

A. Cover Page

United Republic of Tanzania

**Water Sanitation and Hygiene
Sectoral and OR+ (*Thematic*) Report**

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C. Abbreviations and Acronyms

CEDAW	Conventions on the Elimination of All Forms of Discrimination against Women
CLTS	Community Led Total Sanitation
CP	Country Programme
CRC	Convention on the Rights of the Child
HCF	Health Care Facilities
LSHTM	London School of Hygiene and Tropical Medicine.
MDA	(Government) Ministries, Departments and Agencies
MHM	Menstrual Hygiene Management
MIS	Management Information System
MoHCDGEC	Ministry of Health, Community Development, Gender Elderly and Children.
MoWI	Ministry of Water and Irrigation
NGO	None Government Organization
OD(F)	Open Defecation (Free)
SBCC	Social Behavioural Change Communication
SDGs	Sustainable Development Goals
SWA	Sanitation and Water for All Partnership
TA	Technical Assistance
TWG	Technical Working Group
UNDAP	United Nations Development Assistance Plan
WASH BAT	WASH Bottleneck Analysis Tool
WASH	Water Sanitation and Hygiene
WSDP	Water Sector Development Programme
WSP	Water and Sanitation Program

D. Executive Summary

Inadequate and inequitable access to water and sanitation services at households and institutions along with inappropriate hygiene practices, largely contributes to barriers that hinder efforts to support realization of the rights of every child especially the most deprived to live in a safe and clean environment. In Tanzania, children and young people, who make up over 60% of the population are especially affected by the lack of safe water, proper sanitation and inappropriate hygiene practices. Access to water and sanitation is interlinked with a number of other key issues and has a significant impact on children's lives and their ability to develop and thrive. In schools, for example, provision of appropriate, child-friendly water and sanitation facilities can highly contribute to overcoming exclusion from and discrimination within education, particularly for girls and children from disadvantaged communities, as well as improving educational outcomes for all children.

UNICEF works in partnership with its development partners to support the Government of Tanzania in its efforts to achieve universal and sustainable access to water, sanitation and hygiene (WASH) services. In particular, UNICEF aims to reduce inequalities, especially for the most deprived children wherever they are, both in times of stability and crisis. The focus of UNICEF is mainly in rural and peri-urban areas. The government is encouraged to develop enabling environments and an upstream context – comprising of national policies, strategies and guidelines – so that investments can flow and service delivery expand. At the sub-national level UNICEF helps to develop the capacity of selected Local Government Authorities (LGAs) so as they are able to plan and implement sustainable water, sanitation and hygiene services, also generating evidence and lessons for nationwide scale up.

To remain focused on delivering the envisaged results, in 2018 Tanzania country office embarked on Mid-term review (MTR) process of the 2016–2021 GoT/UNICEF Country Programme. This provided an opportunity to reflect on the results that have been achieved during the first part on the implementation, outlining achievements gained, detailing strategies to sustain the gains, and highlighting constraints encountered in due course. This process has helped the programme to make the necessary adjustments and shifts to ensure that it continues to deliver credible results for children and young people in achieving their rights to WASH.

During the remainder of the cycle, the WASH component of the Country Programme will continue to scale up efforts for increased equity in child development outcomes, by bringing the services closer to the communities and the communities closer to the services. The programme will achieve a balance between influencing national policy dialogue and normative frameworks, support to national initiatives, and more intensive support to sub-national programmes. The programme will continue to apply different mutually reinforcing approaches with capacity development remaining one of the core strategies of the programme, primarily focusing on strengthening community-based approaches, facilitating behaviour change communication to promote uptake of improved WASH services, promoting social cohesion and enhancing service providers' capacities to deliver quality and equitable WASH services.

In line with the UNICEF Gender Action Plan 2018-2021, designed WASH interventions will continue focusing on creating gender responsive systems that promote appropriate measures in tackling the existing barriers that perpetuate gender disparities and exclusion of the deprived by ensuring universal access to WASH for all women and girls everywhere (at households, schools and healthcare facilities). To ensure sustainability and programming at scale, the programme has continued to advocate for fully accessible, child-friendly and gender-segregated WASH facilities to be considered an essential component of education programmes.

The UNICEF WASH programme is fully aligned with the SDGs and is geared towards contributing and supporting Tanzania to achieve the SDG 6 targets. During 2018, government, UNICEF and other development partners continued to implement programs of interventions aimed at increasing 1) the proportion of the population using an improved source of drinking water; and 2) the proportion of the population having an improved sanitation facility. To contribute towards progress on achieving these, UNICEF and partners continued to strengthen the evidence base for policy making, advocacy, leveraging resources and strengthening the enabling environment for the realisation of the right to proper WASH services.

In 2018 the interventions of the WASH programme continued to focus on elimination of WASH related barriers in its three major programming areas namely WASH in communities, WASH in institutions, and upstream work at the national level. Interwoven in these is a social and behaviour change communication (SBCC) stream of work aimed at empowering communities through active participation towards ending of open defecation, sustained use of water and sanitation services and adoption of appropriate hygiene practices. With its partners, and through its direct support to the government and communities, UNICEF will continue working to improve the enabling environment and influence government commitments ensuring that women's, children's and young people's WASH needs are in a central place on the development agenda, paying particular focus on equity and programming at scale in accelerating progress towards achieving the rights of all children.

