

# Zambia



WaterAid/Jon Spaul

Zambia, a country known for its spectacular scenery including the Victoria Falls, is large, landlocked and sparsely populated by more than 70 ethnic groups. Its colonial legacy, mismanagement, debt and disease have all played a role in it being one of the poorest countries in southern Africa. These problems have been exacerbated by declining prices of its main export, copper, and droughts in the 1980s and 1990s.

Despite having one of the largest fresh water resources in Africa, reducing rainfall levels over the last 30 years have impacted on farming, nutrition, groundwater supplies and the national economy. Poverty is increasing and health is deteriorating – 16% of the population is infected with HIV/AIDS and malaria is rife. Life expectancy has dropped from 54 years in 1990 to just 37 years in 2001.

The numbers given for those with access to water and sanitation vary greatly depending on the source of the data. WaterAid estimates that only 28% of people have access to water and that 24% of people have sanitation.

# WaterAid in Zambia



WaterAid/Jon Spaul

WaterAid first received requests for assistance during the severe 1992-4 drought. A country office was set up in Monze District in 1994 and WaterAid began work in the Southern Province. This semi-arid region, with an average annual rainfall of just 70cm, suffers from water shortages and droughts. With few reliable water points, women and children have no choice but to walk miles every day to collect water which is usually dirty and unsafe. This, coupled with the fact that only a small fraction of people in the province have access to latrines, means that water and sanitation related diseases are prevalent.

WaterAid first began work with the Department of Health in 1995 in a programme of hand-dug well and latrine construction, community mobilisation, education and training.

In 1996 the Government established a new water policy calling for urban water services to be privatised and rural projects to be community owned and managed. It also stated that sanitation and hygiene promotion should be integrated with water projects. This policy, known as WASHE (water, sanitation, hygiene education), is put into practice by district committees called D-WASHE made up of district departments, including those responsible for health, water and community development, non governmental organisations (NGOs) and donor agencies based in the district.

WaterAid supports the WASHE concept

and had been working to develop the skills and capacity of D-WASHE committees to improve access to water, sanitation and hygiene education.

To increase its role nationally and promote more coordination with others involved in water and sanitation WaterAid moved its head office to the capital Lusaka in 2000.

WaterAid has since expanded its operations to seven districts, five of which are in the Southern Province (Monze, Siavonga, Namwala, Itezihitezhi and Kazungula) while the other two are Kafue in Lusaka Province and Kaoma in Western Province. Until April 2005, WaterAid was working in partnership with D-WASHE committees in five of these districts while in the two others (Monze and Kazungula) WaterAid signed agreements with partners from the Department of Health.

In 2004 the Zambian government reaffirmed that local authorities are responsible for rural water supply with non governmental organisations (NGOs) and the private sector involved in implementing projects. To support this change WaterAid now works with both local authorities and a range of partners including NGOs and small scale private contractors such as well technicians, latrine builders and pump mechanics who work directly with communities.

WaterAid and its partners have recently changed from the model village approach to the 'focus area' approach. In the first partners worked to ensure everyone in one village gained access to safe water, sanitation and good hygiene and this 'model village' was then used as a showcase, in the hope that other communities would emulate the scheme. In the 'focus area' a wider area in a district is covered. This approach reaches a large number of villages making it easier to plan and monitor activities and provide support so that all villages gain equal benefits from the projects.

The most appropriate and affordable water technology has been hand-dug wells; however, this is changing as falling water tables have meant that WaterAid is also drilling boreholes too. We are now exploring the rope pump as another suitable technology option. WaterAid is also working with partners to introduce composting latrines as one of a range of latrine options in Zambia. These latrines safely use human waste to benefit local agriculture by creating a renewable source of fertile compost.

## Plans: 2005-2010

In its new strategy for Zambia running from 2005 – 2010 WaterAid sets out its plans and activities for this period.

### The key aims are to:

- Directly help 31,600 people gain access to safe water and 66,000 people gain access to sanitation every year by 2010
- Support local partner organisations to raise their own funds, while keeping a strong advisory role on how these funds are spent to ensure a further 2000 people gain access to water and 4500 to sanitation every year by 2010

Sanitation and hygiene work will be a key focus over this time, notably in Monze and Livingstone towns and in rural areas where access to latrines is particularly low. During this strategy period WaterAid will move out of some of the current districts it works in and move to others where there is more need and fewer organisations involved in water and sanitation provision.

## Reducing poverty

Zambia is off track in meeting the Millennium Development Goal (MDG) targets of halving the proportions of people without water and sanitation from 1990 to 2015. The amount of money currently spent on water and sanitation is \$35 million per year, \$19 million short of the amount needed if the MDGs are to be reached. This is further hindered by a lack of clarity in roles and responsibilities for the two government ministries involved in water and sanitation provision, and the tendency for other support agencies such as NGOs to work outside the Government framework, resulting in poor coordination in water and sanitation work throughout the country.

Political will is therefore needed to get the MDGs back on track. WaterAid will expand its work with the Government to try to change policies and ensure funding for water and sanitation is increased and the money is spent in the most appropriate ways.

