

## **South Africa: Women in Sanitation and Brick Making Project, Mabule Village**

### **Challenges**

Mabule village in South Africa encompasses 450 households. Mabule's men are generally migrant workers. Their absence leaves women with the full responsibility for children, eldercare, feeding the family, as well as time consuming tasks such as firewood and water collection. In this village, the high prevalence of diseases such as cholera was due to an unhygienic environment and lack of suitable sanitation facilities. Little attention was paid to personal sanitation. The nearest water source was 10 kilometres away. For many women and girls, visiting the sanitation facilities had become very difficult because of the poor construction and hygiene. Boys and men often relieved themselves in nearby bushes. The lack of hygiene-awareness, scarcity of basic building materials such as bricks and the villagers' low skill level made it difficult to change this situation.

### **Programme/Projects**

The Mabule Sanitation Project was developed to respond to these problems through a joint initiative of the Department of Water Affairs and Forestry (DWAF), the community and the Mvula Trust. The latter is an NGO implementing water and sanitation projects in South Africa, focusing on women's empowerment. The strategy chosen was aimed at ensuring that women participate fully in service development, since it is women who generally ensure that the services developed meet everyone's needs.

The Department of Health (DoH) had been carrying out health-related activities in the Mabule Village area, educating people on issues such as preventative healthcare for children, but the programmes had not been effective in changing the community's behaviour towards good hygiene. A group of women in the village had brought up grievances about the village's deteriorating health and hygiene situation and expressed a wish to change this situation.

Impressed with the Mabule women's commitment to developmental change, the Mvula Trust and the DWAF provided project resources and material support for the sanitation project. At the government level, the DWAF made a decision to fund sanitation projects only where there was gender balance in terms of decision-making. The project was run by a committee that was elected by the community, which established clear criteria for membership eligibility. Due to the educational criteria, women who had benefited from the DoH's previous education programmes were elected to fill eight of the 10 seats. Moreover, a brick-making project was established to obtain materials for latrine construction and generate cash. Both the sanitation and brick-making projects faced challenges that were gender-based. An analysis of the gender division of labour was made as part of the project to help the community members understand the importance of women's contributions to the community and to the project in particular. Committee members raised awareness of the benefits of good hygiene.

### **Outcomes**

#### *Health and sanitation*

- The community now has safe, hygienic and attractive toilets; and
- The community is experiencing improved health and hygiene, including more dignity and privacy for both women and men with regard to waste evacuation.

#### *Women's empowerment*

- There is increased acceptance of women's leadership roles by community members, local government and NGOs, as well as an increased collaboration between women and men; and
- The Committee's women have learned to manage the entire life cycle of a project.

#### *Community development*

- The brick-making project has employed up to 10 people, four of whom are men and six of whom are women, and the community has access to affordable bricks; and
- Other related income-generating activities have been established and now there is more money being retained in the community by both women and men.

### **Key Factors for Success**

#### *Assessment and mobilization of the entire community*

- People were sensitized to gender issues in the context of their community;
- The interests and welfare of women and men were built into project design and management;
- Diverse approaches were used to draw wide participation to promote changes in hygiene behaviour; and
- The entire community, including city councillors and leaders, were involved in order to illustrate to community members that they are in control of the process.

#### *Gender analysis and mainstreaming*

- Time constraints that women and men face related to water and sanitation were assessed;
- Gender roles and responsibilities were explored in a sensitive and unthreatening manner to see how and if they could be altered;
- An enabling environment was created so that women could participate, e.g., meetings scheduled when women could attend and support provided at all stages of the project for women participants; and
- Opportunities were created for men and women to work together in diverse roles.

### **Main Obstacles**

- The community did not initially support the idea of women leading the development project. The municipality did not want to let the women open bank accounts, because it was felt that the project committee did not have enough skills to manage funds.
- Some husbands did not approve of their wives participating, especially in a sanitation activity, as in this part of South Africa it is still taboo to talk about sanitation issues.

### **Looking Ahead – Sustainability and Transferability**

Some committee members continued their health and hygiene promotion and training activities in the community after the latrines had been installed. Based on sound strategic project planning, training and capacity-building and the support of experienced institutions, the Mabule women continue to initiate other community development projects, in continuous dialogue with their male partners.

### **Further Information**

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### **Source**

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