
Implementation of Wash Circuit Riders for Improved WASH In Catholic Run Healthcare Facilities (HCFs)

Sanitation and Water Action (SAWA) and Water Engineers for the Americas & Africa (WEFTA)



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WASH Circuit Rider Report on 4 Catholic Healthcare Facilities (HCFs)

Tanzania, 2024

Overview

Since 2020, Water Engineers for the Americas (WEFTA), in collaboration with Sanitation and Water Action (SAWA), has supported water, sanitation, and hygiene (WASH) activities in Tanzania. A recent initiative involved a WASH circuit rider exercise targeting four healthcare facilities (HCFs): Masanga Health Centre, St. John Hospital at Lugarawa, Mpapa Health Centre, and Lundu Dispensary.

The primary objectives of this exercise included:

- Monitoring the functionality of existing WASH infrastructure.
- Providing on-the-job training and support to address unforeseen challenges.
- Identifying future needs for repairs or renovations to ensure sustainability.

This activity, conducted from September 15 to October 7, 2024, was led by Charles Zachariah, SAWA's Executive Director, and Godfrey Mpangala, a SAWA Board Member, in collaboration with HCF management and community stakeholders. Data collection employed diverse methodologies, including surveys, review meetings, field observations, interviews, and discussions. Tools such as GPS and photographic documentation were also used (see mapping and photo report below).

General Findings

Across all the HCFs assessed, WASH assets were found functional, with strong user commitment to sustaining services. Notable highlights include:

- **Operational Management:** Lugarawa and Mpapa demonstrated effective WASH management committees. Lugarawa, under Sr. Candida's leadership, has even established a bank account for safeguarding WASH-related funds. Conversely, Masanga faces challenges, with operation and maintenance (O&M) responsibilities relying solely on the Sister-in-Charge, who lacks adequate funds.
- **Sanitation:** Lugarawa and Mpapa utilize DEWATs systems (human waste disposal). While Lugarawa faces challenges from population growth, Mpapa's system is underutilized due to incomplete infrastructure.
- **Biohazard Management:** Lundu and Mpapa have compliant biohazard areas, while Masanga and Lugarawa require incinerator upgrades.
- **Water Quality:** None of the HCFs have water treatment plants, and water testing remains a significant challenge despite the availability of chlorine in the market.

Facility-Specific Insights

1. Masanga Health Centre (Bikira Maria Mama Wa Tumaini Hospital)

- **Water Supply:** The facility's rainwater harvesting system, with a 260m³ capacity, faces maintenance challenges, with 30% of tanks non-functional due to delayed repairs. The borehole backup system is underutilized due to poor maintenance.
- **Community Water Points:** Of the four supported points, three are operational, but Kenyamsabi Centre's hand pump requires replacement or motorization for efficiency.

- **Recommendations:** Establish a WASH management committee involving neighboring institutions and support tank and borehole repairs.

2. St. John Hospital (Lugarawa)

- **Water Supply:** Well-maintained with increased yields due to catchment protection. Siltation during rainy seasons indicates the need for upgraded filtration materials.
- **Sanitation:** The sewerage system, though functional, requires enhancements to address treatment plant overloading and maintenance frequency.
- **Recommendations:** Schedule O&M and upgrade filtration and treatment units.

3. Mpapa Health Centre (part of the Vatican 150)

- **Water Supply:** Despite community-side challenges like illegal connections and misuse, the spring water source remains clean and sufficient.
- **Sanitation:** The partially utilized sewerage system will require monitoring upon full operational capacity. Hygiene practices need improvement, particularly in handwashing facilities.
- **Recommendations:** Strengthen community accountability through enforcement of by-laws and enhance hygiene practices.

4. Lundu HCF

- **Water Supply:** The water supply project funded by WEFTA is 90% complete.
- **Sanitation:** The sanitation components funded by WEFTA are 90% complete.
- **Biohazard Management:** Facilities fully meet government standards with a fenced incinerator, ash pit, and placenta pit.
- **Recommendations:** Continue routine operation, maintenance and management.

