

Launch of the Clinic Sanitation Programme
Speech by Ms BP Sonjica, MP, Minister of Water Affairs and Forestry
GaMatlala Clinic, Limpopo
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Honourable Colleagues and guests.

The second decade of South African democracy is marked by the continued commitment of Government towards the achievement of civil liberty. South Africa's political freedom is closely intertwined with the drive towards reconstruction and development through the provision of the social services and infrastructure necessary to facilitate physical transformation in an environment of underdevelopment.

As we look forward, we are reminded of the challenges that lie ahead of us; further improving access to safe water, providing hygienic sanitation in areas of need, eradicating the bucket system and aligning our efforts towards the improvement of the social and economic conditions that contribute to an acceptable quality of life and the realization of South Africa's destiny as part of the African Renaissance.

The provision of water and sanitation is a cornerstone in the development of South African society. As the custodians of this mandate, the Department of Water Affairs and Forestry recognizes and affirms its responsibility in marrying policies and systems of delivery with the needs of the people.

While we are focused on meeting both present and future challenges, it is important that, from time to time, we take a step back and reflect on what we have achieved thus far. Today is one such step.

I take great pleasure in presenting to you today, the fruits of one such effort, namely the Clinic Sanitation Programme.

The Clinic Sanitation Programme is an attempt to improve sanitation services among rural clinics across five provinces, undertaken in collaboration with the National Department of Health and various other sector partners.

It was deemed unsatisfactory that the very facilities tasked with the promotion of improved health services function in an environment of underdeveloped sanitation. Rural clinics are the key role players in improving levels of health among our rural population through their ability to provide much needed medical services and act as an instrument through which health and hygiene education may be imparted.

The health of our nation is dependent on proper health care facilities for all. A clinic, whether it be located in an urban or rural area, should afford a person health care as well as cater for their needs during consultation. It was our concern that many health care facilities had no proper sanitation infrastructure, and that visiting patients could not exercise their basic right to sanitation services.

It was with this concern in mind that my Department identified the need to develop a National Programme on Clinic Sanitation during 2002. My Department as the sector leader could not address this issue alone. Hence, a partnership arrangement with the Department of Health, being the custodians of health facilities such as the rural clinics, was devised. Through our combined efforts we have assembled here today to reflect on the results of this Programme. The Clinic Sanitation Programme may be considered as a benchmark project in the field of sanitation service delivery.

The Programme commenced in August 2002, following an amount of R40 million made available through the National Treasury. In an attempt to develop this strategy towards a state of national efficiency for future project phases, five provinces of greatest need i.e.

Limpopo, Mpumalanga, North West, Eastern Cape and KwaZulu-Natal were identified to pilot the programme.

In the face of numerous constraints, project implementation was delayed due to the lack of clearly defined guidelines. The concern was raised by my regions, which resulted in the process being revisited and the development of the much needed guidelines packaged. The documents developed included the “*Best Practice*” and “*Guidelines for the implementation of Clinic Sanitation Projects*” to further assist the municipalities as they take up their new role as project implementers.

As part of Government’s key objectives with regards to empowering communities and the women within them, creating employment and ensuring service delivery sustainability, I am happy to report to you that this Programme was driven by an empowerment group and had a strong involvement of local communities including women. As you well know that our Government has committed itself to developing communities within rural areas and in particular women, this Programme in its attempt to achieve the above goal has done well.

One of the critical goals of Government in addressing the first and second economy is the creation of jobs, skilling of disadvantaged communities and empowering of communities within rural areas. The approach, which was adopted during implementation focussed on fulfilling the above goals. Various local contractors who fully participated were identified. Through this process an immense amount skills transfer took place as driven by project and programme managers. In each community, local contractors were identified and appointed to take charge of the construction of these facilities.

I am proud to state before all present that what is regarded as impossible has been possible under the constraints at our disposal. The major challenge after training and developing such entrepreneurs is to sustain this initiative by ensuring that work of this nature does not dry up but continues unabated. This therefore, is the challenge of Government to ensure that we maintain the momentum towards sustainable development. I challenge my colleagues within the provinces as a collective with us at national to ensure that this tap does not close.

Notwithstanding the above, the issue of quality in the delivery of services especially Clinic Sanitation facilities were not undermined. Serious actions on the part of the project management team were implemented to ensure that these facilities can stand the test of time and prove sustainable in the long term.

We can safely say that approximately 10 jobs were created per clinic. These ranged from bricklayers and plasterers to carpenters, plumbers and painters, all of which were actively engaged during the construction phases. Based on the projects that were prioritised for development, a total of 539 toilet blocks were completed, this constitutes a number of approximately 5390 new employment opportunities.

In terms of the national total of prioritised toilet seats or number of toilet blocks, the following can be observed:

- A total of 599 toilet blocks were prioritised after a review by the provinces.
- A total of 2 586 seats representing approximately 539 toilet blocks were constructed. Some of the provinces are still finalising the outstanding toilet blocks.

In terms of provincial performances Mpumalanga have to date completed their prioritised number of 72 toilet blocks within four municipalities, North West have completed 93 blocks out of the prioritised number of 155 within five municipalities, Eastern Cape have completed 75 blocks out the prioritised number of 162 within six municipalities, KwaZulu-Natal have completed 99 blocks out of the prioritised 171 within five municipalities and Limpopo have also completed their prioritised number of 74 blocks within six municipalities.

Mr Premier, may I applaud the good work done by your officials in ensuring that the programme within Limpopo based on the budget allocated towards the province was successfully completed. The performance of Limpopo in this project has been exemplary and the quality of work has been of a very high standard as we can see in the final product here at GaMatlala. We should also acknowledge the efforts of all the people who have made this project successful within Limpopo.

We are here today representing the programme nationally with some of our colleagues from the other provinces to launch the success of this programme. Let me also state that whereas I may be presenting on this subject, this initiative rests with my honourable colleague Minister of Health who today we have joined hands with in celebrating the success of this programme.

To the community of GaMatlala, this is your facility. You must take good care of it and do not allow it to be vandalised. The clinic staff will ensure that the facility is maintained in good working condition and that you have access to it when you need it.

I would like to acknowledge the donors who have contributed to the success of the National Sanitation Programme - just to mentioned a few the DFID, European Union, Japan and Ireland Development Co-operation. Without whom this Programme would not be possible.

In closing, may I thank the many individuals and groups that worked together and showed the necessary commitment over the course of this Project. I would also like to thank the efforts of the communities involved in realising implementation on the ground. May this exercise serve as an example for future service delivery programmes.

I thank you!