


N C McHaile
A critical review of the water and sanitation Decade in Tanzania

Way back in 1971, the Tanzanian government adopted a twenty year programme (1971-1991) the primary objective of which was to provide potable water to all by the year 1991. This programme was further reinforced by the launching of the Water and Sanitation Decade (1981-1991) by the United Nations.

At the time of launching the twenty year programme, it was estimated that about 10% of the rural population had access to safe and adequate water, while the urban population with potable water accounted for about 50%. Four years later, that is in 1975, the World Bank Technical Advisory Group carried a survey and the results for Tanzania showed that only 17% of the rural population were served with potable water while the figure for urban areas had risen to 68%. The figures for 1980 were 28% for rural areas and 82% for urban areas.

Let us look into these percentages in terms of numbers of people. From the 1978 census, the population of Tanzania mainland was estimated at about 17 million, 87% of which live in the rural areas (14.8 million people). With an average annual growth rate of 3.2% the projected rural population for 1980 and 1991 would be 15.8 million and 22.3 million people respectively. So up to 1980, out of the 15.8 million people living in rural areas only about 5 million people had access to adequate and safe drinking water.

An ideal situation would have been a linear curve whereby the 10% figure of 1971 rises linearly to 100% in 1991. (curve no. 1). In this case, by 1975, 28% of the rural population would have been provided with potable water while 50% would have been served by 1980 and the figure should have risen to 73% by the year 1985. As shown by the survey, things have not worked out that well. If the present trend is to be maintained, then Tanzania will be able to provide only 50% of its rural population with adequate water by the year 1991. This will be off the target by 50% (curve no. 2).

To attain the 1991 target, a certain parabolic hypothetical curve could be adopted. From this hypothetical curve, 42% of the rural population will have to get adequate supply by the end of 1985. Three years later the figure is supposed to rise to 75% and by 1991, the whole of the rural population will have access to clean water, (curve no. 3).

Given the present economic situation not only of Tanzania but the world as a whole, no sane man will believe that such an enormous task could be accomplished in the period in question.

If we extend the deadline to the year 2000, things won't be that easy either. It should be recalled that this year (2000) is also the deadline for a WHO programme "Health for All". Using the 1980 data as the reference, and assuming a linear trend, then curve no. 4 indicates that, in 1985, about 46% will be served. By 1990, 65% will have clean water while 85% will be served by 1995. Assuming a trend similar to that of 1971 to 1980, the backlog in the year 2000 will be 35% or 7.8 million people. (Curve no. 2).

The achievements in water supply are quite remarkable. Regional water masterplans have been completed for seventeen regions out of a total of 20 regions. The shallow wells project in Morogoro, and Shinyanga, is in progress though there has been a lot of drawbacks. A good number of wells have been closed either due to low yield from the wells or poor quality of water. This indicated that proper investigations (hydrogeological and microbiological) were not carried out before the wells were constructed. This has greatly affected the credibility of the technology especially in Shinyanga Region. Sumbawanga Region is currently being provided with a water supply system through NORAD. The WaAgingombe water supply project is nearing completion. The list presented herein is not conclusive. These are many small projects under the various Regional Water Engineers and the total effect is as has been found from the World Bank survey.

Whereas water supply in urban areas was not a crucial issue compared to the rural areas, sanitation in urban areas is also in a terrible state. Figures from the World Bank Team indicated that, in 1975, only 25% of the rural population had adequate disposal facilities. The figure had risen to 40% by 1980. In 1975, 8% of the urban population were connected to public sewers and 54% had either a pit latrine, septic tank or a soakaway pit. By 1980, 12% of the urban population were connected to sewers while 81% had an on-site disposal facility. About 7% have no proper facility at all.

Going through the various efforts of the government (in collaboration with aid agencies) it is sad to note that sanitation is still being taken lightly. For example, there are so many projects of water supply in the country against very few sanitation projects. The Wangungombe sanitation project which is part of UNICEF's special assistance programme to Tanzania is about the best example. USAID is running a primary school health project in Dodoma and Singida Region while the World Bank through the Ministry of Lands and National Resources and Tourism has put up a few demonstration VIP latrines in Dar es Salaam. At the national level, these are about the only projects. Indeed, at this rate, we are sure of going through the decade with very little to be proud of as far as sanitation is concerned. The Decade is turning out to be a Water Supply Decade. Whereas it is normal for governments to provide subsidies for urban and rural water supplies and urban sanitation, no such subsidy is considered for rural sanitation. There has to be a clear government policy on sanitation which should spell out the level of subsidy since it affects affordability and choice of technology.

So as to speed up the provision of proper sanitary facilities in the country, it is necessary to include the sanitation component in water supply projects. Rural water supply and sanitation projects should be planned for concurrent implementation so as to minimize the costs of support, promotion and health education.

The government has, however, moved several steps forward as far as educating the masses is concerned. Several campaigns have been lodged and their outcome was quite satisfactory. Among the most remarkable was the "Mtu ni Afya" campaign which was conducted in 1973/74. Essentially, this was an environmental health programme with a bigger element of sanitation. At the end of the campaign, the general population had created awareness of the common environmental problems.

Unfortunately, the many campaigns we've had do not supplement each other. For example, after the "Mtu ni Afya" campaign came the "Chakula ni Uhai" or "Food is Life" and the environmental problems cited in the first campaign were not emphasised in the second campaign.

The issue of training is of paramount importance to the entire water and sanitation programme. People must be trained at all levels. It is encouraging to note that the government indeed took a positive move towards this direction by establishing the technicians course at the Water Resources Institute and the Department of Public Health Engineering at the Ardhi Institute. The Water Resources Institute trains technicians who are supposed to work in the rural areas maintaining the water pumps and other water equipment. So far, the Institute has trained 750 technicians. If these were to be distributed equally to all twenty regions, then each region will have about 35 water technicians. This is not a small number. But you will be surprised that a good number of water projects are not functioning properly and the reason one gets is lack of trained personnel. Are these people really being utilised?

The department of public health engineering offers professional courses in public health engineering. The graduates of this course are expected to work mainly in urban councils and once their demand in these councils is sufficed, they will be involved in rural areas. The first output was received with very little enthusiasm. In a good number of urban centres, the response was "we do not need a public health engineer at this moment". Which town in Tanzania can claim that the state of its standpipes, sewers, storm-water drains is so good that not even maintenance is required? Why then are these people not so welcome? In most urban centres public utilities are under the Health Department. This is headed by a Health Officer. One would therefore hope that the Public Health Engineer and the Health Officer will team up to provide the best services. This has not been the case.

Training at lower levels has been done through the various projects. That is, each project trains its own operational staff in villages. The Dar es Salaam demonstration latrines were constructed on the belief that people will copy the example and put up their own structures. Local funds participated in this exercise too. Instead, the structures have remained beneficial to those who were lucky to get them free of charge.

The above notwithstanding, it must be remembered that the decade came at a time of extraordinary world-wide recession and financial austerity. The government, with limited resources has been trying hard but we believe it could do better. Now there has to be a shift of emphasis from water supply to sanitation. Friendly countries as well as aid agencies have poured into the country a lot of money in terms of equipment and personnel. While we acknowledge this assistance, we would like their efforts to be properly coordinated. For example, UNICEF, USAID, DANIDA, FINIDA etc. should draw up a training programme where villagers from other parts of the country could learn the technology. Whereas it is difficult to replicate a project due to the many variables involved, it might be possible to replicate the various strategies. As such, we must have people equipped all the time.

References

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