

AGENCY FOR INTERNATIONAL DEVELOPMENT
PROJECT DATA SHEET

1. TRANSACTION CODE
 A = Add
 C = Change
 D = Delete
Amendment Number 1
DOCUMENT CODE 3

2. COUNTRY/ENTITY
United Republic of Tanzania

3. PROJECT NUMBER
621-0150

OFFICIAL PROJECT DOCUMENT

4. BUREAU/OFFICE
AFR
06

5. PROJECT TITLE (maximum 40 characters)
Tanzania School Health Project

6. PROJECT ASSISTANCE COMPLETION DATE (PACD)
MM DD YY
09 30 85

7. ESTIMATED DATE OF OBLIGATION
(Under 'B.' below, enter 1, 2, 3, or 4)
A. Initial FY 79 B. Quarter 4 C. Final FY 80

8. COSTS (\$000 OR EQUIVALENT \$1 =)

A. FUNDING SOURCE	FIRST FY 79			LIFE OF PROJECT		
	B. FX	C. L/C	D. Total	E. FX	F. L/C	G. Total
AID Appropriated Total	700		700	2087	3657	5744
(Grant)	(700)	()	(700)	(2087)	(3657)	(5744)
(Loan)	()	()	()	()	()	()
Other U.S.						
1.						
2.						
Host Country					2770	2770
Other Donor(s)						
TOTALS	700		700	2087	6427	3514

9. SCHEDULE OF AID FUNDING (\$000)

A. APPROPRIATION	B. PRIMARY PURPOSE CODE	C. PRIMARY TECH. CODE		D. OBLIGATIONS TO DATE		E. AMOUNT APPROVED THIS ACTION		F. LIFE OF PROJECT	
		1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan
(1) PH	500	500		5744		-		5744	
(2)									
(3)									
(4)									
TOTALS				5744				5744	

10. SECONDARY TECHNICAL CODES (maximum 6 codes of 3 positions each)
540 620 530 560

11. SECONDARY PURPOSE CODE

12. SPECIAL CONCERNS CODES (maximum 7 codes of 4 positions each)
A. Code
B. Amount

13. PROJECT PURPOSE (maximum 480 characters)

To initiate a comprehensive school health program in Tanzania which develops health instruction, health services, and nutrition and environmental improvements within the primary schools and is integrated into the national health services system and the national development plan.

14. SCHEDULED EVALUATIONS
Interim MM YY MM YY Final MM YY
0 7 8 5

15. SOURCE/ORIGIN OF GOODS AND SERVICES
 000 941 Local Other (Specify)

16. AMENDMENTS/NATURE OF CHANGE PROPOSED (This is page 1 of a 38 page PP Amendment.)
Project is extended for 2 years to a new PACD of 9/30/85. Implementation activities in the pilot areas will continue with slight modifications. Increased emphasis will be given to the creation of the plan for national expansion, with some project resources set aside for initial implementation in some areas outside the pilot schools.

17. APPROVED BY
Signature: Arthur M. Handly
Title: Director, USAID/Tanzania

18. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION
Date Signed MM DD YY
05 24 83

OFFICIAL PROJECT
DOCUMENT

Date: May 23, 1983

ACTION MEMORANDUM FOR THE MISSION DIRECTOR

From Paul G. Ehmer, HNPO *Paul G. Ehmer*

Subject: Tanzania School Health Project (621-0150)
Project Authorization Amendment 1

Problem: Your approval is required (1) to authorize a two year extension to the present Project Assistance Completion Date (PACD) of September 31, 1983 for the Tanzania School Health Project, and (2) to modify the objectives of the Project by providing for an increased emphasis on the national expansion aspect of the Project. These modifications will require no additional funding beyond the amount of \$5.744 million, which has already been obligated.

Discussion: The Tanzania School Health Project was originally authorized by the Assistant Administrator for Africa on June 18, 1979 for a Life of Project total funding of \$5.744 million. The Project purpose was to initiate a comprehensive school health program in Tanzania, which develops health instruction, health services, nutrition and environmental improvements within the primary schools and is integrated into the national health services system and the national development plan. The Project is presently being implemented through a contract with the John Snow Public Health Group, Inc. (JSI) of Boston, in conjunction with the Ministry of Health in 80 pilot primary schools in Tanzania's Central Zone.

Because of substantial delays experienced with initial implementation relating to contractor responsibilities and financial arrangements, field implementation of the proposed pilot activities have been delayed in comparison with the original implementation plan. Administrative and management mechanisms from the central Ministry level through the pilot regions and districts to the primary schools have taken more time than anticipated to establish and field test. Information now reaching the Ministry from the regions, however, indicates that local authorities' interest and commitment to the Project is increasing.

