

United Republic of Tanzania

Water Sanitation and Hygiene

Global Thematic MTSP 2014-2017 Outcome 3: WASH

January - December 2016 Report



Prepared by: UNICEF Tanzania (March 2017)

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Abbreviations

| | |
|----------|---|
| CP | Country Programme |
| WASH | Water Sanitation and Hygiene |
| HCF | Health Care Facilities |
| LSHTM | London School of Hygiene and Tropical Medicine |
| SWA | Sanitation and Water for All Partnership |
| NIMR | National Institute for Medical Research |
| TWG | Technical Working Groups |
| MoHCDGEC | Ministry of Health, Community Development, Gender, Elderly and Children |
| MoWI | Ministry of Water and Irrigation |
| SDG | Sustainable Development Goals |
| NGO | None Government Organization |
| OD(F) | Open Defecation (Free) |
| WSP | Water and Sanitation Program |
| WSDP | Water Sector Development Programme |
| CLTS | Community Led Total Sanitation |
| MHM | Menstrual Hygiene Management |
| UNDAP | United Nations Development Assistance Plan |
| MDA | (Government) Ministries, Departments and Agencies |

Glossary

UNDAP: The United Nations in Tanzania single business plan, UNDAP, which captures the entire range of activities supported by the UN system in Tanzania

T-Watoto: Swahili for *Tuzungumze Watoto (children talk)*, is a UNICEF innovation of applying mobile phone technology to design a survey tool used for collecting real time KAP data from key HH informants

Community Led Total Sanitation (CLTS): An innovative methodology for mobilizing communities to completely eliminate open defecation (OD). Communities are facilitated to conduct their own appraisal and analysis of open defecation (OD) and take their own action to become ODF (open defecation free)

SWAP: a process in which funding for the **sector** – whether internal or from donors – supports a single policy and expenditure programme under government leadership, and adopting common **approaches** across the **sector**.

1. Executive Summary

UNICEF continued in 2016 its upstream work and drive to strengthen the evidence base for advocacy, to leverage resources for children. As part of that effort, UNICEF established a partnership with WaterAid to jointly support the government in developing national guidelines for WASH in healthcare facilities. As part of its preparatory work for the new 2016-2021 Country Programme (CP), a study on WASH in Health Care Facilities (HCF) was conducted in partnership with the National Institute for Medical Research, NIMR, to assess the situation of WASH services in HCF. The study results has provided evidence for policy advocacy as well as informing programme design in the new CP. WASH in HCF is included as an important intervention for reducing maternal and new born mortality and morbidity and has led to the development of national guidelines and tools to provide guidance to stakeholders.

UNICEF continued with its commitment of strengthening the capacity of governments and local partners to deliver equitable services for all by identifying and addressing bottlenecks in the WASH sector and employing innovative approaches such as promoting daily group handwashing in schools as a means for scale up low cost solutions for appropriate hygiene practice with a primary focus of reaching the most marginalized. In addition, UNICEF, in collaboration with sector partners led by the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEL), has worked on the reorientation of the sanitation sub-component strategy to focus on behavior change communication as a means through which households will be supported, in line with the SDGs, to progressively yield up incremental results in sanitation from no service (open defecation) through to safely managed sanitation, promotion of appropriate hygiene behaviours to encourage good practices - particularly hand-washing with soap and household water treatment and storage.

UNICEF supported the Ministry of Water and Irrigation to conduct training for national and regional level government staff and hold a round table consultation and orientation session for NGO partners, in preparation for nation-wide roll out of the National Rural Water Supply Sustainability Strategy.

UNICEF supported the Minister of Water to participate in the 2016 Ministerial Meeting organized by Sanitation and Water for All (SWA) partnership. SWA is a global partnership of governments, external support agencies, civil support organizations and other development partners working together to catalyze political leadership and action towards a common vision of universal access to safe water and adequate sanitation. The purpose of the meeting was to enable ministers responsible for water and sanitation to understand both the ambition and scope of the new SDGs, WASH targets as well as the implications for the planning and resources needed to achieve the targets. The meeting was useful for Tanzania in laying the political foundation to facilitate better planning for the SDGs, understand what resources are available, and also helped external support agencies to target and align their support.

UNICEF has continued promoting universal use of the National School WASH guidelines through advocacy and by working closely with implementing partners and engagement of key stakeholders, particularly those who are directly involved in the implementation of interventions and management of school WASH services. This has served as an important guidance for a coordinated scale up and sustainable implementation of school WASH that is aligned to the National guidelines.

T-Watoto, a UNICEF initiative that makes use cell phones to conduct household-level surveys was employed in Zanzibar to gather information to support more effective and better targeted response. As a result of analyzing information, cholera hot spots and their key characteristics including barriers were identified. The information was used to sharpen and better target the cholera response.

