

TANZANIA PARTNERSHIP PROGRAM FIVE YEAR EVALUATION—EXECUTIVE SUMMARY

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BACKGROUND

This report is an evaluation of the Tanzania Partnership Program (TPP) Phase I. Phase I covers work done in Milola A and B villages in Lindi Rural District and Naitolia village in Monduli District from 2010-2015. TPP is the first initiative of the Partnerships for Sustainable Community Development (PSCD), a long-term collaborative alliance of local and international organizations dedicated to improving local livelihoods. TPP is a collaboration between Michigan State University and the University of Dar es Salaam, Institute of Resource Assessment (UDSM IRA); Dar es Salaam University College of Education (DUCE); Sokoine University of Agriculture (SUA), and the Aga Khan Foundation (AKF).

The goals of this evaluation are to document the outputs, outcomes, and impacts of development initiatives of TPP Phase I. It collects baseline data for new initiatives and identifies the challenges and opportunities for future activities. Phase I focused on: 1) Improving access to safe water, 2) Improving human and animal health, and 3) Improving access to quality education. Baseline data was collected on new initiatives that emerged during Phase I include girls' education, reproductive health, and food security and nutrition. Livestock health is not included in this report as analysis of animal health research is in progress.

The baseline and evaluation data were collected using household surveys, water surveys, existing project documents, key informant interviews, field visits, village meetings, participatory mapping, and focus group discussions. Limitations of these studies and of this report include: small baseline sample size; difficulties in combining or comparing reports based on language, style, geographic scope, and study foci; and variability in quality of data reported. Lastly, it is only possible to show association between TPP activities and improvement of well-being rather than causation.

WATER ACCESS

Naitolia village is located in a water scarce and drought prone region of Maasailand. In 2009, the people of Naitolia requested that TPP focus attention on water access. By 2015, a water system had been put in place that reached all but one village hamlet. Average household distance to collect water was reduced from approximately 5 kms. to 2 kms.¹



However, this water is not free. Despite people's willingness to pay shown in 2009, by 2015 the majority of people reported that they could not afford the cost charged by the village government.² Accordingly, households although at a decreasing number, are still getting their water from more distant and unsafe sources. In 2009, 95 percent of households reported collecting water from unsafe sources. By 2015, this figure had been reduced to 59 percent and 55 percent for the wet and dry seasons, respectively. TPP is working with the village government through a village water committee to assess the cost of operating the water system and reassessing the cost charged for water. In conjunction with an improved water system, TPP has initiated community education on water safety. Thus while in 2009 no one treated their drinking water, by 2015, 36 percent of those who drank unsafe water did something to treat their water, the majority by boiling it.

1 Based on Whole Village Project 2010 report and 2015 GPS determined water source proximity to households.

2 100 TSH per 20-liter bucket.

EDUCATION

INFRASTRUCTURE

Infrastructure development at primary schools has improved educational conditions. Work has focused on school buildings, teacher housing, school kitchens, rainwater harvesting systems, and latrines. Two pre-primary schools were constructed - one in Milola B and one in Naitolia. The Milola B pre-primary school is located in Ngwenya hamlet. Prior to its construction, Ngwenya children did not go to school because of the long distance to the Milola B primary school. After construction, 92 pupils enrolled. By 2015, the number had increased to 113 pupils attending preschool, class one and two. The Naitolia pre-primary school that was previously housed in a makeshift structure was on average enrolling 25 pupils per year. After completion of the new building, this number almost tripled to 62 pupils.³



PERFORMANCE

School performance at a district level as indicated by school pass rates has improved. For example, in 2013 Naitolia Primary School ranked 42 out of 58 schools. By 2015, the performance improved to 11th place out of 58.⁴ Pass rates at a national level have fluctuated from a low of 2,491 out of 15,656 in 2013 to a high of 11,582 out of 16,096 in 2015. At a district level, school rankings in Milola show some improvement. However, at a national level these schools have consistently ranked among the lowest in the country.

³ Ngwenya pre-school has been registered as a public primary school and there is a possibility of the preschool in Naitolia to develop into a full-fledged primary school in the near future.

⁴ Source: Monduli District education office.

Milola A went from 1,548 out of 15,656 in 2013 to 11,402 out of 16,096 in 2015. Milola B went from a low of 1400 in 2014 to 5261 in 2015. Further research is needed to understand the fluctuation in pass rates and the means to improve student performance in these schools.

In 2015, TPP began work on girls' education in Milola. Preliminary results show that even though the number of girls sitting for the grade seven exams declined, pass rates improved. In 2013, twenty-three girls enrolled in Milola A standard seven. Of these girls, four passed the exams. In 2014, 20 girls enrolled, two passed the exams. In 2015, 6 girls enrolled and all passed. In Milola B in 2013, twenty-three girls enrolled in grade seven, one passed the exam. In 2014, 20 girls enrolled, two passed the exams. In 2015, 18 girls enrolled; 10 passed.

HEALTH

REPRODUCTIVE HEALTH

In 2015, TPP began work in reproductive health. In both 2009 and 2015, the majority of Naitolia women gave birth at home attended by a traditional birth attendant, family member or a friend, while in Milola the majority give birth at the ward clinic. The main problems associated with birth in both communities was heavy bleeding and infection. Preliminary data from the pilot reproductive health activities are positive, showing an increase in clinic deliveries and reduction in maternal infection rates.



