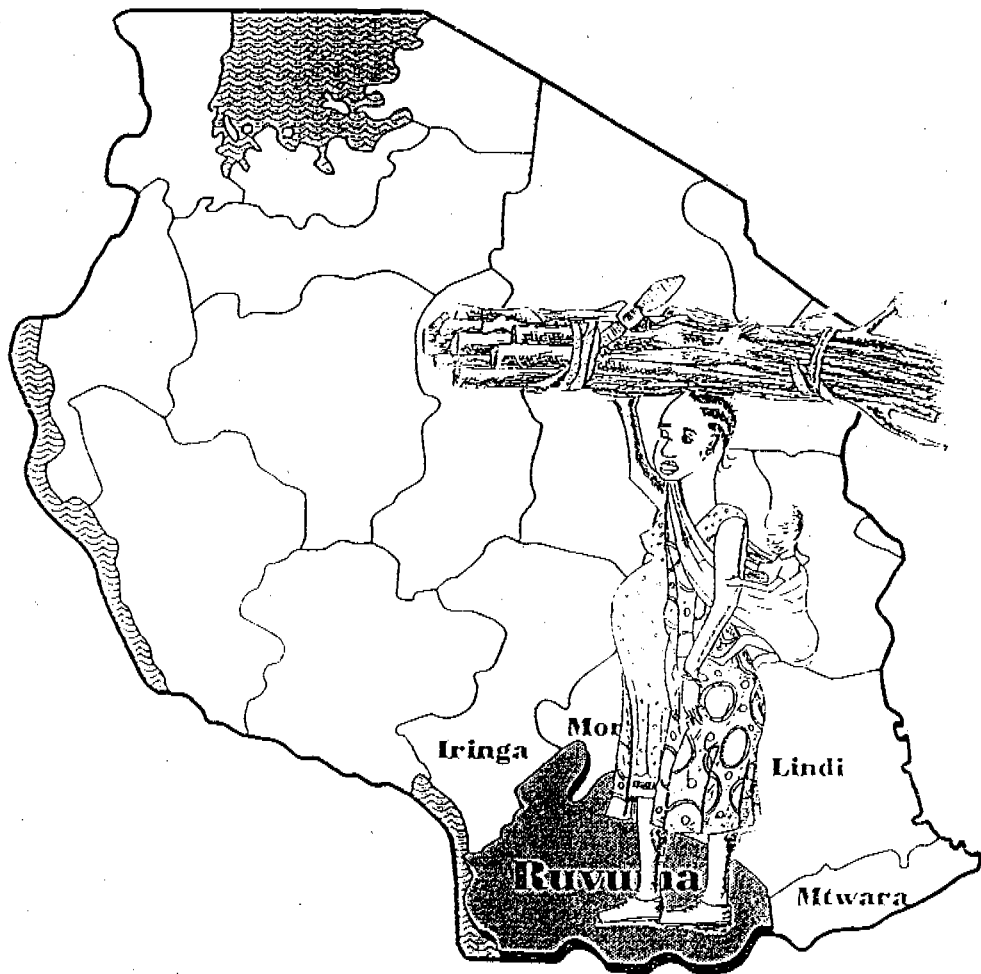


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RUVUMA COMMUNITY BASED PROGRAMME FOR WOMEN AND CHILDREN









ACTION PLAN 1994

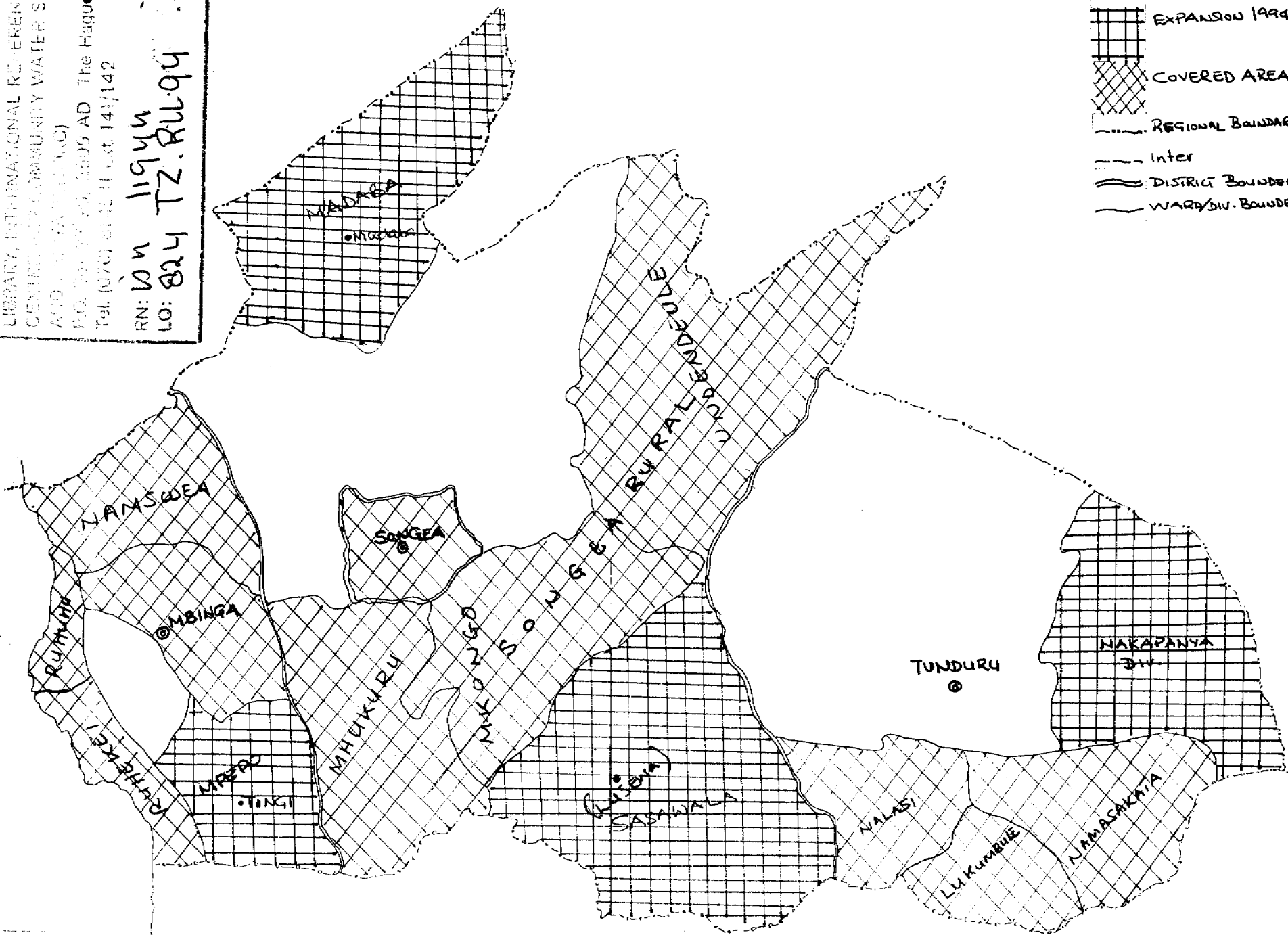
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-  EXPANSION 1994.
-  COVERED AREA.
-  REGIONAL BOUNDARY.
-  Inter
-  DISTRICT BOUNDARY
-  WARD/DIV. BOUNDARY



