastewater for the purposes of treatment from, that authority or provider; and/or*

- *Any person who has a contract with a water services authority to assume operational responsibility for providing water services to one or more consumers (end users) within a specific geographic area; or*
- *A water services authority that provides either or both of the above services itself.*
(Strategic Framework for Water Services, Section 3.3.2)

2 SETTING THE SCENE

2.1 INTERNATIONAL – MILLENNIUM GOALS

In 2000, the World Health Organisation conducted a Global Water Supply and Sanitation Assessment. This study showed that between 1990 and 2000, the percentage of people served with an improved water supply rose from 79% (4.1 billion) in 1990 to 82% (4.9 billion) in 2000, while the percentage of people served with access to sanitation for the disposal of excreta increased from 55% (2.9 billion people served) to 60% (3.6 billion). This percentage increase in coverage appears modest because of global population growth during that time. In fact, the numbers of people who lack access to sanitation services have remained practically the same throughout the decade.

Thus at the beginning of 2000, two-fifths (2.7 billion people) lacked access to improved sanitation. Most of these people live in Asia and Africa.

Targets for sanitation coverage were developed by the Water Supply and Sanitation Collaborative Council (WSSCC) as part of the process leading up to the Second World Water Forum, held in The Hague in March 2000. The targets were presented in the report *VISION 21: A shared vision for hygiene, sanitation and water supply and a framework for action*.

These targets were established as:

- By 2015 to reduce by one-half the proportion of people without access to hygienic sanitation facilities;
- By 2025 to ensure access to sanitation, and hygiene for all.

These targets were re-affirmed at the World Summit on Sustainable Development in Johannesburg in October 2002.

2.2 AFRICA

Africa is facing a sanitation crisis. Two-thirds of the population lack access to adequate means of excreta disposal. This represents the lowest regional coverage of all continents. The problem is compounded by the lack of sustainability of most of the current schemes leading to a decline in the current coverage. Across the continent, sector reforms are beginning to be put in place to reverse this trend. To this end, the Water and Sanitation Programme is working to assist countries to include the integration of water and sanitation best practices into poverty reduction strategies; to conduct demand-based planning; to develop strategic partner investments and appropriate financing mechanisms; and to

develop strategies regarding maintenance, cost-recovery, gender mainstreaming, technology innovation, and hygiene promotion.

Programmes involve the decentralisation of government; the establishment of large-scale community enterprises and sector agency delivery mechanisms; the development and implementation of new policies; and the promotion of private sector participation. But, progress has in many instances been slow and has been hampered by weak political will and capacity; a lack of appropriate institutional frameworks; slow financial reform; and limited access to finance.

There have been various efforts to address water and sanitation needs in Africa. During the International Drinking Water and Sanitation Decade, 1981-1990, sub-Saharan Africa experienced an increase in water supply coverage from 32% to 46%, while sanitation coverage increased from 28% to 36%. Since then, however, progress has stagnated in most cases and more people are without adequate services in Africa today than in 1990.

In order to address this huge gap, which has serious consequences to the health of African people, the AFRICA 2000 Initiative for Water Supply and Sanitation was launched in 1993 by the WHO Africa Regional Committee, consisting of Ministers of Health from all countries in the African Region.

This was an international cooperative effort to expand water and sanitation services throughout the countries of the Region. The First Regional Consultation took place in Brazzaville, Congo, in June 1996. At this meeting, the senior representatives of 46 African governments adopted the Brazzaville Declaration, which set out relevant principles and key recommendations to enable the people of Africa to have access to safe water supplies and sanitary excreta disposal facilities by the end of the century.

Since the launching of the Brazzaville Declaration in 1996 and its adoption by most African countries, the commitment of the water supply and sanitation sector to break away from the business-as-usual mentality is evident. Most countries have successfully drawn a consensus to the initiative by raising awareness both in government and among NGOs, external support agencies and the general public. Many national committees have been established and the designation of focal points continues to expand to the benefit of those who are the ultimate target of this effort - the inhabitants of peri-urban areas and rural villages who lack these basic services and thus are exposed to health risks.

2.2.1 Africa San 2002

The African Sanitation and Hygiene conference (Africa San 2002) was held in Midrand in July 2002. The main purpose of the conference was to assess the state of sanitation and hygiene in Africa, to share

experiences and lessons learned by people and organisations working in the field, to raise the profile of sanitation and hygiene in Africa, both at and after the World Summit on Sustainable Development (WSSD) and to strengthen leadership and advocacy for improved sanitation and hygiene delivery in Africa. Key to the conference was to attain a high level of political commitment to sanitation in Africa.

The conference was well attended by practitioners and key politicians and executives from countries in Africa. The conference discussed and shared experiences particularly with reference to the soft aspect of sanitation such as political commitment, funding of sanitation, programme management, linking of sanitation to poverty relief work creation of awareness, clear policies and clear allocation of roles and responsibilities.

Annexure 1 is the conference declaration. The conference also provided a number of draft action plans for sanitation for various regions. The highlights from the Southern African Action plan are the following:

Table 1 Highlights of Southern African Sanitation Action Plan from Africa San Conference 2002

Action	Timeframe	Tangible Outcomes
Review / reassessment of national sanitation policies and strategies	1 year	Regional sanitation Charter
Establish a lead agency for championing and coordinating sanitation	1 Year	Nominated lead agency
Development of national sanitation strategies	2 years after action 2	Sanitation Strategies
Write a vision paper of what good sanitation means for poverty reduction and economic development – spell out the cost of not addressing sanitation; Link with HIV/AIDS	6 Months	Concept note
Make advocacy and social marketing an important priority in accelerating sanitation through improved / increased resource allocation	Immediate action required	Increased resources on specific hygiene and infrastructure development
Committed efforts by government to finance research in sanitation	Immediate and ongoing	Budget
Raise the profile of sanitation through human resource development	2 Years	A guideline on institutional sanitation career development (training support)

Action	Timeframe	Tangible Outcomes
CWSS group to support individual countries within SADC to accelerate sanitation	2 Years	CWSS Support programme
Regional peer review / evaluation of policies strategies and programs	Ongoing	Implementation of regional peer evaluation programmes
SADC establish a regional sanitation coordinator that links the region with the WSSC.	Immediate	Coordinator appointed

2.3 SOUTH AFRICA

2.3.1 Sanitation Problem in South Africa

There is an estimated 18 million people in South Africa who lack adequate sanitation. Most of these people are in rural areas.

The table below shows the estimated sanitation needs per province as at updated to reflect figures in 2004.

TABLE 2¹ Estimated Sanitation Need in South Africa

Period	Estimated Population (Million)	Population Without Adequate Sanitation (Million)	Percentage Access to sanitation
Current (03/04)	47.4	17.1	36
People served April 03 to March 04	1		
Previous year	46.4	17.8	38
People served 1994-March 2003	6.9		
1994	39.8	20.4	49

In addition to the above need, approximately 200,000 new households are formed per year. The National Housing Programme is aiming to address the needs of some of these households while many others particularly in rural areas, will not be able to access the housing programme.

Nearly half of all the schools in South Africa use ordinary unimproved pit latrines. These are often in a very bad state of repair and are usually inadequate for the schools. In 1996, 3265 schools on the National register had no facilities at all and by 2002 the figure had reduced by only 754 to 2511.²

¹ DWAF Water Services Information Page, www.dwaf.gov.za, DWAF, September 2004

² Sanitation and Water Availability in Schools, DOE, 2003

Table 3² shows the sanitation availability³ in schools in 2003.

TABLE 3 Sanitation Availability in Schools

Province	Total Number of Schools	Schools without toilets	Schools with toilets	No response
FS	2,500	327	2,144	29
EC	6,260	1,191	5,031	38
GP	2,204	25	2,172	7
KZN	5,734	340	5,372	22
MP	1,810	129	1,395	286
NP	4,261	318	3,938	5
NC	482	11	469	2
NW	2,304	167	2,124	13
WC	1,593	3	1,590	0
National	27148	2511	24235	402

In addition to these there is an estimated 15% of all Clinics without sanitation and water facilities.⁴ In some cases where facilities are present they are not adequate for the needs of all the clients and staff of the clinic.

In reality little progress has been achieved in the delivery of sanitation, Table 4 shows the delivery of sanitation in the various provinces against the current estimated backlog.

TABLE 4: Delivery of sanitation to June 2004⁵.

Region	Programme To March 2003	2003/04 Target Units	June-04	Year To Date - 2003/04	Programme To Date
Eastern Cape	12 195	28 842	3 812	35 505	47 700
Free State	7 572	11 004	10 495	19 587	27 159
Gauteng	0	0	1 454	5 259	5 259
KwaZulu-Natal	52 226	29 994	0	27 161	79 387
Limpopo	19 787	13 964	2 966	10 048	29 835
Mpumalanga	7 221	15 958	7 301	11 639	18 860
North West	19 496	14 976	1 530	15 359	34 855
Northern Cape	16 603	4 154	469	8 162	24 765
Western Cape	311	1 108	0	2 312	2 623
Total Delivery	135 411	120 000	28 027	135 032	270 443

³ Figures do not reflect the state of the toilets or their or their usability

⁴ Sanitation Strategy Framework, DWAF, February 2002

⁵ DWAF M & E Report, June 2004

The following factors have contributed to the slow delivery of sanitation to date.

1. Sanitation previously enjoyed low priority at government and household level.
2. Inadequate funds are allocated to sanitation and preference is for other more lucrative projects. This is unfortunately still the problem today with local authorities not prioritising sanitation in their funds allocation.
3. There is inadequate capacity for sanitation delivery in terms of human resources and funds to develop such resources and a shortage of adequate training facilities and programmes.
4. Local government often does not have the capacity to deal with the sanitation problem particularly in peri-urban settlements and rural areas where the need is most.
5. Lack of understanding of all the issues in sanitation has led to programmes being focused more on infrastructure delivery at the expense of the health and hygiene components. The health impact of sanitation programmes has therefore generally been limited.
6. There is inadequate understanding and acceptance of various technologies. Many people still consider water borne sanitation as the only viable option for sanitation in all areas.
7. There is limited programme management capacity for large-scale community-based implementation of sanitation projects.
8. There is inadequate integration and coordination of planning at all levels.
10. Funding programmes of different agencies were fragmented and followed different criteria. This will probably be addressed through the single funding stream of the Municipal Infrastructure Grant (MIG)

2.3.2 Meeting the Sanitation Challenge in South Africa

South Africa has also developed policy documents, and guidelines and strategies for sanitation, which are deemed to be more advanced than those from any other African country to date. In order to achieve the objectives, current programmes have to be accelerated in excess of three times. The Department of Water Affairs and Forestry has developed an implementation plan to address sanitation needs for its programme and various strategy documents such as those on school

sanitation, informal settlement sanitation, eradication of bucket latrines and health and hygiene education and training have been produced.

At provincial level, most provinces produced their provincial strategies, which lay out the responsibilities of various role players and set out targets for delivery. These strategies, where available, have been incorporated into and form part of this document.

The Cholera outbreaks in 2000 helped to have all role players re-assess the implementation mechanisms and to investigate various methodologies for accelerated sanitation delivery. It also opened opportunities for collaboration, which saw the commitment of the Department of Health to carry out health and hygiene education in sanitation projects. Unfortunately the initial momentum and resources that were put into this effort has been lost by some Departments and this strategy has attempted through intensive consultations to try and obtain commitments from the role players to remobilise the effort that had been put into the cholera programmes. The use of community members in carrying out health and hygiene education has been found to be effective and sustainable.

Various implementation mechanisms have been used ranging from the government itself as Implementing Agent to NGO's and the private sector. No coherent strategy for implementation by these different sectors existed before and each of the sectors used their own systems within the set policies of each implementation agency. While minimum service levels have been by and large accepted by all role players, the issues of technology, funding implementation mechanisms and community involvement are not being approached commonly by all implementing agents. The Municipal Infrastructure Grant may be effective as a tool to bring commonality to implementation of sanitation projects.