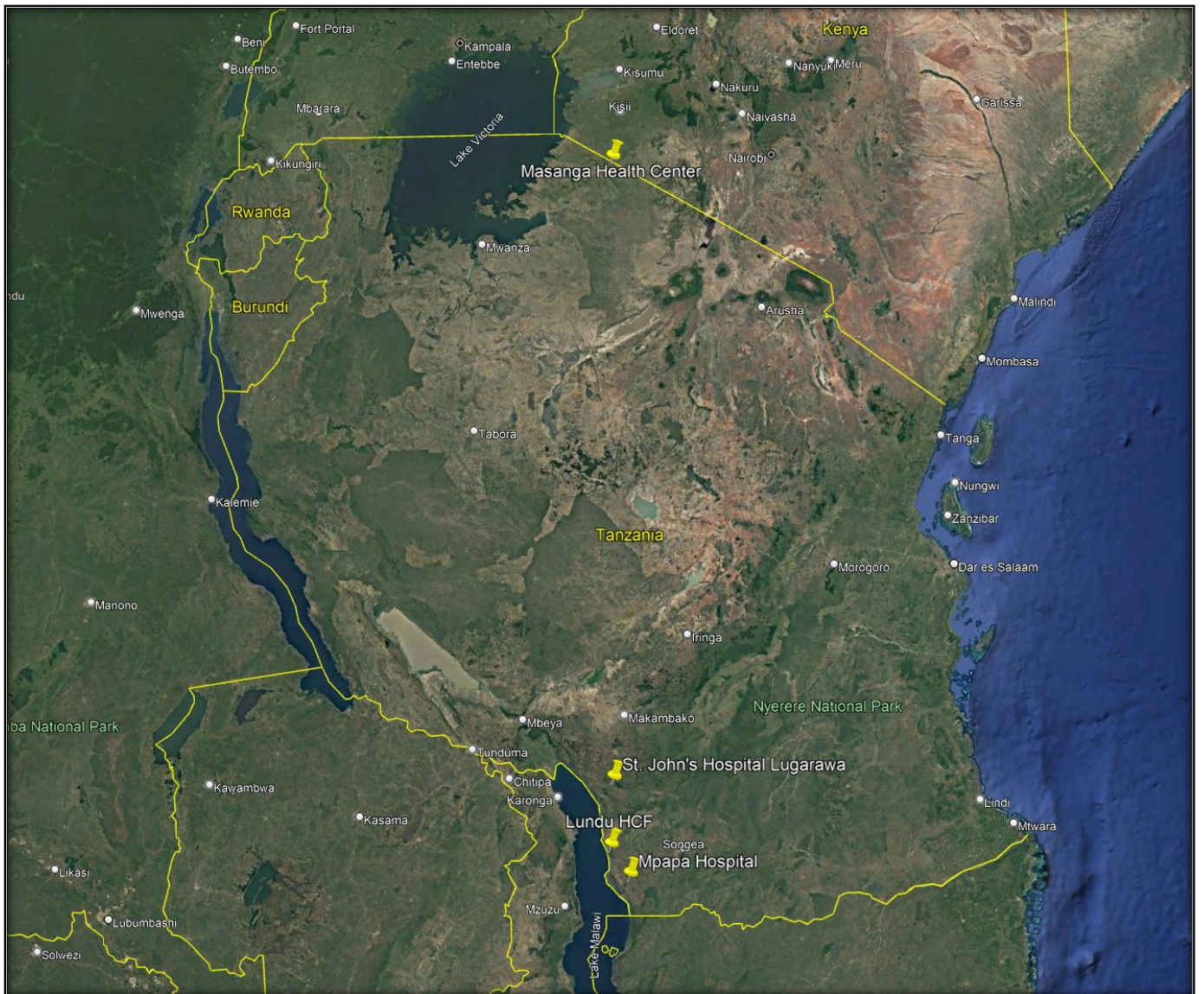
Challenges and Recommendations

1. **Operation and Maintenance:** The lack of consistent funding and trained personnel for O&M is a recurring issue. Strengthening WASH management committees and establishing sustainable financing mechanisms are crucial.
2. **Sanitation and Hygiene:** Overloaded systems and incomplete infrastructure require both technical upgrades and community engagement to ensure proper usage.
3. **Water Quality:** Installing water treatment plants and routine quality testing should be prioritized.
4. **Strategic Partnerships:** Collaboration with local governments, RUWASA, and other stakeholders is essential to ensure long-term functionality and sustainability.