Surveys of water and sanitation facilities throughout the country have found that they are distributed inequitably. Greater focus is placed on water projects rather than sanitation and work is concentrated in urban areas rather than rural ones. To help change this WaterAid and its partners will look at the MDGs in a local

context to see what needs to be done in each district, rather than the country as a whole. It is hoped that these local targets will ensure funds are distributed more equitably to the areas most in need. WaterAid will work closely with its local government partners and develop their capacity so that they are able to meet these local targets.

Issues of sustainability are also crucial. Surveys have found that many water points in Zambia are not functioning as they should – hindered by falling water tables and inadequate community involvement in their maintenance and management. WaterAid will continue to work closely with communities to ensure they are fully involved in projects and also influence other organisations so that they replicate this approach in their work.

For projects to be long lasting the technologies used need to be suitable to the environmental, financial and social conditions of the benefiting community. School sanitation and hygiene initiatives will also be central to our work. All future projects will also look at the sustainability of water resources, a step which is vital due to the country's falling water tables.

Finally, WaterAid will continue to ensure that projects address the needs of the most marginalised groups such as the poor, women, the elderly and disabled. As HIV/AIDS sufferers are particularly prone to water-related illnesses clean sanitation and water can greatly improve their quality of life.

In the baking sun **Robby Machindu** hacks deeper into rocky ground. He is helping his community to dig a new well in Tambala village.



WaterAid/Jim Holmes

“The problem of water for the community inspired me to volunteer to be part of the digging team. It is hot and very hard. I will rest now. I am tired but it is good to dig. I dig because children here have bilharzia from the stream. Twenty children are sick at the moment. When they urinate blood comes out too. It is painful, but they are brave and try not to cry. The stream is bad for us, the pigs and cows go to the stream too.”



### Zambia

Area: 752,614 km<sup>2</sup>

Capital: Lusaka

Other main cities: Ndola, Kitwe, Chipata, Kabwe, Livingstone

Population **10.5 m**

Infant mortality **182/1000**

Life expectancy **37.5 years**

Water supply coverage **55%**

Sanitation coverage **45%**

Below poverty line **72.9%**

Human development index **166**

Adult literacy **68%**

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

NB. 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.

### Achievements to date

- Developing local government's capacity to carry out their new responsibilities providing water and sanitation in their areas
- Worked with a range of organisations to improve the coordination of water and sanitation work at national and district levels
- Helped to introduce a wider range of sanitation options for poor communities while also working to put sanitation on the national agenda

**£7.50** buys a 50kg bag of cement to improve one latrine for six people

**£120** pays a mason to construct a hand-dug well

**£250** pays to rehabilitate a borehole fitted with a water pump that can provide up to 250 people with water

**£750** pays to construct a hand-dug well with a handpump providing water for up to 200 people with water

**£4000** pays to construct a borehole with a handpump providing water for up to 250 people



#### WaterAid – water for life

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.

For further information about WaterAid:  
WaterAid, 47-49 Durham Street, London, SE11 5JD

[www.wateraid.org](http://www.wateraid.org)

T: 020 7793 4500 F: 020 7793 4545  
E: [wateraid@wateraid.org](mailto:wateraid@wateraid.org)

Charity registration number 288701 January 2006



WaterAid/Jon Spaul

#### Christina Pede, Chipongwe village.



WaterAid/Jon Spaul

"I collect water from here every day. Before I used to collect it from the dam. But this water is much better and cleaner than the water we used to collect from there – it is also much closer to my home now, and so this handpump is a great improvement on what we had before.

Previously we used to get diarrhoea and we also used to get really itchy skin when we used it to bathe in. These health problems have stopped now – we don't get diarrhoea or itchy skin any more.

This water has really helped my family. The distance we walk to collect water and carrying heavy loads has reduced a lot. My children are now able to go to school, but in the past by the time they had gone down and collected water they couldn't go to school. Now they can go with no problems at all.

I have even started growing a garden for some food. I am growing tomatoes, rape and other vegetables for my family. Having the water so close means that I can use the water to grow this food too, before we just couldn't do this."

#### Rosemary Mande, Sichiyanda village.



WaterAid/Jon Spaul

"I am the chairlady for hygiene in this village. We regularly promote good hygiene – we promote keeping areas clean by building dish racks and rubbish pits and making sure that there are no stagnant pools of water where mosquitoes can breed. We also promote washing hands at critical times, like before eating and after going to the latrine. Diseases like diarrhoea have decreased here because of the good hygiene we are now using.

I am also one in a team of six latrine builders. I helped build our family latrine first – so we showed we could do it. It was a family affair, the boys helped to dig too. It is a ventilated improved pit latrine. It took about four days to dig it, and two days to build the structure around it. We are really happy that we are able to do it ourselves.

Before I just used to use the bush, but since having the latrine it is so much cleaner. Flies used to land in the bush, and then follow us back to the village bringing the dirt with them. Now this doesn't happen – and it is cleaner and safer. This year we hope we can help everyone else build latrines as well. Being able to do this makes us feel really good and positive about our futures."