2.4 RAISING THE PROFILE OF SANITATION

The responsibility of providing access to water and sanitation to all communities equitably has been assigned to local government by the Constitution of the Republic of South Africa (Act 108 of 1996). Various legislative and institutional mechanisms have been introduced to achieve this constitutional objective. The level of political commitment at national level is high and a number of initiatives are being undertaken to address existing problems and to improve delivery. At provincial and local levels, however, there are great variations in the level of commitment towards sanitation and efforts need to be directed at achieving a commonality of purpose and policy at provincial and administrative levels.

Cultural, social, economic and political factors coupled with long historical experiences of racially-skewed service delivery have frustrated and undermined delivery in many instances. As identified

and articulated in the White Paper on Basic Household Sanitation, the inclusion of communities themselves in planning, implementing, monitoring and evaluating programmes is essential if the obligation to improve the levels of access to sanitation infrastructure and services is to be realised.

2.4.1 A Sanitation Advocacy Campaign

A primary prerequisite for the provision of adequate basic sanitation services is the raising of the profile of sanitation amongst all stakeholders including communities, which have been poor and poorly-resourced, and the securing of their full participation in the planning and implementation of such programmes. While this has been achieved to a great extent at national level, it has not been achieved to the same extent within local authorities who still have sanitation very low within their funding priorities. At community level, communities need to become aware of their sanitation and health challenges and be involved in developing an inclusive and integrated implementation strategy. In poor communities, sanitation has not been regarded as a priority and its role in enhancing the quality of life of people, has been largely unrecognised. This has resulted in there being little demand for the provision of adequate sanitation services except in cholera affected areas where concerted efforts by various role players have led to high awareness.

Access to basic sanitation is a constitutionally protected human right in South Africa. It can be viewed as a 'public good', which should be enjoyed by all. People will only claim this as a right through a process of education and improved awareness. A programme to raise the profile of sanitation therefore requires the planning and implementation of an intensive health and hygiene education and advocacy programme to highlight the primary nature of sanitation issues in relation to the health status of a people. When communities understand the benefits of adequate sanitation provision, they identify its lack as a felt need. This creates a demand for the provision of adequate sanitation facilities.

An advocacy strategy to raise the profile of sanitation needs to operate at different levels, from the international to the local. It requires the design of an effective media plan. This plan should highlight the political contexts and levels at which sanitation issues are being addressed. Effective use of the media is vital if sanitation issues are to be kept in the public domain. The National and Provincial Sanitation Task Teams have a particular role in reaching communities with the appropriate messages regarding sanitation.

In addition, an education strategy to reach schools and tertiary institutions is needed. These are appropriate sites for profiling and raising awareness of the various issues related to sanitation. Public buildings and public toilets in particular can be used to educate and

inform the public about sanitation issues, facilities and resources. Care should be taken however that these are managed and maintained properly to avoid becoming negative advertisements for improved sanitation. Sanitation programmes need to harness core elements to create a synergy for a socio-ecological movement for sanitation and health. The WASH campaign has to be rolled out faster and supported to ensure that the communities understand the linkages between sanitation and health and that they change their health and hygiene behaviour and practices.

The PHAST initiative [Participatory Hygiene and Sanitation Transformation] is a programme which has helped communities to own, run, manage and maintain their own sanitation systems. Through the PHAST initiative, local communities have developed expertise in a range of areas including the construction of the infrastructure itself as well as the accompanying health education, management of the project, financial management and advocacy. These skills can subsequently be applied to business initiatives, which could be developed as a result of the sanitation project including such activities as food and flower production.

2.4.2 International Level

At the international level, South Africa committed itself to securing sanitation provisions as member state of the United Nations, when the United Nations General Assembly adopted the Millennium Declaration, which prioritised the securing of the human dignity and equality of all people and the overcoming of abject and dehumanising conditions of extreme poverty.

As the host country for the Africa San 2002 and the 2002 World Summit on Sustainable Development, South Africa subsequently confirmed its commitment to targets to overcome sanitation backlogs and acknowledged that sanitation issues are a shared concern of governments, the private sector and civil society both nationally and internationally.

2.4.3 Regional Level

At the regional level, the country is committed to a national sanitation implementation programme as a lead partner in NEPAD and the African Union. The Africa-San Conference held just prior to the World Summit on Sustainable Development in August 2002, examined sanitation problems and challenges in the Africa region and gave new impetus to an integrated approach to addressing issues of severe poverty, underdevelopment and poor or non-existent infrastructure. An integrated sanitation strategy that addresses regional needs can now be tabled, giving sanitation a high profile in efforts to secure the involvement of all social formations, including governments, business,

tertiary institutions, civil society organisations and the labour movement.

2.4.4 National Level

As indicated earlier, the profile of sanitation at National Level is high and political commitment to funding and executing a successful sanitation programme has been largely achieved. The most important issues are to ensure that all the different stakeholder departments share the commitment and that adequate financial resources are put into the sanitation programme. Each Department involved in sanitation, currently have their own delivery mechanisms and funding approaches. The issue of basic level of service is accepted at National level though the funding for programmes to achieve this is still fragmented by departments.

Opportunities available at national level include the Portfolio Committee on Water and Sanitation services. This committee has taken a very active interest in sanitation and has visited a number of projects. Through their involvement the profile of sanitation at national levels can continue to be a high one. Other forums at national level include the Ministers, and Members of Executive Councils forum (MINMEC) where advocacy can be made to ensure that provinces at a high level also prioritise sanitation. Local Government Association (SALGA), which participates in the NSTT, by invitation, is an important form of advocacy to ensure empowerment in the commitment at local government level.

2.4.5 Provincial Level

In relation to sanitation, the provinces are responsible for monitoring legislation through the National Council of Provinces; ensuring compliance with national policy, norms and standards; promoting integrated development and inter-departmental coordination; and monitoring progress within the sanitation sector.

Provinces are diverse in terms of their populations and spatial distribution, levels of economic development, range of governance structures, and variety of cultures and languages. This creates particular challenges and opportunities in terms of making sanitation issues more visible and putting them on the public agenda.

The existence of Provincial Sanitation Task Teams (PSTT) has provided a forum where sanitation issues are discussed by province wide stakeholders leading to a heightened profile of sanitation. Where the provincial task teams are strong, such as Kwazulu Natal, this translates directly into a higher profile for sanitation and subsequent improvement in the delivery of sanitation. Provincial task teams should thus be strengthened and resourced to be the main focal point of advocacy at provincial level.

2.4.6 Local Level

The constitutional mandate to provide sanitation infrastructure and services rests with local authorities including city metropolitan areas and district and local municipalities. While these local government structures hold the political mandates to deliver services, these services cannot fully succeed in the long term, particularly in circumstances of limited resources in the midst of growing population pressures, without the participation of the well-informed recipient communities in the construction, management and maintenance of the facilities and the making of decisions regarding their affordability.

In the Eastern Cape, the establishment of the District Sanitation Task Teams (DSTT) has provided further opportunity to coordinate and advocate for sanitation at district level. In Kwazulu Natal, district based teams are also being promoted. Integrated Development Planning (IDP) Forums can also be used effectively to promote and advocate for the adequate provision for sanitation in the development of the integrated development plans of local authorities.

Communities as the beneficiaries of sanitation infrastructure implementation need to be fully involved in each stage of the process, as a shared experience between government and communities. It is at the local level that the greatest impact can be made in terms of community awareness of the importance of adequate sanitation provision for achieving public health and welfare. Local government needs to put in place adequate resources to manage and monitor sanitation programmes. To this end, the initiative taken in the Eastern Cape to capacitate local government through the procurement of resources by national government and department of such resources in District municipalities to enhance capacity is a very important step in ensuring that such municipalities will successfully carry out their mandates

2.4.7 Way Forward

The responsibility for coordinating the provision of sanitation services lies with the Department of Water Affairs and Forestry both at National and regional level. The Department of Water Affairs is thus the prime mover in advocacy and ensuring the continued high profile for sanitation. They are responsible for coordinating and managing the National Sanitation Programme and ensuring adequate stakeholder participation. Political commitment has been secured at National Level and to a lesser extent from all tiers of governments and from key departments. Community commitment has largely come about through a focussed and integrated PHAST and WASH campaigns.

There is thus commitment from both government and many communities. The financing of sanitation systems has been coupled with a requirement for a sound integrated planning programme (IDP) at

the local level. Funding from the national level provides support at the municipal level through a system of Shared Equity financing. The Municipal Infrastructure Grant and the local government's revenue base allows for flexible planning opportunities. Conditions must be included with the funding support to local government to ensure that some funds are allocated to advocacy and health and hygiene education and promotion.

While there is already considerable awareness of the importance of sanitation, it must become even more of a national issue than is presently the case. This will only occur through extensive, well-planned advocacy and educational campaigns so that all the stakeholders come to share awareness of the value of sanitation and work in partnership to realise its implementation. Only then will the implementation programme succeed.

3 CAPACITY NEEDS TO MEET MILLENNIUM TARGETS

3.1 INTERNATIONAL

To achieve the 2015 target in Africa, Asia and Latin America and the Caribbean alone, an additional 2.2 billion people will need access to sanitation by that date. In effect, this means providing sanitation facilities to 384 000 people every day for the next 15 years.¹

Projected urban population growth, especially in Africa and Asia, suggests that urban services will face great challenges over the coming decades to meet fast-growing needs. At the same time, rural areas also face the daunting task of meeting the existing large service gap. To reach universal coverage by the year 2025 more than 4 billion will have to be provided with sanitation. There will be enormous strains on existing sanitation services, and substantial further service provision will be needed to meet the population increase and address the backlog with global population projected to increase by 30% by 2025 to 7.825 billion.

3.2 SOUTH AFRICA

To achieve the target of eliminating the sanitation backlog in South Africa by 2010 will require massive increases in the rate of delivery of sanitation and a coherent approach to minimise discrepancies in both the implementation mechanisms as well as the technology and health and hygiene and implementation.

The backlog must be addressed mainly through the implementation of the provincial sanitation programmes as detailed in their strategies and through increased funding and resource allocation and capacity building for delivery. Although funding has recently increased significantly, it still falls far short of what is required to eliminate the backlog in the required timeframe. The current funding will have to be increased substantially as indicated in the table below.

Successful implementation programmes have shown that in order for sanitation delivery to be successful, it needs good project management and planning skills. Lack of capacity for implementation is a serious impediment to achieving the goals set by South Africa and currently there is inadequate capacity in most local authorities to handle the existing programmes let alone any accelerated programme to meet the targets. Without focussed attention to the institutional and human resource capacity of the local authorities, the goals will not be achieved.

¹ Note: The targets and implications for South Africa are in item 3.4.3.2

During the two year gearing up phase, capacity building must be given a priority. The capacity building must include programmes aimed at ensuring that in the formulation of Water Services Development Plans (WSDP) sanitation provision is addressed and resourced adequately.

A funding allocation of R 750 Million per year is required to meet the backlog and provide universal coverage in South Africa by 2010. This represents an increase of 240 % in the current funding allocation for sanitation. In addition to this, the current estimates for addressing the backlog in schools is R546 Million or a yearly allocation of R91 Million to 2010.

Coherent and continuous flow of funding is also essential to the achievement of the goals and to eliminate the current situation where some projects where capacity has been created are stopped due to lack of funds. A clear and quick mechanism of access to additional funding to keep projects going where capacity exists and where annual allocations have been exhausted due to increased delivery has to be developed.

4 ROLES AND RESPONSIBILITIES IN SANITATION DELIVERY

4.1 INTRODUCTION

The roles and responsibilities of various government and non-government players in the delivery of sanitation are set out in the White Paper on sanitation and are reflected in the composition of the NSTT (NSTT). Successful delivery of sanitation is not possible without a clear understanding of the roles and responsibilities of the various role players both in terms of their mandates and their inputs into the Municipal Infrastructure Grant.

4.2 THE NATIONAL SANITATION TASK TEAM (NSTT)

The formation of the NSTT and the development of the White Paper on Basic Sanitation have been described in chapter 1

The NSTT currently comprises the following eleven members

- Department of Water Affairs and Forestry
- Department of Health
- Department of Education
- Department of Environmental Affairs and Tourism
- Department of Provincial and Local Government
- Department of Land Affairs
- Department of Housing
- Department of Public Works
- Department of the Treasury
- Non-Governmental Organisations (specifically, the Mvula Trust)
- South African Local Government Association
- Water Research Commission

The NSTT is led and coordinated by of the Department of Water Affairs and Forestry. Its mandate was defined in the White Paper on Basic Household Sanitation as to formulate a national sanitation strategy that has at its core the clearing of historical backlogs through a variety of structures, technologies and systems. The NSTT exercises policy overseeing of the strategy.

