


WEDC
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Health through sanitation and water, Tanzania


1. INTRODUCTION

Swedish (SIDA) assistance to water supply in Tanzania which include provision of funds, supply of equipment and material, provision of technical assistance etc begun already in 1965. Up to 1975 the programme was national, covering piped water supply projects in all regions.

From 1976 Swedish assistance was gradually shifted towards the three regions bordering Lake Victoria, starting with a comprehensive water master plan delivered 1978.

The high fuel prices during the seventies and to-date made it evident the piped water supply based on diesel powered pumps could simply not be afforded due to high running cost, especially operation and maintenance costs. The 1981 survey showed that less than 50% of the existing schemes supplied water.

Another shortcoming during this time was that community participation was not considered important or not deliberately included in planning of the schemes. The implementers of the rural water supply programmes has been SIDA and the Regional water engineers on sectoral basis. Thus the beneficiaries did not identify themselves as part of the programme. Generally, planning for rural development projects rests exclusively with various functional departments, which means that project designs are restricted to a sectoral or even sub-sectoral planning background. Programmes and projects are mainly planned by Government elites with or without the assistance of donor agencies and in general suffer from a relatively low degree of village's participation in project identification, planning and implementation. This results in a limited identification with projects to be implemented and consequently in low motivation on the villagers side to contribute.

With these shortcomings SIDA in 1983 come up with new principles on water strategies again concentrated in lake regions. These new principles were based in intersectoral approach to coordinating health education, sanitation and water supply at the village level on community participation basis. Thus the integrated approach to coordinating health education, sanitation and water supply at the village level on community participation basis. Thus the

integrated approach, health through sanitation and water, HESAWA, was developed in February 1984. Field implementation began in July 1985. The overriding objective of the programme is to improve the rural areas through improved health education, sanitation and water supply and to create better prospects for social development and economic growth.

2. EXECUTING AGENCIES

Three departments have been identified as the key executive department for the programme at regional and district village levels, Water department, Health department (Primary Health Care Section) and Community Development department.

The implementation of the programme involves the regional, district and villages organisation established or to be established. The other parties involved are of course Swedish (SIDA) as donor and Prime Minister's Office as the agreement partner with SIDA at national level. For smooth running of the programme, roles and responsibilities for each party or department have been defined as follows:

A. Sida Roles

- (a) Financing the programme
- (b) Procurement on consultancy services for Technical Assistance
- (c) Implementation of Swedish aid policy
- (d) Negotiations
- (e) Monitoring and evaluation

B. Prime Minister's Office (PMO) Roles

- (a) Ensure sufficient and continuous provision of local staff required by relevant executing agencies of the programme and appoint duly qualified Tanzanian counterparts to work together with expatriate personnel.
- (b) Facilitate an effective integration of activities under the HESAWA programme by providing policy guidelines and promote cooperation between the authorities concerned.
- (c) Support to Regions/District/Villages and

facilitate communication between the Technical Ministries concerned

- (d) Negotiation and approval of projects

C. Regional and District Councils Roles

- (a) Provide local resources required such as staff, officers accommodation, fuel transport and funds
- (b) To compile and present plans and budgets
- (c) Mobilise and control resources and manpower
- (d) Follow up and monitoring

D. Village Councils and Assemblies Roles

- (a) Identify needs and forward to relevant authorities
- (b) Accepting or rejecting to participate in the Programme
- (c) Selecting villagers for training as village Health Workers
- (d) Compensating (in cash or kind) these village workers
- (e) Deciding on location of new water points and improvement of old ones (in cooperation with MAJI)
- (f) Contributing labour for construction purposes and pay
- (g) Contributing cash/labour for operation and maintenance which is a main village responsibility
- (h) Continuously improve environmental sanitation and upkeep of water supply

E. Department Roles

(i) Water Department (MAJI)

Provide expertise for all activities necessary within HESAWA (Maji) at Regional and District level