COMMUNITY BASED PROGRAMME
INTEGRATED DISTRICT CSPD PLANNING - RUVUMA
ACTION PLAN FOR 1994

1. **INTRODUCTION**

Ruvuma Region is situated in the Southern corner of the country sharing international boundaries with Mozambique in the south, Lake Nyasa (and Malawi) in the West. It also shares regional boundaries with Mtwara and Lindi Regions in the East, Morogoro in the North and Iringa in the North-West. The Region has four administrative districts namely Tunduru, Mbinga, Songea Rural and Songea Urban with a total of 22 divisions, 84 wards and 347 villages. The region has a total population of 925,860 of which 173,645 are children underfive years.

UNICEF involvement in Ruvuma region started in the early 80's with basic service programme supporting construction of dispensaries, water supplies and child care. In 1987 the UNICEF supported basic service programme was re-organized into community-based CSPD programme starting with only one division in each district of Tunduru, Songea Rural and Mbinga. In 1988 Songea Urban joined with two divisions. To date the programme covers 12 divisions (54.5%), 53 wards (63.1%), 211 villages (60.8%) serving 93,166 underfive children (53.6%).

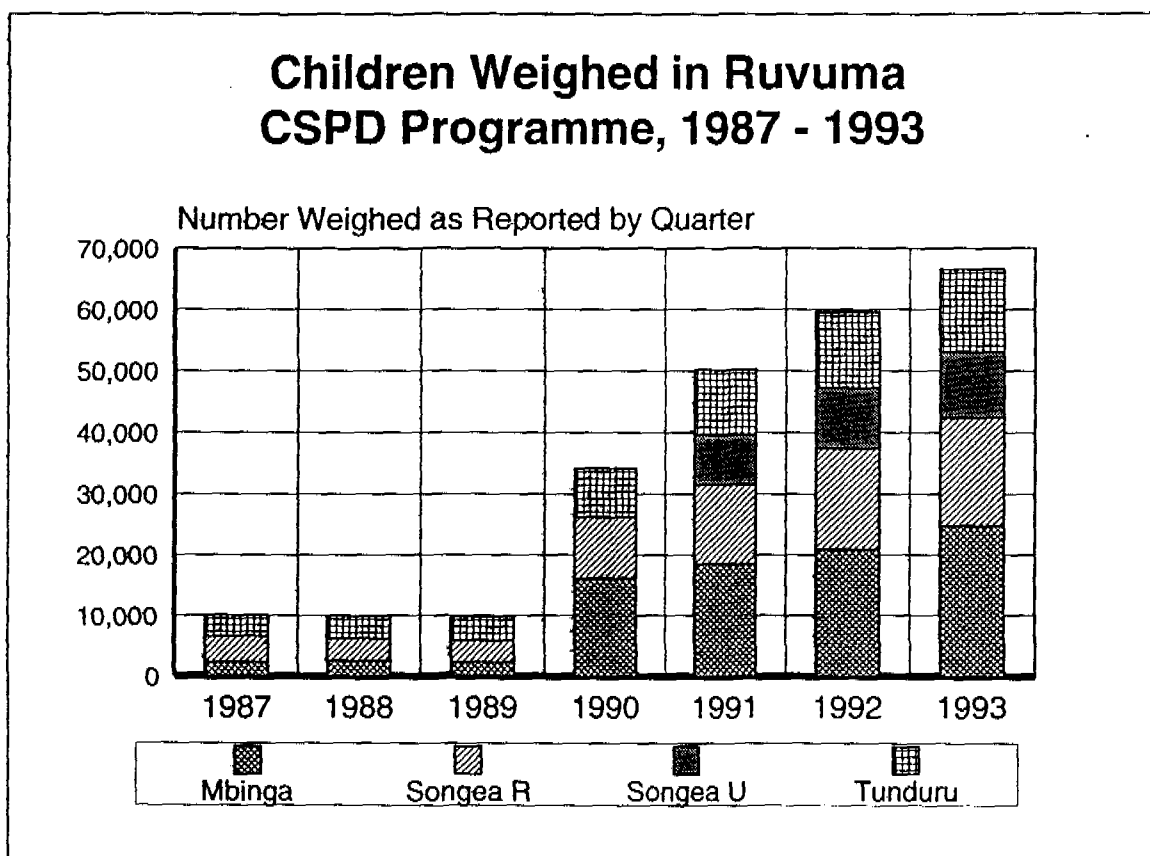
The region is expecting to expand its programme in 1994; to cover a total of 16 divisions (72.7%), 64 wards (76.0%) and 281 villages (80.9%).