One of the barriers that has impeded the government and counterparts' ability to effectively plan and budget for delivering school WASH services at scale, and of course low prioritization of school WASH within the WSDP II, is lack of comprehensive school WASH data. As one of the efforts towards addressing this, UNICEF with the National Bureau of Statistics (NBS) and Ministry of Education Science and Technology (MoEST) implemented the national school WASH assessment with inputs from the JMP on the survey design. The survey provided accurate estimates of the gap in school WASH services which will enable better planning at all levels of government.

Monitoring and data management are necessary for evidence-based policy making, planning, and service delivery. The Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) recognizing that the sanitation MIS needed upgrading to capture more indicators, requested UNICEF's support to upgrade the server which UNICEF undertook with partners. The upgrading of the sanitation MIS is a crucial step in ensuring that government at all levels has credible data to underpin planning and service delivery to grow sanitation coverage. The revamped sanitation MIS will also provide crucial data for assessing policy gaps within the National Sanitation Campaign.

In emergencies, Tanzania has had an ongoing cholera outbreak since 2015 which shows no sign of abating and in the absence of a declared emergency, the focus on cholera has waned. Sustained advocacy by UNICEF and development partners triggered a reinvigoration of the national cholera task force. There is now recognition within the taskforce that the outbreak must be contained initially in persistent hotspot areas. In this respect, a plan was prepared for the elimination of cholera in Ngorongoro to be followed by a new national cholera elimination plan to be produced in 2019.

Though there has been satisfactory progress overall in increasing water and sanitation coverage, meeting national targets will require increased annual growth in coverage. For example, reaching the SDG targets will require an acceleration in the annual rate of growth of coverage for water from 1.15% to 3.3% and for sanitation, from 1.13% to 5.06%. The acceleration that was achieved in Njombe region provides a good learning laboratory to understand the factors that can contribute to increased annual growth. At the request of MoHCDGEC, UNICEF and partners undertook the documentation of Njombe's programme delivery strategies. The documentation package will be disseminated to other regions who can adapt Njombe's strategies to fit them to the context in their regions.

In Mbeya, Iringa, and Njombe regions, UNICEF worked with six LGAs and four CSO partners to implement community-led total sanitation (CLTS) programs in 30 villages, triggering 62,145 households (157,755 people) leading to 33,763 households achieving self-reported ODF status. By December 2018, an average of 62% of households in the six districts had an improved latrine.

Interventions implemented under the WASH programme have not been without challenges. Major barriers towards progress encountered include:

- Poor budgetary allocation for sanitation. The sanitation budget represents just two percent of the overall Government of Tanzania investment in WASH. Further, the two percent invested in sanitation is provided in whole by development partners.
- In Tanzania, fund raising for WASH is challenging both in the emergency and development settings. WASH fund raising is constrained by the government's adoption of a sector-wide approach (SWAp). Prima Facie, the sector budget is large which deters further investment by donors including to UNICEF. Secondly, donor commitments are agreed within the SWAp framework which further limits UNICEF's ability to attract funding. In respect of the emergency programme, the lack of funding impacts the ability of the programme to provide an adequate level of service in refugee camps except for water provision which meets SPHERE standards. In such situation, thematic funding has contributed largely to achievement of the WASH results for 2018.

To ensure that results for children are delivered at scale and sustained, UNICEF will strengthen existing partnerships with the Government and expand partnerships with private sector, academia and civil society organizations, as well as with other development and humanitarian actors. Significant collaboration will continue with donors and other UN agencies across the full scope of the country programme.

E. Strategic Context

In 2010, the UN General Assembly recognised access to water and sanitation as basic human rights, and essential to the realization of all human rights. Likewise, two human treaties namely the Convention on the Rights of the Child (CRC) and the Conventions on the Elimination of All Forms of Discrimination against Women (CEDAW), have directly specified the right to water and sanitation as an essential right. This recognition is a testament to the fundamental nature of these basics in every person's life. The rights to water and sanitation require that these basics are adequate, accessible, safe, acceptable and affordable for all without discrimination. This is emphasized in SDG 6 and its respective targets which advocates for ensuring availability and sustainable management of water and sanitation for all, a call that require "leaving no one behind".

