CHAPTER 15

Reviewing Effectiveness of Sanitation Fiscal Instruments and Governance in Enhancing Rural Development

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Reviewing Effectiveness of Sanitation Fiscal Instruments and Governance in Enhancing Rural Development

15.1 Introduction

Adequate sanitation[61] infrastructure and services are important for the health and dignity of people. Improving sanitation infrastructure and services, and educating households on the importance of good sanitation practices, reduces the risk of infection from excreta-related diseases (including diarrhoea). Diarrhoea is the second leading cause of death globally (after pneumonia) and the biggest cause of death in children under the age of five years in sub-Saharan Africa (Liu et al., 2012). In South Africa, about 21% of children under the age of five years die as a result of diseases related to poor sanitation, including diarrhoea.

Since 1994, government has introduced specific programmes aimed at reducing the high sanitation infrastructure and maintenance backlogs. These backlogs are a nationwide challenge but are more serious in rural than in urban residential areas. The Bucket Eradication Programme and the Rural Household Infrastructure Programme (RHIP) are two of the programmes introduced to address sanitation backlogs in rural areas. Bucket toilets are found in both formal and informal settlements. The government had not achieved its objective of eradicating the bucket system in the established formal settlements by the end of 2007, and the end date has now shifted to 2019. In 2010, the RHIP was introduced specifically to reduce sanitation backlogs in rural areas but has seriously underperformed. Other funding sources for sanitation infrastructure and services include the Municipal Infrastructure Grant (MIG), the local government equitable share (LGES), conditional grants and municipal own revenue. However, as sanitation backlogs remain a challenge, particularly in rural areas, the adequacy and effectiveness of these funding instruments are questionable. Understanding the other, non-financial challenges affecting the effectiveness of planned infrastructure and service delivery programmes is also important.

Municipalities in South Africa are classified into six categories: A (metropolitan municipalities), B1 (secondary cities), B2 (large towns), B3 (small towns), B4 (mostly rural municipalities) and C (district municipalities). District municipalities are further divided into C1 (district municipalities that are not water services providers) and C2 (district municipalities that are water services providers) (National Treasury, 2011).

With respect to the provision of water and sanitation, local municipalities are either water services authorities (WSA) or not. Local municipalities that are WSA are responsible for implementing and managing water and sanitation services/projects within their jurisdications, while local municipalities that are not WSA rely on district municipalities (C2) to implement and manage water and sanitation services/projects. For the purposes of this study, rural municipalities are either B3 or B4 municipalities that depend on district municipalities (C2) for their water and sanitation projects.

Sanitation backlogs are a national phenomenon but remain a major challenge in rural areas. The sanitation backlog overall has decreased since 1996, but B4 municipalities and district municipalities still had high backlogs, of 47% and 31% respectively, in 2014. Furthermore, the sanitation sector is characterised by poor governance, fragmentation and the lack of a single department or institution taking the lead (between 1994 and 2014, the sanitation function has shifted between departments). As a result, there have been challenges in the coordination and upholding of norms and standards. In addition, intergovernmental fiscal (IGF) instruments have not provided adequate funding for the provision and maintenance of sanitation infrastructure. Therefore, to achieve rural development through improving access to sanitation requires a review of the IGF instruments and associated challenges.

This chapter looks at constraints in the current intergovernment fiscal relations (IGFR) system and the institutional arrangements that are undermining government's efforts to address sanitation backlogs in rural areas. The three main objectives are:

- To analyse the reduction in sanitation backlogs between 1996 and 2015 in the different municipal categories.
- To evaluate and analyse the effectiveness of the current sanitation funding arrangements with respect to rural municipalities.
- To evaluate governance and institutional issues relating to the provision of sanitation focusing on rural municipalities

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[61] Sanitation covers a wide range of activities including the collection, transporting, treatment and disposal of waste (including human waste) and associated hygiene promotion.

15.2 Literature on Sanitation

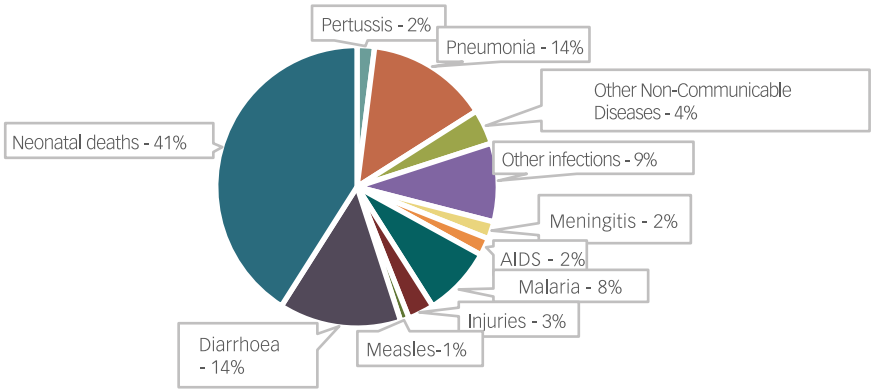
15.2.1 Sanitation and rural development

Infrastructure is one of the pillars of economic transformation and economic development. Sustainable economic growth often occurs in an environment where there is a meaningful infrastructure, and there is evidence that it reduces inequality in society (ECA, 2013). According to the literature, improving, delivering and maintaining infrastructure, which includes water and sanitation infrastructure, generally contributes significantly to rural development – countries that invest in the development of such infrastructure have a higher and better quality of rural development (ibid). Globally, compared to urban areas, rural areas are deprived of adequate sanitation infrastructure, which limits the potential for rural development.

