

Tanzania



WaterAid/Alex Macro

The United Republic of Tanzania assumed its present form in 1964 after a merger between mainland Tanganyika and the island of Zanzibar. Although it is one of the poorest countries in the world, with a population that has tripled since 1967, Tanzania has been spared the political instability that has blighted many African countries.

Tanzania's arid interior includes the Serengeti national park and Mount Kilimanjaro, the highest point in Africa. While the country is bordered by the three largest lakes on the continent, rural areas are very dry, with little opportunity for agriculture.

The Tanzanian Government says that 58% of the rural population and 15% of the urban population do not have access to protected drinking water sources. On average women and children spend over two hours a day collecting water while journeys of six to seven hours are not unusual in areas on the central plateau.

WaterAid in Tanzania



Brent Stirton

WaterAid's aim is to improve the lives of poor people in Tanzania through the provision of safe water, sanitation and hygiene education using technologies that are affordable, appropriate to local conditions and easy to maintain by the community themselves. This work is vital as without water and sanitation childhood ailments like diarrhoea are killers (worldwide a child dies every 15 seconds from water-related diseases). Since 2000 the number of children dying before their fifth birthday has risen and more mothers are now dying while giving birth. Essential water and sanitation services are limited – with less than half of the population having access to a latrine.

WaterAid's involvement in Tanzania began in 1983 in the Dodoma Region and continued throughout the 1990s in a collaboration known as WAMMA between WaterAid and water engineers, and hygiene and education staff in the Dodoma Local Government. In the last ten years WaterAid has expanded its presence into the Tabora Region, Singida Region, the Kiteto District of Manyara Region and the Temeke Municipality in Dar es Salaam. We work with a wealth of partners in these regions, including church groups, municipal and district councils and local development organisations.

WaterAid's partners help communities set up low cost, sustainable projects. The community is asked to determine how much it can afford to pay for running costs and to contribute towards the set-up costs. Water

supplies are usually established by rehabilitating boreholes or constructing small gravity schemes or shallow wells. In semi-arid areas such as Dodoma, where water tables are very low, diesel engines and pumps are often needed to pump the water from the deep boreholes.

The sanitation programme typically includes the construction of simple pit latrines and dish racks and the digging of rubbish disposal pits. Hygiene education takes various forms, including the child to child approach where children receive hygiene messages which they pass on to their friends and family. Among other things hygiene messages focus on the importance of hand washing, the safe handling of water, use of latrines and restricting the access of cattle and goats to areas around the home.

Plans: 2005-2010

A new strategy running from 2005 to 2010 sets out the future plans and activities for WaterAid in Tanzania. During this time WaterAid will continue to focus on water, sanitation and hygiene education working with local partners on community managed projects.

The key aims are to:

- Directly help 80,000 more people gain access to water and 40,000 more people gain access to sanitation and hygiene every year by 2010
- Strengthen local government and support local partner organisations and other non governmental organisations to ensure at least a further 100,000 people gain access to safe water by 2010

The Millennium Development Goals (MDGs), internationally agreed targets to tackle world poverty by 2015, aim to halve the proportions of people without water and sanitation. WaterAid works closely with local governments to strengthen their ability to meet the targets in their areas by providing equitable water and sanitation services to everyone including the most marginalised sections of society. By

Water Committee member **Rosa Lembile** collects money from the community to contribute to the maintenance of the pump in Chawa village, Dodoma Region.



WaterAid/Alex Macro

"Life before the clean water was horrendous. We spent all our time collecting water from wells around the area and were always sick with eye and skin problems and constant diarrhoea. We were pathetic with dirty clothes and bodies and runny eyes and all sorts of other diseases.

Now we have more time to do constructive things like making pots, collecting firewood and playing with our children. We also find the time to teach our children useful things. As women in the village we definitely have a louder voice, the men listen to us more.

We spend more time sitting as a group and discussing things now which gives us more chance to make changes in our lives. We act as a community now, which gives us more power."

Achievements to date

- WaterAid has helped almost 1.1 million people in Tanzania gain access to safe drinking water and sanitation services since 1983
- Through an urban programme in Dar es Salaam WaterAid has provided more than 180,000 people with water and sanitation services since 2000
- In a project in the peri-urban and rural areas of Singida Region, WaterAid formed a strong partnership with local government agencies, partner organisations and the private sector to deliver water and sanitation services to 40,000 people over three years

£20 pays a technician to train a village pump attendant for three days on pump maintenance

£50 pays for two facilitators to raise awareness on hygiene and sanitation in a village for two days

£160 will train one teacher on child to child hygiene education approaches for five days

£550 pays for an Afridev handpump providing safe water for up to 300 people

£1250 will pay to protect a spring source capable of providing up to 1000 people with safe water

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The UK's only major charity dedicated exclusively to the provision of safe domestic water, sanitation and hygiene education to the world's poorest people.

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Charity registration number 288701 January 2006



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Agnes Matibya from Kashishi village, Tabora Region.