COMMON DISEASES

In 2013, TPP supported a student health assessment (SHA) of 827 Milola pre-primary

and primary students to document the status of children's health.⁵ Data showed that the most common health problems were dental caries, trachoma, schistosomiasis, skin infections, vision problems, anemia, lack of immunization, and low weight.

Diseases status at a household level has not changed significantly with malaria, acute respiratory infections, and diarrhea being the three leading diseases of Milola and Naitolia. In 2015, women reported that 18 percent of Milola children and 25 percent of Naitolia children under five had diarrhea.

SANITATION AND HYGIENE AT SCHOOLS AND HOUSEHOLD LEVEL

Tanzania standards for school latrines is 20 girls and 25 boys per latrine hole. In 2009, Milola A primary school had two latrine holes while Milola B primary school had none. Neither school had handwashing stations or soap. The Naitolia primary school had adequate latrines; however, the pre-primary school had no latrine. By 2015, Milola A primary school had one latrine hole per 75 pupils, Milola B had one latrine hole per 61 pupils, Ngwenya had one latrine hole per 20 students, and Naitolia had one latrine hole per 65 students. Additional latrines are under construction in Milola A and B.⁶ All primary and pre-primary schools have handwashing stations and soap. Each latrine has educational murals on how to wash hands and the importance of handwashing.



5 The effort was implemented by the national Ministry of Health and Social Welfare School Health Program (MOHHSW-SHP) following MOHHSW-SHP protocol.

6 The new latrines at Milola A and B each have 6 holes and at Ngwenya 4 holes.

In 2009 in Naitolia, only 16 percent of households had latrines. In 2015, the number had risen to 24 percent. The main reasons households do not have latrines were high costs, rocky soils, and risk of wild animals (Ngasala, 2015). The number of household latrines in Milola remains high in both 2009 and 2015 at 92 percent. In Naitolia, 97 percent of households used soap in both 2009 and 2015. Soap was used for washing hands, washing clothes, and bathing. In Milola, the use of soap increased slightly from 92 percent to 98 percent for washing clothes, bathing, and cleaning dishes.

NUTRITION AND FOOD SECURITY

The 2015 evaluation provides baseline data for nutrition and food security. Months of greatest food insecurity in Naitolia are September through December, while in Milola they are December through February. In Naitolia, 29 percent of households went without food 8 or more times in the last month. Dietary quality appears to be relative good with *ugalia*⁷ as the main foodstuff supplemented with beans, meat and/or milk. In Milola, approximately 45 percent of households went without food 8 or more times in the last month. Dietary quality appears to be poor with *ugali* as the main food. Only 26 percent added a protein source.

ECONOMIC WELL-BEING

While income in both communities has risen slightly, the majority said that they felt much worse off or worse off than five years ago. These sentiments are similar to those of Afrobarometer assessment of rural Tanzanians.

CONCLUSIONS AND RECOMMENDATIONS

Five years is a relatively short time to see measurable impacts in a multivariate program like TPP at a community level. Additionally, it is not easy to establish causation. Having said that, TPP has improved well-being in: 1) water access in both villages has improved; 2) major infrastructure development in education has been completed and resulted into increased access to education; 3) teachers have been trained improving their ability to deliver better quality education; 4) while preliminary, girls'

7 Stiff maize porridge.

education has shown improvement; and 5) reproductive health education, although a new focus, has resulted in observable improvements in maternal and infant health.

Despite these advances, the evaluation shows that more work remains to be done at the level of basic needs and infrastructure development. In Naitolia, water quality and related education is a major issue, as is household level sanitation and hygiene. Two studies are recommended: 1) a study to document the costs of operating the Naitolia water system to establish the basis for water fees, and 2) a study on willingness to pay for water.

Improving the quality of education in Milola is still a key need. As evidenced in the process of collecting data, school record keeping, particularly attendance records, needs to be improved. Parental involvement and support for education needs to be addressed, as do the school feeding programs.

Hygiene and sanitation is still a major challenge, at a school level in Milola and at a household level in Naitolia. Additional latrines need to be constructed at schools and education on sanitation and hygiene done at a community level.

Economic development, food security and nutrition initiatives are needed to move community development to the next level of community well-being.

While improvements of committee capacity was not evaluated, training of village committees plays a large part in the maintenance of village infrastructure and in the quality of education. Therefore, emphasis should be placed on this training and the gains in knowledge and skills and changes in behavior should be evaluated.

Local recommendations from district governments made during the evaluation, point to the need to scale up beyond Naitolia, Milola A and Milola B. In doing so, TPP could be expanded to more Milola sub-villages and/or other villages within the wards where TPP is working.

The interconnectedness of TPP community development is striking, e.g. water access and quality is connected to economic well-being, human health, nutrition, and food security. When one aspect is changed, other challenges emerge, e.g. water is closer, but families do not feel they can afford to pay. Or when the concentration of animals around the cattle trough and the dip result in soil erosion and environmental degradation. Or when school infrastructure/environment improves enrollment increases creating shortage of resources to serve larger classes. These challenges are made all the more difficult as TPP communities are buffeted by climate variability and globalization. In the long-term, TPP must help communities to develop the resources; including knowledge and skills needed to not only survive but to thrive in an ever-changing world.



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