

**Access to Decent Sanitation in South Africa:  
The Challenges of Eradicating the Bucket System**

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## **Abstract**

This paper explores the challenges in providing access to decent sanitation - as a human right guaranteed by the 1996 South African Constitution and a United Nations Millennium Development Goal - to all. The paper contends that the elimination of the bucket system needs to be understood in a broader context of sanitation coverage to both rural and urban areas as well as public spaces - such as schools and clinics - and individual residential areas. Secondly, effective approach to the elimination of the bucket system needs to include the participation of the beneficiaries in technology choice, capacity building of the beneficiaries and municipal officials, technology transfer to the communities, and community ownership. Otherwise, access to sanitation as a human right and one of stepping stones to better life for all will remain an empty shell at the level of political propagandas around the elections.

The study used primary and secondary data. Primary data consists of participant observation, empirical research, and the day-to-day protests highlighting social and economic discontents. Secondary data include the South African government's policy documents at both national and municipal levels, key state officials' speeches, the National Policy on Sanitation, White Paper on Water and Sanitation, National Sanitation Strategy, Water Services Development plans of municipalities and the United Nations Millennium Development Goals.

Whereas progress have been made since the democratic breakthrough in 1994, there are challenges in effectively eliminating the bucket system in schools and clinics in both urban and rural areas due to social , economic, institutional and technological problems that ordinary citizens face in the existing informal settlements and mushrooming of the new ones and in rural areas.

## **Introduction**

Access to a decent sanitation is a universal need, a basic human right, and a stepping stone towards human development and subsequent poverty eradication. It has been and continues to be one of key concerns of government officials, nongovernmental organisations, human rights activists, and ordinary citizens. However, different countries including South Africa face the challenges of providing adequate and safe sanitation at different levels, some being negatively affected more than others. In the meantime, where access to decent sanitation is lacking, individuals find alternative solutions such as going to the bush or using the bucket system which is the focus of this study. Since 1994, the government of national unity has successfully eradicated the bucket system in the Gauteng Province, whereas in KwaZulu Natal, the Eastern Cape, Limpopo, and Free State, the efforts of providing adequate sanitation does not meet the expectations of the communities which are desperately waiting the provision of this human right. As a result, in 2004, there were still “18 million people without adequate sanitation” (Eales, 2004: 2). Township and informal settlements’ protests against the lack of, or slow delivery, of drinking water and sanitation point to a backlog that the South African government is less likely to clear. These socio-economic discontents do not include some schools and clinics which have neither water nor sanitation and are passively waiting for the local, provincial, and national governments to provide this constitutional obligation.

Provision of adequate and safe sanitation is so important that the United Nations have included it to their Millennium Development Goals which constantly remind member countries that sanitation is a basic human right and one of the cornerstones for human development and poverty alleviation. As a result, the United Nations recommended that each country, South Africa included, should target to provide a decent sanitation to its people by 2015.

This paper is articulated into five sections including the introduction. Section two brings the historical background of water and sanitation in South Africa. Section three involves sanitation and MDGs. Section four represents the challenges of providing adequate sanitation in South Africa and so meeting the MDGs by 2015. Section five presents the conclusion and some recommendations.

## **Historical Background of Sanitation in South Africa**

In the context of this paper,

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).

Asmal, et al., (1996:3) define an adequate sanitation as “provision and ongoing of operation and maintenance of system of disposing of human excreta, waste, refuse, which is acceptable and affordable to the users”. The minimum acceptable basic level of

sanitation consists of an appropriate health and hygiene awareness and behaviour, 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 a toilet facility for each household (DWAF,2005)

Sanitation policy development and implementation in South Africa can be divided into three distinct periods: the pre-1994 period, from 1994 to 2001, and from 2001 to 2008.

### **Pre-1994 Period**

The National Party (NP) came to power in 1948. It introduced the apartheid system as the government's *raison d'être*. A series of prime ministers promoted an increase in the number and size of large water resource projects to spur economic development in South Africa. There was also a number of Acts of Parliament in the 1930s and 1940s gradually increasing government control over water resources. These Acts culminated in the promulgation of the 1956 Water Act.

### ***The 1956 Water Act: A Tool of Deprivation Under Apartheid***

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 of the agricultural sector, where a large part of the NP's support base was located. The government's policy of pursuing economic development to the exclusive benefit of White South Africans continued to expand in the following years and was given a decisive boost when the government announced its independence from Britain and the Republic of South Africa was created in 1961. Under apartheid, Black people in South Africa (who were officially denied the right to citizenship) had very few basic rights, a situation that was legalized by the promulgation of several discriminatory policies. 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.

The construction of large-scale government-funded water schemes increased through the 1960s, 1970s, and 1980s, while droughts in the late 1980s and early 1990s forced the implementation of emergency water schemes. These developments had the purpose of ensuring the continued operation of power stations and industry, as well as the provision of water for urban uses (which signalled a move away from the strong focus on irrigation).