UNICEF has also supported emergency preparedness and response in Kigoma Region which saw an increase in refugee influx, in the Kagera region following the earthquake disaster and in the whole country which has experienced a cholera epidemic resulting in a cumulative current in responding to the cholera epidemic with a cumulative 25,033 cases and 388 deaths since mid-August 2015.

2. Strategic Context

Tanzania's WASH situation is far from desirable. The country has a big problem with sustainability of interventions, has poor WASH in Schools and health facilities, low levels of improved house hold sanitation, major gaps in data and management information and human resource capacity to deliver WASH services especially at subnational levels. Though 61% of households uses an improved source of drinking water, in Tanzania the unmet need for WASH services is significant. Progress in access to Water, Sanitation and hygiene (WASH) services has been very slow and highly inequitable with rural populations disproportionately deprived. While the provision of such services is a government priority, limited resources leave the need largely unaddressed. According to Tanzania Demographic and Health Survey (TDHS 2015-2016), only 19% of households have access to improved sanitation, and 10% practice open defecation (OD). In rural areas where the vast majority of the population lives the situation is far more critical where only 11% of households have access to proper sanitation against 36% in urban areas. The economic burden of poor sanitation falls most heavily on the poor. Poor sanitation and poor hygiene behaviors confine the poor in a vicious cycle of poor health, environmental degradation, malnutrition, reduced productivity and loss of incomes.

According to the World Bank Water and Sanitation Program¹ WSP Tanzania loses TZS 301 billion annually due to poor sanitation mainly through lost access time, premature deaths, productivity losses and health care. Other costs, not quantified, include losses due to epidemics (e.g. cholera) and cognitive development associated with malnutrition and many others. WSP recommends more investments in sanitation, as current investments are far below what is required, to address inequity by targeting investments to the poorest, to address bottlenecks in the service delivery pathway and to prioritize elimination of open defecation.

A safe and healthy school environment is a key requirement for children. Children who are busy collecting water or are exhausted by the drudgery involved – and often miss school or its full benefit. Some children, especially girls who have attained the age of menarche, or those that are disabled, may be put off from attending school (or their parents might refuse to let them attend) if WASH facilities are filthy, too few, shared with boys, don't cater for disability pupils or non-existent. Children who do go to such schools may face health and other risks because of the unsanitary and other conditions and can contribute to poor learning environment, absenteeism, underperformance and higher dropout rates mostly for adolescent girls.

Access to WASH services within the health sector is also an area that requires urgent attention. The devastating Ebola pandemic in parts of Western Africa highlighted the dangerous consequences of poor access to water, sanitation and hygiene in HCF. The service provision assessment survey of 2014-2015 conducted by the National Bureau of Statistics has revealed that only 44% of health care facilities have a functioning toilet and over 60% of dispensaries lack on site adequate toilets. WASH in HCF facilities helps ensure quality and safe care and minimizes the risk of infection for patients, caregivers, healthcare workers and surrounding communities. The situation is particularly dire in lower level health care facilities, such as dispensaries, despite often being the first point of contact for people accessing health

¹ Economic Impacts of Poor Sanitation in Africa; WSP March 2013

services, including maternal and new-born care services (which is a major threat to their health) and of other patients as well. It is also part of the SDGs and a necessary condition to meet the universal health coverage agenda.

UNICEF supported NMRI to conduct a study to assess WASH in HCF in 7 districts where results revealed that 42 per cent of HCF had no functional handwashing facilities, 34 per cent of the facilities experienced water shortage for at least one day in a week and 43 per cent of the dispensaries with latrines were not accessible to clients. The study results are being applied to support the development of National WASH in HCF Guidelines and Tools led by the MoHCDGEC. A working group was established by the MoHCDGEC with UNICEF and WaterAid support, to steer the development of the guidelines and so far technical review meeting and workshops have been held and a zero draft crafted. Soon subnational consultative meetings are planned and target is to complete the exercise by end of 2017. Dissemination of the findings is ongoing globally such as the Africa Water Week (Dar es Salaam 18-22 July 2016), international fora like LSHTM, North Carolina University and locally through both health and WASH sector dialogue mechanisms including Technical Working Groups. The development of national guidelines and tools to provide guidance to stakeholders on the design, implementation, monitoring and evaluation of interventions that aim to improve WASH in HCF began and a working draft was developed and technical review meetings and workshops were held.

The WASH sector in Tanzania therefore is compounded with various challenges ranging from sustainability of interventions, poor WASH in schools and health care facilities and low levels of improved household sanitation among others, linked to a number of determining factors that hinder the improvement of WASH services. For WASH in health care facilities some of the highlighted bottlenecks includes limited local coordination, where current government programmes are very departmentally oriented and integrated planning is seldom happening. For example, the water sector interventions are largely focused to bring water to communities, typically not prioritizing connection of institutions such as HCF or schools to the water distribution system, while the health sector thinks mostly about medical treatment with little considerations to other services such as adequate WASH which in actual sense are enablers for better quality of services. A successful approach to improving quality of services at healthcare facilities requires that all these bottlenecks be addressed in a joint comprehensive approach.

