

Mid-Term Evaluation of the UNICEF Supported
**Accelerating Sanitation and
Water for All (ASWA II)**
Appendices



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APPENDIX 1: TERMS OF REFERENCE

Institutional Contract for Mid-Term Evaluation of the UNICEF supported “Accelerating Sanitation and Water for All” (ASWA) Programme in the Iringa, Mbeya, Njombe and Songwe Regions of Tanzania (2019 to 2022)

Project Title	Institutional Contract for Mid-Term Evaluation of the UNICEF supported “Accelerating Sanitation and Water for All” (ASWA) Programme in the Iringa, Mbeya, Njombe and Songwe regions of Tanzania during 2019 to 2022
Purpose	The mid-term evaluation of the UNICEF supported ASWA programme has a learning purpose. The evaluation will provide a feedback loop into the first years of the programme and inform strategic directions during the remaining years of the programme, including scale-up plans. The secondary purpose of this evaluation is to strengthen UNICEF’s accountability to targeted populations, partners, and donors supporting the programme. Output - Final report of Mid-Term Evaluation of the UNICEF supported ASWA programme
Deliverables	See section 7.0 below. Inception phase (I) - Inception Report and Summary, Data Collection phase (II) - preliminary findings and preliminary briefing report, Draft Report phase (III) - Comprehensive Draft Report, Final Report Phase (IV)- Final Report, Policy Brief, Final Report Presentations
Expected fee	
Location	Evaluation will cover the regions of Iringa, Mbeya, Njombe and Songwe on Tanzania Mainland.
Duration	60 working days over a period of 3 months from 17 Oct 2022 – 11 Jan 2023
Start Date	17 October 2022
Reporting to	Research and Evaluation Manager (Social Policy), in close consultation with the Chief of WASH, UNICEF Tanzania
Budget Code/PBA No	SC190010 – 4550/A0/06/004/002/007
Project and activity code	WASH AWP 2022

Background and Rationale:

1.1. Project/Programme Background

In the United Republic of Tanzania, 6 in 10 households have access to an improved source of drinking water, while the remaining 40 per cent of Tanzanians still rely on unimproved water sources (MoHCDGEC et al., 2017) such as ponds, shallow wells and rivers. In Tanzania Mainland, only 50% of rural households have access to an improved source of water.

Only 29% of households in URT use improved sanitation, while more than 80 per cent of rural Tanzanians and 64.5 per cent of urban residents use rudimentary and unimproved sanitation facilities (ibid.). One in 10 households nationally has no toilet at all (MoHCDGEC et al., 2016). In Tanzania Mainland, 35% of urban households and 15% of rural households have access to improved sanitation.

According to the Tanzania National Nutrition Survey 2018, the percentage of households who reported having used soap for handwashing at least at two critical times, including after defecating, had declined significantly from 11.7 per cent in 2014 to 2.7 per cent in 2018 at national level and stood at 2.8 per cent in Mainland Tanzania. Notwithstanding the fact that 69.4 per cent of households nationally said that they had soap, handwashing practices were still very weak (MoHCDGEC et al., 2018).

UNICEF Tanzania is supporting the government of the United Republic of Tanzania in Mbeya, Iringa, Njombe, and Songwe (MINS) to implement the National Sanitation Campaign that aims to increase access to improved sanitation and hygiene and reach an Open Defecation Free (ODF) Tanzania that will guarantee access to “at least basic” sanitation and universal hygiene by year 2025. UNICEF Tanzania is contributing to the campaign by implementing the programme “Accelerating Sanitation and Water for all” (ASWA) covering the MINS regions of mainland Tanzania since 2019. The program is designed to contribute to child survival and development through improved access to basic water, sanitation and hygiene services, and is funded, in part, by the Dutch Directorate General for International Development (DGIS), and in part through UNICEF direct support. So far, access to improved sanitation facilities and hand washing facilities respectively in the target regions stand at – Iringa (89/76), Mbeya (71/32), Njombe (84/83) and Songwe (79,34). The project is implemented in Iringa DC, Kilolo DC, Mufindi DC, Mafinga TC and Iringa MC in Iringa region; Mbeya DC, Chunya DC and

Mbarali DC in Mbeya Region; Njombe DC, and Makete DC in Njombe Region and in Mbozi DC, Ileje DC, Momba DC, Tunduma TC and Songwe DC in Songwe.

The programme goal emphasizes sustainability and linkages with child survival and development works in institutions (schools and healthcare facilities) and in communities. It also states the specific contributions this programme will make to the Sustainable Development Goals (SDG) targets 6.1 for achieving universal and equitable access to safe and affordable drinking water for all by 2030, and SDG 6.2 for achieving access to adequate and equitable sanitation and hygiene for all, and end open defecation paying special attention to the needs of women and girls and those in vulnerable situations by 2030. This will be achieved through community engagement, switching ownership to government, ensuring sustainability employing innovative, gender inclusive and equity focused approaches.

The aim and scope of programme, therefore, is to increase access to improved water, sanitation and hygiene services; end open defecation; reduce childhood and maternal disease and mortality and contribute to the reduction of stunting in the MINS regions of Tanzania. The programme is anchored upon and leverages the National Sanitation Campaign of the United Republic of Tanzania and provides actionable options to family aspirations to acquire an improved toilet, triggered through the sanitation campaign.

So far, the project has *inter alia*, contributed to the development of the national strategy for accelerating sanitation and hygiene for all 2020 – 2025, development of regional/district sustainability compacts, and review of policies to increase access to basic water supply, sanitation and hygiene nationally. In addition, it promotes access in target communities, schools, healthcare facilities. The programme monitoring system is results-based, assessing progress against set indicators, and processes using data generated from partner reports, the national sanitation management information system, (NSMIS), the annual review of UNICEF supported WASH programmes, and data from the Demographic and Health Survey, and the WHO/UNICEF Joint Monitoring Programme (JMP). Result indicators are identified for each result in the log frame to provide a framework for monitoring. The programme logframe for the US\$8.8 million programme funded by DGIS is attached in annex below. A theory of change for this programme shall be reconstructed by the Evaluation team once they are on board.

1. Purpose of the mid-term evaluation

The selected institution (also referred to as Evaluation team throughout the document) will conduct a mid-term evaluation of the ASWA programme in four regions of Tanzania mainland. The mid-term evaluation was initially planned to be conducted in the last quarter of year 2021 but it was delayed due to Covid-19-related challenges.

The results of the mid-term evaluation will serve various audiences. The primary audience and users of the evaluation are, first and foremost, the project proponents which include DGIS, UNICEF, and the GoT and implementing partners. The evaluation will be used to promote accountability within respective institutions, further increase learning and education in WASH programmes, and to advocate for the scaling of WASH programs with concerned government ministries and agencies. Findings, lessons learnt, and recommendations from the evaluation are intended to guide and inform all stakeholders on what has worked well, highlight shortcomings, and what can be done to improve the design and implementation of the remaining part of the ASWA programme and other future WASH programmes.

Various branches of the government at national and sub-national will be among the primary users of the mid-term evaluation results mostly to utilise the information to make better, more-informed decisions around their own planning, policies and guidelines, implementation and service delivery, and advocacy for WASH-related issues. The report of the mid-term evaluation will also be relevant to development partners, WASH donors, and WASH stakeholders not directly involved or concerned with the ASWA programme.

2.1 Objectives of the mid-term evaluation

This is a formative mid-term evaluation that will assess the ASWA programme including the DGIS funded WASH component in MINS regions of Tanzania mainland. It will be based on the Organisation for Economic Co-operation and Development-Development Assistance Committee (**OECD-DAC**) criteria - relevance, effectiveness, efficiency, sustainability, coherence and impact. The assessment will closely look at the extent to which the WASH program outputs have so far been achieved and will examine its delivery to strengthen or improve the overall UNICEF WASH programme in Tanzania. The evaluation findings will help inform and improve outstanding components of the programme and other future WASH projects.

The evaluation will, therefore, provide an opportunity to identify the key milestones necessary for replication and replicability based on the associated lessons learned for each milestone. It will seek to explore good practices that may be used to improve programme approaches and outstanding programme interventions going forward. Special consideration will be made to include equity-focused questions and to involve representatives of the most marginalized groups in the target regions in course of data collection processes.

More specifically, the objectives of the evaluation are as follows:

1. Analyse the extent to which the programme has so far achieved its planned results as identified in the proposal, programme strategy note, log frame or budget; effectiveness of the mechanisms put in place to ensure community involvement (including women) including differential results across groups.
2. Assess the relevance of programme interventions to the government's National Sanitation Campaign and actual needs of the target population and the extent to which the programme is relevant or aligned with government policy, technical standards, and guidelines and how they have, so far, contributed to nutrition outcomes (stunting or malnutrition).
3. Assess the extent to which the programme is sustainable, and equity focused; has targeted the poor, marginalised population including the last mile, gender, and child sensitivity, hard to reach communities, and is climate resilient. This could also include considerations of children with disabilities and accessible WASH.
4. Assess the extent to which the programme results are impacting the most marginalised communities, and whether the current strategies are appropriate for addressing key issues affecting these communities, and to what extent it has met programme objectives and achieved value for money.
5. Identify best practices and key lessons learned from the programme and assess the extent to which the programme has contributed to broader development results at sub-national level, and whether lessons so far learnt can allow the replication and/or scaling up of WASH interventions in target regions.
6. Provide recommendations for improving program implementation approaches and what is required for replication and/or scaling up of WASH interventions.
7. Draw operational recommendations for further improvement and enhancement of relevant WASH sector policies, plans, strategies through analyses of the factors are contributing to the success or failure of the programme.
8. Assess the effects of the COVID-19 pandemic on the WASH programme implementation and timeliness and effectiveness of the WASH Infection Prevention and Control (IPC) component of the COVID-19 response.

The evaluation team will assess relevance, effectiveness, efficiency, sustainability, equity, timeliness, coherence, and adequacy of the WASH programme. The report of the evaluation will provide recommendations that will guide UNICEF, the government, implementing partners and beneficiary communities to improve future WASH programme designs and implementation strategies. Recommendations generated from the evaluation will be reviewed and discussed by UNICEF Tanzania mid-term evaluation group. At the end of the evaluation exercise, a management response plan will be developed to respond to the recommendations, and at the same time, be used for monitoring of what needs to be done for uncompleted programme activities and any remedial follow-up actions.

3. Scope of the mid-term Evaluation

The mid-term evaluation will cover community WASH interventions including the DGIS supported ASWA II programme in rural districts in Iringa, as well as to UNICEF supported programme as part of the national sanitation campaign in Mbeya, Njombe and Songwe regions for the period January 01, 2019 to July 31, 2022. This will also include municipal locations in those target regions. The evaluation will cover target villages/communities in target districts, schools, health care facilities, and UNICEF contribution to WASH IPC intervention in the MINS region with consideration to climate resilience, adaptation, and environmental safeguards. A statistically significant sample size will be selected within a reasonable confidence limit. The Evaluation team is expected to propose a sampling approach for the quantitative as well as qualitative aspects of the mid-term evaluation that will be agreed with UNICEF.

Geographically the evaluation will cover villages, schools and healthcare facilities in selected districts across all four targeted regions using methodologies agreed with UNICEF. The evaluation will be conducted in a participatory manner, involving key stakeholders (e.g., government ministries, civil society organizations, private sector and direct and indirect project beneficiary groups) in the design

and implementation of the evaluation, and more broadly in all phases of the process. The evaluation may, depending on desired methodology and its feasibility, also consider targeted intervention sites versus villages not yet covered under the ASWA programme for comparative purposes

In all stages of the evaluation process, the universally recognised values and principles of human rights, gender equality and equity will be integrated ensuring that these lenses are applied across the analyses even in areas where programme design may not have specifically aimed at greater gender equality, human rights, or equity in all its areas of intervention.

4.1 Evaluation criteria and questions:

The mid-term evaluation will follow the five evaluation areas recommended by the OECD-DAC above. It is recommended that the Evaluation team elaborates a draft evaluation tools during the submission of their proposals, which will be used for the selection process by UNICEF. The list of evaluation questions will be discussed and finalised with UNICEF Tanzania during the inception phase. The final list of questions must be realistic given the budget and timeframe proposed for the evaluation process. The results or impact so far achieved will be assessed mainly by using both qualitative and quantitative methodologies by considering progress through reports, observations and the perception of beneficiaries and stakeholders in communities and institutions (schools and health care facilities). Some indicative evaluation questions are attached in Annex 1.

4.0 Methodology:

The Evaluation team will suggest the best evaluation methodology that will deliver a credible evaluation result. However, a mixed-method approach is suggested and may involve the systematic use of qualitative (e.g structured interviews and focus groups), and quantitative (e.g., recent survey results including household surveys previously done that may serve as baseline, existing routine data) methods. The overall methodology will be determined by the Evaluation team but must be participatory in nature and scope. This also includes engaging with and involving all sections of the communities including vulnerable and last mile groups, women, children, and the private sector including micro finance institutions where required. The evaluation will also include review of other related programmes implemented by other WASH sector partners and draw out lessons for strengthening sanitation programmes.

A general proposition for developing the technical proposal for the applicant is provided below. Three phases are suggested for this evaluation exercise as outlined below.

i) Phase 1: Desk review and refinement of methodology

This phase will include conducting a desk review and to develop the inception report to further refine and unfold key elements of the TOR such as: objectives, expected results, timeframe and related field work, evaluation questions and methodology, and work plan for the assignment.

The list of references and documentations will be shared with the selected Evaluation team. These include:

- a) The DGIS ASWA II proposal and budget
- b) WASH mid-term review briefing paper.
- c) DGIS Tanzania country annual reports.
- d) Project cooperation agreements (PCAs) with all implementing partners
- e) Programme document reports by WASH implementing partners.
- f) Other relevant documents that **may** be available upon request.

In relation to this programme, the baseline results of any Knowledge, Attitude and Practice (KAP) studies or baseline studies may be considered. These data need to be reviewed and utilized for the mid-term evaluation together with other existing sources (Demographic and Health Survey, Joint Monitoring Reports, Programme progress reports, etc.) as appropriate by considering the disparities based on geography, gender, disability and other key variables based on the availability of disaggregated data. To ensure a participatory approach and to refine the methodology based on the Tanzania context, the Evaluation team will have the opportunity to finalise the methodology during the in-country visit and meeting with key stakeholders. (See part 6 below). More background information may be accessed from the National Bureau of Statistics or the environmental Health Unit of the Ministry of Health.

ii) Phase 2: Data collection, field work (site visit/interviews)

This phase will cover data collection, field visits, interviews, and meetings. The Evaluation team may need to hire data collection assistants (where required, translators) to complete this task and must include associated costs in the proposal and budget for this assignment.

The systematic use of qualitative (e.g., Key informant interviews, structured interviews and focus groups) and quantitative (e.g., recent survey results, existing routine data) methods are required to collect the additional evidence. The Evaluation team will determine, prior to data collection, the sampling frame from communities and institutions as may be agreed between the evaluation team and UNICEF, including the area and the population that will be represented, rationale for their selection along with the limitations of the sampling. UNICEF will facilitate and, where required, accompany or designate a government personnel to accompany the Evaluation team to meetings with key stakeholders. This may also be the case for field visits in the targeted districts/regions, as may be requested by the Evaluation team to facilitate communication in local language during data collection and focus group discussions. The respondents and tools need to be strategically selected based on the evaluation questions.

iii) Phase 3: Data Analysis and Reporting

This phase will cover data analysis and draft report preparation in line with DGIS Report Standards. It will also involve delivering a half-day validation workshop on draft findings conclusions, recommendations and lessons learned, and finalisation of the mid-term evaluation report.

The final stage of analysis and reporting may be conducted remotely. The results of the analysis need to systematically respond to the mid-term evaluation questions under each evaluation criteria. Critical considerations should be made to application of gender, human rights, and equity lenses in implementation. Consequently, this should help in achieving the purpose of the mid-term evaluation. The report is to be written in a reader-friendly manner. Before finalising, UNICEF will organise a one-day workshop that will bring together project team, stakeholders, beneficiaries and the evaluation team, to discuss recommendations and action plan drawn from the evaluation. This one-day workshop would help ensure recommendations are appropriate and owned by the project team and stakeholders. It is mandatory that the Evaluation team participates in the meeting which could be done preferably, physically.

The Evaluation team is required to adhere to the UN Norms and Standards for Evaluation, as well as to the UNICEF's revised Evaluation Policy, UNICEF Procedure for Ethical Standards in Research, Evaluation and Data Collection and Analysis and UNICEF's Evaluation Reporting Standards. The team is also expected to identify all relevant ethical issues from the proposed methodology and seek an ethical clearance as per UNICEF PROCEDURE ON ETHICAL STANDARDS IN RESEARCH, EVALUATION, DATA COLLECTION AND ANALYSIS (2021). The UNICEF social policy and programme monitoring and field coordinating sections will provide support with acquiring the relevant ethical clearances. Please see link to the UNICEF Evaluation Resource Centre. <https://www.unicef.org/evaluation/resources>.

The ethics section of the proposal, inception report and final report should address:

1. consideration of potential harms and if the benefits outweigh the risks
2. measures taken to ensure 'do no harm'
3. methodology to minimize stress for participants
4. how informed consent will be/have been acquired
5. any compensation paid for participation
6. measures to ensure privacy and confidentiality.

5. Limitation of the mid-term Evaluation:

Gender and Human Rights aspects of the programme need to be considered during the mid-term evaluation to draw relevant recommendations. While the programme relatively addresses practical aspects of gender issues by improving access to water, sanitation and hygiene which to a large extent engage women in planning and implementation, it may not be necessarily sufficient to be considered as having a gender sensitive approach.

Problems with access to valid and reliable WASH data in Tanzania is already well documented. This includes quantitative and qualitative data around the WASH sector as a whole. Although the information to be gathered in this mid-term evaluation would be specific to the UNICEF supported programme in the MINS region, it cannot be guaranteed that all information required in the analysis and to answer the evaluation questions will be readily available. The government is preparing to carry out a Tanzania Demographic and Health Survey (TDHS) and to be followed by a National Population and Housing

Census separately in last half of the year 2022. Reports of the TDHS and census once completed, can also contribute to WASH information to inform planning and implementation.

Logistical issues that may arise later such as poor access to sites due to bad roads and unavailability of critical stakeholders and informants for interviews, may have consequences on the consultation thus affecting the strength of the evaluation findings. UNICEF Tanzania WASH section will facilitate the arrangement of meetings and workshops with partners as required and will provide logistics and technical support as necessary. UNICEF may support the Evaluation team with transportation to assist with accessibility to sites. It is however recommended that this aspect is included in bidding documents. The Evaluation team is also expected to recruit local staff to support community engagements and interviews. UNICEF will provide support with initial engagement of community groups and other stakeholders for the evaluation process including data collection.

6. Work Schedule

The assignment will run 60 working days over a period of 3 months, from 17 Oct 2022 – 11 Jan 2023. The Evaluation team will provide a detailed timetable in its technical proposal, specifying the distribution of tasks and duration to complete each task. The proposed sequencing in the table below is an indicative proposal which could be improved in the technical offer. The column on the right indicates suggested duration for each activity.

Activity	Duration and location	
Phase 1: Literature Review & Preparation (Total number of days: 14)		
1. Literature review and consultations	8 days offsite and 6 days in Tanzania	
2. Draft Inception report with proposed revised version of TOR, and revised evaluation questions, mid-term evaluation methodology, information/data collection method for each midterm evaluation question, sampling for interviews and field visits, and development of data collection, and data analysis plan.		
3. Review and feedback on inception report and mid-term evaluation questions by UNICEF Tanzania mid-term evaluation reference group.		
4. Finalization of inception report and mid-term evaluation questions N.B. Any ethical clearance needed should be carried out before data collection starts.		
Phase 2: Consultations, Data collection, Analysis and Reporting (Total number of days: 46)		
5. Data collection and field work in select villages from all four programme implementing regions; Submission of field reports.	28 days in Tanzania (in six targeted districts/regions) and 18 days offsite	
6. Processing, cleaning, validation, triangulation and analysis of the collected data		
7. Preparation, presentation and review of interim report for UNICEF Tanzania mid-term evaluation reference group (WASH, PMFC, Social policy Units) feedback		
8. Incorporate feedback and conduct validation exercise with key stakeholders		
9. Presentation of draft final midterm evaluation findings and recommendations to key stakeholders		
10. Finalization and submission of midterm evaluation report with a short summary for publication in a newsletter or website.		
Total duration = 60 days		

7.0 Deliverables/End Products with Payment Schedule:

The following are the Evaluation team's deliverables with timelines and payment terms

Deliverable	Due date	Payment
Inception report with final mid-term evaluation questions and final version after comments from UNICEF mid-term evaluation group.	3 weeks from contract commencement date.	20% upon receipt and acknowledgement by UNICEF Tanzania that the deliverable meets required standards and is of high quality.
Field reports	Within 2 days from completion of field data collection.	30% upon receipt and acknowledgement by UNICEF Tanzania that the deliverable meets required standards and meets required quality
Interim/draft report submission for UNICEF Tanzania mid-term evaluation group feedback	Within 1 week from UNICEF approval of field report.	
Final midterm evaluation report and PowerPoint presentation with data base of collected data.	4 weeks from submission	50% upon receipt and acknowledgement by UNICEF Tanzania that the deliverable

	of interim/draft report to UNICEF Tanzania mid-term evaluation group.	meets required standards and is of high quality
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The mid-term evaluation report should not exceed more than 60 pages (without annexes) and will include (not limited to) the following:

- Executive Summary
- Brief description of the program, its context, financial arrangements, areas of intervention, timing, implementation modalities and actors
- Objectives, methodology, timing of mid-term evaluation, challenges and/or limitations of the analysis
- Results in terms of relevance, efficiency, effectiveness, impact, sustainability
- Analysis, including reflection on gender, human rights and BabyWASH
- Lessons learned, challenges, conclusions, recommendations, action plan and way forward for the remaining programme interventions.

Note: The page limit does not include annexes including that may also include list of the data with maximum disaggregation

Once completed, UNICEF will organise for dissemination of the final mid-term evaluation report to all stakeholders. This will follow presentation of the final results by the evaluation team to selected group of stakeholders.

Note: The final report needs to meet UNICEF standards on the quality of evaluation as described in the [UNICEF-Adapted UNEG Evaluation](#). More information on the quality criteria (utility, feasibility, accuracy and appropriateness) and good examples of WASH evaluation reports from other countries could be availed from UNICEF. The report and all collected and produced data by the evaluation team remain the exclusive property of UNICEF.

The evaluation is required to adhere to the UN norms for evaluation as well as to the UNICEF revised evaluation policy, UNICEF procedures for ethical standards in research, evaluation and data collection and analysis, and UNICEF evaluation reporting standards. The report structure, format and quality should adhere to the UNICEF evaluation report standards and the Global Evaluation Reports Oversight System (GEROS) evaluation quality assessment system.

8.0 Management and quality assurance of the evaluation

The evaluation will be managed by the Research and Evaluation Manager at UNICEF Tanzania, Social Policy, Research and Evaluation Section, in close collaboration with the Chief of WASH. The Research and Evaluation Manager will also chair the Evaluation Reference Group that will guide the evaluation process and ensure adequate participation of key stakeholders, including WASH colleagues at UNICEF Tanzania, Government and other key partners. This evaluation reference group will be formed for this particular evaluation, and should at least include the Research and Evaluation Manager, the Chief of WASH, as well as a representative of PMFC and Social Policy. For quality assurance of this evaluation, the draft inception and final mid-term evaluation reports will be shared with ESARO Evaluation and WASH Sections, to obtain their technical input and clearance before finalisation of the TORs, inception and draft final mid-term evaluation report for quality assurance. All evaluative products need to be Quality Assured by ESARO Evaluation Section, as per QA Regional Guidelines. Receiving at least a satisfactory review from ESARO Evaluation Section is a precondition for moving from one evaluation phase to the other.

The main roles of the UNICEF Tanzania mid-term evaluation reference group are:

- To contribute to the design and execution of the mid-term evaluation
- To share available information
- To clear the ToR and validate the mid-term evaluation questions
- To monitor and facilitate implementation of the mid-term evaluation
- To provide comments on draft reports
- To assist with feedback on findings and making recommendations
- To disseminate the results of the mid-term evaluation to all stakeholders in WASH and possibly to certain beneficiaries or their representatives.
- To develop the management response plan and regularly monitor follow-up actions

The Evaluation team will be responsible for refining the mid-term evaluation questions, in consultation with the Evaluation Reference Group. The methodology, data collection and analysis as well as the formulation of findings and conclusions containing judgments in response to the mid-term evaluation questions. The evaluation should also include key lessons and proffer realistically doable recommendations for a potential action. The Evaluation team should adhere to [Revised Evaluation Policy of UNICEF](#); [UNEG Ethical Guidelines for Evaluation](#) ; to [UNEG Code of Conduct for Evaluation](#) and to [UNICEF Reporting Standards](#).

9.0 Work plan for Evaluation team and official travel involved (if international)

The Institution / Evaluation team is required to make own return travel arrangements from place of recruitment to Duty Station (if Evaluation team is international) - **on the most direct route on economy class**. Travel costs that will be agreed with unicef beforehand and will be reimbursed to the Evaluation team upon submission of invoice and travel documents. All related (internal/external) official travel related to this consultancy will be organized by the Evaluation team and costs reimbursed accordingly or included in bidding document.

Prospective bidders are required to prepare and submit a detailed methodology at the time of submission of the technical proposal which will be used as a basis for proposal assessment by UNICEF. Afterwards, the contracted Evaluation team will be requested to develop a more holistic evaluation plan which must contain a work plan.

10.0 Workplace of Evaluation team and Work Arrangements

- 60 working days (60 person-days) over the period of 17 Oct 2022 – 11 Jan 2023.
- Given COVID-19 restrictions, the Evaluation team may employ to work from virtual offices. The Evaluation team will use his/her own laptop for the assignment.
- UNICEF Tanzania WASH section will facilitate the arrangement of meetings and workshops with partners as required and will provide logistics and technical support as necessary.
- The Evaluation team is expected to undertake field trips to target programme locations in the target districts/regions.

The Evaluation team will also cover the following to facilitate field visits:

- Secure transportation for field mobilization and consultations.
- Provide standard living allowance (to be included in consultancy bidding documents)
- A national UNICEF WASH staff **may** travel with the Evaluation team during field visits to provide translation services if required.

Technical Criteria	Technical Sub-criteria	Maximum Points
Overall Response	Completeness of response	5
	Overall concord between RFP requirements and proposal	5
Maximum Points for overall response		10
Institution and Key Personnel	Reputation of the Institution and personnel (Competence / Reliability)	5
	General organizational capability which is likely to affect implementation	5
	Range and depth of experience with similar projects:	5
	Key personnel: - Proposed team structure - Relevant experience and qualifications of team-leader/team-member(s)	5
Maximum Points for Institution and Key Personnel		20
Proposed Methodology and Approach	Monitoring and quality assurance process	10
	Innovation approach	10
Maximum Points for Proposed Methodology and Approach		20
Proposed Technical Presentation	Relevance and rigor of the technical approach/ methodology, including consideration of the context	20
Maximum Points for Proposed Methodology and Approach		20
Overall marks for proposal		70
Financial proposal		30
Total		100

11.0 Qualifications or specialized knowledge/experience required

Institutions with strong background in evaluation of development programs and WASH interventions more specifically are encouraged to submit a proposal. The evaluation team should be gender balanced, culturally diverse and composed of a team leader and additional team members, both national and international.

Minimum Qualifications and Experience

The team lead should

- have at least 10 years of training and experience in the field related to water, sanitation and hygiene with academic qualifications (at least a master's degree) in Public Health, civil engineering, mechanical engineering, sanitary engineering, social sciences or combination of qualifications.
- Should have skills in anthropology, statistics, conducting external evaluation using mixed methods evaluation skills, with experience in planning, implementation, management or monitoring and evaluation of integrated water, sanitation and hygiene programmes in developing countries.
- Excellent evaluation and report writing skills
- Specifically have experience executing similar evaluation assignments with credible organisations.
- Extensive experience in programme evaluation and mastery of data collection techniques and methods, qualitative and quantitative analysis including proven track records of evaluation of UNICEF supported WASH programmes.
- Experience working in East Africa, preferably in Tanzania, will be an added advantage.
- Expertise in gender equality and human rights including child rights.

Team members of the evaluation team

- should be gender balanced, and where possible, with diverse group of persons.
- should be familiar with cross-cutting issues (e.g., gender equality, equity and human rights, including child rights) and how they relate to WASH results and equity agenda.
- Strong analytical skills including ability to conduct quantitative data analysis to demonstrate attribution/ impact/results (as applicable) and background on WASH sector information and data.
- Team members should have at least five years' experience and an advanced university degree in the Social sciences.
- The institution should have proven experience with similar programme evaluations in the WASH sector in developing countries, preferably for the fields of WASH in communities and schools, hygiene behavior changes approaches including CLTS (Community-Led Total Sanitation), and community interventions and should be able to share link to some recent evaluations/studies.
- Proven experience for DGIS funded project/programme evaluations is an asset.

Languages

- Excellent communication and report writing skills in English. Ability to communicate in Kiswahili will be an added advantage for the team leader and an essential requirement for field workers.

Competencies

- Ability to work independently.
- Commitments to deliver the final products in line with the set TOR within the agreed timeframe.

Prepared by: James Conrad Massaquoi, WASH Specialist	Signature:	Date:
Reviewed by: Luisa Natali, Research and Evaluation Manager	Signature:	Date:
Reviewed by: Francis Odhiambo, Chief of WASH	Signature:	Date:
Approved by: Ousmane Niang, Dep Representative	Signature:	Date:

Evaluation criteria for the ASWA programme 2022.

Evaluation Criteria	Example of questions
Relevance	<ul style="list-style-type: none"> - Is the intervention responding to the needs of the various target groups, specifically children? How? - To what extent has this WASH programme's outputs suited the priorities and policies of the national and subnational Government ministries? - Is the WASH programme supporting the vision of the government and is it in line with existing policy? - Is the programme contributing to national policy development and reviews? - To what extent has the programme outputs suited the needs of disadvantaged children, and particular geographical areas and/or conditions? - Is the logical framework coherent enough to achieve the results? Logframe and other relevant documents will be made available to selected evaluation team. - To what extent are the objectives of the WASH programme still valid? - Are the activities and outputs of the WASH programme in targeted districts/regions consistent with the overall goal and the attainment of its objectives? - Are the activities and outputs of the programme consistent with the intended impacts and effects?
Efficiency	<ul style="list-style-type: none"> - Are the resources being utilized and managed in an efficient manner? - Is the WASH programme efficient in terms of working with the government programmes and systems? - Are the programme objectives being achieved on time and within set timeframe? - If there have been any modifications to implementation plans, specify these and indicate if these modifications are efficient. - To what extent has the programme created financial and operational efficiencies, based on measurable Outcomes? - Is it possible to achieve the same results at a lower cost? What measures have been taken to achieve results at reduced costs (cost-efficiency analysis)?
Effectiveness	<ul style="list-style-type: none"> - What is the level of quality and compliance of activities to the norms and standards previously established by the program, for the institutional strengthening, market-based sanitation, innovation, private sector engagement, hardware and software components, social behavior change communication, etc? - To what extent are the objectives being achieved / are likely to be achieved? - What are the major factors influencing the achievement or nonachievement of the objectives?
Coherence	<ul style="list-style-type: none"> - How well does the intervention fit? - To what extent is this intervention coherent with other interventions in the study areas which have similar objectives? How well is the programme coordinating with other, similar interventions (if any) for synergy and to avoid overlaps? - To what extent is the intervention coherent internally? - To what extent is the intervention coherent with wider WASH policy? - Are the outputs being delivered as planned and in a coherent manner? - Is the programme meeting required objectives as per programme indicators
Sustainability	<ul style="list-style-type: none"> - What is the likelihood that the operation and maintenance and repair of the installed facilities will continue to be financed at the local and sub-national level for sustainability of the services (access to clean water etc.) after the end of the project? - To what degree has the programme considered any existing structures or resources to enhance the sustainability after the end of the intervention? - What can the programme do differently to improve sustainability? - What is the likelihood that the benefits of the WASH programme (both service-related interventions as well as policy formulation support) will continue after funding ceases? - What are the major factors which influence the achievement or nonachievement of sustainability of the WASH programme? <p>The evaluation team will also consider impacts on climate and environmental sustainability.</p>
Impact/results	<ul style="list-style-type: none"> - What are the main results/impacts so far (positive/negative, expected/unexpected) as perceived by the different actors and beneficiaries of the programme? - What has happened because of improving WASH in the targeted districts/regions? - What real difference is this intervention/programme making to the beneficiaries?
Other areas of project specific concern	
Equity	<ul style="list-style-type: none"> - Is the programme aligned with UNICEF's equity agenda in addressing the needs of the target groups (i.e.to what extent is the programme reaching different groups including the most marginalized)? - Is the programme contributing to equitable participation and benefits to various groups (men, women, children and differently abled people)?

