CHAPTER 1: INTRODUCTION AND RESEARCH PROBLEM

1.1. Introduction

This introductory chapter presents the general overview of the research study conducted on sanitation in rural areas of Buffalo City Municipality, in the Eastern Cape Province from June to September 2012. This chapter will therefore outline the general background that informed this research and what this study wanted to accomplish, that would be followed by the research problem statement that would explain the importance of this study. The final aspect of this chapter would be the significance of the study and why it is relevant for policy and academic debates.

1.2. Background Discussion on Sanitation

What is sanitation and its place in South African development debates? Literature suggests that there is no single definition of sanitation. In an attempt to explain what sanitation is, several definitions are provided. Sanitation refers to the principles and practices relating to the collection, removal, or disposal of human excreta, refuse and waste water, as they impact upon users, operators and the environment (Department of Water Affairs and Forestry 1996:3, National Sanitation Draft White Paper 1995; National Sanitation Task Team 2002). WHO (2004) define sanitation as generally referring to the provision of facilities and services for the safe disposal of human urine and faeces (WHO 1994). Department of Water affairs & Forestry (2001), defines sanitation as appropriate health and hygiene awareness and behavior, a system for disposing of human excreta which is acceptable and affordable to the users, safe, hygienic and easily accessible to a toilet facility for each household (DWAF, 2001).

Sanitation was in the spotlight during the run up to the 2011 local government elections. The lack of dignified sanitation services in the form of un-enclosed toilets in the Western Cape’s Khayelitsha in the City of Cape Town Metropolitan Municipality and the Free State’s Rammulotsi in the Moqhaka Local Municipality made media headlines when political parties lodged complaints on these failures in service delivery. Sanitation is both a human right and the Millennium Development Goals target of reducing by half
the proportion of people without sustainable access to safe drinking water and basic sanitation. This target remains by far the largest challenge facing the world, though a remarkable progress has been made by many countries. According to the White Paper on Local Government (1998) South Africa has set its own targets aiming for universal coverage of rolling sanitation to rural communities in 2014. Can all municipalities in South Africa fulfill the mandate of advancing sanitation in South Africa? In particular, how do municipalities which have rural areas under their jurisdictions cope, and can their challenges and issues in distributing sanitation be understood from the views and perspectives of those whom the services are being rendered to? It is under this background that this research is undertaken to investigate rural sanitation in Buffalo City Municipality.

It is important to undertake the above scholarly investigation for a number of reasons, the major ones being that, the 1994 democratic change in South Africa saw a bold vision and commitment of the democratic government to social development and social healing. The new government committed itself to changing the inequalities and disparities caused by the injustices of apartheid, especially in the lives of many black South Africans and the lives of blacks South Africans in the rural areas in particular. According to the White Paper on Local Government (1998) apartheid fundamentally damaged the spatial, social and economic environments in which people live, work, raise families, and seek to fulfill their aspirations (White Paper on Local Government 1998). Zegeya and Maxted (2002:1) as quoted in Nyaluba (2006) argue that apartheid policies left the majority of South Africans living in a highly unequal society in which poverty and social dislocation have had a profound and traumatic effects on the social fabric. Galvin (1999:96) argue that the apartheid rule neglected, distorted and sometimes destroyed local systems through which people were able to take collective action (Galvin 1999). In 1994 political breakthrough, the ANC government inherited a country with high levels of poverty, social disfunctionality and growing levels of inequality. Rural areas forms part of the areas that were excluded by apartheid planners in the development hence they lack resources and are still underdeveloped (Galvin 1999:103). Hemson (2009:9) argue that the upsurge in social movements over the past
few years has raised issues relating to the inequality of access by the poor. Hemson (1999) goes on to say that there was continued deprivation and impoverishment for a large segment of the rural population whose lives were not improving. Forie, Davids & Losch (2004) argue that rural areas require a high level of government intervention to promote development. How have the current sanitation interventions been received in the rural parts of BCM? The latter forms the core mandate of this study. In other words this study evaluates the performance of BCM with regard to sanitation in rural areas. The study uses the views and perceptions of the receivers of sanitation services in the rural areas of BCM to report the state of service delivery of BCM in this area. Although sanitation is the basic need in South Africa, there is still wide reports in the media, reports that suggest that not all South Africa have got access to proper basic sanitation, the situation is even worse for those far flung rural communities which are hidden from the gaze of the media. In rural areas many people still have no toilets and relieve themselves in the veld. Although there have been a number of initiatives to improve sanitation services by government, these have been inadequate and fragmented (Forie, Davids & Losch (2004:78). If the latter is true, how is this experienced by rural residents in BCM? The South African government has shown its commitment to rural development and in addressing challenges facing rural communities in South Africa, this is clearly manifested in much debates and policies that the democratic government has undertaken and implemented, including the first national development framework called the Reconstruction and Development Programme (hereon, RDP) launched in 1994.

1.3. The Reconstruction and Development Programme (RDP)
South Africa has numerous progressive policies in place which started with the Reconstruction and Development Programme (RDP) as a means of transforming the country from a segregated to a democratic state, based on the premise of social and economic advancement in an equitable manner and a central focus on the development of infrastructure in poor communities (Davids, Theron & Maphunye 2005:11). The reconstruction and development programme (RDP) is an integrated, coherent socio-economic policy framework (RDP White Paper 1994). O’ Brien & Mazibuko in Gray (1998) argue that reconstruction and development strategy aimed at eradicating poverty
and imbalances espoused and entrenched by the policies of the previous government. According to the RDP White Paper (1994) the specific aims of the RDP included alleviating poverty and improving social services. RDP seeks to mobilize all our people and our country’s resources toward the final eradication of apartheid and the building of a democratic, non-racial and non-sexist future (RDP White Paper 1994). The central objective of the RDP is to improve the quality of life of all South Africans, and in particular the most poor and marginalized sections of our communities. The RDP reflects a commitment to grassroots, bottom-up development which is owned and driven by communities and their representative organizations. The RDP's long-term goal is to provide every South African with accessible water and sanitation (RDP White Paper 1994). One of the four pillars of the strategy of meeting basic needs was improving living conditions through better access to basic physical and social services, health care, and education and training for urban and rural communities (RDP White Paper 1994:9). The emphasis of the RDP according to Ntsebeza (2006) has been people centred development, democratic participation, and on social goals. The Reconstruction and Development Programme (1995) stress that the goals of rural development is to help rural people set the priorities for development in their communities, and supporting their access to government, non-government funding in promoting local economic development.

1.4. Rural Development as a Strategy for Rural Sanitation

Investigating rural sanitation, one has to have an understanding of rural development. World Bank (1995) defines rural development as a strategy to improve the social life of a specific group of people, the rural poor. According to Graves, Lindtone & Naish (1998) rural development is a progressive field of social change, empowerment, social and economic empowerment. Rural development is an integral to the struggle to create better life for all. Rural development aims to creating greater equality in resource use in the rural areas, especially land, water, financial services and management. Rural development aims to increasing access to service through the provision of physical infrastructure and social services such as water and sanitation, transport, health services and schooling (RDP, 1995). According to the Rural Development Strategy
(1995), the primary objectives of rural development is to improve the quality of life of the rural people, by providing community infrastructure facilities such as drinking water, electricity, sanitation, road connectivity and health facilities. Skenjana (2010) quotes Chambers & Conway (1991:22-23) arguing that objectives of rural development is to enhance capability, improving equity and increasing social sustainability. The RDP emphasised that an improvement in the quality of life of the majority of South Africans was needed to enable economic growth, and that economic growth was needed to sustain that improved quality of life. Municipality should implement rural development strategy in meeting basic sanitation needs of the rural people.

1.5. Sanitation Backlog in South Africa
According to UNICEF (2004) there are more than 2.4 billion people lack accesses to proper sanitation facilities. Over 2 million child deaths a year can be attributed to preventable diseases spread by dirty water or improper sanitation facilities (UNICEF, 2004). An estimated 18 to 21 million South Africans do not have access to adequate sanitation facilities. An estimated 15% of clinics and 11, 7% of schools are without sanitation. According to DWAF (2002) many other schools use pit latrines that are inadequate, dirty and unsafe (DWAF 2002). Government has promised to eradicate sanitation backlogs by 2010, in line with the millennium development goals (Dwarf 2006). The government set the following goals that, all people in South Africa have access to an appropriate acceptable, safe and affordable basic sanitation services by 2010. The second goal is that, all schools and clinics have adequate safe sanitation by 2005-2007 respectively. The third goal is that, hygiene education is taught at schools and to households by 2005 and 2010 respectively (Dwarf 2006). Those who have inadequate sanitation may be using the bucket system, unimproved pit toilets or the veld. Buffalo City has a sanitation backblock of 345 000 people needing access to sanitation services Informal settlements and rural communities either have access to basic sanitation service, sub-basic service or no service at all (BCM, 2005). This number has since doubled now that there are new dwellings and many informal settlements within Buffalo City Municipality.
1.6. Legislative & Policy Framework for Sanitation in South Africa

Government has a constitutional responsibility to ensure that all South Africans have access to adequate sanitation. The Constitution of the Republic of South Africa (1996), section 24(a) of the Bill of Rights states that everyone has a right to an environment that is not harmful to their health or well-being and (b) (i) to have the environment protected, for the benefit of present and future generations, through reasonable legislative and other measures that prevent pollution and ecological degradation. This clause has often been interpreted as implying a right to basic sanitation for all (Constitution of the Republic of South Africa 1996). There are other pieces of legislation that were promulgated by the new government in order to meet the basic sanitation needs of the South African people. Those pieces include the White Paper on Water Supply and Sanitation Policy (1994). According to the White Paper on Water Supply and Sanitation Policy (1994), sanitation services should be self-financing at a local and regional level; exception would be made where poor communities are not able to afford basic services. The other piece was the White Paper on Basic Household Sanitation of 2001. The White Paper on Basic Household Sanitation (2001) sets out the framework for the provision of sustainable sanitation in South Africa, particularly to those households who have not had adequate sanitation services in the past, like rural areas. The White Paper focuses on the provision of a level of basic household sanitation to communities in low density rural areas, and in informal settlements, which it identified as the areas with the greatest need (White Paper on Basic Household Sanitation 2001). The National Sanitation Strategy (2005) was promulgated to provide a coherent approach to sanitation services delivery in South Africa. The National Sanitation Strategy has the objective to facilitate the elimination of the sanitation backlog by 2010, and discusses inter alia the roles and responsibilities in sanitation delivery, planning for sanitation, funding sanitation, implementation approaches, regulating the sanitation sector, and monitoring and evaluation (National Sanitation Strategy 2005). The effectiveness of these pieces of legislation on sanitation would be evaluated on the values and quality of services rendered and the meaning the people of South Africa attach to sanitation.
1.7. Basic Sanitation Principles in South Africa

According to DWAF (2002) sanitation must respond to the demands of communities and should link to improved hygiene awareness. Communities must be fully involved in sanitation projects planning and implementation. The citizens must use their rights and also have responsibilities in taking charge of their own health through safe sanitation practices. Sanitation must be provided in conjunction with water supply and other municipal services. Access to basic sanitation is a human right and is more than just toilets; it must therefore be accompanied by environmental and health education (DWAF 2002). According to DWAF (2002) local government has the constitutional responsibility to provide access to sanitation services. Scarce public funds must be prioritized to help those most at risk. Limited national funds should be fairly distributed throughout the country. Water has an economic value and must be protected through sanitation. Polluters must pay to clean up the water and the environment they have polluted. Sanitation must be financially sustainable. The environment must be protected when sanitation systems are set up and run (DWAF 2002:5). These principles are applicable to all even to those in the deep rural areas South Africa.

1.8. Research Setting

Buffalo City is the new municipal structure that came into existence after the 2000 local government elections. It includes East London, King William's Town and Bhisho. Buffalo City has a population of 880 000 people. The boundary of Buffalo City was established in terms of Provincial Gazette Extraordinary 28 February, Notice 22 of 2000. Buffalo City is situated relatively central in the Eastern Cape Province, one of South Africa’s nine provinces (Buffalo City IDP, 2002). The Buffalo City Municipal Area is represented as a grouping of urban areas within a metropolitan corridor which stretches from the port city of East London in the east to Dimbaza in the west. East London is acknowledged to be the primary regional node and is presently the focus of regional services, commerce and industry. The King William's Town Area is notable as a secondary regional or District service node, comprising the core urban area of King William's Town, as well as the functionally differentiated urban areas of Bhisho, Dimbaza, Zwelitsha, Tyutyu, Phakamisa, Ilitha, Breidbach and Ginsberg (Buffalo City
As Bhisho and King William’s Town being the seat of the provincial government of the Eastern Cape Province, the possibility exists to bring opportunities for a range of socio-economic development initiatives to the King William’s Town area (Buffalo City IDP, 2002). In 2002 Buffalo City was one of several municipalities listed for critical support measures from Project Consolidate, a national programme geared towards supporting municipal service delivery. The municipality is still having bucket system in Duncan Village and Cambridge settlement areas (Buffalo City IDP, 2002).

According to Mtengwa (2008) Buffalo City Municipality won the Vuna award walking away with the R750 000 first prize in 2003. According to the Department of Provincial and Local Government (COGTA) Buffalo City received a second place Vuna Awards with a sum of R40 000. According to the (Department of Provincial and Local Government 2003) key performance areas for the awards were in the fields of infrastructure development and service delivery, local economic development, financial viability, municipal transformation and institutional development and good governance. The Vuna Awards seek to improve service delivery by recognizing and rewarding excellence in the delivery of services by municipalities (Department of Provincial and Local Government 2003). Buffalo City included in its positives the fact that its establishment process is complete, all processes, systems and policies are in place, all elected representatives and officials clearly own all strategies and plans, and are able to speak knowledgeably even in fields not their own (Department of Provincial and Local Government 2003). Buffalo City has a mentoring process to assist struggling municipalities, an active information sharing process, does not depend on consultants but works in-house and has an active citizen participation process (Department of Provincial and Local Government 2003). Piliso (2010) writes that in the period 2006 to 2011 Buffalo City was plagued by internal battles thus disrupting service delivery. There was a high level of self interest and greed amongst the councillors. The council operated without chief whip, municipal manager and chief financial officer for a long time. According to Piliso (2010) there were three mayors elected for a period of five years, that is, Zintle Peter, Sakhumzi Caga, and Zukisa Faku. This has brought instability thus hindering service delivery. The municipality had poor maintenance of
roads, inconsistent refuse collection, dilapidated bulk water infrastructure and a billing system which was in disarray. Piliso (2010) argues that the Provincial local government and traditional affairs former MEC Gqobana had intentions to invoke Section 154 of the Constitution. This came after the municipality was on a brink of financial and administrative collapse. There was infighting amongst ANC councillors; corruption was the order of the day (Piliso 2010). According to Piliso (2010) the Provincial Auditor General gave damning report on city finances. The city had received a qualified report for three consecutive years. In 2010-2011 financial years, the municipality received a disclaimer. Piliso (2010) write that the Auditor General’s report showed that the municipality finances to be in disarray. There is a lack of adequate documents and explanation meant that there was R1, 9-billion in expenditure that could not be confirmed. R318-million of the municipal capital budget was unspent due to a failure to implement its tender policy (Piliso 2010). Piliso (2010) goes on to say the municipality face wrangle court babble between former chief whip sonny Du Plessis who was stripped his council duties after being accused of flouting the ANC’s constitution and councillor’s code of conduct when he took the council to court over the appointment of the new municipal manager. The city went on a spree with the hope of spending its more than R2bn budget within three months on MAD campaign (Make-A-Difference) (Piliso 2010). The study was interested, given the geographic and political background of the area of study whether rural people’s lives have been improved in rural sanitation services rendered by the municipality.