A mid-term project evaluation undertaken in August 1982 recommended that a project extension be considered to allow the Project to reach the stated objectives. A proposal for extension has been prepared by a joint committee made up of members from the Ministries of Health and National Education, JSI and USAID. The final proposal has now been reviewed by the Ministries of Health and National Education and a formal request for extension received from the Government of Tanzania.

The proposal allows for continued implementation of the Project activities in the pilot schools with increased management and administrative oversight to insure effective progress. Increased emphasis will be placed on the development of a plan for expanded and eventual national implementation. Provision has been made to set aside some Project funds for implementing the new model for national expansion, once it is developed.

2

This Project extension will require no additional funds over the \$5.744 million already obligated.

Recommendation: That pursuant to the authority granted to you under Africa Bureau Delegation of Authority 140, as amended, you sign the attached Project Authorization Amendment, thereby approving a two year PACD extension to September 30, 1985, and authorizing the activities as described in the attached project extension proposal.

Approved 

Date May 24, 1983

Disapproved _____

Date _____ 1983

Attachment: Amendment to Project Authorization.

Drafted: HNPO, PEHner: ^{File} 5/23/83

Clearances in Draft: 1. A/AD, MBonner
2. A/PO, JVD Bos
3. SMA, SKlaus
4. RLA, EDragon

PROJECT AUTHORIZATION AMENDMENT

AMENDMENT NO. 1

Name of Country: United Republic of Tanzania
Name of Project: Tanzania School Health Project
Project Number: 621-0150

1. Pursuant to Section 104 of the Foreign Assistance Act of 1961, as amended, the Tanzania School Health Project was authorized by the Assistant Administrator for Africa on June 18, 1979. That authorization is hereby amended follows:

The second full paragraph, which sets forth the project description is amended in its entirety to read, as follows:

The Project consists of providing technical assistance, goods and services, training and supporting costs for the continued strengthening of the Tanzania School Health Program including improvement of:

- a) administration of the program;
- b) health instruction;
- c) health services;
- d) water and sanitation systems;
- e) agriculture and nutrition.

beginning in 80 selected primary schools in the Central Zone of Tanzania, comprised of Dodoma and Singida Regions. Comprehensive school health activities will be initiated first in the 80 pilot schools, with experience and lessons learned incorporated into a plan for national expansion to be developed by the Project. Certain activities, including training may then be financed outside of the pilot schools according to the model developed in the national expansion plan.

2. The authorization cited above remains in force except as hereby amended.
3. The Project Assistance Completion Date is changed from September 30, 1983 to September 30, 1985.



Arthur M. Handly
Director, USAID/Tanzania

Date May 24, 1983

Drafted: HNPO:PEH/s1 5/23/83

Clearances: A/AD:MBonner (Draft)
RLA:EDragon (Draft)
APO:JVDBos (Draft)
CMA:CK1

May 1983

OFFICIAL PROJECT
DOCUMENT

PROPOSED EXTENSION OF THE TANZANIA SCHOOL HEALTH PROJECT

I. BACKGROUND - Present Project Summary

The Tanzania School Health Project (TSHP) is funded by USAID in cooperation with the Government of Tanzania. The project is being implemented by the Ministry of Health with the assistance of a U.S. contractor, the John Snow Health Group, Inc. (JSI) under contract to the Agency for International Development. The funding for the approved project in the original project paper was \$5,744,000. Of this total, \$4,018,176 was a three year contract with JSI (August 1, 1980 through July 31, 1983) and \$1,725,824 was a contingency fund to be used by USAID during the period August 1, 1980 through the present PACD of September 30, 1983.

The TSHP is a pilot project to test the means of establishing specified health standards for primary schools. The original project paper with information from a survey of primary schools in 1977 indicated that health conditions were very poor, particularly as a result of lack of water and poor sanitation facilities. Activities necessary to bring health conditions at the primary schools up to certain basic standards are now being carried out under the ongoing TSHP. These standards are:

- 1) That infectious disease as a function of poor sanitation, lack of water, poor personal hygiene or inadequate prevention in the primary school environment be eliminated;
- 2) That first aid and medical treatment for minor illness be readily available at the primary school;
- 3) That inadequate nutrition of primary school age children, as a result of lack of knowledge, skills or basic equipment to grow, prepare and/or obtain proper food, be avoided; and
- 4) That instruction in the primary schools relating to health issues be strengthened.