Risk	<ul style="list-style-type: none"> - How is risk mainstreamed in the design and delivery of the programme? - Is there an updated analysis of risks and a Risk Management Matrix prepared?
Scale-Up	<ul style="list-style-type: none"> - Does this WASH programme in Tanzania support the possibility of programme scale up? - What lessons can be learned for the scaling up of UNICEF supported interventions and for the sustainable development of WASH programmes in the country. - How can these lessons inform improvement in design, implementation and delivery of the outstanding programme activities and other UNICEF programmes in Tanzania?

APPENDIX 2: INTERVENTION CONTEXT

Background

Tanzania, one of the world's youngest countries, stands out with 28.8 million children (NBS and OCGS, 2018), a population where 50% are under the age of 18. Projections indicate that this youthful demographic will double by 2050. Sanitation refers to provision and use of facilities and services for the safe disposal of human urine and faeces. For the prevention against diseases, human excreta must be separated from human contact at all steps of the sanitation service chain running from toilets, emptying, transportation, treatment and final disposal or end use. Sanitation is recognized as a basic human right, meaning that everyone deserves access to a safe, hygienic, secure, socially, and culturally acceptable service that ensures privacy and dignity without discrimination.¹ Hygiene goes along with sanitation which generally encompasses the practices such as hand washing with soap, hand sanitization, menstrual health and hygiene, and the safe disposal of child faeces.² The country faces a pressing challenge in ensuring proper sanitation and hygiene practices, as these directly impact public health. Inadequate sanitation contributes to diseases such as diarrhoea, malnutrition, and neglected tropical diseases, with vulnerable groups, including women, children, and people with disabilities, bearing the brunt of these issues. Furthermore, Tanzania falls short of meeting Sustainable Development Goal (SDG) targets for basic water supply, sanitation, and hygiene, with just 61% of households having access to basic water, 32% to basic sanitation, and 48% to basic hygiene services.³

The consequences of these sanitation and hygiene challenges are not just health-related; they also exact a significant economic toll on Tanzania. Inadequate Water, Sanitation, and Hygiene (WASH) services lead to over 31,000 preventable deaths each year and cost the economy more than \$2.4 billion annually in medical expenses and lost productivity. To address these issues, Tanzania has set ambitious SDG targets, notably SDG target 6.2, which aims to provide equitable sanitation and hygiene for all by 2030 while eliminating open defecation, with a focus on the needs of women, girls, and vulnerable populations.

To make progress toward these targets, Tanzania has implemented the National Sanitation Campaign (NSC), utilizing approaches like Community-Led Total Sanitation (CLTS), social marketing, and behaviour change communication. This campaign aligns with broader national strategies to enhance living standards. Additionally, the Water Sector Development Programme (WSDP), a twenty-year initiative currently in Phase II (2016-2021), seeks to improve water supply, sanitation services, and integrated water resource management nationwide. The WSDP is complemented by initiatives such as the Sustainable Rural Water Supply and Sanitation program. In sum, Tanzania acknowledges the urgency of addressing its sanitation and hygiene challenges to ensure the well-being of its young and growing population and is working diligently to meet its SDG commitments by 2030.

Sanitation Challenges

There are a range of challenges facing Tanzania on her struggle to eliminate OD and accelerate achievement of universal access to Improved Sanitation and hygiene for all. Open defecation, though at a national rate of 1.9%, is notably more prevalent among the poorest populations residing in rural areas and urban squatter settlements⁴. The reluctance of certain households to construct latrines also contributes to this practice. Moreover, a substantial number of households still rely on unimproved latrines with non-washable slabs that fail to prevent human contact with faeces, posing health risks. The expansion of access to improved sanitation facilities remains a formidable task, as does the issue of shared sanitation, which presents concerns related to safety, maintenance, and cleanliness, particularly in urban unplanned settlements and peri-urban areas.

Additionally, faecal sludge management (FSM) is a challenge in achieving "safely managed sanitation." Over 90% of urban residents depend on onsite sanitation, requiring desludging once these systems become full. However, in densely populated unplanned areas, access to desludging services is limited, and small-scale desludging services operate informally without standardization. Furthermore, adequate

¹ The United Nation Terminology Database

² World Health Organization. Guidelines on sanitation and health. Geneva: 2018.

³ UNICEF, WHO. Progress on household drinking water, sanitation, and hygiene 2000-2017: Special focus on inequalities [Internet]. Launch version July 12 Main report Progress on Drinking Water, Sanitation and Hygiene. 2019. 140 p. Available from: <https://washdata.org/reports>

⁴ MOHCDGEC. Sanitation and hygiene status, 2020; Available from: <https://nsmis.moh.go.tz/nsmisportal>

treatment facilities for faecal sludge are lacking in most urban areas, except for Dar es Salaam, which has made some progress.⁵

People outside their homes, such as commuters, travellers, healthcare professionals and patients, students, and individuals in public places, often lack access to improved sanitation facilities. This includes those in transit, individuals in public spaces like markets or places of worship, and marginalized groups like homeless individuals and migrants in temporary camps. Lastly, while awareness of the importance of handwashing is prevalent, the actual practice remains low. Surveys indicate that many households possess handwashing stations with soap and water, but the utilization rate remains suboptimal. Addressing these multifaceted sanitation challenges is paramount to improving public health and achieving sanitation goals in Tanzania.⁶

Overview of current status of sanitation and hygiene in Tanzania

The SDG sanitation goal aims to eliminate open defecation and reduce sanitation inequalities. Open defecation is common among the poorest and those without proper latrines, especially in unplanned urban areas.

Household sanitation and hygiene

Many households rely on on-site sanitation like pit latrines, but emptying them is a challenge, and some areas lack facilities to treat the waste. Hygiene practices are low due to limited access to products like soap and proper menstrual hygiene supplies. Overall, there are significant sanitation and hygiene challenges in Tanzania that need attention to improve public health and achieve SDG targets.

Open defecation: It includes people using inadequate toilet facilities or having poor waste management, which leads to faeces being left in the open. Approximately 7% of households in Tanzania lack proper toilets⁷. Eliminating open defecation is vital to reduce environmental pollution and health risks like diarrhoea and cholera. To achieve national sanitation goals, there's a need for increased demand for improved sanitation and investments in better facilities.

Basic sanitation: In Tanzania's mainland is relatively good, with 93% of households having some type of toilet, of which 18% are improved⁸. Basic sanitation involves using better technologies like flush systems, septic tanks, or pit latrines. Efforts are being made to make essential sanitation components more accessible in local markets, and information on affordable sanitation options is being provided to households. Improving the design and construction of sanitation infrastructure is also important for safe sanitation practices.

Basic Hand Washing Facilities: UNICEF found that 8 out of 10 households have a designated place for handwashing, but only 59% of them have functional handwashing facilities with soap and water⁹.

Institutional sanitation and hygiene – educational facilities and HCFs

An area-wide approach requires complete coverage of sanitation and hygiene in households, public places, and institutions. For instance, all buildings that are used by the public must have sanitation and handwashing facilities. The rest of this section reviews the provision of sanitation and hygiene in education and health institutions.

Schools and other educational institutions

1. **Drinking Water and Sanitation:** 52% of Tanzanian schools have basic drinking water services, while 85% have basic sanitation services. The most common types of sanitation facilities are pit latrines with washable slabs (43%), flush-to-pit latrines (20%), and ventilated improved pit latrines (14%). Only 1% of schools lack toilet facilities. Moreover, 85% of schools offer improved single-sex sanitation facilities, meeting the basic sanitation standard¹⁰.
2. **Handwashing Facilities:** Slightly more than 6 out of 10 schools (64%) have installed handwashing facilities, with urban schools (75%) more likely to have them compared to rural schools (61%). However, only 30% of schools had handwashing facilities with soap and water available during the

⁵ Strande L, Ronteltap M, Brdjanovic D. Faecal sludge management: Systems approach for implementation and operation. IWA Publ London, UK. 2014;

⁶ UNICEF. Water, Sanitation and Hygiene Budget Brief. 2018; Available from: <https://www.unicef.org/tanzania/media/1291/file/UNICEF-Tanzania-2018-WASHBudget-Brief.pdf>

⁷ Ministry of Finance and Planning – Poverty Eradication Division (MoFP- PED) and National Bureau of Statistics (NBS). Tanzania Mainland Household Budget Survey 2017-18, Key Indicators Report. Dodoma, Tanzania. 2019;

⁸ Ministry of Finance and Planning – Poverty Eradication Division (MoFP- PED) and National Bureau of Statistics (NBS). Tanzania Mainland Household Budget Survey 2017-18, Key Indicators Report. Dodoma, Tanzania. 2019;

⁹ UNICEF Game plan to end open defecation. Community-Led Total Sanitation, 2018

¹⁰ The 2019, Tanzania School WASH Assessment.

survey, which is necessary for basic hygiene. Almost 60% of schools with handwashing facilities are accessible to students with physical disabilities or limited vision¹¹. Additionally, 7 out of 10 schools have handwashing facilities accessible to the youngest children.

3. **Menstrual Hygiene Management (MHM):** Approximately 69% of schools provide MHM services, but only 25% have a mechanism for menstrual waste disposal. Furthermore, 17% of schools offer a changing room with basic amenities. Among schools providing MHM services, 84% offer MHM education, and 49% provide MHM materials like sanitary pads¹².
4. **Disparities:** Disparities exist across different dimensions. Urban schools (89%) are more likely to have basic sanitation services compared to rural schools (84%). Girls' schools have a higher percentage of basic sanitation services (97%) compared to boys' schools (84%) and mixed schools (85%). Schools managed by non-government institutions (91%) tend to have a higher percentage of basic sanitation services than government-managed schools (84%). However, there is a shortage of toilets accessible to the youngest students and those with physical disabilities. Only 28% of schools meet the national minimum standard for pupil-to-toilet ratios, with urban schools being more likely to meet the recommended standard¹³.

In Healthcare Facilities:

Adequate Water, Sanitation, and Hygiene (WASH) facilities in healthcare facilities are crucial, particularly during childbirth, as they can significantly impact maternal and child survival. However, data from the 2014-2015 Tanzania Service Provision Assessment (TSPA) survey reveals concerning gaps. On average, only 44% of healthcare facilities (HCFs) have functioning toilets, and while over 68% have improved water sources, reliability remains an issue¹⁴. More than 60% of dispensaries, often the first point of contact for healthcare, have inadequate toilets. In lower-level facilities like dispensaries, the situation is even more challenging. A study found that 42% of facilities with delivery rooms lacked functional handwashing facilities¹⁵. Higher-level HCFs face challenges related to inadequate facilities, accessibility, an unsupportive environment for hygiene practices, facility management, and maintenance issues. These deficiencies, including the improper location of essential rooms and inaccessible handwashing facilities, pose significant infection risks in healthcare service delivery.

¹¹ NBS/UNICEF. School Water, Sanitation and Hygiene Assessment. 2020;

¹² NBS/UNICEF. School Water, Sanitation and Hygiene Assessment. 2020;

¹³ NBS/UNICEF. School Water, Sanitation and Hygiene Assessment. 2020;

¹⁴ Ministry of health and NBS

¹⁵ MoHCDGEC. The National Guidelines for WASH in Healthcare Facilities. 2017

APPENDIX 3: ASWA II INTENDED RESULTS

Programme Outcomes

Results Statement	Indicators
Sustained use of safe water supplies and sanitation services, and sustained adoption of hygiene practices, by poor and vulnerable people in targeted areas, especially by women and girls	Outcome Indicator-1: Proportion of externally verified ODF communities in the programme areas, maintaining their ODF status for at least two year and beyond.
	Outcome Indicator-2: Proportion of people in intervention communities that use basic sanitation facilities, disaggregated by JMP toilet category, sex
	Outcome Indicator-3: Proportion of people in intervention communities that practice handwashing with soap or an alternative handwashing agent such as ash, and water, disaggregated by sex at critical times
	Outcome Indicator-4: Proportion of people in intervention communities that use safe water from newly constructed or rehabilitated systems aggregated by JMP water supply category (service ladder) and disaggregated by sex
	Outcome Indicator-5: Proportion of Health care facilities with basic water and basic sanitation services with hand washing promotion at least 1 year
	Outcome Indicator-6: Proportion of intervention schools with students practicing handwashing with soap & water after visiting the toilet at least 1 year after intervention
	Outcome Indicator-7: Proportion of local water and sanitation management organizations and user committees with representation of women as per national policy

Programme Outputs

Outputs	Results Statement	Indicators
Output 1	190,388 people gaining access to sustainable, safe water supplies	Cumulative number of people who gain sustained access to basic, safe water supply disaggregated by sex.
		Number of externally verified, water-safe communities.
		Percentage of newly constructed/rehabilitated water points fully functioning during the reporting period and for 15 years
Output 2	Access to basic sanitation for 304,621 people in targeted areas	Number of communities triggered
		Number of externally verified ODF communities.
		Cumulative number of communities who sustained ODF after 2 years
		Cumulative number of people who gain sustained access to basic sanitation more than 15 years, disaggregated by sex
Output 3	266,543 people practice handwashing with soap	Number of households with hand washing facilities close to the toilet
		Number of people reach by hygiene promotion messages
Output 4	55 schools and 40 Health Care Facilities have appropriate, effectively managed WASH facilities, with hygiene also being promoted	Number of schools gaining basic water supply, sanitation, and hygiene facilities, with menstrual hygiene MHM being promoted
		Number of health care facilities gaining basic water supply, sanitation, and hygiene facilities
		Number of school and health care facilities maintaining the services more than 2 years
		Proportion of intervention districts implementing district wide MHM programmes in their schools.
Output 5	National systems and capacity for WASH in prioritised areas strengthened at country and regional level (prioritized areas related to the SWA building blocks ²³)	Number of countries implementing the country specific prioritized areas of the SWA framework and mutual accountability mechanism.
		Number of times DGIS funds contribute to leveraging other resources (and amounts) for WASH
		Number of the countries with improved monitoring system using real time monitoring
		Number of youth entrepreneurs trained, and enterprises supported in WASH
		Support provided to Government in Integrated water resources management
		Number of countries with pro- poor urban WASH strategies targeting the marginalized urban poor population

Outputs	Results Statement	Indicators
		Number of studies, evaluations, review undertaken that contribute to key decisions or discussions in the national WASH sector.
Output 6	Regular sustainability checks (and VfM analysis) inform and enhance national and local WASH sector plans planning, monitoring, and targeting decisions, with specific provision for poor and vulnerable groups	Number of countries that renewed/reviewed the sustainability compact and or checks
		Number of countries completed annually third-party sustainability checks over the course of the project, with appropriate management response plan to be undertaken by community groups and/or government counterparts
		Number of programme reporting on VfM indicators, in line with VfM reporting schedule and associated guidance provided by UNICEF HQ

Programme Interventions / Activities

Programme Components	Key Interventions
Output 1: Access to basic sanitation for people in targeted areas	<p>A. Community Triggering:</p> <ul style="list-style-type: none"> – Rapport building with the community and sensitization on the objectives of Programme to take community ownership to support the Programme. – It is followed by application of participatory rural appraisal (PRA) tools facilitated by the NGOs staff and implemented with the involvement of community (usually larger groups setting). It enables community to do their own sanitation profiling (transact walk, faeces mapping and calculation, faeces mobility mapping through five F-diagram to explaining faecal-oral transmission routes include: Fingers, flies (and other insects), fields (agriculture), food, and fluids, e.g. contaminated water.i.e., , through appraisal, observation, and analysis of their practices of open defecation and the effects these have¹⁶ on their health profile. – The programme had done triggering of 355 villages/communities to support them attaining and sustaining Open Defecation Free (ODF) status through the community-led total sanitation (CLTS) approach including promotion and strengthening the market-based sanitation.
	<p>B. Activities to facilitate Open Defecation Free (ODF) communities:</p> <ul style="list-style-type: none"> – Post-triggering community-based activities in all 355 triggered villages. – To ensure communities attain and sustain ODF status, a range of local actors were involved (such as regional and district administrations, religious leaders, village and ward executives, the religious and local leaders, and respective community structures (CLTS committee, SWASH committees), and trained local artisans. – Other key activities included training of local artisans; identification and training of WASH entrepreneurs; engagement with religious leaders; strengthening private sector engagements for WASH; and strengthening the sanitation and hygiene supply chain. – Development of district ODF strategies with costed plans for scaling up sanitation in the remaining districts. UNICEF has also initiated discussions with MoH to prepare roadmap for safely managed sanitation service level. – 194 Villages have been verified and certified ODF
	<p>C. WASH capacity development and institutional strengthening:</p> <ul style="list-style-type: none"> – UNICEF and partners provided technical and financial support to district and village committees to develop district-specific WASH performance indicators to assess monthly and quarterly performance of activities of community groups on the sanitation improvement process. – Technical orientation sessions on ODF verification and certification to Regional Health officers, WASH coordinators, and Environmental Health Officers to lead on the ODF verification process. – The programme developed a draft roadmap for achieving universal hand hygiene for UNICEF target regions and in Zanzibar by end of year 2025.
	<p>D. Promotion of innovative improved designs for hand hygiene facilities</p> <ul style="list-style-type: none"> – UNICEF partnership with Lixil/Sato (private manufacturer of sanitation products) promoted the sale of “bip taps” which, at household level, are installed to plastic buckets¹⁷ to be used as hand washing facilities.

¹⁶ <https://sswm.info/humanitarian-crises/urban-settings/hygiene-promotion-community-mobilisation/important/community-led-total-sanitation> .

¹⁷ MDPE (Medium-Density Polyethylene)

Programme Components	Key Interventions
	<ul style="list-style-type: none"> - Through Lixil/Sato partnership, 30,000 “sato taps”¹⁸ were donated to institutions (schools and healthcare facilities), female-headed households, and households with vulnerable people. - Monitoring of the households for use of the distributed Sato taps was done. - Advocacy in schools for using innovative designs for hand washing facilities. - In schools, group hand washing facilities were also constructed.
<p>Output 2: Access to basic, safe, locally managed water supplies for people in targeted rural districts</p>	<ul style="list-style-type: none"> - Limited progress on access to basic water supply for rural districts. Focus has been on the construction and/or installation of improved, user-friendly, gender disaggregated water, sanitation and hygiene services in schools and health care facilities as sustainable options. - Key interventions included a) assessment and rehabilitation of a water supply network; b) installation of a 5,000-liter water storage tank in a school and a dispensary in Iringa District; c) and provision of missing pipeline to connect newly provided facilities. - As part of the market-based sanitation approach, 276 local entrepreneurs (177 females and 99 males) were trained who supported the sale and marketing of household water treatment products in the regions. - Promotional campaigns for aqua tabs (for HHs level water treatment) - Sanitation and hygiene campaigns in villages as part of demand creation and market activation for sanitation and hygiene products. - Training of owners of pharmacies on the use of Aquatabs. - Formation of groups of trained entrepreneurs for accessing govt-provided Youth Loans for boasting sanitation business.
<p>Output 3: Schools and health care facilities have appropriate, effectively managed WASH facilities, with hygiene also being promoted</p>	<ul style="list-style-type: none"> - Construction and upgrade of water supply, sanitation and hygiene facilities in 19 schools and provided with at least basic water supply, sanitation and hygiene services enabling improved access. - The design and construction of toilets for schoolgirls include separate cubicles for Menstrual Health and Hygiene (MHH) with sanitary pads and other assorted materials, and a provision for children with disability. - Disable-friendly blocks are specially designed and fitted with wider doors, grab rails and ramps (with rail) to aid wheelchair access. - The formation and training/orientation of school management committees and school WASH committees (SWASH) in all target schools. - Each school is provided with gender segregated (separated) latrine blocks for boys and girls, and gender separated blocks for teachers. - Provision of 5,000-liter water tank for all new latrines; and also in the HCFs. - WASH infection prevention and control (WASH IPC) in healthcare facilities and as contribution to the COVID-19 WASH response, provided financial contribution and technical inputs to rehabilitation and/or upgrade of WASH facilities with various types of WASH facilities. - Identified 34 healthcare facilities in the most remote rural areas of Iringa, Njombe, Songwe, and Mbeya; now having functioning WASH services benefitting about 185,000 persons seeking healthcare from these HCFs
<p>Output 4: National systems and capacity for rural WASH strengthened in prioritized areas.</p>	<ul style="list-style-type: none"> - Strengthening of WASH monitoring through collection, collation, analysis and dissemination of valid WASH data at the LGA level. - The WASH TWG completed needs identification for harmonization of WASH indicators and definitions; followed by on-going advocacy with Environmental Health Unit of the Ministry of Health for mobilizing additional funds to strengthen National Sanitation Management Information System (NSMIS), and annual WASH review reports by LGAs and CSO partners. - It is planned to develop and use of a mobile application to collect information on UNICEF supported WASH projects. - UNICEF ESARO also supported the TCO WASH team through agreements with AKVO and ITAD with WASH monitoring and knowledge management. AKVO is providing support for management of programme wide monitoring while ITAD is supporting with sector level monitoring. So far, ITAD has completed a scoping review of the sector monitoring in Tanzania including reporting on the SDG6+5 with engagements with sector stakeholders.
<p>Output 5 National/ Regional WASH System Strengthened</p>	<p>UNICEF PD WASH in consultation with the UNICEF ESARO has identified the Stockholm International Water Institute (SIWI) to provide technical assistance to the UNICEF TCO WASH team, government, and stakeholders, for conduct of the third-party sector-wide sustainability check (SWSC). Its initiation been delayed for some technical</p>

¹⁸ <https://www.youtube.com/watch?v=S7cnpilPEEg>

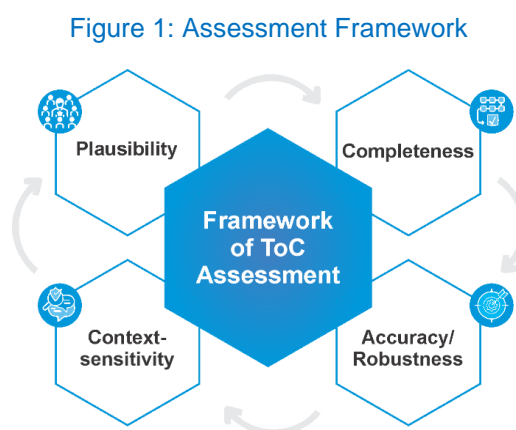
Programme Components	Key Interventions
	issues related to availability of Tanzania National Bureau of Statistics (NBS) to be part of the process.
<p>Output 6 National WASH System and Capacity Strengthened.</p>	<p>National systems and capacity for WASH in prioritised areas strengthened at country and regional level (prioritized areas related to the SWA Building Blocks¹⁹)</p> <ul style="list-style-type: none"> - The programme has initiated implementation of all activities as per the logframe, except on the two activities where no tangible progress is reported so far, except completion of some preliminary planning work. These include a) on the implementation of the SWA framework including mutual accountability mechanism and b) Planning for roll out of the third-party sector-wide sustainability check.

¹⁹ SWA Building blocks – key areas include i) Sector Policy/Strategy, ii) Institutional Arrangements (Coordination, Service Delivery Arrangements, Regulation & Accountability), iii) Sector Financing, iv) Planning, Monitoring and Review, and v) Capacity Development

APPENDIX 4: THEORY OF CHANGE (DEVELOPED BY THE EVALUATION TEAM)

The Programme has been implemented without a ToC. Keeping in view the expectations, the evaluation team developed a ToC using the ASWA II Results Framework (refer to Figure 7). While the evaluation team had planned to discuss and refine the ToC during the fieldwork, this did not happen due to the unavailability of key UTCO staff. Nevertheless, the evaluation team has critically analysed the gaps in the ToC, which can serve as a guide for UTCO to refine it for future Programme design and the endline evaluation. UTCO is advised to conduct an internal review and finalize the ToC based on following feedback.

The ToC is assessed for completeness, accuracy (robustness), plausibility, and context sensitivity. The commentary on ToC's validity is included in the Chapter 4 (section 4.3.3).



Completeness:²⁰ The ToC has almost all key elements of a ToC including impact, outcome, strategic outputs (look more like strategies), activities and inputs, risks, and assumptions. The problem or causes are missing (at the bottom) so are the result indicators. The ToC seems mute on how cross-cutting programming priorities such as human/child rights, equity, and gender equality, come to affect the logic.

Accuracy/Robustness:²¹ The causal pathways between results and activities (some seem more like strategies than activities) are available and explicit. The sequence of change is visible and traceable. The results hierarchy looks coherent as it shows logical linkages to the higher-level changes. The available risks and assumptions are not relatable to the results hierarchy.

Plausibility:²² The ToC is found to be broadly plausible. The available literature strongly links improved WASH conditions to improved health outcomes, such as reduction in diarrhoea and other waterborne diseases, as well as improved well-being, particularly among marginalized groups such as women and children. The logic of WASH contributing to reduced stunting appears less convincing (as has become evident from comparison of stunting results for Iringa and Njombe). The interventions in schools and healthcare facilities logically align with the goal of improving health conditions for various groups, including boys, girls, adolescent girls, and pregnant and lactating women, who are more likely to access ante and post-natal healthcare in facilities with improved WASH. The utilisation of CLTS approaches is a globally recognized and well-documented strategy for accelerated progress on making people construct latrines.

Context-sensitivity:²³ The focus on women and children is evident from interventions in schools and healthcare facilities. There is expressed focus on construction of gender segregated latrines and provision of MHM supplies and spaces, which further amplifies ToC's integration of local factors and cross cutting programming priorities. The ToC appears mute in identifying and addressing local contextual factors such as urban-rural, gender relations, etc. The contextual disparities in terms of gender relations and responsibilities (for instance women are responsible for water collection,

²⁰ This criterion refers to the extent to which a ToC includes all relevant elements that enable a clear and comprehensive representation of the different pathways of change leading to results at all levels. Completeness also analyses the extent to which relevant cross-cutting issues (gender, equity, disability, and human rights) are reflected in the intervention design and the ToC.

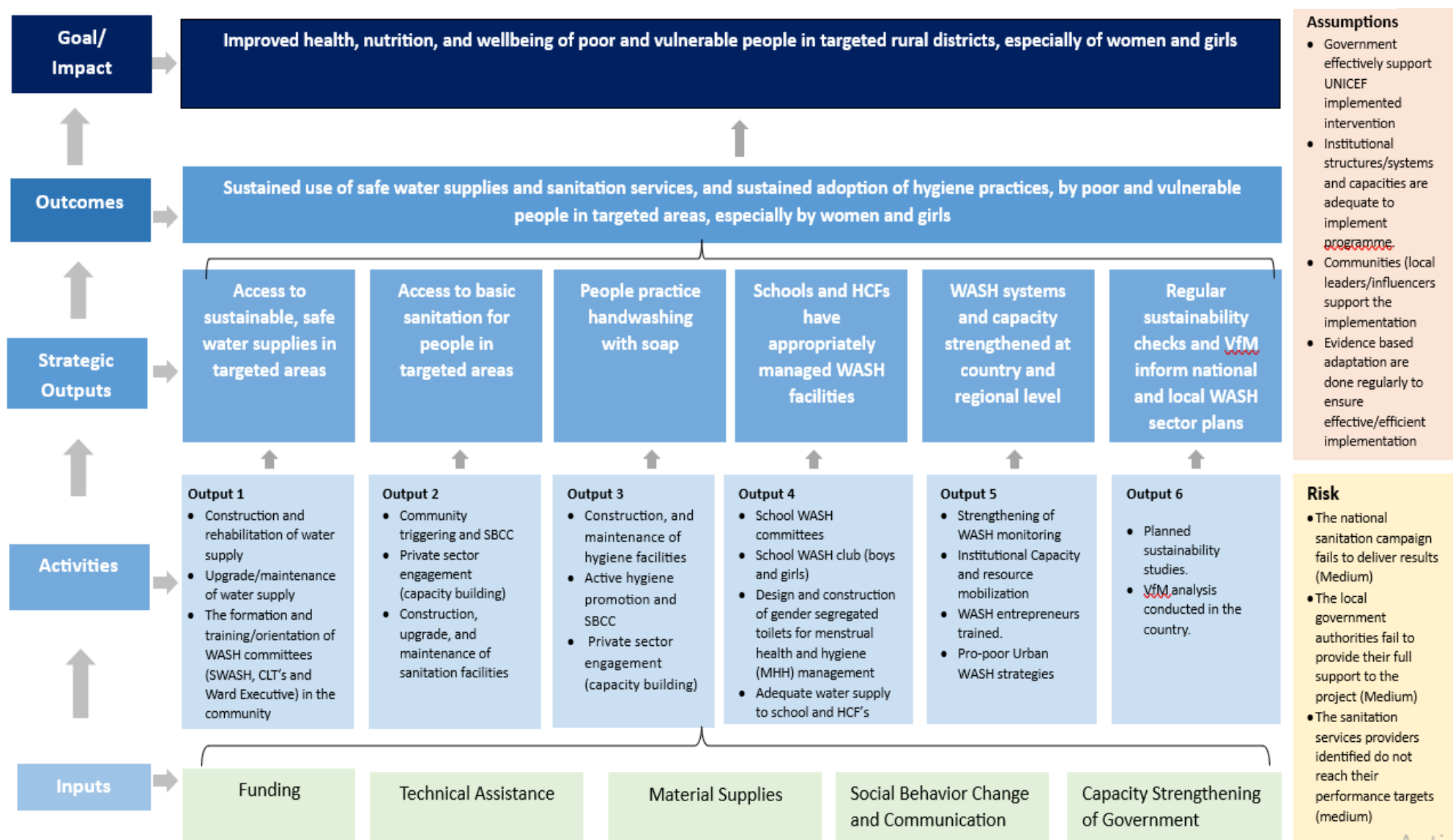
²¹ This element examines the degree to which elements of the ToC and the proposed causal linkages between them are clearly and coherently indicated. The ToC should include a clear and logical sequence on how a set of strategies will contribute to achieving a number of outputs once considered assumptions are materialized. Then, outputs should contribute to outcomes and these to the global impact. The ToC should reveal the causal pathways linking elements toward the realization of goals, meaning the extent to which defined elements are linked to each other while explicitly.