Conclusion

The WASH circuit rider exercise underscores the importance of regular monitoring and community engagement in sustaining WASH services. Circuit riding serves as an essential mechanism for identifying challenges, catalyzing improvements, training established WASH personnel, and fostering accountability. With timely interventions and support, these healthcare facilities can continue to improve their score on the WASH index, ensuring improved health outcomes for their communities.

Project Map - Tanzania



WASH Action Plans for the Four Healthcare Facilities (HCFs)

1. Masanga Health Centre (Bikira Maria Mama wa Tumaini Hospital)

Objective: Enhance WASH infrastructure functionality and sustainability through improved management and maintenance systems.

Key Actions:

1. **Establish a WASH Management Committee:**
 - Involve leaders from neighboring institutions (e.g., VTC, ATFGM, and St. Catherine School) to share responsibilities.
 - Provide training on financial and operational management to ensure effective coordination.
2. **Repair and Maintain Rainwater Harvesting Tanks:**
 - Prioritize urgent repairs for the damaged tanks, particularly ground tanks.
 - Allocate resources to prevent further delays in maintenance.
3. **Upgrade Borehole System:**
 - Conduct maintenance to restore functionality.
 - Consider motorizing the borehole for efficient water supply.
4. **Improve Community Water Points:**
 - Replace or motorize the hand pump at Kenyamsabi Centre to ensure ease of use.
 - Develop agreements with RUWASA for consistent management and operational support.

Expected Outcomes: Improved access to reliable water for the facility, neighboring institutions, and community water points, coupled with sustainable management practices.

