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## What is UNICEF doing?

UNICEF is working with the Tanzanian government and development partners on four priority WASH areas: to ensure access to improved sanitation and hygiene in rural and peri-urban communities through the Community-led Total Sanitation approach; develop sustainable solutions for provision of WASH facilities in health and educational institutions, and assist in framing

national WASH guidelines and toolkits for effective implementation of WASH services; ensure sustainable and equitable access to safe drinking water in rural and peri-urban areas; and provide effective response in emergencies to prevent the spread of diseases due to poor sanitation, unhygienic living conditions and unsafe drinking water.

UNICEF puts the interests of the most

disadvantaged children squarely on the WASH agenda by addressing the disparities in service provision; the far-reaching impacts of inadequate WASH on girls and women; and access for children with disabilities. Focused geographic support is given to districts in Mbeya, Njombe and Iringa regions, Temeke municipality in Dar es Salaam, and Zanzibar, where access to WASH is particularly challenging.

Source: UNICEF Water and Sanitation Budget Brief, 2011/12– 2015/16, 2016.

## What we want to achieve by 2021



### Strengthened national water, sanitation and hygiene sector:

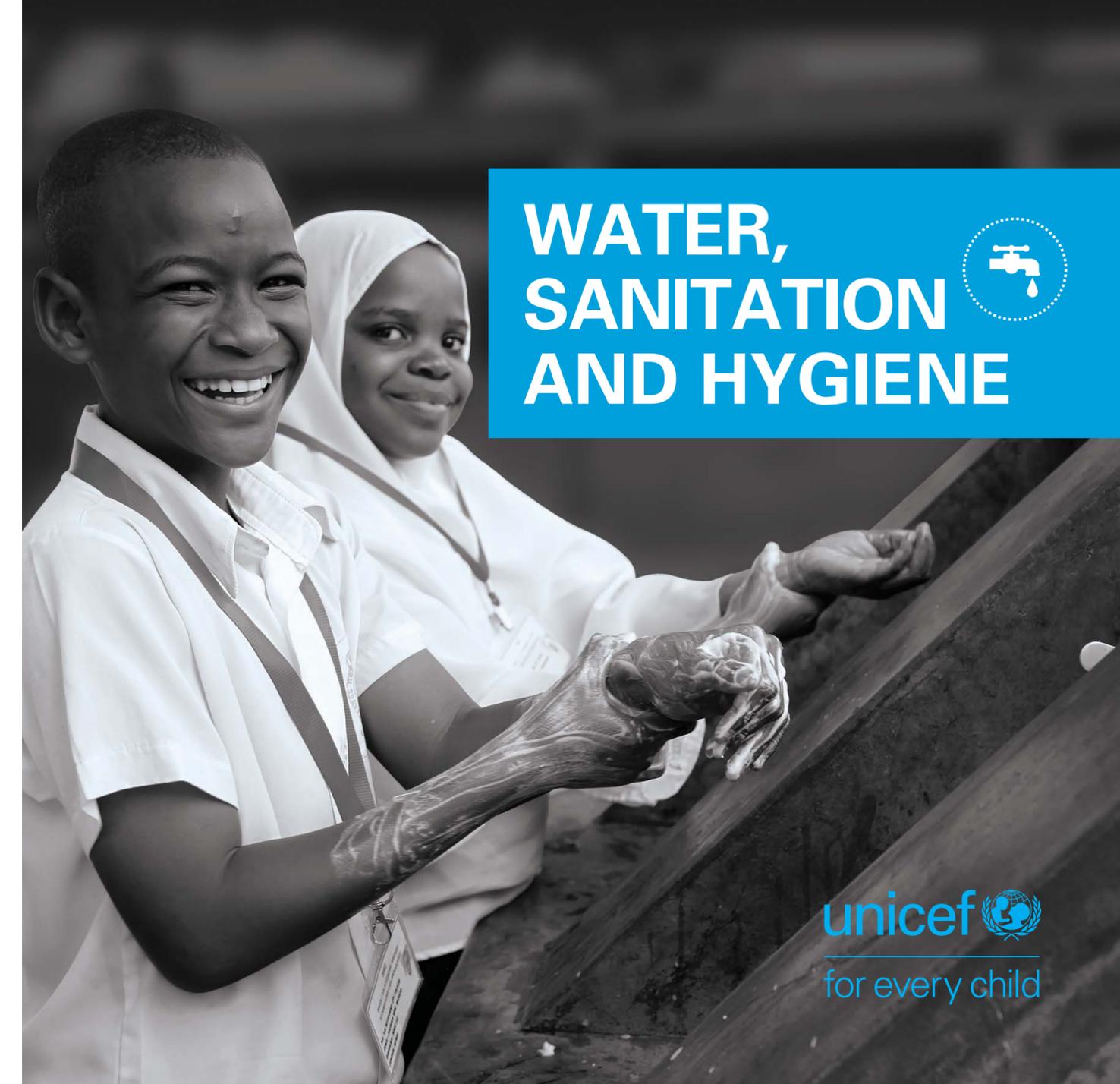
- A sustainable strategy for rural water supply rolled-out and implemented nationally.
- A national behaviour change communication strategy for the promotion of effective sanitation and hygiene developed. Capacity for the implementation of this strategy built and rolled-out in districts.
- A national 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.

