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Towards self-management - water and sanitation



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Introduction

Safe water for ALL by year 1991 was the target set by the Government of Tanzania during the declaration of the twenty-year Water Programme in 1971. The main objective was, and still is, to provide adequate potable water for rural areas within 400 metres from each household in the Mainland. The twenty-year Water Programme has now been extended to the year 2002. The Government subsequently declared full commitment of the implementation of the objectives of the International Drinking Water Supply and Sanitation Decade (IDWSSD) and the development goals for year 2000 endorsed during the World Summit for Children held at the United Nations in September 1990 and the subsequent National Summit in June 1991. Two of those development goals are universal access to safe drinking water and to sanitary means of human excreta disposal.

The Ministry of Health launched a latrinisation campaign "Health for ALL" (MTU NI AFYA) in 1973 to counter the high incidence of faecal born diseases. A decree issued in 1974 requires that each household must have a latrine and use it hygienically. The Ministry of Health in 1982 set the target of achieving universal latrine coverage in rural households by year 1991.

At the end of the twenty-year Water Supply and Latrinisation programmes and of the United Nations Water and Sanitation Decade, only 46% of the rural population and 67% of the urban inhabitants have access to safe water respectively. However, many of the existing water schemes, reported at over 35%, are not functioning. Over the years, latrinisation campaign has gained momentum. Currently, about 85% and over 90% of the households in rural and urban areas respectively are having latrines near home and are using them.

Constraints

Since independence, provision of water services has been the exclusive responsibility of the Government. Water is free for all. Throughout the 20-year Water Programme, Government's financial allocation to the water sector was low with an average of 6.4% of the total government development budget. Furthermore, in real terms the financial input was diminishing due to the devaluation of the Tanzania Shilling and the decline of external support. As a consequence, among others, these have had two major

implications; the gradual erosion of the potential for increased coverage and further weakening of the sector management and maintenance system.

Naturally, limitation of financial resources for sector development has a direct impact on low coverage. Major bottlenecks which have hindered the sector's progress include:-

- (a) investments focused on high cost technology and the absence of a well defined sector strategy;
- (b) inadequate and weak sector planning, management and monitoring;
- (c) least involvement of communities in the overall planning, implementation and operation and maintenance rendered frequent breakdown and eventually non-functioning of many schemes;
- and
- (d) lack of inter-ministry coordination and inadequate linkage of the water and sanitation sector with other development programmes such as health, education, women's development and communication.

Sector policy and guidelines

Recognizing these weaknesses, the Ministry of Water, Energy and Minerals (MWEM) in 1987 embarked on the formulation of a National Water Policy which was officially launched in November 1991. On the other hand, the Ministry of Health (MOH) in addition to the enforcement of existing legislation relating to the provision of sanitary facilities, has prepared environmental sanitation guidelines which was officially announced in February 1991. Strategies to facilitate better implementation of the guidelines was developed recently in March 1993. These initiatives by the government aim at accelerating sector coverage and services sustainability through cost recovery and cost sharing; application of low cost technologies; strengthening sector planning, monitoring and management as well as enhancing operation and maintenance of schemes at community level through the involvement of women, establishment of village water and sanitation committees and village water funds.

Actions

The Ministry of Water, Energy and Minerals and the Ministry of Health have initiated the following actions,

