In the light of experience — water policy and usage in Uganda
by George Bagamuhunda and Gilbert Kimanzi

The reality of why and how often people use their water supply is often very different to what was envisaged by donars, planners, and implementors. Constant policy review in the light of realities is a must — but is it practical?

IN MANY OF Uganda’s gravity-flow water schemes, the water quality at the point of consumption is often well below the target, the actual per capita consumption can be less than one-third of what was originally budgeted, and schemes are not being sustained by the communities and water committees in the way planners hoped.

The blueprint for management of the country’s water resources — the Water Policy Document — is meant to guide the sector in the planning, mobilization, construction and sustainability of community water supplies. The Policy is meant to serve the people, but experience of its implementation points towards reassessment if the needs of the beneficiary communities are really going to be met.

According to the Document, the water-resources sector aims to ‘manage and develop the water resources of Uganda in an integrated and sustainable manner, so as to secure and provide water of adequate quantity and quality for all social and economic needs, with the full participation of all stakeholders, so as not to leave the future generations any worse off than ourselves.’

Quality consumption?

The objective of Uganda’s gravity-flow water-supply schemes is to provide families with water of adequate quantity and quality (0 to 5 faecal coliforms (FC) per 100 ml) within a walking distance of 300 m. The water quality at the point of consumption largely depends on those families’ hygiene behaviour.

In Uganda, sanitation improvements and health education are carried out by Ministry of Health extension staff as part of the Government’s integrated water-improvement development programme. In rural areas, civil servants hold meetings with villagers before and after the construction of water schemes to ensure that with the new facilities comes a marked improvement in both water quality and sanitation in and around their homes.

A survey of 30 homes in south-west Uganda showed that 62 per cent of families had contamination levels at the point of consumption higher than those found at the source; while a study carried out in eastern Uganda in 1995 by the Rural Water and Sanitation Project in Eastern Uganda (RUWASA) showed that of the 57 homes sampled, only nine had safe water at the point of consumption.

The reasons for the deterioration of water quality between source and point of consumption are mainly attributed to poor hygiene practices in the home; poor environmental sanitation around the home, especially low levels of latrine coverage; and the low relevant health messages to minimize the problem. In Uganda, there is an urgent need to launch an accelerated programme for sanitation at the national and regional levels, incorporating all stakeholders.

Quantity

Uganda’s national water policy advocates 20 to 25 litres per person per day, to be supplied from a protected spring or a gravity-scheme tap-stand. These should be located within 1500 metres of all households.

The survey in south-west Uganda — which incorporated two schemes — found that people were still using as little as 7 litres per person per day. Consumption levels of water did not increase to the expected 20-25 l/c/d,
even for those with access to waterpoints located within a round-trip of 500m. It is questionable whether improvements in water supply, without parallel improvements in hygiene behaviour, increase the levels of water consumed. The further away they are from the waterpoint, the more likely it is that people will use less water, rather than make extra trips.

Further research is also needed to find out what is a realistic and necessary standard level of water consumption. For example, in a poor village where the standard of living is low, recommended consumption rates of 20-25 l/c/d may be unrealistically high. What constitutes an adequate amount of water to allow for adequate hygiene, and, consequently, good health?

Water committees
In the water and sanitation sector, the concept of sustainability is based on two assumptions:
- communities will sustain their water scheme if they are involved in its planning and construction; and
- water and sanitation committees and the scheme caretakers will continue to perform their roles and responsibilities voluntarily, with minimal or no external facilitation.

But experience has shown that these assumptions should be challenged: committee members and caretakers lose enthusiasm once the scheme is up and running; and, understandably, it is difficult to maintain the spirit of voluntarism over time: villagers are unwilling to maintain a water source with no pay or reward, while water committee members have no legal mandate to levy user fees, even for maintenance purposes.

Remedies
- Water and sanitation committees should be linked to the existing local administration structures; they could be sub-committees of, for example, a sub-county committee in charge of water and health. This would both ensure that vacancies on the water committee members are filled, and that the water committees are given the powers to levy user fees for construction or maintenance (local administrations usually have a mandate to collect taxes or levy funds for ‘self-help projects’).
- Caretakers and scheme attendants should be paid a monthly wage, funded by the appropriate level of local government, say, the sub-county level, where 65 per cent of all revenue collected is retained. This system will function best where local government structures are strong.
- Water and sanitation committees need to be able to call on continuous refresher training.

The Ugandan Government has recently passed on the responsibility of maintaining water schemes to the users. This management capacity has to be built up over time. Water programmes need to do further research to identify the back-up support and training needed by beneficiary communities to allow the concept of sustainability to develop.

Water-supply programmes in developing countries are likely to continue to have a limited impact on health, given the present low levels of education and poor sanitation coverage. Water policy needs to be reviewed continually in the light of experience so that national programmes address real needs effectively and sustainably.

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