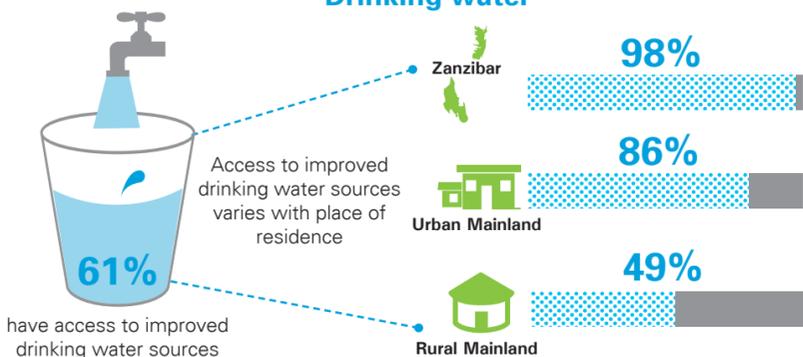
# WATER, SANITATION AND HYGIENE



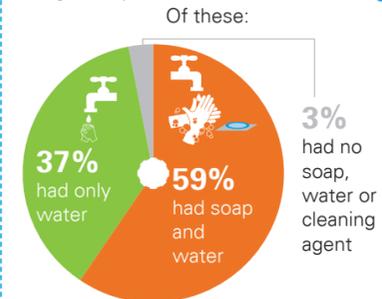


# WATER, SANITATION AND HYGIENE

## Drinking water



**8 in 10** households have a designated place for **handwashing**.  
Of these:



## Sanitation



## School



## + Health Facilities



## 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 while use of proper sanitation can reduce cases of diarrhoea by an estimated 36 per cent.

Poor access to WASH has an unaffordably high cost, wasting resources

that could be used for furthering 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 of survival.

As part of its Vision 2025, the Government of Tanzania 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 at 85 per cent in rural areas.

## Progress

- The National Sanitation Campaign of the Ministry of Health and Social Welfare (MoHSW) has provided some momentum to tackling open defecation and hygiene issues, such as handwashing practices, at critical times.
- The MoHSW has developed a National Environmental Health, Hygiene and Sanitation Strategy (2008–2017) which outlines options to improve sanitation involving a number of promotional, educational, and participatory approaches and methods.

## 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 facilities during childbirth can impact maternal and child survival.
- Schools are severely underserved by WASH services. Close to half of the schools (46 per cent) do not have a functioning water supply and 84 per cent have no handwashing facilities. Only 4 per cent of schools have toilets for disabled children.
- Women and girls are adversely affected in multiple ways ranging from loss of dignity caused by the lack of latrines to poor 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, Njombe and Iringa regions, Tememe municipality and Zanzibar lagging behind.
- Children living in crises (as a result of forced migration, conflict, disease outbreak or other emergencies) are at risk due to weak WASH facilities.
- WASH remains severely underfunded, accounting for only 3 per cent of the overall 2015/16 Water Sector Development Plan budget.
- Climate change also impacts WASH. In Tanzania, the groundwater table is receding and precious freshwater resources in Zanzibar and the coastal regions are under threat of saltwater contamination.

Sources: Tanzania Demographic and Health Survey and Malaria Indicator Survey (TDHSMIS), 2015–2016; SNV, WaterAid and UNICEF, *School WASH Mapping in 16 districts*, 2010; National Bureau of Statistics (NBS) et al., *Tanzania Service Provision Assessment Survey 2014–2015*, 2016; Benova et al., *Where there is no toilet*, 2014.