15.2.2 The role of sanitation in health

One of the main basic services is sanitation, which refers to the collection, transport, treatment and disposal or re-use of waste. It includes human excreta, domestic wastewater and solid waste, as well as associated hygiene promotion. Diseases related to unsafe sanitation (diarrhoea) are projected to reach 7% of the total global years of life lost (due to premature mortality) in the year 2030 (WHO, 2008a). Improved sanitation reduces the risk of infection from excreta-related diseases, especially for children under the age of five years who are most susceptible to diarrhoeal diseases (Figure 126).

Figure 126. Global causes of child death under the age of five years



Source: WaterAid (2011b)

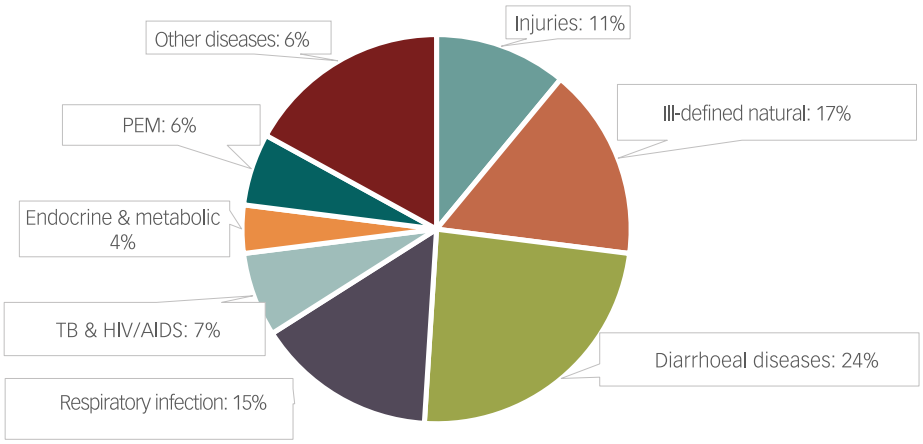
As Figure 126 shows, the biggest cause is neonatal death, which includes tetanus, sepsis, birth asphyxia and preterm birth complications. The second cause is diarrhoea, which is responsible for more deaths in children under the age of five years than Aids, malaria, measles and pertussis combined. An estimated 88% of diarrhoea in the world is the result of inadequate sanitation and hygiene (WHO, 2008b). A survey of 172 countries revealed a robust association between access to sanitation and reduced child mortality and morbidity, where improved sanitation lowered the rate of children suffering from diarrhoea by 7%–17% and by 5%–20% for children under the age of five (Gunther and Fink, 2010).

Sanitation also has a direct impact on health, and so investing in sanitation can result in economic returns for the nation. Returns on investment in sanitation include savings on health care, increased productive days and school attendance, and the value of deaths averted (Hutton and Haller, 2004). Good sanitation systems also benefit the health system and budget, as in developing countries occupants of hospital beds often suffer from diseases related to poor sanitation, which overstretches an already burdened health system.

In South Africa, children (especially those under the age of five) are also most affected and die from diseases related to poor sanitation, including diarrhoea. In 2007, a total of 14 782 young children died, and a quarter (24%) of those deaths were from diarrhoeal diseases (Figure 127).

Between 1997 and 2007, diarrhoeal diseases were the top cause of death in children (Table 80).

Figure 127. Causes of child deaths (aged 1–5 years) in South Africa (2007)



Source: WaterAid (2011b)

Table 80. Causes of child deaths (aged 1–4 years) in South Africa (1997, 2001, 2005 and 2007)