1.9. The Research Problem/ Hypothesis

Service delivery issues and problems facing communities in the post apartheid South Africa are largely reported in the media such as newspapers and television. South African municipalities are in the spotlight due to service delivery protest, which other protest culminates with the loss of lives of the innocent protesters. The recent case is that of Andris Tatate in Ficksburg who died allegedly after being beaten and short by the police during a protest march to Setsoto Local Municipality offices to demand service delivery (Mail & Guardian, 2 011). Large amounts of research on sanitation in rural
areas in South Africa demonstrate that sanitation is a least care or talked about subject in the development debates. The general health hazards associated with open toilets or a lack thereon in rural areas poses a danger to the inhabitants. About seventy percent (70%) of Buffalo City Municipality population comes from rural areas. The research therefore sought to instill the views of the BCMM rural residents regarding sanitation in the rural areas. The study seeks to investigate rural sanitation challenges in local government. The study is relevant in that it would give the perspective of rural residents of Buffalo City Metropolitan Municipality regarding important issues of sanitation. This information would help the municipality for social and economic planning of BCM Integrated Development Plans (IDP). The reason being that local government is the sphere of government closer to the people whose mandate is to provide services to the citizens. Socially sanitation affects people’s well being hence the general health hazard associated with lack or poor sanitation. Economically, building of toilets for communities can create job opportunities for many unemployed citizens of Buffalo City Municipality. The study is undertaken at a time when Buffalo City Municipality attained a metro status after 2011 local government elections. The aim of the study is to equip the powers that be to have a thorough emphasis on rural sanitation using rural development programme in order to make rural life better and to curb the rural urban migration.

1.10. Research Questions

1. What are the sanitation challenges that rural communities experience in the Buffalo City Municipality?
2. How far has the municipality gone in providing basic sanitation in rural areas?
3. What is the extent of sanitation rollout in rural areas as compared to urban areas?

1.11. Research Objectives

1. To examine rural sanitation challenges in Buffalo City Municipality from a community perspective.
2. To investigate how far has the municipality gone in providing basic sanitation in rural areas.
3. To compare the extent of sanitation rollout between rural and urban areas.

1.12. Theoretical or Conceptual Framework

Developmental local government and rural development are based on the basic needs approach. Galvin (1999:89) conceded that the logic of local government of bringing decision making closer to the grassroots will promote development. Galvin (1999) goes on to say that this will improve its applicability to local conditions, remove options for corruption and improve accountability to beneficiaries (Galvin 1999:90). The researcher adopted basic needs approach as a conceptual framework of the research.

According to Swanepoel (1997), the basic needs approach is the development approach that evolved due to the failure of the modernization theory which viewed development as an economic development without focusing on the holistic approach. The basic needs approach, shifts development emphasis from a singular concern with restructuring of the world economy to that of restructuring the domestic economy towards a new internal economic order, primarily aimed at the eradication of mass poverty and social injustices (Swaanepoel 1997:132). The third world problem of mass poverty is seen as the consequence more of the pattern of economic growth, rather than the rate of growth. The basic needs approach stresses the importance of addressing basic human needs such as food, health, clothing shelter and education (Swaanepoel 1997:27). According to De Beer & Swaepoel (2000) basic needs approach is aimed at the reduction of poverty through social services such as education, health and welfare programmes. The approach took the position that with a reduction of inequality worldwide, there would be less poverty, thus rendering development a more achievable end. Basic needs approach entails a more direct targeting of the poor, the setting of quantifiable indices of poverty and poverty alleviation, and a promotion of grassroots development projects (De Beer & Swaepoel 2000:47). The principle of people-centred development is grounded in the conviction that the intended beneficiaries of development efforts should enjoy substantial influence with respect to control over the goals, design, and implementation of any such effort (Davids, Theron and Maphuye 2005:256). Alemika & Olumodeji (1998) argues that basic needs
approach calls for the reallocation of resources in favour of the poor segment of the society.

According to Davids, Theron and Maphuye (2005:256) the basic needs approach attempts to define the absolute minimum resources necessary for long-term physical well-being, usually in terms of consumption goods. Coetzee (2003) argue that the basic needs model focuses on the measurement of what is believed to be an eradicable level of poverty. Development programs following the basic needs approach do not invest in economically productive activities that will help a society carry its own weight in the future, rather it focuses on allowing the society to consume just enough to rise above the poverty line and meet its basic needs. Coetzee (2003) goes on to say basic needs approach to development aims at meeting the basic needs of the poor in any country in the shortest possible time. There is a general consensus in defining these basic needs as food, education, health, housing and sanitation. Basic needs also include such non material aspects as fundamental human rights and freedoms, self reliance and participation (Coetzee 2003). Basic needs development approach should redistribute income, aim at the creation of a egalitarian society, utilize local material and human resources, and shift to labour intensive and small technologies (Davids, Theron and Maphuye 2005:256). The basic needs approach is a bottom up-approach which is the opposite to the top-down approach because it is a process in which beneficiaries participate through their organization in determining the type of development most relevant to their needs and may also participate in the implementation and subsequently running or monitoring of development (Coetzee 2003:470). DWAF (2002b:29) maintains that people need to be at the centre of management and governance and decision-making processes concerning sanitation. This means that the design and operation of sanitation services should use a people centered approach and be based on understanding of people to be served and local conditions.

Moller (1985) argues that basic needs approach is not the approach to social science in general or development studies in particular but one approach. Basic Needs Approach constitutes one answer to human dilemma. Basic needs approach is relevant to this
study because as argued by Moller (1985) it aims at eliminating poverty and promoting the development of underprivileged areas. Moller (1985) goes on to say that while the more conventional development approaches tend to focus more exclusively on economic growth, the basic needs strategy concentrates on people and their needs. Wiggins (1993) argues that basic needs are relative to an account of well being, to culture and individual understanding to feasible possibilities at the time. Moller (1985) goes on to say the basic needs approach embraces the idea of tangible shorter-term development targets which upon achievement will pave the way for longer-term ones which should sustain the momentum of economic growth and social development. The approach represents a broad outlook on development, which focuses on combating poverty and raising the productivity of the poorest sections of the population. The basic needs approach is synonymous with a grass-roots approach to development, in which the needs of individual households and communities are of paramount importance. Popular participation in development is the cornerstone of the basic needs approach. If a basic needs development strategy is to be successful, it must be formulated in such a way as to ensure that the fruits of the development effort actually reach those who are in need and do so in a form that satisfies the need (Moller 1998). Basic needs approach is therefore relevant for the study to offset the urban bias of conventional development programmes. A basic development needs approach was found to be a reliable discipline to improve community participation, needs-led resource allocation and intersectoral cooperation in community development, particularly in underprivileged areas. Galtung (1980) explains the strength of the basic needs approach is that the concept of need encompasses some idea of necessity and some of universality although there may be few cases of needs which are expected on an exactly identical footing in all countries (Galtung 1980:59). The basic needs approach serves to set priorities in a societal level. It is an effort to cut through rhetoric focusing on what is essential and basic. It provides the individual and societies with a measuring rod that lowers the focus of social attention downwards (Galtung 1980:59). The strong point of the basic needs is the rich image they can give of the human being when they are not too narrowly interpreted. Basic needs approach transcends efforts at compartmentalization aiming at rich bio-social, physiological and cultural images (Galtung 1980:78).
The basic needs approach has its own limitations. According to Galtung (1980) the basic needs approach falls short because it is shaped around commodity evaluation. Galtung (1980) goes on to say important elements of life, such as the position of poor and marginalized people and their ability to voice their views, gender power relations, the freedom to choose, etc do not receive adequate attention. Basic needs Approach says nothing about how misery is produced. It also says nothing about inequality (Galtung 1980). Galtung (2007:37) argues that there is no automatic extension of Basic needs approach to cover all good social values. Galtung (1980) goes on to say basic needs approach does not automatically guard against the satisfaction on needs at the expense of somebody else’s needs satisfaction. The strongpoint in basic needs approach (BNA) is that they indicate a future agenda for development. It does more than set a list of priorities of things that must be done. Basic needs approach do beyond discussion of minimal levels of satisfaction in three ways. They open for the whole exploration of true versus false needs, thereby potentially being a tool for enriching human existence. They open for the whole exploration of true versus false satisfiers. They open for the whole exploration of richer relations between needs and satisfiers. The major weakness corresponding to this strength is that there is a difference between tension relief and human development and the image is not holistic enough. Needs theory never assumes that needs remain at the same level. Basic needs approach are indispensable in any theory of development that sees development as development of human beings. No development can do without anthropology of human beings. The approach is beset with problems that constitute important challenges for future research. According to Alemika & Olumodeji (1998) basic needs approach is unlikely to achieve the objectives of liquidating poverty and marginalization from political and economic decision making process of the rural population.

1.13. Research Design
The study employed qualitative design as a method of investigation. The researcher arranged and interviewed five councilors at East London City Hall. There were two officials interviewed at sanitation division at third floor Engineering Directorate. Ten ward committees members were interviewed, two from each ward. The researcher
arranged accommodation in the ward councillor’s offices for the interviews of the ward committees. The researcher interviewed five community development workers at Mdantsane Indoor Sport Centre. The researcher interviewed ten people in each ward. The researcher used standardized, open-ended interview questions. This approach helped the researcher to facilitate faster interviews that can be more easily analyzed and compared. Turner (2010:4) argues that the open-endedness interview questions allows the participants to contribute as much detailed information as they desire and it also allows the researcher to ask probing questions as a means of follow-up. Observation and interacting with communities was the techniques adopted. Also secondary sources of information derived from data, journals, reports and other manuals were employed.

1.14. Significance of the Study

The study would invaluable provide useful information on sanitation service delivery in rural areas and assist in unearthing the challenges faced in rural areas and possible means of alleviating these challenges. The study would contribute to the existing knowledge base or scholarly literature on local government and rural development in South Africa and provide key lessons to policy makers and practitioners engaged in rural sanitation. The study would contribute towards policy formulation in local government. The study seeks to raise awareness on the environmental impact caused by lack of sanitation in areas where there is no provision of basic sanitation. The study would prevent water contamination and spread of diseases like cholera caused by lack of proper sanitation in rural areas. The study would contribute toward encouraging community participation in the decision making within their municipalities. It was the aim of the study for other municipalities to use Buffalo City example as a benchmark for best practices in rural sanitation.

1.15. Ethical Considerations

The names of participants were not used only pseudo-names were recorded. Anonymity and confidentiality were guaranteed. The participants were notified about the nature of the study. A permission of entry to the areas was sought through the office of City
Manager, Ward Councillors and chiefs in areas where they exist. There was no harm, physical, emotional or psychological to the participants. Reporting has been done in such a way as to protect the identity of participants.

1.16. Structure of the Thesis

Chapter 1: Introduction and Research Problem

Chapter 2: Literature Review

Chapter 3: Research Design and Methodology

Chapter 4: Research Findings: Discussion and Analysis of the findings

Chapter 5: Recommendations and Conclusion
CHAPTER TWO: LITERATURE REVIEW

2.1. Introduction

Studies of rural South African perceptions and attitudes are scarce. This is clear from the literature on sanitation in rural areas. This is the gap the study aims to fill. The 1994 White Paper on Reconstruction and Development identified local government as an important vehicle for taking forward the basic principles of the Reconstruction and Development Programme (Forie, Davids and Losch 2004: 6). South Africa held its first local government elections on the 5th of December 2000. Municipalities were tasked with promoting the development and implementing development projects of their communities (Forie, Davids and Losch 2004: 6).

2.2. Sanitation in South Africa Post 1994

After the 1994 political breakthrough, the ANC government put in place pieces of legislation to address the imbalances of the past. Those pieces of legislations are the Reconstruction and Development Programme, the Constitution of 1996, the Integrated Rural Development Strategy and the White Paper on Local Government. These pieces of legislation put Local government in the forefront as a sphere of government closer to the people to address service delivery. The White Paper on Rural Development (1994) promised much but with vagueness with regard to rural development. The Constitution of the Republic of South Africa (1996) lack practical guidelines and has a strong urban bias in provision of services. While on the other hand the White Paper on Local Government had no specific rural focus or consideration (Perret 2006). Most studies have been done on local government and rural development. Galvin for example, have studied the impact of local government in rural development but fall short of showing the importance of sanitation in rural areas. Almost 11 million South Africans have been served with basic sanitation since 1994, more than 13.3 million people do not yet have access to basic sanitation services. This poses a challenge to government commitment to the Millennium Development Goals (MDGs) to halve the number of people without sustainable access to safe drinking water by 2015. Water, sanitation and health are
totally interdependent as the majority of pathogens and parasites are found in excreta, which are responsible for a variety of illnesses, such as cholera and diarrhoea, especially in rural areas. Therefore, the main risk lies in the contamination of the environment by faeces spread near places where people and animals live and next to or into drinking water sources. In rural areas where people defecate in the bush, their faeces flow into the river during the rainy season and contaminate the water. As a result, people who drink this water without boiling it contract diseases, such as cholera or typhoid (WHO 2004). The above discussion suggests that lack of sanitation services to rural areas has a health as well as environmental impact to the lives of rural people. These lack of services in rural areas results in the exodus of people from rural to urban areas in search of better living conditions. In the past apartheid regime, service delivery and resource were allocated in the cities and urban areas thus neglecting rural areas. The study is interested to found out whether in the post apartheid South Africa the municipalities have fallen in the trap of neglecting rural areas and focusing on urban areas in terms of service delivery using rural sanitation.

2.3. Rural Urban Debate

South Africa’s history of apartheid resulted in the resources which were skewed toward urban areas of uneven development generated or maintained by urban-oriented policies. According to Adel (1999) disparities in urban and rural sanitation coverage remain daunting. Improvements in sanitation are bypassing the poor. Lipton (1977) state that the most important class conflict in the poor countries of the world today is not between labour and capital nor it is between foreign and national interests. The class conflict according to Lipton (1997) is between the rural classes and the urban classes. The rural sector contains most of the poverty, and most of the low-cost sources of potential advance; but the urban sector contains most of the articulateness, organization, and power (Lipton, 2005). Lipton’s basic argument of “urban bias” is that the urban dwellers, having far more power than the rural ones, are able to divert a disproportionate share of resources towards their own interests and against the rural sector (Moller, 1985). Buffalo City Municipality is characterized by social inequality e.g.
wealth, power, access to resources among the individual, social groups and across rural urban sector. There are sharp disparities between rural and urban population with bulk of resources tilted towards urban population. Moller (1985) argues that it is a commonly held assumption that population pressure and exhausted rural resources have had a detrimental effect on the basic need fulfillment of South Africa’s rural population. Sanitation should be fairly distributed as it is important to everyone as basic need and human dignity. How far has the progressed toward meeting millennium development goals?