During the 1980s, however, it was becoming increasingly evident that the unsustainable way in which water had been managed so far had resulted in worrying levels of degradation of many of South Africa's primary water resources. In addition, the global

trend toward the recognition and incorporation of environmental concerns into water resource management added pressure for change.

During this time, the Republic of South Africa was divided into eleven different "homeland" administrative and political areas, the four independent TBVC states, six self-governing territories and the dominant Republic of South Africa territory, governed by the tri-cameral parliament. The Tri cameral Parliament has three houses, namely the Whites only House of Assembly, House of Delegates for Indians and the House of Representatives for Coloureds. Outside the Tricameral Parliament which was part of South Africa there were 4 Independent states of Transkei, Ciskei, Venda and Bophuthatswana. These national units were to have substantial administrative powers which would be decentralised to each "Bantu" unit and which would ultimately have autonomy and the hope of self-government. These national units were identified as North-Sotho, South-Sotho, [Tswana](#), [Zulu](#), [Swazi](#), [Xhosa](#), [Tsonga](#) and [Venda](#). In later years, the Xhosa national unit was broken further down into the [Transkei](#) and [Ciskei](#). The [Ndebele](#) national unit was also added later after its "discovery" by the apartheid government. The government justified its plans on the basis that South Africa was made up of different "nations", asserting that "(t)he government's policy is, therefore, not a policy of discrimination on the grounds of race or colour, but a policy of differentiation on the ground of nationhood, of different nations, granting to each self-determination within the borders of their homelands -- hence this policy of separate development." The South African government exercised strong influence over the homelands even after some of them became "independent".



A rural area in [Ciskei](#), one of the apartheid era "[homelands](#)"

The apartheid policies of the South African government had a deleterious effect on the health of the majority of South Africans. When the government created the homelands and forcibly relocated people to these and other rural places, it did so with little concern for the capacity of these areas to sustain a population or to develop an economic base. The government frequently did not provide adequate housing, water, sanitation, schools, hospitals, and other public services.

Most blacks were not allowed to live near their urban workplaces, and many endured long commutes on public transportation (some up to three hours one way) to the cities

from their homes. For those who left their homes to work as contract laborers, their housing consisted of single-sex hostels in urban areas and near mining camps where they lived for approximately eleven months out the year. Moreover, those Africans who remained in the homelands—mainly the elderly, women, and children—were forced to rely on income from migrant or commuter labor and pensions because there were few sources of employment there.



(Source: [http://en.wikipedia.org/wiki/Apartheid\\_in\\_South\\_Africa](http://en.wikipedia.org/wiki/Apartheid_in_South_Africa))

The repeal of the Pass Laws in 1986 eased legal restrictions on the migration from rural areas to the cities and townships by people searching for work. But the migration also caused a proliferation of "squatter" communities on the periphery of urban centers. 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 and encouraged the spread of disease. In addition, police surveillance, and the lack of jobs, privacy, and designated and clean recreational sites created much mental and physical strain on the families living in these areas.<sup>4</sup>

As an apartheid legacy, few people in townships and squatter areas have had access to safe and adequate water supplies. In some areas, outdoor water spigots serve large numbers of families. In 1989 members of the AAAS mission found that in an area near Durban there was only one water spigot for an estimated 15,000 to 20,000 persons. 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.

Sewage disposal has been another problem. Some townships have pit latrines; others have portable toilets, but often in inadequate numbers. 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. Flies and rodents are omnipresent vectors. Other sanitation problems arise in the disposal of garbage. Many open areas near houses serve as garbage dumps.

A household health survey conducted by the Community Agency for Social Enquiry (CASE) in 1994 of a nationally representative sample of 4,000 households in South Africa found that approximately two-thirds of the African population is affected by poor public health conditions: overcrowding; lack of electricity, clean water, or sanitation. Only 20 percent of African households reported having a water tap inside the home, compared to nearly 100 percent of white and Indian households. Sixteen percent of African households have no toilet of any kind. Nearly 60 percent of African households lack electricity.<sup>5</sup>

The previous proliferation of institutional structures contributed to the problems faced in providing sanitation services due to: The absence of an institutional framework which established clear responsibilities; The overlapping of institutional boundaries, as well as the exclusion of many areas of great need; A lack of political legitimacy and will; and the failure to make resources available where they were most needed.

Sanitation service provision was primarily focused on toilet building, sewer systems, and maintenance, with little consideration given to community needs or health and hygiene education. As a result, those who had inadequate sanitation were forced to continue using the bucket system, rudimentary pit toilets or the veld. In addition, there was an increase in the numbers of poorly designed or operated sewerage systems. In the early 1990s, it was estimated that about 21 million people did not have access to a basic level of sanitation, which is defined as a ventilated improved pit-latrine or equivalent (DWAf, 2001b).