WASH Action Plan for Health Care Facilities (HCFs)			
FACILITY INFO			
Date of Review:	18.09.2024		
Facility Name:	BIKIRA MARIA MAMA WA TUMAINI		
Facility Level: (Health Center, District Hospital, Regional Hospital)	HEALTH CENTRE		
Region:	MARA		
Total Catchment Population:	7,625		
GPS Coordinates:	UTM-36M 689034 - 9839942		
Location of Facility (Map):	See Map		
CIRCUIT RIDER INFO			
Name of Circuit Rider 1:	Charles Zacharia		
Name of Circuit Rider 2:	Godfrey Mpangala		
Name of Circuit Rider 3:	John Chacha		
Name of Circuit Rider 4:	Aron Seni		
Name of Circuit Rider 5:	Maximillian Mtesigwa		
Name and Title of Head of Health Facility:	Sister Jacqueline Gbanga / Administrator		
Name and Title of Government Official Responsible for O&M:	CBWSO Water Technician / RUWASA : MAKANI		
Facility Staff WASH Action Plan			
Assessment Indicators	Problem (Briefly describe the deficiency found)	Tasks (Based on the action planning level, devise a plan to improve the WASH asset)	Responsible Party (Who will be responsible for the tasks indicated)
Compound	The facility compound is surrounded by the live fence (trees) which allow animals such as dogs to access the compound that are mechanical carriers of diseases causing microorganisms	Improve existing live fence by providing/installing fencing wires	BIKIRA MARIA MAMA WA TUMAINI Hospital, WEFTA/Daughters of Charity
Drainage/Standing water	There are some parts of the facility compound that have no drainage system especially at the VIP ward and Theater building.	Construction of drainage to the remaining area of compound	BIKIRA MARIA MAMA WA TUMAINI Hospital
Vector control	Despite the availability of mosquito nets in the wards still other compounds areas have mosquitos	To procure tools and equipment for O&M of WASH assets+B20:C32	BIKIRA MARIA MAMA WA TUMAINI Hospital
Facility			
Biohazard Area	The facility has a dilapidated placenta pit and wrongly located (it is located at the centre of the wards and smelling), also there is no ash pit.	Construction of placenta and ash pits close to the existing incinerator and fencing together	BIKIRA MARIA MAMA WA TUMAINI Hospital, SAWA, WEFTA/Daughters of Charity
Latrines	Despite having discent toilets, yet there are some of the buildings/wards have no latrine such as OPD, staff (men and women) use shared single stance and there is no latrine for people with disabilities (PWD)	Construction of toilets for OPD and staff including PWD	BIKIRA MARIA MAMA WA TUMAINI Hospital, SAWA, WEFTA/Daughters of Charity
Handwashing Stations	The facility uses temporary handwashing due to lack of water supply from raised tanks. There is no handwashing facility at the main entrance	Construction of handwashing facility at the main entrance	BIKIRA MARIA MAMA WA TUMAINI Hospital
Water Source	The facility use borehole and Rainwater harvesting systems characterised by inadequate operation and maintenance.	Rehabilitation of two underground water tanks that feed into the raised tanks which supply water to the buildings.	BIKIRA MARIA MAMA WA TUMAINI Hospital, SAWA, WEFTA/Daughters of Charity
Water Quality	Water quality is not done on regular basis	The facility sets aside funds for water quality testing at least once per year, immediately after the rainy season.	BIKIRA MARIA MAMA WA TUMAINI Hospital
