

Regional Rural Water Supply and Sanitation Project Ferghana valley

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I. Context

In rural areas of Central Asia, the population has a limited access to safe drinking water and adequate sanitation. Thus, water borne and hygiene related diseases are a public health threat, in particular for infants and children below the age of five. This situation results from the fact that existing drinking water supply systems are old and in need for rehabilitation. In this context, despite planned capital investments from the side of the government, there is a need for further improvement of safe drinking water supply in the rural areas through attraction of investments from donor countries. There is also a strong need for an improved management of those water systems.

In Uzbekistan: on a population of 27 Million people, it is estimated that 17 Million (64%) live in rural areas and 10 million (37%) in cities.

Out of the total population of 27 million, 7.5 million (28.5%) do not have access to safe drinking water, 6.5 million in rural areas (representing almost 40% of the rural population without drinking water) and 1 million in cities (10% of the urban population).

The Uzbek part of the Ferghana valley is the most densely populated region of the country. With 7.5 million inhabitants it represents almost 30% of the total population of Uzbekistan and it has an average density of 375 inhabitant per KM² (250 in Namangan Oblast, 450 in Ferghana Oblast and 550 in Andijan Oblast).

In Tajikistan: on a population of 7 Million people, it is estimated that 5.3 Million (75%) live in rural areas and 1.7 million (25%) in cities.

Out of the total population of 7 million, 4.8 million (68.5%) do not have access to safe drinking water, 4.5 million in rural areas (representing more than 80% of the rural population without drinking water) and 0.3 million in cities (17% of the urban population).

The Regional Rural Water Supply Project (RWSP) thus responds to a critical need to improve water supply and sanitation conditions of rural populations with access to safe drinking water and better hygiene and sanitation practices in the Ferghana valley. It also goes in line with the Uzbek Government's priority to improve rural people's access to safe drinking water.

II. General Presentation

The project Regional Rural Water Supply and Sanitation (RRWSSP) has been working in Uzbekistan since 2001. It is implemented by International Secretariat for Water (ISW) and financed since 2004 by the Swiss Cooperation.

In a first phase (2001 - 2003) 5 villages representing 10,000 people have been supplied with drinking water.

In a second phase, (January 2004 – June 2007) 14 villages representing 50,000 people have been supplied with drinking water.

In the current phase, started in July 2008, the project has completed another 5 villages representing 20,000 people and intends to complete another 9 villages representing 25,000 people.

Since July 2007 the project has also been working in Tajikistan and has completed the construction of five water systems representing 20,000 people. It is currently completing another 2 water systems representing 10,000 people and intends to complete another 2 to 3 villages representing 10 to 12,000 people.

As of July 2008, the Uzbek Agency “UzKommunHizmat” (UzKH) has been identified by the Uzbek Government as the main partner of the project. The Agency is in charge for the national policy development in the drinking water and sanitation sector.

The Project emphasizes decentralized management of rural water supply and hygiene at village level, complemented by dialogue on issues of drinking water supply at all levels of government.

The Project includes:

- (i) at village level: infrastructure development, capacity building of water associations, and hygiene promotion in order to enhance the effectiveness and impact of the project.
- (ii) a) at oblast or national level: identification and strengthening of a mechanism that will allow the replication of the project approach with only technical advice from the project and
b) of an organisation that will become the provider of advice and services to water committees and other partners beyond the lifetime of the project
- (iii) at national level: dialogue in the sector of water supply aiming at defining mechanisms and institutional arrangements, that enable integrating key elements of the project approach (decentralized management of drinking water and hygiene at village level) into the national policies and into programmes of other financing agencies wherever possible.

In the current phase (January 2010 – June 2012), the project explores and defines the mechanisms and institutional arrangements for the integration of key elements of the project approach into the government system to create the necessary enabling environment for meaningful scaling up and the adoption of elements of the approach into policies and sector reform as well as into programmes of other financing agencies.

Instead of doing, the project will support villages building up by themselves, their own water systems, therefore ensuring the assimilation of the ideas developed during the first years of the project life.

III. Organisation principles

Villages present themselves their candidacy through the regional administration that gathers all requests and transfers them to the project for analysis.

Project team visits each village and makes an assessment based on technical feasibility, social situation and general lay-out of the village.

Once this assessment is carried out for all the villages proposed, project compares the results of the assessment and proposes a selection of villages where it is possible to work. Beyond the technical and social feasibility the project tries to cover a large diversity of situation in order to be as exemplary as possible.

In each selected village the households are invited to become members of a village Drinking Water Association. This is materialised by the payment of an initial membership fee that represents the contribution of the village in the construction of the water system. This contribution corresponds to the price of a street water tap stand for 7 families thus reinforcing the ownership of the families on “their” tap stand.

Each water system is managed by a Drinking Water Association. The association is composed of all the households of the village. These households elect a General Assembly (one representative for around 7 households). This General Assembly is elected for 2 years. It is the deciding body of the association. It elects a management board with a president, treasurer and secretary for the everyday management of the association. This Management Board recruits an executive committee composed of a manager, a technician and an accountant who are in charge of managing the water system and of collecting the tariff.

Working hours of the system and tariff are voted by the General Assembly of the Association. The tariff is built on the running costs of the water system (electricity, small maintenance, telephone etc. around 20%) on the salaries of the executive committee (around 25%) and on the cost recovery of the investment (around 55%). Tariff is calculated in such a way that it allows covering those who cannot afford to pay for it.

This system allows to villages to cover the expenses of their water system and to finance the expenses of the extension of the system which in its turn will generate new incomes (more people served thus paying the tariff)

Tariff is expressed in Sum per month per person. It corresponds to a consumption of 50 litres per day per person (1,5 M³ per person per month). Tariff is in the range of 30 cents of a dollar per M³. In some places people used to pay up to 10 USD per m³. The water system constitutes a tremendous improvement in terms of finance but also in terms of comfort (water taps are not more distant than 75 m from each house instead of several hundred meters or even kilometres) and indeed in terms of health (water purchased is not always suitable, prices are too high and supply is not regular thus people tended to use water from canals which is dangerous for their health). It is also a considerable improvement for women who are on the forefront when it comes to water issues.

People manage their water system by themselves and this can be easily reproduced. The project is currently working on the best possible tools to reproduce the approach in other villages so that the greatest possible number of people can have an improved access to safe drinking water.

The Uzbek government after having lengthily been observing the project development is now convinced that the approach proposed can be useful for the people of Uzbekistan and would like to adopt the approach so that more people in the country can have an improved access to safe drinking water.

IV. Achievements of the project – Dec 2010

- 30 villages representing more than 100,000 people having access to safe drinking water
- Simple but robust water systems constituting a good starting point for further evolutions
- Water borne diseases reduced at least by 30% in all villages of the project
- People in the villages managing themselves their water systems with a collection of tariffs close to 100%
- Significant experience gained, some villages having almost 10 years existence and having successfully managed, extended and improved their systems, multi-village system successfully tested and developed
- Decentralised management of water appropriate to the country and the people's mentality
- Controlled costs at all stages through the organisation of tenders and close monitoring of work involving villagers themselves
- Emergence of a cost effective model that could be successfully scaled up thus giving an improved access to safe drinking water to a significant number of people
- Interest shown by the water services for the development of such a model