Groundwater pollution associated with on-site sanitation systems were a major cause of concern at this time. 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. 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. 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 show that schools were provided with required electricity to view and most rural schools did not have electricity.

In short, during this period the majority of the South African population did not have access to adequate sanitation which in turn made them vulnerable to preventable diseases. Those that had some form of sanitation were living in urban areas, whereas the majority of rural inhabitants did use and still are using pit latrines constructed without any assistance from government. Health and hygiene education was not a priority.

## 1994 to the Current Dispensation

In 1994 the government came to power and introduced a legal framework to provide sanitation in South Africa. The following policies introduced comprise the White Paper on Water Supply and Sanitation 1994, the National Sanitation Policy, the National Sanitation Strategy 2005, and the Community Water and Sanitation Programme. In the provision of water which is linked to sanitation the government introduced the following pieces of legislation which replaced the Water Act of 1956 and other discriminatory bylaws: the National Water Act of 1998, and the Water services Act of 1997.

There are benefits for a country to formulate sanitation policies. Some of their merits include:

- Good sanitation policies help to create an enabling environment that encourages access to and use of sustainable sanitation services.
- National Sanitation Policies can serve as a key stimulus to local action by including local initiatives in the overall strategy.
- Sound policies set the scene for more sustainable and effective programmes.
- Policies help shape incentives (IRC, 2003:9)

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. As much the figure below shows that 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. Neither draconian laws nor public rebuke of informal dwellers by government will solve the problems of informal settlements as it is rooted in poverty levels. Halving people that live below 1US\$ per day before 2015 is linked to the provision of descent sanitation. No MDG will ever be met without addressing sanitation backlogs.

<b>Households</b>	<b>Joburg</b>	<b>Cape Town</b>	<b>eThekwini</b>
Flush toilet (connected to sewerage system)	827,254	648,412	472,494
Flush toilet (with septic tank)	26,270	14,243	27,592
Chemical toilet	18,034	1,584	41,880
Pit latrine with ventilation (VIP)	13,402	1,968	54,471
Pit latrine without ventilation	55,050	4,441	148,688
Bucket latrine	38,368	33,945	9,270
None	28,553	55,169	32,354

Source: Durban Investment Promotion Agency

From these definitions, it is clear that the bucket toilet is far from meeting the criteria of adequate sanitation. In fact, the bucket toilet is health hazard wherever it is practiced. In Alaska, in the United States of America, native villages have been suffering from poor health conditions due to usage of the bucket toilet which was the only sanitation facility because of the lack water and sewer facilities since the 1940s(Hund, 1998).

In South Africa, the lack of adequate sanitation caused the outbreak of cholera in 1982 which affected the residents of the Homelands and the TBVC states. The access to adequate sanitation is a constitutional and human right in the new South Africa. The White Paper on Sanitation of 1994 spelt it clearly that “Basic sanitation is a human right. The definition of basic sanitation excludes chemical toilets, bucket latrines as well as pit latrines without ventilation. There is a need to exclude VIP in the definition of adequate sanitation.

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. 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.

But in practice, rural communities and urban people living in the informal settlements strongly believe that their right has been violated and the municipal councils are not doing enough. In addition, the councils do not provide efficient emptying systems and staff who spill the content and so putting people’s lives into danger. Lastly, the collection of waste is irregular (Thomas, *et al.*, 1999: xiii). As a result, there are several protest marches against slow or lack of service delivery. The focus should not only be on the elimination of buckets, but construction of descent sanitation if SA Government is committed in providing “ Water which is life and Sanitation which is dignity. A VIP and a bucket are both degrading communities and they must be abolished. The definition of basic sanitation in the National Sanitation Policy need a serious transformation not reform of replacing a bucket with a VIP.

Access to a safe and adequate sanitation has therefore positive impacts on health through preventive measures to water born diseases and human development. Adequate sanitation has also an impact on economy by the means decreasing sick leaves and absenteeism and thus increasing productivity. Lastly, adequate sanitation reduces pollution of underground water and environment. But why does South Africa delay in providing this constitutional and human right?

### *Development and implementation of sanitation policy in South Africa*

The roots cause of slow provision or lack of adequate sanitation needs to be understood in the context of neoliberal socio-economic policies which characterise the post-apartheid South Africa. Indeed, since South Africa shifted from RDP which was a people-centred approach to redistribution of resources and reduction of socio-economic inequalities to GEAR, a market-oriented approach to development, service delivery programmes were shaped by the logic to cost recovery. The main features of the neoliberal policies include privatisation of the basic services, which were previously provided by the local and provincial governments, such as refuse removal, health care, education, and many more. Neoliberalism is also characterised by casualisation of labour, the lack of social spending on skill empowerment, commodification of the basic human rights.. In addition, since need to be run like private businesses, provincial governments provide services according to the logic of the market, namely, cost recovery basis. As a result, eThekweni Municipality, for example, preferred to put millions of Rand in Ushaka Marine instead of eliminating the 9270 buckets out of 5000 that it inherited from the apartheid system.