BASIC INFORMATION

	TUNDURU	MBINGA	SONGEA 'R'	SONGEA 'U'	REGION RUVUMA
Total Population	200,002	321,310	304,025	96,657	921,994
Total U5	38,743	64,262	59,740	12,877	175,622
Total Division	7	6	7	2	22
Total wards	17	32	22	13	84
Total villages	98	151	116	28	347
Coverage:					
Divisions	3(42.8%)	4(66%)	3(42.8%)	2(100%)	12(54.5%)
Wards	8(47%)	23(71.8%)	9(40.9%)	13(100%)	53(63%)
Villages	51(52.2%)	101(66.8%)	57(49%)	28(100%)	237(68.2%)
U5	16006(41%)	40,203(62.5%)	23,914(40%)	12,877(100%)	93,166 (53%)
Present Status:					
Attendance Rate	84.9%	81.4%	79.5%	84.5%	82.6%
Moderate Malnut.	40.0%	25.7%	36.7%	18.9%	30.3%
Severe malnut.	3.0%	0.6%	1.3%	0.5%	1.1%
Immuniz. coverage	68.9%	50%	82%	79.5%	70.3%
TT coverage	18.7%	24%	18.0%	16.6%	19.3%
Water coverage	40%	31.3%	56.0%	46.8%	43.5%
Latrine coverage	70%	91.4%	94.6%	97.5%	88.4%
IMR	131	79	136	108	133
U5MR	222	126	230	178	188
MMR	366/100,000	251/100,000	48/100,000	299/100,000	205/100,000
Grass-root actors:					
Trained WHC	8	23	9	13	53
Trained VHws	76	190	59	56	381
Trained TBAs	54	59	84	42	239
Trained village corres.	8	82	39	13	142
" TOT for VHws	40	63	34	36	173
" FPAs		59	84		
TOT for FPAs	32	79	34	52	197
Facilities:					
No. of hospitals (Govt)	1	1	-	1	3
hospitals (NGO)	1	3	1	-	5
No. of RHC (Govt)	4	2	6	1	13
RHC (NGO)		3	1	-	4
Disp. (Govt)	29	30	30	3	92
Disp. (NGO)	2	15	13	2	32
Equipment:					
Bicycles received					
VHws with bicycles					
M:	40	38	80	25	183
" " " F:	-	-	-	-	-
Motorcycles received:	15	11	11	6	43
Allocation towards	8	10	9	6	33
Working hanging scales	47	54	20	25	146
Working bathroom scales	27	54	5	25	111

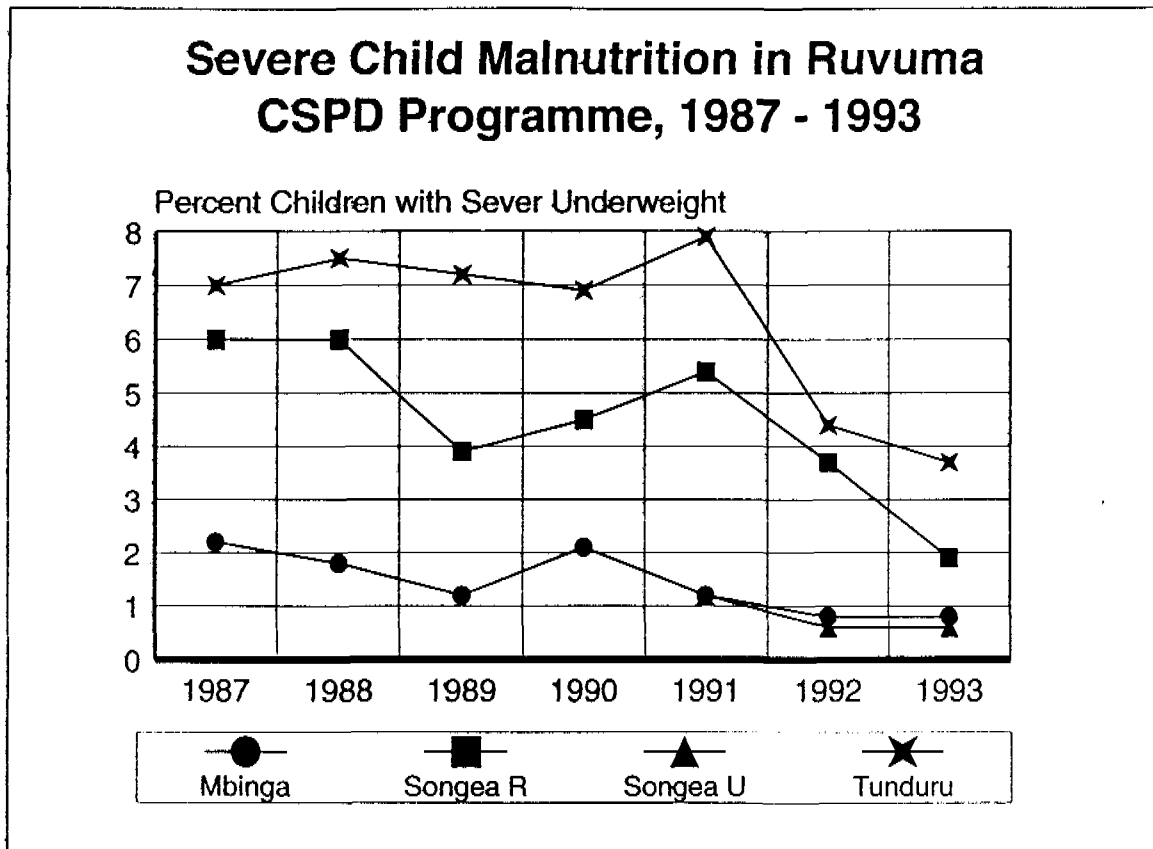
	TUNDURU	MBINGA	SONGEA 'R'	SONGEA 'U'	REGION RUVUMA
Expansion 1994:	1	1	2	-	4
Divisions	3	3	5	-	11
Wards	21	32	17	-	70
Villages					

