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Using water and sanitation as an entry point to fight poverty and respond to HIV/AIDS: The case of Isulabasha Small Medium Enterprise

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ABSTRACT

South Africa is faced by a number of challenges that include low water and sanitation coverage in rural and peri-urban areas, high unemployment and increasing inequality between the rich and the poor as indicated by a Gini coefficient of 0.77; the second highest inequality in the world after Brazil. The situation is compounded by high HIV prevalence with South Africa having the largest HIV infection in the world. This case study demonstrates how water and sanitation is used as an entry point to address these major challenges and to empower communities. The project has two main components: the Small Medium Enterprise (SME) that trades in water and sanitation facilities and a community garden that ensures food security and nutrition for people living with HIV/AIDS. Income generated through these activities is ploughed back into the community through construction of sanitation facilities, maintenance of water pipes and paying school fees for orphans. In addition to creating employment, the project has also empowered the community to mobilise and address other challenges such as gender, child abuse and crime.

The case study identifies weaknesses with projects designed solely to provide domestic drinking water and sanitation and calls for an integrated approach that uses water and sanitation as an entry point to unlock opportunities and empower the targeted communities.

1. Introduction and background

South Africa has made significant economic progress in the past decade. Although economic growth slowed down in 2009 as a result of the global recession, the overall macro-economic outlook (2009–2013) is generally positive (SARB, 2009). The country has also made laudable achievements in extending public services such as education and health to the formerly disadvantaged black majority between 1994 and 2008. However, the country is faced by a number of challenges that include low water and sanitation coverage particularly in rural areas; high unemployment rate coupled with increasing inequality; as well as HIV/AIDS and its associated challenges.

1.1. Access to water and sanitation services

Close to 6 million South Africans do not have access to a reliable source of safe drinking water while 13 million do not have access to adequate sanitation (DWAF, 2008). Fig. 1 shows water and sanitation coverage in South Africa. Consequently, water and sanitation related diseases still have a considerable public health significance in the country. For example, diarrhoea is among the top ten causes of death in South Africa claiming 13,600 lives annually (or 2% of all deaths) – this translates to two lives lost every hour (WHO, 2002). In addition, 479,000 Disability Adjusted Life Years or DALYs[1] are lost annually due to diarrhoea (WHO, 2002).

1.2. Unemployment and Inequality

One of the main challenges facing South Africa is the persistence of a very high level of unemployment. Unemployment rate in South Africa, narrowly defined to include only those who are actively seeking employment was 26.7% in 2005, not much different from that of 1994 (OECD, 2007). Unemployment broadly defined to include discouraged workers (i.e. those who have stopped looking for work), stood at 38.8% in the same year. Individuals who had

[1] The Disability Adjusted Life Year or DALY is a health gap measure that extends the concept of potential years of life lost due to premature death (PYLL) to include equivalent years of 'healthy' life lost by virtue of being in states of poor health or disability (1). The DALY combines in one measure the time lived with disability and the time lost due to premature mortality. One DALY can be thought of as one lost year of 'healthy' life and the burden of disease as a measurement of the gap between current health status and an ideal situation where everyone lives into old age free of disease and disability.

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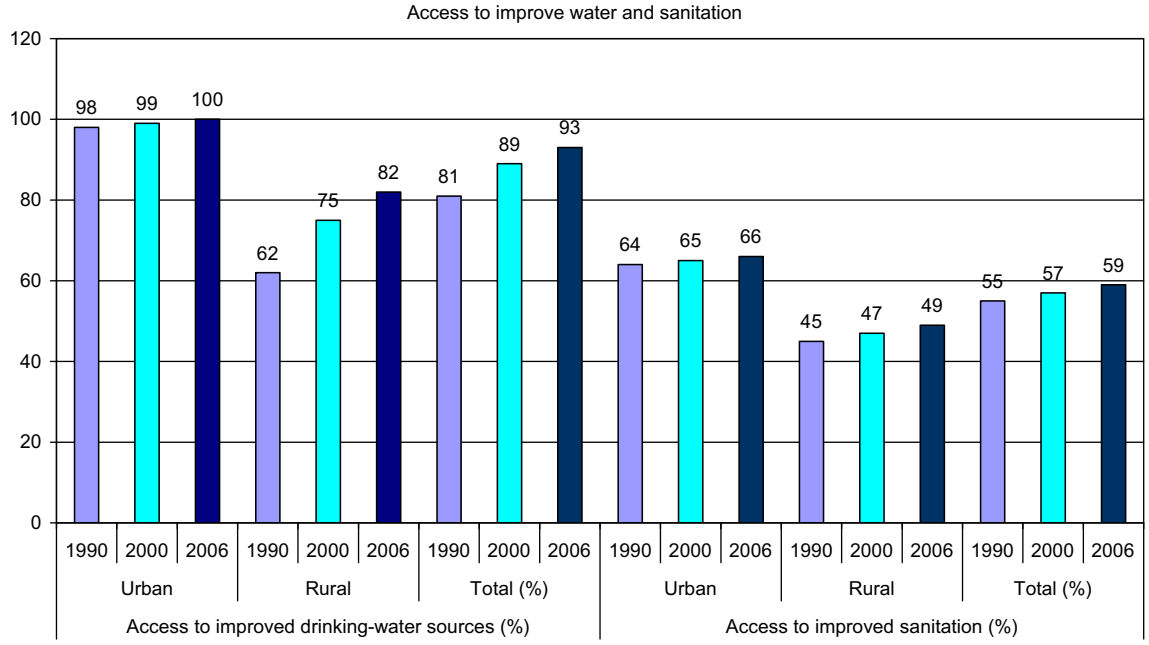