Facility Storage	The facility has enough storage tanks, however, some of them especially underground water tanks are not functional (cracked and leaking) and there is no first flush system along with screen at the entry Tee to downpipes	Repair 4 plastic tanks and Refabricate 6m raiser to carry 2.5m3 tanks supplying Surgical and Maternity buildings. Install a first flush system along with a screen at the entry Tee to downpipes to all collection points.	BIKIRA MARIA MAMA WA TUMAINI Hospital, SAWA, WEFTA/Daughters of Charity
Facility Chlorine Production and /or Acquisition	The facility does not produce chlorine, however, the chlorine is readily available in the market. The facility uses only Chlorine for cleaning, not for treating water.	Set aside a budget for acquisition of chlorine	BIKIRA MARIA MAMA WA TUMAINI Hospital
Facility Water Treatment	The facility does not treat water using chlorine	Install chlorination unit at the main tank located at Dream house and establish chlorination dosage level plus training facility based operator (by National Water Laboratory)	BIKIRA MARIA MAMA WA TUMAINI Hospital, SAWA, WEFTA/Daughters of Charity
Facility Wastewater System	Some of the wastewater systems such as IPD toilet has no adequate ventilation pipes and some of the fittings need repairs	Connect water supply to the IPD toilet block, install hand washing facilities, repair damaged 4" inspection elbows and install additional two ventilation pipes	BIKIRA MARIA MAMA WA TUMAINI Hospital
Facility Power	The facility has power from grid, generators and solar, however, there is a challenge of operation and maintenance	Undertake regular service to power system	BIKIRA MARIA MAMA WA TUMAINI Hospital
Facility Solar	Solar batteries are dilapidated and need replacement	Procure 24 solar batteries (Gaston Batteries; GT-2V800E)	BIKIRA MARIA MAMA WA TUMAINI Hospital, WEFTA/Daughters of Charity
Facility O&M	The facility has no proper operation and maintenance plan in place. (Borehole, submersible pump and generator not serviced since 2020, generator exhaust pipe not firmly fixed, replace surface pump not mounted, pump house is very dirty)	To establish joint WASH Management committee and Water funds (All users/ institutions to contribute to the water fund). Establish proper schedule for O&M of WASH assets and Training of established committee and opening special bank account for keeping WASH revenues.	BIKIRA MARIA MAMA WA TUMAINI Hospital, WEFTA/Daughters of Charity
Facility Tools and Equipment	There is no proper management of keeping tools and equipment	To procure tools and equipment for O&M of WASH assets	BIKIRA MARIA MAMA WA TUMAINI Hospital

2. St. John Hospital (Lugarawa)

Objective: Strengthen WASH infrastructure and optimize sanitation systems to meet increasing demand.

Key Actions:

- 1. Address Siltation Issues in Spring Boxes:**
 - Replace inadequate filtration materials with quality gravel sourced from rivers or lakes.
 - Develop a routine schedule for filter material maintenance.
- 2. Expand Sewerage System Capacity:**
 - Construct an additional settling chamber to accommodate increased wastewater from Umawanjo.
 - Upgrade existing treatment units to reduce overloading and improve performance.
- 3. Institutionalize O&M Practices:**
 - Train the WASH management committee and artisans on scheduled maintenance and technical repairs.
 - Establish a monitoring framework to track system performance and address issues proactively.