According to the DHS 2015-6, there has been some improvements in WASH coverage for example rural water supply from 44% in 2010 to 48% in 2016 and a modest improvement of 5% in improved sanitation from 15% in 2010.

The main challenges include how to accelerate services for the poor in urban and rural areas, water quality and sustainability especially of rural water supply services, availability of water sources due to climate change, financing for sanitation and hygiene. The critical bottlenecks to overcome include: inadequate capacity including inefficiencies in programme implementation at all levels, poor sub-national level coordination and capacity, unavailability of reliable sector data, and sustainable financing especially for sanitation and hygiene. The first phase, 2007 – 2016, of the Water Sector Development Programme (WSDP) total budget was USD 1.4 billion and the second phase, 2016-2021, is USD 3.3 billion. However the budget allocation for sanitation and hygiene is as low as 5% for sanitation and hygiene with water supply taking the giant share. If these challenges are not resolved, progress will remain slow pausing risk to attainment of the SDGs.

UNICEF has positioned itself to support both upstream, through evidence based advocacy and leveraging, and downstream work to gather evidence and demonstrate high impact interventions. UNICEF has also engaged partnerships as indicated in the table below.

Table 1. UNICEF Partnerships in 2016.

| Partners | Partner Type | Purpose of the Partnership | Partner Role | UNICEF Role |
|--|-------------------|---|--|--|
| Ministry of Water and Irrigation; Ministry of Education Science and Technology; Ministry of Health, Community Development, Gender, Elderly and Children; President's Office-Regional administration and Local Government: Ministry of education Zanzibar; Ministry of Health Zanzibar, Zanzibar Water Authority (ZAWA) | Government | Policy, strategies, guidelines, supervision and capacity building | Provide policy and technical guidance and support water supply related issues including water quality/ sustainability, School WASH, and mainstreaming disability issues in the water sector, Project coordination, supervision, inspectorate, and capacity building at all levels, roll out of school WASH guidelines, | Programme development, project formulation, funding, technical assistance, monitoring and management |
| District Councils in selected districts of Mbeya, Njombe, Iringa and Temeke in Dare es Salaam region | Government | Overall project support and long-term sustainability | Work with the NGO in the planning and implementation process Supporting and monitoring work of the NGOs and follow up | Programme development, project formulation, funding, technical assistance, monitoring and management |
| Sanitation and Water Action (SAWA); Catholic Relief Services (CRS); SNV (Netherlands Development Organization); Peoples' Development Forum (PDF); Environmental Engineering and Pollution Control Organization (EPCO) | NGOs | Implementation | Service provision, community facilitation, training and monitoring | Programme development, project formulation, funding, technical assistance, monitoring and management |
| NIMR | Government Agency | WASH-related research and technical guides | Manage and/or carry out research and advice. | Technical inputs, funding, mainstreaming into national efforts |

3. WASH Results

The overall goal of the WASH programme is to facilitate rural and peri-urban population to have improved and equitable access to safe drinking water, adequate sanitation services, and promotion of appropriate hygiene practices, delivered and sustained through enhanced district level capacity, effective local user entities, and private sector participation. This will be achieved through the following specific results;

- Increase access to water supply and sanitation in schools and health care facilities
- Promote improved sanitation and hygiene practices
- Strengthening capacity for evidence-based decision making and budgeting
- Strengthen the capacities of institutions (central and local government, private sector, NGOs and CBOs) to plan, co-ordinate, implement and manage WASH activities.
- Support to humanitarian response.

UNICEF has supported the delivery of School WASH services in 54 schools, enabling 64,300 children (33,350 girls and 30,950 boys), gaining access to improved and inclusive WASH services. Each school was provided with safe water, improved toilets, hand washing stations), separate toilet blocks for boys and girls with one toilet in each block designed to cater for children with disability and the girl's block with room for MHM.

A total of 270 (108 females and 162 males) members of school management committees, district leaders at village and ward levels from the 54 schools were trained on WASH governance. Training was to ensure services sustainability. UNICEF also supported training of 216 teachers (117 females and 99 males) on improved WASH practices by providing them with skills on hygiene promotion approaches and school WASH clubs. 54 School WASH clubs were established and trained as a peer to peer strategy for hygiene promotion.

Assessment to establish water situation in 20 communities (villages) was completed. 11 communities (11,500 people) were identified for support that included building for O&M capacity.

Under the CLTS approach, 48,600 households from 600 sub villages in 6 districts of Mbeya, Mbarali, Iringa, Mufindi, Njombe and Makete were 'triggered' leading to 34 sub-villages in 6 villages of Njombe district comprising of 2,763 households being declared open defecation free (ODF). Njombe, one of UNICEF programme districts, emerged as winner of the National sanitation competition. Under the village category all three villages that emerged as winners were from Njombe. The win by Njombe validates UNICEF efforts towards district institutional capacity development. In Zanzibar, the CLTS approach has been implemented in 295 sub villages, 36 shehias in 4 districts and included promotion of key hygiene practices; household water treatment and storage (HWTS) and hand washing with soap at critical times in 9,500 households. UNICEF will use this experience to advocate for a scale up strategy with government and partners.