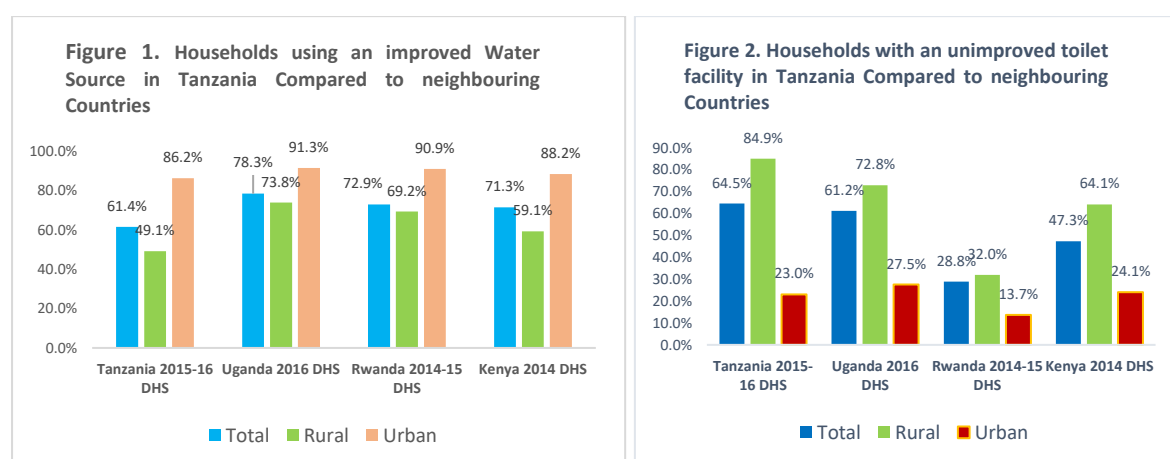
Inadequate and inequitable access to water and sanitation services at households and institutions and inappropriate hygiene practices largely contributes to deprivations of children in Tanzania extending it beyond WASH to impact other sectors such as health (maternal and new-born death, dignity), education (attendance, completion and performance) as well as nutrition (stunting). The UNICEF and NBS report of 2016¹ on child poverty highlights that children in rural areas experience greatest deprivation in water, sanitation and protection while for urban children, the major deprivation are sanitation, housing and protection. The same report points out that for rural children who are deprived but not poor, the highest deprivation overlap (55%) occurs between protection, water, and sanitation, while for urban children it is water, sanitation, and housing (36%). For children aged 0-23 months, the highest prevalence of deprivations are in sanitation (82%), housing (65%), and water (57%).

¹ National Bureau of Statistics and United Nations Children's Fund, 2016; Child Poverty in Tanzania

The situation presented above prompted the WASH programme during the 2018 MTR to undertake a critical analysis applying a lifecycle lens to identify major WASH deprivations to determine the non-realisation of children's rights to water and sanitation in Tanzania at different points in the lifecycle. Deprivations were classified against three dimensions: within communities, within schools, and within health care facilities (HCFs). These three dimensions align with the focal areas of SDG 6 targets 6.1 and 6.2. Following this analysis, the broad deprivations identified are inadequate access to basic water, sanitation and hygiene in communities, schools and health care facilities (HCFs). The deprivations within this category are supply-led by duty bearers. The second one is inadequate knowledge of key water, sanitation and hygiene practices and behaviours, which mainly relate to right holders.

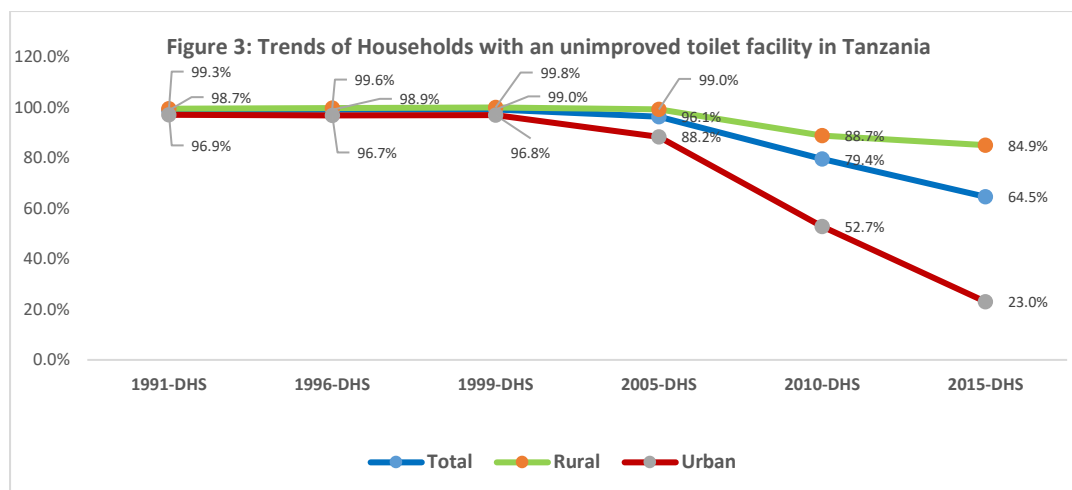
Based on this analysis the major WASH deprivation in Tanzania is the lack of access to basic sanitation. The 2015 JMP data on sanitation for Tanzania indicates that four in five people in rural Tanzania are using a toilet that is unable to effectively separate human waste from coming in contact with people. This marks a significant deprivation for rural populations.

Analysis of WASH performance indicators in Tanzania show large disparities between rural and urban populations, with rural populations being the more disadvantaged. Figure 1 and 2 shows that Tanzania has the largest gap between urban and rural populations in terms of both access to improved water source and improved sanitation when compared to its neighbouring countries of Kenya, Rwanda and Uganda.



Source: Compiled from respective Countries' DHS 2014-2016

Few WASH indicators have improved in recent years; notable exceptions are a reduction in the percentage of the rural population practising open defecation and the number of urban dwellers with access to improved toilet facilities. Most analyses show that while resources have been allocated to the sector and projects have been implemented, progress has only been able to keep up with the rapid population growth.