Each of the partners committed themselves to specific roles and responsibilities and these are captured in the White Paper on Basic Household Sanitation (September 2001). Due to the specialised primary line functions of each national department and in line with the nature of its core business, there is specialised focus in the roles and responsibilities of each national department in their responsibility in sanitation and coordination is critical. Through a process of consultations through the NSTT, the rollout of the strategy is negotiated and accounted for by senior officials of each department.

The following table summarises the roles and responsibilities of each of the role players as found in the White Paper on Sanitation. The Detailed roles and responsibilities are found in the Roles and Responsibilities in Sanitation document attached to this strategy document as Annexure 2.

4.3 NATIONAL LEVEL ROLES AND RESPONSIBILITIES

Table 6⁶ Roles and responsibilities in sanitation delivery

Department	Activities/Responsibilities
Department of Water Affairs and Forestry	<ul style="list-style-type: none"> ➤ Water Services Sector Leader therefore involved with: <ul style="list-style-type: none"> ○ Policy development and regulation ○ Development and provision of strategic vision and guidelines ○ Monitoring and enforcement of compliance with policy guidelines ○ Initiating Liaison and collaboration with other key departments (NSTT) ○ Support programme development particularly to the Water Service Authorities (WSA)
Department of Health	<ul style="list-style-type: none"> ➤ Coordination of public Health information ➤ Coordination planning and delivery of health and hygiene education ➤ Developing norms and standards for health and hygiene education ➤ Supporting municipalities in development of environmental health capacities ➤ Providing sanitation facilities at health centres such as clinics and hospital;
Department of Education	<ul style="list-style-type: none"> ➤ Development of norms and standards for school infrastructure ➤ Development, implementation and coordination of capital investment in Education. ➤ Developing education and school policies that support health and development and well being ➤ Developing curricula, which include health and hygiene education and promotion of sanitation for learners.
Department of Environmental Affairs and Tourism	<ul style="list-style-type: none"> ➤ Development of policies guidelines and procedures relating to the impact of sanitation programmes on the environment ➤ Monitoring the environmental impact of sanitation ➤ Monitoring compliance with environmental management procedures and guidelines.
Department of Provincial and	<ul style="list-style-type: none"> ➤ Promotion and assistance to municipalities in the development of their IDPs and WSDP

⁶ Adapted from National Health And Hygiene Strategy, Department of Health- Ukuthula Developments July 2004

Department	Activities/Responsibilities
Local Government	<ul style="list-style-type: none"> ➤ Capacity building for municipalities to be able to fulfil their functions. ➤ Coordination of MIG and Equitable Share funding to municipalities ➤ Monitoring of delivery and compliance with sector specific requirements for MIG
Department of Land Affairs	<ul style="list-style-type: none"> ➤ Mainly the provision of housing on land restitution projects ➤ Cooperation with district Municipalities to ensure service delivery to the re-established communities ➤ Facilitation and provision for water supply and sanitation for resettled communities.
Department of Housing	<ul style="list-style-type: none"> ➤ Provision of permanent residential structure with secure tenure ➤ Provision of potable water and adequate sanitation facilities and domestic energy supply. ➤ Administration of all housing subsidies to ensure equitable allocation to the recipient community ➤ Monitoring adherence to minimum standards in service provision for housing including sanitation services
Department of Public Works	<ul style="list-style-type: none"> ➤ Provision of public infrastructure for other Government departments ➤ Provision of sanitation infrastructure in clinics and schools ➤ Oversight of adherence to norms and standard with respect to sanitation on public facilities ➤ Launching of the Extended Public Works Programme which gives communities the opportunity for communities to engage in a number of projects including sanitation projects. ➤ Development of participative initiatives paving the way to the development of participatory delivery in sanitation.
Department the Treasury	<ul style="list-style-type: none"> ➤ Funding arrangements for such allocations as the Equitable Share and MIG ➤ Monitoring financial procedures of government departments ➤ Development and support for financial policies and procedures
SALGA	<ul style="list-style-type: none"> ➤ Liaison with other national departments through the NSTT ➤ Capacity building support to the DMs

4.4 PROVINCIAL LEVEL ROLES AND RESPONSIBILITIES

The table below highlights specific provincial departmental responsibilities in relation to sanitation delivery and health and hygiene education:

Department	Activities/Responsibilities
Department of Water Affairs and Forestry	<ul style="list-style-type: none"> ➤ Ensure the application and regulation of National policy ➤ Monitoring ➤ Support and capacity building to the DMs ➤ Liaison with other provincial departments
Department of Health	<ul style="list-style-type: none"> ➤ Ensure the implementation and regulation of National policy ➤ Monitoring health trends and impacts ➤ Support and capacity building within the DHS ➤ Liaison with other provincial departments
Health Promotion	<ul style="list-style-type: none"> ➤ Planning and implementation of health promotion programmes in the province ➤ Support the District Health System ➤ Support the development of promotional and education materials
Department of Provincial and Local Government	<ul style="list-style-type: none"> ➤ Liaison with other provincial departments ➤ Support to DMs ➤ Management and monitoring of MIG ➤ Co-ordination of capacity building initiatives
Department of Education	<ul style="list-style-type: none"> ➤ Plan and implement school sanitation programme to address the school sanitation backlogs ➤ Liaison with DWAF ➤ Implementation of health and hygiene education in schools

4.5 LOCAL GOVERNMENT ROLES AND RESPONSIBILITIES

As a result of the transformation within local government the Water Services Authorities (WSA) assumed primary responsibility for planning and implementing water and sanitation services. All metropolitan Municipalities (Group A municipality) are WSAs. However, there are some areas where Local municipalities (Group B) are WSA and other areas where District Municipalities (Group C) are WSAs.

WSA responsibilities include⁷:

➤ **Ensuring access**

They must ensure the realisation of the right of access to water services, particularly basic water services (the first step up the ladder) subject to available resources by seeing that appropriate investments in water services infrastructure are made.

➤ **Planning**

They must prepare water services development plans to ensure effective, efficient, affordable, economical and sustainable access to water services that promote sustainable livelihoods and economic development (stepping up the ladder).

⁷ Strategic Framework for Water Services, Section 3.3.1

➤ **Regulation**

They must regulate water services provision and water services providers within their areas of jurisdiction and within the policy and regulatory frameworks set by DWAF through the enactment of by-laws and the regulation of contracts.

➤ **Provision**

They must ensure the provision of effective, efficient and sustainable water services (including water conservation and demand management) either by providing water services themselves or by selecting, procuring and contracting with external water services providers. The provision of water services also includes communication activities related to, amongst other things, gender-sensitive hygiene promotion and the wise use of water.

The on going transformation processes taking place in government, particularly at local government level, pose the following challenges in relation to water and sanitation services delivery:

- Lack of clarity regarding roles and functions
- Lack of human resources
- Local government capacity building requirements

These institutional issues may pose constraints on the implementation of sustainable sanitation services delivery, particularly within the smaller, poorly resourced municipalities.

The table below highlights other local institutional role-players and their responsibilities in relation to sanitation delivery:

Role-player	Activities/Responsibilities
Municipal Health Services	<ul style="list-style-type: none"> ➤ Planning and provision of Environmental Health Services based at District Municipality level and servicing all the local municipalities within its area of jurisdiction ➤ Liaison, networking and co-ordination with other role-players: <ul style="list-style-type: none"> ○ WSAAs ○ DHS ○ Provincial departments health structures ○ Water Service Providers
District Health System	<ul style="list-style-type: none"> ➤ Ensure the planning, implementation and supply primary health care services, personal and non personal up to level one hospitals ➤ Implementation of National Health policy ➤ Monitoring of health trends health and hygiene education programmes and associated health trends ➤ Identify and support capacity building within the DHS area

Role-player	Activities/Responsibilities
Primary Health Care	<ul style="list-style-type: none"> ➤ Planning and implementation of PHC programmes in communities ➤ Support to and capacity building of primary health care personnel <ul style="list-style-type: none"> ○ Clinic staff ○ CHW staff ➤ Liaison and co-ordination with DHS and MHS

4.6 COMMUNITY LEVEL ROLE PLAYERS

The preceding sections have focused on the government departments involved in health and hygiene education delivery. This section identifies the key role players at a community level.

Role Player	ACTIVITY/RESPONSIBILITY
Ward Councillors	<ul style="list-style-type: none"> • Participate in sanitation services PSC meetings • Promote sanitation services within their communities • Prioritise water and sanitation needs at LM and DM levels
Tribal Authorities	<ul style="list-style-type: none"> • Participate in water and sanitation services PSC meetings • Promote sanitation services within their communities • Assist with conflict resolution
PSC Members	<ul style="list-style-type: none"> • Local project site management water and sanitation services projects
Community Health Workers and volunteer health workers	<ul style="list-style-type: none"> • Promote health and hygiene education as an integrated part of their activities
Traditional Healers	<ul style="list-style-type: none"> • Promote health and hygiene education messages • Link with other PHC initiatives
NGOs/CBOs and Civil society	<ul style="list-style-type: none"> • Promote sanitation • Liaise with local health services structures • Assist with implementation of sanitation projects: <ul style="list-style-type: none"> ○ Builders ○ Health and hygiene education promoters ○ Quality assessors

4.7 CO-ORDINATION

The previous sections highlight the fact that several role-players are involved in sanitation services planning and delivery. Therefore, the need for interdepartmental collaboration and co-ordination is important. There are various co-ordination structures in South Africa that facilitate

sector stakeholder co-ordination and collaboration. Examples of these co-ordination structures include:

- National Sanitation Task Team (NSTT)
- Provincial Sanitation Task Teams (PSTT)
- Water Services Forums and District/Local Sanitation Task teams

The aims of co-ordination structures are to:

- Ensure stakeholder involvement and collaboration
- Collaborative planning
- Clarify role-player roles and responsibilities
- Needs identification and planning
- Identification of key sector initiatives i.e. training and capacity building initiatives
- Networking and communication
- Lesson sharing

The degree of involvement and commitment to collaboration varies and the importance of role-players actively and meaningfully participating in collaborative planning and co-ordination structures must be stressed.

4.8 INTEGRATING ROLES AND RESPONSIBILITIES

It is clear from above that success in the acceleration of implementation of sanitation will only occur if a concerted effort by all stakeholders is made to rationalise programmes and to ensure that through the implementation of programmes such as the MIG all sectoral requirements are complied with. The continuing existence of the NSTT, and other co-ordination structures, is important to ensure that coordination and rationalisation of the programme continues to happen.

SECTION 2: IMPLEMENTATION STRATEGY

5 PLANNING FOR SANITATION

Good planning by sector role players at all levels is important in order to achieve the national target to eradicate the sanitation backlog by 2010. Intra- and inter-departmental sanitation planning is required to ensure the development of a comprehensive, co-ordinated and integrated sanitation programme. Planning for sanitation must be conducted within the planning framework outlined in Chapter 5 of the Strategic Framework for Water Services.

Commitment is required from all role-players in order to ensure that sanitation is adequately addressed in the current planning processes. It is equally important to ensure that adequate resources are made available for the sanitation planning.

5.1 NATIONAL AND PROVINCIAL LEVEL PLANNING

National and provincial departments need to plan and develop programmes that focus on regulating, monitoring and supporting the sanitation programmes being implemented at the local WSA level. Strong sector co-ordination structures at national and provincial level are important to streamline departmental initiatives and provide a progress-reporting platform.

5.2 WATER SERVICES AUTHORITY (WSA) LEVEL PLANNING

5.2.1 Water Services Development Plans (WSDP)

The WSA plays a key role in developing WSDPs that identify water and sanitation services needs and provide approaches to meeting these needs. It is vital that WSDPs integrate water supply planning and sanitation planning and that the sanitation component of the WSDP is comprehensively addressed.