Historically, sanitation services focused in urban areas. The definition of rural areas was diffuse and the responsibility of providing sanitation services so fragmented that rural areas are least covered by sanitation in South Africa (Eales, 2004: 2). In post-apartheid South Africa, the efforts to eradicate the bucket system in South Africa and their subsequent delay or lack of service delivery, need to be understood within the context of “economic integration and socio-political segregation of the apartheid regime” and cost recovery of municipal services by the local government (Hoffman, 2006). Indeed, the economic integration intended to subsidise the standard of living of whites by the means of blacks’ cheap labour and income at white-owned shops. The socio-political segregation refers to the separation of whites’ residential areas from blacks’ ones by business centres and heavy plants such as mining that Johannesburg city illustrates well. The post-Apartheid South Africa strengthens this legacy. Whereas housing and education fall under the responsibility of central government, the central government delegated the responsibility of providing a wide range of public services at the market price. Therefore, privatization, *commodification*, and cost recovery of service delivery applies in all sectors including water and sanitation. It is then understandable that the least served areas are rural areas, townships, and informal settlements.

Between 1994 and 2001, there was a backlog which became a priority of the newly democratically elected government. In 1994, a new Department of Water Affairs and Forestry was established in order to set up one institution including individuals from previous structures. The aim of this approach was to channel the resources from different government institutions dealing with water and sanitation into a common goal. Yet, these efforts of clearing the backlog did not lead to subsequent coherent policy water supply and sanitation. As a result, the White Paper on Water Supply and Sanitation Policy (DWAF, 1994) was compiled that set out the policy for the new Department with specific regard to these services. This White Paper identified key priorities and the development of an integrated implementation plan to efficiently supporting local government for sanitation provision through a series Acts including the Local Government Municipal

Demarcation Act 27 of 1998, the Municipal Structures Act 117 of 1998, the Municipal Structures Amendment Act 33 of 2000, and the Municipal Systems Act 32 of 2000.

These Acts set up clear targets of providing each individual with at 25 litres of water per day within 200 metres of their home, and each household with basic sanitation in the form of at least a Ventilated Improved Pit latrine. In addition, there was also a National Sanitation Task Team (NSTT) which comprised representatives of the national departments Health, Education, Environmental Affairs and Tourism, Housing, Water Affairs and Forestry involved in water provision, Provincial and Local Government, and Public Works,) and the Mvula Trust established in 1995 to facilitate an integrated inter-departmental approach. The NSTT's specific objective was to provide, in with the contribution of civil society representatives and other stakeholders, Draft White Paper on Sanitation, which is a coherent framework for addressing the sanitation backlog as (DWAF 2001). 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. The only NGO that was invited to participate in NSTT was Mvula Trust whose chairperson is the Deputy Minister of Environmental Affairs, whose Department is responsible for monitoring effluents caused by improper sanitation projects. All the voices of citizens were shut down and VIPs and buckets were imposed in the name of people's participation. Even at the Municipal level participation is tokenism. In the business plan of eThekweni 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 eThekweni Water Service. This is the genesis of protests against poor services.

**Table 1: Bucket eradication progress per year since 2005**

Province	Backlog Feb 2005	Buckets removed Mar 05 to Mar 06	Buckets removed Apr 06 to Mar 07	Backlog March 2007
Eastern Cape	48417	11742	22818	13857
Free State	127658	16685	27698	83275
Gauteng	5169	3844	200	1125
KwaZulu Natal	80	80	-	0
Limpopo	750	750	-	0
Mpumalanga	15172	11737	3435	0
North West	35189	8220	11731	15238
Northern Cape	16691	8221	5024	6289
Western Cape	3128	927	841	1360
<b>Totals</b>	<b>252254</b>	<b>62206</b>	<b>71747</b>	<b>121144</b>

*Source: Bucket Eradication Report as at 30 September 2007, DPLG.*

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 (DPLG, 2007, cited in 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, 2007).

