The Challenges of eradicating Bucket Sanitation in SA

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Sanitation Definition

Sanitation refers to the principles and practices relating to the collection, removal or disposal of human excreta and waste water, as they impact users, operators, and environment (Asmal, *et al.*, 1996: 3; the White Paper on Basic Household Sanitation, 2001: 5).

Adequate sanitation is “provision and ongoing of operation and maintenance of a system of disposing of human excreta, waste, refuge, which is acceptable and affordable to the users”.
Adequate Sanitation

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.
Historical Background

Sanitation policy in South Africa is divided into 3 periods

- Apartheid era- 1948 – 1994
- Era of sanitation policies- 1994-2001
- Eradication of Bucket sanitation 2001- 2008- challenges and the road ahead
Apartheid Sanitation

- RSA was divided into 11 homelands, HOD, HOA, HOR, TVBC States.
- Homelands and Bantustans were not provided with adequate housing, water, sanitation, schools, hospitals and other public places.
- Repeal of the Pass Laws in 1986 resulted in the proliferation of informal settlements in urban areas.
Bantustans Dumping Place without Facilities
Apartheid Sanitation Deficiency

Physical conditions in these overcrowded and ill-served townships and squatter communities, such as make-shift housing, lack of protected water, and the absence of sanitary facilities, threatened the health of residents.

Few people in townships and squatter areas have had access to safe and adequate water supplies.
Apartheid Sanitation Structures
Water was expensive

In Durban there was only one water spigot for an estimated 15,000 to 20,000 persons.

Water Vendors were selling a bucket of water for 25c in what is now known as Inanda Newtown.

Women and children, often traveling substantial distances, are required to collect water in containers ranging from bottles and cans to huge plastic jugs weighing thirty pounds or more.

Only 20 percent of African households reported having a water tap inside the home, compared to nearly 100 percent of white and Indian households.
No sewers and Treatment Facilities

- Sewage disposal has been another problem
- Some townships have pit latrines; others have portable toilets
- Many residents use open buckets within their homes.
- The lack of adequate sewage disposal, combined with heavy rains, hot temperatures, and accidental spilling of these buckets, obviously creates enormous health problems—in particular, infectious diarrhea, other gastrointestinal disorders, and worm infestations.
Sanitation Pollution

- Other sanitation problems arise in the disposal of garbage.
- Many open areas near houses serve as garbage dumps.
- Sixteen percent of African households have no toilet of any kind. Nearly 60 percent of African households lack electricity.
- Groundwater pollution associated with on-site sanitation systems were a major cause of concern at this time.
First Cholera outbreak in 1982

The New York Times of 17 January 1982 reported that Homelands were hardest hit by a Cholera outbreak.

There were about 7000 confirmed cases of symptomatic cholera, resulting in at least 70 deaths.

Only two Whites, both Laboratory Technicians and a small number of Indians in the province of Natal are known to have been infected.

The rest have been Blacks
Bantustans hit by Cholera

The KwaZulu, Kwangwane, Ndebele, Transkei, Ciskei, Gazankulu Bophuthatswana and Venda were the most hardest hit by Cholera epidemic.

The spread of Cholera through the Black rural areas has inevitably highlighted the underdevelopment and impoverished conditions in these areas- a bacterial infection transmitted in water that has become contaminated- is almost invariably associated poverty and areas without water systems.
Apartheid Government Response to Cholera

The apartheid government responded to the scourge of cholera by providing chlorine tablets and providing health education.

Pamphlets were written in English and Afrikaans and slide shows that schools were provided with required electricity to view and most rural schools did not have electricity.

Most of the hospital that were supposed to have treated blacks did not do so because of Separate Amenities act of 1953.
Separate Amenities Act of 1953
Lives in Sanitation
1956 Water Act

The Water Act of 1956 gave rise to the Department of Water Affairs (DWA), predominantly mandated with the task of providing and allocating water for development in the agricultural sector, where a large part of the NP's support base was located.

This also affected their access to potable water and sanitation as the DWA continued to control the apportionment and development of South Africa's water.

Instead of being able to provide their people with these basic rights, the independent Black homelands had to negotiate to obtain water rights and use permits in competition with other users outside of their territories.

Water thus clearly became a very effective weapon in the apartheid government's arsenal of oppression and control.
In 1994 the ANC government came to power and introduced a legal framework to provide sanitation in South Africa. The following policies were introduced:

- National Sanitation Policy and National Sanitation Task Team established
- National Sanitation Strategy, August 2005
- Community Water and Sanitation Programme
Buckets declared inadequate

Bucket latrines, chemical toilets and simple pit latrines were deemed as inadequate, with the VIP as the ‘entry point’ for basic level of service.

When Durban is compared to other three cities, it was discovered that it had fewer flush toilets compared to Johannesburg and Cape Town, but had the greatest number of chemical toilets and pit latrines without ventilation which are deemed not fitting the definition of adequate sanitation.

It is therefore strategic to hold a sanitation conference in a City with 148,688 pit latrines without ventilation as well as 41,880 chemical toilets.

bucket latrines has been reduced to 9270, there is a possibility for new ones to come up as the number of informal settlements increases time and again
VIP Toilets
The VIP consists of a top structure over a pit, vented by a pipe with a fly screen. Waste drops into the pit where organic material decomposes and liquids percolate into the surrounding soil.