3.

PROGRESS**3.1 Attendance Rates**

Attendance rates to village health days has increased from 62.5% in 1987 to 82.6% in 1993.

3.2 Severe Malnutrition



Severe malnutrition rates within the region has shown a marked decline from 6.9% in 1987 to 1.4% in 1993

4. EMERGING KEY ISSUES AND PRIORITIES:

4.1. Sub-Project 01 - Community Mobilization Participation & Management

4.1.a. Key Issues

- i) Lack of adequate community empowerment including use of available information to adequately address women and children problems.
- ii) Inadequate extension workers who are key actors at ward and village levels especially CDAs, RMAs, Domestic Science teachers, HAST and MCHAs.

- iii) Follow-up of programme activities at ward and village has remarkably improved due to appointment and training e.g. ward and village CSPD coordinators. Provision of transport has also increased their morbidity.
- iv) Extension workers in general and health committees at ward and village levels need a continuous training to orient them with new programme issues.
- v) Contributions to CSPD programme activities from central Government and district councils are not adequate.
- vi) Inadequate use of audio visuals for IEC activities aids due to lack of films

4.1.b. Priorities/Strategies

- i) Trainings on information management system at district, ward and with more emphasis at village level.
- ii) Advocate to central government and district councils to train and employ new extension workers.
- iii) Train and retrain Health/WES committees at ward and village levels through regular meetings.
- iv) Advocate to central Government and district councils for adequate funds to implement CSPD programme activities.
- v) Operationalize a systematic quarterly supply and distribution of regional 'Mama na Mwana' newsletter.
- vi) Advocate to leaders through existing committee meetings at all levels towards achieving mid-decade goals by the year 1995.

4.2 Sub-Project 02 - Adequacy of Food Intake

4.2.a Key Issues

- i) The region is self-sufficient in food
- ii) Food intake especially to children U5 is inadequate. Only two to three times a day.
- iii) Uneven distribution of food among the old and young

- iv) Maize which is the main staple food, is used as a cash crop in some households.
- v) The overall severe malnutrition among children U5 is still high ranging from 0.5% in Songea Urban to 3.0% in Tunduru.
- vi) A lot of food wastage during harvesting and weval infestation
- vii) Inadequate supply of fertilizer and insecticides
- viii) Some mothers still walk long distances in search of firewood
- ix) High prevalence of goitre

4.2.b Priorities/Strategies

- i) Reduction of severe malnutrition from 3.0% to 2% in Tunduru; 1.3% to 1% in Songea Rural; 0.5% to 0.3% in Songea Urban; 0.6% to 0.3% in Mbinga and moderate malnutrition from 30.3% to 22% through regular child monitoring system and follow-ups.
- ii) Strengthen follow-up and monitoring activities at ward and village levels through regular supervision and followup by district.
- iii) Facilitate local traders be able to obtain and distribute iodated salts.
- iv) Reduce women workload through afforestation and introduction of improved charcoal/wood stoves.

4.3 Sub-Project 03 - Early Childhood Care Development and Education

4.3.a Key Issues

- i) Inadequate community-based care arrangement for U5 children
- ii) Primary schools lack adequate furniture, desks and teaching materials
- iii) 75% of primary school buildings are not roofed
- iv) No Primary School provides mid-day meals
- v) Primary School committees do not meet regularly to address problems facing their schools including low enrolment, attendances, equipment and teaching materials.

- iv) Children under difficult circumstances do not have proper care

4.3.b Priorities/Strategies

- i) Strengthen the existing day care centres, establishing more feeding posts and training feeding post attendants.
- ii) Activate Primary School Committees to advocate provision of school furniture, desks, teaching materials, rehabilitation of school buildings and school enrolment through community participation.
- ii) Identification and registration of children under difficult circumstances

4.4 Sub-Project 04 - Health

4.4a Key Issues

- i) VHWs are not being paid regularly due to some villages lacking established Village Health Funds (VHF) resulting to many drop outs.
- ii) Inadequate supply of TBA and VHVs drug kits
- iii) Lack of essential health equipments at dispensaries and rural health centres
- iv) Maternal mortality rate is high due to poor health delivery system at rural health centre and dispensaries.
- v) Malaria is one of the big problem among communities leading to high incidences and deaths.
- vi) Low Immunization coverage ranging from 68.9% in Tunduru to 89.5% in Mbinga District.
- vii) Lack of regular supervision and monitoring systems to health units

4.4.b Priorities/Strategies

- i) Mobilize to communities to establish Village Health Funds to cater for their VHVs and other health activities within the village.
- ii) Supply adequate TBAs kits and VHVs drug kits.
- iii) Order essential health equipments for Rural Health Centres and dispensaries.