2.4. Millennium Development Goals

Still et al (2009) argues that at the World Summit on Sustainable Development in 2002 the importance of sanitation was recognised when the target to halve, by 2015, the proportion of people without access to basic sanitation was added to the Millennium Development Goals. According to the UNDP (2011) the Millennium Development Goals and targets come from the Millennium Declaration, signed by 189 countries, including 147 Heads of State and Government, in September 2000 and from further agreement by member states at the 2005 World Summit (UNDP, 2011). Lane (2004:76) argues that the MDGs put particular emphasis on the importance of improved coverage of water and sanitation supply and have a global target to reduce “by half the proportion of people without sustainable access to safe drinking water and basic sanitation by the year 2015” (Lane 2004). Lane (2004) goes on to say the seventh goal of Millennium Development Goals is ensuring environmental sustainability. It contains a target 10 with aims to halve the proportion of people suffering the lack of access to safe drinking water and basic sanitation by 2015 (Lane 2004:77). Huuhtanen & Laukkanen (2006) argue that to halve the proportion of people suffering from the lack of access to proper sanitation from 1990 by 2015 the global coverage of sanitation should increase to 75 percent. Huuhtanen & Laukkanen (2006:136) argues that 1, 9 billion people would lack proper sanitation services by 2015. With the present sanitation programmes and the predicted population growth only 2,4 billion people level can be achieved, which means that the sanitation coverage would stay at the present level (Huuhtanen & Laukkanen
In September 2000, the United Nations General Assembly adopted a number of Millennium Development Goals that challenged the global community to reduce poverty and increase the health and well-being of all peoples. In September 2002, the World Summit on Sustainable Development in Johannesburg reaffirmed these goals and added specific targets on sanitation and hygiene (World Health Organization 2004).

2.5. South Africa’s progress in meeting the Millennium Development Goals

Tissington (2011) argues that as of March 2009 more than 10 million households (77 percent) had access to sanitation. Between 2001 and 2008, approximately 73 percent of the population had access to basic sanitation services and the basic sanitation backlog was reduced to 27 percent. By 2010, the sanitation backlog is estimated to have been reduced to 21 percent from a high of 52 percent in 1994. According to the General Household Survey 2010 released by Statistics South Africa (Stats SA) in May 2011, a functioning basic sanitation facility is defined as a flush toilet connected to a public sewerage system or septic tank or a pit latrine with ventilation pipe. As of 2010, the total national access to basic sanitation is 70 percent of households in South Africa. Nationally, as of 2010, 2.5 million households were using an unventilated pit latrine, 110 000 households were using the bucket system and 727 000 households had no toilet at all. According to the General Household Survey, the highest proportion of individuals having to do without toilet facilities or having to use bucket toilets is in the Eastern Cape (16.3 percent), Limpopo (8.6 percent), Northern Cape (6.8 percent) and Mpumalanga (6.6 percent). Initially, the target for universal access to basic sanitation was 2010; however, this target has been shifted to 2015 (Tissington, 2011). The government also focused on the provision of sanitation to poor households, as lack of sanitation has consequences for public health. The primary focus was to install sewerage infrastructure and provide adequate toilets, but badly designed and operated systems themselves pose health risks, requiring therefore the upgrading and maintenance of existing systems. By 2006, 70.75% of households in South Africa had access to acceptable sanitation defined as a ventilated improved pit latrine, leaving a backlog of more than 3.7-million households33. Households without access to basic sanitation
services continue to use the bucket system, pit toilets, or the veld. While over 97% of Whites and Indian/Asian people in South Africa had access to a flush or a chemical toilet in the 2001 Census, only 41.6% of Black African people did. More than a third (36.2%) of Black Africans still had to use a pit latrine in 2001, compared to just under 5% of Coloured people, 1% of Indian/Asian people, and 0.4% of White people. The South African government has advanced in addressing both sanitation and water supply backlogs since 1994 the backlog in terms of sanitation has been reduced from 52% in 1994 to 21% at the end of 2010 and achieved the 2015 Millennium Development Goal for halving the proportion of population without sustainable access to basic sanitation in 2008. Not content with having achieved the MDG target seven years before the globally set target, South Africa set itself the target of achieving universal access to sanitation by 2014. However, as this study reveals the advances made in the provision of adequate sanitation services, addressing outstanding backlogs and sustaining access faces many risks including ensuring the quality of structures built, maintenance of infrastructure, revenue collection to fund the on-going provision of the service, community liaison and participation to ensure acceptability and responsibility for the services and effective management of the sanitation programme at all levels of government. The issue of access is also affected by the on-going growth of informal settlements, particularly in urban areas, due to the rural-urban migration as well as from population growth and the influx of foreign nationals.

1.6. Rural Sanitation in South Africa

The research seeks to evaluate rural sanitation in Buffalo City Municipality. It is best that rural areas are defined as a focus of the study. The Rural Development Framework (1997) define rural areas as sparsely populated areas in which people farm or depend on natural resources, including villages and small towns that are dispersed through these areas. According to the Rural Development Framework 91997) rural areas are areas that include large settlements in the former homelands, which depend on migratory labour and remittances as well as government social grants for their survival, and typically have traditional land tenure system (Rural Development Framework 1997).
According to UNIFEF (2004) the fundamental aim of rural sanitation is to improve health status of rural communities. The aim is to make sanitation facilities more convenient, affordable, appropriate and reliable. UNICEF (2004) argues that sanitation programmes should enhance the community's capacity to manage its own environment and the capacity of local institutions to address sanitation problems (UNICEF, 2004).

It would be prudent to give an account of how sanitation services were provided in South Africa before the political breakthrough in 1994. According to UNICEF, (2006:11) prior to 1994 municipalities were responsible for providing water supply and sanitation services in cities and towns. The rural areas were the responsibility of satellite 'homeland' governments set up by the apartheid state. In 1994, the newly elected democratic government assumed responsibility for water supply and sanitation nationally and embarked on an ambitious program of delivering basic services, primarily in rural areas. A National Community Water Supply and Sanitation Program were established with dedicated funding from the national government (UNICEF, 2006:11). Moilwa and Wilkinson (2004:124) argue that after 1994 political breakthrough, South African government began a national rural sanitation programme. Moilwa and Wilkinson (2004) argue that funds were allocated to supporting the provision of basic services, including water supply and sanitation provision to rural communities throughout the country. A significant number of sanitation projects were initiated by the Department of Water Affairs and Forestry (DWAF), and Mvula Trust throughout the country. Ventilated Pit Toilets (VIPs) were piloted as the latrine of choice. Significant government and donor investment supported a R600 subsidy for each household latrine as part of the government’s Free Basic Services policy (Moilwa and Wilkinson 2004:129).

According to Moilwa and Wilkinson (2004:132) the cholera outbreak in 2000 and 2001 resulted in over two hundred (200) deaths and infected over hundred thousand (100,000) people. The Department of Water affairs and Forestry (DWAF), sought to significantly scale-up sanitation coverage, in an attempt to stop the spread of cholera and minimize the chance of a further outbreak at that scale. Moilwa and Wilkinson (2004) argue that modifications were made to programme approaches, such as short-
circuiting hygiene awareness and education aspects, foregoing the demonstration of a range of latrine options and fast-tracking payments to communities, so as to enabling faster construction of latrines (Moilwa and Wilkinson, 2004). According to WHO (2004:68) the Reconstruction and Development Programme (RDP) was part of a shared vision of providing basic needs. The Department of Water Affairs and Forestry (DWAF) delivered a significant and intensive infrastructure programme in rolling up rural sanitation. The Department of Water Affairs and Forestry allocated more than US$ 230 million to water and sanitation projects in 2002. The South African National Sanitation Programme has set a goal of providing access to all people in rural, peri-urban and informal settlements by 2010, five years faster than the Millennium Development Goals specify. In 2002, sanitation services were provided to an additional 2.4 million people (WHO 2004). The south African National Sanitation Programme has set a goal of providing access to all people in rural, peri-urban and informal; settlements by 20110, five years faster than the Millenium development goals target (WHO, 2004). According to Moilwa & Wilkinson (2004) funds were allocated to supporting the provision of basic services, including water supply and sanitation provision to rural communities throughout the country (Moilwa & Wilkinson 2004). Moilwa & Wilkinson (2004) argues that a significant number of sanitation projects were initiated by the Department of water Affairs and Forestry (DWARF). An NGO Mvula Trust facilitated fund flow from government, donors and multilateral agencies to these implementing agents. Mvula Trust according to Moilwa & Wilkinson (2004) provided a platform coordination and lesson sharing and directly implementing a number of projects. Moilwa & Wilkinson (2004) argues that Ventilated Improved Pit Toilets (VIP) were piloted as the latrine of choice. Government approved a R600.00 subsidy for each household latrine a part of the government’s free basic services policy. Moilwa & Wilkinson (2004) goes on to say people were trained and employed to build toilets for their respective wards. Moilwa & Wilkinson (2004) argue that the Amathole District Municipality community members formed the steering committee to manage and facilitate the (ADM) was the implementing agent off sanitation in rural areas. The Buffalo City Municipality then took over building toilets in its area of jurisdiction (Moilwa & Wilkinson 2004). The study seeks to investigate whether the municipality has carried its mandate to provide
sanitation services to its rural communities. If yes, what are the challenges facing the municipality in execution this important service delivery mandate?

2.7. Devolution of Sanitation Services to Local Government

According to SALGA (2011), local government is regarded as the sphere of government closest to the people. Municipalities are at the coalface of deepening democracy and accelerating the delivery of services (SALGA, 2011:25). Local government stands at the threshold of an exciting and creative era in which it can and will make a powerful impact on reconstruction and development in our new democracy (White Paper on Local Government 1998:6). Local government has been gradually established and strengthen as the third constitutional sphere of governance and rural development has taken a growing place into political discourse from 1994 onwards (Perret 2004:1). According to the ANC National General Council discussion documents local government has contributed to the achievement of a number of significant social and economic advances, since the ushering in of the new democratic municipal dispensation in December 2000. The majority of people have increased access to a wide range of basic services and more opportunities have been created for their participation in the economy (ANC National General Council Discussion Documents 2010:20). The African National Congress January 8th statement 2009, put it clear that rural situation in South Africa is still characterized by division; there are well developed areas and the former homelands and other deep rural areas where the majority of people especially rural women, continues to live in conditions of degradation and poverty. The statement goes on to say, unemployment in rural areas is disproportionately high, and many rural areas lack basic infrastructure such as roads, water, electricity supply and sanitation. These conditions force people to migrate to urban areas in search of better life, which adds to the lack of human resources in rural areas and places an increased burden on service delivery in urban areas. The statement argues that part of the answer is thus to develop the rural areas (ANC January 8th statement 2009:12). Rural sanitation is on top of the political agenda in order to restore people’s dignity and to curb diseases and the pollution of the environment. Sanitation is one of the most pressing global development
issues and is appropriately included in the Millennium Development Goals (MDGs) (WHO 2004). According to the WHO (2006:117) sanitation suffers from political neglect at every level. There is a sense of shame and stigma attached to the issue that prevents it from being a high profile political issue. Unlike more attractive issues like water, or issues like HIV/AIDS which have overcome their stigma, sanitation still largely a hidden issue (WHO 2006).

Galvin (1999:230) argues that after 1994 political breakthrough, the ANC government introduced local government as a means of strengthening its capacity to deliver services to meet the expectations of the population. The ANC believes that local government would play the leading role in driving development and would depend on local organisations to assist with implementation (Galvin 1999). The Constitution of the Republic of South Africa (1996) states that local government is a sphere which has the right to govern, on its own initiative, the local government affairs of its community subject to national and provincial legislation, as provided for in the constitution. Galvin (1999:95) quotes McIntosh (1995:9) as saying that, the Constitution requires local government to structure and manage its administration, and budgeting and planning process to give priority to the basic needs of the community and to promote the social and economic development of the community. The White Paper on Local Government 1998 states that the Constitution of the Republic of South Africa (1996) mandates local government to provide democratic and accountable government for local communities, ensure the provision of services to communities in a sustainable manner, promote social and economic development, promote a safe and healthy environment and encourage the involvement of communities and community organizations in the matters of local government (White Paper on Local Government 1998:8). According to Tissington (2011:13) the primary responsibility for providing sanitation services in South Africa primarily rests with local government that is municipalities (Tissington, 2011). In order for municipalities to fulfill this mandate, certain pieces of legislations were promulgated to guide the municipalities on service delivery.
2.8. Legislative Framework for Service Delivery in Local Government

Mathekga & Buccus (2009:13) argues that the aim of the legislative framework is not only to bring about service delivery, but also to rebuild local communities whose livelihood has been fundamentally damaged by the apartheid system. Local Government in post 1994 South Africa went through two phases i.e. a transitional phase between 1995 & 2000, followed by the establishment of fully fledge municipalities in 2000 (Mathekga & Buccus (2009:13). The following section discusses some of the pieces of legislations are discussed. The Local Government Transitional Act No. 209 of 1993 (LGTA), provided an overarching framework for the transformation of local government in preparation for ushering in a new democratic dispensation for South Africa. The act outlines three phase transition for local government i.e. the pre interim phase, the second phase and the interim phase (Mathekga & Buccus 2009:13). This as Ntsebeza put it means that the key instrument or vehicle for development in rural areas was missing (Ntsebeza 2006: 447). The Local Government Transitional Act of 1995, rectified the silence about the form local government would take in rural areas in the form of transitional rural councils (TRC) (Ntsebeza in Padayache 2006:447). The Constitution of the Republic of South Africa (1996) gives local government a pivotal role in social and economic development and enhancing democracy at the local level. The Constitution of the Republic of South Africa (1996) section 152 (1) mandates local government to provide democratic and accountable government for local communities, ensures the provision of services to communities in a sustainable manner and promote social and economic development. Local government is mandated to promote a safe and healthy environment and encourage the involvement of communities and community organizations in the matters of local government. Galvin (1999:95) cites McIntosh (1995:9) as saying that the constitution requires local government to structure and manage its administration, and 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. The White Paper on Local Government (1998) puts forward a vision of a developmental local government, which centers on working with local communities to find sustainable ways to meet their needs and improve the quality of their lives.
The White Paper on Local Government (1998) establishes the basis for a new local government system which is committed to working with citizens, group and communities to create sustainable human settlement which provide for a decent quality of life and meet the social, economic and material needs of communities in a holistic way. The White Paper (1998) urges local government to focus on development outcomes such as the provision of household infrastructure and services, the creation of liveable, integrated cities, towns and rural areas, and the promotion of local economic development and community empowerment and redistribution. The White Paper on Local Government (1998) and related Municipal Systems Act (2000) were intended to support South Africa in building a developmental local government system and establish a framework within which municipalities could plan and deliver equitable services, and promote local economic development (White Paper on Local Government 1998:153). According to Idasa (2009) the White Paper on Local government represented a radical orientation of local governance and gave reality to the paradigm shift in terms of how municipalities should integrate development planning with community based goals (Idasa 2009). Mathekga & Buccus (2009) argues that The Municipal Demarcation Act made provision for the re-demarcation of municipal boundaries and establishment of the Municipal Demarcation Board (MDB) tasked with demarcating municipal boundaries in accordance with a set of factors in the Act. The Act led to the reduction of municipalities in South Africa from 843 to 284 units (Mathekga & Buccus 2009:13).