It is the responsibility of the households to empty the pit in each and every 5 years. VIPs in SA are designed for Black, poor and rural dwellers whereas full flush toilets are designed for White and Black Bourgeoisie. Most communities are resisting construction of VIP which is another form of a bucket latrine.
Resistance Against VIP

In Free State Province the community of Rouxville rejected replacement of buckets with VIPs. They are demanding waterborne sanitation.

The community of Mamafubedu also rejected VIPs as the replacement of 4983 buckets and the eradication project was brought into a stand still.

IDASA(2007) estimated that the cost of replacing buckets with either the VIPs or waterborne sanitation is the same and R18 million rands will be required.

Even in the Northern Cape the community of Kareenberg rejected replacement of buckets with VIP
Bucket Eradication

From 2001, there is a commitment from the government in providing adequate sanitation. As a result, the backlog shifted from 252254 buckets in 2005 to 121144 buckets in 2007 (IDASA, 2007). However, these efforts were and still are overshadowed by the increasing demand of service delivery due to demographic pressure and reconfiguration of municipal boundaries.

Indeed, some areas which were previously rural became urban and with them the pressing need to municipal services such as water and sanitation.

As a result, in early 2001, there was a national backlog of 3 million households with the majority living in the rural areas, peri-urban areas and informal settlement areas.

The outbreak of cholera was an indication that there was and still is a pressing need to consider sanitation as a basic human right in order to investigate the roots causes of the backlog (DPLG, Report of 30 September 2007).
School Sanitation Backlog

According to WSCC (2003) Lack of adequate sanitation in schools is a matter of great concern. It is estimated that 11.7% of all schools in South Africa have no sanitation facilities at all, and there is an estimated shortage of almost 220,000 toilets in schools that have inadequate facilities.

All new schools will have adequate sanitation facilities, while health and hygiene messages will be included in the school curriculum.

The Department of Education is being supported in its efforts to ensure safe and hygienic practices in schools by the Department of Health and the Government Communications and Information Services.
Provinces with no school sanitation

In Limpopo Province only 774 schools have adequate sanitation, as against 3 482 that do not.

In the Eastern Cape 1 488 schools have adequate access to sanitation, and 4 776 have inadequate access.

By contrast, the situation in South Africa’s two richest and most urbanised provinces, Gauteng and the Western Cape, is reversed. In Gauteng 1 780 schools have decent sanitation, while 228 schools are found lacking.

In the Western Cape 1 416 schools have acceptable sanitation, and 142 schools are lacking good sanitation infrastructure.

Mpumulanga and the Northern Cape are in similar situations to the Western Cape and Gauteng, where schools with adequate sanitation outnumber those that do not (Botha, 2003).
Challenges of Eradicating Buckets

Sanitation was previously not given a high priority at government and household level.

Former Minister Responsible for Sanitation acknowledged the fact that SA has made significant strides in water delivery but poorly performing when it comes to sanitation.

The reason for this is that worldwide, governments and international agencies such as the UN tended to focus most of their efforts on water delivery.

Even the 2000 Millennium Development Goals agreed upon by Heads of States in New York made no reference to sanitation—a clear indication that, internationally, sanitation was not a real priority at that stage.
Other Challenges

Inadequate funds were allocated to sanitation in preference for other more popular projects such as 2010 World Cup.

There is inadequate capacity for sanitation delivery in terms of human resources and funds to develop such resources, and a shortage of appropriate training facilities and programmes.

Local government institutions often do not have the capacity to deal with their sanitation problem, particularly in peri-urban settlements and rural areas where the need is greatest.

There are municipalities that do not update Water services development plans as required in terms of water Services act of 1997 and emphasized in the National Sanitation Strategy (2005:37).

Lack of feasibility studies resulted in VIP latrine or water borne sanitation without investigations into the feasibility of the solution in that particular
Lack of understanding

There has been a general lack of understanding of the issues affecting sustainability in sanitation service delivery which has lead to programmes being focused more on infrastructure delivery at the expense of the health and hygiene, capacity building and operation and maintenance components.

The health impact of sanitation programmes has therefore generally been limited.
Challenges

- There is limited budget provision for programme management for large-scale community-based implementation of sanitation projects.
- There is inadequate integration and coordination of sanitation planning at all levels.
Poor Investment in sanitation

Funding programmes of different agencies were previously fragmented and followed different criteria. This has been partly addressed through the single funding stream of the Municipal Infrastructure Grant (MIG), although some fragmentation remains between provincial government and municipalities.

Sanitation has not been adequately promoted to create the demand for the upgrading of services to at least a basic service.

Another reason why sanitation has not received the same attention as water is that it is regarded as such a personal issue.
Technocratic Technology Choices

There is inadequate understanding and acceptance of various alternative sanitation technologies.

This is linked to lack of participation of local communities in Technology Choices.

The establishment of the National Sanitation Task Team did not include citizens who are affected by being degraded by lack of sanitation, forced to use either buckets or VIPs and in some instance chemical toilets.
Lack of Peoples Participation

Even at the Municipal level participation is tokenism.

In the business plan of eThekwini Municipality (2004:4) it is crystal clear that the Project Steering Committee will not be responsible for deciding the level of service nor for the financial management of the project, but will act as the communication conduit between the community and the eThekwini Water Service.

This is the genesis of protests against poor services.
It is clear that the Bucket eradication deadline has shifted to 2010 and not 2007 as it was indicated by State President in one of the January 8 Statements when he was both President of ANC and RSA.

The challenge is to create new toilets in Schools, clinics and Rural areas and meet the MDG target of halving people with no access to sanitation by 2015.
Conclusion

Comments critics are welcome

Thank you