²² The criterion analyses how likely a ToC will generate real changes on the ground at the expected times. For that, the logic should be based on common sense and prior evidence suggesting that the activities, if implemented, are expected to trigger the causal chain leading to desired results. In addition, the logic of the outcome chain needs to be solid, and the ToC should be specific enough to measure its assumptions in credible and useful ways.

²³ The criterion assesses the degree to which the ToC encompasses the local context (or variations in local contexts across regions/districts) it is meant to cover. Whether it is sensitive to the inherent unpredictability of the context in which the intervention efforts are to be implemented.

treatment and storage, latrine cleaning, and other elements of domestic hygiene) are not very visible (hence may need to be prioritised in internal refinement) in the ToC. The outputs 1-3 are not explicit in defining local factors.

Figure 8: Theory of Change (TOC)



APPENDIX 5: EVALUATION MATRIX

Key Questions	Sub Questions	Potential Indicators	Data Collection Methods	Data Sources	Data Analysis
RELEVANCE:					
<ul style="list-style-type: none"> To what extent has this WASH programme's outputs suited the priorities and policies of the national and subnational Government ministries? EQ1.1 Is the WASH programme supporting the vision of the government and is it in line with existing policy? EQ1.1 Is the programme contributing to national policy development and reviews? EQ1.1 Is the intervention responding to the needs of the various target groups, specifically children? How? EQ1.2 To what extent has the programme outputs suited the needs of disadvantaged children, and particular geographical areas and/or conditions? – Addressed under Equity EQ7.1 Is the logical framework coherent enough to achieve the results? – Addressed under Coherence EQ2.1 To what extent are the objectives of the WASH programme still valid? – Addressed under Coherence EQ2.1 Are the activities and outputs of the WASH programme in targeted districts/regions consistent with the overall goal and the attainment of its objectives? – Addressed under Coherence EQ2.1 Are the activities and outputs of the programme consistent with the intended impacts and effects? – Similar question as above, addressed under Coherence EQ2.1 					
EQ1: To what extent does the ASWA II Programme align with and contribute to national / subnational policy priorities, and correspond to needs of varied target groups (particularly children)?	EQ1.1: Do the Programme objectives and activities align with and contribute to national / subnational vision and policy priorities?	1.1.1: Evidence of: - Alignment (or otherwise) of ASWA II Programme objectives and interventions with GoT's national / subnational WASH policies / plans - Contributions of ASWA II Programme to national policy development and reviews	• Literature Review	• National Policies • Programme documents	• Descriptive Analysis
		1.1.2: Stakeholders views (government officials, experts, UNICEF, and others) on: - Alignment (or otherwise) of ASWA II Programme objectives and interventions with GoT's national / subnational WASH policies / plans - Contributions of ASWA II Programme to national policy development and reviews	• Key Informant Interviews	• Key Stakeholders (MoH, IPs, UNICEF)	• Qualitative Analysis ²⁴ • Thematic Analysis ²⁵
	EQ1.2: To what extent do the ASWA II Programme interventions address the needs of different target groups, particularly children?	1.2.1: Evidence of: - Method/s used to assess WASH needs in communities, schools and health facilities targeted by the Programme - Types of WASH needs identified in target communities, schools and facilities for varied groups - Types of interventions planned to address varied needs of target groups (men, women, boys, and girls)	• Literature Review	• DHS • ASWA II baseline • Programme Documents	• Comparative Analysis
		1.2.2: Key stakeholders and beneficiaries' views on: - Method/s used to assess WASH needs in communities, schools and health facilities targeted by the Programme - Types of WASH needs identified in target communities, schools and facilities for varied groups - Types of interventions planned to address varied needs of target groups (men, women, boys, and girls)	• Key Informant Interviews • Focus Group Discussions	• Key Stakeholders (MoH, IPs, UNICEF) • Discussions with communities, students, school staff, HCF staff	• Qualitative Analysis • Thematic Analysis
COHERENCE:					
<ul style="list-style-type: none"> How well does the intervention fit? (Generic question in the domain of coherence --- fits to all) 					

²⁴ Qualitative Content Analysis (QCA): Content analysis is a widely used qualitative research technique. Rather than being a single method, current applications of content analysis show three distinct approaches: conventional, directed, or summative. <https://journals.sagepub.com/doi/abs/10.1177/1049732305276687?journalCode=qhrra>;

²⁵ Thematic Analysis is a flexible data analysis plan to generate themes from interview data. It can be utilized for case studies, generic qualitative, narrative inquiry and others. It involves six-step process i.e., i) Familiarization; ii) Generating the initial codes; iii) Create the initial themes; iv) Review the initial themes; v) Name and define the themes; vi) Write the final report: <https://www.statisticssolutions.com/thematic-analysis/>; Braun and Clarke (2006) define Thematic Analysis (TA) as "A method for identifying, analyzing and reporting patterns within data."

<ul style="list-style-type: none"> To what extent is the intervention coherent with wider WASH policy? – Addressed under Relevance EQ1.1 To what extent is the intervention coherent internally? EQ2.1 Are the outputs being delivered as planned and in a coherent manner? – Addressed under Efficiency EQ4.1 Is the programme meeting required objectives as per programme indicators? – Addressed under Effectiveness EQ3.1 To what extent is this intervention coherent with other interventions in the study areas which have similar objectives? How well is the programme coordinating with other, similar interventions (if any) for synergy and to avoid overlaps? EQ2.2 					
<p>EQ2: To what extent Programme results logic is consistent and plausible and implementation is externally coordinated to leverage synergies and avoid duplication?</p>	<p>EQ2.1: To what extent is the ASWA II Programme's logic (results chain) still consistent and realistic, and are the results still valid?</p>	<p>2.1.1: Evidence of:</p> <ul style="list-style-type: none"> Programme results chain – impact, outcomes, outputs, and interventions, logically coherent and realistic WASH activities / outputs in targeted districts/regions that are aligned with the overall Programme goal / objectives Programme results still valid Programme internal coherence with other UNICEF WASH interventions 	<ul style="list-style-type: none"> Literature review 	<ul style="list-style-type: none"> Programme Documents (Proposal, Logframe, Annual Reports; Monitoring Reports) Annual review/s 	<ul style="list-style-type: none"> Descriptive Analysis
		<p>2.1.2: Stakeholders (UNICEF and IPs) views on:</p> <ul style="list-style-type: none"> Programme results chain – impact, outcomes, outputs, and interventions, logically coherent and realistic WASH activities / outputs in targeted districts/regions that are aligned with the overall Programme goal / objectives Programme results still valid Programme internal coherence with other UNICEF WASH interventions 	<ul style="list-style-type: none"> Key Informant Interviews 	<ul style="list-style-type: none"> Key Stakeholders (UNICEF and IPs) 	<ul style="list-style-type: none"> Qualitative Content Analysis Thematic Analysis
	<p>EQ2.2: To what extent did the ASWA II Programme coordinate with other actors in the sector to leverage synergies and avoid duplication?</p>	<p>2.2.1 Evidence of:</p> <ul style="list-style-type: none"> Presence or absence of formal and informal coordination mechanisms at national or subnational levels to facilitate joint planning and implementation of WASH interventions Instances where different stakeholders collaborated on interventions to achieve common objectives and results, including challenges and successes Identification of areas with geographic overlaps or uncovered areas in the implementation of WASH activities by different actors in Iringa, Songwe and Njombe 	<ul style="list-style-type: none"> Literature review 	<ul style="list-style-type: none"> Programme Documents (Proposal, Logframe/ ToC, Progress Reports, IPs reports) 	<ul style="list-style-type: none"> Descriptive Analysis
		<p>2.2.2 Stakeholders views on:</p> <ul style="list-style-type: none"> Usefulness of formal and informal coordination mechanisms at national or subnational levels to facilitate joint planning and implementation of WASH interventions, including related reasons Instances where different stakeholders collaborated on interventions to achieve common objectives and results, including challenges and successes Identification of areas with geographic overlaps or uncovered areas in the implementation of WASH activities by different actors in Iringa, Songwe and Njombe 	<ul style="list-style-type: none"> Key Informant Interviews 	<ul style="list-style-type: none"> Key Stakeholders (MoH officials, WASH sector experts, UNICEF, and others) 	<ul style="list-style-type: none"> Thematic Data Analysis Content Analysis
<p>EFFECTIVENESS</p> <ul style="list-style-type: none"> What is the level of quality and compliance of activities to the norms and standards previously established by the programme, for the institutional strengthening, market-based sanitation, innovation, private sector engagement, hardware and software components, social behaviour change communication, etc? EQ3.2 To what extent are the objectives being achieved / are likely to be achieved? EQ3.1 What are the major factors influencing the achievement or nonachievement of the objectives? EQ3.1 					
<p>EQ3: To what extent were the ASWA II</p>	<p>EQ3.1: Has the ASWA II Programme</p>	<p>3.1.1: Evidence of:</p> <ul style="list-style-type: none"> Level of achievement against intended outcome^{26,27} 	<ul style="list-style-type: none"> Literature review 	<ul style="list-style-type: none"> Programme Documents (Results 	<ul style="list-style-type: none"> Comparative Analysis

²⁶ Outcome as per Result Framework: Sustained use of safe water supplies and sanitation services, and sustained adoption of hygiene practices, by poor and vulnerable people in targeted areas, especially by women and girls.

²⁷ The evaluation will rely mostly on the secondary data to track progress against intended results. In the absence of secondary data, only perception level changes will be assessed through this evaluation.

Programme results achieved, considering the enabling and disabling factors, and did the different components (institutional strengthening, market-based sanitation, innovation, private sector engagement, and hardware/software) comply with national norms and standards for WASH interventions?	achieved (or likely to) its objectives / outcome, and what factors enabled or disabled its progress?	- Types of enabling and disabling factors and contributions in achievement and non-achievement of objectives / outcomes	• WASH Facility Assessments (schools/HFs) ²⁸	Framework, progress reports monitoring data)	
		3.1.2: Stakeholders views on: - Perceived level of achievement/s against key objectives/outcome, ²⁹ - Types of enabling and disabling factors and contributions in achievement and non-achievement of objectives / outcomes	• Key Informant Interviews • Focus Group Discussions	• Key Stakeholders (MoH officials, UNICEF) • Discussions with communities, students, school staff, HCF staff	• Content Analysis • Thematic Analysis
	EQ3.2: To what extent did the Programme comply with established norms and standards regarding its components, i.e. institutional strengthening, market-based sanitation, innovation, private sector engagement, and hardware / software?	3.2.1: Evidence of: - Availability of nationally established WASH norms and standards for institutional strengthening, market-based sanitation, innovation, private sector engagement, and hardware/software – Level of compliance to these norms and standards for these components (institutional strengthening, market-based sanitation, innovation, private sector engagement, and hardware/software) - Factors contributed to compliance and non-compliance with national norms and standards	• Literature review	• Programme Documents • National Guidelines on WASH in schools and health facilities	• Descriptive Analysis
	3.2.2: Stakeholders views on: - Availability of nationally established WASH norms and standards for institutional strengthening, market-based sanitation, innovation, private sector engagement, and hardware/software – Level of compliance to these norms and standards for these components (institutional strengthening, market-based sanitation, innovation, private sector engagement, and hardware/software) - Factors contributed to compliance and non-compliance with national norms and standards	• Key Informant Interviews	• Key Stakeholders (MoH officials, UNICEF, IPs, and others)	• Thematic Data Analysis • Content Analysis	
EFFICIENCY					
<ul style="list-style-type: none"> • Are the resources being utilized and managed in an efficient manner? EQ4.1 • Is the WASH programme efficient in terms of working with the government programmes and systems? EQ4.1 • Are the programme objectives being achieved on time and within set timeframe? EQ4.1 • If there have been any modifications to implementation plans, specify these and indicate if these modifications are efficient. EQ4.2 • To what extent has the programme created financial and operational efficiencies, based on measurable outcomes? EQ4.2 • Is it possible to achieve the same results at a lower cost? What measures have been taken to achieve results at reduced costs (cost-efficiency analysis)? EQ4.2 					
EQ4: To what extent did the ASWA II Programme achieve its objectives	EQ4.1: To what extent did the ASWA II Programme achieve its objectives within	4.1.1: Evidence of: - Number/level of objectives (outputs) achieved within the given time and costs - Types of mechanisms adopted to engage with the GoT for efficient delivery - Internal/external factors that caused delays and/or increased costs	• Literature review	• Programme Documents (proposal, workplans, progress reports, IP reports)	• Comparative Analysis

²⁸ Indicator 1: Proportion of Health care facilities with basic water and basic sanitation services with hand washing promotion sustained for at least 1 year and Indicator 2: Proportion of intervention schools with students practicing handwashing with soap and water after visiting the toilet at least 1 year after intervention.

²⁹ Outcome: Sustained use of safe water supplies and sanitation services, and sustained adoption of hygiene practices, by poor and vulnerable people in targeted areas, especially by women and girls. Perception level changes will be assessed through KIs and FGDs.

(outputs) within specified time and costs, and introduced measures to reduce costs?	the stipulated timeframe, and did it work efficiently with the government system?	4.1.2: Stakeholders views on: - Number/level of objectives (outputs) achieved within the given time and costs - Types of mechanisms adopted to engage with the GoT for efficient delivery - Internal/external factors that caused delays and/or increased costs	• Key Informant Interviews	• Key Stakeholders (UNICEF, MoH, IPs and others)	• Thematic Data Analysis • Content Analysis
	EQ4.2: To what extent did the ASWA II Programme make timely adaptations and achieve financial and operational efficiencies?	4.2.1: Evidence of: ³⁰ - Planned costs with actual costs and planned outputs with actual outputs for different programmatic components - Number and types of adaptations made in implementation plans and their impact on reducing costs and time - Potential cost saving measures that could have been implemented	• Literature review	• Programme Documents (Financial Data)	• Financial data analysis
		4.2.2: Stakeholders' views on: - Programme implementation being cost and time efficient (or otherwise) - Number and types of adaptations made in implementation plans and their impact on reducing costs and time - Potential cost saving measures that could have been implemented	• Key Informant Interviews	• Programme Progress Reports, Reports of field mission, annual review/s	• Thematic Data Analysis • Content Analysis
IMPACT / RESULTS:					
<ul style="list-style-type: none"> • What are the main results/impacts so far (positive/negative, expected/unexpected) as perceived by the different actors and beneficiaries of the programme? EQ5.1 • What has happened because of improving WASH in the targeted districts/regions? EQ5.1 • What real difference is this intervention/programme making to the beneficiaries? EQ5.1 					
EQ5: To what extent has the ASWA II Programme contributed to the achievement of intended and unintended impact?	EQ5.1: How has the Programme impacted the lives of men, women, boys and girls, including any unintended impact it may have contributed to?	5.1.1: Evidence on: - Impact statement as per results framework: Improved health, nutrition, and wellbeing of poor and vulnerable people in targeted rural districts, especially of women and girls. ³¹ - Unintended positive and/or negative impact	• Literature review	• Programme progress reports	• Descriptive Analysis • Comparative Analysis
		5.1.2 Stakeholders and beneficiaries' views on: - Impact statement as per results framework: Improved health, nutrition and wellbeing of poor and vulnerable people in targeted rural districts, especially of women and girls. - Unintended positive and/or negative perceived impact	• Key Informant Interviews • Focus Group Discussions	• Key Stakeholders (MoH officials, WASH Sector experts, UNICEF) • Discussions with communities, students, school staff, HCF staff	• Thematic Analysis • Content Analysis
SUSTAINABILITY / SCALE UP					
<ul style="list-style-type: none"> • What is the likelihood that the operation and maintenance and repair of the installed facilities will continue to be financed at the local and sub-national level for sustainability of the services (access to clean water etc.) after the end of the project? EQ6.1 • To what degree has the programme considered any existing structures or resources to enhance the sustainability after the end of the intervention? EQ6.1 • What can the programme do differently to improve sustainability? EQ6.1 • What is the likelihood that the benefits of the WASH programme (both service-related interventions as well as policy formulation support) will continue after funding ceases? EQ6.1 • What are the major factors which influence the achievement or nonachievement of sustainability of the WASH programme? EQ6.1 • Does this WASH programme in Tanzania support the possibility of programme scale up? EQ6.2 • What lessons can be learned for the scaling up of UNICEF supported interventions and for the sustainable development of WASH programmes in the country. EQ6.2 • How can these lessons inform improvement in design, implementation and delivery of the outstanding programme activities and other UNICEF programmes in Tanzania? EQ6.2 					

³⁰ Subject to availability of complete and usable financial data for both regions: Iringa and Njombe.

³¹ The impact and its associated indicators will be assessed through secondary data. In the absence of secondary data, only perception level changes will be assessed through this evaluation.

<p>EQ6: To what extent have the ASWA II Programme interventions and benefits (technical, institutional, environmental) been sustained or are likely to sustain, and how can the lessons learnt inform future implementation, sustainability, and scale-up?</p>	<p>EQ6.1: What ASWA II Programme interventions and benefits (technical, institutional, and environmental) have been or are likely to be sustained (<i>at community level, and in schools and HCFs</i>), and what measures could be taken to improve sustainability?</p>	<p>6.1.1: Evidence of:</p> <ul style="list-style-type: none"> - Availability of a sustainability plan and the progress made - Availability of local funds for operation and maintenance of WASH facilities (at community, local government, and sub-national levels) after Programme completion - Integration of WASH monitoring (post-ODF) in national WASH policy/strategy - Use of existing structures for sustainability of WASH services after completion - Likelihood of benefits (technical, institutional and environmental) that will sustain (or otherwise) - Factors contributed to or hindered sustainability - Measure that could improve sustainability 	<ul style="list-style-type: none"> • Literature review • Literature review • WASH Facility Assessments (schools/HFs) 	<ul style="list-style-type: none"> • National WASH policies, strategies and plans • Sustainability / Exit Plan • MoH Annual Budget Documents • Progress Reports 	<ul style="list-style-type: none"> • Descriptive Analysis
		<p>6.1.2: Stakeholders (Government, UNICEF and IPs) views on:</p> <ul style="list-style-type: none"> - Availability of a sustainability plan and the progress made - Availability of local funds for operation and maintenance of WASH facilities (at community, local government, and sub-national levels) after Programme completion - Integration of WASH monitoring (post-ODF) in national WASH policy/strategy - Use of existing structures for sustainability of WASH services after completion - Likelihood of benefits (technical, institutional and environmental) that will sustain (or otherwise) - Factors contributed to or hindered sustainability - Measure that could improve sustainability 	<ul style="list-style-type: none"> • Key Informant Interviews 	<ul style="list-style-type: none"> • Key Stakeholders (MoH officials, UNICEF, IPs) 	<ul style="list-style-type: none"> • Qualitative Content Analysis • Thematic Analysis
	<p>EQ6.2: What lessons have the planners and implementers of the ASWA II Programme learned, and how can these lessons be applied to improve future implementation, sustainability, scale-up, as well as other UNICEF programmes in Tanzania?</p>	<p>6.2.1 Evidence on:</p> <ul style="list-style-type: none"> - Number of WASH interventions / programmes that have been scaled up in Tanzania - Lessons learnt around planning, implementation, monitoring, policy advocacy and possible use for WASH sustainability - Implementers/GoT plans for scale-up of WASH interventions - Lessons learnt for improved implementation of remaining ASWA II activities and other UNICEF supported interventions in Tanzania <p>6.2.2 Stakeholders (Government, UNICEF and IPs, beneficiaries) views on:</p> <ul style="list-style-type: none"> - WASH interventions / programmes that have been scaled up in Tanzania - Lessons learnt around planning, implementation, monitoring, policy advocacy and possible use for WASH sustainability - Implementers/GoT plans for scale-up of WASH interventions - Lessons learnt for improved implementation of remaining ASWA II activities and other UNICEF supported interventions in Tanzania 	<ul style="list-style-type: none"> • Literature review 	<ul style="list-style-type: none"> • National WASH policies, strategies and plans • MoH Annual Budget Documents • Progress Reports 	<ul style="list-style-type: none"> • Descriptive Analysis
<p>EQUITY:</p> <ul style="list-style-type: none"> • Is the programme aligned with UNICEF's equity agenda in addressing the needs of the target groups (i.e.to what extent is the programme reaching different groups including the most marginalized)? EQ7.1 • Is the programme contributing to equitable participation and benefits to various groups (men, women, children and differently abled people)? EQ7.1 <p>RISK</p> <ul style="list-style-type: none"> • How is risk mainstreamed in the design and delivery of the programme? EQ7.2 • Is there an updated analysis of risks and a Risk Management Matrix prepared? EQ7.2 					
<p>Q7: To what extent did the ASWA II</p>	<p>EQ7.1: To what extent is the ASWA II</p>	<p>7.1.1: Evidence on alignment of ASWA II with UNICEF's equity agenda in terms of:</p>	<ul style="list-style-type: none"> • Literature review • Facility Assessments 	<ul style="list-style-type: none"> • Programme progress reports 	<ul style="list-style-type: none"> • Descriptive Analysis

Programme identify and address risks, as well as align with UNICEF's equity agenda to promote equitable participation and benefits to men, women, disadvantaged children, geographically marginalized groups, and differently abled people?	Programme aligned with UNICEF's equity agenda and promoted equitable participation and benefits to men, women, disadvantaged children, geographically marginalized groups and differently abled people?	- Assessments conducted to identify WASH sector inequities for marginalized groups – men, women, disadvantaged children, geographically marginalized groups and differently abled people - Number and types of interventions planned and resources allocation for addressing WASH inequities among marginalized groups - Availability of monitoring data on participation and benefits of marginalized groups in ASWA II interventions - Programme's success in promoting equitable participation and benefits to marginalized groups	(schools/HFs) Results	• Programme reported case studies / success stories	• Comparative Analysis
		7.1.2 Stakeholders views on alignment of ASWA II with UNICEF's equity agenda in terms of: - Assessments conducted to identify WASH sector inequities for marginalized groups – men, women, disadvantaged children, geographically marginalized groups and differently abled people - Number and types of interventions planned and resources allocation for addressing WASH inequities among marginalized groups - Availability of monitoring data on participation and benefits of marginalized groups in ASWA II interventions - Programme's success in promoting equitable participation and benefits to marginalized groups	• Key Informant Interviews • Focus Group Discussions	• Key Stakeholders (MoH officials, WASH Sector experts, UNICEF, and others) • Discussions with communities, students, school staff, health facility staff	• Thematic Data Analysis • Content Analysis
	EQ7.2: To what extent did the ASWA II Programme identify design and implementation risks, and were these risks managed appropriately?	7.2.1: Evidence of: - Availability of a Risk Management Matrix (at design stage) and frequency of updating - Risk mitigation measures being implemented during the implementation - Risks that were not anticipated, and actions taken to manage those risks	• Literature review	• Proposal • Progress Reports • Risk Assessment	• Descriptive Analysis
	7.2.1: Stakeholders views on: - Availability of a Risk Management Matrix (at design stage) and frequency of updating - Risk mitigation measures being implemented during the implementation - Risks that were not anticipated, and actions taken to manage those risks	• Key Informant Interviews	• Key Stakeholders (UNICEF, and IPs)	• Thematic Analysis • Content Analysis	

APPENDIX 6: LIST OF DOCUMENTS REVIEWED

S#	Document Type	Document Title
1	Baseline Report	Accelerated Sanitation and Water for All (ASWA) II Water, Sanitation and Hygiene, and Nutrition (WASHNut) baseline Survey – Iringa Tanzania
2	Programme Proposal	Sanitation, Water and Hygiene for Improving WASH services in Iringa, Tanzania to reduce stunting of children under five - COUNTRY Proposal Overview: Tanzania
3	Programme Document	ASWA II - DGIS Log Frame
4	Programme Document	DGIS ASWA II – Annual Report 2020 - Tanzania Country Office
5	Programme Document	DGIS ASWA II Annual Report 2021 - Tanzania Country Office
6	Programme Document	Value for Money Analysis- 2021
7	Programme Document	Contract for the Operation And Management of Water and Sanitation Activities between Chief of the Region of Iringa and district Commissioner Mufindi
8	Programme Document	Milestone Reporting – Oct 2021
9	Programme Document	Njombe Summary Report – Dec 2022
10	Programme Document	Accelerating access to quality and equitable WASH Services in households and institutions for most vulnerable children and women in Mufindi District
11	Programme Document	Implementation of Water, Sanitation and Hygiene (WASH) Project in Iringa
12	Policy Document	National Strategy for Accelerating Sanitation and Hygiene for All 2020-2025
13	Policy Document	National Five-Year Development Plan 2016/17 – 2020/21
14	Policy Document	Water Supply and Sanitation Act, 2019
15	Policy Document	National Water Policy, 2002
16	Policy Document	National Environmental Health, Hygiene and Sanitation Strategy
17	Policy Document	National Strategic Plan for SWASH 2012-2017
18	National Document	National Guidelines for Water, Sanitation and Hygiene in Health Care Facilities - 2017
19	National Document	National Guideline for Water, Sanitation and Hygiene for Tanzania Schools - 2016
20	National Policy	National School WASH Report 2020
21	National Policy	Water Sector Development Programme 2006 – 2025
22	National Policy	Strategy for Water, Sanitation and Hygiene 2016-2030
23	Survey Report	Tanzania Demographic Health Survey Report, 2022
24	Survey Report	Tanzania Demographic Health Survey Report, 2015
25	Survey Report	Service Delivery Indicators Health Survey 2016
26	Survey Report	Administrative Units Population Distribution Report, 2022 - National Bureau of Statistics
27	Survey Report	WASH situation in HCFs in Tanzania Mainland 2016
28	Survey Report	The Economic Survey 2022 – Ministry of Finance, Tanzania
29	Assessments	2018 School Water, Sanitation and Hygiene Assessment
30	Research Study	Man is health: Tanzania's health campaign, 1978
31	Research Study	The role of Districts in the implementation of Tanzania's National Sanitation Campaign
32	Research Study	Impact of access to improved water and sanitation on diarrhoea reduction among rural under-five children in low and middle-income countries: a propensity score matched analysis, 2023.
33	Research Study	Independent and combined effects of improved water, sanitation, and hygiene, and improved complementary feeding, on child stunting and anaemia in rural Zimbabwe: a cluster-randomised trial
34	Research Article	Can water, sanitation and hygiene help eliminate stunting?
35	Generic Document	For Every Child, a fair Chance – The promise of Equity, 2015
36	Generic Document	Menstrual Health and Hygiene among School Girls in Tanzania, 2021
37	Generic Document	Situational Analysis in Tanzania, 2021
38	Generic Document	Sustainable Development Goal and Children in Tanzania, 2019
39	Generic Document	Nutrition Profile, Tanzania
40	Generic Document	Process Evaluation of the National Sanitation Campaign of Tanzania

APPENDIX 7: WASH OBSERVATION CHECKLISTS



Health Care Facility
Tool_English.docx



Health Care Facility
Tool_Swahili.docx



Schools
Tool_English.docx



Schools
Tool_Swahili.docx

APPENDIX 8: KEY INFORMANT INTERVIEW GUIDES

All questions in this guide have been formulated in line with evaluation questions, sub-questions, and indicators of the draft evaluation matrix. Where was required, some additional probing questions have been included to ensure that all data and information is collected that is required to respond to all evaluation questions and to accomplish all evaluation objectives. All questions have been grouped under each of the OECD-DAC criteria and cross-cutting themes.

UNICEF, MoH and IPs

RELEVANCE

1. In your view, how is the ASWA II Programme aligned with the GoT's national policies and plans. Please provide specific policies and plans and discuss the extent of alignment between them.
 - a. Has the ASWA II Programme played a role in drafting the National Sanitation Campaign (NSC) or other sectoral policies and plans, such as those related to health and nutrition? If yes, please provide specific details on how and where the programme has contributed.
2. What processes or methods were applied to identify WASH needs of the communities, schools, and health facilities (HFs) in targeted districts? Please provide supporting evidence.
 - a. How were relevant stakeholders (community, school and HFs) involved and/or consulted during the identification of WASH needs in targeted districts?
 - b. What specific WASH needs were identified for communities (men, women, boys, girls, disabled, remote, poor), schools and HFs? Please share more details.
 - c. Could you outline the interventions that were designed to meet the identified WASH of communities, schools and HFs in the targeted districts?
 - d. Which WASH needs were not addressed by the Programme?

COHERENCE

3. **UNICEF and IPs only:** Do you think the programme results are realistic and achievable? In your opinion, is the Programme's results chain (impact, outcomes, outputs, and interventions) realistic and coherent to achieve intended results? Please explain, including any areas of incoherence.
 - a. Do you think the results and interventions are still relevant or valid? Are there emerging challenges or new contextual factors that could impact the relevance of the results?
 - b. **For UNICEF only:** How ASWA II interventions overlap/complement other UNICEF WASH interventions in Tanzania, please explain and share evidence?
4. Are there any formal or informal national/sub-national coordination mechanisms for WASH programming in Tanzania? Please share details and evidence of these forums.
 - a. In your opinion, how useful and active these forums are for joint planning and implementation of WASH activities at national or subnational levels?
 - b. Were there any specific instances where UNICEF collaborated with different stakeholders to implement ASWA II interventions to achieve common objectives and results? Please share details on any challenges and/or factors for success during collaboration.
 - c. Based on your knowledge, are there any areas in Iringa, Songwe, and Njombe where there are geographic overlaps or uncovered areas in the implementation of WASH activities by different actors? Please provide specific examples and elaborate on the implications of these overlaps or uncovered areas for WASH service provision.

EFFECTIVENESS

5. In your view, did ASWA II manage to achieve its intended outcome: **sustained use of safe water supplies and sanitation services, and sustained adoption of hygiene practices, by poor and vulnerable people in targeted areas, especially by women and girls?**
 - a. Please explain how the results were tracked and reported.
 - b. Were there any results / outcome indicators that were not achieved?

For interviewer, outcome indicators are as follows: (7)

- Proportion of externally verified ODF communities in the programme areas, maintaining their ODF status for at least one year and beyond.
- Proportion of people in intervention communities that use basic sanitation facilities disaggregated by JMP toilet category and sex.

- Proportion of people in intervention communities that practice handwashing with soap or an alternative handwashing agent such as ash, and water, disaggregated by sex, in critical time.
 - Proportion of people in intervention communities that use safe water from newly constructed or rehabilitated systems disaggregated by JMP water supply category (service ladder) and disaggregated by sex.
 - Proportion of Health care facilities with basic water and basic sanitation services with hand washing promotion sustained for at least 1 year.
 - Proportion of intervention schools with students practicing handwashing with soap and water after visiting the toilet at least 1 year after intervention.
 - Proportion of local water and sanitation management organisations and user committees with representation of women as per national policy.
6. In your opinion, what were the key enabling factors that contributed to the achievement of intended outcomes/results? Please provide specific examples of these enabling factors and explain how they have positively influenced the outcomes.
 - a. What were the main disabling factors that hindered the achievement of outcomes / results? Please provide specific examples of these disabling factors and explain how they negatively impacted the outcomes?
 - b. What strategies or interventions have been implemented to address the disabling factors throughout the Programme implementation?
 7. Are there established norms and standards in place for institutional strengthening, market-based sanitation, innovation, private sector engagement, and hardware/software in the WASH sector? Please share details including evidence for each component.
 - a. In your opinion, did the Programme comply with these norms/standards? Can you provide examples of how compliance with these norms and standards is monitored and assessed?
 - b. What factors contributed to compliance or non-compliance with these norms/standards? Please share your thoughts and evidence.