Expected Outcomes: Increased water supply reliability and enhanced sanitation infrastructure capable of handling growing population needs.

WASH Action Plan for Health Care Facilities (HCFs)			
FACILITY INFO (Section 1)			
Date of Review:	24.09.2024		
Facility Name:	ST. JOHN'S HOSPITAL LUGARAWA		
Facility Level: (Health Center, District Hospital, Regional Hospital)	DISTRICT HOSPITAL LEVEL		
Region:	NIOMBE		
Total Catchment Population:	76,000 (2 divisions of Mlangali and Liganga)		
GPS Coordinates:			
Location of Facility (Map):			
CIRCUIT RIDER INFO (Section 2)			
Name of Circuit Rider 1:	Charles Zacharia		
Name of Circuit Rider 2:	Godfrey Mpangala		
Name of Circuit Rider 3:	Patrick Nombo, hospital secretary		
Name of Circuit Rider 4:	Dr Kamilo Msigwa, medical officer incharge		
Name of Circuit Rider 5:	Sr Candida OSB		
Name and Title of Head of Health Facility	Fr George Moyo, Hospital Director		
Name and Title of Government Official Responsible for O&M:			
Facility Staff WASH Action Plan			
Assessment Indicators	Problem (Briefly describe the deficiency found)	Tasks (Based on the action planning level, devise a plan to improve the WASH asset)	Responsible Party (Who will be responsible for the tasks indicated)
Compound	The facility is partially fenced	Extension of the fence to include some buildings (laboratory, X-ray, CTC, RCH and administration block)	St. John Hospital, WEFTA/Daughters of Charity
Drainage/Standing water	No deficiency(the location is sloped to allow water to flow freely to downstream)		
Vector control	No deficiency(all beds have mosquito nets)		
Facility	The facility need to be repainted (areas with no gutters) and the mainstore has a leaking roof	Painting inside the building (general wards) and re-roofing of the main store around (400 square meter). Install gutters at the top roof	St. John Hospital
Biohazard Area	The incinerator is not to the government standard	Support construction of required standard incinerator and ashpit both fenced together	St John Hospital, SAWA and WEFTA/DC
Latrines	No deficiency (the facility has toilet blocks as per national standards, clean and with flowing water)		
Handwashing Stations	No deficiency (the facility has a hand washing station at each point of care, except at the main entrance.	Construct concrete handwashing at the main entrance with at least 2-4 outlets.	St John Hospital and WEFTA/DC
Water Source	The facility has spring water sources with enough water to meet the required demands, however, during the rainy season, water was reported to have fine silt which signifies filters are not working well	Replacement of filters to all three intakes (proposed gravels from rivers), Cleaning of intakes should be on regular basis monthly during rain season and quarterly during dry season	WASH Management Committee, SAWA and WEFTA/DC
Water Quality	Water quality testing is not done on regular basis	The facility sets aside funds for water quality testing at least once per year, immediately after the rainy season.	WASH Management Committee (Using WASH Funds)
Facility Storage	No deficiency (the facility receives water from the main tanks along with backup storage tanks).		
Facility Chlorine Production and /or Acquisition	The facility does not produce chlorine, however, the chlorine is readily available in the market. The facility uses only Chlorine for cleaning, not for treating water.	Set aside a budget for acquisition of chlorine	WASH Management Committee (Using WASH Funds)
Facility Water Treatment	The facility does not treat water using chlorine	Install chlorination unit at the main tank and establish chlorination dosage level plus training facility based operator (by National Water Laboratory)	St. John Hospital, SAWA and WEFTA/DC
Facility Wastewater System	The system is working well, however, the population has increased from 42M ³ During the project implementation to 77M ³ causing the system to be overloaded	Construct an additional chamber at Umawanjo boys' school and redesign the system to explore the possibility of either increasing the capacity of the system or providing an additional system to complement the existing one.	SAWA and WEFTA/DC
Facility Power	The facility generate its own hydro power and also has backup generator and solar system.		
Facility Solar	Solar invetor is broken over eight months (for lighting)	Replace an inverter to make the system functional	St. John Hospital, WEFTA/Daughters of Charity
Facility O&M	No deficiency (the facility has a strong management system , engaging all institutions under the leadership of parish priests They also have a small trained team dedicated for day to day operation and maintenance of the facility. The houses are self fed		
Facility Tools and Equipment	Some of the tools and equipments are wornout	Provide safety gears to designated staff (wastewater) and tools and equipment to support O&M	WASH Management Committee, SAWA and WEFTA/DC