The WSDP must be integrated with the Integrated Development Plan (IDP) of the municipality, as required by the Municipal Systems Act. The IDP forms the basis of all development planning in a municipal area and is a tool for funding and allocation of resources. Therefore, it is vital that sanitation needs be addressed and prioritised in both the IDP and WSDP.

Funding, whether from the MIG Programme or other sources, should be made conditional upon proper WSDP integration of sanitation. WSDPs that only emphasise the development of water projects and have scanty reference to sanitation should not be approved.

In order to improve the sanitation content of the WSDP a clearly defined sanitation section is required that will:

- Identify the sanitation backlog in the WSA area including household, institutional and school sanitation needs
- Address delivery targets (with the national targets in mind) and delivery approaches
- Address the approach to health and hygiene education
- Address water quality and water resources aspects
- Address operation and maintenance issues
- Address financial and resource aspects
- Clearly define institutional arrangements and roles and responsibilities
- Identify capacity building requirements related to sanitation services management and delivery

The above will best be achieved through the preparation of a Sanitation Strategy by the WSA, that will be integrated into the WSDP.

Recommendations

Sanitation must form an integral part of the IDP and WSDP. All necessary aspects of the sanitation plan must be included and methodologies of implementation addressed.

IDPs must indicate how the national objectives and targets will be met and identify any problems and propose achievable solutions for sanitation.

Sanitation delivery must be planned and carried out in line with the objectives of the white paper on sanitation of maximizing job creation

The principle of maximum coverage with basic levels of service must be enshrined in the plans to ensure wider coverage at reasonable programme cost

5.3 PROJECT LEVEL PLANNING

Project level planning must be based on the priority projects contained in the WSDPs and IDPs. Once the WSA has prioritised a list of sanitation projects the detailed planning commences beginning with feasibility studies, flowed by the business plan preparation and approval. Once a business plan has been approved project implementation commences.

5.3.1 Feasibility Studies

Many projects have failed in the past due to improper planning, this has in turn been attributed to lack of funds allocated for the planning portion of sanitation projects. Sanitation projects have only been implemented on the basis of business plans without carrying out detailed feasibility

studies. This has led, in many cases, to inappropriate solutions as many business plans were based on generic solutions, such as the VIP latrine or water borne sanitation, without investigations into the feasibility of the solution in that particular area.

While no municipality can go ahead with a road or water project without proper feasibility studies, sanitation has been treated differently mainly due to a lack of understanding of the complexity of the programme and the assumption that sanitation delivery is easy and can be handled simply.

If the goals are to be met and lasting sustainable sanitation solutions are to be created for communities then proper feasibility studies will have to be carried out for sanitation projects. Funds to carry these out must be available over and above the subsidy funds to actually carry out the implementation. Alternatively a portion of the subsidy amount should be allocated for upfront payment for feasibility studies.

Feasibility studies must involve the community where ever possible and address issues such as geotechnical, social, capacity, financial, institutional, technology choice, implementation mechanisms, operation and maintenance, health and hygiene and user education, training and capacity building. The feasibility studies should also identify the special location of projects the potential to group projects into area based programmes that will help ensure economies of scale and greater cost effectiveness.

Recommendations

All projects must be preceded by feasibility studies

A clear feasibility study format needs to be developed (possibly based on the Sanitation Implementation Plan (SIP) format)

Separate funding must be provided for the feasibility studies and like all engineering projects, various alternatives must be investigated on all aspects before the choice is made.

5.3.2 Area Based Sanitation Strategies

Many projects have failed because of lack of sustainability due to small sizes that lead to high capital costs and lack of adequate momentum to support the project. Projects in one area have also, in many cases, displayed a large variance in cost due to separate planning processes and the lack of advantages of area based planning and strategy.

During the cholera outbreak in KwaZulu Natal, area based planning was instrumental in bringing about economies of scale and mobilising

community resources over wide areas thus enlarging the skills base that was used in the projects. Area based strategies also allowed for medium term planning and improved sourcing and delivery of materials. Area based planning also eliminated the time loss due to individual business planning of projects and the subsequent long approval periods.

All sanitation projects and potential projects in an area should be grouped together and area based strategies developed. These strategies should, where feasible, be at a district level. Each of the projects must aim for full coverage and in all cases at least 75 % coverage must be achieved. The practice of carrying out incomplete coverage in communities in order to share funds equitably must be abandoned. Funding for the development of the area-based strategy should also be made available.

Recommendations

Area based sanitation strategies must be developed.

Small sanitation projects must, wherever feasible, be aggregated into larger projects to achieve better economies of scale and common approaches.

Each sanitation project must achieve at least 75% coverage of the community in order to realise the health benefits of improved sanitation.

5.3.3 Sanitation Business Planning

Currently sanitation projects have been implemented on the basis of Sanitation Business Plan (BP) or Sanitation Project Implementation Plans (SPIPS). These plans have either been submitted to the DWAF or CMIP for funding and have generally been approved through different mechanisms and criteria. Approval processes have been lengthy and cumbersome with each project being appraised individually and invariably having the same queries refereed back to Implementing Agents project after project. In many cases delays of up to three months to finalise business plans have been the norm.

With the current MIG structure all Business plans for sanitation projects should be approved by a MIG based project approval team with representation in most C level municipalities. Leaving the approval to B level municipalities can create a problem due to capacity problems and a lack of uniformity and adherence to standards. Capacity for BP approval must however be created and supported by DWAF at the Municipality level to ensure that projects are approved and executed in line with the appropriate sector requirements.

Training for business planning should be linked into the [National Capacity Building Strategy](#)⁸ aimed at building capacity within local authorities and should be implemented immediately to avoid the chaos that will ensue during the period of uncertainty as to who is actually responsible for the project approvals.

Recommendations

Business plan processes must be aligned and approvals should be more efficient and timely

Capacity for business plan approval must be developed in C level municipalities with assistance from DWAF and CMIP.

Clear guidelines must be developed in terms of approval and subsidy levels allowing reasonable flexibility without promoting inadequate planning

5.3.4 Planning for Operation & Maintenance

Most sanitation business plans do not have adequate proposals for Operation and Maintenance. Several issues however need to be taken into account when operation and maintenance of community sanitation facilities is concerned.

A study carried out by Palmer and Makhetha in 1997⁹ revealed that at least 60% of the rural population in South Africa had some sort of latrine for family use. These latrines were in most cases not up to the standards accepted as the minimum provision of adequate sanitation but most of them could have been modified with minimal cost to meet VIP standards. The problem then appears to be lack of knowledge rather than lack of resources to build toilets in 60 % of the rural population.

Operation and maintenance in rural areas therefore has to take into account the resources available. The practicalities of providing a “municipal type” operation and maintenance system have to be very carefully thought about in rural areas. There are also major cultural problems among some sections of the community regarding the handling of excreta even after decomposition, rendering many options such as composting toilets, unacceptable. Mechanised removal of toilet sludge in urban area has been estimated at about R500 to R800 putting the cost of the service beyond the affordability of most communities and rural municipalities. Solutions in rural areas must therefore be of such a cost that they can be easily abandoned for new ones or alternatively have components that can facilitate relocation to new pits at minimal cost.

⁸ National Capacity Building Strategy, Department of Water Affairs and Forestry- April 2003

⁹ Review of Rural Sanitation in South Africa, Palmer and Makhetha The Mvula Trust 1997

In urban and dense areas however there is difficulty in obtaining land for new facilities whenever old ones are full. Solution must therefore comprise those facilities that do not need relocation or excavation of new pit when they fill up. Due to better access to municipal services, solution that need intensive municipal input such as flush toilets can be used where appropriate and provided cheaper and more affordable solutions do not work. In all cases business plans must include extensive proposals for operation and maintenance and indicate clearly if a system is designed for one lifetime or whether it is re usable. All these decisions must be taken with the extent of the current backlog in mind and the need not to hamper delivery in favour of elaborate operation and maintenance systems.

Recommendations

All sanitation business plans must include operation and maintenance issues

O & M issues should be practical and take into account difference between rural and urban situations

Community capacity to participate in O & M must be included in proposals

Where possible and feasible planning including location of toilets must facilitate the proposed O & M system

5.4 INSTITUTIONAL SANITATION PLANNING

There currently is significant backlog in the provision of sanitation for institutions particularly schools and clinics. The current MIG Programme excludes in its scope any institutional sanitation facilities. Where sanitation already enjoys a low priority this can be seen as an excuse not to allocate enough resources for institutional sanitation while the exclusion can be an advantage where there is already high prioritisation of sanitation as it offers an opportunity for flexibility in the implementation of institutional sanitation.

The [Draft School Sanitation Strategy](#)¹⁰ estimated that in excess of six million children go to schools without adequate sanitation. This estimate included schools where the current standard of sanitation is very poor and cannot be accepted as adequate for the children. The Department of education estimates that more than 182000 toilets still have to be built at schools to eliminate the sanitation backlog.

¹⁰ Draft School Sanitation Strategy, The Mvula Trust and Clacherty and Associates- Nov. 2002

The Department of Health also estimates that 15 % of all the clinics do not have adequate sanitation. In some cases where facilities are available they are either inadequate or are in unusable state and cannot serve the needs of all the staff and clients of the clinic.

Traditionally the relevant departments fund school and clinic sanitation and the facilities are constructed by the Department of Public Works. The large backlog indicates a lack of capacity within the Department of Public Works. This strategy recommends, in line with one of the recommendations of the Draft School Sanitation Strategy, that a dedicated fund for school sanitation be created and be held in the custody of the Department of Water Affairs and Forestry in view of the fact that they already have relationships with many of the Local Authorities and have a reasonable country wide implementation capacity. The Department should then develop a programme just as they did with domestic sanitation until local authority was able to take over through the MIG. This programme should then ensure that wherever domestic sanitation projects are implemented, schools would also be catered for. A similar strategy should be adopted for clinic sanitation.

Recommendations

A dedicated school sanitation programme should be initiated

Funds should be in the hands of a department such as DWAF who already have experience and relationships at ground level

All community sanitation projects must include a school component even in urban and peri urban areas. Where schools have adequate facilities, the fact must be highlighted in the community sanitation proposal before such proposals are approved.

6 FUNDING SANITATION

6.1 CAPITAL AND RECURRENT COSTS

6.1.1 Status Quo

Sanitation improvement is currently funded through a number of agencies and in the specific delivery of their mandates. This has led to a number of problems relating to funding and implementation guidelines e.g. the need for inclusion of a health and hygiene component with hardware delivery.

DWAF as the lead department in sanitation has been steadily increasing its budget for sanitation from about R 150 Million in 2002 to R 320 million in 2003. In order to meet the demands of the backlog, in rural sanitation alone, this allocation should be increased to an average of R780 per year. DWAF used a subsidy-based approach allocating an equal amount per household regardless of the locality of the household and its size. This led to different solutions for different communities and usually disadvantaged the more rural people who lived in more remote areas and were faced with higher material and building costs.

The Consolidated Municipal Infrastructure Programme (CMIP) adopted a more flexible approach where the subsidies were based on the actual costs per project with a higher limit than that of DWAF and able to cover the entire cost of basic levels of service without community contribution.

The community based public works programme involved itself in sanitation projects where the community chose sanitation as a community project under the CBPWP. Most projects were in rural areas and adopted the DWAF subsidy level as the standard for the programme

The Department of Housing provides sanitation as part of the provision of houses (see Annexure 2). There is no specific limit on the amount allocated to sanitation as long as the total package provides the home owner with the minimum required floor space and the minimum acceptable level of service which has been defined as a Ventilated improved pit latrine in rural areas and full water borne sanitation in urban areas.

6.1.2 Municipal Infrastructure Grant (MIG) Programme

The Municipal Infrastructure Grant (MIG) Programme will provide a consolidated route for providing funding for project based sanitation improvements. This will not include sanitation delivered by the Department of Housing and that delivered at schools and institutions. The MIG provides for the development of the infrastructure and not the on going operation and maintenance. This will have to be funded out of the Equitable Share fund as well as the municipality's own revenue sources. The current experience has, however, already been negative with many municipalities having a strong water bias and having diverted

funding for sanitation projects to water projects as soon as they started planning according to MIG. The conditions in the MIG funds regarding sanitation are either not clear enough or are being ignored by many municipalities. Some municipalities have even stopped sanitation projects that were in implementation stage due to diversion of funds to water projects in spite of commitments made to DWAF in cash flows. Unless some sanction is imposed on municipalities who deliberately put sanitation very low in their priorities the objective of universal coverage by 2010 will not be met.