EFFICIENCY

8. In your opinion, did the Programme achieve its outputs within stipulated time and budget?
 - a. What were the internal or external factors that led to delays or cost overruns?
 - b. How did these factors affect achievement of outputs? Please share examples.
9. What mechanisms were adopted to engage with GoT (at national and sub-national levels) to leverage their resources/outreach?
 - a. In your opinion, did this engagement helped in achieving time and/or cost efficiency? Please elaborate your response.
10. In your opinion, how cost efficient was the Programme's implementation?
11. How time efficient was the Programme's implementation? Please provide specific examples or instances to support your assessment.
 - a. Can you identify any adaptations or modifications made to the implementation plans to reduce costs and time? How did these measures help in reducing costs/time? Please share evidence.
 - b. In your opinion, were there any alternate approaches/strategies that could have been implemented to reduce time and costs? If yes, please do share those and how you think those would reduce time and costs without compromising results?

IMPACT

12. What is the Programme's contribution to its intended impact: **improved health, nutrition, and wellbeing of poor and vulnerable people in targeted rural districts, especially of women and girls?** Please share examples and any relevant document as evidence.
 - a. Please explain how the results were tracked and reported.
 - b. In your view, did the ASWA II Programme contribute to any unintended positive or negative result for any beneficiary group or other stakeholders)? If yes, please share what were those results and for whom?

For interviewer, impact indicators are:

- Reduction in prevalence of diarrhoea in rural areas, disaggregated sex and age.

- Reduction in prevalence of stunting in children under 2, in rural areas, disaggregated by wealth quintile and sex.
- Sustainability and monitoring integrated in WASH sector policy and strategy.
- Increased participation of women in decision making about the provision and management of WASH services in their communities.

SUSTAINABILITY

13. Can you provide information on the availability and implementation progress of a sustainability plan for the WASH interventions implemented under the Programme?
 - a. How has this plan contributed to the continued functionality and maintenance of WASH services and results, specifically for the following:
 - i. Sustainability and monitoring integrated in WASH sector policy and strategy.
 - ii. Externally verified ODF communities maintaining their ODF status for at least one year and beyond.
 - iii. Health care facilities with basic water and basic sanitation services with hand washing promotion sustained for at least 1 year.
 - iv. Schools with students practicing handwashing with soap and water after visiting the toilet at least 1 year after intervention.
14. Did the Programme utilize existing structures and systems to support the sustainability of WASH services after the completion of the Programme? Can you share examples of how these structures have been leveraged to ensure the continued provision of WASH services?
 - a. Are there local funds allocated for the operation and maintenance of WASH facilities at the subnational and community levels following the completion of the Programme?
 - b. How sustainable are these funding mechanisms and what measures have been taken to ensure their continuity?
15. How likely is it that the technical, institutional, and environmental benefits achieved through the Programme will be sustained in the long term?
 - a. What factors (internal or external) could contribute to or hinder the sustainability of these benefits? How do you propose mitigating these challenges?
 - b. Based on your knowledge and experience, what measures or interventions do you think could further improve the sustainability of WASH results?
16. Can you provide information on the WASH interventions or programmes that have been successfully scaled up in Tanzania?
 - a. Based on your understanding, what lessons have been learned in terms of planning, implementation, monitoring, and policy advocacy for scaling up of WASH interventions?
 - b. Are you aware if GoT plans to scale-up ASWA II (in communities, schools, and HFs) to other regions, and if yes, what is its status? Please share any evidence/reports if available.
 - c. Are there any specific lessons learned that can be applied to improve the implementation of the remaining ASWA II activities and other UNICEF supported interventions in Tanzania?

EQUITY AND RISK ASSESSMENT

17. Please share the processes or methods used by ASWA II Programme to identify the WASH needs of vulnerable groups (*men, women, children with disabilities, differently abled people*) in the targeted regions?
 - a. What specific WASH needs of these groups were identified? Please share any evidence/reports if available.
 - b. Did the Programme design any specific interventions and/or allocate resource to address the identified WASH inequities among these groups? Please specify these interventions and the resources allocated.
 - c. **From UNICEF only:** How well do you think the ASWA II interventions align with UNICEF's equity agenda? Please specify how these interventions are aligned.
 - d. Is there monitoring data available on the participation and benefits of marginalized groups in ASWA II interventions?
 - e. Based on your observations and knowledge, how successful has the Programme been in promoting equitable participation and benefits for marginalized groups? Can you provide examples of specific initiatives or approaches that have contributed to this success?

18. Please share if you know about any risk assessment conducted during the designing stage of ASWA II Programme? If yes, who and how was it conducted?
 - a. What measures or strategies have been implemented to mitigate identified risks during the implementation? Can you provide examples of specific risk mitigation actions taken and their effectiveness in reducing or managing risks?
 - b. How frequently was the Risk Management Matrix updated and reviewed during implementation? Are there specific mechanisms or processes in place to ensure that risks are regularly monitored?
 - c. Were there any risks that were not anticipated during the design stage? If so, how were these unanticipated risks identified effect implementation and what actions were taken to manage and mitigate them?

Lixil

RELEVANCE

1. What activities did Lixil perform in the implementation of the ASWA II programme? Please specify separately for Iringa, Songwe and Njombe.
2. Did your organization play any role in the identification of WASH needs in communities, HFs and schools? Please specify what role did your organization provide.

COHERENCE

3. Based on your knowledge, are there any areas in Iringa, Songwe, and Njombe where there are geographic overlaps or uncovered areas in the implementation of WASH activities by Lixil?
 - a. Please provide specific examples and elaborate on the implications of these overlaps or uncovered areas for WASH service provision.

EFFECTIVENESS / IMPACT

4. How has the installation and use of Sato pans and other sanitation products contributed to increased latrine improvement?
 - a. What evidence is available to demonstrate the effectiveness of the ASWA programme in promoting hand hygiene practices, especially in communities, schools, and healthcare facilities?
 - b. How has the Programme's focus on innovative handwashing facilities, such as biotaps, improved hand hygiene behaviours among the target population?
5. In your opinion, what were the key enabling factors that contributed to the achievement of intended results for your organization? Please provide specific examples of these enabling factors and explain how they have positively influenced the outcomes.
 - a. What were the main disabling factors that hindered the achievement of outcomes/results? Please provide specific examples of these disabling factors and explain how they negatively impacted the outcomes.
 - b. What strategies or interventions have been implemented to address the disabling factors in implementation?
6. Do you think there are established norms and standards in place for market-based sanitation, innovation, private sector engagement, and hardware/software in the WASH sector? Please share details including evidence for each component.
 - a. In your opinion, did the Programme comply with these norms/standards? Can you provide examples of how compliance with these norms and standards is monitored and assessed?
 - b. What factors contributed to compliance or non-compliance with these norms/standards? Please share your thoughts and evidence.

EFFICIENCY

7. In your opinion, were Lixil's activities implemented within the stipulated time and budget?
 - a. What were the internal or external factors that led to delays or cost overruns?
 - b. How did these factors affect the implementation? Please share examples.
8. What measures have been implemented to ensure the efficient delivery of Lixil activities?
 - a. Can you identify any adaptations or modifications made to Lixil's implementation plans to reduce costs and time? How did these measures help in reducing costs/time? Please share evidence.
 - b. In your opinion, were there any alternate approaches/strategies that could have been implemented to reduce time and costs? If yes, please do share those and how you think those would reduce time and costs without compromising results.
9. What strategies have been employed to streamline the supply chain for sanitation and hygiene products?

SUSTAINABILITY

10. What strategies have been implemented to ensure the sustainability of improved sanitation and hygiene infrastructure?
 - a. What factors would contribute to or hinder sustainability?

11. How has the Programme engaged and trained local artisans to support the long-term maintenance and construction of sanitation facilities?

EQUITY AND RISK ASSESSMENT

12. Have there been any initiatives to promote gender equity in the programme, particularly in terms of female and vulnerable groups' participation in community structures and training activities?
 - a. How does the distribution of sanitation supplies and products ensure equitable access for all target communities?
13. What risks or challenges have been encountered during the implementation of the ASWA Programme?
 - a. How has the Programme addressed or mitigated these risks to ensure the smooth delivery of interventions?
 - b. Are there any ongoing monitoring and evaluation mechanisms in place to identify and address emerging risks or challenges?

KII Guide for Regional District Administration

Introduction

Good morning/afternoon. My name is and I am carrying out an evaluation on behalf of **AAN Associates**, an independent research and evaluation company. On behalf of **UNICEF Tanzania**, we are conducting a mid-term evaluation of the UNICEF-supported ASWA II Programme and National Sanitation Campaign activities in your region.

We would like to ask questions about the achievements, results, implementation modalities, challenges, and lessons of the ASWA II Programme. The aim is to capture your opinion and feedback about the above-mentioned programmatic aspects to inform the evaluation findings and analysis, and recommendations. The findings of this evaluation will be submitted to UNICEF and MoH to further improve the WASH facilities and services in HCFs.

The information that you will share will be used to synthesize evaluation findings and recommendations. The evaluation findings and recommendations will help UNICEF and the government to improve the WASH services in this region. The interview should take an hour to complete. Your participation in this interview is voluntary. If we ask you any questions you don't want to answer, let us know and we will go on to the next question. You can also stop the interview at any time.

With your consent, we would like to record this conversation so that we do not miss any of your comments. Please be assured that the information you provide will be kept confidential and will not be shared with anyone other than the evaluation team members. Your responses will also be kept anonymous and not tied back to you in any way.

Do you have any questions about the evaluation or the interview at this time?

Do I have your consent to record this conversation?

May I begin the interview now?

RELEVANCE

1. In your view, are there any WASH (water, sanitation, and hygiene including WASH in schools and wash in HCFs) sector policies/plans of GoT? What are the key objectives and priority strategies under these policies/plans?
 - a. Are you aware of UNICEF-GoT joint ASWA II Programme (in Iringa and Songwe), if yes, do you find the objectives and strategies of ASWA II aligned to the GoT objectives and strategies? Please provide specific policies and plans and discuss the extent of alignment between them.
2. Was the GoT (relevant ministries & departments) engaged in identifying the WASH needs of the communities, schools, and health facilities (HFs) in targeted districts of your region (Iringa, Songwe, & Njombe) before the Programme? What processes/methods were used? Please provide supporting evidence.
 - a. Can you provide more specific information on how were relevant stakeholders (community, school and HFs) involved and/or consulted during the identification of WASH needs in targeted districts?
 - b. In your view what are the specific WASH needs of (men, women, boys, girls, disabled, remote, poor), schools and HCFs in this region? Please share more details.
 - c. Could you point to the ASWA/NSC interventions that were designed to meet the identified WASH of communities, schools and HFs in the targeted districts of this region?
 - d. Which WASH needs were not addressed by the Programme in this region?

COHERENCE

3. Are there any formal or informal national/sub-national coordination mechanisms (working groups, etc) for WASH sector coordination in Tanzania? Please share details and evidence of these forums.
 - a. In your opinion, are these forums/groups active/useful for sector-wide joint planning and implementation of WASH activities at national or subnational levels?
 - b. Are you aware if for ASWA II interventions – UNICEF/IPs collaborated with different stakeholders in Iringa/Songwe/Njombe interventions to achieve common objectives and

results? Please share details on any challenges and/or factors for success during collaboration.

- c. Based on your knowledge, are there any areas in Iringa/Songwe/Njombe where there are geographic overlaps or uncovered areas in the implementation of WASH activities by different actors? Please provide specific examples and elaborate on the implications of these overlaps or uncovered areas for WASH service provision.

EFFECTIVENESS

4. In your view, has ASWA II (NSC if in Njombe) achieved the intended results, especially:
 - a. Are the ODF targets on track to be achieved? In your view, are the communities slipping back to OD? Why?
 - b. In your view, has the proportion of people increased in intervention communities that use basic sanitation facilities? How/Why?
 - c. In your view, has the proportion of people increased in intervention communities that practice handwashing with soap or an alternative handwashing agent such as ash, and water? Why/How?
 - d. In your view, has the proportion of people increased in intervention communities that use safe water from newly constructed or rehabilitated systems? How/Why?
5. Please explain how GoT/NSC is tracking the progress and reporting (Iringa, Songwe and Njombe)?
 - a. Are there any results / outcome indicators that were not achieved?
6. In your opinion, what were the key enabling factors that contributed to the achievement of intended outcomes/results (for ODF in communities, practice of hygiene, better wash facilities in schools and HCFs)? Please provide specific examples of these enabling factors and explain how they have positively influenced the outcomes.
 - a. What were the main disabling factors that hindered the achievement of outcomes / results? Please provide specific examples of these disabling factors and explain how they negatively impacted the outcomes?
 - b. What strategies or interventions have been implemented to address the disabling factors throughout the Programme implementation?
7. Does the GoT have WASH specific norms and standards (for ODF, hygiene, WASH in schools, HCFs) for institutional strengthening, market-based sanitation, innovation, private sector engagement, and hardware/software in the WASH sector? Please share details including evidence for each component.
 - a. In your opinion, did the interventions in your region comply with these norms/standards? Can you provide examples of how compliance with these norms and standards is monitored and assessed?
 - b. What factors contributed to compliance or non-compliance with these norms/standards? Please share your thoughts and evidence.

EFFICIENCY

8. How is GoT engaged with UNICEF for sanitation and hygiene in communities, WASH in schools, WASH in HCFs in your region?
 - a. How is GoT contributing to the efforts together with UNICEF in these areas? In your opinion, did this GoT/UNICEF engagement helped in achieving time and/or cost efficiency? Please elaborate your response.
9. In your opinion, are NSC (for Njombe) / ASWA II (Iringa and Songwe) activities implemented efficiently in terms of cost and time? Please provide specific examples or instances to support your assessment.
 - a. Can you identify any adaptations or modifications made to the implementation plans in your region to reduce costs and time? How did these measures help in reducing costs/time? Please share evidence.
 - b. In your opinion, were there any alternate approaches/strategies that could have been implemented to reduce time and costs in your region? If yes, please do share those and how you think those would reduce time and costs without compromising results?

IMPACT

10. How is NSC/ASWA II (sanitation and hygiene in communities, WASH in schools, and WASH in HCFs) has impacted/is impacting the lives of people in Iringa/Songwe/Njombe)? Has it contributed to:
 - a. Has it contributed to reduction in prevalence of diarrhoea in rural areas?
 - b. Has it contributed to reduction in prevalence of stunting in children under 2, in rural areas?
 - c. Has the monitoring improved and is more focus on sustainability assessment?
 - d. Has there been an increase in the participation of women in decision making about the provision and management of WASH services in their communities?
11. Please share how is the GoT tracking and reporting these impact level results, including disaggregated results based on sex and age.
 - a. In your view, are there any unintended impacts of NSC/ ASWA II for communities (men, women, boys, girls, older persons, disabled people) and in schools and HCFs, can you elaborate on those?? If yes, please share what were those results and for whom?

SUSTAINABILITY

12. What are NSC/ASWA II plans and interventions to enable sustaining the results – communities remain/sustain ODF, practice handwashing with soap, WASH in Schools, WASH in HCFs?
 - a. Can you elaborate on actions for sustainability of WASH interventions in communities, schools and HCFs?
13. How is NSC/ASWA II engaging with existing structures and systems (at village level, LGA/TC/DC/RC levels) to support the sustainability of WASH services after the completion of the Programme? Can you share examples of how these structures have been leveraged to ensure the continued provision of WASH services?
 - a. Are there local funds allocated for the operation and maintenance of WASH facilities at the subnational and community levels following the completion of the Programme?
 - b. How sustainable are these funding mechanisms and what measures have been taken to ensure their continuity?
14. What are the plans of GoT to sustain the technical, institutional, and environmental benefits achieved through the GoT-UNICEF collaboration in your region?
 - a. What factors (internal or external) could contribute to or hinder the sustainability of these benefits? How do you propose mitigating these challenges?
 - b. Based on your knowledge and experience, what measures or interventions do you think could further improve the sustainability of WASH results?

EQUITY

15. Please share the processes or methods used by NSC/ASWA II to identify the WASH needs of vulnerable groups (*men, women, children with disabilities, differently abled people*) in your region?
 - a. What NSC/ASWA II specific interventions were implemented to address the identified WASH inequities among these groups? Please specify these interventions.
 - b. Were there any gaps in reaching out to the most vulnerable and marginalised populations? Please specify what were the gaps and how can the future interventions address these gaps.
16. In your view, what are the gaps/weaknesses in ASWA/NSC implementation in communities, schools and HCFs? How can those be overcome/improved? Please suggest actions to be taken, by whom and how they may benefit the beneficiaries?

APPENDIX 9: LIST OF INTERVIEWED STAKEHOLDERS

SR.	Stakeholder	Designation	Location	Gender
1	UNICEF	Chief of WASH	Dar Es Salam	Male
2	UNICEF	Health Specialist	Dar Es Salam	Male
3	UNICEF	PMER Specialist	Dar Es Salam	Male
4	UNICEF	Nutrition Specialist	Dar Es Salam	Tuzie
5	UNICEF	ASWA II Program Focal Person / WASH Specialist	Dar Es Salam	Male
6	UNICEF	Institutional Specialist	Dar Es Salam	Male
7	UNICEF	WASH Officer	Dar Es Salam	Male
8	UNICEF	SBCC Expert/C4D	Dar Es Salam	Female
9	Environmental Health Division of the Ministry of Health	Head of National WASH Sanitation Campaign/ Programme focal person ASWA II Programme	Dar Es Salam	Female
10	PoRALG	PoRLAG Representative	Dar Es Salam	Male
11	Environmental Health Division of the Ministry of Health	M&E Unit/Department (NSMIS system)	Dodoma	Male
12	Environmental Engineering and Pollution Control Organization (EPCO)	Organization Secretary	Dar Es Salam	Male
13	People's Development Forum (PDF)	Director Finance and Administration	Dar Es Salam	Male
14	The World Bank	Senior Water Supply and Sanitation Specialist	Dar Es Salam	Female
15	Lixil	Leader - SATO Tanzania	Dar Es Salam	Male
16	Education Department	Director School Education Department	Iringa	Female
17	Education Department	Director School Education Department/Regional Academic Officer	Njombe	Male
18	Regional Health Team	Regional Health Officers	Iringa	Female
19	Regional Health Team	Regional Health Officers	Njombe	Female
20	Education Department	SWASH Coordinator	Mufundi	Male
21	Education Department	SWASH Coordinator	Njombe	Male
22	Education Department	SWASH Coordinator	Makete	Female
23	District Health Team	District Health Officer	Iringa	Male
24	District Health Team	District Health Office volunteer	Mufundi	Male
25	District Health Team	District Medical Officer	Mufundi	Female
26	District Health Team	District Health Officers	Njombe	Male
27	District Health Team	District health officer	Njombe	Female
28	District Health Team	District Health Officers	Makete DC	Male
29	District Health Team	District Medical Officer	Makete DC	Male
30	RAWASA	Water Engineer	Mufundi	Male
31	RAWASA	CDO	Iringa	Female
32	RAWASA	Water Engineer	Njombe	Male
33	RAWASA	Water Engineer	Makete	Male

APPENDIX 10: FOCUS GROUP DISCUSSION GUIDES

FGD Guides CLTS Committee /Mwongozo wa FGDs kwa Kamati za Afya na usafi

Instructions: Who should participate: CLTS members (likely to include Village Chairperson, Head of Hamlets/Sub-villages, Village Executive Officer, Community Health Worker, Tribal leaders and religious leaders, Masons and WASH entrepreneur/shopkeeper), include all even if it exceeds 12 members.

Maelekezo: Nani anapaswa kushiriki: Wajumbe wa Kamati za usafi wa mazingira (anaweza akawa ni Mwenyekiti wa Kijiji, Mkuu wa Vitongoji/Vitongoji, Afisa Mtendaji wa Kijiji, Mhudumu wa Afya ngazi ya Kijiji, Viongozi wa Kikabila/MaChifu na Viongozi wa Dini, Waashi na mjasiriamali/mwenye duka la vifaa vya maji, vyoo na usafi wa mazingira), wajumuishe wote kwenye majadiliano haya hata kama watazidi washiriki 12

S #	Participant/Mshiriki	Gender/Jinsia	Age/Umri	Disability/Ulemavu
1				
2				
3				
	Total/Jumla:	Male/Wanaume: Female/Wanawake:		Total/Jumla

RELEVANCE/UMUHIMU

1. Think of 2019 (2016 for Njombe) (before National Sanitation Campaign came to the village/community), what were the most significant WASH-specific problems this village/community was facing particularly around: Water (availability, storage and treatment for domestic use), sanitation/latrines (availability and use/practice), And personal hygiene (hand washing stations and soaps availability and use practice)?
 - a. What were the most significant problems in community/village: Schools and Health facilities/dispensaries faced around water, latrines, and hand washing?

Fikiria mwaka wa 2019 (2016 kwa Njombe) (kabla Kampeni ya Kitaifa ya Usafi wa Mazingira haijaanza kutekelezwa katika kijiji/jamii hii), ni matatizo gani ambayo 1. kijiji/jamii 2. shule na 3. vituo vya afya/zahanati walikua wakiyapata katika maeneo yafuatayo; maji (upatikanaji, uhifadhi na kuua wadudu kwa matumizi ya nyumbani), usafi wa mazingira/vyoo (upatikanaji na matumizi/), na usafi binafsi/ tabia ya unawaji mikono(sehemu za kunawia mikono na upatikanaji na matumizi ya sabuni)?

2. In your view, are the needs around water, latrines, hand washing different for different community groups –? If yes how, please share more details? **Ask separately** for Older people, men, women, boys, girls, Poor, people/children with disabilities, and other?

Nitakutajia makundi tofauti ya watu katika jamii, (kama vile wazee, wanaume, wanawake, wavulana, wasichana, maskini, watu/watoto wenye ulemavu na wengineo) ningependa kufahamu kwa maoni yako ikiwa unafikiria kwamba kila kundi linaweza kuwa mahitaji tofauti ya maji, vyoo, na unawaji mikoni ukilinganisha na makundi mengine.....Kwa mfano wazee. Je unafikiri wazee wanamahitaji tofauti ya maji, vyoo na unawaji mikono tofauti na makundi mengine (kama wanaume, wanawake, wavulana, wasichana, maskini, watu/watoto wenye ulemavu na wengineo?) Kama ndio, ni kwa namna gani mahitaji hayo yako tofauti, tafadhali elezea zaidi: Uliza zaidi kwa; Wanaume, Wanawake, Wavulana, Wasichana, Maskini, and Watu/watoto wenye ulemavu

3. Are you aware of National Sanitation Campaign by Ministry of Health/GoT (NSC/MoH and ask if they know UNICEF funded ASWA II Programme)? Were any activities been implemented under NSC/ASWA II in the community since 2019 and what has been the role of CLTS Committee? Please elaborate:
 - a. What activities have been implemented for water, sanitation, hygiene in village/communities, school wash, and wash in HCFs? (Ask for role played by CLTS committee for these activities and in particular for achieving the open defecation free status).
 - b. Are there any needs in village/community, WASH in schools and WASH in HCFs that have not been addressed so far? Please share more.

Je, mnaifahamu Kampeni ya Kitaifa ya Usafi wa Mazingira? (Uwaulize kama wanaujua mradi wa Maji, Afya na Usafi wa Mazingira (ASWA II) unaofadhiliwa na UNICEF na kutekelezwa na PDF/EEPCO)? Je, mradi ulifanya shughuli gani kijijini kwenu tangu mwaka 2019 ?

- a. Ni shughuli gani za Maji, Choo na unawaji mikono za mradi zilitekelezwa kwenye jamii, mashuleni na kwenye zahanati? -(waulize majukumu ya kamati katika kuhakikisha watu wote hawajisaidii hovyoo (kila kaya kujenga na kutumia choo) .
- b. Je, kuna mahitaji yoyote ya maji, vyoo, usafi wa mazingira, shuleni , kijijini/jamii na katika vituo vya afya ambayo hayajashughulikiwa hadi sasa? Tafadhali elezea zaidi kuhusu mahitaji hayo.

COHERENCE/USHIRIKIANO

4. In your view, have the needs of this community/village around village/community for water, sanitation, hygiene, school wash and wash in healthcare facilities changed since 2019?
 - a. If yes, please share examples of what specific needs have changed? (**Ask separately for men, women, boys, girls, older person, and People/children with disability etc.**)
 - b. What has caused that change of needs – floods, displacement, conflict, policy change, by laws etc?

Kwa maoni yako, je, mahitaji ya Maji, Vyoo na Usafi wa mazingira katika jamii/kijiji, shuleni na zahanati yamebadilika tangu 2019?

- a. Kama ndiyo, tafadhali eleza mifano ya mahitaji hayo maalum yaliyobadilika: (uliza mahitaji maalumu kwa kila kundi –yaani kwa wanaume, wanawake, wavulana, wasichana, wazee, watu/watoto wenye ulemavu n.k)?
- b. Ni nini kimesababisha mabadiliko hayo ya mahitaji - mafuriko, watu kuhama hama, migogoro, mabadiliko ya sera, na sheria kali za kijiji

EFFECTIVENESS/UFANISI

5. In your view, the activities implemented in the village/community, schools, and HCFs under NSC remained effective? Please explain how?

Prompts:

- a. Does every household has a latrine, if everyone uses the latrines – if not which households/individuals don't have latrines or don't use it (poor etc);
- b. Adequate water is available to each household for daily household use and drinking;
- c. Does every household have a hand washing station with soap and people use that;
- d. Does everyone in the village know of critical moments to wash hands – can you share some of those critical moments and what is the benefit of it;
- e. Does school have latrines for children?
- f. Does school have adequate water?
- g. Does schools have hand washing stations and soap and do children use those;
- h. Does school have adequate funds for repair and maintenance of water and sanitation facilities?
- i. Does healthcare facility/dispensary have latrines for staff and patients?
- j. Does healthcare facility/dispensary have adequate and safe water for staff and patients?
- k. Does healthcare facility/dispensary have hand washing stations and soap/alcohol for staff and patients?
- l. Does healthcare facility/dispensary have proper arrangement for waste management?
- m. Does healthcare facility/dispensary have adequate funds for repair and maintenance of water and sanitation facilities?
- n. Are there women represented in the CLTS committee and playing their part?
- o. Are there any gaps in the above please specify?

Kwa maoni yako, Je shughuli za mradi za Maji, Vyoo na kunawa mikono zilizotekelezwa kwenye nyumba zenu, shule, na vituo vya afya chini ya kampeni ya kitaifa ya usafi wa mazingira zinaendelea kuleta matokea mazuri hata sasa? Tafadhali eleza ni jinsi gani shughuli hizo zinaleta matokea mazuri hata sasa?

Dadisi: a) je, kila kaya ina choo,

- a. ikiwa kila mtu anatumia choo –
- b. ikiwa sio kila kaya ina choo je kaya/watu gani hawana vyoo au hawatumii vyoo (maskini nk);
- c. maji ya kutosha yanapatikana kwa kila kaya kwa matumizi ya kila siku ya kaya na kunywa;
- d. Je, kila kaya ina kibuyu chirizi au sehemu ya kunawia mikono chenye sabuni na watu wanakitumia;
- e. Je, kila mtu kijijini anafahamu kuhusu nyakati muhimu za kunawa mikono?

- f. unaweza kuniambia baadhi ya hizo nyakati muhimu na faida zake ni? ;
- g. shule ina vyoo vya watoto;
- h. shule ina maji ya kutosha;
- i. Je, shule zina vituo vya sehemu maalumu za kunawia mikono na sabuni na watoto wanazitumia;
- j. Je, shule ina fedha za kutosha kwa ajili ya ukarabati na matengenezo ya vifaa vya maji na usafi wa mazingira;
- k. Je, kituo cha huduma ya afya/zahanati ina vyoo vya watumishi na wagonjwa;
- l. Je, kituo cha huduma ya afya/zahanati kina maji ya kutosha na salama kwa watumishi na wagonjwa;
- m. Je, kituo cha afya/zahanati ina sehemu maalumu za kunawia mikono na sabuni/kitakasa mikono kwa wafanyakazi na wagonjwa;
- n. Je, kituo cha huduma cha afya/zahanati ina mpangilio mzuri wa usimamizi wa taka;
- o. Je, kituo cha huduma ya afya/zahanati ina fedha za kutosha kwa ajili ya ukarabati na matengenezo ya huduma za maji na usafi wa mazingira.
- p. kuna wanawake kwenye Kamati za Afya na usafi na wanatekeleza wajibu wao?.
- q. Je, kuna mapungufu katika hayo hapo juu niliyoyataja tafadhali ongezea.

6. In your view what has contributed to the successful achievement of what we discussed earlier – in communities, schools, HCFs? Please elaborate (prompt – support from political representatives, religious leaders, etc.
- a. In your view, are there things that have not been achieved and
 - b. What have the contributing factors for those? Please share more of those reasons – prompts limited funds for village, COVID, others?
 - c. Did you try to overcome these factors? How?

Kwa maoni yako ni nini kimechangia mafanikio ya mradi uliyoniambia hapo awali kwenye kaya/majumbani, shuleni, na zahanati? Tafadhali fafanua (dadisi - msaada kutoka kwa viongozi wa kisiasa, wa kidini, watu maarufu nk)

- a. Kwa mtazamo wako, Je kuna mambo ambayo mradi haujayatekeleza kwa mafanikio?
- b. ni sababu gani zilichangia kutofanikiwa kwa mambo hayo? wachoche: (upungufu wa pesa wa serikali ya kijiji, CORONA/Uviko19, na mengine)?
- c. Na mlchukua hatua gani kukabiliana na sababu hizo?
- d. Je mlijaribu kutatua changamoto hizi? Mlifanya jitihada zipi?

IMPACT/MATOKEO

7. How has the NSC activities around water, sanitation, hygiene (in village/communities, in schools, and in healthcare facility/dispensary) affected the lives of the community members? **(Prompts like better health, reduction in stunting/malnutrition in children, reduction in diarrhoea, improved attendance of children in schools etc.)** Please share with us their benefits for **ask separately and take note for** men, women, boys, girls, older person, poor, and People/children with disabilities?

Je, shughuli za kampeni ya taifa ya usafi wa mazingira kuhusu maji, vyoo, unawaji mikono, (katika majumbani, shuleni na katika vituo vya afya/zahanati) zimeboresha (faida/hasara) vipi maisha yenu wanajamii? **(dadisi kama faida hizo zinaweza kuwa afya bora, mfano kupungua kwa udumavu/utapiamlo kwa watoto, kupungua kwa magonjwa ya kuhara, kuimarika kwa mahudhuri ya watoto shuleni n.k)**

Tafadhali elezea kuhusu faida za shughuli hizo - **uliza faidi kwa kila kundi. Yaani – wanaume, wanawake, wavulana, wasichana, wazee, maskini, watu/watoto wenye ulemavu?**

8. In your opinion, has there any changes (positive/negative, because of NSC activities in your village/community) for men, women, boys, girls, persons/children with disabilities and others, that are not directly related to health/nutrition, school attendance?
- ✓ If there are any, what are those,
 - ✓ And how they have affected the community/students?

Kwa maoni yako, je kuna faida/hasara yoyote (chanya/hasi, yaliyosababishwa na shughuli za kampeni ya taifa ya usafi wa mazingira katika kijiji/jamii yako) kwa wanaume, wanawake, wavulana, wasichana,

watu/watoto wenye ulemavu na wengineo, ambayo hayahusiani moja kwa moja na afya/lishe, mahudhurio ya shule?

- ✓ Ikiwa faida/hasara zipo yapo, ni zipi hizo?
- ✓ na Je, zimeathiri vipi jamii/wanafunzi?