A team of 31 people composing of regional, district and ward health officers from 5 cholera hotspot regions of Mwanza, Mara, Geita, Arusha and Simiyu were trained on the use of socio mobilization strategies. In addition, 56 regional and district health officers were trained targeting 5 cholera hotspot regions of Mbeya, Rukwa, Katavi, Njombe and Iringa. Capacity built and stock of IEC materials will go towards building resilience of regions and LGAs towards future outbreaks.

UNICEF and CDC developed a bulk water chlorination strategy for highly affected cholera communities in Dar es Salaam (Temeke, Ilala and Kinondoni), Morogoro (8 wards) and in Zanzibar hot spots (63), following detection of low FRC. Both small (1,400) and large (40) water vendors with water trucks were enrolled in the programme, supported with 8.68 gm

chlorine tablets. Evaluation findings indicated low incidences of cholera cases in targeted areas as a result of those chlorination efforts. In Tanzania, WASH in Health Care Facilities is a major concern. The DHS 2015-16 statistics point to poor maternal and new born mortality and morbidity to which poor WASH in HCF is one of the major contributors. UNICEF and sector partners are working with the government to develop national guidelines and tools to support implementation and management of WASH in HCF interventions. A working draft of the guidelines has been developed and technical review meetings and workshops have been held. Once the national guidelines are finalized focus will be made to target interventions to vulnerable communities living in remote areas.

To facilitate the roll out plan for the National Rural Water Supply Sustainability Strategy, a resource team of 60 people has been trained and an action plan for implementation developed. Pilots were carried out in the 3 UNICEF programme regions of Mbeya, Iringa and Njombe. UNICEF also supported the MoWI to hold a round table consultation for NGO partners. Roll out plans for the regions and districts have been developed for implementation under the WSDP II.

UNICEF in collaboration with partners have worked closely to re-design the sanitation and hygiene sub-component strategy to focus on a behaviour change communication (BCC) as a means through which households will be supported, to progressively yield up incremental results in sanitation from open defecation to safely managed sanitation that includes promotion of appropriate hygiene behaviours particularly hand-washing with soap and household water treatment and storage. DFID together with UNICEF provided technical support to the MoHCDGEC to successfully engage a consortium, led by London School of Hygiene and Tropical Medicine (LSHTM) that will design and support the delivery of BCC.

Under the leadership of the Ministry of Education in Zanzibar, important progress has been made towards finalization of school WASH guidelines in Zanzibar that included partnering with NGOs to pilot the applicability of the draft guidelines in selected schools. Evidence generated from the pilot has provided important feedback that has informed the finalization of the guidelines, an important step towards final adoption and approval by the Revolutionary Government of Zanzibar.

The Tanzania Country Office (TCO) is very grateful to the funding through thematic funds as it offers flexibility in addressing issues and bottlenecks identified in tandem with implementation. This is especially important as Tanzania had adopted a SWAP approach to planning, implementation and monitoring of sectors as opposed to projects.

Table 2: Results Framework

| |
|--|
| <p>Outcome: Vulnerable groups have increased access to safe and affordable water supply sanitation and hygiene.</p> |
| <p>The programme focus on promoting interventions that reduce the exposure of children to water and sanitation-related diseases, to prevent diarrhoea and environmental enteropathy to help reduce undernutrition; water, sanitation and hygiene interventions in schools to improve attendance and well-being of children in school; water supply and sanitation facilities in health care centres to reduce newborn/maternal illness and death. The programme will use evidence-based advocacy to leverage funding to scale up sanitation and hygiene promotion, and sustainable community water systems. The programme will promote family care practices for hygiene and sanitation improvements, in coordination with related health and nutrition efforts. WASH needs of refugees and people affected by emergencies will also be supported.</p> |

| Outcome indicators | Baseline (2016) (text, % and/or #) | Target (2021) (text, % and/or #) | Progress (text, % and/or #) |
|--|---|-------------------------------------|--------------------------------|
| % and # of schools with improved and functional WASH facilities | 38% | 60% or 250 schools | 44% |
| % of households accessing water from an improved source | 44.6% | 80% | 48.4% rural |
| % of households accessing improved sanitation facilities | 15% | 30% | 17% |
| % of households with soap and water for hand washing | 4% | 15% | TBD by Dec 2017 |
| % of health care facilities complying with national health WASH guidelines in UN supported districts | 59% | 80% | 59% |
| Constraints and actions taken | <p>Key constraint for UNICEF has been insufficient resources for programming as most UNICEF traditional donors, use the basket modality for funding the sector SWAp. Other sector challenges include insufficient focus on; equity and disparity, sustainability, low sub-national capacity, climate change mitigation and low prioritization for S&H as indicted by budgetary provisions.</p> <p>Action taken: The WASH programme continues to explore innovative approaches and developing new partnerships with the private sector to leverage all available resources for children. Government partners and other stakeholders are closely engaged to advocate for prioritizing WASH within national systems, increase capacity building and policy reform, and develop innovative programming approaches.</p> | | |