### *Sanitation policy instruments and the bucket system*

There are several pieces of legislation which deal with the provision of sanitation in South Africa, including the 1996 Constitution, but in practice many communities have no access to this facility. But in practice, thousands of South African citizens have no access

to adequate sanitation. There are, to list few, for example the *Water Services Act (Act 108 of 1997)*, the *National Services Act (Act 36 of 1998)*, the *Municipal Structures Act (Act 33 of 2000)*, the *Municipal Systems Act (Act 32 of 2000)*, the *Municipal Systems Act (Act 32 of 2000)*, the *Municipal Demarcation Act (Act 27 of 1998)*, and so on. These legislations deal with different aspects of [water] and sanitation provision varying from reminding the municipalities looking after the interests of consumers, protection and use of water, division of function of different types of municipalities, allocating responsibility of water provision ... to funding mechanisms (Government of South Africa, 2002). But there is still a total of 121144 buckets across the country. Whereas some provinces like Gauteng (1125), KwaZulu Natal (0), Limpopo (0), and Western Cape (1360) can be seen as flagship for the bucket system eradication, Eastern Cape (13,857), Free State (83,275), and North West (15238) are far behind in this programme (IDASA, 2007).

### ***Sanitation and Millennium Development Goals***

The Millennium Development Goals (MDGs) result from the commitment of the world leaders to end extreme poverty by 2015 through the United Nations because of the failures of several development strategies and the pressure of the civil society organisations. This is because poverty is a multifaceted ill. Poverty is linked to lack of access to balanced food, lack of access to education, overburden of women due to gender bias, child and mother mortality because of poor health care and family planning, and the lack of adequate sanitation. This in turn becomes the breeding ground for several preventable diseases and poor productivity, poor labour output (the lack of income, insufficient or lack of harvest, self-esteem). And because of poor labour output or lack of access to employment opportunities, some households are trapped into poverty. As a result, it is important to break the cycle of extreme poverty through provision of adequate sanitation and subsequently avoiding preventable diseases and increasing productivity.

The MDGs call for the commitment from mainly the government which has the legal mandate of providing the basic services to its electorates in a democratic society and competent and visionary civil society organisations. Yet, these programmes need substantial resources that many countries do not have. These countries they then turn to the International Financial Institutions and the World Bank which borrow money with strings - privatisation, cost recovery, cutting down social spending ... - attached to it as it did always happen. The role of civil society becomes even clear because civil society through different tactics is able to put pressure on both the financial institutions and the governments. The latter is caught between the opposing interests of the local people and the international community.

### ***Sanitation needs and Backlogs in Schools and Clinics***

To meet the sanitation MDG of halving people without sanitation the government need to provide the following structures of sanitation as indicated in table 2:

**Table 2<sup>1</sup> Estimated Sanitation Need in South Africa (households)**

<b>Backlog : April 2005</b>	
<b>Province</b>	<b>Below RDP</b>
Eastern Cape	779,863
Free State	256,194
Gauteng	415,358
Kwazulu-Natal	822,284
Limpopo	875,723
Mpumalanga	376,309
Northern West	424,682
Northern Cape	42,364
Western Cape	101,092
<b>Total</b>	<b>4,093,869</b>

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.

Nearly half of all the rural schools in South Africa use ordinary unimproved pit latrines or have no sanitation facilities. The unimproved pit latrines 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.<sup>2</sup>

**Table 3 Sanitation availability<sup>3</sup> in schools in September 2004.**

<b>Province</b>	<b>Total Number of Schools</b>	<b>Schools without adequate toilets</b>
FS	2,500	1,138
EC	6,260	251
GP	2,204	6
KZN	5,734	1,300
MP	1,810	995
NP	4,261	308
NC	482	7

1 DWAF Water Services Information Page, www.dwaf.gov.za, DWAF, April 2005

2 Sanitation and Water Availability in Schools, DOE, 2005

3 Source: Department of Education Infrastructure Monthly Information Review

NW	2,304	295
WC	1,593	0
<b>National</b>	<b>27,148</b>	<b>4,300</b>

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).

In addition to these there is an estimated 15% of all clinics (or approximately 2,000 clinics) without adequate sanitation and water facilities. In some cases where facilities are present they are not adequate for the needs of all the clients and staff of the clinic.

### *Challenges of eradicating the bucket system in South Africa*

This section begins with quotes from two key government officials. The first quote referred to a statement from the Minister of Water Affairs. The second quote came from the Department of Housing and the Department of Water and Forestry.

...Tens of thousands of township dwellers look set to benefit from government's programme to eradicate the notorious "bucket" sanitation system by the end of next year [December 2007], but those in informal settlements may not be so lucky...We are confident... this target of eradicating the bucket system in formal establishments is going to be met ... (**South African Press Association**, 2006)

The government has admitted that it will not be able to honour its promise of eradicating the bucket toilet system in formal settlements by the end of this year... During the annual state of the nation address on January 8, President Thabo Mbeki promised that by December 31, all buckets in formal settlements would be done away with. This was already a shift from an earlier promise to eradicate all buckets in formal and informal settlements... ([The Herald](#), 2007).

These quotes illustrate not only the contradictions within the South African government but also a lack of a multisectoral approach to sanitation which is linked to clean water supply and decent housing provision. The section then reiterates the main argument of the paper that neoliberal economic policies remains the Achilles' hell of water and sanitation in South Africa because the eradication of the bucket system is sustained by the principle of cost recovery with a unique particularity of not effectively associating the consumers in the planning and implementation. As a result, sanitation does not have a local ownership.

