

# Fact sheet on sanitation financing: Tanzania

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## Why sanitation financing matters

Similar to many developing countries, Tanzania has not accorded sanitation the priority it deserves; it is not widely recognised that good sanitation policies and practices underpin socio-economic development. Poor sanitation costs Tanzania TZS301 billion each year (US\$206 million). This sum is the equivalent of US\$5 per person per year or 1% of the national GDP<sup>1</sup>. It is also stated that 26 million Tanzanians use unsanitary or shared latrines; 5.4 million of them have no latrine at all and defecate in the open. The poorest quintile is 41 times more likely to practice open defecation than the richest. Open defecation costs Tanzania US\$46 million per year. Eliminating the practice would need approximately one million latrines to be built and used.

Overall access to improved sanitation stands at 12% where 22% is for urban and 9% for rural<sup>2</sup>. These figures differ from those of the Joint Monitoring Programme, which describes improved access to sanitation at 21% in rural areas and 32% in urban areas.

<b>Population</b>	44 million
<b>Population growth</b>	2.98 <sup>3</sup>
<b>Maternal mortality per 100,000 live births</b>	Ranges from 353 to 556 <sup>4</sup>
<b>Under five mortality (per 1,000 live births)</b>	81 <sup>5</sup>
<b>Primary school enrollment (% gross)</b>	103.09 <sup>6</sup> (female) 111.4 (male)
<b>Access to improved sanitation</b>	Urban: 22      Rural: 9
<b>Primary schools with improved sanitation facilities</b>	National figure not available, but as proxy indicator, 11% of schools meet the minimum standard of the MOEVT on toilet availability <sup>7</sup> .

The economic burden of poor sanitation falls most heavily on the poorest people. The average cost associated with poor sanitation constitutes a much greater proportion of a poor person's income than that of a wealthier person. Additionally, according to the Progress Report on Drinking Water and Sanitation 2012 update, jointly issued by UNICEF and WHO<sup>8</sup>, Tanzania is among the 12 countries in the world with the largest number of people without access to improved sanitation. Financing for initiatives geared to increase the sanitation profile is not adequate.

### How is sanitation and hygiene financed?

The current sanitation investment in Tanzania is less than 0.1% of the GDP. Increased investment in sanitation and hygiene promotion is required not only to realise the health and welfare benefits of sanitation but also to avert large economic losses<sup>9</sup>.

Budgets allocated for sanitation are often hidden within other budget lines. For example, investments in urban sewerage are often budgeted together with urban water supply investments. Similarly, in rural areas, the sanitation component and rural water supply are frequently managed within a single budget line and with no clear guidance on the use of these funds; they often end up being spent on water supply rather than sanitation. These budgets are implemented within the National Strategy for Growth and Poverty Reduction (MKUKUTA II), the National Sanitation Campaign and the Water Sector Development Programme. The Ministry of Health and health departments at district levels also have minimal budget for sanitation and hygiene, although they have been contributing significantly on developing the human resource base.

Budgetary responsibility for sanitation and hygiene is distributed between four key ministries: health and social welfare (MoHSW), water (MoW), regional administration and local governments (PMO RALG) and education and vocational training (MoEVT).

Coordination has always been a challenge, which is why in 2010 they signed a memorandum of understanding committing them to observe their individual key roles and responsibilities on sanitation and hygiene promotion in the country. On paper, the MoHSW is the

principle ministry for sanitation and hygiene. In practice, this has started being implemented effectively from 2010.

External contributions to sanitation financing come from WHO, World Bank, AfDB, The Netherlands Government, GTZ, Belgium and other international NGOs. Civil society organisations and communities also contribute.

### Adequacy of finance

Tanzania is currently off-track for meeting the Millennium Development Goals (MDGs) for sanitation and needs to raise national coverage from 12% (2010) to almost 53% by 2015. This means an additional 27 million people need access to improved sanitation. Urgent action is required to accelerate progress towards the target. Among the approaches now being implemented are Community-led Total Sanitation (CLTS), Total Sanitation and Sanitation Marketing (TSSM) and the Mtumba approach.