Recommendations

The MIG fund must be used as the funding stream for all sanitation projects except special programmes such as bucket eradication

More stringent monitoring of the allocation of the funds to sanitation should be done

It is not adequate to just specify the proportion of MIG that goes to water services as many municipalities make the allocation to sanitation suffer in favour of water supply and are still within the conditions of the MIG

6.2 HEALTH AND HYGIENE AND USER EDUCATION

Health and hygiene education are defined in the white paper on sanitation as an integral part of sanitation delivery. There is however a difference of interpretation which leads other departments who are involved in sanitation as part of other processes, such as the Department of Housing to view the health and hygiene education as an additional responsibility which is not within the mandate of the Department to deliver.

Sanitation delivery at all levels of service must include a Health and hygiene component which must be properly funded. The draft national [Health and Hygiene Strategy](#)¹¹ advocates at least two ways of ensuring funding for Health and Hygiene Education and training. On a project basis, proposals must include clearly defined health and hygiene funding and this must be adhered to. On a continuous basis, funds must be allocated from the Equitable Share to fund the maintenance of health and hygiene behaviour. This will also practically lead to better operation and maintenance of facilities and hence lower technical maintenance costs regardless of the system used. The approach was piloted successfully by the Thekwini Metro and a notable reduction in maintenance costs was observed.

¹¹ Draft national health and Hygiene Strategy – Department of Health Ukuthula Developments , July 2004

6.3 OPERATION AND MAINTENANCE

Funding for operation and maintenance has also been discussed above. It is important that all Water Services Development Plans address the question of operation and maintenance of sanitation and that right at the planning stages of all projects; this matter is addressed and incorporated in the design of facilities. For example, all on site sanitation facilities that have to be emptied have to have properly lined pits and containers. This will in turn add to the construction costs but will facilitate operation and maintenance. The replacement costs of facilities also has to be taken into account when planning operation and maintenance as it may not be financially sensible to plan for emptying of a 20 year old rural pit latrine if the value of the structure is less than the cost of emptying it.

As far as possible the costs of operation and maintenance of systems must be borne by the users of the system. Maintenance costs should, where feasible, be incorporated into the rates and taxes charged by municipalities and should be complemented by the Equitable Share for those areas where affordability is minimal.

6.4 TRAINING AND CAPACITY BUILDING

The [National Capacity Building Strategy](#) has been developed in order to address the shortage of skills in the sanitation sector both at municipal and government level. The strategy also envisages the devolution of resources to Municipal level as well as support in the development of the capacity by the National Level or the private sector in enhancing the capacity to deliver sanitation.

Funding for training and capacity building can be provided in the short term by the Department Of Water Affairs and Forestry as part of the Capacity Building Strategy Programme. In addition, projects should include additional funds to built capacity by a clearly identified process of skills transfer to the water services authority. This will represent a premium on the project, but in the long term will benefit the sanitation programme.

In the long term, municipalities should source funding for capacity building from the LGWSETA. They should also provide funds from their own their revenue sources and supplement it from Equitable Share to ensure continued capacity building.

6.5 2010 TARGETS AND FUNDING REQUIREMENTS

As discussed earlier, the country has set itself the target of full coverage of sanitation by 2010 this means that in each province the following number of toilets have to be produced:

Table 7: Funding Requirement for sanitation to 2010

Province	Estimated number of toilets needed	Estimated total cost (Million Rand)	Estimated cost /year (Million Rand)
Eastern cape	587000	1233	205.5
Free State	62000	130	21.6
Gauteng	10000	21	3.5
KwaZulu Natal	496000	1042	173.7
Limpopo	408000	857	142.8
Mpumalanga	215000	452	75.3
North West	437000	918	153.0
Northern Cape	28000	59	9.8
Western cape	12000	25	2.0
TOTALS	2255000	4737	787.2

The current funding of 320 million per year from the department of water affairs has to be increased more than twice if the needs of the target of providing everybody with sanitation are to be met. Unfortunately the provinces with the greatest need are the ones least able to accommodate the additional funding due to capacity problems

6.6 FUNDING FOR INSTITUTIONAL SANITATION

As discussed under section 5.4 above, more than 6 million children go to schools without adequate sanitation and that an estimated number of 182000 toilets still have to be built to address the backlog. This translates to an amount of R 546 Million at an estimate of R 3000 per toilet. The annual funding to meet this obligation is R 91 Million. A similar situation exists with the clinics

Proposals have been made under Section 5.4 of this document with regards to planning and funding of institutional sanitation.

6.7 FREE BASIC SANITATION

As described in the Strategic Framework for Water Services, the primary purpose of the free basic sanitation policy is to assist in promoting affordable access by poor households to at least a basic level of sanitation service.

It is vital that the implementation of a free basic sanitation ensures that the key elements of a sanitation programme are adequately addressed i.e. (1) the provision of a appropriate and sustainable sanitation facility, (2) health and hygiene education must be funded and provided and (3) operation and maintenance costs must be covered by the WSA either

from the equitable share and/or through cross-subsidies within the water services authority area.

The WSA will need to develop a free basic sanitation programme based on the Free Basic Sanitation Strategy and Guidelines (to be developed by DWAF).

Technology

The WSA will need to clearly define the sanitation technology/s for use in its free basic sanitation service. These technologies may vary depending on the settlement type.

Operation of the Service

The water services authority must, however, ensure that the water services provider will be able to maintain and operate this system sustainably over time with the available funds. In many rural areas it is unlikely in the foreseeable future that water services providers operating in these areas will have the capacity to empty or relocate Ventilated Improved Pit toilets (VIPs) and hence it will often be necessary for households to manage the sanitation facilities themselves. The subsidy arrangements need to take these factors into account.

Subsidy Arrangements.

Subsidies for free basic sanitation must cover the hygiene promotion costs and the operating costs of providing a basic sanitation service to households. Ideally, the subsidy for operating costs should be calculated as a subsidy per household per month for each settlement type and technology used. This subsidy is then paid to the water services provider or directly to the household.

Decision-Making Process

Water services authorities must first assess what level of subsidy (overall) they are able to provide on an ongoing and sustainable basis for sanitation. This is based on the allocation of money for free basic sanitation from the local government equitable share and an assessment of the feasible and sustainable cross-subsidy from other consumers. Water services authorities must then decide on the appropriate technical solutions, allocate subsidies between households based on settlement type and technology (see subsidy arrangements above) and work out what consumer charges will be necessary to sustain the service over time.

Flexibility in Application

Local circumstances will vary greatly between water services authority areas. Therefore it is appropriate that the application of the free basic sanitation policy be flexible and able to take into account the factors identified above as well as any other relevant considerations.

Guidelines

DWAF will develop a free basic sanitation strategy together with a set of guidelines to assist water services authorities to implement the free basic sanitation policy.

7 IMPLEMENTATION APPROACHES

Some of the approaches that can be adopted by Water Services Authorities in the implementation of projects are the following:

7.1 COMMUNITY BASED APPROACH

Community based sanitation delivery approach still offers the best way to meet the objectives of the white paper of using sanitation projects not only for service provision but also for poverty alleviation. Community based approaches to delivery also promote the sense of ownership and in turn help reduce maintenance costs due to abuse of the facilities. Unfortunately in most cases projects are not designed for community based approaches and inappropriate management and operation procedures are used, leading to failure of such approaches and usually unjustified condemnation of the community based route.

Successes in KwaZulu Natal in 2001 to 2003 where community based approaches were responsible for more than 60% of all the rural sanitation delivered are evidence of how properly managed community based sanitation can work. Appendix 2 is the paper detailing the [Accelerated Sanitation Delivery in Kwazulu Natal](#)¹². The paper clearly demonstrates some successes of community based models, both in delivery of sanitation and employment of the community to alleviate poverty.

Detailed and quantified proposals of community participation and dedicated teams responsible for ensuring compliance must be put in place. All projects must have strong ISD input to facilitate genuine and effective community involvement. Special efforts must be made to include the women, youth and disabled, not only as committee members but as income earning participants in the project. The long term objective of training and development of local contractors and suppliers must be integral to the project to the extent that it does not initially compromise delivery and quality of work.

The recommended methodology for community based approach is contained in Appendix 2. This methodology is applicable in Rural and peri-urban areas. In urban areas the methodology can be adapted to suit conditions but the basic principles apply. The model must be seen as generic and be adapted for local conditions.

Recommendations

Real community involvement must be part of the project even where high levels of service are envisaged

¹² Sanitation Implementation Mechanisms in Kwazulu-Natal- Paper prepared for DWAF Implementation Directorate - 2003

Community based delivery should be the preferred method in all on site and alternative sanitation projects

Community involvement must include decision making in all aspects of the project.

All projects must have a meaningful Institutional and Social Development (ISD) Component.

Projects must be designed to maximise community involvement

Community contribution must be encouraged to promote ownership. Financial contributions in poor rural communities must be avoided in favour of contribution in kind. Strong social facilitation is needed to facilitate willingness to contribute.

Management structures must be appropriate to community based work.

7.2 NOMINATED SUB-CONTRACTOR APPROACH

The commonest way of sourcing private resources for delivery of infrastructure projects is by public tender for jobs above a certain value as stipulated in the financial regulations. This process has several flaws when applied to sanitation.

- The process leads to long delays in project start-ups leading to loss of time and ultimately inability to meet targets.
- In many cases project tenders are won on the basis of cost and not of sound planning and delivery mechanisms.
- Usually people who did not prepare the Business Plan are appointed to deliver a project and they are not necessarily able to deliver according to the vision and plans of the BP writer and in many cases variation orders have to be written making projects more costly.
- The process does not facilitate the use of the best skills in delivery of sanitation and does not necessarily encourage the use of best practice approaches.

In order to combat the problems above, a nominated sub-contractor approach may be used for sanitation. Under this approach, the WSA does not have to go through the rigorous procedures of tenders but can nominate a sub-contractor to deliver the project, regardless of amount concerned. This will ensure that the nominated sub-contractor can deliver according to the approved business plans and costs and will also ensure that precious time is not wasted.

Examples of the abound situation where procurement procedures alone have delayed projects and had a negative impact on the ability to meet

the targets for delivery. Many water services authorities contacted in Mpumalanga, Eastern Cape, North West and Kwazulu Natal reported similar problems with their procurement procedures. They also reported that the Executive Committees had the powers to adapt the procedures to specific project where sufficient motivation existed.

Recommendations

The nominated sub-contractor approach can be used to speed up approval process

Appointments for planning and execution not to be separated but to be as far as possible for the same sub-contractor

Procurement procedures to be relaxed in favour of accountability in sanitation delivery

Experienced service providers should be appointed as nominated sub-contractors to accelerate delivery.

7.3 TURNKEY APPROACH

The recently completed PPP (Public Private Partnership) programme provided improved sanitation delivery systems which South Africa was proud of and which led to the acknowledgement of the country as one of the leaders in sanitation delivery using Public Private Partnerships at the Ministerial Conference on Water Supply and Sanitation held in Japan in March 2003. The lessons learned from the process have been applied to a limited extent by some municipalities in Kwazulu-Natal and Eastern Cape.

Key to the success of the PPP approach to sanitation delivery was the concept of a turnkey approach where the Service Provider was able to plan projects, prepare the required implementation plans, see the plans through the approval process, organise the community and human resources, procure materials organise the labour and deliver the sanitation project. This avoided the need for adherence to the cumbersome procurement procedures and facilitated the aggregation of projects into large area based projects to achieve the economies of scale which led to cost savings and increased pool of community resources. A number of projects had their scopes increased due to savings that were realised. An important feature of this PPP approach was that the service provider was allowed to tender on current prices and was allowed escalation at normal construction rates. This obviated the need to pre-escalate prices for fear of abnormal escalation during the tender period.