Source: Compiled from TDHS 1991-92 to 2015-16

Over the past years, various challenges facing the WASH sector in Tanzania have not significantly changed. Most of these challenges ranging from sustainability of interventions, poor WASH in institutions (schools and HCFs) and low levels of improved household sanitation among others remains and calls for establishing stern mechanisms to abate them. 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. If these challenges are not resolved, progress will remain slow pausing risk to attainment of the SDGs.

Cholera has remained a threat in Tanzania since the 2015 outbreak with cases of cholera still being reported in 2018. The cumulative status of cholera on May 16, 2018 was a total of 30,646 cases and 510 deaths (CFR 1.64%) reported since August 2015. Children are disproportionately affected by cholera. Reducing cholera will require an appreciable investment in WASH in hotspot areas initially, yet the resources to do this are shrinking rather than growing as demonstrated earlier.

The fee free education policy introduced in 2015 has had positive effects in increasing the number of pupils enrolled in schools across the country. However, the increased number of pupils enrolled in schools, particularly those in urban areas means that the infrastructure in existing schools is overwhelmed and is supporting pupils that exceed the initial design loads. This means that even where WASH facilities had been provided, they are now insufficient to meet the needs of all pupils enrolled. Overloaded WASH facilities can remain functional only up to a point even assuming a good operation and maintenance regime is in place.

The move to Dodoma represents a major change for development partners. The upstream work that we undertake necessitates ongoing engagement with government in the provision of technical assistance. Much of this can be done remotely but there is need for face-to-face communication that cannot be substituted.

The national budget allocated to the water ministry has been decreasing since the 2013/14 financial year from 3.6% of overall expenditure to 2.4% in 2017/18. Given the need in the sector, this trend points to inadequate investment to meet SDG 6 targets 6.1 and 6.2. Equally, the sanitation budget has flatlined at about 2% of the overall ministry budget and is wholly met through appropriations in aid.

Still on the budget, Tanzania has operated a sector wide approach (SWAp) in the water sector since 2005 with a basket fund. There has been a gradual erosion in development partners' contributions to the basket fund in the past three years due to a perceived lack of accountability and demands from their taxpayers for better reporting of outcomes. Development partners now favour earmarked funding which is easier to monitor and track. However, this approach threatens coherence, alignment, and coordination. It also undermines donors' ability to influence an equity-driven approach to sector investment.

In terms of emerging opportunities, the launch of the National Sanitation Campaign (NSC) in December 2017 presents an important opportunity. The UK government through DFID has allocated major funds to the campaign (15m GBP). . Advocacy is required to trigger greater prioritisation and allocation of domestic resources to the sanitation budget rather than relying solely on development partners.

Given the prevailing context, the WASH programme envisages some adjustments and strategic shifts as efforts towards sustaining gains and delivering results for children at scale. The focus on the elimination of open defecation with programming that moves to basic sanitation the 64% of households that are currently using unimproved toilets is a very important adjustment. If Tanzania is to make progress on meeting the sanitation SDGs, this segment of the population needs to move to basic sanitation.

The approach to community sanitation has been to implement CLTS, a proven methodology for getting communities to reject open defecation and instead collectively resolve to construct and use toilets. However, the proportion of the population practising open defecation in rural Tanzania is just 17% compared with 64% who are using unimproved toilets. Further, most of the population abandoning open defecation construct unimproved toilets which represents only a marginal improvement in their sanitation status. More important, the traditional CLTS 'triggers' have little traction with households already using a toilet albeit an unimproved one. Given this scenario, the WASH programme has proposed to adjust its programming in the following ways: a) continue with targeted CLTS for communities practising open defecation, also in recognition that the numbers of people practising open defecation in rural Tanzania is growing marginally though the overall proportion is small; b) trial a new market-based approach focused specifically on building aspirations for basic sanitation among the 64% using unimproved toilets; and c) attempt a hybrid of both approaches to address both scenarios concurrently.

The programmatic adjustments proposed are built on the deprivation analysis, (which in turn was based upon the situation analysis conducted during the CPD and other more recent documents and field experience), and the amended theory of change that the programme has defined.

In line with the theory of change and to create bigger impact, UNICEF will continue to support both upstream engagement, through evidence based advocacy and leveraging, while working downstream to gather evidence and demonstrate high impact interventions. Overall, UNICEF will continue to work in two main areas: 1) improving the policy, planning and public finance environment at the national level; and 2) improving direct service delivery of water and sanitation facilities in schools, health care facilities and the communities prioritizing the most deprived. These two areas are complementary; where the government is encouraged to develop enabling environments so that investments can flow and service delivery expand. These two broad areas are organized into two broad outputs as briefly narrated below;

Output 1: Ministries, Departments and Agencies are better able to formulate policies, plans and guidelines for equitable and sustainable management of WASH.

This result focuses on policy influencing and capacity development at the central and decentralised levels of government. This will be done through the generation of evidence and documentation of good practices on implementation of household sanitation and hygiene, which will be used to advocate for and inform the formulation of policies, guidelines and tools.

UNICEF will further work with the Government and other partners to strengthen the capacity of water and sanitation professionals at all levels and to improve the governance of the water and sanitation sector. It will do this through training of staff at local government authorities as well as civil society organisations. These professionals will be assisted in rolling out behaviour change communication strategies and to manage generation of evidence on water and sanitation.