The pilot project has been testing means of achieving these standards at eighty selected schools throughout Dodoma and Singida Regions. The lessons learned from the pilot activities will lead to a plan for expansion to primary schools in other areas of Tanzania.

For the current pilot project, planning and coordination activities among the various Ministries and with USAID are directed from Dar Es Salaam, while the field activities are

directed from Dodoma. In Dar Es Salaam the JSI Chief of Party works with staff provided by the Ministry of Health including two medical officers, a public health nurse specializing in health education, and the Assistant Director of Primary Schools from the Ministry of National Education. These individuals comprise the core central staff, aided by a business manager, two secretaries, a driver and two messengers. Office space, furniture and maintenance are provided by the Ministry of Health, as well as salaries for the medical officers, one secretary and driver. In addition to the Assistant Director of Primary Schools from the Ministry of National Education, who has been formally seconded to the Project, several other individuals have been assigned to the Project from time to time for help with special activities.

Upcountry administration and project coordination is centered in Dodoma. The two regions of Dodoma and Singida comprise the Central zone, headed by a zonal coordinator. For the past nine months, the JSI Sanitarian has assumed the role of zonal coordinator while the Ministry official is on study leave under the Project in the United States. The zonal coordinator as well as regional TSHP administrators (the Regional Medical and Health Officers) are Ministry of Health paid staff. They coordinate Project functions among the eight districts. Activities within each district are carried out by District School Health Officers, who are also Ministry of Health personnel. For the past year substantial project coordination, especially those activities involving training of teachers in the eighty schools, transport of heavy equipment to the schools (e.g. water pumps), and in some instances movement of heavy materials from Dar Es Salaam to Project sites, has been assisted by the Regional Education Officers under the Regional Development Directors in Dodoma and Singida. Other Tanzanian staff utilized by the Project include district water engineers and agricultural technicians who accompany the School Health Officers or JSI Sanitarian on specific missions. In addition, over fifty Tanzanian professionals representing the Institute of Curriculum Development, various health, water development, sanitation, agricultural and nutrition programs, as well as the central health and education ministry staffs - all have participated in the initial drafting of the School Health Handbook, a TSHP product, which is intended as a primary resource for school health and is described in more detail in Section 2 below.

The wide range of activities under the TSHP are presently focussed in four major components:

1) Training

The project is supporting in-country short term training to upgrade the skills of health officers and selected other

district health personnel to enable them to function as School Health Officers. This includes training in administrative techniques, water and sanitation improvements, vehicle maintenance, logistics planning, and teaching. The training is provided by TSHP core staff and invited Tanzanian professionals. In addition, training for primary school teachers is taking place, orienting them to the TSHP and providing them with basic health services skills. One hundred and sixty teachers have been trained to date.

Four participants have also been identified for long term training in school health administration, of which three are presently studying in the U.S.

2) Health Education

The Project supports development of health education resource material being compiled in the form of a School Health Handbook. This Handbook is intended to be used by the teachers in conjunction with a new health education curriculum recently prepared by the Ministry of National Education. The Handbook, prepared by experts in health education, sanitation, water supply improvement and agriculture, also received substantial input and support from the DANIDA Dental Health Program in Tanzania. All workshops, planning, writing and editing activities included DANIDA staff as full time participants. The School Health Handbook is intended as a primary resource for teachers to enable them to implement the basic standards discussed above, which will comprise the future school health program nationwide. Sample lesson plans and teaching activities, which correspond to and supplement the primary school level health education curriculum are included in the Handbook. In addition, the Handbook provides instructions on first aid, elementary medical care, latrine and well construction techniques, and methods for improving agriculture.

3) Health Services

Training has been given to two teachers from each school that will enable them to provide basic health care through health screening, administering first aid and making simple diagnoses by using the health kit provided to the school by the project. A student health record card to be provided for each student is also being developed through the Project to provide an information base on health status in the schools. Training sessions for health services delivery were planned by TSHP core staff and organized at a series of zonal meetings. The training staff consisted of District Medical Officers, School Health Officers and invited local professionals with appropriate expertise. All dental aspects of the training were provided by DANIDA staff.

4) Environmental Improvements

Construction of pit latrines at the schools, improvement of the quantity and quality of water, and improvement of environmental safety (such as eliminating hazards which might cause accidents) in and around the schools have all received attention under the pilot activity. Actual construction was supervised by School Health Officers, often in consultation with the JSI Sanitarian and other local professional advisors, such as district water engineers, with labor provided by villagers, school children and school staff.