	1997: 7 751 deaths	2001: 11 252 deaths	2005: 15 596 deaths	2007: 14 782 deaths
1	Diarrhoeal diseases 20.8%	Diarrhoeal diseases 20.6%	Diarrhoeal diseases 23.5%	Diarrhoeal diseases 24.0%
2	Undetermined injuries 16.6%	Respiratory infection 13.9%	Ill-defined nature 17.1%	Ill-defined nature 16.1%
3	Ill-defined nature 14.2%	Ill-defined nature 12.8%	Respiratory infection 14.0%	Respiratory infection 15.1%
4	Protein-energy malnutrition 9.5%	Undetermined injuries 8.1%	Protein-energy malnutrition 6.3%	Protein-energy malnutrition 6.0%
5	Respiratory infection 8.7%	Protein-energy malnutrition 8.1%	Undetermined injuries 5.7%	Tuberculosis 5.4%
6	Tuberculosis 3.8%	Tuberculosis 5.8%	Tuberculosis 5.6%	Other endocrine & metabolic 4.3%
7	Other endocrine & metabolic 3.0%	Other endocrine & metabolic 5.4%	Other endocrine & metabolic 4.6%	Undetermined injuries 4.0%
8	HIV/Aids 2.9%	Other infectious & parasitic 3.1%	Other infectious & parasitic 3.0%	Other infectious & parasitic 2.6%
9	Ill-defined cardiovascular 1.8%	HIV/Aids 3.0%	HIV/Aids 2.4%	Bacterial meningitis 2.0%
10	Bacterial meningitis 1.5%	Bacterial meningitis 1.5%	Other respiratory diseases 1.7%	HIV/Aids 1.70%

Intestinal infectious diseases, which include diarrhoeal diseases, were the leading cause of death for children aged 1–4 years (Table 81).

Table 81. Causes of death for children aged 1–4 years (2012)

Rank	Cause of death	Number of deaths	Percentage
1	Intestinal infectious diseases	1 506	14.6%
2	Influenza & pneumonia	1 021	9.9%
3	Malnutrition	692	6.7%
4	Tuberculosis	349	3.4%
5	Other forms of heart disease	204	2.0%
6	Other low respiratory infections	195	1.9%
7	Other viral diseases	184	1.8%
8	Inflammatory diseases of the central nervous system	158	1.5%
9	HIV	142	1.4%
10	Other bacterial diseases	139	1.4%

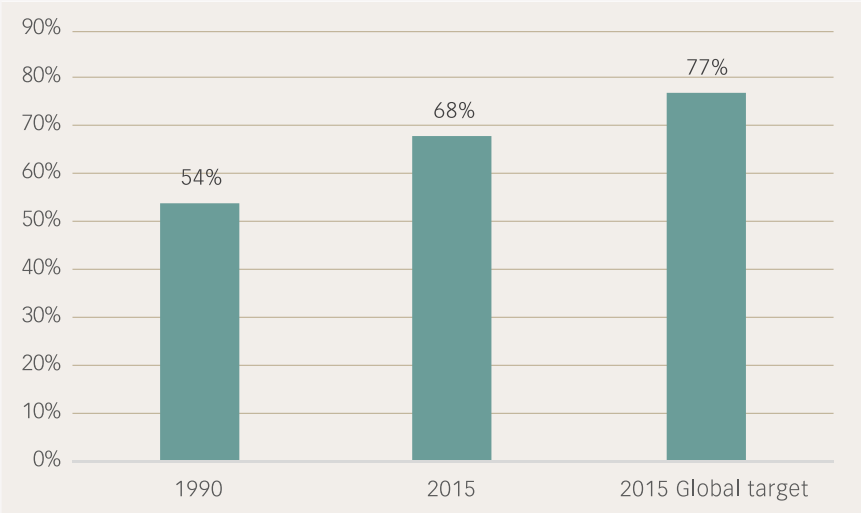
Source: Stats SA (2012)

15.3 Access to Sanitation Internationally and in South Africa

In 1990, about 54% of the global population had access to improved sanitation and in 2015, the percentage of the world's population with access to improved sanitation was estimated at 68% (Figure 128). This represents an improvement of about 9% with respect to improved sanitation, however falls short of the 2015 global target to improved sanitation of 77%.

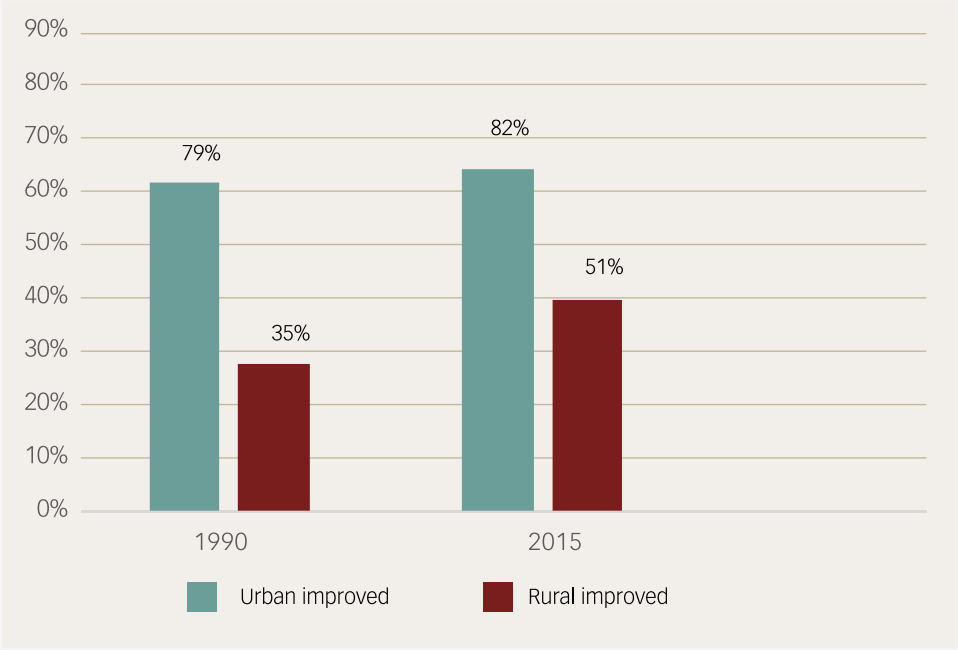
As Figure 129 illustrates, despite progress made between 1990 and 2015 with respect to access to improved sanitation, rural coverage continues to lag that of urban areas.