3. Mpapa Health Centre (part of the Vatican 150)

Objective: Ensure full utilization of WASH infrastructure and address community-level challenges.

Key Actions:

- 1. Enhance Community Accountability:**
 - Enforce by-laws that penalize illegal connections and misuse of water assets.
 - Engage local government authorities (LGAs) at the village and ward levels to monitor compliance.
- 2. Complete Construction of New Building:**
 - Prioritize resources to expedite the completion of the facility's new building.
 - Transition departments to the new infrastructure to fully utilize the sewerage system.
- 3. Improve Hygiene Practices:**
 - Conduct hygiene promotion campaigns targeting both staff and community users.
 - Install additional handwashing stations in high-traffic areas.
- 4. Strengthen O&M Practices:**
 - Train the WASH committee on regular maintenance of taps and toilet facilities.

Expected Outcomes: Fully functional WASH infrastructure with better hygiene practices and reduced community-side challenges.

WASH Action Plan for Health Care Facilities (HCFs)			
FACILITY INFO (Section 1)			
Date of Review:	30.09.2024		
Facility Name:	MPAPA HEALTH CENTRE		
Facility Level: (Health Center, District Hospital, Regional Hospital)	HEALTH CENTRE		
Region:	RUVUMA		
Total Catchment Population:	2,100		
GPS Coordinates:			
Location of Facility (Map):			
CIRCUIT RIDER INFO (Section 2)			
Name of Circuit Rider 1:	Charles Zacharia		
Name of Circuit Rider 2:	Godfrey Mpangala		
Name of Circuit Rider 3:	Sr Deporess		
Name of Circuit Rider 4:	Fr. MANFRED MAHUNDI (Act. Mpapa priest)		
Name of Circuit Rider 5:	Farida W.Komba (village executive officer)		
Name and Title of Head of Health Facility	Sr. Mary Olvira OSB		
Name and Title of Government Official Responsible for O&M:	Dietram P. Lucas, chairman for CBWSO		
Facility Staff WASH Action Plan			
Assessment Indicators	Problem (Briefly describe the deficiency found)	Tasks (Based on the action planning level, devise a plan to improve the WASH asset)	Responsible Party (Who will be responsible for the tasks indicated)
Compound	The facility is not fenced	construction of fence to the new buildings and old buildings	St. John Hospital, WEFTA/Daughters of Charity
Drainage/Standing water	No deficiency (it is located on sloped area and thus storm water run freely down stream		
Vector control	No deficiency (all beds have mosquito nets)		
Facility	Some of the buildings in the old compound (IPD, maternity etc) are not in good condition especially CTC which need major rehabilitation). Also the new building is not finished (need painting, floor tiles, gypsum). WEFTA provided some funds to accomplish the building, unfortunately, the vehicle carrying materias got into an accident and most of the materials(gypsum board, paints, tiles, cements) were crushed.	Major renovation to poor buildings and completion of construction of a new building (Floor tiles, ceiling and painting)	St. John Hospital, SAWA, WEFTA/Daughters of Charity
Biohazard Area	No deficiency. They have new constructed incinerator, Placenta and Ash pits complying to the government standard		
Latrines	The facility has newly constructed latrine with good condition (well cleaned)		
Handwashing Stations	No deficiency (there is handwashing facility at all points of care with flowing water and soap)		
Water Source	The facility has spring water sources with enough water to meet the required demands of the HCF and surrounding community (no trees of silt and well protected). The source was recently tested by the regional laboratory and revealed to have quality water (no contamination).		
Water Quality	Water quality was tested by the regional laboratory, however, the facility had no plan in place to test the water quality regularly	The facility to set aside funds for water quality testing at least once per year, immediately after rain season.	WASH Management Committee (Using WASH Funds)
Facility Storage	No deficiency, they have 50m ³ concrete tanks and two plastic tanks of 10m ³ each		
Facility Chlorine Production and /or Acquisition	The facility does not produce chlorine, however, the chlorine is readily available in the market. The facility uses only Chlorine for cleaning, not for treating water.	Set aside a budget for acquisition chlorine	WASH Management Committee (Using WASH Funds)
Facility Water Treatment	The facility does not treat water using chlorine	Install chlorination unit at the main tank and establish chlorination dosage level plus training facility based operator (by National Water Laboratory)	SAWA and WEFTA/DC
Facility Wastewater System	No problem, the new building have DECENTRALISED WASTEWATER TREATMENT SYSTEM (DEWATS) and old building they have on site sanitation systems that are working well		
Facility Power	The facility has connected to the National grid and they have small generator of which is used only for sterilization		
Facility Solar	No back up power supply	The facility to mobilise funds for solar power as a back up	St. John Hospital, WEFTA/Daughters of Charity
Facility O&M	No deficiency (they have a water management committee along with two trained water artisans taking care of the WASH assets . Also they have proper arrangement of collecting water revenues from users. However, it was noted that the water tariff, especially paid by the community, is relatively low meeting the O&M).	Improvement of collection of water revenues to sufficiently cover O&M costs	WASH Management Committee
Facility Tools and Equipment	No deficiency, the project provided all necessary tools and equipment for O&M		