5) Agriculture and Nutrition Improvement

Improvement in the nutritional status of school children through increasing the production of local foods, improving the nutritional variety of local foodstuffs, and construction of improved crop storage facilities were also envisioned as aspects of the Project. A school feeding program utilizing food produced at the school was also proposed for the pilot. The construction of improved crop storage facilities and the initiation of a school feeding program based on one meal per day from the production of the school farm have proved difficult to implement in the pilot project to date. Modifications in this output for the extension are discussed below.

School Health Officers aided by agriculture extension experts from Dodoma and Singida Region headquarters provide the training and motivation of villagers, who carry out the proposed improved agricultural activities. The JSI Sanitarian has also provided considerable technical assistance in the field in coordination with overlapping nutritional improvement activities from other AID organizations.

II. IMPLEMENTATION

The JSI team arrived in Tanzania in early October 1980 following contract signing in August. Soon after their arrival, the USAID mission requested a contract amendment to expand JSI's scope to include complete responsibility for all construction activities (wells, latrines, staff housing, etc). The original project paper had envisioned the contractor having these responsibilities, but during the competitive contracting process, they had been deleted. Although there was general agreement that the contract would be amended, it took until September 23, 1981 for the final papers to be completed and signed. Because of AID contractual rules (advances to profit making organizations are only allowable in extreme circumstances), and the banking situation in Tanzania (letters of credit are not honored by vendors, and transactions are conducted primarily in cash), JSI as a small business did

not have the capacity at the time to finance the construction component of the project. The proposed AID Letter of Commitment was unuseable in Tanzania. To rectify this situation USAID amended the JSI contract once again on May 11, 1982 to allow JSI an additional fee which could be used to pay the interest on commercially available loans. This amendment coupled with more expeditious processing of JSI invoices has allowed the Project to proceed at the pace originally envisioned. However, a substantial amount of time and momentum was lost between October 1980 and May 1982.

In addition to the delays that were caused by contractual issues, the Project's progress has been hampered by the unavailability of materials and spare parts in Tanzania and by an outbreak of cholera in the two pilot Regions during the last quarter of 1981 and the first quarter of 1982. Notwithstanding these difficulties, which have resulted in almost a two year delay, the TSHP has made good progress, especially during the last nine months. Specifically the Project has accomplished the following activities in the categories listed below.

A. OUTPUTS ACCOMPLISHED TO DATE

1. Administration:

- established working relationships with the various Tanzanian Ministries at Central, Regional and District levels
- established rapport with Project school personnel
- repaired and maintained Project vehicles
- selected, negotiated sites, and began construction for two staff houses

2. Training:

- identified and coordinated the training of three Ministry of Health participants in the U.S.
- conducted workshops for the District School Health Officers training them to carry out the technical objectives of the TSHP
- conducted workshops for School Health Coordinators in the use of the completed portions of the School Health Handbook
- conducted workshop for two teachers from each pilot school in providing basic health services at the school

3. Health Education:

- assisted the Ministry with the development of a 400 page, 14 chapter first draft of the School Health Handbook and subsequent revisions

4. Environmental Improvements:

- conducted baseline environmental surveys of the Project schools and the school age population in the Dodoma and Singida Regions
- assisted in the installation of 12 protected shallow wells with handpumps.
- assisted communities in brickmaking for latrines
- advised and assisted in the design and construction of pit latrines, with 5 systems completed and 59 under construction.

5. Health Services:

- conducted baseline health surveys in a sample of the primary school age population
- assisted the Ministry in the selection of first aid materials for School Health Kits
- purchased and distributed the Health Kits
- assisted in the development of a Student Health Record Card
- assisted in the construction of first aid rooms with 8 completed and 10 under construction

6. Agricultural Improvements:

- distributed farm equipment, seeds and seedlings
- established two demonstration gardens

B. EXPECTED PROJECT OUTPUTS

By the end of September 1983 the following outputs are expected:

1. Administration:

- development and documentation of staff functions, responsibilities and interrelationships at all levels for TSHP organization completed
- data management systems for collection of health status and environmental information at primary schools in place
- financial analysis of cost of project components completed
- 2 staff houses 90% complete

2. Training:

a) Overseas Training (3 participants)

- one 12 month program completed
- one 2 year program 50% completed
- one 6 month training completed

b) In Country Training

- 8 School Health Officers completed technical, logistic management training
- 80 School Health Coordinators introduced to program, trained in basic health services delivery
- 80 Head teachers introduced to program, trained in basic health services delivery