Figure 128. Global use of improved sanitation between 1990 and 2015 (%)



Source: WHO (2015)

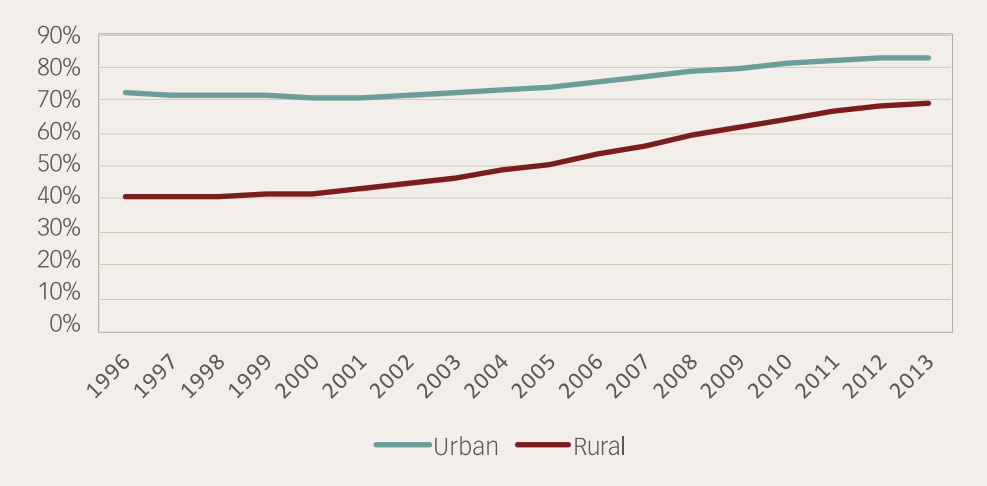
Figure 129. Urban and rural trends in sanitation coverage (%)



Source: WHO (2015)

In South Africa, the access to sanitation in rural and urban areas follows exactly the international trend. Between 1996 and 2013, rural dwellers with access to adequate sanitation[62] rose from 40% to 68% (Figure 130). Although the gap between urban and rural narrowed over this period, rural access remains low.

Figure 130. Urban and rural access to adequate sanitation in South Africa (1996–2013)



Source: Author's computations based on data from IHS Global Insight (2015)

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[62] The provision and ongoing operation and maintenance of systems of disposing of human excreta, waste water and household refuse, which is acceptable and affordable to the users.

15.4 Methodology

The different sources of funding for sanitation infrastructure were analysed, including part of the MIG and conditional grants, and the Rural Household Infrastructure Grant (RHIG) that specifically focuses on rural areas. A mixture of qualitative and quantitative analyses was used to look at design issues, performance and challenges for these IGFR instruments.

The effect of the RHIG on reducing sanitation backlogs in different municipal categories between 2013 and 2014 was assessed using a sampling method to select municipalities that had received the RHIG in 2012. One of the key assumptions is that the level of sanitation infrastructure backlog should decrease following an implementation of RHIP as an intervention.

The sanitation backlog was measured before and after the introduction and implementation of the RHIP through RHIG, i.e. 2012 and 2013, in order to identify whether the sanitation backlog declined a year after the implementation of the RHIG.

In 2012, a total of 52 municipalities benefited from RHIG. After calculating the change in sanitation backlogs between 2012 and 2013, municipalities were divided into three categories based on the level of improvement in sanitation backlogs: less than 2%, between 2% and 3%, and between 4% and 5% (Table 82)

Table 82. Municipal ranking based on improvement in sanitation backlog (2012)

Ranking	Number of municipalities	Percentage of municipalities	2010/11
4–5%	8	15.4%	87
2–3%	21	40.4%	6
Less than 2%	23	44.2%	7%

Source: Commission's computations

Table 83. Randomly selected municipalities based on improvement ranking

Improvement		
Between 4-5%	**2-3%**	**Less than 2%**
Engcobo	Maluti-a-Phofung	Umzumbe
Umzimvubu	Thulamela	Umzimkhulu
Mbizana	Greater Giyani	Dannhauser
Nyandeni	Amahlathi	Phumelela
Matatiele	Ratlou	Ramotshere Moilao

Source: Commission's computations

From the ranking, five municipalities were chosen from each category using a random sampling. A total of 15 (29%) out of 52 municipalities were chosen (Table 83).