4. Lundu HCF

Objective: Maintain high standards in biohazard management and sanitation facilities.

Key Actions:

- 1. Sustain Biohazard Area Compliance:**
 - Conduct regular inspections of the incinerator, ash pit, and placenta pit.
 - Ensure fencing and safety measures remain intact.
- 2. Implement Routine Maintenance Plans:**
 - Schedule periodic maintenance for all sanitation infrastructure to prevent deterioration.
 - Monitor the condition of handwashing facilities and ensure availability of water and soap.
- 3. Engage Community for Long-term Support:**
 - Conduct awareness campaigns to encourage community ownership and active participation in maintaining WASH facilities.
 - Collaborate with local health officials to secure funding and technical support for sustainability.

Expected Outcomes: Sustained compliance with government standards for biohazard management and consistently clean, functional sanitation infrastructure.

WASH Action Plan for Health Care Facilities (HCFs)			
FACILITY INFO (Section 1)			
Date of Review:	04.10.2024		
Facility Name:	LUNDU DISPENSARY		
Facility Level: (Health Center, District Hospital, Regional Hospital)	DISPENSARY		
Region:	RUVUMA		
Total Catchment Population:	7500 (Mbaha Ward)		
GPS Coordinates:	UTM: 36L 682255.00m E 8814463m S		
Location of Facility (Map):			
CIRCUIT RIDER INFO (Section 2)			
Name of Circuit Rider 1:	Charles Zacharia		
Name of Circuit Rider 2:	Godfrey Mpangala		
Name of Circuit Rider 3:	Martine Budole, Incharge of Dispensary		
Name of Circuit Rider 4:	Fr. Samson Mielwa (Parish Priest)		
Name of Circuit Rider 5:	Justine Massawe (Project Engineer)		
Name and Title of Head of Health Facility	Martine Budole, Incharge of Dispensary		
Name and Title of Government Official Responsible for O&M:			
Facility Staff WASH Action Plan			
Assessment Indicators	Problem (Briefly describe the deficiency found)	Tasks (Based on the action planning level, devise a plan to improve the WASH asset)	Responsible Party (Who will be responsible for the tasks indicated)
Compound	The facility is partially fenced (the newly constructed facilities(toilet and set of incinerator) are outside the existing fence).	Extension of the fence to include toilet blocks and incinerator	SAWA and WEFTA
Drainage/Standing water	No deficiency (the topography/slope of the area allows storm water to freely flow down-stream river)		
Vector control	No deficiency (all beds have mosquito nets)		
Facility	Some doors are broken due to termites	Replacement of doors using treated hardwood	Lundu dispensary
Biohazard Area	No deficiency (the incinerator, placenta, Ash pits have been constructed under ongoing WASH improvement		
Latrines	No deficiency (newly constructed toilet blocks to government standards)		
Handwashing Stations	No deficiency (all points of care and main entrance have been installed with handwashing facilities under ongoing WASH improvement)		
Water Source	No deficiency (newly constructed toilet blocks to government standards)	Protect the large area using the barbed wires to reduce the possibility of animal contamination	SAWA and WEFTA (Underway)
Water Quality	Water quality has been tested and reported to be portable for human consumption	The facility to set aside funds for water quality testing at least once per year, immediately after rain season.	WASH Management Commiteee (Using WASH Funds)
Facility Storage	No deficiency(the facility gets water from newly constructed tank with the capacityof 20,000 litres along with a buckup plastic tank with the capacity of 10,000 litres.		
Facility Chlorine Production and /or Acquisition	The facility does not produce chlorine, however, the chlorine is readily available in the market. The facility uses Chlorine only for deaning, not for treating water.	Set aside a budget for acquisition of chlorine	Lundu Parish (WASH Management Commiteee) - Using WASH Funds
Facility Water Treatment	The facility does not treat water using chlorine	Install chlorination unit at the main tank and establish chlorination dosage level plus training facility based operator (by National Water Laboratory)	Lundu dispensary, SAWA and WEFTA
Facility Wastewater System	No deficiency (the facility use on site sanitation- which is functioning well after ongoing WASH improvement)		
Facility Power	The facility has power from grid and solar, however, there is a challenge of operation and maintenance on solar system		
Facility Solar	Solar battery are old (2 out of 4 being wornout)	Replace all battery to make the system functional	Lundu dispensary, WEFTA/Daughters of Charity
Facility O&M	Currently there is no proper O&M system	Establish and train designed staff for O&M WASH assets	SAWA and WEFTA (Underway)
Facility Tools and Equipment	No adequate tools and Equipment for O&M	To procure appropriate tools and equipments for O&M	SAWA and WEFTA (Underway)

Cross-Cutting Recommendations

1. Financial Sustainability:

- Encourage each HCF to develop sustainable financing mechanisms, such as opening bank accounts for WASH revenue (following Lugarawa's example).
- Advocate for external funding support for capital-intensive repairs and upgrades.

2. Capacity Building:

- Provide continuous training for WASH committees and facility staff to strengthen technical and managerial capabilities.

3. Partnerships and Advocacy:

- Collaborate with RUWASA and LGAs to address broader community-level challenges and secure support for long-term WASH initiatives.

By implementing these action plans, each HCF will enhance its WASH infrastructure's efficiency, resilience, and sustainability, contributing to better health outcomes for their communities.

TANZANIA

WASH in HCF Circuit Riding Update

September - October 2024

"Circuit riding is one of the key ingredients towards project sustainability as the communities/users need to be reminded of their roles through close follow up, orientation and refreshers training. It is an awakening tool; it maintains the contact with the community and helps to resolve the project matters before being magnified. The ranking or Wash index, measures how well the project is progressing and acts as a catalyst for change. This shall only work if and only if the planned activities/tasks are implemented to make the HCF climb up the ladder."

-Sanitation and Water Action (SAWA)



Improving lives together!

Masanga Centre

Water Supply Project (completed 2020)

Masanga Centre includes the Bikira Maria Mama Wa Tumaini Health Center, a Church, St. Catherine Laboure Day & Boarding School, Association of Termination of Female Genital Mutilation (AFTGM), Vindalva VTC, Gorong'a Secondary School, and Masanaga Primary School.



St. John's Hospital Lugarawa

Water and Wastewater System Improvements (completed 2021)

St. John's Lugarawa includes the Hospital, primary and secondary schools, a vocational training institute, and several religious institutions.



Mpapa Center

Water and Wastewater System Improvements (completed 2023)

Mpapa Health Center serving the surrounding villages includes the Hospital, a Church, a Vocational Education Training Center (VETA), and a primary school.



Lundu Dispensary

WASH Improvements (in final stages 2024)