In an attempt to try to address the problems created by the even more unsuitable procurement procedures of the Government and the

ambiguous specifications for quality, the “Term Tender” was initiated by the Eastern Cape provincial office. This has the advantage of solving the problem of quality control by specifying the materials for each phase of the construction. It also has addressed the problem of the tender restrictions of the normal tender processes. The system is in its infancy but has the potential to offer acceleration of delivery while ensuring acceptable quality of product. Future contracts will take into account any lessons learned currently. Some of the problems to be addressed to improve the system include the relatively high cost of materials due to suppliers trying to protect themselves against abnormal escalation during the course of the contract. This may be addressed by introducing an escalation clause to give comfort to tenders that a justifiable price increase will be accepted under specific conditions. Another area to be addressed is the mechanism of finding alternative sources quickly when the supplier is unable to provide materials.

Recommendations

Turnkey approaches with the service provider responsible for all aspects including procurement of materials and resources and provision of health and hygiene education must be used more widely.

The Term Tender should be tested more widely and improvements in the system be widely communicated to avoid repetition of mistakes and to share good practice. It should also be introduced to municipalities as a viable alternative to some of the difficult tender processes.

Aggregation of projects in order to have larger resource bases and to negotiate reasonable prices for communities must be prioritised

Limited PPP type agreements with service providers, such as those used by the Uthungulu and the Amatole District Municipalities, should be adopted universally to speed up sanitation delivery.

7.4 HEALTH AND HYGIENE EDUCATION AND PROMOTION

Health and hygiene education must be an integral part of all sanitation projects regardless of who the project is implemented by. This is a fundamental requirement included in the definition of sanitation in the White Paper and all subsequent policy and legislative documents. Health and hygiene education must not be seen as an add-on item but as important to the delivery of sanitation as the delivery of infrastructure.

The national Health and Hygiene Education Strategy sets out in detail how health and hygiene education should be implemented and funded in sanitation projects. The Kwazulu-Natal health and hygiene strategy was implemented and brought an improved rate of success in the delivery of health and hygiene education. Strategies on the ground used in Kwazulu-Natal and in some Eastern Cape projects, used trained

community members as health and hygiene agents who were remunerated on the basis of the number of families visited. The Department of Health or the Municipal Health Department then only do supervision and monitoring and hence they do not have to use their own people for the delivery.

At the feasibility stage of every project, agreement must be reached and commitment be obtained from the Department of Health or the health section of the municipality as to the roles and responsibilities and resources to be used in the project. Where the resources are not adequate each project proposal must indicate clearly how such resources would be augmented. It should also be noted that in some cases the health department may not necessarily be located in the same municipality who is the WSA but at a higher level. The agreement must still be reached with the municipality who has custody of the Environmental Health Section on the implementation, resourcing and financing of their input into the project.

Recommendations

All sanitation projects must include health and hygiene education. Project proposals with no clear strategy to do health and hygiene education should not be accepted. The Municipal Health Services must be involved right from planning stages of any projects

Municipal Health Services must provide health and Hygiene education both during and after the project. They must also provide the health and hygiene education outside the confines of project areas.

Provincial departments of Health should provide on going mentoring and support to the Municipal Health Services.

Departments who deliver sanitation as part of other infrastructure, such as Housing, must make funding available to ensure that health and hygiene education is included as part of the client hand over process.

Health and hygiene education strategies must be developed between the health departments and the service providers.

Schools and other public institutions should form part of the health and Hygiene education target group

Community facilitators must be used for health and hygiene education to increase resources and to promote sustainability of the health and hygiene education beyond the limited period of the project.

The National Health and Hygiene Strategy must be adopted as an integral part of sanitation delivery.

7.5 TECHNOLOGY CHOICE AND ITS LONG TERM CONSEQUENCES

The choice of technology is among the most important determinants of the technical, financial and social success of the project.

Technically, the chosen solution should be appropriate to the situation in which it is used. The use of Ventilated Improved pit latrines, in a waterlogged area without any appropriate modification is problematic and there are other situations where the technology may not apply. Similarly the use of full waterborne sanitation in a rural or peri-urban situation where the community and the council cannot afford the costs and skills required for the system is not acceptable. Currently in South Africa the basic choice seems to be between the basic level of service as represented by the Ventilated Improved Pit-Latrine or its variants and the full water borne flush system with virtually no consideration for the systems in between. In addition to this there is misconception, fuelled by politics and some ill-informed service providers, that as a rule, VIP toilets are not suitable for use in urban and peri-urban areas. Examples of VIP toilets working very well in urban areas, where they are planned properly abound in Maseru Lesotho and in Kestell and Mangaung in the Free State, among others. Annexure 3 is the document detailing the rationale and implementation method for VIP toilets in Mangaung¹³. According to the analysis of the situation, Mangaung would take 60 years to meet the backlog if the solution would only be full water borne sanitation for the replacement of buckets.

Financially the technology chosen should be in line with what the community, including the municipality, are able to afford to construct and to do the operation and maintenance. It should also be in line with the general economy of the area and should as far as possible use locally available, and hence well understood, materials and resources to promote poverty alleviation and job creation as per the policy stipulated in the White Paper on Sanitation.

Socially, the technology should be acceptable to the community and be commensurate with their culture and practices. In general for example, pour flush toilets do not work well in the areas where the people do not use water for anal cleansing. Squatting toilets are not generally accepted in many communities in South Africa while they are acceptable in many countries farther north.

Annexure 4 contains a tool to assist municipalities with the choice of options for sanitation for different situations.

Wrong choice of technology has serious consequences for the community and municipality. The country is littered with examples of

¹³ Water Borne Sanitation for Mangaung - Paper presented to Managaung Local Authority by FJN Viljoen, Infrastructure Services Directorate- Water and Sanitation –Mangaung Local municipality

leaking and failing sewer systems which are polluting the environment and causing serious spread of diseases. Another extreme example exists, where a large number of VIP latrines were constructed without serious attention to their location with respect to pit-emptying. After their normal design life of 10 years, the pits have filled up and the WSA faces huge problems with pit-emptying and have had to commission a study to try to find a solution. Choosing technology wrongly, without a full feasibility study of all aspects, and not on the basis of sound technical, financial and social basis invariably leads to failure of systems long before the end of their intended design lives.

Recommendations

Feasibility studies must be made to determine the best technology suitable for the site

In order to meet the targets and eliminate the backlog, basic levels of service must be used in all projects taking into account properly investigated constraints in an area for each technology available.

Stereotypes about suitability of various technologies for various localities must be replaced by proper planning and investigation and rational choices.

The economy of an area and its ability to afford chosen levels of service must be evaluated and must form part of the planning of sanitation solutions.

Where the Water Service Provider is already struggling to cope with the needs of the current systems, lower levels of service must be implemented.

Clear and achievable plans for upgrading to higher levels of service should be spelled out in plans where low levels of service are being implemented as temporary measures.

7.6 SPECIAL PROGRAMMES

7.6.1 Buckets Eradication Programme

The eradication of bucket latrines has been identified as a key milestone in achieving the objectives of basic sanitation access to all by 2010. The bucket eradication strategy has been produced by the Department of Water, Affairs and Forestry and special funds have been made available for this purpose. Bucket latrines comprise any open containerised system where faeces are deposited in an open container and are collected manually for disposal. Thus the term includes the container toilets still being constructed in some parts of the country such as in Cape Town where efforts to find viable alternative solutions, especially for very dense informal settlements on hydrogeologically difficult ground, have so far not borne fruit.

Bucket latrines of all kinds are no longer acceptable as a sanitation option and must be urgently replaced by an alternative system. The government has set itself the target of 2006 as the time to eradicate the buckets.

The most important question for consideration with the eradication of bucket latrines is the question of what systems are to be used to replace them. In many cases wrong choices are made due to the misconception that on site systems cannot be used in urban areas. If the infrastructure already exists or is available within a reasonable distance and has adequate capacity then full water borne sanitation can be used as the option for bucket eradication. Where the use of water borne sanitation would demand heavy investment in infrastructure, then other options should be evaluated first. A detailed feasibility study must be carried out to determine the solution to be adopted.

7.6.2 Clinics and Institutional Sanitation Programme

Clinic and institutional sanitation technology should be simple and affordable and the same criteria described above should be used to decide whether water borne or dry systems are to be used.

7.6.3 Sanitation in Emergencies

Emergency sanitation programmes should be limited to very short term interventions that last a few days to a few weeks. Long term informal settlements must not be treated as emergency situations for the purpose of this strategy but should be provided with viable and sustainable solutions. Solutions such as communal facilities and chemical toilets should not be used where the system is expected to have a duration of more than one month.

Recommendations

Bucket latrines must be eradicated as a matter of urgency

All kinds of bucked latrines including container toilets must be banned

A dedicated fund must continue to be provided for the eradication process and if included in MIG it must be specifically identified for the bucket eradication.

Detailed feasibility studies must precede any bucked eradication project to ensure that the most economically and technically suitable solution will be implemented. Water borne systems must be used only where the infrastructure already exists and where they can be financially justified.

Each WSA must prepare plans to include in their WSDP on how the backlog will be eliminated by 2006 and these must be adhered to and monitored by DWAF

7.7 SCHOOLS AND OTHER INSTITUTIONS

The recommended approach for funding school and institutional sanitation has been discussed under “Funding Sanitation” above. The issues of actual delivery are also discussed in Appendix 4 to this document. The Department Of water affairs has established relationships with many Water Service Providers and has successfully funded school sanitation as part of the cholera intervention in Kwazulu-Natal and other provinces. The experience gained there should be used to accelerate delivery of sanitation at schools and clinics.

The Department of Public Works, who continue to be the construction arm of the department of Education and the Department of Health for clinics and schools should continue to provide facilities at all new schools and clinics and in existing ones to address the backlog as far as their resources allow. A dedicated system for providing funds to address the backlog on existing schools should be considered as the only way to achieve any further acceleration of sanitation delivery at institutions.

Programmes to involve the private sector and parastatals as recommended for domestic sanitation above should be explored and used extensively. Schools and clinics in an area should be aggregated into area sanitation plans in order to have the economy of scale that comes with the combined management and material sourcing.

Designs should be appropriate. Currently the specification in terms of finishes and construction materials for school toilets are too high and result in unnecessarily expensive toilets without any improvement in the performance or longevity of the toilets. The current design which specifies “corobrick” face bricks can be replaced with concrete blocks with significant savings in cost without compromising quality. This in

turn will lead to more coverage being achieved for the same financial resources. It will also make the programme amenable to the development of local entrepreneurship as concrete blocks can be manufactured locally.

Recommendations

Institutional toilets should be constructed along with all domestic sanitation projects

Use of the private sector and parastatals with capacity in school sanitation delivery, as turnkey service providers should be investigated to accelerate elimination of the current backlog.

Design specification on non-functional aspects of school toilets should be scaled down in favour of more coverage.

The implementation of health and hygiene education as part of school curricula should be fast tracked

8 REGULATING THE SANITATION SECTOR

8.1 THE NEED FOR REGULATION

Section 9 of the water services act gives power to the Minister of Water Affairs and Forestry to issue minimum standards and regulation regarding the provision of water service as described in the act. The Strategic Framework for Water Services also defines the need for regulation by the department for the protection of the end user and the environment.

Implementation of sanitation is the responsibility of many different agencies both from government and the private sector. The objectives for providing sanitation by different agencies are not necessarily the same. In some agencies such as Housing, the objective is the provision of sanitation as a way to providing the user with a complete house with services, while in agencies such as DWAF the main motivation is the protection and prevention of contamination of water resources, and the associated problems of health. The department of Health on the other hand may be concerned with the reduction of the health cost to the nation caused by improper sanitation facilities.

Because of these varying objectives, the achievement of the goals of sanitation may then be viewed differently by different agencies. It is therefore necessary to regulate sanitation in order to ensure that the recipients of sanitation get the same benefits and that the objectives of the various agencies are met by all service providers. The consequences of improper sanitation are also a national issue going beyond the confines of the specific agency delivering the service. In order to protect communities from likely adverse situations it is important to regulate the delivery and provision of sanitation.

The Water services Development plan of the WSA should be checked among other things, for compliance with national norms and standards. Alignment of the sector is critical to ensure that all non WSA sanitation service providers such as Department of Housing and Department of Public Works follow the same norms and standards as the WSA as included in the WSDP.