... Cost recovery is about consumers paying partial or full costs for their municipal services... It can be a way to manage demand for power or water by penalizing over-users... Cost recovery can also lay the groundwork for governments to sell services to private companies to run. Because such companies wouldn't be interested in buying utilities that lose money, cost-recovery is often seen as a pre-condition for privatisation (Shore, 2002).

This argument has implication to three intertwined factors identified by Qotole, Xali, and Barchiesi (2001: 2). First, there is "entrenching a two-tiered system". In the refuse collection, the white residential areas had received a sustained attention during the apartheid era. The post-1994 South Africa perpetuates this legacy that I am tempted to argue that it is because residents are capable of paying the services and consequently claim accountability from the city management through their ward councillors or directly from the municipality. Second, there is "a lack of proper public consultation in the development and implementation of waste collection policies, and the commercialisation process [of waste]". Privatisation of waste collection services is made and implemented by the management without consultation with the employees or the residents (Qotole, Xali, Barchiesi, 2001: 4). This approach creates uncertainty in the sector and becomes a disincentive for workers who engage in "everyday forms of resistance" which translate themselves "foot dragging, dissimulation, false compliance, feigned ignorance and so forth (Scott, 2002: 89-90). Third, there is "the loss of public sector skills" through retrenchment and lat on bankruptcy of new business owners. In fact, the skills of former employees of the municipality who are retrenched and rely on the new business owners become waste resources when the newly created businesses closedown for several reasons including poor management. (Qotole, Xali, Barchiesi, 2001: 4).

Privatisation of waste collection services has been the roots cause of the outbreak of cholera in 2002 in KwaZulu Natal where the municipality has charged water which was free to US\$ 10 in the rural areas. In deed:

... Thousands of poor households could not afford these costs and began using nearby rivers and stagnant ponds. Within weeks, cholera broke out; it has since claimed more than 250 lives and caused more than 100,000 cases of illness... The evidence is conclusive that cost recovery was a major factor here, to the point where the ministry responsible for water has admitted that this is what caused the cholera outbreak... (McDonald, 2002; cited in Shore, 2002).

The following factors have contributed to the slow delivery of sanitation to date (National Sanitation Strategy, 2005:18).

1. 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.

2. Inadequate funds were allocated to sanitation in preference for other more popular projects.
3. 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.
4. 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 area (National Sanitation Strategy, 2005:38).
5. 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.
6. There is inadequate understanding and acceptance of various alternative sanitation technologies. Many people (including local authorities and councillors) still consider water borne sanitation as the only viable option for sanitation in all areas.
7. There is limited budget provision for programme management for large-scale community-based implementation of sanitation projects.
8. There is inadequate integration and coordination of sanitation planning at all levels.
9. 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.
10. 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.

## **Conclusion and recommendations**

This research paper intended to explore the challenges of providing adequate sanitation in South Africa and subsequently meeting the MDGs by 2015. Since 1994, there is a considerable progress made by the government in eradicating the bucket system. However, sanitation in the South African context should not been understood in terms of

eradication of the bucket system in the urban areas only but rather as a provision of adequate and safe sanitation to both urban and rural, residential areas and public institutions such as schools and clinics. Provision of sanitation needs to go with access to clean and enough water to drink, wash hands, looking after the sick (HIV/AIDS) and so forth.

There are two set of challenges of eradicating the bucket system and providing decent sanitation in South Africa. The main challenge to sanitation policy development and implementation, although unnoticed, is the neoliberal economic approach to provision of the basic services and human rights. In fact, as long as clean water, sanitation, education ... will be seen as commodities, it is unrealistic to believe that access to decent sanitation to all including schools, clinics, and households in both rural and urban areas will become a reality unless pressure from below, from those who need it most, bring some human face to economic policies.

Secondary challenges but not least important consist of the lack of community consultation and participation in technology choice, the lack of community ownership, administrative bureaucracy, shortage or the lack of skills both in terms of skill transfer and marketable skills which will contribute to job opportunities.

We therefore recommend that

- The inclusion of communities themselves in planning, implementing, monitoring and evaluating programmes;
- Involvement of the beneficiaries of sanitation infrastructure in each stage of the process and share experience with the local government officials in order to have the greatest impact in terms of community awareness of the importance of adequate sanitation provision for achieving public health and personal dignity (National Sanitation Strategy, 2005:23).
- Access to basic sanitation is a constitutionally protected human right in South Africa. It should therefore be viewed as a 'public good', which should be enjoyed by all (National Sanitation Strategy, 2005:42)
- 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 (the White Paper on National Sanitation Strategy, 2005:54). This also includes VIPs and urine diversion toilets that are rejected by various communities as post apartheid bucket sanitation system.