Data for the selected rural municipalities was sourced from Global Insight, while data on the general performance of RHIG was sourced from the National Treasury and Department of Human Settlements (DHS) publications. Other data and information for secondary analysis were sourced from other studies undertaken on sanitation and RHIP, including a study undertaken by the Auditor-General and by the DHS (AGSA, 2015; DHS, 2012).

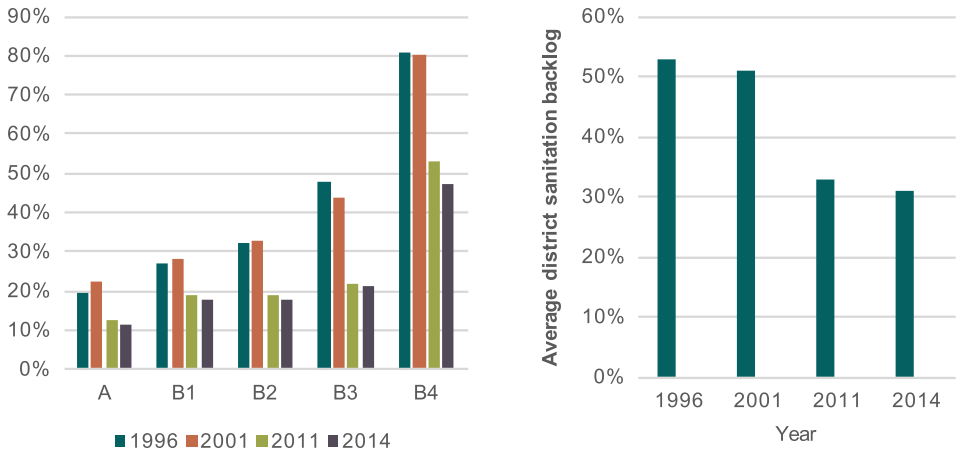
To confirm the analysis and understand institutional challenges, meetings with key stakeholders were held, including with the Independent Development Trust (IDT), one of the key stakeholders contracted by DHS to implement RHIP over the past few years. Meetings were also held with the South African Local Government Association (SALGA) and the Department of Water and Sanitation (DWS).

15.5 Findings

15.5.1 Progress on sanitation backlogs

As Figure 131 illustrates, the sanitation backlog overall has decreased since 1996, but B4 municipalities and district municipalities still had high backlogs (of 47% and 31% respectively) in 2014. The backlogs in the other categories were considerably lower, at 11% for A municipalities, 18% for B1s and B2s and 21% for B3s.

Figure 131. Sanitation backlog by municipal category between 1996 and 2014



Source: Author's computations based on data from IHS Global Insight, 2015

15.5.2 Intergovernmental instruments

Sanitation infrastructure and services are funded in a very unsystematic manner, and "sanitation in particular has up to now been mainly funded on an ad-hoc basis, while water has enjoyed the benefit of a more matured ring-fenced funding regime".[63] The effectiveness of the various funding instruments (which include MIG, LGES, RHIG and municipal own revenue) is discussed in the following sections.

Municipal Infrastructure Grant

The MIG consolidates all existing capital grants for municipal infrastructure and is supposed to be the main funding source for sanitation. Table 84 describes the MIG's different components:

Table 84. Municipal Infrastructure Grant components

Component	Purpose
B	To fund basic residential infrastructure, which includes water and sanitation, electricity, roads and other (street lighting and solid waste removal).
P	To fund public municipal services infrastructure
E	To fund social institutions and micro-enterprises and (the N-Component) nodal municipalities

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[63] Speech made by the Minister of Water and Sanitation, Nomvula Mokonyane (26 August 2014) in response to a debate on "Moving with utmost speed to provide water and sanitation to our people to eliminate the bucket system".

According to the MIG conditions, 75% of MIG allocations should be used to fund the B component, of which 72% should be for water and sanitation – the other 25% is split between components P and E. A formula determines the share received by each municipality, and then the municipality can decide which type of infrastructure to prioritise and fund through the MIG. Based on the proportion going towards sanitation services, MIG funding is inadequate to address the extent of sanitation needs. While a quota of 6000 litres of water has been determined for water beyond which people start to pay, there is no similar quota for sanitation; hence it does not receive adequate resources.

Local Government Equitable Share

The LGES is a formula-based allocation to municipalities, as stipulated by Section 214 of the Constitution. It is designed to enable municipalities to have the resources to deliver basic services to low income or poor households and to build administrative infrastructure. It also provides municipalities with funds to cover operational costs associated with providing free basic services to indigent households. Rural municipalities rely heavily on the LGES as their primary revenue source because their revenue base is low.[64] They use LGES funding to finance their operations, which leaves few or no resources to fund basic infrastructure needs, including sanitation. This implies that LGES funding to rural municipalities is not necessarily an effective instrument for providing and maintaining sanitation infrastructure and services.