An important objective of UNICEF's support is to improve coordination among the various stakeholders. UNICEF will work with all stakeholders to strive for better collaboration between them through regular consultative meetings and dialogues. UNICEF will also use these platforms to advocate for more allocation of resources for sanitation and hygiene and the effective disbursement of allocated budget. Promising progress is being made on the development of guidelines for water and sanitation in schools and health facilities and the communities. UNICEF will support the fine-tuning of these guidelines and the development of new ones.

It will also assist in the testing of the guidelines and work vigorously to promote the nationwide use of these guidelines and accompanying tools for implementers. UNICEF will support the Ministry of Education to strengthen the Education Management Information System to ensure it includes key indicators on School WASH. Support the Ministry of Water and Irrigation to review the National Water Policy to cope up with changes in the sector and clearly address emerging issues including defining clear strategies for addressing widening inequities.

Output 2: Selected Local Government Authorities have enhanced capacity to deliver equitable and sustainable WASH services

This result focus on the sub-national level. It consists of one set of activities that concentrate on strengthening the capacity for effective policy and planning and three more specific on-the-ground projects focusing on direct service delivery: 1) water, sanitation facilities and hygiene promotion in schools and health facilities; 2) households water, sanitation and hygiene promotion in communities; and 3) water, sanitation and hygiene promotion services during emergencies.

These two areas are combined for the purpose of achieving one **outcome**: Vulnerable groups have increased access to safe and affordable water supply sanitation and hygiene. By achieving this outcome UNICEF contributes to the national result which envisages 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. To ensure that these are adequately delivered, UNICEF has continued engagement in partnerships as indicated in the table below.

Table 1. UNICEF Partnerships in 2018.

The 2018 WASH results for children were realized through UNICEF working collaboratively with its counterparts and partners. The table below summarizes the partnerships:

Partners	Partner type	Purpose of the partnership	Partner role	UNICEF role	Result Areas (Outcomes / Outputs)
Ministry of Water and Irrigation; Ministry of Education Science and Technology; Ministry of Health, Community Development, Gender, Elderly and Children; President's Office, Regional Authorities and on the Mainland; Ministry of Education, and Ministry of Health	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	Output 1
District Councils in selected districts of Mbeya, Njombe, Iringa and Temeke in Dare es Salaam region and Zanzibar	Government	Overall project support and long-term sustainability	Work with Non-Governmental Organizations on the planning and implementation process Supporting and monitoring work of Non-Governmental Organizations and follow up	Programme development, project formulation, funding, technical assistance, monitoring and management	Output 2
Sanitation and Water Action, Catholic Relief Services, Peoples' Development	Non-Governmental Organizations	Implementation	Service provision, community facilitation, training and monitoring	Programme development, project formulation, funding, technical assistance,	Output 2

Partners	Partner type	Purpose of the partnership	Partner role	UNICEF role	Result Areas (Outcomes / Outputs)
Forum, Environmental Engineering and Pollution Control Organization WaterAid, Tanzania Water and Sanitation Network				monitoring and management	
Oxfam, Tanzania Christian Refugee Services and Norwegian Refugee Council		Implementation	Service provision, community facilitation, training and monitoring in refugee camps	Programme development, project formulation, funding, technical assistance, monitoring and management	Output 2
National Institute for Medical Research, Ardhi University, Muhimbili University of Health Allied Science, State University of Zanzibar (SUZA)	Government Agency	WASH-related research and technical guides	Manage and/or carry out research and advice.	Technical inputs, funding, mainstreaming into national efforts	Outcome and Output 1
Zanzibar Water Authority	Government Agency	Implementation	Service provision, community facilitation, training and monitoring	Programme development, project formulation, funding, technical assistance, monitoring and management	Outcome and Output 2

F. WASH Results 2018

The WASH programme has continued its engagement and support to the government and counterparts to implement interventions that aim at facilitating rural and peri-urban population to have improved and equitable access to safe drinking water, adequate sanitation services, and adoption of appropriate hygiene practices, delivered and sustained through enhanced district level capacity, effective local user entities, and private sector participation. This has been achieved through the following specific results;

- Increased access to water supply and sanitation in schools and health care facilities
- Promotion of improved sanitation and hygiene practices
- Strengthening capacity for evidence-based decision making and budgeting
- Strengthening 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.

In 2018, UNICEF with its partners, and through its direct support to the government and communities, continued working to improve enabling environment and influence government commitment ensuring that deprived children's WASH needs are implemented at scale in accelerating progress towards achieving their rights including response to emergencies. In light of this, the following results were achieved:

UNICEF and partners, through the National Bureau of Statistics (NBS), conducted a national school WASH assessment covering over 2,300 schools in the Mainland and Zanzibar. UNICEF provided technical and financial support to this important piece of work which its results will facilitate the scale up of WASH in schools. The assessment findings have helped to determine the national coverage estimates for water, sanitation and hygiene services in schools contributing towards the calculation of JMP estimates and will also provide a full SDG baseline for Tanzania for WASH in Schools. It will further inform the development of a costed plan for WASH in schools and fill data gaps allowing for better advocacy, planning and implementation of school WASH services.