Minimum standards have been set on the basis of national and international experience and in the absence of regulation and enforcement, compliance is not being achieved. This is exemplified by the continuing delivery of container toilets in some municipalities and the under designed VIP toilets used in many rural areas.

8.2 RESPONSIBILITY FOR REGULATION

The consequences of unimproved sanitation are usually suffered mostly through environmental degradation, water resource pollution and community health problems. As the Department of Water Affairs

and Forestry is already responsible for the regulation of the water services sector and for checking compliance with water resources management requirements it is logical to place the responsibility of regulation of sanitation with the same department. This will also enforce the concept that sanitation is an integral part of water services and cannot be given lower priority than water supply.

Regulations must be set out clearly in the beginning to ensure compliance and not to reactively apply sanction when the situation has already deteriorated. Support must be given to provincial departments and WSAs to improve their internal regulation mechanism and systems. The single channel of reporting proposed under MIG will should be set up to meet the reporting requirements of all the sector departments in order to give the regulatory authority (DWAF) enough information to carry out the mandate.

The regulation function must be carried out in coordination with the Department of Health, Department of Provincial and Local Government and the Department of Environmental Affairs and Tourism as the main input departments and the function must be spearheaded by the NSTT. The coordination can be achieved through clear memoranda of understanding.

8.3 RESOURCES NEEDED FOR REGULATION

In order to ensure the proper regulation of the sanitation sector, and in view of the multi-sectoral nature of sanitation, the formulation of regulations in the sanitation sector can only effectively be carried out by a multi-sectoral grouping such as the NSTT. This will ensure that the regulations are not biased toward the needs of only one sector and that a proper balance is achieved in the regulations.

The WSAs must also be empowered to carry out own regulation and to collect accurate and meaningful data on which decisions can be made. The people who carry out the regulation function must be properly trained and be conversant with the sector policies and regulations.

In each region, the Department of Water Affairs and Forestry must have an enforcement section to ensure that the regulations are enforced. The people involved in the regulation function. Experience has shown that regulations that do not have an enforcement mechanism are doomed not to be implemented by the WSAs. The enforcement team must have adequate resources in terms of vehicles and human resources and must have the legislative power to act effectively.

9 MONITORING AND EVALUATION

The MIG framework provides for a single channel of data collection and reporting for water services. Information required for the monitoring and evaluation of the sanitation programme will therefore have to be captured through the process. The reporting framework for MIG will have to be in a format in which sector departments can be able to obtain their sector specific information easily and be able to analyse and interpret it effectively.

9.1 MUNICIPAL LEVEL

Monitoring and evaluation forms the key to the success of the sanitation programme. It is essential that information about what is being achieved and how it is being achieved is made available to the programme management accurately in order to inform the programme and facilitate making adjustments where necessary. To date the information collection has been inaccurate and has led to under estimation of achievements in some cases while overestimates have occurred in others.

Project level monitoring and evaluation must be carried out on a continuous basis by the municipality (WSP) and reports must be submitted at least monthly to the WSA. Monitoring must include all aspects of the programme including the delivery of infrastructure, skills development training provided and health and hygiene education

9.2 WATER SERVICES AUTHORITY LEVEL

Programme level monitoring and evaluation should be done by the involved Water Service Authorities in each sanitation programme and the information must be filtered through to the provincial level. Regular feedback on the positive effects of reporting must be made to the WSA by the provincial and national level in order to encourage continuous and accurate reporting.

Performance of service providers, quality of infrastructure, delivery rates per programme and health and hygiene education should be monitored at this level. Water Services Authorities will only be able to carry out this function if they have the resources and capacity hence it is important to built the capacity as envisaged in the National Capacity Building strategy.

9.3 PROVINCIAL LEVEL

Provincial level monitoring and evaluation should be carried out by the Department of Water Affairs regional offices in their capacities as the representatives of the lead department in the provision of sanitation. The items to be monitored should include provincial statistics,

performance on Water Service providers, capacity of the provincial sanitation sector and evaluation of methodologies and compilation of best practice approaches.

9.4 NATIONAL

The National level evaluation and monitoring must be handled by the Department Of Water Affairs and Forestry as the lead department and should be done under the auspices of the NSTT. Information will be collected via the MIG framework as discussed above. Currently the national level monitoring and evaluation is done by DWAF within the Regional Services Directorate. This has the problem of making the monitoring very infrastructure biased and also biased towards the DWAF programme.

Putting the monitoring and evaluation in the hands of the NSTT will ensure input by other members so that information collected through their departmental systems is incorporated into the national System. This will however place a huge strain on the resources of the NSTT as it is currently set up and resourced. The NSTT, as discussed in Chapter 4, will have to be strengthened and its mandate redefined in order to fulfil this role effectively. Only essential strategic level information and not detailed project management information should be filtered to the NSTT level. This will make the submission of information less cumbersome and therefore easier to comply with.

At national level also the objective of the Southern African Action Plan developed at the Africa Sanitation conference as indicated in Table 1 should also be monitored to ensure national compliance with the resolutions of the conference and the national objectives set on the South Africa day of the conference.

9.5 SADC

Regional monitoring at the SADC level should include monitoring of the following issues in addition to the national objectives:

- Raising the profile of sanitation and health and hygiene education and maintaining strong government commitment through regional and national workshops and information exchange.
- Monitoring the continuing development of realistic global targets and institutional framework needed to improve sanitation and hygiene.
- Increased human and financial resources to meet the targets and to jointly monitor the progress with other SADC members.
- Increased use of public resources in sanitation and hygiene.

- Involvement of all elements of society in sanitation delivery and planning and effectively recognising the role of women.
- The implementation of the African Regional Action Plans developed at the Africa Sanitation Conference and the World Summit on Sustainable Development.

9.6 INTERNATIONAL

At an international level the issues to be monitored and evaluated are the same as the issues discussed under SADC above. Feedback must be effected through participation in relevant international forums and in hosting such forums within the country. Lessons and achievements should be evaluated and lessons learned nationally should continue to inform the process in South Africa and the region.

9.7 REPORTING FRAMEWORK ON STRATEGIC LEVEL

In order to be able to manage the implementation of the strategy and to ensure that information, both for the purposes of monitoring and for evaluation of the strategy and its success, is collected and is used effectively, there has to be adequate and efficient reporting at the strategic level to enable adequate response and necessary realignment where necessary.

The reporting structure must take into account the important fact that the bulk of the implementation is to be done through local authority and that mechanisms to ensure that information is collected at that level and filters through to the strategic level, which is basically located at national level, are in place and that capacity to collect accurate information and process it is established.

Key to the management of the information is also to ensure that the NSTT provide a focussed forum where the information is collated and the necessary actions are taken. Information at this level should focus mainly on strategic issues such as, the progress of implementation, the delivery and success of health and hygiene, barriers to successful implementation where there is limited success and reasons for success where the projects are successful. Information should be used at this level for realignment and refocusing where necessary. Note should be taken at all times that this strategy advocates a flexible approach that adopts any positive lessons and re aligns itself wherever the lessons are negative.

10 INSTITUTIONAL ARRANGEMENTS FOR STRATEGY IMPLEMENTATION

10.1 KEY IMPLEMENTATION INSTITUTIONS

The success of this strategy as indicated in Chapter 4 is dependent on a clear understanding of and commitment to the roles and responsibilities of the stakeholders. The key stakeholders at national level are identified in Annexure 2 and their roles and responsibilities are spelled out. Without their full commitment, the situation will continue to be chaotic and achievements will be limited.

The strategy however cannot be implemented without the full buy-in of the agencies involved with the actual delivery on the ground. The Water Services Authorities, Water Services Providers, the NGOs, the Private companies and the communities themselves have to have a common understanding of the objectives and all have full commitment to the approaches, mechanisms and recommendations of the strategy. They should also allocate adequate resources at all levels and work together towards a common goal. The institutional arrangements for the delivery of sanitation by each agency should be in line with the role of the agency and the resources required to fulfil the role adequately, effectively and efficiently.

10.2 ROLE OF WATER SERVICES AUTHORITIES (WSA)

The WSA bears the constitutional responsibility to ensure that services are provided within their area of jurisdiction. They are therefore to take the role of the primary custodian of the strategy at implementation level and will be responsible to ensure that service delivery is done and that objectives are met. The WSA should ensure that the IDP and the WSDP include sanitation as a priority and that adequate provision is made for the required financial resources. Funds allocated for water services must not be given to water supply without any regard to sanitation.

The WSA is then responsible for appointing service providers to conduct feasibility studies for sanitation projects. This step must be seen as a necessary part of the planning phase and must be resourced adequately. The WSA must look at the aggregation of projects to achieve economies of scale and of coverage to ensure health benefits. It must also check the issues of integrated planning to avoid duplications and to ensure no adverse impact on other services such the proposals for waterborne sanitation in an area already struggling to have basic water supply.

The WSA then has to appraise the business plan where appropriate. (This function may be delegated to experienced forums such as the DWAF appraisal teams as long as the WSA has the ultimate decision making responsibilities and may not have unsuitable solutions imposed

upon them by such forums). The WSA has to appoint a service provider along the lines already addressed above and in particular ensuring that cumbersome procurement procedures are abandoned in favour of effective service provision and full accountability.

The WSA will be responsible for sourcing of funds and ensuring that funds flow smoothly to projects and that successful projects are supported fully to maximise the achievements of Strategic goals. The WSA should also familiarise themselves with technology and have a reasonably good idea of the various choices, their suitability in various areas within their jurisdiction, the capital costs, the operation and maintenance requirements of finance, equipment and human resources.

The WSA must do monitoring and evaluation of the progress and be responsible for the collection and collation of information used both for implementation and for strategic purposes.

10.3 ROLE OF WATER SERVICES PROVIDERS

Water services providers are mainly responsible for the day to day operation and maintenance of the water and sanitation services. Their role in the implementation of the strategy is to ensure that the service which is proposed for their area meets the minimum requirements to provide adequate sanitation for the community and that the proposed solutions will be manageable within their resources.

Water service providers should also be involved with the monitoring and evaluation of projects to be able to alert the WSA in time when things go wrong. They must be involved in all planning and management forums for all projects in their areas and are a key level of interaction during the project prioritisation activities of the WSDP.

10.4 PUBLIC PRIVATE PARTNERSHIPS (PPP)

As discussed in Chapters 6 and 7, Public private partnerships have in the past few years delivered through the BOTT programme, unprecedented achievements in water supply and sanitation. In all provinces where the BOTT programme was used, the programme outperformed any other delivery mechanism even though successes were different in different provinces. Unfortunately in the provinces where BOTT was unsuccessful as a sanitation delivery mechanism, provincial policies, such as the old Eastern Cape's policy of not using capacitated consultants for sanitation, were responsible for the slow delivery under BOTT and the recent use of the capacity of the BOTT consultant has proved that service delivery could have improved significantly if the BOTT contracts had been used earlier.

PPPs of the BOTT type should be continued as a matter of urgency to provide sanitation services and accelerate delivery. The role of the

PPPs should be to provide a turkey type delivery of sanitation in order to avoid the cumbersome and limiting procurement procedures of the state and of the WSAs. PPPs will provide the services of planning, construction, training (including the organisation and overseeing of health and hygiene education), handing over of facilities to users and monitoring and evaluation. They should be responsible for reporting and ensuring that all information including strategic information is collected in time and reported accordingly.

PPSs should be seen as the extension of the capacity of the WSA to implement its mandate and should be answerable to the WSA to avoid a feeling of imposition. Where WSAs are not experienced with the use of PPPs assistance from provincial and national level in setting up successful PPPs should be provided.

10.5 SELF HELP INITIATIVES

The project based subsidy approach has had the short coming of stifling initiative by disadvantaging people with initiative and the desire to help themselves. People, who took the initiative to solve their own problems, were not eligible for a subsidy and hence the tendency for people to wait until the project based subsidy was implemented in their area. This led to the inability to fully tap the vast resources of communities in order to meet the sanitation targets.

If all resources available are to be harnessed, then all options for achieving the targets have to be evaluated. By rewarding people with initiative, rather than disadvantaging them, more people will be interested in improving their own sanitation situation. Only people with sanitation facilities that meet the minimum requirements, both in their design and operation, should qualify for any individual subsidies. The individual subsidy should be linked to the individual as well as the property on which such toilet has been subsidised.

