What we want to achieve by 2021

Strengthened national water, sanitation and hygiene sector:
- A sustainable strategy for rural water supply rolled out and implemented nationally.
- A national behaviour change communication strategy for the promotion of effective sanitation and hygiene developed. Capacity for the implementation of this strategy built and rolled out in districts.
- A national strategy for the implementation of guidelines for WASH in communities, schools and healthcare facilities developed. Capacity for the implementation of these guidelines built and rolled out in districts.
- Capacity of ministry department authorities (MDAs) and civil society organizations (CSOs) for coordinated emergency preparedness, response and recovery strengthened, and emergencies adequately responded to.

For districts in Mbeya, Njombe and Iringa regions, Temeke municipality and Zanzibar:
- A model for effectively communicating behaviour change in sanitation and hygiene implemented.
- WASH in communities, schools and healthcare facilities implemented and aligned with national guidelines.
- Integrated WASH plans inclusive of all districts developed and implemented.
- Models for community-operated and maintained rural water supply tested and scaled up.
- MDAs, LGAs and CSOs trained in policy analysis and strategic planning, monitoring and local accountability.
- School heads trained in education leadership, management and administration, whole school development approach, and gender and disability issues.
- MDAs, LGAs and CSOs supported to engage in evidence-based policy advocacy and dialogue on increased budget allocation for pre-primary education and efficient use of resources.
WASH remains severely underfunded, accounting for only 3 per cent of the overall health budget. Health facilities lack adequate WASH facilities. Only 44 per cent have functional water supplies, and 49 per cent have safe handwashing facilities. Government policies addressing WASH are weak and non-existent. There are few incentives for households to invest in WASH facilities. In Tanzania, the government has pledged to increase access to improved sanitation to 95 per cent by 2025. The Second Five Year Development Plan (FYDP II) has also set the target for access to improved sanitation facilities to 80 per cent in rural areas.

What is the situation?

- Providing adequate water, sanitation and hygiene (WASH) services is critical to improving the survival, health and development of children. In Tanzania, WASH-sensitive indicators such as diarrhoea and stunting are high. Campaigns to encourage simple hygiene practices like washing hands with soap can reduce the incidence of diarrhoea by an estimated 47 per cent. However, improper sanitation can reduce cases of diarrhoea by an estimated 30 per cent. Poor access to WASH has an unaffordably high cost, wasting resources that could be used for financing the country’s development agenda. It is estimated that Tanzania spends 70 per cent of its health budget on preventable WASH-related diseases as the majority of the population does not have access to improved sanitation, and close to half of the population does not have access to clean drinking water. Without adequate WASH facilities, homes, schools, and health centres become breeding grounds for diseases that kill children and threaten their ability to grow. Girls, children with disabilities and children living in rural areas are most affected. This further heightens inequities and uneven opportunities for development.

- The impact of poor WASH on children living in crisis situations also affects their chances to improve. Campaigns to encourage simple hygiene practices like washing hands with soap can reduce the incidence of diarrhoea by an estimated 47 per cent. However, improper sanitation can reduce cases of diarrhoea by an estimated 30 per cent. Poor access to WASH has an unaffordably high cost, wasting resources that could be used for financing the country’s development agenda. It is estimated that Tanzania spends 70 per cent of its health budget on preventable WASH-related diseases as the majority of the population does not have access to improved sanitation, and close to half of the population does not have access to clean drinking water. Without adequate WASH facilities, homes, schools, and health centres become breeding grounds for diseases that kill children and threaten their ability to grow. Girls, children with disabilities and children living in rural areas are most affected. This further heightens inequities and uneven opportunities for development.

- Challenges

- Poor access to WASH services continues to impact child survival and health. The incidence of preventable diarrhoea remains high and is responsible for 8 per cent of deaths in Tanzanian children under five years of age.

- Poor WASH contributes significantly to malnutrition. This is critical as approximately one third of young children are stunted.

- Health facilities lack adequate WASH facilities. Only 44 per cent have functional toilets, 42 per cent have WASH facilities in delivery rooms and 41 per cent have access to improved water sources. Adequate WASH during childbirth can impact maternal and child survival.

- School are severely underserved by WASH services. Close to half of the schools (46 per cent) do not have a functioning water supply and 44 per cent have no handwashing facilities. Only 4 per cent of school have toilets for disabled children.

- Women and girls are adversely affected in multiple ways ranging from loss of dignity caused by the lack of menstrual hygiene. The drudgery and time spent fetching water contribute to keeping them out of school and productive employment.

- Access to WASH varies across regions and districts with districts in Mbeya, Tanga, and Songwe regions, as well as urban areas in Dar es Salaam and Mwanza lagging behind.

- Children living in crises as a result of forced migration, conflict, disease outbreaks or other emergencies are at risk due to weak WASH facilities.

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