| Output 1.1: MDAs are better able to formulate policies, plans and guidelines for equitable and sustainable management of WASH | | | |
|--|---------------------------------------|-------------------------------------|--|
| Output indicators | Baseline (2016) (text, % and/or #) | Target (2021) (text, % and/or #) | Progress (text, % and/or #) |
| Status of national sustainability strategy for rural water supply | Draft strategy in place | Fully implemented and evaluated | Strategy has been finalized and approved |

| | | | |
|---|---|---|---|
| | | strategy in Mbeya, Njombe and Iringa | |
| Status of national WASH behaviour change communication (BCC) strategy | No strategy in place | Fully implemented and evaluated strategy | Vendor for Development of BCC strategy and Programme identified. Delays in vendor procurement and approval process by government constrained timely production of draft strategy. |
| Extent to which sector plans have incorporated targets related to vulnerable groups and groups with special needs | 32% budget disbursement rural WASH, 2% budget disbursement sanitation and hygiene, 22% budget disbursement to regions in poorest access quintile. | Sector plans are equity sensitive and reflect needs of vulnerable groups, including people with disabilities, women and children; allocation of resources to LGAs is equitable based on population access to services | Only 28% of the allocated funds were disbursed. |
| Status of National Health Facilities' WASH Guidelines | No Guidelines | Guidelines uniformly applied across country | Working draft has been developed and workshops and technical review meetings held. |

| Output 2: Selected LGAs have enhanced capacity to deliver equitable and sustainable WASH services. | | | |
|---|---|---|------------------------------------|
| Output indicators | Baseline (2016) (text, % and/or #) | Target (2021) (text, % and/or #) | Progress (text, % and/or #) |
| % of selected LGAs implementing activities based on a comprehensive MIS-informed local plan for WASH | 0 | 100% (All 22 districts in MIN and Zanzibar) | 14% |

| | | | |
|---|--|---|---|
| % of schools with a functional WASH package meeting national guidelines in UN supported districts | 38% Mainland 13.2 % Zanzibar | 60% for both Mainland and Zanzibar | 44% |
| % of health care facilities complying with national health WASH guidelines in UN supported districts | 59% Mainland , 54% Zanzibar | 80% Mainland (3 regions), 85% Zanzibar(5 LGAs) | Implementation to commence once National Guidelines and Tools are developed and approved. However preparatory work has started. |
| Constraints and actions taken | <p>The sector is challenged by inequity. UNICEF has emphasized at various fora; Africa Water Week, 11th Annual Joint Water Sector Review (JWSR), Technical Working Group meetings the need for sector stakeholders to act differently, in particular the need to strengthen systems to address emerging inequity challenges. The SDGs have set high aspirations- Water and Sanitation for All – not some, with a new emphasis on water quality, availability, affordability and accessibility and sanitation facilities.</p> <p>Action taken: At the 2016 annual JWSR, the UNICEF made the call for stakeholders to ‘sharpen planning tools as well as information systems to ensure that interventions are targeted to those that are most vulnerable; to well know cholera endemic hot spots across the nation, to far flung districts and regions with low access to WASH services, to peri urban areas of major cities where millions live with inadequate services’.</p> | | |
| Enhanced capacity for children in schools and health-care facilities to access sustainable, inclusive WASH services in selected LGAs | | | |
| Output indicators | Baseline (2016) (text, % and/or #) | Target (2021) (text, % and/or #) | Progress (text, % and/or #) |
| % # of primary schools in UNICEF supported districts with WASH facilities accessible by children with disabilities | 38% Mainland 13.2 % Zanzibar | 60% for both Mainland and Zanzibar | 44% |
| # of primary schools in UNICEF supported districts with WASH facilities for girls menstrual hygiene management | 38% Mainland 13.2 % Zanzibar | 60% for both Mainland and Zanzibar | 44% |
| # of schools in UNICEF supported districts with functional hand washing facilities and soap available for girls and boys in the school | 38% Mainland 13.2 % Zanzibar | 60% for both Mainland and Zanzibar | 44% |

| | | | |
|--|--|--|---|
| % of health care facilities complying with national health WASH guidelines in UN supported districts | 59% Mainland , 54% Zanzibar | 80% Mainland (3 regions), 85% Zanzibar(5 LGAs) | Implementation to commence once National Guidelines and Tools are developed and approved. However preparatory work has started. |
| Constraints and actions taken | Funding continues to be a major bottleneck. UNICEF is in the process of joining the UN family in developing a UN Joint Funding Proposal. | | |