SUSTAINABILITY/MUENDELEZO WA MRADI

9. As members of CLTS committee, do you foresee the changes that have happened around water, sanitation, and hygiene (in community, schools, and healthcare facility/dispensary) that will sustain after the NSC activities have completed?
- a. Would community be able to maintain ODF status (all people will continue to defecate in the latrines)? If yes how, and if not why and What could be done to sustain this? Is there any plan for this with CLTS committee?
 - b. Will people in the village/communities continue to use/store and treat water and have funds for repair/maintenance of water facility? If yes, how and if no, why, and what could be done to sustain this? Is there any plan for this with CLTS committee?
 - c. Will people in the village/communities continue to practice hand washing with soap after latrine use? If yes, HOW and if not, WHY And WHAT could be done to sustain this? Is there any plan for this with CLTS committee?
 - d. Would schools continue to have adequate water, usable latrines, children continue to practice hand washing after toilet use, and school have funds for repair and maintenance of water and sanitation facilities? If yes, how and if not why and What could be done to sustain these? Is there any plan for this with CLTS committee?
 - e. Would healthcare facility/dispensary continue to have adequate water, usable latrines, and staff/patients, continue to practice hand washing with soap, and healthcare facility/dispensary, and have funds for repair and maintenance of water and sanitation facilities? If yes how and if not, why, and what could be done to sustain these? Is there any plan for this with CLTS committee?

Mkiwa kama wajumbe wa Kamati ya Afya na usafi, mnadhani mafanikio ya mradi yaliyotokea kwenye upande wa upatikanaji wa maji, vyoo na usafi wa mazingira (majumbani, shuleni, na kituo cha afya/zahanati) yataendelea hata baada ya mradi kumalizika?

- a. Je, jamii itaweza kudumisha hali ya watu kutojisaidi hovyoo na kila kaya kuwa na choo? Kama ndiyo, kwa namna gani/kivipi itaweza kudumisha? Kama haitaweza kudumisha ni nini kifanyike ili kuendeleza/ kudumisha utekelezaji wa shughuli hizo? Je kamati yenu ina mpango wowote wa kudumisha shughuli hizo?
- b. Wananchi katika majumbani wataendelea kutunza na kutibu maji na kunywa na watakuwa na fedha za ukarabati/matengenezo ya vituo vya maji? Kama ndiyo, kwa namna gani/kivipi wataweza kuendelea? na kama hapana, kwa nini hawataweza? na nini kifanyike ili kuendeleza shughuli hizo? Je kamati yenu ina mpango wowote wa kudumisha shughuli upatikanaji wa maji?
- c. Je, wananchi wataendelea na unawaji mikono kwa sabuni baada ya kutoka chooni? Kama ndiyo, watawezaje kufanikisha hilo, na kama hapana, KWA NINI hilo halitafanikiwa? na NINI kifanyike ili kuendeleza shughuli hii? Je kamati yenu ina mpango wowote wa kudumisha shughuli za unawaji mikono?
- d. Je, shule zitaendelea kuwa na maji ya kutosha, vyoo vinavyotumika? watoto wataendelea kunawa mikono baada ya kutumia vyoo? na shule itaendelea kuwa na fedha kwa ajili ya ukarabati na matengenezo ya vifaa vya maji na usafi wa mazingira? Kama ndio, watawezaje kufanisha hilo, kama sivyo ni kwa nini, na nini kifanyike ili kuendeleza/ kudumisha shughuli hizo? Je kamati yenu ina mpango wowote wa kuhusu kudumisha shughuli hizo?
- e. Je, kituo cha huduma ya afya/zahanati kitaendelea kuwa na maji ya kutosha, vyoo vinavyoweza kutumika? na wafanyakazi/wagonjwa, kuendelea na tabia ya unawaji mikono kwa sabuni? na kituo cha huduma ya afya/zahanati, kuwa na fedha za ukarabati na matengenezo ya vifaa vya maji, vyoo na usafi wa mazingira? Kama ndiyo watafanikishaje hilo? na kama sivyo kwa nini watahindwa kufanikisha hilo? na nini kifanyike ili kuendeleza shughuli hizo? Je kamati yenu ina mpango wowote wa kudumisha shughuli hizo?

Lessons Learnt and Suggestions / Recommendations?

10. Are there any lessons that you have learnt as CLTS members (for design, implementation and monitoring) of water, sanitation, and hygiene activities in communities, school and healthcare facility/dispensary? Please share more details

Je, kuna kitu chochote ambacho mmejifunza nyie kama wanachama wa Kamati za Afya na usafi (katika kubuni, utekelezaji na ufuatiliaji wa mradi) wa shughuli za maji, vyoo ana usafi wa mazingira majumbani, shuleni na kituo cha huduma ya afya/zahanati? Tafadhali elezea zaidi

11. Do you have any suggestions/recommendations for the MoH/DHO (and other development partners like UNICEF) as to what should be done in future for availability of water, latrines and hygiene behaviours, (ask separately for communities, schools and healthcare facilities)? Please identify the recommended action, how it may benefit and who should implement (for instance CLTS committee, MoH/DHO, UNICEF etc).

Je, una mapendekezo yoyote kwa Wizara ya Afya/ afisa afya wa Wilaya (na washirika wengine wa maendeleo kama vile UNICEF) kuhusu nini kifanyike katika siku zijazo kwenye upatikanaji wa maji safi na salama, vyoo na unawaji mikono, (uliza tofauti kuhusu nini kifanyike kwa jamii/majumbani, shuleni na vituo vya afya)? Tafadhali toa mapendekezo kuhusu hatua zinazopaswa kufanyika, jinsi inavyoweza kufaidika na ni nani anayefaa kutekeleza mapendekezo hayo (kwa mfano kamati ya Kamati za Afya na usafi Wizara ya afya / Afisa afya wa wilaya PDF, UNICEF n.k

FGD Guide (for Men and Women seperately)/ Majadiliano ya kikundi (kwaajili ya kundi la wanaume na kundi la wanawake)

Instructions: **Who should participate:** The community members group ideally should be of 10-12 people and should include: men and women, older persons, persons with disabilities, minority groups and others (**exclude those who are CLTS members**) –include all even if it exceeds 12 members./Maelekezo: Ni nani wanapaswa kushiriki: Kikundi cha wanakijiji kinachopendekezwa

kushiriki kinapaswa kuwa na watu 10-12 na kinapaswa kujumuisha: wanaume / wanawake, watu wazee, watu wenye ulemavu, makundi ya watu wenye mahitaji maalum, na wengine (ondoa wale ambao ni wanachama wa Kamati za Afya na usafi) - jumuisha wote hata kama idadi inazidi 12.

1. Do some ice-breakers to ease the participants and encourage all to speak and share their opinions./ Fanya shughuli za kuvunja ukimya ili kuwapa washiriki nafasi ya kujisikia huru na kuhamasisha wote kuongea na kushiriki mawazo yao
2. Secure Consent From Members:/ Pata ridhaa kutoka kwa wanakijiji/wanajamii
3. Count how many people have participated and count older persons (above 60 years) and people with disabilities and minority group./ Hesabu idadi ya watu walioshiriki na hesabu watu wazee (wenye zaidi ya miaka 60) na watu wenye ulemavu na watu kutoka makundi yenye mahitaji maalum

S #	Participant/Mshiriki	Gender/Jinsia	Age/Umri	Disability/Ulemavu
1	1			
2				
3				
	Total/Jumla:	Male/Wanaume: Female/Wanawake:		Total/Jumla

RELEVANCE/UMUHIMU

1. Think of 2019 (2016 for Njombe) (before National Sanitation Campaign was introduced/implemented), what were the most significant problems/challenges this village/community was facing particularly around: Water (availability, storage and treatment for domestic use), sanitation/latrines (availability and use/practice), and personal hygiene (hand washing stations and soaps availability and use/practice)? also please think of problems/challenges with respect to water, latrines and hand washing, for school, and healthcare facility/dispensary

Fikiria mwaka wa 2019 (2016 kwa Njombe) (kabla ya Kampeni ya Kitaifa ya Usafi kuanzishwa/kutekelezwa), ni matatizo/changamoto gani muhimu zilikuwa zinakabili kijiji/jamii hii hususan kuhusu: maji (upatikanaji, uhifadhi na matibabu kwa matumizi ya nyumbani), usafi/vyoo (upatikanaji na matumizi), na usafi binafsi (upatikanaji na matumizi ya vituo vya kunawia mikono na sabuni)? Tafadhali pia fikiria kuhusu matatizo/changamoto yaliyokupeo kuhusiana na maji, vyoo, na unawaji wa mikono. katika shule, na vituo vya huduma za afya/zahanati

2. In your view, are the needs around water, latrines, hand washing different for different community groups – If yes how, please share more details? (**ask separately:** for older people, adult men, adult women, boys, girls, poor, people/children with disabilities, and others?)

Nitakutajia makundi tofauti ya watu katika jamii, (kama vile wazee, wanaume, wanawake, wavulana, wasichana, maskini, watu/watoto wenye ulemavu na wengineo) ningependa kufahamu kwa maoni yako ikiwa unafikiria kuwa kila kundi linaweza kuwa mahitaji tofauti ya maji, vyoo, na unawaji mikoni ukilinganisha na makundi mengine.....Kwa mfano wazee. Je unafikiri wazee wanamahitaji tofauti ya maji, vyoo na unawaji mikono tofauti na makundi mengine (kama wanaume, wanawake, wavulana, wasichana, maskini, watu/watoto wenye ulemavu na wengineo?) -Kama ndio, ni kwa namna gani mahitaji hayo yako tofauti, tafadhali elezea zaidi. **Uliza zaidi kwa:** Wanaume, Wanawake, Wavulana, Wasichana, Maskini, Watu/watoto wenye ulemavu

3. Are you aware of National Sanitation Campaign by Ministry of Health/GoT (NSC/MoH and ask if they know of UNICEF funded ASWA Programme only in Iringa)?
 - ✓ Were any activities implemented under NSC/ASWA II in the village/community since 2019 (2016 for Njombe) (*nyumba ni choo, no house is complete without toilet) and please share more details with us of those activities:

- a. What activities have been implemented: for water, sanitation, hygiene, school WASH, WASH in HCFs.
- b. Are there any village/community needs (for water, sanitation, hygiene) that have not been addressed so far by NSC/ASWA II, please share more details of those.

Je mnaifahamu Kampeni ya Kitaifa ya Usafi wa Mazingira? (Uwaulize kama wanaujua mradi wa Maji, Afya na Usafi wa Mazingira (ASWA II) unaofadhiliwa na UNICEF na kutekelezwa na PDF/EEPSCO kwenye mkoa wa Iringa)?

- ✓ Je, mradi ulifanya shughuli gani kijijini kwenu tangu mwaka 2019 (2016 kwa Njombe) (kampeni ya nyumba ni choo/Mrisho Mpoto alizunguka nchi nzima kuhamasisha) kama unafahamu tafadhali elezea zaidi kuhusu shughuli hizo:
 - a. Ni shughuli gani za Maji, Choo na unawaji mikono za mradi zilitekelezwa: majumbani, mashuleni na, kwenye zahanati?
- b. Je, kuna mahitaji yoyote ya maji, vyoo, usafi wa mazingira, shuleni, majumbani na katika vituo vya afya ambayo hayajashughulikiwa hadi sasa na mradi? Tafadhali elezea zaidi kuhusu mahitaji hayo.

COHERENCE/USHIRIKIANO

4. In your view, have the needs of this community/village around community for water, sanitation, hygiene changed since 2019?
 - a. If yes, please share examples of what specific needs have changed (**Ask separately** For men, women, boys, girls, older person, People/children with disability, etc.)?
 - b. What has caused that change of needs – floods, displacement, conflict etc.

Kwa maoni yako, je, mahitaji ya Maji, Vyoo na Usafi wa mazingira katika jamii/kijiji, shuleni na zahanati yamebadilika tangu 2019?

- a. Ikiwa ndio, tafadhali eleza kwa kutoa mifano halisi ya ambayo yamebadilika (**uliza mahitaji maalumu kwa kila kundi –yaani**, kwa wanaume, wanawake, wavulana, wasichana, wazee, watu/watoto wenye ulemavu n.k)?
- b. Nini kimesabisha mahitaji hayo kubadilika? - mafuriko, watu kuhama hama, migogoro, mabadiliko ya sera, na sheria kali za kijiji n.k.?

EFFECTIVENESS/UFANISI

5. In your view, the activities implemented in the village/community under NSC remained effective? Please explain how?

Prompts:

- a) Does every household has a latrine, if everyone uses the latrines – if not which households/individuals don't have latrines or don't use it (poor etc);
 - b) Adequate water is available to each household for daily household use and drinking (and store and treat water before use);
 - c) Does every household have a hand washing station with soap and people use that;
 - d) Does everyone in the village know of critical moments to wash hands – can you share some of those critical moments and what is the benefit of it;
 - e) are there women represented in the CLTS committee and playing their part? Are there any gaps in the above please specify.
- a. In your view what has contributed to the successful achievement of what we discussed earlier – in village/communities. Please elaborate (prompt – support from political representatives, religious leaders, CLTS Committee etc.
 - b. In your view, are there things that have not been achieved? And what have the contributing factors for those? Please share more of those reasons – prompts limited funds for the village/community, COVID, others? Did you try to overcome these factors, how?

Kwa mtazamo wako, Je shughuli za mradi wa Maji, Vyoo na kunawa mikono zilizotekelezwa majumbani kwenu chini kampeni ya kitaifa ya usafi wa mazingira zinaweza kuleta matokea mazuri hata zikifanywa tena sasa? Tafadhali eleza ni jinsi gani shughuli hizo zinaendelea kuleta matokea mazuri hata sasa?

Dadisi:

- a) Je kila kaya ina choo, chunguza upate kujua ikiwa kila mtu anatomia vyoo - ikiwa sivyo, ni kaya/watu gani ambao hawana vyoo au hawaatumii vyoo (maskini, nk);

- b) Maji ya kutosha yanapatikana kwa kila kaya kwa matumizi ya kila siku ya kaya na kunywa (na uliza kuhusu kuhifadhi na kutibu maji kabla ya matumizi);
- c) Je kila kaya ina kituo cha kunawia mikono na sabuni na watu wanakitumia;
- d) Je, kila mtu katika kijiji anafahamu nyakati muhimu za kunawa mikono – Je mnaweza kuniambia kuhusu baadhi ya nyakati muhimu za kunawa mikono na faida yake;
- e) Je, wanawake wana uwakilishi katika kamati ya mazingira ya kijiji na wanatekeleza sehemu yao?

Je kuna mapungufu yoyote ya ufanisi katika utekelezaji kuhusu mambo yaliyotajwa hapo juu? tafadhali eleza.

- a. Kwa maoni yako ni nini kimechangia kwa mafanikio ya mradi uliyoniambia hapo awali – kwenye kaya/majumbani, shuleni, na zahanati? Tafadhali fafana (dadisi - msaada kutoka kwa viongozi wa kisiasa, wa kidini, watu maarufu, kamati ya Afya na Usafi nk.
- b. Kwa mtazamo wako, Je kuna mambo ambayo mradi haujayatekeleza kwa mafanikio? na ni sababu gani zilichangia kutofanikiwa kwa mambo hayo? Na mlichukua hatua gani kukabiliana na sababu hizo? wachoche: (upungufu wa pesa wa serikali ya kijiji, CORONA/Uviko19, na mengine)? Je mlifanibu kutatua changamoto hizi? Mlifanya jitihada zipi?

IMPACT/MATOKEO

6. How has the NSC activities around water, sanitation, hygiene in village/communities affected the lives the community members? Please share with us their benefits/affects for – **Ask separately and take note for** men, women, boys, girls, older person, poor, and People/children with people with disabilities.

(Prompts: like better health, reduction in stunting/malnutrition in children, reduction in diarrhoea, improved attendance of children in schools etc.)

Je, ni Jinsi gani shughuli za kampeni ya taifa ya usafi wa mazingira kuhusiana na maji, vyoo, na unawaji mikono majumbani zimeleta mabadiliko kwenye maisha ya wananchi? Tafadhali tuambie faida / athari ya shughuli hizo: **kwa makundi maalum kama vile**, wanaume, wanawake, wavulana, wasichana, wazee, maskini, watu/watoto wenye ulemavu

(vichocheo: athari zinaweza kuwa afya bora, kupungua kwa udumavu/utapiamlo kwa watoto, kupungua kwa magonjwa ya kuhara, kuboreshwa kwa mahudhurio ya watoto shuleni, n.k.)

7. In your opinion, have you noticed any changes (positive/negative, because of NSC activities in your village/community) - that are not directly related to health/nutrition/attendance? If there are any, what are those changes? **-Ask separately;** for men, women, boys, girls, persons/children with disabilities and others, How have they have affected the village/community?

Kwa maoni yako, je, shughuli za kampeni ya taifa ya usafi wa mazingira kuhusu maji, vyoo, usafi wa mazingira zimeleta mabadiliko gani kwa wananchi ? (mabadiliko chanya/hasi) ambayo hayahusiani moja kwa moja na afya/lishe/mahudhurio ya wanafunzi shuleni na ni jinsi gani mabadiliko hayo yaliwagusa wananchi

Ikiwa kuna mabadiliko yoyote, ni mabadiliko gani hayo? - **Uliza mabadiliko kwa:** kwa wanaume, wanawake, wavulana, wasichana, watu/watoto wenye ulemavu na wengine,

SUSTAINABILITY

8. As members of the village/community, do you foresee the changes that have happened in last few years around water, sanitation, and hygiene (in village/community will sustain after the NSC activities have completed? Prompts:

- a. Would community be able to maintain ODF status (all people will continue to defecate in the latrines)? If yes how, and if not why and What could be done to sustain this? Is there any plan for this with CLTS committee/community members?
- b. Will people continue to use/store and treat water and have funds for repair/maintenance of water facilities? If yes how and if not, why, and what could be done to sustain this? Is there any plan for this with CLTS committee/community members?
- c. Will people continue to practice hand washing with soap after latrine use? If yes how and if not, why, and what could be done to sustain this? Is there any plan for this with CLTS committee/community members?

Kama wanakijiji/wanajamii, je, mnadhani mabadiliko yaliyotokea katika miaka ya hivi karibuni kuhusu maji, vyoo, na usafi wa mazingira (katika kijiji/jamii hii) yataendelea hata baada ya shughuli za kampeni ya kitaifa ya usafi wa mazingira kumalizika? **Vichocheo:**

- a. Je, jamii itaweza kudumisha hali ya watu kutojisaidi hovyoo na kila kaya kuwa na choo? Kama ndiyo, kwa namna gani/kivipi itaweza kudumisha? kama haitaweza ni kwanini? Na nini kifanyike ili kuendeleza/ kudumisha utekelezaji wa shughuli hizi? Je kamati ya afya na usafi/pamaoja na nyie/wananchi mna mpango wowote mliouweka /uliondaliwa ili kudumisha shughuli hizo?
- b. Je, Wananchi wataendelea kutunza na kutibu maji na kunywa: na watakuwa na fedha za ukarabati/matengenezo ya vituo vya maji? Kama ndiyo, kwa namna gani/kivipi wataweza kuendelea? na kama hapana, kwa nini hawataweza? na nini kifanyike ili kuendeleza shughuli hizo? Je kamati yenu/nyie wananchi mna mpango wowote mliouweka /uliondaliwa ili kudumisha shughuli hizo za maji?
- c. Je, wananchi wataendelea na unawaji mikono kwa sabuni baada ya kutoka chooni: Kama ndiyo, watawezaje kufanikisha hilo na kama hapana, KWA NINI hilo halitafanikiwa na NINI kifanyike ili kuendeleza shughuli hii? Je kamati yenu/nyie wananchi mna mpango wowote mliouweka /uliondaliwa ili kudumisha shughuli hizo za unawaji mikono?

Lessons Learnt and Suggestions / Recommendations?

9. Are there any lessons that you have learnt as members of the community by participating in NSC/ASWA II activities (in terms of design, implementation and monitoring) of water, sanitation, and hygiene activities in communities? Please share more details of these lessons.

Je, kuna kitu chochote ambacho mmejifunza nyie kama wananchi (katika kubuni, utekelezaji na ufuatiliaji wa mradi) wa shughuli za maji, vyoo ana usafi wa mazingira majumbani kwenu? Tafadhali mtuambie kiundani mlichojifunza

10. Do you have any suggestions/recommendations for the MoH/DHO (and other development partners like UNICEF) as to what should be done in future for the availability of water, latrines and hygiene behaviours (ask separately for communities)? Please identify the recommended action, how it may benefit and who should implement it (for instance CLTS committee, MoH/DHO, UNICEF etc).

Je, una mapendekezo yoyote kwa Wizara ya Afya/ afisa afya wa Wilaya (na washirika wengine wa maendeleo kama vile UNICEF) kuhusu nini kifanyike katika siku zijazo kwenye upatikanaji wa maji safi na salama, vyoo na unawaji mikono, (uliza tofauti kuhusu nini kifanyike kwa jamii/majumbani, shuleni na vituo vya afya)? Tafadhali toa mapendekezo kuhusu hatua zinazopaswa kufanyika, jinsi inavyoweza kufaidika na ni nani anayefaa kutekeleza mapendekezo hayo (kwa mfano kamati ya Kamati za Afya na usafi Wizara ya afya / Afisa afya wa wilaya PDF, UNICEF n.k.

FGD Guide (STAFF AT HEALTH FACILITY)/Mazungumzo ya kikundi (Wafanyakazi wa kituo cha afya)

Instructions: Who should participate ideally all HCF staff (including the facility head).
Do some icebreakers to ease the participants and encourage all to speak and share their opinions.
Secure Consent from head of the HCT:

Take note of designation and gender

Maelekezo: Wafanyakazi wote wa kituo cha afya wanapaswa kushiriki (ikiwa ni pamoja na kiongozi wa kituo).

Fanya shughuli za kuvunja ukimya ili kuwapa washiriki nafasi ya kujisikia huru na kuhamasisha wote kuongea na kushiriki mawazo yao.

Pata ridhaa kutoka kwa kiongozi wa kituo cha afya:

Chukua taarifa ya cheo na jinsia kwa kila mshiriki.

S #	Participant/Mshiriki	Gender/Jinsia	Age/Umri	Disability/Ulemavu
1				
2				
3				
	Total/Jumla:	Male/Wanaume: Female/Wanawake:		Total/Jumla

RELEVANCE/ UMUHIMU

1. Think of 2019 (2016 for Njombe) (before National Sanitation Campaign was introduced/implemented into the HCF/dispensary), what were the most significant problems/challenges this HCF/dispensary was facing particularly around water, sanitation/latrines (availability, storage and treatment, use/practice), and personal hygiene (hand washing stations and soaps availability and use practice by staff), and community health and hygiene messages?

Fikiria kuhusu mwaka 2019 (2016 kwa Njombe) (kabla ya Kampeni ya Kitaifa ya Usafi haijaanzishwa/kutekelezwa katika kituo hiki cha afya), ni matatizo/changamoto gani muhimu zaidi ambazo kituo hiki cha afya/dispensary kilikua kinakabiliwa nazo, hasa kuhusu: maji, usafi/vyoo (upatikanaji, uhifadhi na matibabu, matumizi), and usafi binafsi (sehemu za kunawia mikono na upatikanaji na matumizi ya sabuni kwa watumishi), elimu ya afya kwa jamii?

2. In your view as public health professionals, are the needs around water, latrines, hand washing different for different community groups –? If yes how, please share more details

Ask separately: for instance, For older people, adult men, adult women, boys, girls, poor, People/children with disabilities, and other?

Nitakutajia makundi tofauti ya watu katika jamii, (kama vile wazee, wanaume, wanawake, wavulana, wasichana, maskini, watu/watoto wenye ulemavu na wengineo) ningependa kufahamu kwa maoni yako ikiwa unafikiria kuwa kila kundi linaweza kuwa mahitaji tofauti ya maji, vyoo, na unawaji mikoni ukilinganisha na makundi mengine.....Kwa mfano wazee. Je unafikiri wazee wanamahitaji tofauti ya maji, vyoo na unawaji mikono tofauti na makundi mengine (kama wanaume, wanawake, wavulana, wasichana, maskini, watu/watoto wenye ulemavu na wengineo?) -Kama ndio, ni kwa namna gani mahitaji hayo yako tofauti?, tafadhali elezea zaidi. **Uliza zaidi kwa; Wanaume, Wanawake, Wavulana, Wasichana, Maskini, Watu/watoto wenye ulemavu**

3. Are you aware of National Sanitation Campaign by Ministry of Health/GoT (NSC/MoH (and ask if they know UNICEF funded ASWA II Programme also only in Iringa, ASWA II should asked only in Iringa)?

a. Were any activities implemented under NSC/ASWA II in this healthcare facility/dispensary and the community since 2019 and please share more details with us of those activities:

b. What activities have been implemented for water, sanitation, hygiene, in HCFs?

c. Are there any HCF needs (for water, sanitation, hygiene and health education) have not been addressed so far by NSC/ASWA II, please share more details of those?

Je, mnaifahamu Kampeni ya Kitaifa ya Usafi wa Mazingira? (Uwaulize kama wanaujua mradi wa Maji, Afya na Usafi wa Mazingira (ASWA II) unaofadhiliwa na UNICEF na kutekelezwa na PDF)?

Je, mradi ulifanya shughuli gani kwenye hii zahanati yenu tangu mwaka 2019? Tafadhali eleza kwa undani zaidi kuhusu shughuli hizo:

- a. Ni shughuli zipi zilizotekelezwa kuhusu maji, vyoo, na usafi wa mikono katika vituo vya afya?
- b. Je, kuna mahitaji yoyote ya maji, vyoo, usafi wa mazingira katika vituo vya afya ambayo hayajashughulikiwa hadi sasa? Tafadhali elezea zaidi kuhusu mahitaji hayo.

COHERENCE/USHIRIKIANO

4. In your view, have the needs of this HCF/dispensary changed since 2019 around water, sanitation, hygiene, and wash in healthcare facilities.
 - a. If yes, please share examples of what specific needs have changed?
 - b. What has caused that change of needs – floods, displacement, conflict, policy change, budget change, number of staff etc.?

Kwa maoni yenu, je, mahitaji ya kituo hiki cha afya/zahanati kuhusu maji, vyoo, usafi wa mikono, na usafi wa mazingira katika vituo vya afya yamebadilika tangu mwaka 2019?

- a) Ikiwa ndiyo, tafadhali eleza mifano ya mahitaji maalum ambayo yamebadilika.
- b) Nini kimesababisha mabadiliko hayo ya mahitaji - mafuriko, kuhamahama, migogoro, mabadiliko ya sera, mabadiliko ya bajeti, idadi ya wafanyakazi, nk.?

5. Are other organizations apart from MoH/DHO, UNICEF/IP working in this HCF for water, sanitation and hygiene (including hygiene promotion)? If yes, please share more of actors working here, And if they are collaborating?

Je, kuna taasisi nyingine tofauti na Wizara ya afya/Afisa Afya wa Wilaya, UNICEF/PDF zinazotekeleza mradi na nyie hapa kwenye zahanati yenu kwenye Nyanja ya maji, vyoo, na usafi wa mazingira (ikiwa ni pamoja na uhamsishaji wa usafi binafsi)? ikiwa ndiyo, tafadhali eleza taasisi hizo ni zipi na toa mifano kuhusu ushirikiano huo, Na eleza iwapo taasisi hizo zinashirikiana kwenye kufanya utekelezaji wao?

EFFECTIVENESS/UFANISI

6. In your view, the activities implemented in the HCF under NSC remained effective? Please explain how?

Prompts:

- a) Does HCF/dispensary have latrines for staff and patients?
- b) Does HCF/dispensary have adequate and safe water for staff and patients;
- c) Does HCF/dispensary have hand washing stations and soap/alcohol for staff and patients;
- d) Does HCF/dispensary have proper arrangement for waste management;
- e) Does HCF/dispensary have adequate funds for repair and maintenance of water and sanitation facilities?
 - Are there any gaps in the above please specify?
 - In your view what has contributed to the successful achievement of what we discussed earlier – in HCF, communities and school? Please elaborate (prompt – support from political representatives, religious leaders, adequate funds, CLTS Committee etc.
 - In your view, are there things that have not been achieved?
 - What have been the contributing factors for those? Please share more of those reasons – **prompts:** (limited funds for HCF, village, COVID, others?)
 - Did HCF try to overcome these factors, how?

Kwa maoni yako, shughuli zilizotekelezwa katika kituo hiki cha afya chini ya Kampeni ya Kitaifa ya Afya na Usafi wa mazingira zimekuwa na ufanisi? Tafadhali eleza jinsi zillivyofanikiwa.

Vichocheo:

- a) Je, kituo cha afya/zahanati kina vyoo kwa wafanyakazi na wagonjwa;
- b) Je, kituo cha afya/zahanati kina maji ya kutosha na salama kwa wafanyakazi na wagonjwa;
- c) Je, kituo cha afya/zahanati kina vituo vya kunawa mikono na sabuni/vitakasa mikoni kwaajili ya kusafishia mikono kwa wafanyakazi na wagonjwa;
- d) Je, kituo cha afya/zahanati kina utaratibu mzuri wa kusimamia taka;
- e) Je, kituo cha afya/zahanati kina fedha za kutosha kwa ajili ya ukarabati na matengenezo ya miundombinu ya maji na vyoo?
 - Je, kuna upungufu wowote kati ya haya, tafadhali eleza kwa kina.

- Kwa maoni yako, ni nini kilichochangia kufanikiwa kwa hayo tuliyozungumza awali - katika kituo hiki cha afya, jamii, na shule? **Tafadhali eleza** zaidi (wachoche- msaada kutoka kwa viongozi wa kisiasa, viongozi wa kidini, fedha za kutosha, kamati ya **CLTS**, nk).
- Kwa maoni yako, kuna mambo ambayo hayajafanikiwa/kutekelezwa kwa ufanisi?
- Ni sababu gani zilizochangia kutokufanikiwa kwa mambo hayo? (Tafadhali eleza zaidi kuhusu sababu hizo – upngufu wa fedha kwa kituo cha afya, kijiji, UVIKO-19/CORONA, au sababu nyingine)
- D. Je, kituo cha afya kilifanya nini ili kujaribu kutatua sababu?

IMPACT/MATOKEO

7. How has the NSC activities around water, sanitation, hygiene in HCF affected the lives the community members, HCF's staff? Please share with us their benefits/affects for – **ask separately and take note for:** staff members, patients, (prompts like reduction in facility-based infections for staff and patients)

Je, shughuli za kampeni ya taifa ya usafi wa mazingira kuhusu maji, vyoo, usafi wa mazingira, zimegusa vipi maisha yenu wanajamii na wafanyakazi wa zahanati? – uliza **athari kwa kila kundi tofauti na uzingatie makundi yafuatayo:-** wafanyakazi, wagonjwa (waelezee kuhusu vitu kama kupungua kwa maambukizi yanayosababishwa/kupatikana katika vituo vya afya kwa wafanyakazi na wagonjwa).

8. In your view has there been any change in health of men, women, boys, girls, because of the community-based WASH interventions in the village. (Prompt: reduction in stunting/malnutrition in children, reduction in diarrhoea, reduction in other diseases etc.) Please explain how are they are linked to WASH practices/activities.

Kwa maoni yenu, Je, kumekuwa na mabadiliko yoyote katika afya za wanaume, wanawake, wavulana, wasichana katika jamii/kijijini kutokana na shughuli za maji, usafi wa mazingira na vyoo zilizotekelezwa? (waulize kuhusu: kupungua kwa udumavu/utapiamlo kwa watoto, kupungua kwa magonjwa ya kuhara, kupungua kwa magonjwa mengine, nk.) tafadhali eleza jinsi mabadiliko hayo yanavyohusiana na utekelezaji wa shughuli za maji, usafi wa mazingira na vyoo uliofanyika?

