



Terms of Reference (ToR) for Supporting the development of village health by-laws as a mechanism for achieving and sustaining ODF status.

People's Development's Forum (PDF) is a fast growing institution registered under the Non-Governmental Organization Act, 2002 of the Laws of Tanzania in the Ministry of Health, Community Development, Gender, Elderly and Children in 2010 with registration number **00000/00004302**.

1. VISION

A responsible, just and economically empowered society

2. MISSION

To identify and address root causes of the problems facing marginalized communities through strategic approach and methodologies.

3. BACKGROUND ABOUT USAFI WA MAZINGIRA/ZUIA CORONA MUFINDI PROJECT

According to TDHS 2015-2016, 61% of Tanzanian Households have access to safe water sources. In the same report, 10% of HH practice open defecation while 55% have unimproved latrine facilities. Only 15% HH have access to improved latrines. However, disparities have been observed between Urban, rural and Zanzibar. Open defecation rates are highest in Zanzibar at 17%, Mainland rural at 13% and 2% at mainland urban. In addition, Mainland rural is leading with unimproved household latrines at 73%, 21% at Mainland urban while Zanzibar has the lowest rate at 11%. In the Tanzania National Nutrition Survey (TNNS) (2018) report indicated that 2.7% HH reported using soap for washing hands at two critical times. According to the new 2018 UNICEF-WHO classification, the level of stunting considered "very high" (30%) in 15 out of 26 regions in Mainland Tanzania. Iringa region reported 47.1% of U5 children stunted. A report by NUT survey data indicates that, 5 in 10 children under the age of five are estimated to be stunted also underweight. These conditions all have severe consequences for survival, for morbidity, and for the ability of children, economies and societies to thrive.

Open defecation and use of unimproved latrines is a health concern within the community posing not only environmental contamination risks but also contribute to increased WASH-related diseases such as cholera, dysentery, diarrhea and intestinal worms, under nutrition and Disability Adjusted Life Years (DALYs) loss. As per the TDHS 2011-12, 12% of U5 reported incidences of diarrhea. On the same note, chronic exposure to ingesting of fecal matter has demonstrated to lead to environmental enteropathy which results to stunting as a consequent (Checkley et al,2008; Chambers and Von Medeazza, 2017). Available data estimate that 40-60% of childhood malnutrition is attributed to poor WASH resulting in diarrhea and intestinal parasites. Recent data suggest that diarrhoea may only be the ‘tip of the iceberg’ with non-diarrhoea faecally transmitted infections referred to as Environmental Enteropathy (EE) having greater adverse effects on children’s nutritional status than diarrhea (Pruss-Ustun, Annette and N.C. Corvalan (2006). EE can help explain why purely nutritional interventions have not been effective in improving stunting in contexts of overcrowding and poor WASH. Children who suffer from stunted growth often grow into adults with physical limitations, high susceptibility to communicable and non-communicable diseases, and low cognitive capabilities that hinder employment opportunities (World Bank Group 2011). The role of WASH, in particular, in improving nutritional outcomes has received greater attention in recent years. In order to improve stunting, the recent Lancet series recommends WASH interventions as one of several interventions (Bhutta et al, 2013).

The Usafi wa Mazingira /Zuia Corona Mufindi Project strive to enable households, community’s ad institutions to achieve the human right to water and sanitation ratified on 28 July 2010, through Resolution 64/292, the United Nations General Assembly explicitly recognized the human right to water and sanitation and acknowledged that clean drinking water and sanitation are essential to the realisation of all human rights. The same is in line with National priorities and Policies. Specifically, the project supports The Government of Tanzania (GoT) to achieve its sector targets equally to meeting SDGs set to ensure availability and sustainable management of water and sanitation for all, achieve universal and equitable access to safe and affordable drinking water as well as 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. The project facilitates attainment of targets, goals and aspirations of the National Development Vision 2025; WSDPII, Water Supply and Sanitation Act (2009), Public Health Act, 2009 and National Water Policy (2002) which among others envisions universal access to water supply and improved sanitation and hygiene services by 2030 as per the SDG’s to which the United Republic of Tanzania is a signatory. Stunting reduction is a national priority hence the Accelerated Stunting Reduction Programme in being implemented nationwide led by the Government of Tanzania and this project supports it accordingly.

There has been a lot of investments from various donors, the government of Tanzania through the National Sanitation Campaign and UNICEF in the District of Mufindi. The investments were meant to promote construction and use of improved WASH facilities and services at households and institutional level but the progress is not promising. A learning from Njombe District informs development actors a need of facilitating villages to develop Health By-laws as a mechanism to protect public health, protect the environment, and realize citizen rights to access sanitation a create

a collective action in improving sanitation and hygiene facilities and services at households and institutional level.

4. SCOPE OF SERVICE

PDF is inviting qualified lawyers to apply for a short term consultancy services for development of village health by-laws in Mufindi District.

The consultant will undertake literature review of relevant similar health by-laws from nearby districts, develop a model by-law that can be adopted and replicated in other villages in the council. Consultant will work with project and District Water and Sanitation Team to get their inputs in the proposed draft by-laws, their related approvals and adoption in each village. This assignment will be implemented in 30 working days from 16th April 2020 to 15th may 2020.

5. DELIVERABLES

PDF expect to receive the following deliverables from the consultant: -

- Draft village Health By-laws
- Activity Report

6. QUALIFICATION REQUIREMENTS

Qualifications Required

- The consultant/Lead have a bachelor degree in one of the following disciplines: Public Health, Law, Nutrition or Epidemiology.
- Applicant with Bachelor of laws and experience in WASH related assignments will be given priority
- The consultant must possess at least 1 years' experience in WASH related assignments.

Experience Required

- Demonstrable experience in provision of legal aid, litigation and drafting of legal documents.
- Experience with WASH programing in Tanzania.
- Good documentation and report writing skills.
- Able to work in a multicultural environment

7. HOW TO APPLY:

Interested candidates should submit application letter and updated CV plus resumes with information on their qualification and experiences as well as a budget for undertaking this assignment. Application will be accepted in electronic format through info@pdfzt.org by 1st April 2020 at 4pm.