Rural Household Infrastructure Grant

In 2010/11, the RHIG was introduced as an indirect conditional grant through which national government provides sanitation infrastructure for rural households where connector-services would be inappropriate. As an indirect grant, national government (or its agent) spends all funds on behalf of municipalities, and so no funds are transferred to municipalities (unless a municipality is acting as an implementation agent). Then, in 2013/14, a direct component of the RHIG was introduced. However, since being established, the RHIG has performed very poorly (Table 85). In its Submission for 2016/17 Division of Revenue, the Commission recommended that National Treasury and line departments consider using indirect grants as a measure of last resort, based on an analysis of performance of some grants including the RHIG.

Table 85. RHIG budget and expenditure

Year	Allocation (R-million)	Expenditure (R-million)	Percentage spent
2014/15	113.1 65.6 (direct) 47.5 (indirect)	22.6	34.45%
2013/14	240.4	215.3	89.56%
2012/13	340.6	205.6	60.36%
2011/12	258	187.3	72.60%
2010/11	100	62	62.00%

Source: Commission's computations

One of the biggest challenges with respect to the RHIG is under-spending, which is mainly as a result of business plans from municipalities being received very late or not being detailed enough to comply with Division of Revenue requirements.

Although sanitation backlogs decreased on average between 2009 and 2014, they remain high, at 50% (Figure 132). The sanitation backlog in some municipalities remains above 60% in 2014 (Umzumbe 68%, Dannhauser 64%, Ramotshere Moiloa 62% and Umzimkhulu 61%). For some municipalities (e.g. Umzumbe, Umzimkhulu and Dannhauser), sanitation backlogs are on the increase.

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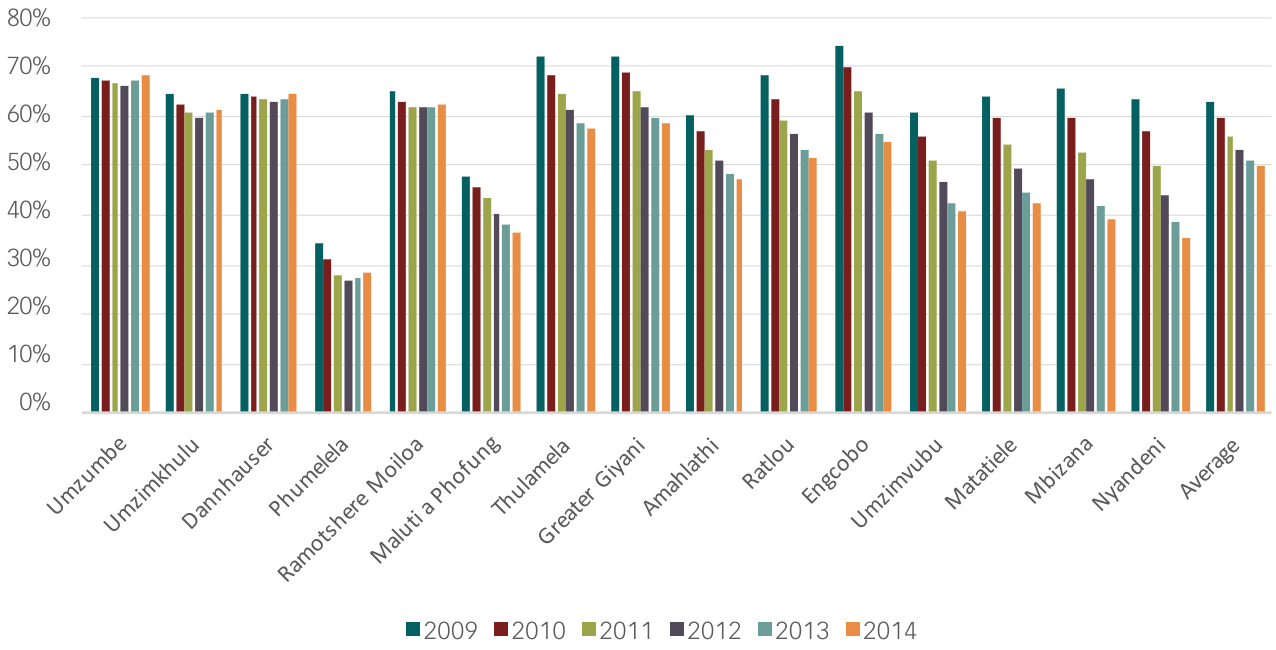
[64] Chapter 8 of this Submission gives a clear breakdown of transfer shares for rural municipalities compared to other municipal categories

Figure 132. Municipal sanitation backlog as a percentage (2009–2014)