9. In your opinion, have you noticed any changes/unintended impact for the HCF's staff and patients (because of NSC activities in your HCF) that are not directly related to health and nutrition? If there are any, what are those? and how they have affected the community/health facility staff?

Kwa maoni yenu, je, mmegundua mabadiliko/matokeo gani ambayo hayakupangwa ila yakatokea kwa wafanyakazi na wagonjwa wa kituo cha afya (kutokana na shughuli za NSC katika kituo chako cha afya) ambayo hayahusiani moja kwa moja na afya na lishe? Ikiwa ndiyo, ni mabadiliko gani hayo? na jinsi gani yameathiri jamii/wafanyakazi wa kituo cha afya?

SUSTAINABILITY

10. As staff of HCF, do you foresee the changes that have happened in last few years around water, sanitation, and hygiene (in healthcare facility/dispensary) will sustain after the NSC activities have completed? Prompts:

- ✓ Would healthcare facility/dispensary continue to have adequate water,
- ✓ usable latrines,
- ✓ and would staff/patients continue to practice hand washing with soap,
- ✓ And would healthcare facility/dispensary have funds for repair and maintenance of water and sanitation facilities? If yes how? If not why? And what could be done to sustain these? Is there any plan for this with health staff/community members?

Kama wafanyakazi wa kituo cha afya, mafikiri kwamba mabadiliko yaliyotokea katika miaka ya hivi karibuni kuhusu maji, vyoo, na usafi wa mikono (katika kituo cha afya/zahanati) yataendelea kuwepo hata baada ya shughuli za NSC kukamilika? **Vichocho:** Je, kituo cha afya/zahanati kitaendelea kuwa na maji ya kutosha? vyoo vinavyoweza kutumika? wafanyakazi/wagonjwa wataendelea kunawa mikono kwa kutumia sabuni, na kituo cha afya/zahanati kitakuwa na fedha kwa ajili ya ukarabati na matengenezo ya miundombinu ya maji na usafi?

- a. Ikiwa ndiyo, jinsi gani wataweza kuendelea hayo?
- b. na ikiwa sivyo, kwa nini watashindwa?
- c. na ni hatua zipi zinaweza kuchukuliwa ili kuhakikisha kuendelea kwa shughuli hizi?
- d. Je, kuna mpango wowote kuhusu hili ulioandaliwa na wafanyakazi wa afya/wanakijiji?

Lessons Learnt and Suggestions / Recommendations?

11. Are there any lessons that you have learnt as staff members of the HCF by participating in NSC/ASWA II activities in terms of design, implementation and monitoring of water, sanitation, and hygiene activities in healthcare facility/dispensary? Please share more details of these lessons.

Je, kuna kitu chochote ambacho mmejifunza nyie kama wafanyakazi wa kituo cha afya kwa kushiriki katika shughuli za NSC/ASWA II kuhusu kubuni, utekelezaji, na ufuatiliaji wa shughuli za maji, usafi, na usafi wa mikono katika kituo cha afya/zahanati? Tafadhali eleza zaidi kuhusu mafunzo hayo.

12. Do you have any suggestions/recommendations for the MoH/DHO (and other development partners like UNICEF) as to what should be done in future for availability of water, latrines and hygiene behaviours; ask separately for healthcare facility/dispensary? Please identify the recommended action, how it may benefit and Who should implement (for instance DHO/HCF staff, CLTS committee, MoH/DHO, UNICEF etc).

Je, una mapendekezo yoyote kwa Wizara ya afya/Afisa Afya wa wilaya (na washirika wengine wa maendeleo kama UNICEF) kuhusu mambo yanayopaswa kufanywa kwa siku za usoni ili kuhakikisha upatikanaji wa maji, vyoo, na tabia za usafi? Uliza tofauti kwa kituo cha afya/zahanati: Tafadhali eleza hatua zinazopendekezwa, jinsi zinavyoweza kuwa na manufaa, na nani anayepaswa kutekeleza (kwa mfano, DHO/wafanyakazi wa kituo cha afya, kamati ya uchefuaji/CLTS, Wizara ya afya /DHO, UNICEF, nk).

STUDENTS (Separate for boys and girls)/ WANAFUNZI (Wavulana na wasichana kwa makundi tofauti)

Instructions: Who should participate: The group should have 10-12 students of which ideally 5-6 should be from the WASH Club, and other students and preferably 1-2 children with disability. All should be age 11 or above. Pick children who have been studying in the school for past 3 or plus years. During initial discussion with the Head teacher/Teacher, please ask him/her to delegate the responsibility to a teacher/administrative staff to be around the place where FGD is being conducted and sign the consent form. However, after getting consent the teacher may be made to sit at a distance where he/she may not be able to listen to the discussions (however could be see the children). The teacher may sign the consent form on behalf of children at the start. /

Ni nani anapaswa kushiriki: Kikundi kinapaswa kuwa na wanafunzi 10-12 ambapo kwa idadi nzuri, 5-6 wanapaswa kuwa kutoka Klabu ya WASH, na wanafunzi wengine na kama iwezekanavyo 1-2 wenye ulemavu. Wote wanapaswa kuwa na umri wa miaka 11 au zaidi. Chagueni watoto ambao wamekuwa wakisoma shuleni kwa miaka 3 au zaidi. Wakati wa majadiliano ya awali na Mkuu wa shule/Mwalimu, tafadhali mwombe awasilishe wajibu kwa mwalimu/staff wa utawala kuwepo eneo ambapo majadiliano ya kikundi yatafanyika na asaini fomu ya ridhaa. Hata hivyo, baada ya kupata ridhaa, mwalimu anaweza kuombwa kukaa mbali ambapo hawezi kusikiliza majadiliano (ingawa anaweza kuona watoto). Mwalimu anaweza kusaini fomu ya ridhaa kwa niaba ya watoto mwanzoni.

Instructions: Do some ice-breakers to ease the participants and encourage all to speak and share their opinions. / **Fanya michezo ya kuvunja ukimya ili kuwafanya washiriki wajisikie huru na kuwahamasisha wote kuzungumza na kushirikiana maoni yao.**

Ice Breaking:

Instructions: Secure the consent form from the teacher/administrative staff at school assigned for the FGD. / **Pata fomu ya ridhaa kutoka kwa mwalimu/staff wa utawala wa shule aliyeidhinishwa kwa ajili ya majadiliano ya kikundi (FGD).**

S #	Student /Mwanafunzi	Gender/Jinsia	Age/Umri	Disability/Ulemavu (Y/N)	Studying for Past 3 Years or Above/ Ulikua unasoma katika shule hii ndani ya miaka 3 iliyopita Y/N
1	Student -1				
2	Student -2				
3					
	Total:	Male: Female:			Total

RELEVANCE

1. Three years ago, did your school have:
 - a. A WASH club that taught you about clean water and handwashing?
 - b. Water available for handwashing and drinking?
 - c. Latrines were available for children to use?
 - d. Handwashing stations were available and had running water and soap?
 - e. Were latrines and handwashing stations usable by children 6 years and those with disability?
 - f. **For girls only:** Did latrines/other place had menstrual hygiene materials and disposal bins?

Miaka mitatu iliyopita, shule yako ilikuwa na:

- a. Klabu ya WASH ambayo ilikufundisha kuhusu maji safi na kunawa mikono?
- b. Maji yalikuwa yanapatikana kwa ajili ya kunawa mikono na kunywa?
- c. Vyoo vilikuwa vinapatikana kwa ajili ya watoto kuvitumia?
- d. Vituo vya kunawa mikono vilikuwepo na vilikuwa na maji yanayotiririka na sabuni?
- e. Vyoo na vituo vya kunawa mikono vilikuwa vinatumika na watoto wenye umri wa miaka 6 na wale wenye ulemavu?
- f. Kwa wasichana pekee: Je, vyoo/mahali pengine vilikuwa na vifaa vya usafi wa hedhi na bakuli za kutupa?

1. Let's talk about the different activities your school has done in the past three years to make things better for all:
 - a. Form a WASH club to help everyone learn about clean water and handwashing?
 - b. Did your school do anything to make sure there's clean water available for washing hands and drinking?
 - c. Did your school do anything to make the latrines easy to use for all the children and school staff?
 - d. Did your school make sure there are handwashing stations available with running water and soap for everyone to wash their hands?
 - e. Did your school do anything to make latrines and handwashing stations usable by children 6 years and those with disability?
 - f. **For girls only:** Did your school make sure there are special places with menstrual hygiene materials and bins for disposal?

Hebu tuongee kuhusu shughuli mbalimbali ambazo shule yako imefanya katika miaka mitatu iliyopita ili kuboresha mambo kwa wote:

- a. Je, mlianzisha Klabu ya WASH ili kusaidia kila mtu kujifunza kuhusu maji safi na kunawa mikono?
 - b. Je, shule yenu ilifanya chochote ili kuhakikisha kuna maji safi yanayopatikana kwa ajili ya kunawa mikono na kunywa?
 - b. Je, shule yenu ilifanya chochote ili kufanya matumizi ya vyoo kuwa rahisi kwa watoto wote na wafanyakazi wa shule?
 - c. Je, shule yenu ilihakikisha kuwa kuna vituo vya kunawa mikono vinavyopatikana na maji yanayotiririka na sabuni ili kila mtu aweze kunawa mikono yake?
 - d. Je, shule yenu ilifanya chochote ili kuhakikisha kuwa vyoo na vituo vya kunawa mikono vinaweza kutumiwa na watoto wenye umri wa miaka 6 na wale wenye ulemavu?
 - e. Kwa wasichana pekee: Je, shule yenu ilihakikisha kuwa kuna maeneo maalum yenye vifaa vya usafi wa hedhi na vyombo vya kutupa?
2. Can you tell me about any other activity your school has done? Share all the details with me./ Je, unaweza kunieleza kuhusu shughuli nyingine yoyote ambayo shule yako imefanya? Tafadhali niambie yote.
 3. Are there still some things at the school that need some help? Like water, bathrooms, or handwashing with soap? Tell me about them, and if there are any problems, let's talk about how we can make them better./ Je, bado kuna mambo fulani shuleni yanayohitaji msaada? Kama vile maji, vyoo, au kunawa mikono kwa sabuni? Nieleze kuhusu hayo, na kama kuna matatizo yoyote, tuongee jinsi tunavyoweza kuyaboresha

EFFECTIVENESS/IMPACT

4. Tell us, if now your school has following:
 - a. Do you have an active WASH Club? What kind of activities are done by this WASH Club?
 - b. Is water is available for handwashing, drinking and latrines?
 - c. Are latrines available and usable for children and teachers/school staff?
 - d. Do you have handwashing stations with soap? Can you show me how you wash your hands with soap?
 - e. Do you have hand washing stations with soap? If yes, do you know how to wash your hands with soap following the appropriate steps? if yes, Please show me (student have to explaining the steps while she is doing demo)"
 - f. Are latrines and handwashing stations usable by children 6 years and those with disability?
 - g. **For girls only:** Do the latrines/other places have menstrual hygiene materials and bins for disposal?

Tuambie, ikiwa sasa shule yenu ina yafuatayo:

- a. Je, mna Klabu ya WASH iliyo hai? Ni aina gani ya shughuli zinazofanywa na Klabu hii ya WASH?
- b. Je, maji yanapatikana kwa kunawa mikono, kunywa na kwenye vyoo?
- c. Je, vyoo vinapatikana na vinaweza kutumiwa na watoto na walimu/wafanyakazi wa shule?
- d. Je, mna vituo vya kunawa mikono na sabuni? Unaweza kunionyesha jinsi unavyonawa mikono yako kwa kutumia sabuni?
- e. Je, mna vituo vya kunawa mikono na sabuni? Ikiwa ndiyo, je, unajua jinsi ya kunawa mikono yako kwa kutumia sabuni kwa kufuata hatua sahihi? Ikiwa ndiyo, tafadhali nionyeshe (mwanafunzi anapaswa kuelezea hatua hizo wakati anafanya mazoezi).

f. Je, vyoo na vituo vya kunawa mikono vinaweza kutumiwa na watoto wenye umri wa miaka 6 na wale wenye ulemavu? Kwa wasichana pekee: Je, vyoo/mahali pengine vina vifaa vya usafi wa hedhi na bakuli za kutupa?

5. Have you noticed any changes since your school made all these improvements like having clean water, better latrines, handwashing stations with soap, a WASH Club, and focus on girls' hygiene?
 - a. Do you feel healthier and get sick less often because of these changes? And what about going to school regularly – has it become easier for you now? Ask specifically for children 6 years age and children with disability and the adolescent girls?

Je, umegundua mabadiliko yoyote tangu shule yenu ifanye marekebisho haya yote kama kuwa na maji safi, vyoo bora, vituo vya kunawa mikono na sabuni, Klabu ya WASH, na kuzingatia usafi wa wasichana?

a. Je, unajisikia kuwa na afya bora na kutokupata magonjwa mara kwa mara kutokana na mabadiliko haya? Na kuhusu kwenda shule mara kwa mara - je, sasa imekuwa rahisi zaidi kwako? Uliza hasa kwa watoto wenye umri wa miaka 6 na watoto wenye ulemavu na wasichana waliopata hedhi?

The following question to be ASKED ONLY from girls by a female moderator:

Ice Breaker

Being a shy and reserved girl, I had always been nervous about getting my first period in a school setting, I was worried about how uncomfortable and embarrassing it would be. I had heard stories from my friends, and I didn't know how I would manage it. However, one day during a class at school, my teacher started talking about menstrual hygiene management. She explained that menstruation was a normal and natural part of a girl's life and that it was important to take care of your body during that time.

I listened attentively and felt relieved to hear that I wasn't alone. The teacher then went on to explain the different menstrual hygiene products available and how to use them. She also emphasized the importance of proper disposal methods and maintaining good hygiene practices.

As I gained more knowledge about menstrual hygiene management (MHM) in school, I learned that there were important hygiene practices to maintain during my period. I was grateful that my school provided necessary MHM materials like soap, sanitary pads, covered dustbins, mirrors, and others, which remain available all the time. These materials were essential to maintain personal hygiene during special days every month that I experienced. My school also provided a safe, secure, and separate private space/room to maintain my personal hygiene during special days every month.

With the right knowledge and support, I have managed my periods perfectly during my time in school. I was confident in using menstrual hygiene products and knew the importance of maintaining good hygiene practices during my periods. Thanks to the resources and safe spaces provided by my school, I could take care of my body in a dignified manner and felt more empowered during this natural part of my life.

Now, I would like to invite you to share your experiences with menstrual hygiene management. Has anyone else had an interesting or empowering experience with managing their periods in school? (Try to listen one story)

Great! Now that we've heard an interesting story, let's move on to the Q&A session.

Nikiwa msichana mwenye aibu, nilikuwa na wasiwasi kila wakati kuhusu kupata hedhi yangu ya kwanza katika mazingira ya shule, nilikuwa na wasiwasi namna nitakavyokosa raha na jinsi itakavyokuwa aibu kwangu. Nilikuwa nimesikia hadithi kutoka kwa marafiki zangu, na sikujua jinsi nitakavyoweza kulihimili hali hiyo. Hata hivyo, siku moja wakati wa masomo shuleni, mwalimu wangu alianza kuzungumza kuhusu usafi wa hedhi. Alieleza kuwa hedhi ni sehemu ya kawaida na ya asili ya maisha ya msichana na kwamba ni muhimu kutunza mwili wako katika kipindi hicho .

Nilisikiliza kwa makini na nilihisi faraja kusikia kwamba sikuwa peke yangu. Mwalimu aliendelea kueleza kuhusu vifaa mbalimbali kwa ajili ya usafi wa hedhi ambavyo vinapatikana na jinsi ya kuvitumia. Pia alisisitiza umuhimu wa njia sahihi za kutupa taka zitokanazo na hedhi na njia nzuri za kutunza usafi.

Nilipoendelea kupata elimu zaidi kuhusu hedhi salama shuleni, nilijifunza kwamba kuna njia muhimu za kutunza usafi wakati wa hedhi yangu. Nilishukuru kwamba shule yangu ilitoa vifaa muhimu vya kuwezesha hedhi salama kama vile sabuni, pedi, vyombo vya kuhifadhiwa taka za hedhi vilivyofunikwa, vioo vya kujitazama, na vingine, ambavyo vinapatikana wakati wote. Vifaa hivi vilikuwa muhimu katika kudumisha usafi wangu binafsi wakati wa siku zangu kila mwezi. Shule yangu pia ilitoa eneo/chumba salama na lenye faragha ili kudumisha usafi wangu binafsi wakati wa siku zangu kila mwezi.

Kwa elimu na msaada sahihi, niliweza kuhimili hedhi zangu kikamilifu nikiwa shuleni. Nilikuwa na ujasiri wa kutumia bidhaa za usafi wa hedhi na nilijua umuhimu wa kudumisha tabia ya usafi wakati wa hedhi zangu. Kutokana na kupatikana kwa rasilimali na maeneo salama yaliyotolewa na shule yangu, nashukuru niliweza kutunza mwili wangu kwa njia ya heshima na nilijihisi kuwezesha zaidi kipindi cha hali hii ya asili ya maisha yangu.

Sasa, ningependa kuwaalika kunieleza uzoefu wenu kuhusu namna ya kuhimili usafi wa hedhi. Je, kuna mtu mwingine yeyote aliye na uzoefu wa kuvutia ambao alipitia kuhusiana ya kuhimili hedhi zake shuleni? (Jaribu kusikiliza hadithi kutoka kwa mshiriki mmoja)

Safi! Sasa kwa kuwa tumesikia hadithi ya kuvutia, twende kwenye kipindi cha Maswali na Majibu.

6. Are necessary MHM materials (soap, sanitary pads, covered dustbins) always available in your school now, that are required to maintain your personal hygiene during menstruation?
 - a. If not always, how often MHM materials are unavailable in your school?
 - b. Are there separate space/room to maintain personal hygiene during menstruation? Do you have access to that space/room? How comfortable do you feel using this space/room?
 - c. Are facilities available for children with disabilities for menstrual hygiene management in school?
 - d. What improvements or support would you like to see regarding menstrual hygiene management in your school?
 - e. Are there any suggestions for addressing menstrual hygiene needs in your school?

Je, vifaa muhimu vya usafi wa hedhi (sabuni, pedi za kujihifadhi, makopo ya takataka) vinapatikana kila wakati shuleni kwako sasa, ambavyo ni muhimu kwa kudumisha usafi wako wakati wa hedhi? a. Ikiwa sivyo kila wakati, mara nyingi kiasi gani vifaa vya usafi wa hedhi havipatikani shuleni kwako?

b. Je, kuna sehemu/chumba maalum kwa ajili ya kudumisha usafi wa hedhi? Je, una fursa ya kutumia sehemu/chumba hiko? Unajisikiaje kujitumia sehemu/chumba hiko?

c. Je, kuna miundombinu inayopatikana kwa watoto wenye ulemavu kuhusiana na usimamizi wa usafi wakati wa hedhi shuleni?

d. Ungependa kuona uboreshaji gani au msaada kuhusiana na usimamizi wa usafi wa hedhi shuleni kwako?

e. Je, una mapendekezo yoyote kuhusu kushughulikia mahitaji ya usafi wa hedhi katika shule yako?

Suggestions / Recommendations?

What are your suggestions for further improving WASH facilities and services in your school?

Je, unatoa mapendekezo gani kwa kuboresha zaidi miundombinu na huduma za WASH katika shule yako?

Focus Group Discussion with School Teachers (Male & Female) /Majadiliano ya Kikundi na Walimu wa Shule (Wanaume na Wanawake)

Instructions: Who should participate -ideally all teachers (both male and female) including the head teacher and focal person for the WASH club and any administrative staff involved in WASH activities of the school?

Maelekezo: Washiriki ni walimu wa kike na kiume (wanaume na wanawake kwa pamoja), mwalimu wa klabu ya WASH pamoja na mwalimu mkuu na mtumishi mwingine yeyote ambaye asiye mwalimu ila anahusika katika shughuli za WASH za shule.

Do some ice-breakers to ease the participants and encourage all to speak and share their opinions. Fanya baadhi ya michezo ili kuwarahisishia washiriki na kuwahimiza wote kuzungumza na kushiriki maoni yao

Secure Consent from Head/Senior Teacher:
Omba Idhini kutoka kwa Mkuu/Mwalimu Msaidizi

Take note of the designation and gender of the participants

S #	Participant/Mshiriki	Gender/Jinsia	Age/Umri	Disability/Ulemavu
1	Participant -1			
2	Participant -2			
3				
	Total/Jumla:	Male/Wanaume: Female/Wanawake:		Total/Jumla

RELEVANCE

1. Think of 2019 (before National Sanitation Campaign activities were introduced/implemented into the school), what were the most significant problems/challenges this school was facing particularly around water (availability and treatment), sanitation/latrines (availability and use/practice), personal hygiene (handwashing stations and soaps availability and use/practice by the school staff and students), and menstrual hygiene management of adolescent girls? Ask specifically for very young children (5-6 years) and children with disability.

Fikiria mwaka wa 2019 (kabla ya Kampeni ya Kitaifa ya Usafi wa Mazingira kuanza utekelezaji mashuleni), ni matatizo/changamoto zipi ambazo shule hii ilikuwa ikikabiliana nazo hasa kwenye maji (upatikanaji na kuyatibu), vyoo (upatikanaji na matumizi/mazoezi), usafi wa kibinafsi (sehemu za kunawia mikono na uwepo na matumizi ya sabuni kwa walimu na wanafunzi) na usimamizi wa hendi kwa wasichana? Uliza pia kwa wanafunzi wadogo (miaka 5-6) na watoto wenye ulemavu

2. Are you aware of National Sanitation Campaign by Ministry of Health/GoT (NSC/MoH and ask if they know of UNICEF funded ASWA Programme implemented only in Iringa)? Were any activities implemented under NSC/ASWA II in this school since 2019? Please share more details with us of those activities:
 - a. What activities have been implemented for water, sanitation, hygiene, in the school?
 - b. Are there any school needs (related to water, sanitation, hygiene and MHM for adolescent girls, highlighted above, "In Njombe NSC activities since 2016") have not been addressed so far by NSC/ASWA II, please share more details of those?

Je, mnaifahamu Kampeni ya Kitaifa ya Usafi wa Mazingira? (Uwaulize kama wanaujua mradi wa Maji, Afya na Usafi wa Mazingira (ASWA II) unaofadhiliwa na UNICEF na kutekelezwa na PDF/EPCO)? Je, mradi ulifanya shughuli gani hapa shuleni kwenu tangu mwaka 2019? Tafadhali eleza kwa undani zaidi kuhusu shughuli hizo:

- a. Je, ni shughuli gani zimetokelezwa za maji, usafi wa mazingira, na sehemu za kunawa mikono hapa shuleni?

- b. Je, kuna mahitaji yoyote ya shule (yanayohusiana na maji, usafi wa mazingira, unawaji mikono na usimamizi wa hedhi kwa wasichana waliobalehe? Kama ulivyoelezea kwenye shughuli za mradi (Njombe walichelewa kuanza mradi huenda wakawa hawajafanya shughuli nyingi) tafadhali mnielezee kwa undani.

COHERENCE/USHIRIKIANO

3. In your view, have the needs of this school changed since 2019 around water, sanitation, hygiene, and WASH (ask separately for male teachers, female teachers, boys, girls, and adolescent girls, and children with disability)?
- a. If yes, please share examples of what specific needs have changed.
- ✓ What has caused that change of needs – floods, displacement, conflict, policy change, development partner etc.?

Kwa maoni yenu, je, mahitaji ya hapa shuleni kwenu kwenye maji, vyoo, unawaji wa mikono, na usafi wa mazingira katika vituo vya afya yamebadilika tangu mwaka 2019? (uliza kwa kila kundi mojamoya; kwa walimu wa kiume, kwa walimu wa kike, kwa wavulana, wasichana, na wasichana balehe, na watoto wenye ulemavu)?

- a. Kama mahitaji yamebadilika, tafadhali elezea kwa mifano ya mabadiliko hayo
- ✓ na ni nini kimesababisha mabadiliko hayo ya mahitaji yakatokea? – sheria kali za kijiji, kuhamahama, migogoro, wadau n.k?
4. Are other organizations apart from MoH/DHO (ask if UNICEF/implementing partners) working in this school for water, sanitation and handwashing with soap and MHM,
- ✓ If yes, please share more of actors working here and if you see them collaborating for different activities?

Je, kuna taasisi nyingine tofauti na Wizara ya Afya/Afisa Afya wa Wilaya, UNICEF/PDF/EEPCO zinazotekeleza mradi na nyie hapa shuleni kwenu kwenye Nyanja ya maji, vyoo, na usafi wa mazingira (ikiwa ni pamoja na uhamsishaji wa kunawa mikono)?

- ✓ ikiwa ndiyo, tafadhali eleza taasisi hizo ni zipi na kama taasisi hizo zinashirikiana kwenye kufanya kwake kazi?

EFFECTIVENESS/UFANISI

5. In your view, were the activities implemented in the school under NSC (by DHO/MOH and UNICEF if in Iringa) effective in terms of availability/use of latrines, water (availability and treatment), and changing behaviours around handwashing with soap and MHM? Please explain how?

Prompts:

- a) does school have latrine/s for staff and boys and girls students (including very young boys and girls say 5-6 years and children with disability) and are usable;
- b) does school have adequate and safe water supply for school staff, boys and girls students;
- c) does school have handwashing stations and soap for staff and boys and girls students (including for young boys and girls and children with disability) and are use
- d) does school have adequately equipped spaces/toilets for adolescent girls and MHM supplies and are using them;
- e) does school have a functioning WASH Club;
- f) does school have adequate funds for repair and maintenance of water and sanitation facilities; Are there any gaps in the above please specify?

Kwa maoni yako, shughuli za Kampeni ya Kitaifa ya Afya na Usafi wa mazingira (Serikali kwa Iringa na UNICEF kwa Iringa) zilikuwa na ufanisi katika upatikanaji/matumizi ya vyoo, maji (upatikanaji na kuyatibu), na kubadilisha watu tabia za unawaji mikono kwa sabuni na watoto wa kike kwenye usimamizi wa hedhi? Tafadhali eleza ni jinsi gani shughuli hizo zilikuz na ufanisi?

Dadisi:

- a) Je, shule ina vyoo vya wafanyakazi, na vyoo vya wanafunzi wavulana na wasichana (pamoja na wavulana na wasichana wadogo sana wenye miaka 5-6 na watoto wenye ulemavu) na vinatumika:

- b) Je, shule ina maji ya kutosha na salama kwa wafanyakazi wa shule, wanafunzi wa wavulana na wasichana;
- c) Je shule ina sehemu za kunawia mikono na sabuni kwa ajili ya wafanyakazi, wavulana na wasichana wanafunzi (pamoja na wavulana na wasichana na watoto wenye ulemavu) na vinatumika
- d) Je, shule ina nafasi/vyoo vya kutosha kwa ajili ya wasichana waliopata hedhi na vifaa vya hedhi salama na Je, wasichana wanavitumia vifaa hivyo;
- e) shule ina Klabu ya WASH inayofanya kazi;
- f) Je, shule ina fedha za kutosha kwa ajili ya ukarabati na matengenezo ya vifaa vya maji na usafi wa mazingira; Je, kuna mapungufu katika hayo hapo juu tafadhali taja?

6. In your view what has contributed to the successful achievement of what we discussed earlier – in school? Please elaborate (prompt – support from political representatives, DHO, community, development partners etc.

Kwa maoni yako ni nini kilichopelekea kwa kampeni ya taifa ya usafi wa mazingira kufanya vizuri hapa shuleni? Tafadhali fafana (Dadisi: msaada kutoka kwa wanasiasa, Afisa Afya, kubadilika kwa sheria za kijiji, wadau n.k)

7. In your view, are there things that have not been achieved and what have the contributing factors for those? Please share more of those reasons – prompts limited funds for schools' repair and maintenance, COVID, others? Did school try to overcome these factors, if yes how?

Kwa maoni yako, kuna mambo ambayo hayajafanikiwa/kutekelezwa kwa ufanisi? Na ni sababu gani zilizochangia kutokufanikiwa kwa mambo hayo? Tafadhali eleza zaidi kuhusu sababu hizo – upngufu wa fedha kwa kituo cha afya, kijiji, UVIKO-19/CORONA, au sababu nyingine? Je, kituo cha afya kilifanya nini ili kujaribu kutatua sababu?

IMPACT/MATOKEO

8. How has the NSC/DOH activities around water, sanitation, and hygiene (in the school) affected/impacted the lives the teachers, boys and girls' students (including young children (5-6 years), children with disabilities and adolescent girls. - prompts like children are getting sick less, better attendance, etc.).

Je, shughuli za kampeni ya taifa ya usafi wa mazingira kuhusu maji, vyoo, usafi wa mazingira, zimegusa vipi maisha ya walimu, wavulana na wanafunzi wa kike (pamoja na watoto wadogo (miaka 5-6), watoto wenye ulemavu na wasichana wanaobalehe (Dadisi -kama vile watoto wanaugua kidogo, mahudhurio bora, nk)

9. In your opinion, have you noticed any changes (because of NSC activities in your school) for teachers, boys and girls students (including young children, adolescent girls and children with disabilities that are not directly related to health/nutrition/attendance (it could either positive or negative)? If there are any, what are those, and how they have affected the teachers and students?

Je, kwa maoni yenu, kuna matokeo yeyote yale (yanayotokana na utekelazaji wa kampeni ya taifa ya usafi wa mazingira) kwa walimu, wavulana na wasichana wanafunzi (pamoja na watoto wadogo, wasichana waliobalehe na watoto wenye ulemavu ambayo hayahusiani moja kwa moja na afya/lishe/mahudhurio (yaweza kuwa chanya au hasi)? Ikiwa zipo, ni zipi hizo, na zimeathiri vipi walimu na wanafunzi

SUSTAINABILITY

10. As school staff, do you foresee the changes that have happened in the last few years around water, sanitation, and handwashing with soap availability and behaviour changes in school will sustain after the NSC activities have been completed?

Prompts:

- a. Will schools continue to have adequate water, usable latrines, children would continue to practice handwashing with soap after toilet use,
 - ✓ MHM for adolescent girls,
 - ✓ continuity of WASH club,
 - ✓ and school would have funds for repair and maintenance of water and sanitation facilities?
 - ✓ if yes how

- ✓ and if not why
 - ✓ and what could be done to sustain these?
- b. Is there any plan of the school administration/community for this?

Mkiwa kama wafanyakazi wa hapa shuleni, mnafikiri kwamba mabadiliko yaliyotokea katika miaka ya hivi karibuni kwenye maji, vyoo, na usafi wa mikono (hapa shuleni kwenu) yataendelea kuwepo hata baada ya shughuli za NSC kukamilika?

Dadisi:

- a. Je, shule zitaendelea kuwa na maji ya kutosha, vyoo vinavyoweza kutumika,
- ✓ watoto wataendelea na mazoezi ya unawaji mikono kwa sabuni baada ya choo,
 - ✓ Hedhi salama kwa wasichana waliopata hedhi itaendelea,
 - ✓ mwendelezo wa klabu ya WASH,
 - ✓ na shule itakuwa na fedha za ukarabati na matengenezo ya vifaa vya maji na usafi wa mazingira?
 - ✓ (kama ndiyo ni vipi shule itahakikisha hilo
 - ✓ na kama sivyo kwa nini
 - ✓ na nini kifanyike ili kuendeleza haya?)
- b. Je, kuna mpango wowote uliopo kuhusu kuwepo kwa fedha kwaajili ya ukarabati miundombinu?

Lessons Learnt and Suggestions / Recommendations?