3. Health Education:

- draft Health Handbook completed, distributed to 80 schools

4. Environmental Improvements:

a) Latrines

- 40/80 completed

b) Water Supply

- shallow wells 20/45 completed
- bore holes 0/12 completed
- other water supply improvements 2/23 completed

5. Health Services:

- 40/80 first aid rooms complete
- basic health services provided by school health coordinator in 80 schools
- student health record card introduced in 80 schools
- health kits provided to 80 schools

6. Agricultural/Nutritional Improvements:

- demonstration gardens established
- 1/3 schools provided with farm implements

- 80 schools provided with seeds

The projected cost of the TSHP through September 30, 1983 is approximately \$3,100,000 from the contract budget and approximately \$300,000 from the contingency fund. Therefore, there will be almost \$1,000,000 left in the contract and approximately \$1,400,000 in the contingency fund for a project extension.

III. MIDTERM EVALUATION

During early August 1982, a team of thirteen individuals, including outside consultants, Tanzanian Government officials and representatives from JSI and USAID spent four weeks of documentation review, interviews and travel to Project activity sites in Dodoma and Singida Regions. Annex 1 summarizes the entire list of evaluation recommendations and the current status of response to each one.

Major recommendations and responses are summarized below.

1. To improve management, better coordination (including regularly scheduled meetings between representatives of USAID, JSI and the Ministry of Health) was recommended. The preparation of this extension proposal has begun this process of closer coordination, which will continue with at least monthly meetings among all parties. More frequent informal meetings will continue to occur as they have in the past.
2. The more complete inclusion of Ministry of Education personnel at all levels was strongly recommended. The first step in this process actually began during the evaluation itself, with the inclusion of the Regional Education Officer of Dodoma on the evaluation team. This process has continued with increasing cooperation of both REOs in Dodoma and Singida, as well as better coordination between District Health and Education Officers following the evaluation. The assignment of the Assistant Director of Primary Schools to the Project was an important step insuring closer coordination at the central level.
3. Because of the wide diversity of results between districts, and the lack of information about Project progress in some districts it was recommended that the regular monthly disbursements to Health Officers be withheld until problem areas are cleared up. The zonal coordinator reports that better accountability and reporting mechanisms have now been implemented in most districts. This extension proposal envisions closer management and monitoring of Project progress, which will then determine whether Project support can continue in a given area.

4. Due to delayed progress on the School Health Handbook, it was recommended that a health education specialist be brought in to coordinate its drafting and completion. As mentioned in 2 above, the Ministry of National Education has provided an expert in this area to the Project for completion of the Handbook. This should insure both greater coordination at the central level and greater likelihood that the Handbook will be accepted for national distribution.
5. To insure that the Ministry of Health receives enough appropriate financial information about project expenditures, both for accounting and future planning purposes, it was recommended that monthly expenditure reports be provided to the Ministry. This is presently awaiting Ministry of Health decision on the appropriate format.
6. Because of the critical water problem in much of Dodoma and Singida Regions, it was noted during the evaluation that certain schools may not be able to benefit from Project provided shallow wells. It was recommended that a revised water plan be produced that specifies which schools will be able to benefit from Project support. This has been completed and forms the basis of the water supply section of the extension proposal.

IV. REVISED PROJECT ACTIVITY

In accordance with the midterm evaluation recommendations and further experience since the evaluation in August 1982, various aspects of the Project have been revised. The Project's overall objectives, however, remain the same. Once health standards are established at Project "Demonstration" schools, the experiences gained will serve as the basis of a national plan for implementing the standards at all primary schools.

The current proposal updates the time schedule to allow for the pace of activities in Tanzania and the initial difficulties in implementing the Project, and envisions a two year Project extension. Due to delays previously discussed, the procurement and logistics systems necessary for achieving environmental improvements have only been in place for approximately one year. Although it has already been recognized that the level of support available under the Project will probably not be replicable in non-Project schools, it is still felt that additional time is necessary to continue with these activities in the pilot schools to provide enough experience to make expansion recommendations. Therefore, the major thrust of extension will be in this area. However it is also recognized that national expansion will require a plan that takes availability of local resources into account. A major administrative activity during the extension will be the creation of this plan for national expansion. As noted in the budget, a portion of funds will be set aside for implementation of certain aspects of the national plan in non-pilot project areas and schools. The improvements