UNICEF and partners participated in the Water Sector Development Program II (WSDP II) mid-term review (MTR). The MTR was called early to address challenges the MoWI was facing and resulted in recommendations for action as follows: 1) an in-house TA support desk to the Permanent Secretary and the Program Coordination Unit; and 2) streamlining of the development partners' dialogue mechanism to take account of the move away from basket funding to financing of earmarked projects resulting in increased bilateral dialogue in place of sector dialogue. The first meeting under the new mechanism was held in December 2018. The new TA will be in position by April 2019. UNICEF fully financed the professional fees for the MTR consultancy.

UNICEF in collaboration with Emory University from the United States of America supported the government to conduct National Workshop on Water, Sanitation, and hygiene in Health care facilities that brought together WASH and Health policymakers from WASH and health sectors. The Workshop enabled participants to identify bottlenecks and opportunities for intervention as well as strategizing how WASH in HCF activities can be embedded within existing health sector priorities and plans. It has further provided knowledge on the status of WASH in HCF globally and regionally, including key overlaps with quality of care, infection prevention and control and antimicrobial resistance.

UNICEF interventions on WASH in schools contributed to improvement of learning environment to 31,906 schoolchildren (17,235 girls and 14,671 boys) in 41 schools through access to improved WASH facilities (water supply, toilets and handwashing). UNICEF provided vital technical and financial support, while implementing partners that includes sub-national governments and Non-government

organizations supported actual implementation. Each school has been provided with appropriate safe water supply, improved sanitation facilities (improved toilets and hand washing stations), separate blocks for boys and girls with one toilet in each block designed to cater for children with disabilities and the girl's block with special room equipped to support menstrual hygiene management.

UNICEF has continued supporting efforts to accelerate adoption of appropriate hygiene practices in schools and communities. To achieve this objective, a total of 167 teachers (96 females and 71 males) from 41 schools were trained on improved sanitation and hygiene practices, providing them with practical skills to facilitate formation of school WASH clubs and providing adequate support to children in conducting hygiene promotion activities. Following this training, 41 school WASH clubs with a total of 1,107 members (565 girls and 542 boys) have been established and trained on safe hygiene practices, issues such as (MHM), and methodologies for peer-to-peer awareness raising. The club members have started serving as champions; encouraging positive behaviours (such as hand washing) and improvements in the school environment. In addition, the schools have endorsed a "Fit for School" (FIT) approach, which targets behaviour change through group-based activities including daily group handwashing aiming at sensitizing the children with a focus on instilling long lasting behavioral change and promoting hygiene among school children.

To further ensure that school WASH services continue to provide services that they were designed for, UNICEF trained a total of 369 school management committee members and community leaders (178 female and 191 male) in the 41 schools on school WASH governance. The training has imparted technical skills to the members on the use of the tools and has enhanced improved governance and sustainability of WASH services in the respective schools. The trained members have applied the acquired skills in planning, implementation, operation and maintenance of school WASH services including establishment of an operation and maintenance fund in the respective schools.

UNICEF has started exploring the possibility of cost effective and easily adaptable technologies in addressing spiralling costs involved in the construction of school WASH facilities that has become a barrier to scale up. In view of this, UNICEF has started engaging various stakeholders that includes private sector and academia. As part of these efforts, UNICEF through its partnership with the University of Dar es Salaam's Human Centred Design programme engaged with university students who presented different ideas on low cost options for construction of WASH facilities in schools. Presented ideas are being refined for further discussion to assess their viability. This engagement has provided and expanded opportunities and participation of young people to provide solutions for the development of scalable school WASH in Tanzania.

In Mbeya, Iringa, and Njombe, UNICEF worked with six LGAs and four CSO partners to implement CLTS programs in 130 villages/585 sub-villages, triggering 62,145 households (157,755 people) in six districts. This has enabled 33,763 households to achieve self-reported ODF status. On average, 62% of households in the six districts have an improved latrine while 44% have a functional handwashing station next to the latrine with the lowest coverage found in Mbeya DC at 7.4% and the highest in Njombe DC at 93%. The 130 villages have achieved internal ODF status of which only 27 (20%) villages from Njombe DC are certified ODF. Njombe DC was awarded first place in the 2018 National Sanitation Campaign competition.

In Mainland Tanzania, UNICEF worked very closely with the MoHCDGEC in supporting cholera prevention and response activities. Since the outbreak of cholera in August 2015, all 26 regions have reported outbreaks. In 2018, 10 regions reported 4,389 cases with 83 deaths. UNICEF supported 10 most prone regions to cholera outbreaks out of a total of 26 in the preparation of cholera preparedness and response plans and with the management of cholera data at all levels, resulting in a cholera information management action plan for Tanzania. The plan is currently awaiting approval of the ministry management team, after which it will be implemented to enable improved data for

early detection of cholera outbreaks, estimation of cholera morbidity and mortality and will also inform resource allocation including personnel and supplies required.

In refugee camps, UNICEF with partners improved water systems enabling all camps to exceed Sphere standards. Increased access to water has significant impact on women, girls and children because it eases the burden of fetching water. Schools in the camps were connected to the water reticulation system and storage capacity increased ensuring three litres per student per day. UNICEF with its partners also improved sanitation facilities in six schools and provided 100 household shared latrines. School WASH facilities now include new MHM rooms and facilities for pupils with disabilities. In the refugee camps, UNICEF supplied equipment and materials including surface water pumps, submersible pumps, generators and water treatment chemicals.