| Enhanced support to children and families leading to sustained use of safe drinking water, building and using sanitation facilities, and adoption of hygienic practices in selected LGAs | | | |
|---|---|---|--|
| Output indicators | Baseline (2016) (text, % and/or #) | Target (2021) (text, % and/or #) | Progress (text, % and/or #) |
| % of households accessing improved sanitation facilities | 15% | 30% | 17% |
| % of water points which are functional | 61% | 85% | TBD by Dec 2017 |
| Constraints and actions taken | Sustainability of rural water supply including water quality still a big challenge. With onset of the SDGs which has placed a high premium on service standards and quality strategies are being deployed to counter this constraint. | | |

| Project 1.2.3: WASH in humanitarian situation | | | |
|---|---|---|--|
| Output indicators | Baseline (2016) (text, % and/or #) | Target (2021) (text, % and/or #) | Progress (text, % and/or #) |
| % of people in humanitarian situation with access to sustained safe water, adequate sanitation and hand washing facilities meeting SPHERE standards | N/A | 100% | 100% |

| | | | |
|---|---|----------------------|---|
| Costed WASH emergency, preparedness and response plan | N/A | Costed WASH EPR Plan | A Working Group instituted to lead development of the plan. Sector Technical Working Groups have agreed on resource allocations but apex Sector Steering Committee constrained to allocate resources due to low disbursements from MoF to meet priority commitments like legally binding works contracts. |
| Constraints and actions taken | <p>The response to the twin large scale emergencies greatly affected the pace of implementation as they placed additional demands and overstretched the limited human and financial resource capacity of the UNICEF WASH Programme. In order to address this constraint, UNICEF had to hire additional staff to support emergency response and free more time for regular staff to continue supporting implementation of the development programme.</p> <p>The program is also constrained by low capacity at subnational level for coordinated emergency planning and response. Action taken: In the new CPD capacity building is flagged as a priority.</p> | | |

4. Financial Analysis

The tables below provide financial information of thematic MTSP funding for the WASH outcome area.

Table 3: WASH Planned Budget

| Intermediate Results | Funding Type | Planned Budget USD |
|---------------------------------------|--------------|--------------------|
| 03-01 Water supply | RR | 7,790 |
| | ORR | 20 |
| 03-02 Sanitation | RR | 925,260 |
| | ORR | 404,763 |
| 03-04 WASH in Schools and ECD centres | RR | 598,384 |
| | ORR | 770,754 |
| 03-05 WASH and emergencies | RR | 1,269,646 |
| | ORR | 69,411 |
| | ORE | 1,018,555 |
| 03-06 WASH # General | RR | 524,388 |
| | ORR | 594,461 |
| | ORE | 56,886 |
| Total Budget | | 6,240,318 |

Table 4: Thematic Contributions Received for WASH by UNICEF Tanzania in 2016

| Donors | Grant Number* | Contribution Amount USD | Programmable Amount USD |
|--------------------|---------------|-------------------------|-------------------------|
| United States Fund | SC1499030128 | 106,000 | 100,000 |
| Total | | 106,000 | 100,000 |

Table 5: 2016 WASH Expenditures by Key-Results Areas.

| Organizational Targets | Expenditure Amount | | | |
|---------------------------------------|-----------------------------|---------------------------|-------------------|------------------------|
| | Other Resources - Emergency | Other Resources - Regular | Regular Resources | All Programme Accounts |
| 03-01 Water supply | - | 20 | 7,790 | 7,810 |
| 03-02 Sanitation | - | 404,763 | 925,260 | 1,330,023 |
| 03-04 WASH in Schools and ECD centres | - | 770,754 | 598,384 | 1,369,138 |
| 03-05 WASH and emergencies | 1,018,555 | 69,411 | 1,269,646 | 2,357,612 |
| 03-06 WASH # General | 56,886 | 594,461 | 524,388 | 1,175,735 |
| Total | 1,075,441 | 1,839,409 | 3,325,468 | 6,240,318 |

Table 6: Thematic Expenses by Programme Area 2016

| Intermediate Results | Expenditure Amount | | |
|---------------------------------------|-----------------------------|---------------------------|------------------------|
| | Other Resources - Emergency | Other Resources - Regular | All Programme Accounts |
| 03-02 Sanitation | - | 81,286 | 81,286 |
| 03-04 WASH in Schools and ECD centres | - | 18,126 | 18,126 |
| 03-05 WASH and emergencies | 111 | - | 111 |
| 03-06 WASH # General | - | 386,783 | 386,783 |
| Total | 111 | 486,195 | 486,306 |

