

# Northern Cape Household Sanitation Programme

## Introduction

The most arid province of the country, and with high unemployment and poverty levels, the Northern Cape is in great need of alternatives for the water intensive and relatively expensive waterborne sewage systems often promoted for sanitation. In this light, it was a big step when, on 6 July 2002 at Nourivier, Namaqualand, the Premier of the Northern Cape, Mr Manne Dipico endorsed dry sanitation as *the* solution in the eradication of approximately 25 000 buckets in the province. This endorsement showed recognition of the fact that the Northern Cape has neither the water nor the financial capacity to sustain waterborne sewage for all its inhabitants.

## Role players, approach and capacity

The Department of Water Affairs and Forestry (DWAf) commenced the Northern Cape Household Sanitation Programme in 1997, when it appointed The Mvula Trust as its Implementing Agent for the programme. Since the Department realised that sanitation needs an integrated approach, from the inception it actively worked to bring other role players on board.

This resulted in the launch of the Northern Cape Household Sanitation Integrated Approach in May 1999. This approach (programme) stands for integration and involvement of all role players in the province. These include DWAf, the Department of Health, the Department of Housing and Local Government, District and Local Municipalities, the British Department for International Development (DFID), the European Union, AusAid, Provincial Environmental Health Officers, the Office of the Northern Cape Premier and, most importantly, municipalities and communities.

*"I am Maria Meyer, the community calls me Marietjie. I am at present [June 2001] living in Nourivier. In 1976, we moved from Nababeep to this colourful, lovely and clean village of Nourivier. Growing up, we have in this village used the bushes and the veld as toilets. As time went by, we then made use of the bucket-system and the pit-system.*

*In the year 1998 the DWAf [Department of Water Affairs and Forestry] sanitation programme came to Nourivier. I agreed to have a urine diversion toilet built in my RDP [Reconstruction and Development Programme] house because although it had a flush toilet I did not have water in the house and there was no sewer reticulation or treatment works in Nourivier. Since I had no toilet I had nothing to lose by making this change and I have never cared about what the government would say, because they know that we have water problems, and can't afford flush toilets.*

*At the end of 1999, construction of my toilet was completed. Now the urine diversion toilet sits in my own house. People think this is strange, but I tease them. This system is odour free, and the system is very good if you just take good care of cleaning the toilet. On the 6<sup>th</sup> of July 2000, the premier of the Northern Cape [Mr Manne Dipico] visited my house, and I feel very proud of that. This toilet is my pride."*

Maria Meyer is one of the examples of community members living in a community where The Mvula Trust facilitated water and sanitation projects, who turned from interested and willing project participants, into fieldworkers working in their own, and often neighbouring communities. Marietjie worked as a fieldworker for NAWASAN, (Namaqualand Water and Sanitation), from 1999 to November 2001, when she sadly passed away.

Through a participatory process involving all the above, the following issues were identified:

- maintenance and management of sanitation services was very inadequate;
- there was confusion regarding roles and responsibilities of the municipalities and the communities; and services implemented were not affordable to the communities,

with serious health implications for households.

By using a demand-responsive, community-based approach, the programme ensures informed decision-making processes by community members who were involved in their community sanitation projects from the start, and committed to finding the best possible sanitation solutions for their particular situation. District and Local Municipalities, the diverse Government Departments, the Service Providers and other involved role players hereby play a largely facilitating, supporting and funding role.

Funding has come from a number of sources, principally, DWAF, the Department of Housing and Local Government and the District Municipalities. Although at present they have different funding criteria, they have worked together so that a seamless integrated programme is presented to the communities.



***A VIP with hand-washing facility, Northern Cape Province.***

## **Phases of the programme**

The Household Sanitation Programme works through a number of phases:

### Phase One: Initiation phase

During this phase, the community is informed of the policies and conditions of the programme, and the community indicates whether they need such a project. This phase is based on the premise that for any project to be sustainable in a community, it is necessary for the community, and municipality, to take ownership of the project, and seek solutions for the challenges that they face.

### Phase Two: Establishment of Project Steering Committee

In a community meeting role players are identified and a Project Steering Committee is established. The training needs are established, and training courses in issues such as basic principles of project management, financial management, health and hygiene promotion, communication skills and committee procedures are provided, if necessary.

### Phase three: Health Assessment

Awareness regarding sanitation and water related health issues are created through the PHAST (Participatory Hygiene and Sanitation Transformation) method and other participatory methodologies. As a result, communities realise how their own behaviour is causing health risks, and they identify ways of changing their behaviour.

After this process, community members decide which form of dry sanitation is best for them – most common are the Ventilated Improved Pit (VIP) systems and the Urine Diversion Systems (UDS). Most often, local builders, brick-makers and toilet pedestal makers are employed to keep the money in the community.

## **Successes of the Programme**

The programme has been successful on a number of levels. At community level people have understood what they can do for

themselves to upgrade from the bucket system, and the constraints they face in achieving this. The large-scale adoption of UDS, where VIPs were not viable, and the large variety of top-structures have demonstrated this. The evidence of a reduction in the number of cases of tuberculosis, when in the country as a whole numbers are increasing, points to the success of the programme in raising people's awareness of health and hygiene issues, and their self-esteem.

People like Marietjie Meyer represent the type of person who ultimately makes a project successful. She demonstrated enormous initiative when she chose to become, on the strength of a photograph from Mexico, the first person in South Africa to install a UDS toilet INSIDE her house.

At an individual level, many of the committee members in the various communities have gone on to become fieldworkers, and are now reaching out into programmes in other communities. As a result of the programme, three new consultancy firms have been established. These three service providers have employed twelve other community members over the past two years. Namaqualand Water and Sanitation (NAWASAN) is one of these firms, employing previously unemployed local community members as fieldworkers. This has demonstrated, in every sense of the meaning, community empowerment.

The programme has given true meaning to the phrase "co-operative governance" with municipalities, provincial and national departments working in an integrated manner



**A corrugated iron VIP, Northern Cape Province.**

towards a common objective. This is spearheaded by the commitment of the Premier to the eradication of bucket toilets. The commitment in the Province is such that nearly 20% of the bucket toilets have been eradicated to date and, if current levels of expenditure can be maintained, will lead to total eradication by 2006.

The result is a Province that works together and believes in itself.

The Mvula Trust Case Study Series includes case studies and stories of The Mvula Trust projects and experiences in the field of community-managed water supply and sanitation.



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