- iv) Conduct continuing education on SMI to extension health workers.
- v) Facilitate access to impregnated mosquito nets to communities through involvement of prominent business companies to assist in purchase and distribution.
- vi) Raise immunization coverage to 90% in all the districts through increased attendance rates and systematic follow-up of village health days by nearest health unit.
- vii) Establish a systematic supervisory and follow-up system by district health team to RHC, dispensaries and Village Health Days.

4.5 Sub-Project 05 - Water and Environmental Sanitation

4.5.a Key Issues

- i) Lack/Inadequate contribution to village water funds resulting to poor O&M of water and sanitation facilities.
- ii) Lack of adequate and safe drinking water including sanitary facilities in Primary Schools.
- iii) Water related diseases (diarrhoea, scabies, bilharzia) are common in the districts.
- iv) Latrine coverage is low: Rural 67.8%, Urban 16%
- v) Lack of proper functioning village water committees
- vi) Low water coverage : Rural 51.3%, Urban 46.8%

4.5.b Priorities/Strategies

- i) Advocate to communities for establishing village water funds for O&M
- ii) Assist communities to have adequate access to safe drinking water including sanitary facilities through community involvement in identifying sources and construction.
- iii) Raise latrine coverage from 67.8% in Rural areas and 16% in Urban areas to 87% and 91% respectively by the year 1995 through community based activities.

4.6. Sub-Project 06 - Income Generation Activities in Poor Households (WEA)

4.6.a Key Issues

- i) Few women between the age of 15-45 years do involve themselves in women generating activities.
- ii) Lack of sources of income at households leading to poor households.
- iii) Poor project management skills for women economic activities.
- iv) Lack of credit facilities

4.6.b Priorities/Strategies

- i) Promote women of working age (15-45 years) to involve themselves in income generating activities.
- ii) Establish and strengthen income generating activities and credit schemes facilities through identification of potential creditors and link women to it.
- iii) Training women on project management skills .

4.7 Sub-project 07 - Community Based Control and Prevention on AIDS/HIV/STD

4.7.a Key Issues

- i) There is an increasing problem of AIDS/HIV in urban and rural areas affecting both sexes on equal terms and a group of risk range from 16-45 years.
- ii) Presence of sexual transmitted diseases indicate lack of change in sexual behaviour.
- iii) Inadequate knowledge on the part of traditional healers and TBAs on the prevention of AIDS/HIV/STD.
- iv) Inadequate utilization of cultural groups for sensitization of the community on the causes and prevention of AIDS/HIV/STD.

- v) Inadequate information on the extent of AIDS problem.
- vi) Lack of organized income generating activities for youths.

4.7.b Priorities/Strategies

- i) Advocate to all leaders at all levels, including communities on AIDS/HIV/STD problem through continuous health education for sexual behaviour change.
- ii) Provision, distribution and promotion on use of condoms
- iii) Promote cultural groups for community advocacy and sensitization on the problem of AIDS/HIV/STD.
- iv) Establish orphan monitoring system affected and promotion of income generating activities for youths and households.
- v) Promote counselling services to affected persons on AIDS/HIV/STD.

4.8. Sub-Project 08 - District Management Systems

4.8.a Key Issues

- i) Inadequate stationery and office equipments for workshops/training
- ii) Inadequate funds to operationalize transportation of materials and equipments from Dar-es-Salaam to Songea.
- iii) Some villages, wards and districts have no adequate transport to facilitate implementation of programme activities.
- iv) There is an information gap between region to districts, and districts to wards and vice versa.
- v) The MPTCs (Mkongo, Ruanda and Nalasi) are not yet in operation due to lack of equipments and furniture.

4.8.b Priorities/Strategies

- i) Order adequate stationery and office equipments
- ii) Order transport for MCH services for Tunduru and Songea Rural
- iii) Provision of tyres for project vehicles and adequate funds for transporting supplies and equipments from Dar-es-Salaam to the district and villages.
- iv) Provision of equipments and furniture for MPTCs in Tunduru, Mbinga and Songea Rural Districts.

Sub-project 06 - Income Generation Activities (WEA)

OBJ: Improve access to credit, tools and markets for households with malnourished children.