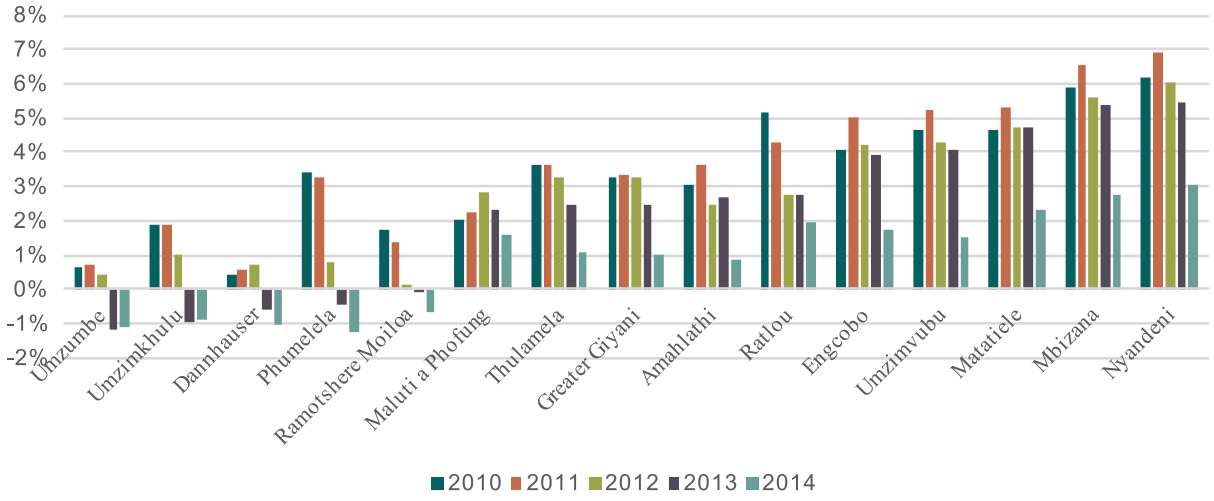


Source: Author's computations based on data from IHS Global Insight (2015)

Although the unavailability of data makes it difficult to single out the impact of a particular grant (MIG vs. RHIG), Figure 133 shows the year-on-year change in sanitation backlogs across the rural municipalities that were part of the RHIP.

- In some municipalities (Matatiele, Ratio, Engcobo and Umzimvubu), sanitation backlogs remained the same before and after the RHIP was implemented.
- Some municipalities (Nyandeni, Mbizana, Thulamela, Maluti a Phofong and Greater Giyani) saw a marginal reduction of about 1% in their backlogs between 2012/13 and 2013/14.
- Some municipalities (Umzumbe, Umzimkhulu, Dannhauser, Phumelea and Ramotshere Moiloa) had an increase in sanitation backlogs.

Figure 133. Year-on-year percentage change in sanitation backlogs



Source: Commission's computations based on data from IHS Global Insight (2015)

Unlike other grants, which are spread over a number of years, the RHIG is funded on an annual basis. Some municipalities receive funding for only one financial year, while others are funded for more than a year. What is not clear is why the RHIG funding to a municipality is terminated when the sanitation backlog is still high, i.e. the grant has not achieved its objectives. As Table 86 illustrates, some municipalities received funding for only 2012/13, despite their increasing backlogs (i.e. Umzimkhulu, Umzimvubu and Phumelela), whereas other municipalities received it for only 2013/14 or for both 2013/14 and 2014/15.

Table 86. RHIG recipients (2012/13–2014/15)

2013/14 and 2014/15	2013/14 only	No RHIG received after 2012/13
Umzumbe	Matatiele	Engcobo
Ratio	Mbizana	Umzimvubu
Dannhauser	Nyandeni	Umzimkhulu
Maluti a Phofung	Amahlathi	Phumelela
Thulamela	Ramotshere Moiloa	
Greater Giyani		

There is some duplication in the sanitation objectives of the RHIG and MIG, showing a lack of alignment between these grants. The MIG provides capital finance for basic municipal infrastructure backlogs for poor households, micro enterprises and social institutions servicing the poor, while the RHIG provides capital funding for the eradication of rural water and sanitation backlogs.

Municipal own revenue

Municipal own revenue includes funds from the municipality's tax base (e.g. funds collected for municipal services, property taxes, various consumer tariffs levied, etc.). These funding sources are very limited in rural municipalities because of their weak tax bases. As a result, rural municipalities are limited in their ability to raise sufficient revenue to cover both their operating costs and infrastructural needs. Therefore, the funding of basic services for poor households is mostly addressed through other capital grants and equitable share transfers, and own revenue is not a source of funding for sanitation infrastructural needs in rural municipalities.

15.5.3 Green technology and waterless toilets

Various technologies can be used to improve sanitation, particularly in rural areas. In South Africa, ventilated improved pits[65] (VIPs) are commonly used to improve sanitation, whereas other countries have moved towards ecological sanitation (EcoSan) or waterless toilet technologies. EcoSan is an environmentally friendly, sustainable waterless sanitation system that regards human waste as a resource for agricultural purposes rather than something to be disposed of (WaterAid, 2011a). It is environmentally sound, as it does not contaminate ground water and other freshwater sources, and reduces waste by 5–10% of its original mass, to be then used as compost. Furthermore, EcoSan technologies do not need expensive vehicles, such as vacuum trucks or tankers ("honey suckers") to remove the waste. In South Africa, EcoSan is currently not considered an option for dry sanitation, despite the presence of EcoSan toilet manufacturers in the country.