A key gap in the policy arena is the lack of a program strategy for vulnerable and marginalized groups. For example, pastoralist peoples, and villages with a high proportion of unimproved toilets. Without this guidance, these groups are being left behind. Consequently, the MoHCDGEC requested UNICEF to provide TA for the preparation of the national last mile ODF strategy. This strategy will provide specific guidance to ensure that WASH services reach previously neglected groups.

In terms of adjustments, UNICEF will work with LGAs to build their capacity to generate comprehensive district WASH plans using routine monitoring data. To do this, UNICEF will implement bottleneck analysis using the global WASH-Bottleneck Analysis Tool (BAT) in 2019 through training a national team to cascade nationwide and district teams from all districts in Mbeya, Iringa and Njombe. This analysis will identify key areas for strengthening of the enabling environment including in areas specific to capacity for planning. Local upstream actions such as support to access sanitation markets, improved procurement efficiency and strengthened asset management could be envisaged in 2019.

Going forward the programme will reinforce strategies in two key areas. The first relates to weak data management and monitoring particularly at LGA-level. To address this, UNICEF and partners will devote resources in 2019 to strengthen data management and monitoring by focusing sector data. Specific areas of focus will be on the establishment of a technical working group on WASH data, the rationalization of national WASH targets, harmonization of definitions and indicators, and capacity development on survey methodologies. The second area of focus will be on strengthening the enabling environment to transform the way that government delivers its programs; notably, through strengthened institutions. Also in focus will be advocacy to bring about political engagement, the development of new programming approaches, and strengthened and continuing monitoring accompanied by course correction. A key element of this will be consensus building among partners and counterparts as well as forging alliances to strengthen aspects of the enabling environment functions.

Increased engagement and leverage of UNICEFs sectoral influence through the sector wide pool funding mechanisms is envisaged to accelerate progress of the overall sector. With increased urbanisation and more frequent public health outbreaks, the WASH programme is exploring how to adapt to the changing demographics of Tanzania.

Table 2. Results Framework

Outcome: Vulnerable groups have increased access to safe and affordable water supply sanitation and hygiene.			
<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	48%
% 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	59%	75%	59%
% of health care facilities complying with national health WASH guidelines in UN supported districts	59%	80%	59%
Constraints and actions taken	<p>In Tanzania, fund raising for WASH is challenging both in the emergency and development settings. WASH fund raising is constrained by the adoption by the government of a sector-wide approach (SWAp). Prima Facie, the sector budget is large which deters further investment by donors including to UNICEF. Secondly, donor commitments are agreed within the SWAp framework which further limits UNICEF's ability to attract funding. In respect of the emergency programme, the lack of funding impacts the ability of the programme to provide an adequate level of service in refugee camps except for water provision which meets SPHERE standards. In such situation, thematic funding has contributed largely to achievement of WASH results for 2018.</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 in Mbeya, Njombe and Iringa	Training of national team that will roll out the strategy has been done.
Status of national WASH behaviour change communication (BCC) strategy	No strategy in place	Fully implemented and evaluated strategy	Formative research conducted and campaign strategy developed and launched in December for roll out.
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	Overall WASH Budget execution has been low for the FY2016/17 at 32% and for 2017/18 at 58% and main areas that are covered are large water schemes that covers large cities and towns with minimal disbursement to rural areas where lower quintile population is located. Sanitation and hygiene budget has continued to be low where for 2017/18 it was 1%.
Status of National Health Facilities' WASH Guidelines	No Guidelines	Guidelines uniformly applied across country	Guidelines have been approved and launched. Government is in the process of developing tools to support implementation of guidelines.

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	48%
% 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)	Assessment of facilities conducted and 14 selected for piloting of the guidelines in 4 regions.
Constraints and actions taken	Poor budgetary allocation for sanitation. The sanitation budget represents just two percent of the overall Government of Tanzania investment in WASH. Further, the two percent invested in sanitation is provided in whole by development partners		
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	48%
# 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	48%
# 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	48%
% 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)	Assessment of facilities conducted and 14 selected for piloting of the guidelines in 4 regions.
Constraints and actions taken	Lack of comprehensive school WASH data impede the government and counterparts’ ability to effectively plan and budget for delivering school WASH services at scale, and of course low prioritization of school WASH within the WSDP II. UNICEF supported the government to implement the		

	national school WASH assessment with inputs from the JMP on the survey design.
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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%	Main emphasis in the past including budget allocation has been on new investments in water facilities hence operation and maintenance of the already installed facilities not prioritized.
Constraints and actions taken			
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	Costed WASH EPR Plan
Constraints and actions taken	Cholera has remained a threat in Tanzania since the 2015 outbreak with cases of cholera still being reported in 2018. UNICEF has facilitated development of a response and prevention plan which is being implemented. The plan prioritises household water treatment and water source protection. Also prioritised are improvements to household sanitation. Actions to improve case management are being implemented including strengthening infection prevention and control, the provision of cholera beds, and deployment of additional staff.		