- Financially the technology chosen should be in line with what the community, including the municipality, is 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 National Sanitation Strategy, 2005:54).

## References

African Sanitation and Hygiene Conference 2002. 2002. “Final Statement”. <http://www.genderandwater.org/page/806>. Accessed 18/02/2007.

Amajuba District Municipality. 2005. “Amajuba District Municipality IDP Review 2005/2006”. Newcastle: ADM.

American Association for the Advancement of Science. 2008. “Human Rights and Health – The Legacy of Apartheid”.

Asmal, K., Bengu, S., Jordan, P., Dlamini-Zuma, N., Moosa, V.M., and Mthembu-Mahanyele, 1996. National Sanitation Policy. Pretoria: Government of South Africa.

Botha Zonika. 2007. “Government targets access to basic sanitation for all by 2010”: [http://www.engineeringnews.co.za/article.php?a\\_id=33818](http://www.engineeringnews.co.za/article.php?a_id=33818). Accessed 18/02/2007.

Botha Zonika. 2003. “Water Affairs' focus to fall on sanitation”: [http://www.engineeringnews.co.za/article.php?a\\_id=39619](http://www.engineeringnews.co.za/article.php?a_id=39619). Accessed 18/02/2007.

Buffalo City Municipality 2005. “State of Sanitation Report Buffalo City Municipality”.

COSATU and SAMWU. 2003. “Joint Submission by COSATU and SAMWU on the draft White Paper on Water Services”. Johannesburg: COSATU.

Drangert, J. 2004. “Norms and Attitudes Towards Ecosan and other Sanitation Systems”. Stockholm: Stockholm Environment Institute.

DWAF.1994. “Water Supply and Sanitation Policy White Paper”. Cape Town: DWAF.

DWAF. 1995. “National Sanitation Draft White Paper”. Pretoria: DWAF.

DWAF. 1996. “National Sanitation Policy”. Pretoria: DWAF.

DWAF. 2005. “National Sanitation Strategy”. Pretoria: DWAF.

- DWAF. 2002. "The Development of a Sanitation Policy and Practice in South Africa". Pretoria: DWAF.
- DWAF. 2004. "Introductory Guide to Appropriate Solutions for Water and Sanitation". Pretoria: DWAF.
- DWF. 2002. "The development of a sanitation policy and practice in South Africa". Pretoria: DWAF.
- Eales, Y. 2004. "Innovation Insights 2". Pretoria: Centre for Public Service Innovation.
- Earle, A., Goldin, J., and Kgomotso, P. 2005. *Domestic Water Provision in the Democratic South Africa – Changes and Challenges*. Pretoria: University of Pretoria.
- Farley, M. and Kilbey, S. 1999. "Environmentally Friendly Hygienic Dry Sanitation Technology". Addis Ababa: WEDC Conference.
- IDASA. 2007. "How far to total eradication of the bucket system". [Online], available: <http://www.idasa.org.za>. Accessed 18/02/2007.
- Hoffman, D.B. 2006. "Assessing Quality of Local Government in South Africa".
- Hund, A. 1998. "Perspectives on the Alaskan Rural Sanitation Struggle". [Online], available: <http://www.ldb.org/vl/cp/hund.htm>. Accessed, 18/01/08.
- Institute for Democracy in South Africa. 2007. "Bucket eradication progress per year since 2005". [Online], available: <http://www.wordonthestreet.org.za/index.htm?file=ddid/7/54/How%20far%20to%20total%20eradication%20of%20the%20bucket%20system.htm>
- Khumalo, C. 2007. "KZN Government Plan to eradicate 100 Remaining Bucket Toilets". [Online], available: <http://allafrica.com/stories/200710230395.html>. Accessed, 18/01/08.
- KZN Department of Health. 2006. "Toilet Facility Breakdown for KwaZulu Natal Household – 2006". Pietermaritzburg: KZN DOH.
- Lang, S. 2007. "SOUTH AFRICA: A Tale of Ongoing Water and Sanitation Woes". [Online], available: <http://ipsnews.net/news.asp?idnews=40268>. Accessed, 18/01/08.
- Leantt, A and Berry, L. 2006. "Children's Access to Water, Sanitation and Electricity". Pretoria: Children Count.
- Luyanda, M. 2007. "Eradication of the Bucket System in Eastern Cape". [Online], available: <http://allafrica.com/stories/200712180595.html>. Accessed, 18/01/08.

Masango, D. 2006. "Bucket system to be eradicated". [Online], available: [http://www.southafrica.info/ess\\_info/sa\\_glance/social\\_delivery/update/bucket080206.htm](http://www.southafrica.info/ess_info/sa_glance/social_delivery/update/bucket080206.htm). Accessed, 18/01/08.