15.5.4 Institutional arrangements

The three spheres of government have different roles and responsibilities with respect to sanitation. According to the Constitution, municipalities are generally responsible for ensuring a safe and healthy environment and providing communities with services in a sustainable manner. The role of national and provincial governments is to support and strengthen municipal capacity and to enable municipalities to exercise their powers and perform their functions However, a number of challenges relating to institutional arrangements emerged from interviews with stakeholders.

Poor coordination of plans by various relevant departments

Programmes are not aligned among the different levels of government (e.g. between a national/provincial department and a municipality), resulting in inefficiencies and a lack of service delivery. For instance, the DHS provides housing with full waterborne sanitation technologies, but municipalities have not planned for bulk water infrastructure in the area. In these cases, beneficiaries find themselves living in housing units with no working toilet facilities (i.e. cannot be flushed).[66]

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[65] A VIP is a "dry" toilet facility that is an improvement on standard pit latrines, eliminating flies and odour.

[66] Presentation by Department of Human Settlements to the Select Committee on Public Services on 25 October 2011.

Poor communication between local and district municipalities

Poor communication is found within single government levels, not only among different spheres. For example, their district municipalities did not consult Ditsobotla and Butterworth municipalities about the sanitation projects being implemented in their municipalities. The two local municipalities only knew about the sanitation projects when they were interviewed by the Ministerial Sanitation Task Team (DHS, 2012).

RHIG and MIG duplication and underfunding

As RHIG funding is available, some rural municipalities do not allocate or reduce their MIG allocation. As a result, they rely heavily or only on RHIG funding, which compromises service delivery. The two grants also have common objectives, resulting in duplication. Although sanitation appears to be under-funded by these grants, it is difficult to make a strong case for additional funding when rural municipalities fail to spend the allocated funding. According to a DWS official, National Treasury is willing to increase funding for rural sanitation provided spending and infrastructure delivery improve.

Shifting of the function from one department to the other

The shifting of the sanitation function from one department to the other affects the continuity of planning and implementation of sanitation projects, which has an impact on delivery outcomes.

Funding operations and maintenance

Major challenges occur after the infrastructure has been delivered. Most rural municipalities do not include sanitation plans in their IDPs or have operation and maintenance plans in place, and so allocate little or no funding to sanitation infrastructure. A study undertaken by the DHS (2012) found that sanitation facilities developed through the RHIP are not sustainable because of poor operation and maintenance. However, the study was unable to determine how much is allocated to operating and maintaining VIPS because of limited data.

15.6 Conclusion and Recommendations

Improving sanitation infrastructure is key for a number of reasons, including reducing the risk of infection from excreta-related diseases, and thereby saving lives, particularly those of children under the age of five. Since 1994, sanitation backlogs have decreased but remain high in rural areas, despite government intervention through the Bucket Eradication Programme and the RHIP. Rural municipalities can use a number of funding instruments to provide and maintain sanitation infrastructure, including the MIG, LGES and RHIG. The RHIG has not achieved its expected outcomes for various reasons. These include the grant's design (as an indirect grant), discontinued funding in some municipalities despite high backlogs remaining, and under-spending because of the late transfer of funding, as a result of poor quality and late submission of business plans. Furthermore, in some municipalities sanitation is not included in their IDPs and so is not prioritised. Another challenge is the lack of operations and maintenance plans, and funding. These challenges must be overcome in order to reduce the sanitation backlogs and to ensure the health and dignity of South Africans.

With respect to intergovernmental instruments and institutional issues pertaining to the provision and maintenance of sanitation infrastructure in rural municipalities, the Commission recommends that:

1. Rural municipalities that are Water Services Authorities prioritise the delivery of sanitation infrastructure, which must be reflected in municipal IDPs. SALGA should play an oversight role in ensuring compliance with this recommendation.
2. Rural municipalities that are Water Services Authorities explore and prioritise EcoSan waterless technologies (where feasible) and develop a complete municipal sanitation infrastructure project delivery plan, which includes the following:

    - Technologies to be used for emptying toilet latrine pits (VIPs), taking into account community dynamics.
    - Scheduled periodical maintenance of sanitation infrastructure.
    - Full costs of maintenance and sources of funding.

    SALGA and the national and provincial departments of water and sanitation develop and implement monitoring tools for this recommendation.
3. The Department of Planning, Monitoring and Evaluation, National Treasury and the Department of Water and Sanitation undertake a comprehensive evaluation of the impact of sanitation grants on rural municipalities before discontinuing the grants.
4. District and rural municipalities that are Water Services Authorities submit compliant business plans timeously to the national Department of Water and Sanitation. Should they fail, executives should be held accountable. In cases where Water Services Authorities lack capacity, the national and provincial departments of water and sanitation should intervene and provide the required capacity.

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