The Municipal Structures Act 117 of 1998 clarifies the status of municipalities and provides the framework for the establishment of municipalities in accordance with the requirements and criteria relating to categories and types of municipalities (SALGA 2011:33). The Act determines the appropriate division of powers and functions between categories of district and local municipalities and regulates the governance structures and electoral systems for newly demarcated municipalities (SALGA 2011:33). The Municipal Systems Act, 32 of 2000 defines how a municipality should provide municipal services to citizens. The aim of the act is to provide for the core principles, mechanisms and processes that are necessary to enable municipalities to move progressively towards the social and economic upliftment of local communities, and ensure universal
access to essential services that are affordable to all; to define the legal nature of a municipality as including the local community within the municipal area, working in partnership with the municipality’s political and administrative structures; to provide for the manner in which municipal powers and functions are exercised and performed; to provide for community participation (Municipal Systems Act 2000). The Act focuses on the internal systems and administration of a municipality. The Act covers various matters including public accountability and community involvement in policy formulation and decision making. It provides guidelines of making bylaws and establishing Integrated Development Plans. The Municipal Systems Act establishes a performance management system, delivering municipal services, credit control and debt collection (Local Government Municipal Systems Act 2000). Tissington (2011) argues that the Local Government: Municipal Systems Act 32 of 2000 (Municipal Systems Act) provides the machinery and procedures to enable municipalities to uplift their communities socially and economically, and guarantee affordable universal access to basic services. Tissington (2011) goes on to say the Act seeks to empower the poor and ensure that municipalities establish service tariffs and credit control policies that take their needs into account. Section 4(2)(d) of the Municipal Systems Act states that the council of a municipality, within the municipality’s financial and administrative capacity and having regard to practical considerations, has the duty to strive to ensure that municipal services are provided to the local community in a financially and environmentally sustainable manner (Municipal Systems Act, 2000). These legislative pieces governing local govern fall short of coming with strategies on how rural areas could be developed. This is further discussed by Ntsebeza in Padayache (2006:447) that the early conceptualization of post 1994 local government had a strong urban bias. Ntsebeza goes on to say Local Government Transitional Act was silent on the form local government would take in rural areas. The government then put in place a developmental local government to address the shortfall of pieces of legislation.

2.9. Developmental Local Government
According to the White paper (1998), developmental local government puts forward a vision of a developmental local government which centres on working with local
communities to find sustainable ways to meet their needs and improve the quality of their lives. According to Hemson, Meyer & Maphunye (2004:11) developmental local government characteristics are to maximize social development and economic growth. Developmental local government integrates and coordinates national, provincial government departments and parastatals, trade unions community groups to contribute towards the development of an area. It democratizes development by making sure that citizens and community groups are involved in the design and delivery of municipal programmes. Developmental local government has leading and learning characteristics (Hemson, Meyer & Maphunye 2004:11). The White Paper on Local Government (1998), state that a developmental local government should provide household infrastructure and services. It should create and integrated cities, towns and rural areas. It could promote job creation and boosting local economy through local economic development. Municipalities should devise ways of community empowerment and redistribution (White Paper on Local Government 1998).

2.10. Roles and Responsibilities of Local Government in Sanitation

Tissington (2011) argues that the primary responsibility for providing sanitation services in South Africa lies with local government, that is, municipalities. Municipalities have a primary responsibility for health and hygiene education related to sanitation (Tissington 2011:49-50). According to the Constitution of the Republic of South Africa (1996), the Municipal Structures Act of 2000 and the Water Services Act of 1997, the responsibility for the provision of sanitation lies with the municipalities. Local government in respect of sanitation includes; the provision of communal infrastructure such as planning, programming and financing; the operation and maintenance of infrastructure; maintaining a sound working relationships with customers; maintaining of public health for example health education, pollution prevention and control; the promotion of development e.g. facilitating community involvement; technical assistance for the upgrading on site systems; assisting the setting up and capacity building of sanitation committees in rural areas and cooperation with other stakeholders to pool experience and generate consistent approaches (Constitution of South Africa 1996).
Sanitation has been one of the services that needed special focus and attention at local government level. The White Paper on Local Government (1998) refers to local government as a necessary vehicle for the implementation of policies and programmes at local level. Mathekga & Buccus (2009:13) argue that local government system in South Africa has been conceptually crafted not only to play a developmental role, but also to respond to the citizenry. Local government has a democratic mandate to provide a democratic and accountable government for communities excluded from the political sphere during the apartheid era (Mathekga & Buccus 2009:13). The White Paper on Local Government (1998:27) states that local government is responsible for the provision of household infrastructure and services, an essential component of social and economic development. This is further emphasised by Tissington (2011:13) who argues that the responsibility for the provision of sanitation facilities primarily rests with local government. Tissington goes on to say that it is a constitutional mandate that municipalities must provide access to basic services, including sanitation (Tissington 2011:13). This includes services such as water, sanitation, local roads, storm water drainage, refuse collection and electricity. The provision of household infrastructure can particularly make a difference to the lives of women, who usually play the major role in reproductive work which sustains the family and the local society (White Paper on Local Government 1998:27). The above argument suggest that local government was established with genuine intentions to positively affect democracy and to bring about social and economic delivery to the citizens especially the rural poor. The local government system has not live up to its expectations as many rural people still have no access to sanitation. Local governments can contribute to making sanitation and hygiene a reality in local settings by allocating resources to public and school sanitation; hiring sanitation and hygiene specialists; reviewing local planning and technical regulations for opportunities to improve sanitation; and sponsoring hygiene promotion and sanitation marketing (WHO 2004). According to DWAF (2002) local government must plan and budget for the operation and maintenance of sanitation systems. It is also responsible for assisting households to provide their own sanitation and to build their own toilet facilities. Local government must providing access to sanitation and making communities aware of the importance of sanitation in terms of health. Local government
must launch, together with the communities, health and hygiene promotion programmes and monitoring the health of communities. Local government must assist households to operate and maintain sanitation facilities (DWARF 2002:5).

In addressing local government service delivery shortfall, the South African government introduced some interventions in the form of project consolidate and local government turnaround strategy. These two national government interventions were aimed at ensuring that local government meets its obligation and mandate, by assisting municipalities with technical knowhow and skills. Gasela (2007:78) argues that Project Consolidate was a programme designed to address the underperformance of certain ailing municipalities. The situations in many municipalities become desperately worse with a complete breakdown in the delivery of services and infighting among municipal officials. Project consolidate however, did not live up to its expectations as many municipalities struggle to handle its finances thus hindering service delivery such as the provision of basic sanitation to rural people (Gasela, 2007). According to the Department of Water Affairs (2009:67) local government turnaround strategy represented government wide effort to improve overall government functioning of the local government system and accelerate service delivery (Department of Water Affairs 2009). According to COGTA (2009) the strategy aims to restore people’s confidence in municipalities’ ability to deliver services as part of a developmental state approach.

The turnaround strategy also intends strengthening the local government sphere in order to enable a functional, responsive, accountable, effective, and efficient developmental local government. The local government turnaround strategy is based on the following strategic objectives; ensuring that municipalities meet basic needs of communities. The municipalities build clean, effective, responsible and accountable local government. Improving functionality, performance and professionalism in municipalities and strengthening partnerships between local government, communities and civil society. The turnaround strategy would “reinforce the good and best practices in municipalities whilst at the same time ensuring that the root causes of problems impacting on municipal performance are confronted effectively (Department of Local Government and Traditional Affairs 2009).
2.11. Sanitation Systems in South Africa

According to Tissington (2011), the minimum standard of sanitation system is the provision of appropriate toilet which is safe, reliable, environmentally sound, easy to keep clean, provide privacy and protection against the weather, well ventilated, keep smell to a minimum and prevents the entry and exit of flies and other diseases carrying pests (Tissington 2011:76). The following systems are used in South Africa; traditional unimproved pits, bucket toilets, portable chemical toilets, ventilated improved pit toilets, low flow on site sanitation, septic tanks and soakaways, septic tank effluent drainage and full water bone sewerage (National Sanitation Policy 1996).

According to the Human Rights Development Report (2006:3) ventilated improved pit latrines (VIP) with a slab are effective sanitation systems because they isolate human excreta from the surrounding environment and prevent the transmission of faeco-orally transmitted diseases. The Human Rights Development Report (2006) goes on to say VIP toilets do not require water so are appropriate in areas where there is no adequate water supply. They are easy to be used by many people and thus are acceptable to users. Alternating double pits will allow the excreta to drain, degrade and transform into a nutrient-rich, safe human material that can be used to improve soils. They avoid contamination of surface water and top soil if properly installed and maintained. They can be constructed with minimum cost using local material and local skills. The presence of properly constructed slabs will allow easy cleaning and avoid flies and unsightliness. The VIP pit eliminates sanitation related diseases such as diarrhea, cholera, typhoid, shigella, dysentery, gastroenteritis, hepatitis, various worm infections, etc. The dry VIP pit system prevents any form of underground water pollution (Human Development Report 2006:13). The Ventilated Improved Pit toilets have some limitations. There may be a foul smell from the pit and they can be a favourable place for the breeding of flies and mosquitoes. With single pits, a new pit needs to be dug every time one gets full. They can be susceptible to failure and overflowing during floods. According to the Human Development Report (2006) VIP is not always simple to upgrade existing pit latrines to achieve full benefits of a VIP. The report goes on to say
there is a need to keep the superstructure dark to achieve full benefits of fly control can mean that children fear going to the toilet. People with disabilities have difficulty in sitting correctly on the toilets (Human Development Report 2006:3).

**2.13. The Impact of Inadequate or Poor Sanitation**

According to United Nation Secretary General Ban Ki-moon, (2010) adequate sanitation is crucial for poverty reduction, crucial for sustainable development and crucial for achieving any and every one of the Millennium Development Goals. The UN Secretary General goes on to say the United General Assembly declared sanitation a human right essential to the full enjoyment of life and other human rights. Access to basic sanitation is a legal entitlement rather than a commodity or a service provided on a charitable basis. Access to basic sanitation is not only fundamental for human dignity and privacy but is one of the principal mechanisms for protecting the quality of water resources. It is a right to life and human dignity (Ban Ki-moon, 2010). Tissington (2011:13) argues that adequate sanitation is fundamental to personal dignity and security, social and psychological well being, public health, poverty reduction, gender equality, economic development and environmental sustainability (Tissington 2011:13). According to WHO (2006) sanitation is crucial to global health. WHO (2006) goes on to say that human waste is full of dangerous bacteria that can cause diseases like cholera, typhoid, infectious hepatitis, polio, cryptosporidiosis and ascariasis. According to WHO (2006) when waste is not properly managed, it can come into contact with skin, water, insects and other things that ultimately transfer the bacteria back into the human body where it can make people sick. The primary purpose of good sanitation is health through diseases prevention (WHO 2006). According to Postnote (2002) increasing access to sanitation is a key component of development and poverty reduction. Postnote (2002) goes on to say that access to has a major health, social, economic and environmental benefits. The following according to Postnote (2002) are benefits of improved access to sanitation: child survival, development and growth; privacy, safety, dignity, a cleaner environment and greater convenience to users. Improved sanitation reduces health costs, save lives and reduces the working days lost to illness. Proper sanitation also encourages tourism thus improving economic growth and maximizes the investment of
water supply. Sanitation helps the environment by protecting the quality of water (Postnote 2002:17). Lane (2004) argues that better sanitation provides greater privacy, convenience, safety, and dignity; these aspects are particularly important for women (Lane 2004:13). Lane (2004) argues that poor sanitation has negative impact in health, economy and environment. Tissington (2011:13) argues that poor sanitation promotes the spread of preventable diseases like diarrhea and cholera. Inadequate sanitation is a major cause of disease world-wide and improving sanitation is known to have a significant beneficial impact on health both in households and across communities (Tissington 2011:13). According to UNICEF (2004) the main objective of sanitation system is to protect and promote human health by providing a clean environment and breaking the cycle of diseases. Programmes should make sanitation facilities more convenient, affordable, appropriate and reliable. Sanitation programmes should enhance community capacity to manage its own environment (UNICEF, 2004).

According to WHO and UNICEF (2000) inadequate sanitation can cause several diseases, which are transmitted from faeces to humans via contaminated hands, soil, water, animals and insects. Inadequate treatment or disposal of human excreta and other waste can lead to transmitting and spreading of diseases originating from excreta (WHO & UNICEF 200). Devine and Kullmann (2012) argue that about 88 percent of diarrheal diseases are attributed to unsafe water supply and inadequate sanitation and hygiene. Devine & Kullman (2012) argues that about 1.8 million people die every year from these diseases, the vast majority of whom are children under five years (Devine and Kullman 2012:73). Inadequate sanitation leads to environmental degradation and dispersed pollution of water sources. Poor sanitation has significant impact on health thus affecting the quality of life, education and development (WHO 2004).

2.13. Community Participation

Community participation is essential to achieve meaningful rural sanitation. Lombard (1998:118) suggest that community participation involves local empowerment through organised groups of people acting collectively to control decisions, programmes and projects and policies that affect them as community. Moller (1985) poses a question at
which level should basic need fulfilment is measured: at the community, regional or national level? Consistent with the grass-roots conception of basic needs one might propose that basic need priorities be determined within the local community context. This implies that community participation is required to obtain valid measures of basic needs. If we apply this idea in the rural areas, one might stipulate that it is the household which is the unit of consumption and also production of basic goods and services. One of the basic features of a development programme is that the people who are targeted as the beneficiaries must be involved in its planning and execution. Development is the process of people taking charge of their lives and is to gain an increasing power to define, to analyze and to solve one's own problems’ (Kent 1981:313). According to the RDP White Paper (1993:4) the process of renewal can only succeed if it involves the people themselves in the act of creation, as voluntary participants in the advancement towards the realization of the goals they themselves have helped to define (RDP White Paper 1993). Communities participates in sanitation development projects however, there is slow progress in the rollout of sanitation in rural areas.