11. Are there any lessons that you have learnt as schoolteachers/staff by participating in NSC/ASWA II activities (prompt: in terms of design, implementation and monitoring) of water, sanitation, and hygiene activities in the school? Please share more details of these lessons.

Kama wafanyakazi hapa shuleni, Je kuna kitu chochote ambacho mmejifunza kwa kushiriki katika shughuli za NSC/ASWA II kwenye kubuni, utekelezaji, na ufuatiliaji wa shughuli za maji, usafi, na usafi wa mikono hapa shuleni? Tafadhali eleza zaidi kuhusu mafunzo hayo.

12. Do you have any suggestions/recommendations for the DHO/DEO (and other development partners like UNICEF) as to what should be done in future for the continued availability of water, latrines and continuity of hygiene behaviours (hand washing with soap)?

- ✓ Ask for schools in particular.
- ✓ Please identify the recommended action,
- ✓ how it may benefit and
- ✓ who should implement it (for instance DHO/HCF/DEO staff, CLTS committee, UNICEF etc).

Je, una mapendekezo/mapendekezo yoyote kwa Afisa Afya /Afisa Elimu (na washirika wengine wa maendeleo kama UNICEF, PDF, EEPKO) kuhusu nini kifanyike katika siku zijazo kwa ajili ya kuendelea kuwepo kwa maji, vyoo na mwendelezo wa tabia za usafi (kunawa mikono kwa sabuni)?

- ✓ Maelezo yalenge kwenye upande wa mashule zaidi.
- ✓ Tafadhali tambua hatua iliyopendekezwa,
- ✓ jinsi inavyoweza kuwafaidisha na
- ✓ nani anafaa kuitekeleza (kwa mfano wafanyakazi wa zahanati, Afisa Afya /Afisa Elimu kamati ya CLTS, UNICEF n.k)

APPENDIX 11: COMPLIANCE TO UNEG EVALUATION NORMS & ETHICAL STANDARDS

Norms / Standards	Description	Compliance Measures
Independence	This term refers to the unbiased state of the evaluator, free from external influences, allowing for an objective assessment. It has two aspects: Behavioural Independence (the capacity to evaluate without undue influence) and Organizational Independence (freedom from managerial tasks and sufficient resources to conduct the task).	The evaluation team was not involved in the design and implementation of the ASWA II Programme, thus ensuring behavioural independence. Moreover, the agreement between the parties implicitly indicated that sufficient resources were available for a robust evaluation, demonstrating organizational independence.
Impartiality	Impartiality is the act of treating all disputants in an argument equally. It's a principle that demands fairness, objectivity, and lack of bias.	The Evaluation Team fostered a culture of working impartially and objectively throughout the evaluation stages, and potential conflicts of interest were addressed during the team formation and field data collection stages.
Credibility	Credibility refers to the believability and reliability of the evaluation, which is based on three pillars: independence, impartiality, and rigorous methodology.	The Evaluation Team was transparent and published the final report, adding to their credibility. They also judiciously used available data and conducted rigorous quantitative and qualitative analyses for validation.
Utility	Utility in evaluation refers to the usefulness of the evaluation results to inform future decisions, actions, and policies.	A kick-off meeting was held after the preliminary literature review to ensure alignment between the Evaluation Team and UNICEF, enhancing the utility of the evaluation.
Human Rights and Gender	The principles of human rights and gender equality are to be respected and integrated into every stage of an evaluation.	The evaluation complied with the UN-System Wide Action Plan (UN-SWAP) on Gender Equality and the Empowerment of Women (GEEW) as per the 2003 UN's convention.
Professionalism	This term encompasses access to knowledge, education, training, adherence to ethics, standards, utilization of evaluation competencies, and recognition of knowledge, skills, and experience.	The Evaluation Team consisted of professionals who had worked with multiple donors like UNICEF, USAID, DFID, and others. They also applied various internal checks and quality assurance mechanisms to adhere to the best international practices and standards.
Avoidance of Harm	This ethical consideration is about preventing harm or injury to participants by ensuring skilled and appropriately trained researchers or enumerators are involved.	The Evaluation Team took pre-emptive measures to address potential security threats, ensuring the safety of both respondents and the data collection team. They trained their data collection team on safety protocols. Both UNICEF and the Government of Tanzania were guided on applying the principle of harm avoidance.
Informed Consent	This refers to participants' voluntary agreement to partake in the evaluation, based on their understanding of the purpose and scope of the activity.	The purpose and scope of the evaluation were duly communicated to participants. Informed consent was obtained, and participants were reminded of their right to withdraw at any point in the process. Consent was also taken if personal information was used.
Privacy of Participants	This pertains to the participants' rights to limit others' access to their personal information. Measures must be in place to ensure their privacy during and after the data collection process.	The Evaluation Team maintained the privacy and confidentiality of participants. Findings were summarized to an appropriate level of aggregation. Participants were also informed about who would have access to their private data and for what purpose.
Storage of Data	This refers to the secure storage, protection, and disposal of confidential participant information or data collected during the evaluation.	The Evaluation Team encrypted or password-protected the collected data, ensuring only authorized personnel had access. Hard copies of data were securely locked away, and after certain terms and conditions, data was deleted and destroyed.

<p>Protection Protocols for Vulnerable Groups</p>	<p>This pertains to the implementation of protection measures for vulnerable groups to ensure their safety during and after data collection.</p>	<p>The Evaluation Team followed protection and security protocols where potential negative outcomes were identified. The project manager was able to make an assessment to modify the project if necessary or stop it to prevent further negative outcomes.</p>
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APPENDIX 12: ETHICAL APPROVAL



Research Ethics Approval

29 December 2022

Nadeem Haider, M. Phil.
AAN Associates
2nd Floor, Mandeer Square
G-8 Markaz Islamabad, Pakistan

RE: Ethics Review Board findings for: *Summative Evaluation of Adolescent Programme in State of Palestine* (HML IRB Review #658PALE22)

Dear Nadeem Haider,

Protocols for the protection of human subjects in the above study were assessed through a research ethics review by HML Institutional Review Board (IRB) on 01 – 29 December 2022. This study's human subjects' protection protocols, as stated in the materials submitted, received ethics review approval.

You and your project staff remain responsible for ensuring compliance with HML IRB's determinations. Those responsibilities include, but are not limited to:

- ensuring prompt reporting to HML IRB of proposed changes in this study's design, risks, consent, or other human protection protocols and providing copies of any revised materials;
- conducting the research activity in accordance with the terms of the IRB approval until any proposed changes have been reviewed and approved by the IRB, except when necessary to mitigate hazards to subjects;
- promptly reporting any unanticipated problems involving risks to subjects or others in the course of this study;
- notifying HML IRB when your study is completed.

HML IRB is authorized by the United States Department of Health and Human Services, Office of Human Research Protections (IRB #1211, IORG #850, FWA #1102).

Sincerely,

D. Michael Anderson, Ph.D., MPH
Chair & Human Subjects Protections Director, HML IRB

cc: Emmanuel Saka, Robert Stryk, Penelope Lantz, JD

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APPENDIX 13: FOCUS GROUP DISCUSSIONS CONSENT FORMS

Informed Consent Form/ Fomu ya Ridhaa

Tool: Focus Group Discussion/ **Zana:** Majadiliano ya Kikundi

Respondents: Community WASH Committee Members (Male, and Female) Including Trained Masons, WASH Entrepreneur/s – Separate FGD with Male and Female WASH Committee/ **Walengwa:** Wajumbe wa Kamati ya WASH ya Jamii (Wanaume na Wanawake) pamoja na Mafundi wa Ujenzi waliofundishwa, Wajasiriamali wa WASH - Majadiliano tofauti ya Kikundi na Wajumbe wa Kiume na wa Kike wa Kamati ya WASH.

Good morning/afternoon. My name is.....and I am carrying out research on behalf of (Data Vision / AAN Associates), an independent research company. On behalf of MoH and UNICEF Tanzania, we are conducting a mid-term evaluation of the UNICEF-supported ASWA-II Programme and National Sanitation Campaign activities in your region/area./ **Habari za Asubuhi/mchana.** Jina langu ni na ninafanya utafiti kwa niaba ya (Data Vision / AAN Associates), kampuni binafsi ya utafiti. Kwa niaba ya Wizara ya Afya (MoH) na UNICEF Tanzania, tunafanya tathmini ya kati ya Programu ya ASWA-II inayoungwa mkono na UNICEF na shughuli za Kampeni ya Kitaifa ya Usafi katika Mkoa/eneo lako.

Your participation in this interview meeting is voluntary and you may withdraw at any time from this discussion. If you agree to participate, you can decide not to answer any question and can stop at any time. Your decision about whether to participate in this study or to answer any specific questions will in no way affect any services that you receive. If you do choose to participate, please answer the questions honestly and openly, so that we can understand your experience and find out what you really think and have experienced. **Ushiriki wako katika kikao hiki cha mahojiano ni hiari na unaweza kujiondoa wakati wowote kutoka kwenye mazungumzo haya. Ikiwa unakubali kushiriki, unaweza kuchagua kutokujibu swali lolote na unaweza kusitisha wakati wowote. Uamuzi wako wa iwapo utashiriki katika utafiti huu au kujibu maswali yoyote maalum hautaathiri huduma zozote unazopokea. Ikiwa utachagua kushiriki, tafadhali jibu maswali kwa uaminifu na kwa uwazi, ili tuweze kuelewa uzoefu wako na kujua mawazo yako halisi na yale uliyoyapitia.**

I would like to discuss UNICEF's WASH Programme activities, achievements, results, implementation modalities, challenges, and lessons. The aim is to capture your collective opinion and reflections about the Programme performance, implementation, and results to inform the evaluation findings, analysis and conclusions. Additionally, your suggestions or recommendations would be welcomed as part of this discussion. The overall aim of this evaluation is to gain an understanding of the WASH situation now and before the ASWA Programme in the target areas, schools, and healthcare facilities. The findings of this research will be submitted to UNICEF and MoH to further improve the WASH facilities and services in HCFs./ **Ningependa kujadili shughuli, mafanikio, matokeo, mfumo wa utekelezaji, changamoto, na mafunzo ya Programu ya WASH ya UNICEF. Lengo ni kukusanya maoni yenu na tafakari kuhusu utendaji, utekelezaji, na matokeo ya Programu ili kutoa matokeo ya tathmini, uchambuzi na hitimisho. Aidha, maoni au mapendekezo yenu yatakaribishwa katika mjadala huu. Lengo kuu la tathmini hii ni kupata ufahamu wa hali ya WASH sasa na kabla ya Programu ya ASWA katika maeneo lengwa, shule, na vituo vya huduma za afya. Matokeo ya utafiti huu yataasilishwa kwa UNICEF na Wizara ya Afya ili kuimarisha zaidi miundombinu na huduma za WASH katika vituo vya huduma za afya.**

Your participation in this study may not benefit you directly, but it may benefit others, as your responses may improve the WASH intervention in the region. Similarly, you will not be exposed to any form of risk. The information you provide will be strictly confidential and never connected to you and your personal identity will not be revealed at any stage of the study. We will put the information we learn from you together with the information we learn from other people in the study and only a few researchers will have access to this information, and all information will be stored safely and destroyed under the care of the lead researcher. **Ushiriki wako katika utafiti huu huenda usilete manufaa moja kwa moja kwako, lakini unaweza kuwa na manufaa kwa wengine, kwani majibu yako yanaweza kuboresha maswala ya usafi wa mazingira katika eneo lako. Vile vile, huwezi kuwa wazi kwa aina yoyote ya hatari. Habari utakazotoa zitatumzwa kwa siri na hazitahusishwa na wewe binafsi, na utambulisho wako wa kibinafsi hautafichuliwa katika hatua yoyote ya utafiti. Taarifa**

tunazopata kutoka kwako pamoja na taarifa tunazopata kutoka kwa watu wengine katika utafiti zitakusanywa pamoja na kutumiwa na watafiti wachache pekee. Taarifa zote zitahifadhiwa kwa usalama na kuharibiwa chini ya uangalizi wa mtafiti mkuu.

You may also contact [Mr. Goefrey Kalunga, +255713979399] if you have any questions or concerns./Unaweza pia kuwasiliana na [Mr. Goefrey Kalunga, +255713979399] kama una maswali ya ziada au maoni.

- Do you have any questions now?/ Je, una maswali yoyote kwa sasa?
- Do you understand everything I have explained?/ Je, umelewa kila kitu nilichoeleza?
- Do you agree to participate in this interview/ Je, unafikiana kushiriki katika mahojiano haya?
- With your permission, should I start our discussion now? Yes/No./ Kwa idhini yako, ninaweza kuanza mjadala wetu sasa? Ndiyo/Hapana.
- Would you allow us to take photographs of this discussion? Yes/No/ Je, unaweza kuturuhusu kupiga picha za mjadala huu? Ndio la
- If you'd like, you have the option to obtain a copy of this consent form/ Ikiwa ungependa, una chaguo la kupata nakala ya fomu hii ya idhini

Designation (WASH Committee member, CLTS member etc.) /Cheo Mjumbe wa Kamati ya WASH ya Jamii, CLTS)	
Signature of the Community Focal Person (or Leader)/Sahihi ya Msimamizi/Muongozaji wa Jamii	

Informed Consent Form/ Fomu ya Ridhaa

Tool: Focus Group Discussion/Majadiliano ya vikundi

Respondent: Teachers (Including WASH Focal Teacher) – Separate FGDs with Male, and Female Teachers/ Walimu (ikiwa ni pamoja na Mwalimu Mkuu wa Usafi na Afya) - Vikundi vya majadiliano tofauti na Walimu wanaume na Walimu wanawake.

Introduction/Utambulisho

Good morning/afternoon. My name is and I am carrying out research on behalf of (Data Vision / AAN Associates), an independent research company. On behalf of MoH and UNICEF Tanzania, we are conducting a mid-term evaluation of the UNICEF-supported ASWA-II Programme and National Sanitation Campaign activities in your region/area. Habari za Asubuhi/mchana. Jina langu ni na ninafanya utafiti kwa niaba ya (Data Vision / AAN Associates), kampuni binafsi ya utafiti. Kwa niaba ya Wizara ya Afya (MoH) na UNICEF Tanzania, tunafanya tathmini ya kati ya Programu ya ASWA-II inayoungwa mkono na UNICEF na shughuli za Kampeni ya Kitaifa ya Usafi katika Mkoa/eneo lako.

Your participation in this interview meeting is voluntary and you may withdraw at any time from this discussion. If you agree to participate, you can decide not to answer any question and can stop at any time. Your decision about whether to participate in this study or to answer any specific questions will in no way affect any services that you receive. If you do choose to participate, please answer the questions honestly and openly, so that we can understand your experience and find out what you really think and have experienced./ Ushiriki wako katika kikao hiki cha mahojiano ni hiari na unaweza kujiondoa wakati wowote kutoka kwenye mazungumzo haya. Ikiwa unakubali kushiriki, unaweza kuchagua kutokujibu swali lolote na unaweza kusitisha wakati wowote. Uamuzi wako wa iwapo utashiriki katika utafiti huu au kujibu maswali yoyote maalum hautaathiri huduma zozote unazopokea. Ikiwa utachagua kushiriki, tafadhali jibu maswali kwa uaminifu na kwa uwazi, ili tuweze kuelewa uzoefu wako na kujua mawazo yako halisi na yale uliyoyapitia.

I would like to ask questions about the overall performance, results, implementation modalities, challenges, and lessons of the ASWA Programme and UNICEF's other WASH interventions. The aim is to capture your expert opinion and sector knowledge about the above-mentioned programmatic aspects to inform the evaluation findings and analysis. and conclusions. Additionally, your suggestions or recommendations would be welcomed as part of this discussion. / Ningependa kuuliza maswali kuhusu utendaji jumla, matokeo, njia za utekelezaji, changamoto, na mafunzo ya Programu ya ASWA na mipango mingine ya usafi wa mazingira (WASH) inayotekelezwa na UNICEF. Lengo ni kupata maoni yako ya kitaalamu na maarifa yako katika sekta kuhusu vipengele vya programu vilivyotajwa hapo juu ili kusaidia kupata matokeo na uchambuzi wa tathmini. Mawazo au mapendekezo yako pia yatakaribishwa kama sehemu ya mazungumzo haya.

The overall aim of this evaluation is to gain an understanding of the WASH situation now and before the ASWA Programme in the target areas, schools, and healthcare facilities. The findings of this research will be submitted to UNICEF and MoH to further improve the WASH facilities and services in HCFs./ Lengo kuu la tathmini hii ni kupata ufahamu wa hali ya usafi wa mazingira na huduma za WASH sasa na kabla ya Programu ya ASWA katika maeneo ya lengo, shule, na vituo vya huduma za afya. Matokeo ya utafiti huu yatawasilishwa kwa UNICEF na Wizara ya Afya ili kuendelea kuboresha miundombinu ya usafi wa mazingira na huduma za WASH katika vituo vya huduma za afya.

Your participation in this study may not benefit you directly, but it may benefit others, as your responses may improve the WASH intervention in the region. The information you provide will be strictly confidential and never connected to you and your personal identity will not be revealed at any stage of the study. We will put the information we learn from you together with the information we learn from other people in the study and only a few researchers will have access to this information, and all information will be stored safely and destroyed under the care of the lead researcher./ Ushiriki wako katika utafiti huu huenda usilete manufaa moja kwa moja kwako, lakini unaweza kuwa na manufaa kwa wengine, kwani majibu yako yanaweza kuboresha maswala ya usafi wa mazingira katika eneo lako. Vile vile, huwezi kuwa wazi kwa aina yoyote ya hatari. Habari utakazotoa zitatunzwa kwa siri na hazitahusishwa na wewe binafsi, na utambulisho wako wa kibinafsi hautafichuliwa katika hatua yoyote ya utafiti. Taarifa tunazopata kutoka kwako pamoja na taarifa tunazopata kutoka kwa watu wengine katika utafiti zitakusanywa pamoja na kutumiwa na watafiti wachache pekee. Taarifa zote zitahifadhiwa kwa usalama na kuharibiwa chini ya uangalizi wa mtafiti mkuu.

For quality assurance purposes, with your permission, I would also like to record our discussion. This discussion will take 45-60 minutes. / Kwa madhumuni ya uhakiki wa ubora, kwa idhini yako, ningependa pia kurekodi majadiliano yetu. Majadiliano haya yatakuchukua kati ya dakika 45 hadi 60.

You may also contact [Mr. Goefrey Kalunga, +255713979399] if you have any questions or concerns.

Unaweza pia kuwasiliana na [Mr. Goefrey Kalunga, +255713979399] kama una maswali ya ziada au maoni.

- Do you have any questions now? / Je, una maswali yoyote kwa sasa?
- Do you understand everything I have explained? / Je, umelewa kila kitu nilichoeleza?

- Do you agree to participate in this interview? Je, unaafikiana kushiriki katika mahojiano haya?
- With your permission, should I start our discussion now? Yes/No. Yes/No./ Kwa idhini yako, ninaweza kuanza mjadala wetu sasa? Ndiyo/Hapana.
- Would you allow us to take photographs of this discussion? Yes/No/ Je, unaweza kuturuhusu kupiga picha za mjadala huu? Ndio la
- If you'd like, you have the option to obtain a copy of this consent form/ Ikiwa ungependa, una chaguo la kupata nakala ya fomu hii ya idhini

Signature of the Designated Teacher for the WASH Club/ Sahihi ya Mwalimu aliyeagizwa kwa Klabu ya WASH	
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Informed Consent Form/ Fomu ya Ridhaa

Tool: Focus Group Discussion/Majadiliano ya vikundi

Respondents: Staff at Health Facility (Male and Female)/Wafanyakazi katika kituo cha Afya(Mwanaume na Mwanamke)

Introduction/Utambulisho

Good morning/afternoon. My name is and I am carrying out research on behalf of (Data Vision / AAN Associates), an independent research company. On behalf of MoH and UNICEF Tanzania, we are conducting a mid-term evaluation of the UNICEF-supported ASWA-II Programme and National Sanitation Campaign activities in your region/area. Habari za Asubuhi/mchana. Jina langu ni na ninafanya utafiti kwa niaba ya (Data Vision / AAN Associates), kampuni binafsi ya utafiti. Kwa niaba ya Wizara ya Afya (MoH) na UNICEF Tanzania, tunafanya tathmini ya kati ya Programu ya ASWA-II inayoungwa mkono na UNICEF na shughuli za Kampeni ya Kitaifa ya Usafi katika Mkoa/eneo lako.

Your participation in this interview meeting is voluntary and you may withdraw at any time from this discussion. If you agree to participate, you can decide not to answer any question and can stop at any time. Your decision about whether to participate in this study or to answer any specific questions will in no way affect any services that you receive. If you do choose to participate, please answer the questions honestly and openly, so that we can understand your experience and find out what you really think and have experienced. / Ushiriki wako katika kikao hiki cha mahojiano ni hiari na unaweza kujiondoa wakati wowote kutoka kwenye mazungumzo haya. Ikiwa unakubali kushiriki, unaweza kuchagua kutokujibu swali lolote na unaweza kusitisha wakati wowote. Uamuzi wako wa iwapo utashiriki katika utafiti huu au kujibu maswali yoyote maalum hautaathiri huduma zozote unazopokea. Ikiwa utachagua kushiriki, tafadhali jibu maswali kwa uaminifu na kwa uwazi, ili tuweze kuelewa uzoefu wako na kujua mawazo yako halisi na yale uliyoyapitia.

I would like to ask questions about the overall performance, results, implementation modalities, challenges, and lessons of the ASWA Programme and UNICEF's other WASH interventions. The aim is to capture your expert opinion and sector knowledge about the above-mentioned programmatic aspects to inform the evaluation findings and analysis. and conclusions. Additionally, your suggestions or recommendations would be welcomed as part of this discussion. / Ningependa kuuliza maswali kuhusu utendaji jumla, matokeo, njia za utekelezaji, changamoto, na mafunzo ya Programu ya ASWA na mipango mingine ya usafi wa mazingira (WASH) inayotekelezwa na UNICEF. Lengo ni kupata maoni yako ya kitaalamu na maarifa yako katika sekta kuhusu vipengele vya programu vilivyotajwa hapo juu ili kusaidia kupata matokeo na uchambuzi wa tathmini. Mawazo au mapendekezo yako pia yatakaribishwa kama sehemu ya mazungumzo haya.

The overall aim of this evaluation is to gain an understanding of the WASH situation now and before the ASWA Programme in the target areas, schools, and healthcare facilities. The findings of this research will be submitted to UNICEF and MoH to further improve the WASH facilities and services in HCFs. / Lengo kuu la tathmini hii ni kupata ufahamu wa hali ya usafi wa mazingira na huduma za WASH sasa na kabla ya Programu ya ASWA katika maeneo ya lengo, shule, na vituo vya huduma za afya. Matokeo ya utafiti huu yatawasilishwa kwa UNICEF na Wizara ya Afya ili kuendelea kuboresha miundombinu ya usafi wa mazingira na huduma za WASH katika vituo vya huduma za afya.

Your participation in this study may not benefit you directly, but it may benefit others, as your responses may improve the WASH intervention in the region. The information you provide will be strictly confidential and never connected to you and your personal identity will not be revealed at any stage of the study. We will put the information we learn from you together with the information we learn from other people in the study and only a few researchers will have access to this information, and all information will be stored safely and destroyed under the care of the lead researcher. /Ushiriki wako katika utafiti huu huenda usilete manufaa moja kwa moja kwako, lakini unaweza kuwa na manufaa kwa wengine, kwani majibu yako yanaweza kuboresha maswala ya usafi wa mazingira katika eneo lako. Vile vile, huwezi kuwa wazi kwa aina yoyote ya hatari. Habari utakazotoa zitatumizwa kwa siri na hazitahusishwa na wewe binafsi, na utambulisho wako wa kibinafsi hautafichuliwa katika hatua yoyote ya utafiti. Taarifa tunazopata kutoka kwako pamoja na taarifa tunazopata kutoka kwa watu wengine katika utafiti zitakusanywa pamoja na kutumiwa na watafiti wachache pekee. Taarifa zote zitahifadhiwa kwa usalama na kuharibiwa chini ya uangalizi wa mtafiti mkuu.

For quality assurance purposes, with your permission, I would also like to record our discussion. This discussion will take 45-60 minutes. / Kwa madhumuni ya uhakiki wa ubora, kwa idhini yako, ningependa pia kurekodi majadiliano yetu. Majadiliano haya yatakuchukua kati ya dakika 45 hadi 60.

You may also contact [Mr. Goefrey Kalunga, +255713979399] if you have any questions or concerns.

Unaweza pia kuwasiliana na [Mr. Goefrey Kalunga, +255713979399] kama una maswali ya ziada au maoni.

- Do you have any questions now? / Je, una maswali yoyote kwa sasa?
- Do you understand everything I have explained? / Je, umeelewa kila kitu nilichoeleza?
- Do you agree to participate in this interview? Je, unaafikiana kushiriki katika mahojiano haya?

- With your permission, should I start our discussion now? Yes/No. Yes/No./ Kwa idhini yako, ninaweza kuanza mjadala wetu sasa? Ndiyo/Hapana.
- Would you allow us to take photographs of this discussion? Yes/No/ Je, unaweza kuturuhusu kupiga picha za mjadala huu? Ndio la
- If you'd like, you have the option to obtain a copy of this consent form/ Ikiwa ungependa, una chaguo la kupata nakala ya fomu hii ya idhini

Designation of Health Staff Member for the WASH Programme/ Nafasi ya Mjumbe wa Wafanyakazi wa Afya kwa Programu ya WASH	
Signature of the Designated Health Staff for the WASH Programme /Sahihi ya Mjumbe wa Wafanyakazi wa Afya kwa Programu ya WASH	

Informed Consent Form/ Fomu ya Ridhaa

Tool: Focus Group Discussion/Majadiliano ya vikundi

Respondents: Students (Boys and Girls) – Separate FGDs/Majibu:Wanafunzi (Mvunalana na Msichana)-Majadiliano tofauti.

Introduction/Utambulisho

Good morning/afternoon. My name is and I am carrying out research on behalf of (Data Vision / AAN Associates), an independent research company. On behalf of MoH and UNICEF Tanzania, we are conducting a mid-term evaluation of the UNICEF-supported ASWA-II Programme and National Sanitation Campaign activities in your region/area. Habari za Asubuhi/Alasiri. Jina langu ni na ninafanya utafiti kwa niaba ya (Data Vision / AAN Associates), kampuni binafsi ya utafiti. Kwa niaba ya Wizara ya Afya (MoH) na UNICEF Tanzania, tunafanya tathmini ya kati ya Programu ya ASWA-II inayoungwa mkono na UNICEF na shughuli za Kampeni ya Kitaifa ya Usafi katika Mkoa/eneo lako.

Your participation in this interview meeting is voluntary and you may withdraw at any time from this discussion. If you agree to participate, you can decide not to answer any question and can stop at any time. Your decision about whether to participate in this study or to answer any specific questions will in no way affect any services that you receive. If you do choose to participate, please answer the questions honestly and openly, so that we can understand your experience and find out what you really think and have experienced. / Ushiriki wako katika kikao hiki cha mahojiano ni hiari na unaweza kujiondoa wakati wowote kutoka kwenye mazungumzo haya. Ikiwa unakubali kushiriki, unaweza kuchagua kutokujibu swali lolote na unaweza kusitisha wakati wowote. Uamuzi wako wa iwapo utashiriki katika utafiti huu au kujibu maswali yoyote maalum hautaathiri huduma zozote unazopokea. Ikiwa utachagua kushiriki, tafadhali jibu maswali kwa uaminifu na kwa uwazi, ili tuweze kuelewa uzoefu wako na kujua mawazo yako halisi na yale uliyoyapitia.

I would like to discuss with you UNICEF's WASH Programme activities in this school. The overall aim of this discussion is to gain an understanding of the hand-washing facilities, toilet situation and drinking water availability in your school/ Ningependa kujadili nanyi shughuli za Mpango wa WASH wa UNICEF katika shule hii. Lengo la jumla la mjadala huu ni kupata uelewa wa vifaa vya kunawia mikono, hali ya vyoo na upatikanaji wa maji ya kunywa shuleni kwako

You will not be exposed to any form of risk. The information you provide will be strictly confidential and never connected to you and your personal identity will not be revealed at any stage of the study. We will put the information we learn from you together with the information we learn from other people in the study and only a few researchers will have access to this information, and all information will be stored safely and destroyed under the care of the lead researcher./ Hutakabiliwa na aina yoyote ya hatari. Taarifa utakazotoa zitakuwa siri kabisa na kamwe hazitaunganishwa nawe na utambulisho wako wa kibinafsi hautafichuliwa katika hatua yoyote ya utafiti. Tutaweka taarifa tunazojifunza kutoka kwako pamoja na taarifa tunazojifunza kutoka kwa watu wengine katika utafiti na watafiti wachache tu ndio watapata taarifa hii, na taarifa zote zitahifadhiwa kwa usalama na kuharibiwa chini ya uangalizi wa mtafiti mkuu.

Your parents have given us permission to talk with you, but if you don't want to join the discussion, it's totally okay. You can choose not to participate or leave whenever you want, and you don't have to give a reason./ Wazazi wako wametupa ruhusa ya kuzungumza nawe, lakini kama hutaki kujiunga na majadiliano, ni sawa kabisa. Unaweza kuchagua kutoshiriki au kuondoka wakati wowote unapotaka, na sio lazima utoe sababu.

For quality assurance purposes, with your permission, I would also like to record our discussion. This discussion will take 45-60 minutes./ Kwa madhumuni ya uhakiki wa ubora, kwa idhini yako, ningependa pia kurekodi majadiliano yetu. Majadiliano haya yatakuchukua kati ya dakika 45 hadi 60.

You may also contact [Mr. Goefrey Kalunga, +255713979399] if you have any questions or concerns.

Unaweza pia kuwasiliana na [Mr. Goefrey Kalunga, +255713979399] kama una maswali ya ziada au maoni.

- Do you have any questions now?/ Je, una maswali yoyote kwa sasa?
- Do you understand everything I have explained?/ Je, umelewa kila kitu nilichoeleza?
- Do you agree to participate in this interview? Je, unaafikiana kushiriki katika mahojiano haya?
- With your permission, should I start our discussion now? Yes/No. Yes/No./ Kwa idhini yako, ninaweza kuanza mjadala wetu sasa? Ndiyo/Hapana.
- Would you allow us to take photographs of this discussion? Yes/No/ Je, unaweza kuturuhusu kupiga picha za mjadala huu? Ndio la
- If you'd like, you have the option to obtain a copy of this consent form/ Ikiwa ungependa, una chaguo la kupata nakala ya fomu hii ya idhini

Signature of Student/ Sahihi ya Mwanafunzi

**Informed Consent Form for Parents of Adolescents under 18 Years of Age/ Fomu ya Kibali
Kilichofahamishwa kwa Wazazi wa Vijana walio Chini ya Umri wa Miaka 18**

Tool: Focus Group Discussion/Majadiliano

Introduction

Good morning/afternoon. My name is and I am carrying out research on behalf of (Data Vision / AAN Associates), an independent research company. On behalf of MoH and UNICEF Tanzania, we are conducting a mid-term evaluation of the UNICEF-supported ASWA-II Programme and National Sanitation Campaign activities in your region/area. Habari za Asubuhi/mchana. Jina langu ni na ninafanya utafiti kwa niaba ya (Data Vision / AAN Associates), kampuni binafsi ya utafiti. Kwa niaba ya Wizara ya Afya (MoH) na UNICEF Tanzania, tunafanya tathmini ya kati ya Programu ya ASWA-II inayoungwa mkono na UNICEF na shughuli za Kampeni ya Kitaifa ya Usafi katika Mkoa/eneo lako.