G. Financial Analysis

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

Table 3. Thematic Pool 6: WASH

Planned for the Country Programme 2018 (in US Dollar)

Intermediate Results	Funding Type	Planned Budget
24-01 Water supply	RR	697,600
	ORR	1,283,300
24-02 Sanitation	RR	1,502,400
	ORR	2,604,800
Total Budget		6,088,100

Table 4. Country-level Thematic contributions to outcome area received in 2018

Thematic Pool 6: WASH

Thematic Contributions Received for Thematic Pool 6 by UNICEF Tanzania in 2018 in (US dollars)

Donors	Grant Number*	Contribution Amount (in US Dollars)	Programmable Amount in US Dollars
Swedish Committee for UNICEF	SC1899060048	435,323	414,596
United States Fund	SC1899060008	57,000	54,283
Total		492,323	468,879

Table 5. Expenditures in Thematic Sector

Thematic pool 6: WASH

Tanzania

2018 Expenditures by Key-Results Areas (in US Dollars)

Organizational Targets	Expenditure Amount*			
	Other Resources - Emergency	Other Resources - Regular	Regular Resources	All Programme Accounts
24-01 Water supply	501,549	376,562	1,137,451	2,015,562
24-02 Sanitation	3,827	1,592,490	1,731,574	3,327,891
Total	505,376	1,969,052	2,869,025	5,343,453

Table 6. Thematic Expenses by Results Area 2018

Thematic Pool 6: WASH

Tanzania

Intermediate Results	Expenditure Amount (in US Dollars)		
	Other Resources - Emergency	Other Resources - Regular	All Programme Accounts
24-01 Water supply	41,511	272,999	314,510
24-02 Sanitation	3,849	1,411,588	1,445,437
Total	45,360	1,714,587	1,759,947

Table 7. Expenses by Specific Intervention Codes 2018

Intermediate Result	Expense (in US Dollars)
24-01-01 WASH - Enabling environment (policies/strategies, coordination, regulation, financing, planning-monitoring-review, sector capacity development and professionalization)	325,476
24-01-04 Water supply - sustainability checks	34,689
24-01-06 Water supply - rural communities service delivery	2,954
24-01-09 Water supply in emergencies - improving water supply services communities	592,052
24-01-99 Technical assistance - Water	741,424
24-02-04 Sanitation and hygiene - eliminating open defecation in rural communities	2,349,373
24-02-08 Sanitation and hygiene - institutions (schools, health care facilities, ECD centres) including menstrual hygiene management	217,262
24-02-11 WASH humanitarian cluster/humanitarian sector coordination	-427
24-02-99 Technical assistance - Sanitation	276,787
26-01-02 Programme reviews (Annual, UNDAF, MTR, etc.)	136,751
26-02-08 Programme monitoring	57,787
26-03-99 Technical assistance - Cross - sectoral communication for development	12,993
26-06-02 Innovation activities	59,951
26-06-04 Leading advocate	86,934
26-06-08 Emergency preparedness (cross-sectoral)	33,701
26-07-01 Operations support to programme delivery	389,416
27-01-06 HQ and RO technical support to multiple Goal Areas	2,224
27-01-16 CO advocacy and communication	-178
28-07-04 Management and Operations support at CO	24,283
Grand Total	5,543,452

*All expense amounts are provisional and subject to change.

Table 8. WASH Planned Budget and Available Resources for 2019

Intermediate Result	Funding Type	Planned Budget	Funded Budget	Shortfall
24-01 Water supply	RR	957,600	957,600	-
	ORR	1,371,300	462,988	908,312
24-02 Sanitation	RR	1,372,400	1,284,246	88,154
	ORR	2,668,700	1,600,000	1,068,700
Sub-total Regular Resources (RR)		2,330,000	2,241,846	88,154
Sub-total Other Resources – Regular (ORR)		4,040,000	2,062,988	1,977,012
Total for 2019		6,370,000	4,304,834	2,065,166

H. Future Work Plan- Priority Actions for 2019 – 2020.

- Facilitate preparation of a national costed plan of action outlining financing mechanisms for the universal implementation of WASH in schools in Tanzania.
- Provided technical assistance and financial support to sector ministries departments and agencies (MDAs) to establish a technical working group on WASH data to strengthen data management and monitoring.

- Continue with implementation of Community Led Total Sanitation (CLTS) approach to improve household sanitation in selected districts.
- Build sub-national capacity in UNICEF supported districts to generate comprehensive district WASH plans through WASH BAT training.
- Developing new partnerships with the private sector to leverage all available resources for children.
- Building knowledge of communities and families to practise appropriate WASH behaviours.
- Conduct research on Menstrual Hygiene management and organize strategic dissemination of findings at different levels.
- Facilitated development of comprehensive and evidence-based SBCC strategy for cholera prevention and control in Zanzibar.
- Development of National ODF Strategy 2025 with aligned costed plans.
- Support government to review of National Water Policy.
- Support Implementation of Sanitation Marketing activities at sub-National level

I. Expression of Thanks

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

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

In 2018 your support has created remarkable impact on children by enabling more than 31,000 children with access to improved and inclusive WASH services in schools. In 130 villages comprised of 585 sub-villages over 157,000 people have achieved self-reported ODF. In the water sector, over 29,000 people have gained access to safe water.

J. Donor Feedback Form

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