2.14. Factors Contributing to the Slow Progress in Sanitation Rollout

Literature and media reports suggest that there is little or slow progress in the allocation of toilets in South Africa rural areas. Among the main problems according to UNICEF (2004) which are responsible for the slow progress in sanitation rollout are lack of priority given to the sector, lack of financial resources, lack of sustainability of water supply and sanitation services, poor hygiene behaviours, and inadequate sanitation in public places including hospitals, health centres and schools. Parnell et al. (2003:32) argue that the “fragmented” nature of local government inherited from apartheid is a major obstacle to the effective design of indigent support in South African cities. They assert that the historical legacy, lack of resources and affordability of the poor has compromised the effectiveness of local government delivery. De Visser (2009) takes a different position and claims that although local government has an impressive record of service delivery, the problems remain entrenched and he identifies a number of fault lines. One of these relate to the size of the municipalities in terms of their larger areas of
control in contrast to European municipalities which cover much smaller areas, which he views as challenging to Local Government in realizing their objectives of community participation and service delivery (Nyaluba:12). Nyaluba (2006:18) argues that local government inherited growing responsibility for service delivery, primarily because South Africa has inherited a public sector marked by fragmented and gross inequalities at all levels of state activity (Nyaluba 2006:18). Ntsebeza in Padayache (2006:451) argues that the problem facing rural development is that the main driver of this process, local government, is often very weak and poorly equipped to deal with the challenges of developmental local government. Ntsebeza goes on to say rural councillors are weak and incapacitated. Local community participation is limited. The boundaries have been expanded and number of councillors reduced (Ntsebeza in Padayache 2006:451). Ntsebeza blames the GEAR programme, which states that local government is expected to meet at least 90% of its expenditure needs, although it is entitle to an equitable share of national revenue. Minimizing the role of the state in the delivery of services like privatization of services has negative impact in policy implementation. Ntsebeza qualifies this point by saying private bodies are profit driven and accountable to themselves and are not committed to the improvement of the socioeconomic conditions of citizens (Ntsebeza in Padayache 2006:453). Ferguson (1996) argues that development projects have achieved very little in terms of reversing inequalities in the world economy. Escobar (1995:33) argues that development discourse was problematised that it took very little the knowledge and experience that exist in the world. Development ignored local knowledge and culture. Escobar goes on to say that there is a gap between decision makers and people on the ground whom the development is planned for them. According to Escobar (1995:33) development planners must listen to the people whom development is being planned for what they know and how they imagine the world. Planners and decision makers need to acknowledge and accommodate local knowledge. Escobar blame the different agents for having only considered a small aspect of the local people’s lives without analyzing broader consequences. The development project is seen as an effort of modernization and an eradication of the indigenous culture. Many anthropologists also point out how development efforts often attempt to de-politicize change by a focus on instrumental
assistance but not on the objective conditions that led to the development failure, nor the content of what the school might or might not teach. International development efforts are perceived as band-aids that addresses symptoms but not causes (Escobar 1995:34). According to Hill (1986:206), the failure of many rural development schemes stems from the fact that they are derived from inappropriate methodologies which have failed to fully comprehend the dynamics of rural life. These methodologies have failed to understand the complexities of the socioeconomic and cultural contexts in which indigenous livelihood and production systems function. Methodologies used in the past have a strong econometric bias and an obsession with the search for universal solutions, rather than trying to identify appropriate strategies for the particular local context. In addition, a lack of empathy and developers’ inability to communicate with the supposed beneficiaries of development has sometimes led to antagonism (Hill 1986).

Tissington (2011) identified several challenges at the local government level which impede the delivery of sanitation service. Those challenges are as follows: Failure of many municipalities to implement Free Basic Sanitation policies, and to ensure access to basic services for poor households. Inadequate national financing to address sanitation backlogs, particularly in small towns and rural areas; municipal tariff structures generally not well developed outside metropolitan municipalities; shortage of critical skills and competencies in most municipalities, especially rural and poor municipalities; lack of strong leadership and management at the local level; involvement of political representatives in the management of service provision, and the need to limit these inappropriate political interventions in service delivery; financial viability deteriorating in many municipalities due to poor revenue collection and management, coupled with the inability of those living in poverty to pay for services and the challenges of providing free basic services sustainably in this context. Municipalities are failing to perform, thus affects sanitation delivery. This failure is evident by increasing community protests throughout the country (Tissington, 2011). According to DWARF (2001) the following factors contribute to the slow progress in addressing sanitation backlogs. Sanitation is a low priority on household level and in all spheres of government. Funds allocated to sanitation are inadequate to address the backlog sufficiently. There is limited human capacity in the sanitation sector and limited funding to build capacity.
Local government is often weak in the areas of highest need which is rural areas. Sanitation is still seen as a programme aimed at providing infrastructure only. The health impact is therefore limited. There is inadequate understanding and acceptance of the various technical options. There is limited programme management capacity for large-scale community-based implementation. There is inadequate co-ordination and integration of planning on all levels. Grant funding programmes are fragmented and follow different criteria (DWARF 2001).

According to Phaswana-Mafuya (2004), rural communities experience structural, economic, educational, and social, health and technological challenges in sanitation. Structural challenges according to Phaswana-Mafuya (2004) refer to the resources needed by rural communities to enjoy adequate sanitation. The structural constraints impede sanitation development in rural areas include inadequate water supply, poor facilities for the safe disposal of waste, inadequate toilet facilities and hand washing facilities. Phaswana-Mafuya (2004), argues that these challenges are at the heart of rural sanitation development and are the most difficult to address because they involve availability of resources (Phaswana-Mafuya 2004). Phaswana-Mafuya (2004) argues that economic and financial challenges include the high cost of sanitation to low income families. Rural communities lack strong economic base and their household income lag far behind those of urban areas (DWAF 2002:43). According to DWAF (1996:9) educational challenges include lack of access to health and hygiene education. Hygiene education contributes to the enhancement of the quality of life through improved general health knowledge (DWAF 1996). Phaswana-Mafuya (2004) argues that social challenges have to do with the lack of community involvement and participation in sanitation projects. Community involvement in the project and decision making increases sustainability (Phaswana-Mafuya 2004). According to DWAF (1996:17) choosing the most suitable sanitation system is not a simple decision to be made only by engineers. There are various important points to consider for example whether technology is acceptable to people or not. Cultural factors affect sanitation practices in some communities and must be taken into account (DWAF 1996:17). According to
DWAF (1996:39) inadequate sanitation leads to the spread of waterborne disease such as bilharzia, schistosomiasis, guinea worm, yaws and diarrhea.

2.15. Conclusion

The apartheid government in South Africa did not only leave the population divided along racial lines but with huge challenges of inequality, poverty and underdevelopment. The daunting task faced by the ANC government post 1994, was to correct the imbalances of the past. Local government was created as the third sphere of government closer to the people is tasked to play a developmental role to change the lives of the people. Local government could only achieve this role through the passing of pieces of legislations. Chief amongst the pieces of legislations at a local level is the constitution which gives local government a pivotal role in social and economic development and enhancing democracy at the local level. Rural sanitation is but one critical area that local government should look at as it affects human lives and polluting the environment. Literature reviewed indicates that rural areas still require a high level of government intervention to promote development, and if these interventions are to be successful and sustainable they must be guided by a clear vision (White Paper on Local Government 1998).
CHAPTER THREE: RESEARCH METHODOLOGY & METHODS

3.1. Introduction

The research methodology section deals with methodological tools, which are used to achieve objectives of the research paper. Research methodology defines what the activity of research is, how to proceed, how to measure progress, and what constitutes success. Correctly chosen methods make research paper credible and in-depth, trustworthy academic work (Kirk & Muller 1986:206). This chapter deals with the research methodology applied by the researcher and the reasons for choosing the method in question. The chapter also gives details about data collection and the sampling techniques applied.

3.2. Research Methodology

Methodology can be defined as the analysis of the principles of methods, rules and postulates employed by a discipline. It is the systematic study of methods that are, can be, or have been applied within a discipline or a particular procedure or set of procedures. Methodology is a pure research when a researcher collects information with the help of different tools and the choice of these tools defines the level of the research paper (Wong, 2009). The research methodology adopted by the researcher in the study is a qualitative approach.

Ritchie & Lewis (2003) define qualitative approach as one in which the inquirer often makes knowledge claims based primarily on constructivist perspectives such as individual experiences and meanings socially and historically constructed. Qualitative research is defined as any kind of research that produces findings not arrived at by means of statistical procedures or other means of quantification and instead, the kind of research that produces findings arrived from real-world settings where the phenomenon of interest unfold naturally. The researcher used the qualitative research method as Terreblanche & Durrheim (2006:78) put it to make sense of feelings, experiences, social situations or phenomena as they occur in their real world. The researcher was particularly interested in finding out how the communities perceive rural sanitation in
order to gain a rich and complex understanding of people’s experience as suggested by Maxwell (1996: 245). Through qualitative approach, the researcher received first hand information about the participant’s experience in rural sanitation. Maxwell (1996) argues that qualitative approach is an ideal approach to capture what people say about their meanings and interpretations (Maxwell 1996:245). The researcher used qualitative approach as suggested by Garber (1996:283) to gain better self-understanding and increase insight into the human condition in rural sanitation in the Buffalo City Municipality.

3.3. Target population

As the study investigates rural sanitation in Buffalo City Municipality, the researcher targeted citizens of Buffalo City Municipality such as the councillors, officials, and community members. Buffalo City Municipality has fourteen rural wards. Five rural wards were selected those are (Peelton, Dongwe, Nxarhuni, Tshalumna and Ncera), Nurses, Teachers, Community Development Workers (CDW), and Ward Committees in these wards forms part of the population of the study population. The researcher interviewed five ward councilors, two officials, twenty five community members, five nurses, five teachers and ten community development workers. The researcher interviewed fifty two participants in order to generate more information for the generalization of the study into Buffalo City Municipality.

3.4. Sampling procedure

According Mouton (1996:132) sampling refers to procedures which involve some form of random selection of elements from a target population. Gray (2004:170) defines sampling as the process of selecting a number of study units from a defined study population. The aim of sampling in social research is to produce representative selections of population elements (Mouton 1996:132). Five wards have been selected; councillors from the five wards formed part of the study. Members of the Ward Committees from the five wards were interviewed. One Community Development Worker (CDW) from each ward was interviewed. Two officials from the directorate of
Engineering, a nurse from five clinics, and five teachers from five different schools were selected for the study.

3.5. Stratified Sampling Method

The researcher used the stratified sampling method because the study group was not homogeneous. According to Gray (2004) stratified sampling is a variant on simple random and systematic methods and is used when there are a number of distinct subgroups, within each of which it is required that there is full representation. A stratified sample is constructed by classifying the population in sub-populations, based on some well-known characteristics of the population, such as age, gender or socio-economic status. Stratified sampling recognizes diversity like sex, educational level, different departments etc. In a stratified sample the sampling frame is divided into non-overlapping groups or strata, e.g. geographical areas, age-groups, genders. It helps minimize sampling bias that could result if diversity were not recognized (Gray 2004:176). By using a stratified sample the researcher aimed at achieving greater precision than a simple random sample. It is often more convenient to stratify a sample than to select a simple random sample (Creswell 2003:76). The researcher used stratified sampling because it guarantees better coverage of the population and that the researcher has control over the subgroups that are included in the sample. The researcher developed four interview schedules, one for councillors and ward committees, for nurses and teachers, for community members and for community development workers. Participants were interviewed in different times and different settings due to their availability for example councillors were interviewed at East London City Hall after the workshop they attended there. Community Development Workers were interviewed at lunch time during their workshop at Mdantsane Indoor Sport Centre in September 2011. Other participants like teachers and nurses were visited at their workplace for an interview.
3.6. Data Collection Method

According to Varkevisser et. al. (1991) before the researcher could start collecting data he or she must obtained consent from the relevant authorities, individuals and the community in which the project is to be carried out. This may involve organizing meetings, arranging appointments and submitting written request letters for conducting research. The researcher obtained permission to proceed with the research at the various levels i.e. municipality, ward councillor’s offices and the chiefs. The researcher wrote to the Office of the Speaker requesting permission to interview councilors and ward committees. Permission was sought from the City Manager to interview Buffalo City Municipality officials. The researcher met and phoned the ward councilors requesting them to allow him to conduct interviews in their respective wards to community members. Permission was granted by school principals and sister in charge of clinics for the researcher to conduct his interviews at their sites. The researcher obtained permission before conducting all the interviews.

5.7. Data Collection Period

The data was collected between July and September 2012. The researcher used observations and interviews in collecting the data. According to Blaikie (2000:183) data used in social science research can be of three main types; primary, secondary and tertiary. The researcher used two types of data which are: the primary and the secondary data. The primary data was derived and generated from the answers participants gave during interviews. The secondary data on the other hand, was derived from the findings stated in published documents and literatures related to the research problem. The researcher used the internet and journals to get relevant material in rural sanitation.

5.8. Observation

The researcher used observation as data collection method which helped to have a general understanding of the area and how the community perceived sanitation effects to their livelihood. The researcher spent time in a ward which has no toilets facilities.
This helped the researcher to develop a detailed understanding of the values and beliefs held by members of the population and how it feels to live without the basic infrastructure. The researcher made full and accurate notes of what went on, such as the attitude, anger and frustration of participants about poor sanitation.

3.9. Interviews
The researcher used interviews as suggested by Tuner (2010:6) in order to get in-depth information pertaining to participants’ experiences and viewpoints on rural sanitation. During interviews, the researcher asks questions orally and records the participant’s responses. Creswell (2003) suggest that it might be easier to conduct the interviews with participants in a comfortable environment where the participants do not feel restricted or uncomfortable to share information. The researcher choose comfortable venues for conducting interviews such as ward councillor’s offices in order the interviewees to feel at ease and contribute toward the research study.

There were fifty two interviews conducted, five interviews were done with councilors at the East London City Hall on the 15 September 2011. On the 19th September 2011, five interviews with community development workers were conducted at Mdantsane Indoor Sport Centre. On the 22 September 2011, the researcher went to Peelton village to interview a nurse, a teacher, two ward committee members and five community members. On the 23rd September 2011, the researcher went to Dongwe village for the interviews. The researcher conducted interviews at Nxarhuni village on the 26th September 2012. At Tshalumna and Ncera villages interviews were conducted on the 28th and 29th September 2011 respectively. On the 30th September 2012, researcher interviewed two municipal officials at the Engineering Directorate offices in East London.

3.10. Data Analysis
According to Mouton (1996:161) the term data analysis means the resolution of a complex whole into its parts. Silverman (2000) argues that the advantage of data analysis is that it allows the researcher to reconsider the direction in which the research is heading. Data processing and analysis should start in the field, with checking for completeness of the data and performing quality control checks, while sorting the data
by instrument used and by group of informants. Data of small samples may even be processed and analyzed as soon as it is collected. This helps the researcher to make sure that at the end of the study all the information she/he needs has indeed been collected, and in a standardized way and that she/he has not collected unnecessary data which will never be analyzed. Analyzing qualitative data it is more a matter of describing, summarizing and interpreting the data obtained for each study unit. As Varkevisser, Pathmanathan, and Brownlee, (1991:132) suggested, the researcher started analyzing while collecting the data so that questions that remain unanswered can be addressed before data collection is over (Varkevisser, Pathmanathan, and Brownlee, 1991).

The researcher read through the data and identifies some trends and themes and compared those themes and trends. Responses were grouped according to the question and the category of participants, e.g. councillor’s, ward committees, community members, officials and nurses. Data analysis (De Vos 1998) entails that the analyst breaks down data into consistent parts to obtain answers to reach questions and to test research hypotheses. The purpose of analysis is to reduce data to an intelligible and interpretable form so that the relations of research problems can be studied tested and conclusions drawn. Although it has been claimed that quantitative researchers attempt to disassociate themselves as much as possible from the research process, qualitative researchers have come to embrace their involvement and role within the research Golafshani (2003:600). Creswell (2003) states that in order for the researcher not to be overwhelmed by the volumes of data collected, it is advisable that researchers in qualitative research conduct activities simultaneously. By this, Creswell means collecting information from the field, sorting the information into categories, formatting the information into a story or a picture and actually writing the qualitative text. Mouton (1996:168) argues that qualitative analysis focuses on understanding rather than explaining social actions and events within their particular setting and context; remaining true to the natural setting of the actors and the concepts they use to describe and understand themselves; constructing, with regard to the social world, stories, accounts that retain the internal meaning and coherence of the social phenomenon.
rather than breaking it up into its constituent components and contextually valid accounts of social life rather than form generalisable explanations (Mouton 1996:168).