Sub-project Activity	Responsible	UNICEF	Other NGOS	C.Govt.	District Council	Vill.	Month of Implementation												Milestones
							J	F	M	A	M	J	J	A	S	O	N	D	
PBA GC/92/6007-1		0																	
F01	Identification of women groups and linking into financial institutions	DIT	4.0														Women economic groups identified and linked to financial institutions for support.		
F02	Support to poor women on income generation activities.	DIT	20.0														225 women groups leaders trained on skills management & supervision of economic activities		
F03	Sensitization of women leaders on gender issues.	DIT/RIT	4.0														Women leaders from 280 villages sensitized on gender issues. - 28 shallow wells in 8 village complete one		
TOTAL			28.0																

1. Country Name: Tanzania		Code: TNZ
2. Last Year of Country Programme Cycle: 1996		
3. Programme Name: Programme For Women & Children in Mainland Tanzania		Code:
4. Project Name: Community Based Programme in Ruvuma		Code:04
5. Counter-part	Government: Regional Development Director-Ruvuma Government: Other:	
6. UNICEF Project Manager: Peter Mushi		
7. Final project objective for the country programme cycle: To improve capability at community and district level in Mainland Tanzania to assess, analyse and take action to reduce rates of child and maternal mortality and malnutrition.		
Sub-project: 01 - COMM. MOB. PARTICIP. & MANAGEMENT ----- Objective: All villages to have established management and monitoring systems for the survival and development of women and children.		Attained
Project Milestones - 1994		
1. Integrated CSPD training with special emphasis on project management and coordination to CSPD Coordinators in 11 new ward with 70 villages.		03/94
2. Establishing and training of 70 village and 11 ward Health/WES committees in new area.		03/94
3. Integrated CSPD training to 189 ward extension workers in programme areas with specific emphasis on gender issues and AIDS.		06/94
4. Promotion of IEC activities through 55 cultural groups		12/94
5. Training 373 village CSPD correspondents		04/94
6. Production of 3,600 copies of Mama na Mwana newsletter		12/94
7. Ordering of 176 bicycles and 23 motorcycles to ward extension workers and VHWs.		02/94

Sub-Project: 02 - ADEQUACY OF FOOD INTAKE ----- Objective: Establish systems to ensure access and adequacy of food intake. Project Milestone - 1994	
1. Promotion on mixed farming in 32 villages with severe malnutrition in Mbinga District.	10/94
2. Establishing 8 tree nursery gardens in 4 divisions	12/94
3. Training 560 local technicians in 280 villages on traditional food storage facilities and improved wood/charcoal stoves.	06/94
4. Promotion of income generating activities in 40 weak resource household.	09/94
5. Procurement of simple hand milling machine to women in 2 exteme remote villages in Tunduru District.	02/94
Sub-Project 03 - CHILD CARE DEVELOPMENT & EDUCATION ----- Objective: All villages to have established improved management systems for early childhood development and education for all Project Milestone - 1994	
1. Training 64 ward TOTs for feeding post attendants	06/94
2. Training 176 feeding posts attendants	09/94
3. Advocacy and training to 273 primary school education committees members on problems facing their schools.	09/94
4. Establishment and promotion of feeding posts in old and new areas.	12/94
Sub-Project: 04 - HEALTH ----- Objective: Improved village management system for integrated health services. Project Milestone - 1994	
1. Training 148 village health workers and 24 traditional birth attendants.	05/94
2. Training 332 community health workers on health delivery and monitoring system.	12/94
3. Order essential supplies and equipment for dispensaries RHC	02/94
4. Promotion and procurement of iodated salts through business agents and public companies.	
Sub-Project: 05 - WATER & ENVIRONMENTAL SANITATION ----- Objective: Improved Village Management Systems for Integrated Water and Environmental Sanitation Project Milestone - 1994	

1. Establishing and promotion of WES committees in old and new areas.	12/94
2. Training 85 village water scheme attendants	12/94
3. Construction of 57 shallow wells and one gravity water scheme.	12/94
Sub-Project: 06 - INCOME GENERATING IN POOR HOUSEHOLDS	

Objective: To improve access to credit, tools and markets for households with malnourished children.	
Project Milestone - 1994	
1. Linking women economic groups to credit institutions	12/94
2. Training 225 women group leaders on skill management and supervision of projects.	12/94
3. Sensitization of women group leaders on gender issues in 280 villages.	12/94
Sub-Project: 07 - COMM. BASED CONTROL & PREVENTION ON HIV/AIDS/STD	

Objective: Improved Community Management and Care System for HIV/AIDS/STD victims.	
Project Milestone - 1994	
1. Updating/modification of existing community-based information system to include status of orphans.	2/94
2. Identification of AIDS orphans	3/94
3. Support community-based initiatives to households with difficulties or too many orphans to care.	12/94
4. Training 20 youth group leaders on economic activities	12/94
Sub-Project: 08 - DISTRICT MANAGEMENT SYSTEM	

Objective: Strengthen district capacity to coordinate and mobilize resources for women and children.	
Project Milestones - 1993	
1. Conduct one district integrated planning in each district	8/94
2. Procurement of equipment and furniture to MPTCs	6/94
3. Order 2 vehicles for follow-up and supervision of MCH services.	2/94
4. Order stationery and office equipment	2/94

SUPPLY REQUIREMENTS FOR 1994 - RUVUMA REGION

NO	SUPPLY ITEMS	TUNDURU	SONGEA 'R'	SONGEA 'U'	MBINGA	REGION	TOTAL	TOTAL US\$
	Sub-project C.01							
1.	Motorcycles	3	5	-	15	-	23	31,510.0
2.	Bicycles(Female VHWs & MCHA)						176	9,691.6
							Total	41,201.6
	Sub-project H 04							
1.	MCH kit	1	4	-	5	-	10	285.0
2.	Dispensary kit	-	2	-	2	-	4	19,172.0
3.	VHW drug kit	500	500	60	600	-	1660	46,015.2
4.	VHW delivery kit					133	133	17,942.2
5.	TBA kit	44	48	-	93	-	185	4,649.7
6.	Salter scale (hanging)	21	15	2	25	-	63	2,961.0
7.	Blood pressure machine	15	23	2	25	-	65	780.0
8.	Stethscopes	15	23	3	25	-	66	132.0
9.	Foetscopes	15	20	2	15	-	52	26.0
10.	Sterilizer	15	15	2	20	-	52	52.0
11.	Stoves	17	20	1	20	-	58	203.0
12.	Cheatle jars	15	34	-	28	-	77	169.4
13.	Cheatle forceps	15	27	4	30	-	76	50.7