resulting from Project activities in the pilot schools will serve as demonstrations for training and other purposes during any wider expansion phase to come. The Project will continue to focus on the five major components outlined in section I: training, health education, health services, environmental improvements, and agriculture/nutrition improvement. Mindful of the need to conserve resources, if it becomes excessively costly with little or no results to continue work at a particular demonstration school or in a particular pilot district, certain Project sites might have to be abandoned. Some consideration of this has already been made by officials in Singida Region, who are mounting an intense survey of all Project schools to determine whether the situation at any school warrants special action. Project experience to date in different districts has been widely varying. Some districts have moved much faster than others. The factors leading to these differences will be explored during the extension, and consideration given to replacing ineffective personnel or abandoning a particular Project site. Tactics devised for a national plan would certainly have to take into account the appropriateness of a school achieving and maintaining a health standard where it was technically not feasible. This may be the situation, especially with regard to a school's water supply.

A. PROJECT EXTENSION COMPONENTS

(Including revised objectives from ongoing Project)

1. Training

a) Short Term In-country

The implementation of the TSHP relies on health officers who have been trained by the Project. The extension period will allow more in-country training to be contracted, which will include MOH, MONE, and MCA personnel. The training will be designed for staff at the central, regional and district levels, to be done for groups of twenty per session. Training will be evaluated as a component of national expansion of the TSHP. The training programs will focus on three areas:

- (i) appropriate technology, including design, construction and maintenance of wells, latrines and school farms;
- (ii) training of trainers to allow for continual expansion of trained personnel able to implement the project; and
- (iii) management training covering operations management (drug distribution, transportation systems, etc.), financial and personnel management.

14

The training in appropriate technology will be for district level health, education, and agriculture officers, with the first training sessions taking place in Dodoma and Singida regions during the first year of an extension. The second year of the extension will allow for training to take place for health officers from other regions. The training program will be headquartered in Dodoma with field training exercises in those districts where an adequate infrastructure has been established. Dodoma Rural and Manyoni Districts, for instance, where TSHP schools have completed sound latrine and water system improvements, and where procurement and distribution of material problems have been worked out would be utilized for demonstration purposes. In these districts village committees are active, and volunteer workers have been mobilized to provide assistance with construction activities. The training will cover handpump maintenance and repair, intensive vegetable gardening and improved small scale farming using the current Project sites. The training will prepare the district level personnel to train school teachers in an effort to assure the continuation of the Project in the pilot schools, as well as provide a mechanism to expand into other regions of the country.

Training of trainers will be for health and education officials at the central and Regional levels. MOH and MONE staff will be trained together and used as training teams to provide continuing education to the teachers in the current pilot schools in the concept of the Project, using the health card, simple first aid, and School Health Handbook. During the second year of the extension, the teams will be used to introduce the program into schools outside the present pilot area. The Ministry of Health and the Ministry of National Education will budget funds to support this training in FY 83-84 and future years.

The third component of the in-country training will be in operations, financial and personnel management for central and regional level personnel from the MOH and MONE. This training will cover financial/analysis/accounting, management of transportation and distribution systems in the context of continuing and expanding the Project, and personnel management. The focus will be on integration of MOH and MONE personnel in order to provide an interministerial management structure for the continuation of the Project.

1) Long Term

In addition to in-country training, the extension provides for four people who have had extensive experience with the project to receive long term training in the United States. These four are in addition to the four individuals already designated for further training under the present agreement. As national implementation personnel are envisioned to require extensive administrative capabilities, candidates from the project staff employed by either the

MOH or MONE will be selected for further training on the basis of merit and demonstrated leadership to ensure that sufficient expertise will remain after the Project period to carry on with administering national implementation. Training for these participants will be in Health Administration with an emphasis on School Health for candidates from the MONE and in Environmental Health Administration for the individuals from the MOH. The most likely candidates from the MOH will be those experienced as School Health Officers.

Individuals studying in the U.S. to return as administrators of a national school health program will be expected to learn techniques of planning, personnel management and data handling. They should be able to independently pursue research, and therefore be familiar with the details of data gathering, questionnaire design, observational studies, experimental studies, concepts of validity, reliability, statistical and epidemiological techniques, as well as sampling and information management programs. They should be familiar with data structures, linkage, access structures and methods of operational research.

Health Officers who will return as trainers, will learn methods of training in addition to the latest approaches in rural sanitation and water development. They also should learn administrative and management techniques.

The overall objective for this training is to insure quality leadership among the administrative staff for national implementation. In this regard candidates would have to be carefully selected according to criteria as established by the Project administrative staff in conjunction with the respective Ministry and USAID.