3.11. Ethical Considerations
Babbie and Mouton (2001:520) describe ethics as typically associated with morality and dealing with matters of both right and wrong. In this study the following major principles of ethics in social science research were upheld: informed consent, voluntary participation; participants could withdraw from the study at any stage; no harm to the participants; and anonymity and confidentiality (Babbie and Mouton, 2001:523). According to Kvale (1996:112) informed consent entails informing the research subjects about the overall purpose of the investigation and the main features of the design, as well as possible risks and benefits from participation in the research project. The researcher would ask for permission from the participants to be part of the study and to use a recorder during the interview. Participants would be protected against any form of abuse. The researcher will explain prior to the research that the study is an academic work and that he needed their participation in order to complete the research for his master’s degree. This was in line with Creswell’s (2003:78) advice that researcher’s obligation is to respect the rights, needs, values and desires of the research participants. Babbie (2001) states that there must be no harm to participants and that the principle of anonymity and confidentiality must be observed at all times. The researcher ensured the respondents that their responses would remained confidential and their names would not directly be used as the researcher will be using pseudonyms. Privacy and the confidential nature of their replies were kept secret. This was done to protect the identity of the participants. The researcher explained to the participants that their responses would remain confidential and that they are free to access the research report after its completion. Participants were informed of their rights to participate and to terminate their participation (Kvale 1996:114).

3.12. Challenges and Limitations
As the research involves human subjects, the researcher encountered some limitation during the research. Time factor was a problem as the researcher conducted the study
from different strata within the Buffalo City Municipality like traditional leaders, community development workers, councillors, municipal officials and the members of the community. Some of the participants were full time employees; it was difficult for them to have time for the interviews. The researcher arranged appointments with all the fulltime working participants to avoid this limitation. There was cost involved in meeting participants in their research sites. The researcher made means to attend all the appointments. The research raised expectations from the participants that they will get payment for their participation as some are unemployed. Some of the portfolio heads of Buffalo City Metropolitan Municipality are new in their positions, something that pose a challenge as they are not yet familiar with the programmes undertaken by their predecessors. The researcher had to make sure that all participants understand the objectives of the research. The researcher is a councillor within the Buffalo City Metropolitan Municipality, something which raised participant’s interest like expecting to be paid or getting employment for their participation. The researcher avoided this by telling them that this is just an academic research and nothing else. The researcher anticipated biasness from the participants especially the municipal employees. The researcher explained to the employees that this is not work related research but an academic research so they must feel free to participate as this has nothing to do with their work. Some participants were unwilling to participate due to fear of not knowing what the research is going to be used for. The researcher explained this to the participants that he is doing the research for his master’s degree. It was a challenge to find ward committees as new ward committees have not yet been elected. Those ward committees whose term has just ended were unwilling to participate as they are no longer ward committee. The researcher explained to the previous ward committees that their contribution is vital in the study as the researcher was studying the period from 200 to 2011 in local government. The researcher explained that the new ward committees will be unable to provide the researcher with sufficient information as they are still new.

3.13. Conclusion
This chapter discussed the methodology, sampling design and data collection techniques employed in the study. Data analysis and ethical considerations were also
discussed in this chapter. The chapter dealt with how the study was conducted, it gave the steps followed and how the limitations and challenges expected were minimized by the researcher.
CHAPTER FOUR: RURAL SANITATION IN PERSPECTIVE

4.1. Introduction

This chapter presents, analyzes and discusses the key findings from the interviews of the study. The findings are presented according to the key themes which were derived from the objectives of the study. The account of the participants to the questions asked by the researcher during interviews is given in details and what the researcher had observed during the study is documented in the findings. The second part is a deeper discussion of findings based on literature surveyed and implications of community member’s views for sanitation service delivery in the (BCMM) Buffalo City Metropolitan Municipality.

4.2. Understanding of Concepts

It is important for the researcher to make sure that all the participants share common understanding of the concepts. This makes it easy for the topic under investigation to be researched. Conceptualization in any research is essential as people in different areas attach different meanings to various terms and this can hinder the attainment of intended objectives. The objective is to explore whether the officials, councillors, ward committees, community members and community development workers share a common understanding of concepts. The following developmental concepts were discussed with all the participants: community, development, empowerment, participation.

The majority of participant’s understood community as referring to people living in an area who share common characteristics like language, culture and religion. Their understanding made the researcher’s work easy as they all shared the same understanding of the concept. Participant’s views on development varied; the majority of the elite respondents said development is a change process aimed at bringing services to the community like the improvement of the infrastructure thus improving the lives of the people. Some participants understood development as projects. The differing views show that there is a gap of understanding between the participants. Participants did not
see themselves as decision makers in the municipal development. Decisions according to the participants are taken by those in authority, that is the council and top management and theirs is just to receive and support the project. This point to the need for municipalities to educate people on their rights in order to be active decision makers in local government matters. Participant’s understood empowerment as the process of equipping people with skills through training so as to be self reliant in their developmental projects. Participant’s general understanding of participation meant active involvement in community matters, by attending meetings, agreeing to be elected and be deployed in whatever the community considers one fit for the job. Participant E 1 said;

“Participation is voluntary; one is not forced to participate, but the goals are to make a meaningful contribution in the lives of the people”.

The researcher found that generally participants attached different meanings to the concepts.

There were mixed answers from participants on how sanitation provision has transformed their lives. They said they are still using old methods such as pit latrines and reliving themselves in the bush. They said their life has not transformed at all as they are vulnerable to diseases due to poor sanitation. An emotional angry participant B 5 said;

“our patience is being tested by the municipality, we have been waiting for a very long to get toilets from the municipality. The situation of where some people having toilets whilst others not having is like an old apartheid system of divide and rule”.

The general feeling of participants having no toilets was that they feel neglected by the municipality and government in general, their lives have not change instead is deteriorating . A number of participants decry about the state of neglect of rural people
in sanitation. Participants expressed that the municipality is doing nothing to improve their lives, as they face diseases due to lack of sanitation provision in rural areas. It was a small number of participants who expressed delight on government’s efforts of building toilets for the community. These participants appreciated what has been done, though they say it is not enough. The participants who have toilets appreciated the fact that they are now using toilets instead of going to the bush or using their self built toilets.

Generally participants agreed that lack of sanitation exposes them to health hazards and diseases. Participants said open defecation on the bushes; the waste is eaten by animals eg. cattle and pigs which when slaughtered are eaten by the community members. The spreading of germs caused by animals such as pigs which eat faeces in the bush was mentioned as a cause of ill health amongst the villages. Participants gave varying answers on what sanitation means to their basic needs. Some said it means life, dignity and self respect and freedom. Some participants mentioned improved health, safe drinking water and environment. Sighn (1999) argues that people have certain basic needs without which it would be impossible for them to survive (Sighn 1999:21). Meeting the basic needs is a necessary condition for improving the quality of life especially the rural people. The general consensus of participants was that each household is supposed to have a toilet which is registered under the name of the owner of the house. Participants in wards that have toilets agreed, that toilets were wrongfully distributed. They said toilets were given to only those people who are committee members and those who attended the meeting during the distribution. They said there was no policy specifying who should get a toilet. According to the Tissington (2011:13) the primary intended recipients of the free basic sanitation are poor households. Although there is a broader policy commitment to the extension of free basic services to all households the policy is largely aimed at poor households for whom free basic services represent a significant poverty alleviation measure. Participants indicated that many areas have no access to any form of sanitation; people are using bushes for sanitation. Participants mentioned that not all of them are having toilets and those who have toilets said their toilets were not in a good state and needed repair and maintenance. Tissington (2011:13) argue that access to adequate sanitation is
fundamental to personal dignity and security, social and psychological well-being, public health, poverty reduction, gender equality, economic development and environmental sustainability. Tissington (2011) goes on to say that improved sanitation reduces diarrhoea death rates by a third, encourages children, particularly girls, to stay in school, and has persuasive economic benefits. According to Well (2005:106) sanitation is vital for health; contributes to social development; is a good economic investment and helps the environment. Access to safe sanitation improves health and the nutritional status of children and adults, offering increased opportunities for learning and ultimately improved employment and income potential, with impacts on livelihoods security (WELL, 2005). Despite the evidence of the benefits of improved sanitation on broader development objectives, investment in sanitation remains low and levels of improved sanitation remains significantly behind those for water supply (UNDP, 2006). The research has found that the majority of rural people still have no toilets, some are using pit latrines and others defecate in the bushes. This means that the basic needs of the majority of rural people are not met and that they are vulnerable to diseases. Tissington (2011:56) argues that poor sanitation is the cause of health problems. Illnesses caused by germs and worms in feces are a constant source of discomfort for millions of people. These illnesses can cause many years of sickness and can lead to other health problems such as dehydration, anemia, and malnutrition. Severe sanitation related illnesses like cholera can spread rapidly, bringing sudden death to many people. Tissington (2011:13) argues that poor sanitation promotes the spread of preventable diseases like diarrhoea and cholera, places stress on the weakened immune system of HIV positive people and has a major impact on the quality of life of people living with AIDS.

Generally all participants interviewed complained about sustainability of rural sanitation i.e. VIP toilets. Participants complained that their toilets were poorly built as the people employed were not competent builders as a result some have been broken with their roofs blown away by the wind. Participants cited that some toilets have no roofs and their doors were broken. The condition of VIP vent pipes was raised by the participants, some are broken whilst others toilets have no pipes due to vandalism. Participants said
that sanitation could be ecologically sustainable when toilets separate urine and faeces and further dry the faeces over time. Only a few number of participants managed to answer this question. These toilets have got a lot of problems ranging from flooding during rainy seasons, flies and mosquitoes which usually lead to dangerous diseases like malaria, diarrhoea and many other intestinal diseases. Participants reported that some schools experience frequent sewage spills, blockage and leakages. Participants said some toilets are broken and fell down because of poor building. The research has found that the municipality is not doing enough to rollout sanitation to rural communities. The researcher observed that in some wards under investigation there were no toilets; people used self constructed pit latrines. Other people who could not managed to built latrines, relives themselves in the bush. Participants indicated that the municipality has many challenges in meeting the basic needs of the people. One participant said the growing number of people living in informal settlement and rural areas poses a challenge to municipality. Participants mentioned the incapacity of officials to implement service delivery and lack of political will by the councillor's in rolling out sanitation services to the people. Participant C 3 said,

“The municipality has no challenge at all but the councilors do not care about us, they don’t know how we live and the conditions we are living under. They only come when they want to be re-elected to get votes from us. They don’t care about us at all”.

Participants pointed to the following reasons; lack of political will, technical skills, problems with the supply chain management, poor spending by the municipality as the causes of slow pace in the rollout of rural sanitation. The research has found that lack of funding is the main economic challenge experienced by municipality in providing rural communities with decent sanitation. Participants cited that the politicians do not allocate enough budgets for rural sanitation. Participants complained that the builders were not properly trained shortfalls for funding for training, technical assistance, community planning. There is no funding to repairs the existing collapsing systems, and operations and maintenance. There is inadequate funding available for upgrade, repair and
expansion of old systems on the verge of collapse. Participants said there is no funding set aside to pay for training of new employees due to high job turnover rates. The participants said there is nothing the municipality is doing in educating them about health and sanitation. Participants said they only heard about safe sanitation practice and hygiene promotion at a local clinic. Participants said they never saw municipal officials going around education people or conducting workshops about sanitation and hygiene. Participants agreed that sanitation projects create employment only in those wards which have toilets. Participants said local labour is employed and people get skills of bricklaying and carpentry. One participant said

“these projects create problems because not everybody get employed and that they do not take long time, they only last for few months or even one week. Those who are not employed complain and accuse the steering committee for favoritism and turning a blind eye on them”.

Participants gave different answers on the lifespan of VIP toilets. Some said they are supposed to last for ten years. The general feeling was that they are supposed to last at least six years before they could be changed. Some participants said many VIP latrine toilets have filled up much more quickly than anticipated and that the cost of emptying VIP latrine toilets is relatively high in rural areas due to the high transport costs. Participants said the frequent emptying of these toilets presents a significant financial burden on them.

Participant D 1 boldly said;

“the responsibility for toilet emptying is also not clearly defined we want the municipality to empty the toilets free of charge”.

The general feeling of participants interviewed was that sanitation standard in urban area nearly double that of rural areas. They blamed the municipality or government for focusing too much in urban areas and ignoring rural areas. Participants said municipality has skewed resource allocation in favour of urban areas. Singh (1999:27)
argues that rural development is a prerequisite for overall development and hence it deserves the highest priority in terms of allocation of resources. Singh suggests a new approach to development which recognizes the inter-linkages and complementarity between rural and urban subsectors and provides for integrating them completely (Singh 1999:27).

Participants raised the water contamination caused by sanitation as a serious threat to people’s health. Participants raised serious concern possibility of underground water contamination and pollution of water resources especially Buffalo River and Nahoon Dam. Generally participants said they know about sanitation issues like, washing hands with soap every time coming from the toilets. Participants identify access to information as educational challenges to rural sanitation. Participants indicated that they were not trained about health and hygiene related matters on sanitation. For example to wash their hands every time they come from the toilet and every time they are to handle food etc. Participant B 1 said,

“people throw non staff to the toilet which is not supposed to be thrown in the toilet making the toilet to stink. They do this because they have no knowledge about sanitation”.

Participants said there are no official or inspectors who inspects their toilets. They said it is the individual responsibility to make sure that his or her toilet is clean and user-friendly. Participants agreed that sanitation is not part of the school curriculum. The research findings confirm that government officials rarely have the experience, capacity, inclination or patience to undertake the lengthy and participatory processes involved in most rural sanitation programs.

Participant D1 & D2 said they encourage learners to wash their hands before touching food and every time when coming from the toilets. Participant D 2 said:

“Learners are always sick because of unhygienic conditions
that they are living in. Lack of water and sanitation encourages diseases & increases learner absenteeism and poor hygiene increases the risk of infections”.

According to UNICEF (2009) schools can be a key factor for initiating change by helping to develop useful life skills on health and hygiene. UNICEF (2009) goes on to say that children are often eager to learn and willing to absorb new ideas. New hygiene behaviour learned at school can lead to life-long positive habits. School children can influence the behaviour of family members and thereby positively influence the community as a whole. It is also more cost-effective to work with children in school-based programmes than with adults (UNICEF 2009). Participants expressed inadequate community participation in sanitation issues, as a sanitation challenge for rural communities. Their concerns and suggestion were not considered by the municipality. Participants said they were left behind in the planning process; villagers not being given the power to decide for themselves what they want, yet they are the ones who know best what is needed in their communities. Participants complained that they are asked to choose a toilet on the limited few samples provided by the municipality. This does not give them enough chance to explore other makes of toilets which may be favorable for rural areas. The research found that sanitation is not a part of school curriculum, it is not taught at schools. The research has found that the Integrated Development Plans (IDP) is merely done for compliance purposes only without taking into consideration the real issues affecting rural people. Participant C2 said;

“all these years we have been raising issue of sanitation in my ward but it is always not reflected in the IDP and budget”.