WaterAid/Jane Scobie

“One trip to collect water used to take me 30 minutes. I used to get headaches and chest pains because the bucket was so heavy and I used to only do one trip as I was so tired. I had to collect water when I was nine months pregnant and I suffered. My stomach would hurt, so I had to stand for a while until it passed. I couldn't wash my children's clothes very often, so they would get scabies a lot. They also suffered from malaria and diarrhoea often.

Now I have water in the village, I am very clean; I have water to drink and I can wash my family's clothes. Now I am a pump attendant and I sell water. With the time I have free from collecting water, I can talk and play with my children and I am happy. I am happy now because my children don't get so many diseases and I can wash them.

Now I have a salary I can help my husband. If he has no money, I can still buy food. We are really at peace now. When my children are older, I will take them to school. We want to build a better house. If our village didn't have water and I was not earning a salary, I couldn't have done anything without money.”

Amina Ramadham from Block Farm primary school, Tabora Region.



WaterAid/Jane Scobie

A WaterAid supported project in the sub-village of Block Farm, close to Msangi in the Tabora Region, has led to sanitation improvements and hygiene education at the local primary school. Amina Ramadham is 14 years old and remembers what life was like before the WaterAid programme introduced two new toilet blocks to the school.

“Before we had only three toilets which were shared by boys and girls, around 250 children. It was a hole in the ground and the roof was made of straw, and these toilets were not good. These new toilets are clean and they don't smell.

I can take children to see the latrines, and show them how to use them properly. We tell them that they should use the toilets and not just go to the toilet wherever around the school. If they do these things, they will not get diarrhoea, malaria and other water diseases. We have a better school now, and the environment is much cleaner. We can learn much more easily, and children are not sick as much because we are protecting ourselves from disease. I feel bad about other schools that do not have clean toilets like we do here.”

localising the MDGs in this way WaterAid is integrating its policy work and its field work – reaching more of the country's poorest people.

WaterAid believes local government should be accountable to the communities they serve. Fundamental to this process is the water point density mapping which shows the population and the number of functioning and non-functioning water points. WaterAid is helping the Tanzanian Government to carry out their own studies after successful mapping by the local government in Dodoma. With these maps the communities and their representatives can see the inequity of provision and are therefore better placed to demand better services.

Tanzania needs 3000 new water points per year in rural areas. In fact at present only a few hundred water points are being built each year, the majority of which are in just one region, Shinyanga. If all regions in Tanzania performed comparably around 4000 water points could be built each year, easily meeting the MDG targets. However, budgets are small and fragmented, while expenditure is difficult to monitor. Until recently local councils were allocated just US\$0.11 for each person they were expected to provide with safe water and sanitation.

Poverty is greater in rural areas than in urban areas and yet 63% of donor spending in 2004/5 was on urban water supplies, less than 10% of the donor budget was targeted at

village water supplies and less than 2% of the entire 2004/5 budget was spent on low cost technologies such as shallow wells and protected springs. In contrast most of WaterAid's resources in Tanzania are focused on rural areas.

However, WaterAid is currently developing an urban strategy to better identify where its work in major settlements could be most effective. Cholera outbreaks are frequent in urban areas and in rapidly expanding unplanned settlements. Piped sewerage systems cover less than 20% of urban households and people are on average spending more time fetching water than they did in the 1990s. At present, WaterAid's urban work is carried out exclusively in Dar es Salaam where WaterAid provides water and hygiene education to people not connected to the mains supply. At the same time we are working with new river basin and catchment authorities in Dar es Salaam and are advocating for better regulation to combat bacteriological and industrial pollution and saline intrusion into groundwater supplies. WaterAid, with help from the London School of Hygiene, is developing a marketing approach to promote latrines and emptying services. We are also raising awareness of urban sanitation and hygiene among communities so that the people themselves then take action to improve hygiene practices and demand services.

Eighteen year old **Tatu Muhamed**, Msangi village, Tabora Region.



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"I have not gone to school in many years. My father died of tuberculosis when I was very young and I stopped going to school because it was a very long way from home. I had to collect water for the family and prepare porridge and wash our clothes.

Now we have these wells I have got two hours free – I've got more time to rest. I am happy because this water is near my home and it is clean and safe."



Tanzania

Area: 945,090km²

Capital: Dodoma

Other main cities: Dar es Salaam, Arusha, Mwanza, Tabora

Population **36.9 m**

Infant mortality **165/1000**

Life expectancy **46 yrs**

Water supply coverage **73%**

Sanitation coverage **46%**

Below poverty line **35.7%**

Human development index **164**

Adult literacy **69.4%**

Sources: World Development Report 2005 and the Human Development Report 2005.

Official statistics tend to understate the extent of water and sanitation problems, sometimes by a large factor. There are not sufficient resources available for accurate monitoring of either population or coverage. Varying definitions of water and sanitation coverage are used and national figures mask large regional differences in coverage.

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