Table 7: Expenses by Specific Intervention Codes 2016

| Intermediate Result | Expense |
|--|------------------|
| 03-01-03 Water safety (including Household Water Treatment and Safe Storage) | 2,867 |
| 03-01-04 Water Supply Sustainability | 3,017 |
| 03-02-01 Open defecation elimination and improved sanitation: rural | 1,098,589 |
| 03-04-01 WASH in Schools (general) | 1,217,292 |
| 03-05-01 WASH coordination # humanitarian | 2,010,553 |
| 03-05-02 WASH emergency preparedness | 119,542 |
| 03-06-03 WASH # General | 1,023,144 |
| 03-06-08 WASH monitoring and bottleneck analysis | 19,887 |
| 08-01-06 Planning # General | 73,491 |
| 08-02-04 DevInfo | 9,271 |
| 08-02-08 Monitoring # General | 23,074 |
| 08-03-01 Cross-sectoral Communication for Development | 222 |
| 08-04-03 Early Childhood Development # General | 9,876 |
| 08-09-01 Innovation activities | 35,500 |
| 08-09-02 Construction activities | 13,583 |
| 08-09-06 Other # non-classifiable cross-sectoral activities | 466,312 |
| 08-09-07 Public Advocacy | 20,749 |
| 08-09-11 Emergency preparedness and response (General) | 65,789 |
| 09-02-06 CO Advocacy and communication | 2,732 |
| 10-07-12 Management and Operations support at CO | 10,093 |
| 10-07-13 ICT capacity in CO | 5,561 |
| 7921 Operations # financial and administration | 9,174 |
| Grand Total | 6,240,318 |

Table 8: WASH Planned Budget and Available Resources for 2017

| Intermediate Result | Funding Type | Planned Budget | Funded Budget | Shortfall |
|--|--------------|------------------|------------------|------------------|
| 03-01 Water supply | RR | 132,450 | 132,450 | - |
| | ORR | 263,550 | 123,000 | 140,550 |
| 03-02 Sanitation | RR | 639,800 | 639,800 | - |
| | ORR | 1,143,550 | 738,225 | 405,325 |
| 03-04 WASH in Schools and ECD centres | RR | 1,207,750, | 1,207,750 | - |
| | ORR | 2,200,000 | 1,230,375 | 969,625 |
| 03-05 WASH and emergencies | RR | 87,550 | 87,550 | - |
| | ORR | 352,900 | 135,150 | 217,750 |
| 03-06 WASH # General | RR | 132,450 | 132,450 | - |
| | ORR | 440,000 | 234,000 | 206,000 |
| Sub-total Regular Resources (RR) | | 2,200,000 | 2,200,000 | - |
| Sub-total Other Resources – Regular (ORR) | | 4,400,000 | 2,460,750 | 1,939,250 |
| Total for 2017 | | 6,600,000 | 4,660,750 | 1,939,250 |

5. Future Work Plan- Priority Actions for 2017 – 2018.

- Support government to develop a results framework and plan for implementation of the SDGs
- Support the government to finalize National guidelines on WASH in health care facilities and devise strategies for implementation
- Support improvement of learning environment to 140,000 school children in 200 schools through construction or rehabilitation of water, sanitation, and hygiene facilities for increased access to sustainable, quality and inclusive WASH.
- Support implementation of Community Led Total Sanitation (CLTS) approach to improve household sanitation in selected districts.
- Enhance mechanisms for monitoring WASH in schools through existing sector information systems to capture school WASH data for better informed planning, monitoring and tracking progress.
- Developing new partnerships with the private sector to leverage all available resources for children.
- Support the districts to develop and execute district emergency preparedness and response plans.
- Scale up capacity strengthening of regional and district actors in other emergency prone regions.

6. Expression of Thanks

UNICEF Tanzania would like to express its gratitude for the contribution from the US Fund to support Water, Sanitation and Hygiene in schools in Tanzania.

This contribution represents a vital component of the WASH programme, allowing us to work closely with national, regional and district authorities as well as local communities

The impact of your support on children is immense, for example over 64,000 primary school children are now enjoying their right to learn in a school that provides safe water and sanitation facilities, and hygiene practices.

On behalf of UNICEF, the Government and children of Tanzania, we thank you for this support and we look forward to continued collaboration.

7. Human interest story - School WASH Club in Ninga Primary School, Njombe District, Tanzania



Ninga Primary School has been chosen, for the 2nd year in a row, as the number 1 performing school in the Njombe District in terms of improved WASH services. And it is not surprising when you see how much devotion and everyday commitment WASH topics receive from all the teachers, students, and parents.

It has been almost two years since this school was included in the joint efforts of UNICEF and the District Health Office. Since then everything has changed, from the school's infrastructure to the way kids treat WASH related topics.

In terms of infrastructure, Ninga Primary School now has fully functional male and female toilets with tiles and blue-painted doors. There are also special western-style toilets available for both boys and girls with disabilities, urinals for boys, and a dedicated room for adolescent girls with a continuous supply of pads where they can change during their period.. Each toilet has a dedicated hand washing facility, including soap, for children to wash their hands after using the toilets. There are two more important places, a hand washing facility for washing hands before eating and a station with safe drinking water in front of the classrooms.