Organize procurement and distribution of material and equipment

Training and development of technical staff

Advise, design and execute technical activities i.e. survey, construction of shallow wells, gravity piped supplies and rehabilitation of existing schemes

To make comprehensive studies for the possibility of water schemes for livestock

Advise and design permanent structure for operation and maintenance and decentralisation to District and Village level

(ii) Community Development Department (Maendeleo)

To make research on data and information available on village

Clarification of HESAWA Programme to villages

Assist villages in defining priorities for water

Promote female participation in HESAWA

Promote productive use of water where appropriate

Assist villages to mobilize and promote self-help work labour

Construction of demonstration Ventilated Improved Pit Latrines

Assist CCM, AYA and MAJI staff in using participatory methods

To make surveys and improve traditional water sources

Assist villages in selection of HESAWA village committees and well caretakers

(iii) Health Department (AFYA)

Assist villages in selection of village Health Workers

Carry out training of VHWS at health centres and dispensary level

Participate, promote, coordinate and act as spokesman of health education activities in HESAWA

Decision making and implementation responsibilities have been decentralized to District and villages. This means planning, budgeting implementation and operation and maintenance responsibility. Need identification starts at village level and goes through the District to the Region. Integrated plan of action is prepared by the Regional promotion team, the District action team and the villagers themselves who have identified and forwarded their needs.

3. WOMEN PARTICIPATION

Generally speaking it can be said that at the beginning of 1985 - half-way through the water decade - very little attention has been given to women involvement in spite of increasing calls for the same at international level.

There has been a lack of a conscious objective on the part of the donor agencies and national government ministries to reach and involve women water projects, since women are not considered special targets. There have been no concrete strategies developed to facilitate their involvement. The involvement of women in planning decision making and operation and maintenance is of major importance in their potential effect upon acceptance and correct use of the new facility.

Failure of water supply projects can be attributed in many cases to lack of contact with

women concerning the suitability and acceptability of the location and sources of water. Most women are back at their traditional sources even after the villages have received improved water supplies. If more attention were given to health aspects of water supply, as HESAWA has done hygiene and general environmental hygiene, women would appear to be the most obvious targets for information and motivation.

The main strategy employed by HESAWA to stimulate increased involvement of the women in the improvement of their water supplies has been:

- (i) Establishment of the village HESAWA Committee (VHC) whereby 50% of the members are women
- (ii) Appointment of pump attendants, one man and one woman
- (iii) Appointment of well caretakers, one man and one woman
- (iv) Training programmes have been initiated for the elected/appointed pump attendants and well caretakers to be contacted as near as possible to the village concerned so as to allow women to attend
- (v) Establishment of women's groups for productive activities such as small scale irrigation schemes and other income generating projects. Health education and environmental sanitation lessons are also discussed in these groups.
- (vi) The appointment of female field staff which has ensured that village women feel more at ease in public discussions
- (vii) Selection and training of village health workers, 50% of whom are to be women.

4. IMPLEMENTATION/CONCLUSION

As it was said before the HESAWA, principles are based in intersectoral approach to coordinating health education and water supply at village level on community participation basis. That means to improve the rural areas through improved health education, sanitation and water supply. The overall responsibility of need identification, planning, budgeting and especially implementation will rest with the District authorities and Village communities. HESAWA started in July 1985 when Maendeleo and Afya were included in the budget. Thus it is still on the start-up area which is confined to two districts on selected villages.

In these six months the promotion activities have been very successful and the village community have well accepted the programme together with the responsibilities and they have participated fully in the shallow well construction. The consultancy services (HIFAB International)

have been playing a very important role in giving technical advice to the executing agencies.

It seems intersectoral approach has been reached through a written integrated action plan, for this financial year has not been compiled and the HESAWA Regional Office has not been established yet. During this period we experienced the problem of obtaining construction materials and inadequate supply of fuel for programme activities.