Environment is contaminated by the lack of sanitation as people continue to help themselves in the open. The research has found that there is lack of intergovernmental relations in terms of coordination between the three spheres of government.
4.3. Analysis & Discussion of the Research Findings

There was a general disagreement on the understanding of concepts. Participants showed different understanding of the meaning of concepts. The participant’s different understanding of concepts poses a challenge to the municipality as people will interpret developmental issues differently. This would retard development progress within their communities. Cormack (1993:260) argues that a suitable starting point in any investigation is to examine the conceptual framework on which programmes are commonly based and assessed their adequacy as guidelines to social change. Cernia (1995:57) argues that conceptualization in any research is essential as previous experiences demonstrates that people in different areas attach various meaning to various terms and that can lead to approaches that can hinder productivity of the intended beneficiaries. The researcher found it critical that conceptualization is included in the research to examine whether the officials and communities share common understanding. The researcher concludes that participants have a different understanding of the concepts. The researcher felt it necessary to provide the following definitions of concepts to correct any misunderstanding the participants had with regard to the meanings of concepts.

De Vos (1998:407) defines community as both a locality in a small area or neighborhood in which families live together and as a group of people who share physical and social space, making them aware of individual family and community strengths and needs and helping them to create informal social support networks in cooperation with professional helpers so as to manage resources in such a manner that social problems are prevented (De Vos 1998:407). Barkey (1993:78) define development as a process of gradual change in which people increase the awareness of their own capabilities and common interest and use this knowledge to analyze their needs, decide on solution, organize themselves for cooperation efforts and mobilize their own human, financial and natural resources. Empowerment according to De Vos (1998) is the process of increasing personal, interpersonal and political power, enabling individual or collectives to improve their life situation. (De Vos, 1998:402).
Swanepoel & De Beer (2000) defines participation as defined as people involving themselves to a greater or lesser degree in organization indirectly or directly concerned with the decision-making and the implementation of development initiatives (Swanepoel & De Beer 2000:67). Swanepoel & Beer (1996:135) argue that every individual has a right to be part of the decision making regarding his or her development. People must participate actively in all development activities affecting their lives (Swanepoel & Beer 1996:135).

It has been highlighted throughout the research that rural sanitation is increasingly considered the responsibility of local government. If local government fails this responsibility or mandate, municipality would lose meaning and be less regarded as the sphere by the communities. People would lose faith and hope in local government. Municipality must accomplish its mandate because local government is best placed to manage rural sanitation programs and to enforce program rules. Devolving responsibility to the lowest level of local government eliminates long delays and improves targeting and increases local accountability in rural sanitation. However, local government cannot do this function alone; some assistance is needed from the national and provincial government. According to Lane (2004) the devolution of authority from national to local government is a governance trend that has been widely adopted in developing countries in recent years, and applies much more broadly than just to the water sector. Lane (2004) goes on to say the corollary to the successful transfer of power to local government is the existence of a strong central agency to support local government (Lane 2004:37).

The research has found that sanitation is widely neglected in the municipality. If sanitation services are not taken seriously by the municipality, this would result in more service delivery protest and the lives of the people will deteriorate due to illnesses caused by diseases from poor sanitation. The study found that there is lack of sanitation in rural areas. This means that the municipality is undermining their dignity and human right of rural population. World Water Forum (2012) agrees that sanitation is a neglected aspect of development in most countries where public spending is limited, and where
conflicting and competing priorities crowd the political agenda (World Water Forum 2012). Lane (2004) argues that sanitation related diseases are the single largest cause of human sickness and death in the world, and disproportionately affect poor people. Lane (2004) goes on to say better sanitation provides greater privacy, convenience, safety, and dignity which are particularly important for women (Lane 2004:2). The study found that sanitation interventions have favorable socio-economic returns to households and society, contributing improved health, clean environment, dignity and quality of life, among many other benefits. However, these benefits are undermined by the huge number of people who still have to defec in the bushes. This means that the municipality has to fasten up its pace in sanitation roll out so that all people could have toilets in rural areas then there would be real benefits of municipal sanitation programme. The research study found that sanitation does not only have health benefits but also social and economic impact to the rural people. Sanitation projects have economic spin offs to the rural community as people get employed in the project. According to the Constitution of South Africa (1996) state that one of the objectives of local government is to promote social and economic development. Through the Integrated Development Plan (IDP) process, local government is encouraged to develop partnerships to promote economic development and job creation through the delivery of services. High unemployment and a low skills base are most prevalent in areas where the sanitation backlog is the greatest, which is in rural areas. The study has shown that sanitation is not treated as a high priority by the municipality. There were still a huge number of people who still needs toilets who attested to this. Participant C2 strongly argued that:

“whenever the municipality is having an IDP public hearings, communities raise the issue of sanitation but there is no positive response from the side of the municipality”.

This means that the municipality is failing its mandate to provide rural people with basic sanitation. This is not supposed to be the case as sanitation has been one of the services that needed special focus and attention at local government level. During the IDP imbizo’s, communities must be given feedback on issues they raised during the
previous IDP. According to DWAF (2006) government has promised to eradicate the sanitation backlog by 2010, in line with Millennium Development Goals (DWAF 2006:3). This target has not been met as there are people who use buckets and bushes to relive themselves. It was also revealed that municipality had challenges in rolling out sanitation to rural people. This means that the municipality is failing its citizens and failing to implement its mandate of rolling out sanitation to rural people. According to Wellem (2011) the success of achieving adequate sanitation depends on the combined efforts of policy makers, budget allocators, local government, provincial and national government. Wellem (2011) goes on to say that sanitation requires dedication of resources, energy, and commitment from each community, resident, region organization and government (Wellem 2011). Underpinning the constitution is the concept of interrelatedness and interdependence between the spheres of government. Whilst each sphere is distinctive, intergovernmental cooperation, support and coordination is essential. This is crucial in areas of overlap of responsibility and where each sphere has a specific mandate. Some of the critical issues emerging within government lie in its lack of ability to coordinate activities, to support each other appropriately and to understand the constraints confronting them, resulting in weak adherence to a fundamental element of the constitution (Wellem, 2011). The research has found that sanitation is poorly aligned to the Integrated Development Plan (IDP). This lack of sanitation inclusion in the IDP makes it a forgotten basic need and cannot be implemented. According to the Municipal Systems Act (2000) an IDP is the principle strategic planning instrument which guides and informs all planning and all decisions with regard to planning and development in the municipality. The IDP is meant to be a product of bottom-up planning processes, which includes IDP Forums where communities can make proposals for the development of the municipality. The IDP is meant to link, integrate and coordinate sector plans within the municipality. Theron & Maphunye (1995) argue that IDP helps to overcome the legacy of apartheid by using municipal resources to integrate rural and urban areas and to extend services to the poor. Theron & Maphunye (1995) goes on to say IDP is useful for the effective use of scarce resources by taking into account the resources available in the community in order to focus on the needs of the community (Theron & Maphunye 1995:275).
The sustainability of projects funded by the municipality has been identified as a challenge facing rural sanitation. Participant's mentioned that some toilets have no doors or roofs with falling building. The World Commission on Environment and Development (1987) define sustainable development as development that meets the needs of the present without compromising the ability of future generations to meet their own needs. The research has found that community participates in their development but they are not decision makers. Their participation is only limited to information sharing not the actual decision making. The research has found that the municipality has done extremely well in public participation by engaging all the stakeholders and the community at large in development programmes and Integrated Development Plans. Community participation has been emphasized for the successful implementation of sanitation programme. According to the NGO Management School (2009) participatory development is the most important approach towards enabling communities to help themselves and sustain efforts in development work. Communities are no longer seen as recipients of development programmes; rather, they have become critical stakeholders that have an important role to play in the management of programmes and projects in their areas (NGO Management School 2009:2). Lane (2004:23) argues that the involvement of a wide range of local institutions, social, economic, civil society, and media empowers communities and stimulates development at the local level. According to the White Paper on Local Government (1998) public participation is a crucial principle of democracy in local government to enable people to influence development at the grassroots level. The White Paper on Local Government (1998) goes on to say it is through public participation that communities could own projects and decisions taken by the municipality. Davids, Theron and Maphunye (2005) argue that participation could lead to greater acceptance of development activities as it gives people the feeling that they own the project. Davids et al (2005) goes on to say that participation is a way of ensuring equity by giving women and other marginalized groups the opportunity to influence development initiatives in their communities (Davids, Theron and Maphunye 2005:20). According to Lele (1975) participation has a significant and positive component. Lele (1975) goes on to say that this is because participation in planning and implementation of the programmes can develop self reliance among rural people which
is necessary for accelerating development (Lele 1975:50). The research found that the municipality lacks capacity to implement rural sanitation. According to UNICEF (2006: 14) many municipalities struggle to attract and retain the necessary managerial and technical skills and experience to manage water services operations adequately (UNICEF, 2006: 14). According to (Perret, 2004) capacity building is one of the most essential tools available to local government in bridging the gaps in what is expected of officials and what they can deliver. In order for the local government to work better in meeting the needs of its citizens, there must be a concerted effort to capacitate both councillors and officials. Water supply and sanitation programmes need planners, decision-makers and sector professionals who are trained in evaluating different approaches to providing, operating and maintaining such programmes. Some of the skilled personnel such as engineers and field workers who can provide the technical and social scientific skills required are in short supply (Perret, 2004). The municipality must beef up its capacity by employing more engineers and people with expertise in the sanitation field. The research found that the municipality is slow in improving access to rural sanitation. There are wards where there are no toilets at all only pit latrines that are being used. The research has found a number of reasons that contribute to the slow pace in the sanitation rollout in rural areas. The study found that one of the challenges facing municipality is rolling out sanitation is the lack of political will. In order for the municipality to be able to execute its mandate, it needs a strong political leadership. The commitment of political leaders has is a strong factor in the success implementation of rural sanitation. Lane (2004) argues that a strong political commitment to programs of service delivery was part of a shared vision of providing basic needs. The politicians must allocate significant sums to sanitation through the government’s regular budget (Lane 2004:36). The research found that there is possibility of water contamination by lack of proper sanitation. This means that rural people are at risk of consuming contaminated water, which would lead to disease. According to UNEP (2010) safeguarding the world’s water quality is critical for human health and the health of our ecosystems. Our water quality depends on the commitment of individuals, communities and governments. Individuals can make a difference by spreading awareness about the connections between water quality and health, and advocating for better services and
better water protection laws and policies at community (UNEP 2010:3-4). According to WHO (2011) human sewage also contains germs that cause diseases such as hepatitis and cholera. Strong leadership and supervision by national government is essential particularly in areas of overlap of function between the spheres of government, to help alleviate challenges experienced with delivery and to help define the roles of each sphere more clearly (Wolpe & Reddy 2010). The research has shown that South Africa has a strong legislative framework guiding the provision of basic needs to the people for example the 1996 Constitution of South Africa and other pieces of legislations. However, what is lacking is the implementation of these good pieces of legislation. Wolpe & Reddy (2010) argue that successful policy implementation fundamentally means "change" from both organizational and policy perspectives and, hence, the implementation process is actually a challenge to make change happen (Wolpe & Reddy 2010). Rural sanitation needs an integrated approach by government and the private sector in providing basic needs of the communities for a safe, healthy environment. The study found that the pace of sanitation roll out in rural areas was slow. Many people in rural areas still have no toilets and they relive themselves in the self made latrines and bushes. UNICEF (2010) argues that despite public pledges and commitments by politicians and numerous international conferences and compacts, progress remains slow. The poor sanitation coverage in rural areas remains a big threat to the achievement of the Millennium Development goals sanitation target in South Africa. This is because most rural communities do not have access to any form of toilet facility. UNICEF, (2010), identified the following obstacles; the low political prioritization, leading to insufficient resource allocation. There is a lack of cohesive national planning frameworks for addressing sanitation. There is poor targeting and unpredictability of financing, resulting in resources failing to reach those most in need. There is a lack of evidence, data and analysis to inform decision-makers and lack of mutual accountability and sector-specific monitoring mechanisms (UNICEF 2010). The study found out that services are better in urban areas than in rural areas. This means that the municipality is biased towards the urban areas, thus leaving rural areas poor and undeveloped. Rural areas forms seventy percent of Buffalo City population, if this population is neglected the municipality could lose a big chunk of voters who would not vote in the
next elections. Singh (1999:27) agrees with the above statement, that there is a growing concentration of infrastructural networks and capital intensive industrial enterprise in urban centres. This as Singh put it as “dualism” or coexistence of two separate economic sub systems in an economy in many developing countries. The one economy is a small but highly modern and developed urban subsector, which absorb most of the material, financial and educated and talented manpower resources. The other one is very large but traditional and underdeveloped rural subsector characterized by widespread poverty, unemployment and low productivity which forms the majority of the population. According to Swanepoel & De Beer (1997:52) there is an urban rural imbalance in development. This imbalance has always been beneficial to the urban areas and detrimental to the rural sector. It was the result of either a deficiency in policy which did not treat rural and urban areas equally, or the complete absence of a policy so that the power structures base in the urban areas were able to manipulate development efforts and funds to benefit the urban areas to the detriment of their rural counterparts (Swanepoel & De Beer 1997:52). Vellem (2011:29) argues that urban sector has obvious advantage in infrastructure, capital telecommunication, transport etc. This situation forced rural people to flock to urban areas rather than staying in rural areas which do not have added advantages. Rural people will continue to move to urban areas because of better perceived and real opportunities offered in urban areas (Vellem 2011:28). Municipalities have a challenge of finding ways to provide facilities and services to rural communities just as they are provided in urban areas. The success of achieving adequate sanitation depends on the combined efforts of policy makers, budget allocators, local government and community residents. It continues to require dedication of resources, energy, and commitment, from each resident, community, region, organization and government. With creative thinking and use of resources, agencies and communities can work together to find new ways to solve structural sanitation challenges. The study found that there is no meaning public participation in the municipality. This means that the municipality is failing to constantly consulting its citizens as required by law. Communities therefore cannot take meaning participation in the decision making of the municipality. Lele (1975) reviewed African rural development projects found that participation had a significant and positive component. This is
because participation in planning and implementation of programmes can develop self reliance among rural people which is necessary for accelerated development (Lele 1975:150). Forie, et al. (1994:49) argues that the ISRDS points out that community should be directly involved in programme design, execution, management and assessment, and must take responsibility for their own development. The Municipal Systems Act (2000) strongly instructs municipalities to develop a culture of municipal governance that complements formal representative government with a system of participatory governance. The municipality must encourage and create conditions for the community to participate in the affairs of the municipality, including in the preparation, implementation and review of its integrated development plans. Ward committees, elected to ensure that citizens participate in local government processes, have not been fully functional. Ward committees are not functioning very effectively. Their roles are unclear with limited resources or power which to operate and are often dominated by political factionalism. The voluntary nature of ward committees hampers their effectiveness. Ward committees and councillors are ranked as ineffective because they fail to do their job. Community members are unaware of their rights to participate in local government processes. The study found that there is no sanitation education at school. This requires the involvement of the municipality to make sanitation awareness to learners. According to WHO (2004) there must be a well-designed education programmes to demonstrate the link between sanitation, hygiene, health and economic development can contribute to increasing demand for improved sanitation. Hygiene promotion campaigns are most effective among younger populations, and students can be targeted both as beneficiaries and as agents of behavioral change within their families and their communities. Hygiene education should be included in school curricula, together with the provision and maintenance of sanitation facilities at school premises. Health and hygiene promotion should be provided to communities to raise awareness of the diseases caused by unhealthy behavioral sanitation practices; to enable communities to improve their health through correct hygiene practices and to increase the demand and willingness to pay for appropriate sanitation facilities (DWAF, 1996:14). The success of sanitation programmes depends largely on the quality of training provided (DWAF, 1996:21).
The study found that lack of sanitation affects the environment. This means that the municipality is not taking environmental issues seriously. According to WHO (2004) human well-being requires a healthy environment. Inadequate sanitation practices negatively impact the environment. For poor families living in congested villages, the lack of any sanitation facility means that waste lies on the open and creates an immediate local hazard as well as creating conditions for the growth of diseases. Waterborne sewage uses scarce freshwater resources and may contaminate surface waters when it is discharged into the environment without adequate treatment, thus endangering downstream users and aquatic resources. Finding technologies that safeguard the environment and maximize the potential of waste products to be reused at the local level will have a major impact on the long-term sustainability of sanitation systems and processes. Ecologically sustainable technologies have been widely promoted within the development community. The benefits of these systems are that they use little water, they treat the wastes and they facilitate the beneficial use of scarce resources. The carefully managed use of wastewater in agriculture and in other applications also has environmental and health benefits.