Masango, D. 2004. "R10m for Sanitation in East Cape Schools". Buanews.[Online], available: <http://allafrica.com/stories/200406170471.html> Accessed, 18/01/08.

Masango, D. 2004."Water Affairs Targets Water Supply, Sanitation". Buanews. [Online], <http://allafrica.com/stories/200406170441.html>. Accessed, 18/01/08.

Nombini, M. 2004. "Plans to Provide Water, Sanitation At Free State Schools". [BuaNews](http://allafrica.com/stories/200406070127.html) , Pretoria <http://allafrica.com/stories/200406070127.html> Accessed, 18/01/08.

Mawson, N. 2005. "SA prioritises water and sanitation delivery". [Online], available: [http://www.engineeringnews.co.za/article.php?a\\_id=78710](http://www.engineeringnews.co.za/article.php?a_id=78710). Accessed, 18/01/08.

Ministry of Waster and Sanitation. 2001. "The White Paper on Basic Household Sanitation". Pretoria: DWAF.

Mkhondo Local Municipality. 2006. "Draft Integrated Development Plan 2007 / 2008 Mkhondo Municipality".

Mpotulo, T. 2007. "South African Bucket System on the Run". Pretoria DWAF.

Mugero, C., and Hoque A.R.M. 2001. "Review of Cholera Epidemic in South Africa, with focus on KwaZulu Natal Province – August 2000 – 11 April 2001". Pretoria: Department of Health.

Newcastle Municipality 2003. "IDP Review 2004-2006 (First Draft). Newcastle: Newcastle Municipality.

Tang, S. 2006. "EU's R1bn for sanitation projects". [BuaNews](http://www.southafrica.info/what_happening/news/news_international/eu-020306.htm). [Online], available: [http://www.southafrica.info/what\\_happening/news/news\\_international/eu-020306.htm](http://www.southafrica.info/what_happening/news/news_international/eu-020306.htm)

**The Herald** 2007. "**Promise to eradicate bucket system will not be met**". [Online], available: <http://www.internafrica.org/2007/12/promise-to-eradicate-bucket-system-will.html>. Accessed, 18/01/08.

Thomas, P.E., Seager, J.R., Viljoen, E., Potgieter, F., Rossouw, A., Tokota, B., McGranahan, G. and Kjellen, M. 1999. "Household Environment and Health in Port Elisabeth, South Africa". Stockholm: Stockholm Environment Institute.

SAPA. 2007. "Gauteng's buckets on the way out?". [Online], available:

[http://www.iol.co.za/index.php?click\\_id=13&set\\_id=1&art\\_id=nw20071024103752535C986807](http://www.iol.co.za/index.php?click_id=13&set_id=1&art_id=nw20071024103752535C986807). Accessed, 18/01/08.

Scott, C.J. 2002. "From weapons of the weak". In Duncombe, S. (ed.) *Cultural resistance Reader*. London and New York: Verso. 89-96.

Shore, J.K. 2002. "Who Pays? Municipal Services in South Africa". [Online], available: <http://www.mindfully.org/WTO/Privatisation-Johannesburg-IRIN24jan02.htm>. Accessed, 18/01/08.

South African Press Association. 2006. "Bucket system on track"[Online], available: [http://www.iol.co.za/index.php?set\\_id=1&click\\_id=13&art\\_id=qw1155740763388B236](http://www.iol.co.za/index.php?set_id=1&click_id=13&art_id=qw1155740763388B236). Accessed, 18/01/08.

Ridderstolpe, P. 2004. "Introduction to Grey water Management Stockholm". Environment Institute : Stockholm.

Sebelebele Matome, S. 2004. "Gauteng to Be Rid of Bucket System". BuaNews. [Online], available: <http://allafrica.com/stories/200406080337.html> Accessed, 18/01/08.

Stephen, D.A. 2004). "Reducing Water and Sanitation Backlogs in Rural Areas: Umngeni Water's Response as an Implementing Agent within KwaZulu Natal, South Africa". Pietermaritzburg: Umngeni Water.

South African Government (2006) South Africa: A Response to the APRM Questionnaire on Progress Towards addressing Socio- Economic Development Challenges SA Government : Pretoria.

UNESCO. 2006. "Capacity Building for Ecological Sanitation: Concepts for Ecologically Sustainable Sanitation in formal and continuing education". Paris: UNESCO.

United Nations Department of Economic Affairs. 2007. "The Millenium Development Goals Report 2007". New York: DOEF.

Water Research Commission 2005 / 2006. 2005. "Knowledge Review". Pretoria: WRC Gezina.

Water Supply Collaborative Council. 2003. "South Africa Prioritises Sanitation-**WSSCC**".Netherlands <http://www.wsscc.org/source>.

Winblad. U, and Simpson-Herbert, M. 2004. *Ecological Sanitation Revised and Enlarged*. Stockholm Environment Institute : Sweden