We are inviting your child to participate in a discussion which will help us better understand their perception of the support they have received in their school. Your child's participation in this discussion will be voluntary and s/he may withdraw at any time from the discussion. If s/he agrees to participate, they can decide not to answer any question and can stop at any time. Her/His decision about whether to participate in this study or to answer any specific questions will in no way affect any services that they receive. / Tunamualika mtoto wako kushiriki katika majadiliano ambayo yatasaidia sisi kuelewa vizuri jinsi wanavyoona msaada walioupata shuleni. Ushiriki wa mtoto wako katika majadiliano haya ni hiari na anaweza kujiondoa wakati wowote katika majadiliano. Ikiwa anakubali kushiriki, anaweza kuchagua kutokujibu maswali yoyote na anaweza kuacha wakati wowote. Uamuzi wake wa kushiriki katika utafiti huu au kujibu maswali maalum hautaathiri huduma yoyote wanayopokea.

We would like to discuss with your child, UNICEF's WASH Programme activities in his/her school. The key discussion points will be the WASH services they have received, the WASH practices they exercise in schools, and the challenges they face in accessing WASH services in their schools. The aim is to capture your collective opinion and reflections about the Programme's performance, implementation, and results to inform the evaluation findings, analysis, and conclusions. Additionally, your suggestions or recommendations would be welcomed as part of this discussion./ Tunataka kujadili na mtoto wako shughuli za Programu ya WASH ya UNICEF katika shule yake. Mada kuu za majadiliano zitakuwa huduma za WASH ambazo wamepata, mazoea ya WASH wanayotekeleza shuleni, na changamoto wanazokabiliana nazo katika kupata huduma za WASH katika shule zao. Lengo ni kukusanya maoni yenu na tafakari kuhusu utendaji, utekelezaji, na matokeo ya Programu ili kutoa matokeo ya tathmini, uchambuzi, na hitimisho. Aidha, maoni au mapendekezo yenu yatakaribishwa katika mjadala huu.

The overall aim of this evaluation is to gain an understanding of the WASH situation now and before the ASWA Programme in the target areas, schools, and healthcare facilities. The findings of this research will be submitted to UNICEF and MoH to further improve the WASH facilities and services in schools./ Lengo kuu la tathmini hii ni kupata ufahamu wa hali ya usafi wa mazingira na huduma za WASH sasa na kabla ya Programu ya ASWA katika maeneo ya lengo, shule, Vile vile, huwezi kuwa wazi kwa aina yoyote ya hatari. na vituo vya huduma za afya. Matokeo ya utafiti huu yatawasilishwa kwa UNICEF na Wizara ya Afya ili kuendelea kuboresha miundombinu ya usafi wa mazingira na huduma za WASH katika vituo vya huduma za afya.

Your child's participation in this study may not benefit her/him directly, but it may benefit others, as his/her responses may improve WASH intervention in the region. The information your child provides will be strictly confidential and never connected to her/him and her/his personal identity will not be revealed at any stage of the study. Only a few researchers will have access to this information, and all information will be stored safely and destroyed under the care of the lead researcher./ Ushiriki wa mtoto wako katika utafiti huu huenda usimletee faida moja kwa moja, lakini unaweza kuwa na manufaa kwa wengine, kwani majibu yake yanaweza kuboresha huduma za WASH katika eneo hilo. Taarifa zitakazotolewa na mtoto wako zitakuwa ni siri kabisa na kamwe hazitahusishwa na yeye binafsi, na utambulisho wake hautafichuliwa katika hatua yoyote ya utafiti. Ni watafiti wachache tu ndio watakaokuwa na ufikiaji wa taarifa hizi, na taarifa zote zitahifadhiwa salama na kuharibiwa chini ya uangalizi wa mtafiti mkuu.

We also hope to audio record a portion of this interview for making notes and ensuring that we capture the key discussion points. This discussion will take 45-60 minutes. Pia tunatarajia kurekodi sauti sehemu ya mahojiano haya ili kufanya maelezo na kuhakikisha tunakamata mada muhimu za majadiliano. Majadiliano haya yatakuchukua kati ya dakika 45 hadi 60.

You may also contact [Mr. Goefrey Kalunga, +255713979399] if you have any questions or concerns./ Unaweza pia kuwasiliana na [Mr. Goefrey Kalunga, +255713979399] kama una maswali ya ziada au maoni.

- Do you have any questions now?/ Je, una maswali yoyote kwa sasa?
- Do you understand everything I have explained?/ Je, umelewa kila kitu nilichoeleza?
- Do you allow your child to be recorded?/Unamruhusu mtoto wako kurekodiwa?
- Yes/Ndio _____ No/Hapana _____

- Name of the parent (father/mother): /Jina la mzazi(Baba/Mama)_____
- Name of the child allowed to participate in FGD: /Jina la mtoto alieruhusiwa kushiriki majadiliano_____
- Would you allow us to take photographs of your child during the discussion? Yes/No/ Je, unaweza kuturuhusu kupiga picha za mtoto wako wakati wa majadiliano? Ndio la
- If you'd like, you have the option to obtain a copy of this consent form/ Ikiwa ungependa, una chaguo la kupata nakala ya fomu hii ya idhini

Name of Parent/Guardian/Jina la Mzazi/Mlezi	
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APPENDIX 14: EVALUATION TEAM MEMBERS

Name & Proposed position	Years of Experience & Education	Areas of Expertise		Countries of Experience	Languages
		Sector Expertise	Functional Expertise		
Team Lead Mr. Nadeem Haider	Over 21 Years M. Phil International Relations and Political Studies MS Anthropology Certification in Social Enterprise Management	Social Protection, Health & Nutrition, Child Rights/Protection, WASH, Youth/women empowerment, Education, Birth registration, Emergency preparedness, Disaster risk management, Gender equality, Equity, HRBA.	Monitoring & Evaluation, Strategic planning, Institutional assessment, Community development/Community Engagements, Advocacy, Knowledge management, Training and facilitation, Proposal development, Mobilization, Network and resources, technical report writing	Zimbabwe, Pakistan, Tajikistan, Uzbekistan, Kyrgyzstan, Afghanistan, Yemen, Kenya, Nigeria, Indonesia, Jordan, Viet Nam, Cambodia, Philippines, Moldova, Iran, Somalia, Uganda, Angola, Niger, Ghana, Guinea, Guinea-Bissau, Mali, Chad, CAR, Yemen, Tanzania	English, Arabic, Urdu, Punjabi, Persian
Evaluation Lead and WASH Expert/ Intl. Evaluation Project Manager Mr. Asmat Ali Gill	Over 20 years M. Sc Health Economics & Management	Education, Nutrition, Public Health, Child Rights, Social Protection, C4D, Social Norms Social Inclusion, WASH, Nutrition, Humanitarian, Emergency Preparedness, Community Engagement, Gender	Evaluation, Monitoring, Policy Analysis, Result-Based Management, Strategic Planning, Development Behavior Change, Research, Capacity Development	Nigeria, Jordan, Philippines, Vietnam, Indonesia, Afghanistan and Pakistan	English, Urdu
Quality Assurance Manager Ms. Hamna Ishaq	Over 6 Years M.Sc. Social Policy and Development	Education, WASH, Health, Nutrition, Child Protection and Birth Registration.	Monitoring & Evaluation, Quality Assurance	Zimbabwe, Rwanda, Tanzania, Uganda, Pakistan	English, Urdu
International BCC Expert Mr. Raheel Waqar	20 Years Bachelor of Business Administration	WASH, Health and Nutrition, Peace, and Conflict Education, Mother and Child health, Women's Rights, Gender Equality, Environment and Climate Change, Disaster Risk Reduction, HIV/Aids, Minorities, Child Marriages, Livelihoods and Skill-building, Family Planning, Entrepreneurship & Youth Employment	Social Behaviour Change Campaign, Research, Evaluation	Pakistan	English Urdu

Name & Proposed position	Years of Experience & Education	Areas of Expertise		Countries of Experience	Languages
		Sector Expertise	Functional Expertise		
National Evaluation Expert Geofrey Methusela	10 Years Master of Arts in Monitoring and Evaluation	WASH, Health and Nutrition, Gender, Youth Engagement	Monitoring, Evaluation, Accountability and Learning	Tanzania	English, Swahili
WASH Expert / Engineer Christossy Lalika	Over 5 Years Master of Advanced Studies (MAS) in Sustainable Water Resources	WASH, Climate Change	Monitoring and Evaluation, Water Governance, Hydrological Modelling, Ecosystem Based Adaptation	Tanzania	English, Swahili
Evaluation Project Officer Mr. Imran Aslam	6 years BS Social Sciences	Education, Health, Skills Development, Gender, and WASH	Monitoring and Evaluation, Capacity Building, Community Mobilization	Nigeria, Pakistan	English, Urdu
Data Analyst Mr. Inaam UI Haq	10 Years MS in Project Management, SZABIST, Islamabad (2023)	Nutrition, Public Health, Family Planning, Sexual and Reproductive Health, Formal and Non-Formal Education, DRR, and WASH	Data Management (Data Collection, Validation, Verification, Triangulation and Analysis), Evaluation	Palestine, Pakistan	English, Urdu
Evaluation Project Associate Ms. Ayesha Javaid	Over 2 years B.Sc. Economics	Education, SDG's, Livelihood and Skill Development, WASH, Gender Equality	Research, Monitoring & Evaluation, Report Writing	Pakistan, Palestine, Zimbabwe, Tanzania	English, Urdu

APPENDIX 15: EVALUATION WORKPLAN

UTCO_ASWA - Detailed Implementation Plan				
Key Activities	Starting Date	Completion Date	Date of Completion - 1st Revision	Date of Completion - 2nd Revision
Signing of the Contract	1-Mar-23	1-Mar-23		
Kick-Off Meeting	6-Mar-23	6-Mar-23		
Documents Received and Sorting	27-Feb-23	15-Mar-23		
Develop Evaluation Matrix	9-Mar-23	14-Mar-23		
Develop Evaluation Tools	20-Mar-23	24-Mar-23		
Develop Inception Report	13-Mar-23	20-Mar-23		
Develop Data Collection Plan	13-Mar-23	20-Mar-23		
Submit IR to the client	3-Apr-23			
Client Feedback (1st)	4-Apr-23	14-Apr-23	11-May-23	
Address comments on IR	14-Apr-23	19-Apr-23	22-May-23	
Revised IR Submission	19-Apr-23			
Client Feedback (2nd Review)	19-Apr-23	24-Apr-23	N/A	
Address comments on Draft Inception Report	24-Apr-23	28-Apr-23	N/A	
Final IR Approval (Deliverable 1)	28-Apr-23		25-May-23	6-Jun-23
Desk Review	Ongoing			
Ethical Review Application Package Prep	20-Apr-23	22-May-23	31-May-23	
Facilitation letter from UNICEF for Visa	24-Mar-23	29-Mar-23		
Ethical Clearance Received		28-Apr-23	31-May-23	13-Jun-23
Field Team's planning and training	8-May-23	10-May-23	6-Jun-23	22-Jul-23
Data Collection; QA of 10% of the data done	11-May-23	8-Jun-23	12-Jun-23	6-Aug-23
Data Collection Completed	11-May-23	5-Jun-23	7-Jul-23	14-Aug-23
Field Report Submission (Deliverable 2a)	12-Jun-23		13-Jul-23	21-Aug-23
Complete Data Collection, Processing and Analysis	9-Jun-23	30-Jun-23	25-Jul-23	28-Aug-23
Submission of Draft Evaluation Report (Deliverable 2b)	24-Jul-23		15-Aug-23	4-Oct-23
ERG Meeting/Validation Workshop				17-Oct-23
UNICEF/ERG Feedback Received	24-Jul-23	4-Aug-23	25-Aug-23	2-Nov-23
Submission of Revised Evaluation Report	4-Aug-23	11-Aug-23	6-Sep-23	8-Nov-23
Second Feedback Received	24-Jul-23	04 August, 2023	13-Sep-23	20-Nov-23
Submission of Final Report With Powerpoint Presentation (Deliverable 4)	28-Aug-23		18-Sep-23	27-Nov-23
Project Closing	31-Aug-23		18-Sep-23	28-Nov-23

APPENDIX 16: NJOME FINDINGS

Note: As per the agreement with UNICEF, the primary data findings for checklists results (for schools and healthcare facilities) and impact is addressed in this appendix. The readers must note that, due to the limitations presented below, UNICEF TCO was unable to provide the evaluation team with data on Njombe in the format required, hence the comparisons are only based on checklist assessment results and impact is addressed from the FGD's.

- The WASH Programme in MINS (comprising Mbeya, Iringa, Njombe, and Songwe) outside of Iringa was funded through core resources.
- As such, the indicators used for monitoring progress were the 2016 – 2022 CPD indicators which were far fewer than the detailed result framework for ASWA II from which Iringa was funded.
- This meant that it was not possible to provide ASWA II level of detail for Njombe as the two regions were working to different results frameworks.
- Regarding the financial records, it is very difficult to extract disaggregated information for cash disbursed to Njombe from core resources as the information presents all disbursements across all sectors, not just for WASH. We invested considerable time trying to find a way to extract the data just for WASH, but it was not possible to do so.

Methodology

Checklist Assessment

In Njombe, **14% of the intervention schools** (6 out of 43) and **60%** of the intervention HCFs (6 out of 10) were randomly selected, to ensure an equivalent sample size for both regions. For Njombe fewer schools and HCFs were selected given the non-availability of baseline data and priority of assessing Iringa region, which was approved by the ERG. This approach effectively balanced the practicality of data collection with the goal of capturing vital insights, all while being mindful of resource constraints.

Table 1: Checklist Assessment

Location	Type of Facility	Assessed Facilities	Total Upgraded Facilities	Proportion Assessed
Njombe	Schools	6	43	14%
Njombe	HCFs	6	10	60%

Focus Group Discussions

- A total of 14 **FGDs** were conducted. These groups consisted of CLTS committees, community members (both males and females), students (both boys and girls – aged between 11-19 years), teachers, and HCF staff. The selection of participants aimed to maintain gender balance, resulting in **52% being females/girls and 48% males/boys**, which also included PWDs.
- In Njombe, both districts, **Njombe DC and Makete DC**, were selected.

Table 2: FDG Distribution

Total Data Collection Groups	Njombe DC (7)	Makete DC(7)
CLTS Committee	1	1
Men	1	1
Women	1	1
School Teachers (male and female combined)	1	1
Boys Students	1	1
Girls Students	1	1
HCF Staff	1	1

The following results are divided into two sub-sections: the first one compares the mid-term checklist assessment scores for effectiveness, and the second one assesses the programme's impact.

Comparison Between Mid-Term Checklist Assessment Scores – Iringa vs Njombe

The evaluation team has presented a comparison between the Iringa and Njombe regions based on the checklist assessments conducted in the intervention schools and healthcare facilities. These results show the status of WASH facilities in institutions in 2023³².

Comparison of Healthcare Facilities – Njombe Vs Iringa

Indicators	Njombe	Iringa
Someone designated as responsible for WASH, for example ensuring repairs of the water point, the toilets and the hand	16.7%	62.5%
Toilets (in functioning condition) located on the grounds of this healthcare facility	100.0%	100.0%
There is at least one toilet that is dedicated for staff use only	100.0%	87.5%
The toilet facilities are located. Inside the facility?	50%	68.8%
At least one toilet dedicated to staff	100%	87.5%
The patients' toilets sex-separated or in gender-neutral rooms	100.0%	100.0%
Toilets designated for women and girls or in gender-neutral rooms meet the following conditions for menstrual hygiene needs? Waste bin with a lid is provided within the cubicle (for disposal of menstrual hygiene materials).	16.7%	12.5%
Do the toilets designated for women and girls or in gender-neutral rooms meet the following conditions for menstrual hygiene needs? Are water and soap available in a private space for washing?	0%	50%
At least one usable toilet or latrine meets the following conditions for accessibility by people with limited mobility. Access via a clear path with ramps?	83.3%	81.3%
At least one usable toilet or latrine meets the following conditions for accessibility by people with limited mobility. Enough space inside for a wheelchair user to enter, turn, close the door and park by the toilet?	66.7%	56.3%
Health facility organized itself to designate specific people responsible for carrying out toilet cleaning	33.3%	81.3%
Is the water supply reliable – available when needed?	100%	87.5%
Facility do anything to the water from the main supply to make it safe to drink	66.7%	62.5%
At least one handwashing facility located within 5 meters of all toilets	100.0%	100.0%
Water is available at the place for handwashing	100.0%	87.5%
Soap available at the place for handwashing	33.3%	50.0%
Based on experience in the past year, does the facility usually have sufficient funds available to cover water, sanitation and hygiene expenses, including a major repair if needed?	50%	18.8%
Does the facility have activities or facilities for helping women and girls manage their menstruation? Provision of menstrual management room?	33%	0%
Does the facility have activities or facilities for helping women and girls manage their menstruation? Providing facilities for disposal (e.g. dust bins, burning location etc.)?	33.3%	43.8%
Does the facility have activities or facilities for helping women and girls manage their menstruation? Providing menstrual materials (e.g. cloths and pads)?	0%	6.3%

How often are the toilets usually cleaned?	Njombe	Iringa
Everyday	33.3%	81.3%
A few times per week	33.3%	18.8%
Once a week	16.7%	0
Less often	16.7%	0
A number of types of toilets the facility have?	Njombe	Iringa
1	66.7%	62.5%
2	33.3%	37.5%
Type and number of toilets that are located within the health care facility grounds: Type of toilet	Njombe	Iringa
Flush / pour-flush toilets to sewer connection	0%	6.3%
Flush / pour-flush toilets to tank or covered pit	100%	87.5%

³² The checklist based assessments in schools and healthcare facilities are conducted in August 2023, as part of this mid-term evaluation.

Pit latrines with slab (washable)	0%	6.3%
How many water sources does the facility have?	Njombe	Iringa
1	66.7%	68.8%
2	16.7%	31.3%
3	16.7%	0
Type of Water Supply	Njombe	Iringa
Piped supply inside the facility	66.7%	62.5%
Borehole	0%	31.3%
Rainwater	16.7%	0%
Surface water (river/dam/lake/pond)	16.7%	0%
Where is the main water supply for the facility located?	Njombe	Iringa
On-premises	33.3%	50%
Within 500 m	33.3%	12.5%
Further than 500 m	33.3%	37.5%
Type and number of toilets that are located within the health care facility grounds: # for patients (Female)	Njombe	Iringa
1	0%	25%
2	50%	18.8%
4	0%	25%
5	16.7%	12.5%
6	16.7%	0%
7	0%	6.3%
Type and number of toilets that are located within the health care facility grounds: # patients (Male)	Njombe	Iringa
0	0%	6.3%
1	50%	63.5%
2	33.3%	12.5%
3	0%	6.3%
4	16%	12.5%
Type and number of toilets that are located within the health care facility grounds: # for staff	Njombe	Iringa
0	0%	18.8%
1	33.3%	0%
2	50%	75%
3	16.7%	0%
4	0%	6.3%
Is water and soap or alcohol-based hand sanitizer available at the selected hand hygiene station?	Njombe	Iringa
Both water and soap are available	66.7%	75%
Only water is available	33.3%	18.8%
None of the above	0%	6.3%
How does this facility usually deal with sharps waste such as needles?	Njombe	Iringa
Incinerated	83.3%	93.8%
Open burning	16.7%	0%
Chemical disinfection (e.g., with hypochlorite)	0%	6.3%

Comparison of Schools – Njombe Vs Iringa

Indicators	Njombe	Iringa
Schools currently have pupils involved in any type of school-related club	100%	100%
The club carry out water and sanitation activities	100%	100%
The club carry out water and sanitation activities.	100%	100%
There are toilets that are sex-separated or in gender-neutral rooms	100%	100%
There is at least one usable toilet or latrine that is accessible to the smallest children at the school	50.00%	19.00%
There is at least one toilet that is dedicated for staff use only	100%	100%
At least one usable toilet or latrine meet the following conditions for accessibility by students with limited mobility: Access via a clear path without stairs or steps?	66.7%	100%
At least one usable toilet or latrine meet the following conditions for accessibility by students with limited mobility.: Enough space inside for a wheelchair user to enter, turn, close the door and park by the toilet	66.7%	87.5%
There is any evidence of open defecation in and around the school grounds? Animal feces	0%	0%
The school have a source of water for students	100%	100%
Schools do anything to the water from the main source to make it safe to drink	83.3%	75%
The school's main water supply been tested for quality.	83%	75%
There are handwashing stations located within the school grounds	100%	100%
Handwashing stations with water availability: Water present	100%	93.80%
Handwashing stations with soap availability: Soap present	66.67%	75.00%
The schools have activities or facilities for helping girls manage their menstruation. Provision of menstrual management room.	100%	100%
The school have activities or facilities for helping girls manage their menstruation. Providing menstrual materials (e.g. cloths and pads)?	83.3%	87.5%
Someone in the school designated as responsible for WASH, for example ensuring repairs of the water point, of the toilets and the handwashing stations, and providing soap and other consumables	100%	93.80%
The school organize daily group handwashing activities with all children.	100.00%	75.00%
The school usually have sufficient funds available to cover water, sanitation and hygiene expenses, including large repair if needed (such as a new toilet bowl or sink, a new door, or clogged pipe s	66.7%	50%

How often are the school toilets usually cleaned?	Njombe	Iringa
Every day	100%	93.8%
A few times per week	0%	6.3%
Type and number of toilets that are located within the school grounds:	Njombe	Iringa
Type of toilet		
Flush / pour-flush toilets to sewer connection	0%	6.3%
Flush / pour-flush toilets to tank or covered pit	100%	87.5%
Pit latrines without slab / open pit	0%	6.3%
How many drinking water sources does the school have?	Njombe	Iringa
1	66.7%	75%
2	16.7%	25%
3	16.7%	0%
What are the sources of water for drinking available at the school?: Type of water supply	Njombe	Iringa
Piped supply inside the schoolyard	83.3%	87.5%
Public tap/standpipe	0%	6.3%
Borehole	0%	6.3%
Surface water (river/dam/lake/pond)	6.7%	0%
Where is the main water supply for the school located?	Njombe	Iringa
On-premises	50%	37.5%
Within 500 m	33.3%	31.3%
Further than 500 m	16.7%	31.3%

How often are menstrual products made available for pupils?	Njombe	Iringa
Daily	100%	21.4%
Only when there is an emergency	0%	78.6%
Is at least one handwashing station located within 5 meters of toilet or latrine blocks?	Njombe	Iringa
Yes, all toilet or latrine blocks	83.3%	81.25%
Yes, some but not all toilet or latrine blocks	16.7%	12.5%
No	0%	6.25%
Number of location that have handwashing station with water, soap and cleansing agent	Njombe	Iringa
2	16.7%	56.3%
3	66.7%	31.3%
4	16.7%	0.0%
5	0%	12.5%
Where are handwashing stations with water and soap or alternative cleansing agent located at the school?: Location for hygiene facility	Njombe	Iringa
Toilet or latrine blocks	100%	93.8%
School yard	0%	6.3%
Where are handwashing stations with water and soap or alternative cleansing agent located at the school?: Location for hygiene facility	Njombe	Iringa
Food preparation area	33.3%	6.3%
Food consumption area	0%	12.5%
Outside of classrooms	16.7%	50%
Schoolyard	33.3%	31.3%
Others	16.7%	0%

Reduction in prevalence of diarrhoea in rural areas

In Njombe, 125 children³³ were reported to have diarrhoea in 2015-16, whereas in 2022, the number was 50.4.³⁴

Njombe

1. According to key stakeholders, environmental sanitation campaigns have significantly reduced the incidence of diarrhoea in Njombe. However, the issue persists due to the consumption of unsafe and untreated water and the prevalence of unsafe food practices.
2. CLTS committee members, community members, and teachers have verified this information, attesting that they have observed a significant improvement in cases of diarrhoea and stomach diseases, which were quite common prior to the programme's inception. The programme has provided the community with access to information and education, the implementation of which is evident. It was further attributed to the accessibility to toilets now which has reduced open defecation which used to contribute to water contamination ultimately resulting in water borne diseases like diarrhoea.
3. Another positive change reported by community members and HCF staff is the reallocation of fund the government has been able to do after the reduction in diarrhoea. Previously, these funds were spent on supplying medicines to health centres to address these issues. Now, they can be redirected to provide medicines to those with other pressing health needs.

"people have shared during visits that our environmental sanitation campaigns have lessened the instances of diarrhoea." – **KII with SWASH Coordinators (Njombe)**

"Diarrhoea cases in hospitals reveal it's not just about water treatment, but also environmental and food cleanliness." – **KII with District level stakeholder (Njombe)**

"We've cut government costs on medicines for these diseases; now they're redirected to others." – **FGD with Male Community Members (Njombe)**

"People have understood the value of clean water and hygiene, reducing waterborne diseases and the reliance on extensive medication." – **FGD with HCF Staff (Njombe)**

³³ DHS 2015-16

³⁴ DHS 2022

Reduction in prevalence of stunting in children under 2, in rural areas

Njombe: In 2015-16 stunting in children U-5 stood at 49%³⁵, in 2018 it increased to 54%³⁶, and by 2022 stunting³⁷ had decreased to 50.4%.³⁸ As per government officials in Njombe, stunting remains a challenge within the community as people lack understanding and knowledge of what a complete meal is. Whilst campaigns have been held to address stunting, it requires a continuous effort.

"We had conversations, and it was noted that people might just cook potatoes—children eating them morning, noon, and night. A balanced diet is crucial. We emphasize this, but with everyone busy working, food-related issues are still prevalent in our region."— **Kil with UNICEF**

Increased participation of women in decision making about the provision and management of WASH services in their communities

Njombe: Women members of the CLTS committee confirmed their participation in the committee, with duties including ensuring that children and pregnant women visit clinics for weight measurements. They also ensure that all children maintain good hygiene, providing guidance on hygiene practices as needed.

³⁵ DHS 2015-16

³⁶ SMART Survey 2018

³⁷ Percentage below -2 SD

³⁸ DHS 2022

APPENDIX 17: PROGRESS SNAPSHOT

Fully Achieved	Mostly Achieved	Partially Achieved	Least Achieved	Not Achieved	Not Assessed
81-100%	61-80%	41-60%	21-40%	0-20	NA

Sr	Results (2022)	Indicators	Target (2021)	Achievement	Percent	a Total Received	b Funds spent to date	% Utilized b/a
1	Sustained use of safe water supplies services by poor and vulnerable people in targeted areas, especially by women and girls	1.1 Cumulative number of people who gain sustained access to basic sanitation more than 3 years, disaggregated by sex	95,194	33,714	35%	115,521	134,047	116%
		1.2 Number of externally verified water-safe communities.	20	Not Assessed	NA			
		1.3 Percentage of newly constructed/rehabilitated water points fully functioning during the reporting period and for 15 years	80%	Not Assessed	NA			
2	Sustained use of sanitation services by poor and vulnerable people in targeted areas, especially by women and girls.	2.1 Number of communities triggered	255	355	139%	1,625,440	1,625,440	100%
		2.2 Number of externally verified ODF communities.	150	194	129%			
		2.3. Cumulative number of communities who sustained ODF after 2 years	150	36	24%			
		2.4. Cumulative number of people who gain sustained access to basic, safe water supply disaggregated by sex.	382,275	598,536	156%			
		2.5 Cumulative number of people who gain sustained access to basic handwashing facilities, disaggregated by sex	133,272	418,513	314%			
3	Adoption of hygiene practices by poor and vulnerable people in	3.1 Number of households with hand washing facilities close to the toilet.	266,543	129,981	48%	510,380	151,730	30%

	targeted areas, especially by women and girls	3.2 Number of people reach by hygiene promotion messages.	304,621	838,735	275%			
4	55 schools and 40 Health Care Facilities have appropriate, effectively managed WASH facilities, with hygiene also being promoted	4.1 Number of schools gaining basic water supply, sanitation, and hygiene facilities, with menstrual hygiene MHM being promoted.	40	19	48%	145,879	147,286	101%
		4.2 Number of health care facilities gaining basic water supply, sanitation, and hygiene facilities	16	16	100	113,945	113,945	100%
		4.3 Number of school and health care facilities maintaining the services more than 2 years	40	Not Assessed	NA			
		4.4 Proportion of intervention districts implementing district wide MHM programmes in their schools.	100%	100%	100%			
5	Regular sustainability checks (and VfM analysis) inform and enhance national and local WASH sector plans planning, monitoring, and targeting decisions, with specific provision for poor and vulnerable groups	5.1 Number of countries that renewed/reviewed the sustainability compact and or checks	1	0	0%	31,934	NA	
		5.2 Number of countries completed annually third-party sustainability checks over the course of the project, with appropriate management response plan to be undertaken by community groups and/or government counterparts	1	0	0%			
		5.3 Number of programme reporting on VfM indicators, in line with VfM reporting schedule and associated guidance provided by UNICEF HQ	1	1	100%			
6	WASH financing - National systems and capacity for WASH in prioritised areas strengthened	6.1 Number of countries implementing the country specific prioritised areas of the SWA framework and mutual accountability mechanism.	1	0	0	225,000	NA	

at country and regional level (prioritized areas related to the SWA)	6.2 Number of times DGIS funds contribute to leveraging other resources (and amounts) for WASH	1	1	100%			
	6.3 Number of the countries with improved monitoring system using real time monitoring	1	0	0			
	6.4 Number of youth entrepreneurs trained, and enterprises supported in WASH	100	447 artisans and 36 WASH entrepreneurs	483%			
	6.5 Support provided to Government in Integrated water resources management	NA	NA				
	6.6 Number of countries with pro-poor urban WASH strategies targeting the marginalised urban poor population	NA	NA				
	6.7 Number of studies, evaluations, review undertaken that contribute to key decisions or discussions in the national WASH sector,	NA	NA				

APPENDIX 18: IRINGA WASH COMPACT



Iringa

Compact_Swahili.pdf



Iringa

Compact_ENG.docx

APPENDIX 19: EXISTING PUBLIC STRUCTURES AND ROLES

Department	Personnel Engaged	Role
Ministry Level		
Ministry of Health	Representative for National Sanitation Campaign	Implement the National Sanitation Campaign in the Country
PoRLAG	Representative of PoRLAG Office for WASH activities	Ministry which is responsible for overseeing all the interventions which are implemented in regions.
Regional Level		
Health Department	Regional Health Officer	Oversee the overall WASH activities in communities and healthcare facilities.
Education Department	Regional Education Officer/Adult Education Officer	Oversee the WASH facilities in schools.
District Level		
Health Department	District Health Officer	Oversee the overall WASH activities in communities and healthcare facilities.
Health Department	District Medical Officer	Monitor the WASH services in healthcare facilities.
Education Department	SWASH Coordinator	Oversee the availability of WASH facilities in schools at the district level. Also, to ensure the formation and functionality of SWASH clubs.
Rural Water Supply and Sanitation Agency	Water Engineers	Conduct and oversee surveys, designs, and approving plans such as layouts for pipelines and distribution points.
Ward Level		
Administrative Official	Ward Executive Officer	Follow-ups to ensure that communities attain ODF in communities.
Village Level		
Administrative Official	Village Executive Officer	Follow-ups to ensure that communities attain ODF in communities.
CLTS Committee	<ul style="list-style-type: none"> - Village Chairman - Village Executive Officer - Hamlet Chairman - Two Community Health Worker - Representatives from healthcare facility 	Follow-ups to ensure that communities attain ODF.