4.4. Conclusion

This chapter highlighted challenges for the effective implementation of rural development. Sanitation and hygiene are challenges that will not go away overnight. Over time, new ideas and approaches will emerge and old ideas will be improved. Gradually, the balance will shift until good hygiene and access to sanitation become the accepted norm all over the world. For this to happen, it will be important to keep track of what is happening, monitor progress, explore how new ideas are impacting on access and evaluate whether things are really improving for households. While global estimates of coverage remain important, local capacity to generate and use information would be a vital part of the monitoring effort. A playing field has to be leveled in order for the rural development could be effectively implemented. All the stakeholders must play an active role in making sure that rural people are on the same level with their urban counterparts. The chapter has shown that there are glaring challenges facing rural
people in terms of rural sanitation. A number of weaknesses have been identified such as inadequate planning, organization and management. There is inadequate staff training and capacity to implement sanitation projects in rural areas. There is a huge sanitation backlogs which needs to be addressed in rural areas. The lives of rural people have not been changed after eighteen years into democracy. Poor sanitation poses a threat to health of the people and the environment as it causes water contamination. The municipality has a weakness of replicating projects and ensuring sustainability on such projects. There is a weakness to collaborate with other role players such as traditional leaders and NGOs. The issue of tendering or privatization undermines development as it leads to job losses. The non compliance to legislation by officials and councillors resulted into corruption and mismanagement. Poor monitoring and evaluation of municipal finances led to the gross mismanagement of financial resources
5. CHAPTER FIVE: CONCLUSION AND RECOMMENDATIONS

5.1. Introduction
This chapter put forward recommendations the municipality could adopt in order to address the challenge of inadequate sanitation in rural areas. The challenge of inadequate sanitation is both a human rights and developmental issue. The failure to provide an adequate and functional sanitation has dire negative impacts on the health and social wellbeing of communities, the environment and the economy of the country. The study has found that there are real problems of sanitation service delivery in the Buffalo City Municipality. There are many community complaints that the wheels of service delivery are moving too slowly to make any real difference to the huge sanitation backlogs inherited from the apartheid past. This chapter is based on the empirical findings and analysis discussed in the previous chapter, the following is the recommendations.

5.2. Recommendations
It is recommended that the municipality must have a radical intervention in the politics of rural development especially sanitation. The municipality must begin to take rural sanitation more seriously. The municipality must this by planning and allocating resources in a developmental and sustainable manner in order to have an ability to deliver on its mandate on rural sanitation. Planning must be predicted on sound statistical analysis of range, quality & quantity of sanitation needs within the rural population. It is recommended that the municipality must integrate rural sanitation needs in their development plans when allocating budgets. The budget must be aligned with IDP and its objectives and strategies as they are integrally linked. IDP’s must not be developed for compliance purposes, thus leaving behind crucial basic needs of the communities. By developing mechanical IDP’s, the municipality is failing the people and must begin to adopt realistic IDP that will change the people’s lives. It is recommended that municipality must provide sanitation services to its citizens as a right all humans are entitled to and are essential for human existence. There must be a strong political commitment within the municipality in order to achieve access to sanitation as a
fundamental human need and a basic human right. The political commitment is important in shaping municipal policy and investment priorities, and in implementing the programmes required to meet the target of rural sanitation. The municipality cannot achieve this goal with poor personnel. Capacity building is therefore required to meet this challenge. It is recommended that the municipality employ its personnel through their skills and educational qualifications and not through cadre deployment and patronage. The municipality must look at ways of managing the performance of senior managers and directors including their performance contracts. The municipality must sought assistance through corporatization, public partnerships like utilizing Coega in biffing up its capacity and the local (NGO) non-governmental organizations. Municipality must invest in the skills development to improve employee capacity. Municipality must develop a working partnership with agencies, NGOs and entrepreneurs in devising ways of rolling out rural sanitation. This partnership could help to come up with innovative strategies and technology to address rural sanitation backlogs. The municipality must improve and encourage the culture of public participation that will promote inclusive participation and ownership in the sanitation programmes. Civil society must be engaged in policy formulation and implementation. Community involvement is highly critical because communities are the custodians and beneficiaries of the project. Municipalities should engage and consult civil society more frequently in policy formulation and implementation and incorporate them in government structures like the ward committees. Communities must be made aware of their rights and obligations should be enhanced so that they can play an instrumental role in municipal affairs. There must be community training on sanitation, health and hygiene, proper maintenance and cleaning. Municipality must invest in improving community knowledge of health matters. Communities need to be encouraged to use water and soap after going to the toilet. It is recommended that municipality must invest in education sanitation at school level. Municipality must ensure that health officials do regular training at schools, clinics and communities in promoting health in sanitations. This could be done through school competition to instill health and hygiene to younger generation. The municipality must take a proactive and strategic approach to the
learning process to ensure that responsive knowledge products are developed on sanitation. Municipality must plan or resettlement plan to create a conducive space for the implementation of rural sanitation. The municipality should invest on infrastructure planning with a focus on appropriate and sustainable technologies for water and sanitation. There is a need for improved service delivery planning at national, provincial and local levels, including the development of sanitation master plans, capital and finance plans as part of the IDP process and aligned to municipal comprehensive infrastructure plans. There is a need to boost capacity at local government level in particular, in the fields of technical and financial management. There is a need to improve the effective utilization and management of funding allocated for sanitation service delivery. The municipality must improve on its performance monitoring and reporting needs to be significantly improved through a well-coordinated monitoring and evaluation framework with KPIs relevant to ensuring better assessment and control of service delivery. The municipality must invest on monitoring and evaluation of all projects to ensure their implementation and completion. Monitoring and evaluation would ensure the standard of all sanitation projects is good and that they are completed on time. Greater accountability needs to be introduced for bureaucratic miscalculations and neglect particularly with respect to the lack of implementation of sanitation projects.

The municipality must find innovative ways of balancing and delivering local sanitation and environmental management. The municipality must provide beneficiaries with a wide range of toilet designs to choose from and must respect the choice of the beneficiaries as people who would be using the toilets. The municipality should formulate clear legislation and regulatory systems that will give guidance in sanitation. Regulations must be developed in consultation with stakeholders; establish standards and norms; inform citizens of their rights and duties under existing sanitation legislation or regulations; and set up mechanisms for monitoring and enforcing their implementation. It is recommended that local government as the sphere of government closest to the people and which is tasked with the role of implementing rural development must integrate both rural and urban development so as to fuse the rural urban divide in development. Rural areas must be prioritized through rural development programme. The municipality must look at clustering rural areas into rural sanitation
strategy that would address rural sanitation backlogs in the municipality. It is recommended that the municipality should encourage cooperatives and entrepreneurs in brick making so as to supply bricks to the sanitation projects. The municipality needs to consolidate economic development initiatives and to forge stronger partnership with business, other spheres of government to promote cooperatives by selling their produce and training them in acquiring skills that they will use in growing their cooperatives for sustainable development. Local labour must be employed in building toilets in order to curb high rural unemployment rate. It is recommended that the municipality must comply with regulatory frameworks such as MFMA in order to curb corruption and financial mismanagement. The municipality needs to strengthen and review its internal control systems. The municipality could do this by verifying the quality and appropriateness of internal audit and audit committees. The municipality must spend on time as per the Municipal Finance Management Act to avoid the unnecessary deviation. There must be effective monitoring by the councillors, top management and the audit committee. Finance directorate must play a more oversight role in the supply chain management. The municipality must employ competent people to do the job to get the city running. The council must be strong in doing day to day monitoring of the budget spending. According to Leblane (2010) monitoring and evaluation is designed to develop and implement responsive systems and tools to collect performance data on a regular basis. Monitoring will enable the effectiveness operational management of the projects (Leblane 2010:74).

It is recommended that the municipality should embark on a vigorous community campaigns to spread awareness about the impact of refuse disposal and the lack of safe sanitation on water quality and health. Community members must be told to avoid urinating or defecating in or near the water, building toilets downhill from wells to reduce risks of contaminating groundwater. Municipality must implement plans, strategies and policies as well as comprehensive institutional, financial, and legal frameworks for water supply and sanitation, especially for the rural areas. Support community-led rural sanitation improvement interventions that are in line with the national strategy to ensure the sustainability of these improvements; and actively promote private sector
participation in rural sanitation. It is recommended that the municipality should provide
sewer tanks in rural areas and to be emptied in every six months. Septic tanks allows
safe disposal of wastewater particularly in rural areas. They have an advantage of little
maintenance isolation of partial treatment of excreta, few odour or fly problems and
have a possibility of subsequent connection to a sewer system. It is recommended that
BCMM must invest in sanitation to revive environment and health risk of the people. The
municipality must embark on a crusade to educate the society on how environmental
degradation can cause destruction and pollution to water bodies that in the end can
cause diseases to humankind.
5.3. References


7. Annexure

ANNEXTURE: A

INTERVIEW SCHEDULE FOR COMMUNITY MEMBERS

<table>
<thead>
<tr>
<th>Name :</th>
<th>Surname:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td>Highest Standard Passed:</td>
</tr>
<tr>
<td>Occupation:</td>
<td>Age:</td>
</tr>
<tr>
<td>Gender:</td>
<td>Area:</td>
</tr>
<tr>
<td>Time Started:</td>
<td>Time Ended:</td>
</tr>
</tbody>
</table>

1. What is your understanding of community?
2. What is meant by development?
3. What is meant by empowerment?
4. What is community participation?
5. How long have you lived in this ward?
6. Do you have a toilet and who build it?
7. If yes, what is the condition of your toilet?
8. Is there anyone who inspects the toilets?
9. In case of broken toilets, who repairs them?
10. Does the municipality provide trucks to suck pits when full?
11. What are the main sanitation challenges in the ward?
12. Please explain the linkage between water, sanitation and health?
13. Does the municipality have policies or bylaws regulating sanitation?
14. If yes, how effective are those policies or bylaws?
15. How do communities participate in sanitation development?
16. Which sphere of government is responsible for providing sanitation subsidies?
17. Is there any difference between rural and urban sanitation, explain?

THANK YOU VERY MUCH FOR YOUR TIME!
7. Annexure

ANNEXURE: B

INTERVIEW SCHEDULE FOR COMMUNITY DEVELOPMENT WORKERS

<table>
<thead>
<tr>
<th>Name</th>
<th>Surname:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td>Highest Standard Passed:</td>
</tr>
<tr>
<td>Occupation:</td>
<td>Age:</td>
</tr>
<tr>
<td>Gender:</td>
<td>Area:</td>
</tr>
<tr>
<td>Time Started:</td>
<td>Time Ended:</td>
</tr>
</tbody>
</table>

1. What is your understanding of community?
2. What is meant by development?
3. What is meant by empowerment?
4. What is community participation?
5. How long have you been a community development worker?
6. What sanitation provisioning means to basic human needs?
7. How sanitation provision has transform rural people’s life
8. What can the municipality do to maximise the roll out of sanitation in rural areas?
9. What could municipality do to maximize sanitation rollout to rural communities?
10. How is rural sanitation in comparison to urban sanitation?
11. Challenges Local government has in meeting basic needs of the people
12. Do you think the municipality is doing enough to build toilets in rural areas?
13. Are there enough budgets in municipality for rural sanitation?
14. How is sanitation related to health?
15. How does the community benefits to sanitation?
16. What is the lifespan of rural VIP toilets?
17. Do you think the municipality have the capacity to roll out rural sanitation?

THANK YOU VERY MUCH FOR YOUR TIME!
7. Annexure

ANNEXTURE: C

INTERVIEW SCHEDULE FOR COUNCILORS

<table>
<thead>
<tr>
<th>Name</th>
<th>Surname:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td>Highest Standard Passed:</td>
</tr>
<tr>
<td>Occupation:</td>
<td>Age:</td>
</tr>
<tr>
<td>Gender:</td>
<td>Area:</td>
</tr>
<tr>
<td>Time Started:</td>
<td>Time Ended:</td>
</tr>
</tbody>
</table>

1. What is your understanding of community?
2. What is meant by development?
3. What is meant by empowerment?
4. What is community participation?
5. How long have you been a councillor?
6. Is sanitation part of your ward IDP?
7. Do you think the municipality is doing enough to prioritise sanitation?
8. How many toilets have been built in your ward?
9. Who are beneficiaries?
10. What sanitation provisioning means to basic human needs?
11. How sanitation provision has transformed rural people’s life?
12. Do you think the community have knowledge about sanitation?
13. What is the condition of existing toilets?
14. What could municipality do to maximize sanitation rollout to rural communities?
15. Challenges Local government has in meeting basic needs of the people
16. How is the environment affected by lack of sanitation?
17. What are your municipality plans in promoting sanitation and health

THANK YOU VERY MUCH FOR YOUR TIME!
7. Annexure

ANNEXTURE: D

INTERVIEW SCHEDULE FOR OFFICIALS

<table>
<thead>
<tr>
<th>Name :</th>
<th>Surname:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td>Highest Standard Passed:</td>
</tr>
<tr>
<td>Occupation:</td>
<td>Age:</td>
</tr>
<tr>
<td>Gender:</td>
<td>Area:</td>
</tr>
<tr>
<td>Time Started:</td>
<td>Time Ended:</td>
</tr>
</tbody>
</table>

1. What is your understanding of community?
2. What is meant by development?
3. What is meant by empowerment?
4. What is community participation?
5. What sanitation provisioning means to basic human needs?
6. How sanitation provision has transformed rural people’s life?
7. Who are beneficiaries of sanitation services in your ward?
8. How is the condition of existing toilets?
9. What could municipality do to maximize sanitation rollout to rural communities?
10. What challenges Local government has in meeting basic needs of the people?
11. Does the municipality allocate enough budget for rural sanitation?
12. What is the municipality doing in promoting sanitation and health in your ward?
13. How can you rate rural sanitation in comparison to urban sanitation?
14. How water and environment is contaminated by sanitation?
15. Is sanitation taught at school?
16. How do you encourage community members to participate in rural sanitation projects?

Thank you very much for your time!