Water service authorities should be responsible for inspections and approval of toilets for individual subsidies and the availability of such subsidies, from a specific date, should be advertised in a targeted manner within specific areas to facilitate management. For example, the WSA can announce that anybody who builds his own VIP toilet to specifications available at the offices of the WSA within such a period will receive a subsidy of a particular amount.

In some countries self-help schemes have built toilets very successful if they had access to funds and technical support. Such schemes should also be supported through a retrospective subsidy on the basis of toilets completed.

SECTION 3: STRATEGY ACTION PLAN AND CONCLUSIONS

11 STRATEGY ACTION PLAN

The Strategy Action Plan will give effect to the implementation of this strategy and provide sector role-players with key objectives, activities and timeframes within which these need to be achieved. The NSTT and other sector leaders will monitor progress on the implementation of the work plan.

	Objective	Activities	Means Of Verification	Responsibility	Timeframe
1.	STRATEGIC FRAMEWORK FOR WATER SERVICES OBJECTIVES:				
	Access to Services:				
	All people in South Africa have access to a functioning basic sanitation facility by 2010.		Census; sample surveys undertaken by DWAF.	Water services authorities supported by DWAF and the national sanitation task team.	By 2010
	3 All schools have adequate and safe water supply and sanitation services by 2005.		Reporting by education departments. Results of random sample survey of schools, undertaken annually by DWAF.	Provincial Education Departments supported by National Department of Education and Department of Public Works.	By 2005
	4 All clinics have adequate and safe water supply and sanitation services by 2007.		Reporting by health departments. Results of random sample survey of clinics, undertaken	Provincial departments of health supported by National Department of Health and Department of	By 2007

	Objective	Activities	Means Of Verification	Responsibility	Timeframe
			annually by DWAF.	Public Works.	
	5 All bucket toilets are eradicated by 2006.		Census.	Water services authorities supported by DWAF.	By 2006
	Education and health:				
	Hygiene education and the wise use of water are taught in all schools by 2005.		Curriculum includes hygiene education and wise use of water.	National Department of Education.	By 2005
	70% of households with access to at least a basic sanitation facility know how to practise safe sanitation by 2005 (and 100% by 2010).		Random household sample surveys undertaken by DWAF every three years, starting in 2004.	Water services authorities, supported by DWAF	By 2005
	Free basic services:				
	Free basic sanitation policy implemented in all water services authorities by 2010		Annual reporting by water services authorities; random audits by DWAF.	Water services authorities.	
2	NATIONAL SANITATION STRATEGY OBJECTIVES:				
	PLANNING FOR SANITATION:				
	Sanitation is well addressed in WSDPs	DWAF develop guidelines for a sanitation services chapter in the WSDP (WSA Sanitation Strategy)	WSDP Sanitation Services Guideline	DWAF	By end 2004
		WSAs prepare detailed sanitation services sections in WSDPs			By 2005 then ongoing
	School Sanitation Strategy	Finalisation of National School Sanitation Strategy	Strategy Document	DWAF	By 2005
	Uniform Sanitation Project Feasibility Studies as part of all sanitation projects	BP Feasibility Study Format (SPIP components) to be compiled and endorsed and possibly added to water services framework 2003 document as	Feasibility Study format guideline	DWAF /DPLG	By end 2004

	Objective	Activities	Means Of Verification	Responsibility	Timeframe
		an annexure			
	FUNDING SANITATION:				
	Adequately funded Sanitation Programmes in all WSAs	MIG Programme to ensure funding for sanitation programmes, including health and hygiene education	Reporting on MIG funding allocations	DWAF/DPLG	2004 onward
	Funding identified for Special Sanitation programmes	DWAF to fund and ensure implementation of special sanitation programmes i.e. School Sanitation, Clinic Sanitation and Bucket System Eradication	Reports on Funding Allocations for Special programmes	DWAF	
	Sustainable Sanitation O&M budgets	WSAs to identify funding sources for sanitation O&M and ongoing Health and Hygiene Education	O&M plans	WSA	2005 onward
	Funding Identified for Education and Training programmes	DWAF develop a guideline for sanitation education and training LGWSETA to promote sanitation skills development programmes in WSAs	Training programme	DWAF	2005
	IMPLEMENTATION APPROACHES:				
	Implementation of cost effective and sustainable sanitation services	Promotion of implementation approaches in WSAs by DWAF	Reports on workshops and meetings held with WSAs	Provincial DWAF (Sanitation Co-ordinators) and DWAF Pta	2005 onward
		Promotion of best practices and lesson sharing at WSA level		Provincial DWAF (Sanitation Co-ordinators) and DWAF Pta	2005 onward
		Support programme implemented by DWAF aimed at increasing awareness and knowledge about sanitation delivery, covering technical options, Health and Hygiene education, management approaches, LED opportunities, O&M issues	Reports on the support programmes	Provincial DWAF (Sanitation Co-ordinators) and DWAF Pta	2005 onward
		Training and education programmes for WSA sanitation personnel and service	Accredited personnel	DPLG	2005 onward

	Objective	Activities	Means Of Verification	Responsibility	Timeframe
		providers			
		Development of clear guidelines and targets for the Special Sanitation Programmes:			
		School Sanitation		DOE/DWAF	By 2005
		Bucket Eradication		DWAF	
		Institutional Sanitation (Clinics)		DWAF	By 2007
		Self Help programmes		DWAF	2005 Onwards
	Effective regulation of the sanitation sector and sector activities	Development and implementation of clear regulation guidelines for National, provincial and local regulators	Guidelines	DWAF	By 2005
		Assess and build capacity within the identified regulators to effectively regulate	Assessment and training reports	DWAF	By 2005
	Effective monitoring and evaluation of sanitation services delivery	Develop a clear integrated M&E water services framework ensuring that sanitation indicators are adequately provided for. (build M&E framework from local level up to ensure WSA buy in)	M&E framework	DWAF/DPLG-MIG	By 2005
		Assess and build capacity in institutions responsible for M&E			By 2006
		Implementation of regular M&E of sanitation		WSA DWAF DPLG	ongoing
	INSTITUTIONAL ARRANGEMENTS:				
	Strong, well resource institutions responsible for sanitation delivery	Clarify and Promote roles and responsibilities in the sector as per policy documents		DWAF WSA	2005
		Assess and build capacity within key institutions	Assessment reports Training reports	DWAF/DPLG	2005 onwards
		Assess and strengthen co-ordination	Assessment reports	DWAF	By 2005

	Objective	Activities	Means Of Verification	Responsibility	Timeframe
		structures at all levels NSTT,PSTT, DSTT			

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12 CONCLUSIONS

12.1 DELIVERY HAS TO BE ACCELERATED

There is need for accelerated delivery if the backlog in sanitation has to be eliminated and new families are to be catered for. The extent of the required increase in the delivery is in most provinces more than three times the existing programme. The development of provincial strategies has helped to highlight at local level, what the needs for funds and capacity are. It also highlighted what the socio-cultural issues of sanitation delivery are and where the main problems arise.

12.2 ACCELERATED DELIVERY IS POSSIBLE

Experience has shown that accelerated delivery of sanitation is possible while subscribing to all the principles of the White Paper. This however demands a high level of political support and the need to be innovative and to put together appropriate programmes and systems. Political support is also required, as some of the delivery stereotypes have to be changed if acceleration is to be achieved to the required levels.

12.3 APPROPRIATE TECHNOLOGY IS IMPORTANT

Appropriate technology that lends itself to ease of construction and ability to be produced in large volumes with minimal technical input is important. Many technologies are available for toilet construction but not all can be used effectively if sanitation delivery is to be accelerated. Each region will have to investigate what is possible in their area and select the technology appropriately. The minimum standards principle is to be adhered to while taking into cognisance the fact that there will be different minimum standard appropriate to different geo-technical and settlement density situations. The concept that only waterborne sanitation is appropriate for dense settlements is however wrong in many cases and proper investigations have to be done before adopting it as the solution of choice.

12.4 DEMAND-DRIVEN APPROACHES CAN WORK

Sanitation is a household issue and it is important to ensure that households who want sanitation improvements clearly indicate their demand by sacrificing something for it. In this way assurance that facilities will be looked after and used properly can be obtained. This approach should be adopted universally and while users in rural areas may contribute upfront through sweat equity urban dwellers should contribute through ineffective system of rates and tax collection clearly defining the sanitation contribution.

12.5 ECONOMY OF SCALE NECESSARY TO REDUCE COSTS

In order to deliver sanitation effectively large-scale programmes that are able to take advantage of economics of scale should be used. This will reduce costs and ensure that Service Providers are able to negotiate reliable supplies from suppliers. Local economics will also be strengthened by the large supply contracts that will make it attractive for local people to participate in the project and stimulate the local economy.

12.6 GOVERNMENT BUREAUCRATIC PROCEDURES HAVE TO BE REVIEWED

Both local, provincial and national government must review procedures for planning of sanitation projects and ensure that an enabling environment is created to fast-track delivery. Successful delivery organisations should be encouraged through recognition of their performance and should be given an enabling status of Implementing Agent even if they are private or parastatal bodies. This will lead to better public private partnerships and improved delivery as seen under the BOTT contracts that recently expired. Procurement procedures that limit the ability of programmes to accelerate delivery must be reviewed and dealt away with. Examples are Term Tenders that bind projects to very high prices and single sources where sometimes shortages delay projects for long periods. Restrictions on tender procedures also lead to loss of economy of scale due to inability to purchase large quantities without long procedures that invariably lead to price increases. The emphasis must be on accountability and responsible procurement decisions and use of funds rather than on cumbersome and usually inappropriate procedures.

12.7 INSTITUTIONAL CAPACITY HAS TO BE STRENGTHENED

The current capacity of government institutions to cope with the anticipated increase in delivery is limited. In order to achieve the targets, innovative partnerships between communities and government will have to be made. An example is a strategy whereby community members are trained as change agents who carry out health and hygiene and user education under the supervision of the Department of Health. This can be used effectively to increase the capacity of the Department of Health to cope with the large number of facilities being produced in the short time. This concept can be extended to other aspects of the programme such as construction of facilities.

12.8 HIGH LEVEL OF PROJECT MANAGEMENT IS ESSENTIAL

The complexities associated with delivering community-based projects on a large scale with accountability for each toilet should be recognised and programme management teams should be resourced adequately. Each activity such as opening job cards for each toilet, positioning and marking of the pit, checking the dug pit, assigning builders, checking

construction, paying builders, delivery of health and hygiene education etc are small on their own but on a programme producing up to 1500 toilet per week, this means ensuring that all these activities are done and documented adequately and monitored on 68 toilets every day which are at different stages of construction and therefore different activities on them. To plan and execute this properly, good management skills are needed.

12.9 COMMITMENT TO FUNDING AND RESOURCES BY ALL STAKE HOLDERS

Key to the achievement of the goals of this strategy is the commitment of resources by all role players. Unless this is resolved, the strategy is bound to fail even before it starts, as a programme of this size cannot be achieved without adequate funding. The funding flows from national government, through to Municipalities should also be improved and made more efficient. The Municipal Infrastructure Grant should be monitored to ensure that municipalities do dedicate the required amount of funds to sanitation and non-compliance should be dealt very seriously with. In addition if the backlog is to be eliminated, funds must kept in reserve to encourage those Municipalities who are performing well by giving them additional funds to continue with projects that otherwise have to stall and await allocation in the following financial year. Investigations should also be made into how non-project based subsidies can be accessed for individuals wishing to improve their own facilities.

12.10 CONTINUING ADVOCACY FOR SANITATION

Advocacy to have political support and leaderships and commitment in all spheres to improve the profile of sanitation is very important and firm commitments must be made. Capacity is very limited within the sanitation sector and the building of such capacity is a key ingredient in achieving the objectives. To this end funds should not only be limited to direct project input but also to advocacy, capacity building and training.

The strategy envisages that the next two years will be spent in “gearing up” and bringing the programme “up to speed”. The delivery should then be maintained at a level that will eliminate the problem by 2010.