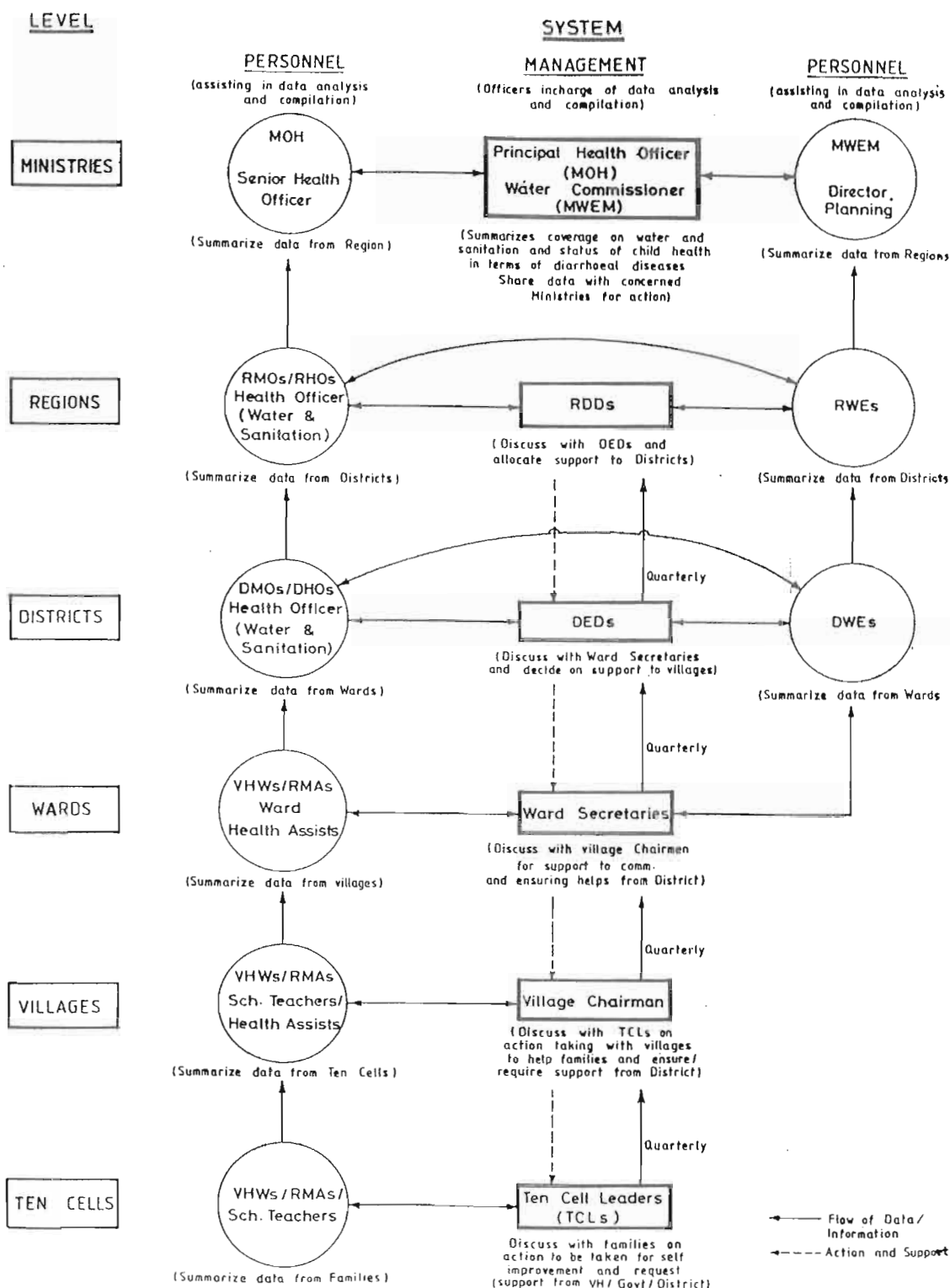


Figure 1. Framework for a water and sanitation participatory monitoring system

guided by the National Water Policy and Sanitation Guidelines, aimed at achieving sustainable services and increasing coverage through community-based self-financing and self-management.

Establishment of sector monitoring system

The framework for an effective but simple participatory monitoring system has been jointly developed in 1991, as shown in Figure 1, by MWEM, MOH and the Ministry of Community Development Women and Children in collaboration with other concerned Ministries.

The sector monitoring system will facilitate immediate generation of information/data at the grassroot level and enabling analysis, assessment of situation and taking remedial actions within the community, District, Region and Central levels. Constant feed back and regular follow-up by all concerned can ensure/pin-point areas which required efforts of mobilisation or other support services. Sector monitoring units have already been established in the Division of Planning in MWEM and the Department of Preventive Services in MOH.

Implementation of national water policy

Strategies and Action Plan for implementation of National Water Policy have been developed by MWEM.

Actions have already been taken to initiate the transfer of one of the four major National Water Supply schemes to a Water Board or a Autonomous Body to manage the scheme through user-pay water tariff. Studies on aspects of operational and financial management of four urban water supplies revealed that water revenue earnings would be sufficient to run three out of the four urban water supplies. It is reported that many villages have already established village water and sanitation committees with 50% women members. Village Water Funds have been set up in many villages. System of support and distribution of spare parts to village level is yet to be initiated.

Low cost technologies such as shallow/medium deep wells installed with handpumps, small gravity feed schemes and rainwater harvesting are to be adopted wherever feasible.

Universal sanitation coverage

The relatively high latrine coverage in both rural and urban areas reflects that the majority of Tanzanians have already formed good habit of using latrines. Almost all households have built latrines entirely at their own cost. The Ministry of Health aims to achieve the universal sanitation coverage by year 1997. A National Plan of Action (1993-1997) has been developed focusing on the achievement of one latrine for every household and the promotion of sanitation/hygiene as a health related package covering proper disposal of wastewater, garbage and animal dung through social mobilisation/education and enforcement of sanitation by-law.

Conclusion

Through experience learnt from the past two decades on sector development coupled with the limited financial resources allocated to the sector both external and internal, the Government has now realized that to continue "business as usual" would result in not only widening the gap between the served and the unserved but also gradual weakening the health of her citizens. Some specific actions have been initiated by the Government to change from the concept of "free water" to "economic good". The task ahead is enormous. The Government needs a strong political will, cooperation of her citizens and the support of the donor community to realize the change for eventual sustainable health impact and better overall economic development.

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