So as not to impede Project operations during the staff person's absence, a further condition for training will be that a suitable replacement be appointed by the respective ministry during the candidate's period of training.

2. Health Education

It had been planned that the School Health Handbook as described in Section I above would be completed and distributed nationwide by September 30, 1983 (the present Project Assistance Completion Date-PACD). However, it was delayed by the difficulties in initiating the Project that were specified earlier and by the length of time necessary for the Tanzanian committee structure to arrive at decisions. Presently, it is expected that a first draft will be available for testing in the 80 pilot schools by the present PACD. By 1984 the Handbook would be revised and distributed in final form nationwide. The recent assignment of a full time representative from the MONE has eliminated the greatest constraint in accomplishing these tasks by 9/30/83.

The revision of the syllabus in the National Colleges of Education to include the school health program through the introduction of the Health Handbook in the Training Colleges will proceed after there is a draft of the Handbook. The curriculum will be drafted in the first quarter of 1984 and instituted in the Colleges by June 1985.

3. Health Services

The objectives of the health services delivery component of the TSHP are to provide each of the schools with a health kit, simple first aid training, and to develop and institutionalize a student health card. The health kits have been distributed to the 80 schools and training has already taken place. In the extension period, the kits will need to be revised and augmented with locally available materials. The student health record card has been developed in draft form and now awaits final approval prior to printing, testing and distribution. Teachers will be trained in the use of these cards by the fall of 1983 and testing should commence immediately thereafter. The health record cards will be revised by the fall of 1984 and national distribution completed by early 1985. The cards will provide data for district, regional and national health planners. The data and information are expected to flow from the schools to the central data center established by the Project at the Department of Biostatistics and Epidemiology of the Faculty of Medicine in Dar Es Salaam where they will be analyzed and returned to regional and district health authorities. The proposed system has been endorsed by the Tanzanian Institute for Medical Research, the Medical Association of Tanzania and the Division of Community Health at the Faculty of Medicine. The original Project did not contemplate the building of first aid rooms at the Project schools. However, because of the interest demonstrated by the communities, the project staff have assisted in the construction of first aid rooms. Forty rooms will be finished by the end of the current Project, 30 more by 9/30/84 and 10 more in the second year of the extension. The TSHP provides some technical input into the construction and supplies building materials such as cement, lumber, nails, etc.

4. Environmental Improvements

The goals for a healthful environment as stated in the original project paper remain unchanged.

a) Water Supply Construction

Progress has been made in this component despite the contractual delays. However, the outputs from this component have been revised because of the lack of water in many areas and the lack of resources at the Ministry of Water, Minerals, and Energy (MOWME). The survey that was conducted determined

that 45 of the 80 schools could have shallow wells, 12 schools need bore hole wells, and the remaining 23 need improvements in their existing system. The revised objective for the water component is to have 20 of the 45 shallow wells in place by September 1983, and all 45 completed at the end of the first year of the extension. Of the 23 water systems that need repair, 2 will be repaired or improved by September 1983, another 12 by 9/30/84 and the remaining 9 by the end of the two year extension. No bore holes will be constructed until a survey is done to see where it is determined to be cost effective to make this large investment.

The TSHP calls upon the Ministry of Water, Energy and Minerals district and regional water departments to provide skilled manpower and equipment for the construction of wells and upgrading existing water supplies. In Singida Region, where the water departments are assisted by an Australian Aid Project, a satisfactory working arrangement with the TSHP has evolved. The Dodoma Region receives very little outside assistance for rural water development and the water departments are chronically short of vehicles and equipment. TSHP progress in Dodoma Region in the areas of water supply improvement consequently has been slow. The extended Project will provide the Dodoma Region water department with a medium sized vehicle, which will be equipped with the surveying and construction equipment needed for shallow well development and upgrading and repairing existing systems. An adequate staff of engineers and technicians is already in place in Dodoma, so additional staffing requirements need not be addressed by the TSHP. A detailed proposal outlining equipment to be purchased will be reviewed by USAID prior to purchase. In addition, an agreement will be drawn up between the Dodoma MOWME and TSHP that states the rights and responsibilities of each party with respect to this equipment.

b) Latrine Construction

Construction of the Ventilated Improved Pit (V.I.P.) latrines at the project schools is progressing well with a great deal of commitment displayed by the communities. Forty of 80 latrine systems will be completed by September 1983, 68 by September 1984 and all 80 by the end of the two year extension period.