### Progress in the sector

- 🕒 **The National Sanitation Campaign** under the Water Sector Development Programme (WSDP). With funding from the African Development Bank, the campaign builds on the progress made by the *Mtu ni Afya* campaign and uses the subsequent awareness raising efforts and networks established by Participatory Hygiene and Sanitation Transformation (PHAST), TSSM, Mtumba and other approaches. The campaign aims to improve household sanitation and school water, sanitation and hygiene (WASH). The campaign will be implemented over four years, with targets to improve 1,300,000 household sanitation facilities (about 6,500,000 people) and a total of 701 schools.
- 🕒 **The Global Sanitation Fund.** A total of US\$5 million has been provided to support communities' increase access and use of improved sanitation facilities and to promote sanitation and hygiene behavior change at scale. The programme will be implemented over five years in three Districts of the Dodoma region (Chamwino, Bahi and Kongwa). The programme targets an estimated 800,000 people through improved household sanitation, school WASH and health facilities.

Implementation of these two interventions will accelerate the number of people accessing improved sanitation to 7.3 million by 2015. This leaves 20 million people still needing to access improved sanitation if Tanzania is to meet the MDG target.

Based on the above data and the costs involved in providing sanitation services, the country will require approximately US\$60 million for improving household sanitation, US\$40 million for improving school WASH, US\$20 million for improving WASH in health facilities and US\$8.5 million for capacity building of personnel at various levels from mid 2012 to 2015.

### Key challenges to sanitation financing

- ⌚ **Endorsement of the National Sanitation and Hygiene policy.**  
The draft policy document has been approved by the ministerial management and has been submitted to the Cabinet Secretariat for review and then to the Cabinet for approval. The policy will guide and direct the country on improving sanitation and hygiene services. The review and endorsement process of the policy has been delayed.
- ⌚ **No clear budget line for sanitation.** Financing for sanitation is very low compared to other sectors. Sanitation is currently held under the Ministry of Health, but there is still no specific line for sanitation budget at either central or local government level. The WaterAid and Ministry of Health HR<sup>10</sup> Capacity study (2012) revealed gaps in financing sanitation promotion activities. The study shows that the biggest capacity challenge is found at district, ward and village levels, in terms of human resourcing and capacity of staff.
- ⌚ **Sector accountability and capacity.** There are bottlenecks in the planning systems aligned to prioritisation of sector budgeting. These are linked to limited understanding and appreciation for the cross-sectoral importance of sanitation and hygiene among Councillors and Members of Parliament responsible for approval of local government and national plans and budgets.

## What are we calling for?

- ⌚ **Increase budget allocation to sanitation.** Current financing of sanitation is less than 0.1%<sup>11</sup> of the GDP. Increased investments in sanitation are required not only to realise health and welfare benefits of sanitation but also to avert large economic losses. Councillors and Members of Parliament have an important role to play in higher budgetary allocation for sanitation.
- ⌚ **Equitable targeting of sector investment.** Resourcing of sanitation services should be accessible to the poorest people.
- ⌚ **Cabinet endorsement of the National Sanitation and Hygiene Policy.** We are calling on the Government to accelerate the approval and signoff of the Policy as this is a critical step to establishing key strategies to implement the Policy.
- ⌚ **Honouring commitments from the High Level Meeting.** The commitments made by the Government during the High Level Meeting in Washington (April 2012) state that by 2015, 27 million additional people will gain access to sanitation and 4.2 million additional people will gain access to water in Tanzania. This will bring the proportion of people with access to improved water supply to 65% and improved sanitation to 53%. We are calling for the Government to honor this commitment.

## References

- Water and Sanitation Programme (2012) *Economic impacts of poor sanitation in Africa*
- <sup>2</sup> (2010) Tanzania Demographic and Health Survey
- <sup>3</sup> (2011) World Bank Report
- <sup>4</sup> (2010) Tanzania Demographic and Health Survey
- <sup>5</sup> (2011) Tanzania Demographic and Health Survey
- <sup>6</sup> (2011) World Bank Report
- <sup>7</sup> WaterAid in Tanzania, UNICEF, SNV (2010) *School sanitation mapping*
- <sup>8</sup> (2011) Joint Monitoring Programme
- <sup>9</sup> (2011) Water and Sanitation Programme – [www.wsp.org](http://www.wsp.org)
- <sup>0</sup> WaterAid and Tanzania Ministry of Health (2012) *HR Capacity Study*
- <sup>11</sup> Water and Sanitation Programme (2012) *Economic impacts of poor sanitation in Africa*



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