14.	Haemoglobinometer	15	32	-	18	-	65	455.0
15.	Mucus suction set	15	32	-	40	-	87	202.9
16.	Artery forceps	30	40	-	40	-	110	146.7
17.	Kidney dishes	30	32	6	25	-	93	93.0
18.	Gallipots	15	30	12	30	-	87	115.9
19.	Dressing scissors	30	43	-	45	-	118	295.0
20.	Episiotomy scissors	15	28	6	44	-	93	46.5
21.	Nail Brush	15	37	-	60	-	112	448.0
22.	Mackintosh	15	40	-	45	-	110	220.0
23.	Apron	15	36	-	45	-	96	111.9
24.	Umbilical cord tugs	30	40	-	45	-	115	268.3
25.	Drums (small)	15	-	4	45	-	64	80.1
26.	Needle/syringe kit 'B'	15	26	-	-	-	41	20.5
27.	Thermometer	30	36	-	40	-	106	35.3
							TOTAL	94,977.6
1.	Sub-project D 08 Toyota Hilux double cabin 4x4 (diesel)	1	1	-	-	-	2	23,880.0
2.	Calculator	3	5	-	3	-	11	60.5
3.	Stationary	20	20	20	20	20	100	2500.0
							TOTAL	26,440.5
							G.TOTAL	162,619.7

TUNDURU WATSAN PROJECT

ACTION PLAN

1994

IMPLEMENTATION PLAN FOR THE COMMUNITY WATER SUPPLY AND SANITATION FACILITIES IN TUNDURU

INTRODUCTION:

Support to the Child Survival and Development (CSD) programme in Tunduru District started in 1987, with severe malnutrition at 10.3% among under five children, the highest within the region. Although considerable achievements have been made in terms of increasing vaccination coverage and other health activities the level of malnutrition in young children has remained unacceptably high, fluctuating between 5.8% and 4.2% over the past two years.

Poor access to safe water sources leading to heavy workload for women has been identified as one of the main factors for the slow progress in improving the overall health status of women and children. The problem has been compounded by high rates of diarrhoeal diseases due to lack of sanitary means of excreta disposal and poor hygiene practices.

In order to accelerate the decline of severe malnutrition among under fives, special provision has been made to support improvements in water supplies, sanitation and hygiene practices within the District.

This support will cover 35 (41%) registered villages with a total population of 63,962 people (35% of the District total) over a 5 year period (see annex 1).

Implementation of community-based water supply and sanitation activities will start in October, 1993 and cover 8 villages in NALASI Ward by December, 1994.

The implementation strategy as stipulated in the National water policy emphasizes a significant shift from the traditional community role of providing manual labour in construction activities to the total involvement in project planning, designing, implementation and management, including provision of financial inputs.

Effective advocacy for total community resources mobilization would undoubtedly be a deceive element of this implementation strategy and would therefore require full District leadership support. Active community involvement in management of local water supply and sanitation facilities development envisages the generation of adequate local resources for the provision in part of the scheme capital cost, and all future maintenance costs of these facilities.

The project will be fully integrated into other on going efforts to improve the conditions of women and children in Tunduru but with the specific aim of increasing access to safe and adequate water supplies and improved sanitary facilities.

OBJECTIVES:

By the end of 1996, 35 villages in Tunduru District and District authorities to have established effective water and sanitation management systems leading to;

- accessibility to safe drinking water within 400m increased from 40% to 75%.
- universal access to safe means of excreta disposal.

PROPOSED STRATEGIES:

To achieve the above set objectives, implementation will focus on the strategies outlined in the following sub-projects:

SUBPROJECT 1. COMM. MOBILIZATION, PARTICIPATION & MANAGEMENT

- 1.1 Promotion of community-based WATSAN activities through community mobilization, establishment of village WATSAN committees and village water funds.
- 1.2 Strengthening of community management capacity through training of village WATSAN committees, internal animators and scheme attendants.

SUBPROJECT 2. DISTRICT MANAGEMENT SUPPORT

Strengthening District management capacity through establishment of;

- (a) District water Development Fund and provision of transport, materials, financial and technical assistance.
- (b) Monitoring and information management systems.

SUBPROJECT 3. WATER SUPPLY

Provision of adequate and sustainable community - based water supply through;

- (a) Community involvement and participation in the identification of potential water sources, survey planning and financial contribution towards construction and maintenance cost of water facilities.
- (b) Procurement of supplies and equipment
- (c) Training on construction of rain water harvest jars and tanks and operation and maintenance of other WATSAN facilities.

SUBPROJECT 4. SANITATION

- 4.1 Promote appropriate household sanitary facilities construction through training of village artisans and use of locally available materials.
- 4.2 Promote improved sanitation through construction of sanitary facilities at public institutions and simultaneously providing opportunity for replication by community at household level.

SUBPROJECT 5. HEALTH AND HYGIENE EDUCATION

Promote improved health and hygiene practice through;

- (a) Strengthening appropriate channels of communication to disseminate health information
- (b) Development and use of appropriate health education communication materials.

ROLES AND RESPONSIBILITIES AT DIFFERENT LEVELS IN IMPLEMENTING COMMUNITY-BASED WATSAN PROJECT IN TUNDURU DISTRICT.