But infrastructure is not all. This school has one of the best working school WASH clubs, making sure that the infrastructure is properly used, is supplied with essential materials and that all hygiene practices are properly followed.

Wema, a 12 year-old girl who is the chairperson of the school club, talks about the weekly school routine: *"In order to make the School WASH working it is a lot of tasks so we need to divide them every week among respective classes. We assigned students to everything: bringing the water for the next day; boiling the drinking water for the next day; preparing the hand washing stations. Then ongoing supply of the water in the toilets it is a task for the whole day. We assign each day 10 boys and 10 girls to do it."*



School WASH is not only about the toilets; it is about how the whole school environment works. Wema, herself was actually the one who proposed the introduction, to the school, of signs pointing across paths giving directions to the safe drinking water. She was also the one who suggested exchanging the bricks surrounding the lawns with 0.5 litres water bottles and colourful cups so it looks prettier. The bricks were then be used for the newly built school dining hall.

The school WASH club has become so involved with taking care of the school that they also take care of the overall maintenance.

“We clean the classrooms; clean the windows every two weeks. We love our school so we do not mind taking good care of it. And we have only few teachers.”- Wema adds.

All this has actually had a tremendous impact on the whole school life and performance. Varian Guntram Ngalioma – the Head Teacher shares some statistics:

“The school WASH has a multidimensional impact on students and the way school is operating. Firstly, students are not late anymore. One year ago I was starting classes at 8 in the morning and usually maybe half of the pupils were there. Now they come at 7 because they want to use school latrines as they are nicer than at home- all have tiles, and there is a constant supply of water and soap. They come even on Saturday to play or to do some extra lessons with teachers who are available at the school. Especially adolescent girls, it happened in the past that girls were missing for even five days during their period. Now it has stopped, when they have their room and supply of pads in case of emergency.

Secondly, for the past 12 months I have not noted any water caused disease. Neither stomach ache nor diarrhoea nor anything else. I used to have 3-4 cases per day. Now I may have 1 or 2 per month and usually it is malaria. I do not even keep the book for noting the cases anymore, as it is so rare.” Varian adds.

All this translates into improvement of the school’s results. Only last year the school improved significantly in the Standard 7 exam, having a 75% pass rate vs. 59% a year ago.

“This is a result of multiple interventions. Surely SWASH is a significant contributor to this” Varian says.

However, the WASH journey for this school is not yet finished. The biggest issue remains the access to water. As the school does not have a well, every day after class, two classes are assigned to the task of bringing water for the next day, an amount of 2000 litres.



This means that each student needs to make, on average, at least one round trip lasting 60 minutes to the local river to bring back 20litres balanced on the top of their head. It is a very burdensome task as the way to the river is very steep and climbing back up with a bucket of water requires a lot of effort. 20M USD is needed to supply this school with a deep well.



8. Donor Feedback Form

Dear colleagues,

UNICEF works in a spirit of partnership and value all contributions for the realization of children's rights in Tanzania. Good reporting is a critical aspect of our commitment to deliver tangible and effective results for children, while ensuring the transparency of our interventions.

We are constantly trying to enhance the quality of our reports and their relevance towards our partners' expectations. With this in mind, your feedback is important. We would very much appreciate your frank and specific comments on this report.

We will carefully consider your comments, and would be grateful for any suggestion.

Again, thank you very much for your generous support.

Kindly return the completed form back to UNICEF by email to Bertrand Ginet (bginet@unicef.org).

With our warm regards,

UNICEF Team - Tanzania

SCORING: 5 indicates "highest level of satisfaction" while
0 indicates "complete dissatisfaction"

1. To what extent did the narrative content of the report conform to your reporting expectations? (For example, the overall analysis and identification of challenges and solutions)

| | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| 5 | 4 | 3 | 2 | 1 | 0 |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

If you have not been fully satisfied, could you please tell us what did we miss or what could we do better next time?

2. To what extent did the fund utilization part of the report meet your reporting expectations?

| | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| 5 | 4 | 3 | 2 | 1 | 0 |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

If you have not been fully satisfied, could you please tell us what did we miss or what could we do better next time?

3. To what extent does the report meet your expectations in regard to the analysis provided, including identification of difficulties and shortcomings as well as remedies to these?

| | | | | | |
|---|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 | 0 |
| | | | | | |

If you have not been fully satisfied, could you please tell us what could we do better next time?

4. To what extent does the report meet your expectations with regard to reporting on results?

| | | | | | |
|---|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 | 0 |
| | | | | | |

If you have not been fully satisfied, could you please tell us what did we miss or what could we do better next time?

5. Please provide us with your suggestions on how this report could be improved to meet your expectations.

6. Are there any other comments that you would like to share with us?