Fig. 1. Water and sanitation coverage in South Africa 1990–2006.

completed grades 8–11 (i.e. form 1 to form 5 or secondary education) made up the largest portion of the unemployed population (43.2%), while only 4.2% of the unemployed were individuals with postsecondary schooling (OECD, 2007). This highlights the need to create employment for the low-skilled.

Closely linked to unemployment, is the issue of high and increasing inequality. In 2004, South Africa was remarkably number 55 in the world (i.e. out of 171 countries) based on the Gross Domestic Product (GDP) index which is a measure of economic growth. However, in the same year South Africa ranked number 121 on the Human Development Index (HDI) which is a broader measure of welfare showing that benefits of economic growth are not reaching poorer households (WB, 2006). South Africa's Gini coefficient which is a measure of inequality actually increased from 0.69 in 1996 to 0.77 in 2001 (HSRC, 2004). In 2002, SA had the second highest inequality coefficient in the world after Brazil.

1.3. Poverty

Poverty remains stubbornly high and affects the lives of up to about 40% of the population (OECD, 2007). Poverty is the main characteristic of South Africa's rural areas. For most rural communities service provision and infrastructure has been inconsequential and rural health and education facilities are starved of resources. Not surprisingly, poverty levels in rural areas are often double those in urban areas. According to Butt (2006), one in ten South Africans is malnourished, one in four children is stunted, and 45% of the population lives on less than $2 a day. He further points out that, in 1999, it was estimated that around 45–55% of all South Africans lived in conditions of poverty.

1.4. HIV and AIDS

HIV/AIDS is one of the major challenges confronting the country. According to the UNAIDS Annual Report (2007), South Africa is the country with the largest number of HIV infections in the world. An estimated 5.7 million people live with HIV. Meeting the water and sanitation needs of these people is a major challenge. Although these problems are discussed separately and the conventional response is for each agent or government department to focus on one issue in line with its main thrust of business, at the household level these problems are intrinsically linked and often manifest themselves at the same time.

1.5. Objectives of the paper

The linkages between water, sanitation and hygiene (WASH), poverty and HIV/AIDS have long been recognised and several authors (WaterAid, 2002; Kaminga and Wegelin-Schuringa, 2005; Ngenya and Kgathi, 2006; Obi, 2006; WSP, 2006; Bery and Rosenbaum, 2007; Potter and Clacherty, 2007; Manase, 2008) have analysed these linkages in detail. However, there is still a dearth of information on how to address these linkages in practice when designing and implementing projects. The focus so far has been at policy level through for example calls for the integration of water in national Poverty Reduction Strategies (WB, 2002; WB, 2006; Poverty-Environment Partnership, 2006) or through the development of guidelines on mainstreaming HIV/AIDS in the water sector (HIP, 2006; UN-Habitat, 2007). This paper contributes towards filling this knowledge gap by demonstrating how WASH can be used as an entry point to address poverty and HIV/AIDS at the project level. Using water, sanitation and hygiene (WASH) as an entry point to address other challenges facing communities is an approach highly recommended by the United Nations Water Supply and Sanitation Collaborative Council (WSSCC, 2002). One of the 4 key themes of the global WASH for All Campaign launched in 2000 and spear-headed by the WSSCC is that "water, hygiene and sanitation are entry points for poverty alleviation" (WSSCC, 2002, p. 3). South Africa launched its national WASH campaign in March 2002 and adopted the global theme on "WASH as an entry point for poverty alleviation" as one of its main national themes (DWAF, 2002).

The paper first discusses the linkages between WASH, Poverty and HIV/AIDS before presenting the methodology and a description of the study site. This is followed by a discussion of the project approach and results achieved so far. The paper concludes by summarising the discussion and making preliminary recommendations since the project is still in the implementation phase.