UNICEF:

- Provision of supplies, materials, equipment, transport and other logistical support.
- Project backstopping

NATIONAL LEVEL:

- Project development, planning, review, monitoring and evaluation
- Provision of technical backstopping

REGIONAL LEVEL:

- Ensure timely delivery of materials and equipment to the district.
- Provide necessary technical support/assistance to the District
- Review project progress and give feedback to the District and National level

DISTRICT LEVEL:

- Coordinate support for community-based project implementation
- Advocacy to community for mobilization of resources in implementing WATSAN activities
- Provide technical and logistical support to community and extension workers
- Solicit external support from region or national level to enhance implementation of WATSAN project
- Establish and manage District Water Development Fund
- Management of District information systems and giving feedback to community and donor agencies
- Provide support to operation and maintenance

WARD LEVEL:

- Promotion of animation at community and household level
- Training village health workers, internal animators and village WATSAN committees
- Conduct health education
- Monitoring project progress
- Facilitate access to project materials from District to community
- Information management and reporting to the District

COMMUNITY LEVEL:

- Execution of WATSAN project activities
- Undertake O & M of WATSAN facilities
- Establish and manage village water fund

- Collect and analyse WATSAN information and take appropriate action
- Establish village WATSAN committee of which half its membership comprising women
- Hold meetings at least once per month in order to review the project progress.
- Where there is a group scheme, a group scheme committee should be formed and half its membership comprising women.
- Community to contribute 20,000/= and 85% latrines coverage realization prior to signing implementation agreement for each water scheme.
- Protect and preserve water sources and maintain water points

HOUSEHOLD LEVEL:

- Contribute to village water fund
- Ensure security and proper use of WATSAN facilities
- Participate in planning
- Construct and use sanitary facilities

RECOMMENDATION

To expedite smooth and timely project implementation the following recommendation are made:

- (a) That the District identify a competent and knowledgeable person to be called Construction Supervisor who will be responsible for supervising construction of wells and gravity water schemes in NALASI Ward. The Construction Supervisor shall be stationed in NALASI division and should be responsible to DWE.
- (b) That project vehicle be stationed on site under the supervision of the Construction Supervisor.
- (c) All field trips shall be authorized by DWE and mileage recorded in a government log book.
- (d) Any trips outside the region should get UNICEF clearance
- (e) Until such time when the District receives the project vehicle, transportation support should be provided by the RDD.

SUB PROJECT 3. WATER SUPPLY
DEVELOPMENT(US\$114.0)

3.1 Identification of potential water sources	RIT	0.0																	29 HPs, 2 gravity schemes identified in Nalasi ward.
3.2 Survey and design of MKIM and WENJE gravity water supply schemes	RWE/DWE	1.0																	Three gravity schemes surveyed and designed
3.3 Identification and procurement of supplies and equipment	RWE/DWE/ UNICEF	93.0																	Supplies and equipment identified ordered and delivered.
3.4 Site preparation, camping and mobilization of local construction materials	DWE/COMM	8.0																	3 camping sites established and local materials mobilized.
3.5 CONSTRUCTION;																			

(a) MKIM gravity water supply scheme	DWE/COMM	4.0																	MKIM Wenje gravity scheme completed.
(b) 29 wells in LINACHI and NASOMBA	DWE/COMM	4.0																	29 HPs installed in Linachi and Nasomba villages.
3.6 TRAINING;																			
(a) Scheme attendants	DWE	0.5																	14 scheme attendants trained.
(b) Hand Pumps and Domestic Points caretakers	DWE/COMM DIT	0.5																	74 DPs/HPs caretakers trained.
(c) Training on construction of rain water harvesting jars & tanks	MWEM/DWE DIT	3.0																	22 village masons trained from 11 villages in Mtonya village.
3.7 Promotion of households rain water harvesting jars & tanks construction	EXTENSION WORKERS																		5 tanks and 10 jars constructed.

114.0

SUB PROJECT 4. SANITATION (US\$16.0)

4.1 Baseline survey data of sanitation facilities	COMM/DHO/	0.5																	Baseline data on sanitation facilities collected.
4.2 Identification of appropriate latrine design and development of construction training materials	DHO/WHC	2.5																	Appropriate latrine designs and training materials developed.
4.3 Identification and procurement of materials for construction of sanitary facilities in public institutions.	DHO/WHC	10.0																	Materials identified ordered and delivered.
4.4 Training of local artisans on the construction of sanitary facilities	MWEM/SHO/D	1.5																	14 local artisans trained.
4.5 Promotion for construction of households sanitary facilities	DIT																		95% latrines coverage attained in 7 village at household level.
4.6 Construction of institutional: VIP latrines and other sanitary facilities	DIT	1.5																	10 sanitary facilities constructed at MPTC RHC, Dispensary and primary schools.
		16.0																	1,656 village health/WES committee members

SUB PROJECT 5. HEALTH AND HYGIENE EDUCATION (US\$5.0)

- 5.1 Identify appropriate and effective communication channels for reaching the community
- 5.2 Strengthening the dissemination of health and hygiene messages through film shows and other identified channels
- 5.3 organise competition for development of health and hygiene educational visual aids for schools and other institutions

DHO/DCDO/D
DCUO

DIT/WT

DEO/DHO

UNICEF

2.0

3.0

5.0

trained in 92 old and new village.

Appropriate and effective communication channels identified in 7 villages.

Improved health and hygiene practices.

171 VHWs retrained in 86 old villages.

Appropriate health and hygiene educational visual aids identified and developed.