5. Agriculture and Nutrition Improvement

The original design called for improved school farms as a means to improve the nutritional status of the children at the primary schools. Schools were to be encouraged to harvest crops of nutritional value to the students, and to use the crops grown to feed the children one meal at school everyday. While this goal is still worth striving for, lack of water and harsh

conditions in the two Project regions make this goal unattainable at most schools there. The revised output for this component is to encourage the development of pilot agricultural projects and school demonstration gardens. The school will become a focus for demonstration and testing of improved agricultural techniques. The TSHP will help this process by providing small grants to purchase seeds, fertilizer or equipment, and technical help to schools that request assistance. With a small input from the TSHP (information on intensive water conserving cultivation techniques, tools, seeds, etc.) school gardens are feasible in 45 of the 80 schools. By 9/30/83 there will be 13 school gardens, 32 by 9/30/84 and 45 by the end of the extension period.

The school feeding program as part of the TSHP is also not feasible as originally conceived. Since the school populations range from 250 to 650 students, the school farms cannot provide enough food to feed all the students.

Determination of which schools will be eligible for Project assistance for demonstration gardens will be made by the TSHP staff based on the results of a detailed survey of the potential of each existing Project school to be able to take part and benefit from a demonstration scheme. The survey, to be carried out by the District School Health Officer in consultation with the local agricultural officer should resolve questions about water availability for irrigation, soil quality and motivation on the part of school and/or village authorities to go ahead with an experimental food project. Funding would be limited to one hundred dollars per demonstration and be limited to 45 schools.

6. National Expansion

One of the prime objectives of the TSHP has been the evaluation of the pilot project as a model for national expansion. Due to the delays in the Project, it has not been possible to prepare a formal plan, and this will not be completed prior to the present PACD. However, the lessons learned to date are incorporated as modifications to the Project in the extension, and will provide a basis for testing of alternative models for national expansion.

The extension period will be used to develop a plan for national expansion, as well as assessing the degree to which the Project can be institutionalized. The first year of extension will be used for this analysis with recommendations for the national plan to be completed by July 1984. The second year of the extension will allow for the implementation of the expansion plan through distribution of the final version of the School Health Handbook, institution of the Curriculum into the Teacher's Training colleges, testing implementation in other districts and having a cadre of trained staff in place to take over the project. It is proposed that a fund of ninety six thousand dollars be included in the

budget, which would finance one or more schemes devised as a model for the implementation of a national school health program. Despite a strong commitment with the resources at hand to complete most of the original project objectives, it is generally assumed that it would not be possible for the Tanzanian Government to continue implementation activities at the same pace as the Project. Therefore, a portion of the work projected for the Project extension period should accommodate trial operation for national implementation. The nature of this would depend heavily on the national plan scheduled for completion in July 1984.

One possible scheme already raised, however, would be to establish a focal training and administrative unit in Dodoma where District Health Officers, Education Officers and other appropriate personnel would come in small groups for both theoretical and practical orientation and training in school health. Seminars pertaining to "theoretical" concerns of operation planning, data handling, epidemiology, sanitation improvement and fiscal matters would be complemented with field exercises at schools where actual latrine construction and water supply improvement would be undertaken following appropriate community organization. The fund for national expansion could be used to establish a permanent training center for a variety of professional cadres to be involved with school health development. It is not anticipated that these funds would be used for any construction activities associated with such a training center.

B. PROJECT EXTENSION INPUTS

1. Technical Assistance

a) Long Term

Two long term technical advisors for the TSHP will continue to be required, a Chief of Party and a Sanitarian. As recommended in the mid term Project evaluation, it would be appropriate for technical assistance advisors to be well-versed with administrative techniques. The Chief-of-Party should be an experienced Health Planner/Health Administrator capable of managing financial and material procurement inputs to the project, as well as providing substantial assistance in developing plans for long term national implementation and program monitoring. The Sanitarian, with experience in tropical rural areas, likewise must function as a Zonal Coordinator/Administrator, at least until the Tanzanian Zonal Coordinator returns from his studies in June 1984. It is planned that both long term advisors presently with the Project will be replaced for the extension period upon expiration of their present contracts in July 1983. If both advisors are replaced, a period of overlap with the

new personnel will be required.

a) Short Term

The extension proposal makes provision for short term consultants to assist with in-country training activities, management and other technical areas as needs are identified according to the already established procedure in the Project.

2. Training

This aspect is discussed in section A I above.

3. Commodities

a) Materials for latrine and well construction including a truck, pipes and cement will be provided, as will materials for the testing and final production of the Health Handbook and the student record cards. Contents of the health kits will be reviewed and local sources will be identified for replacement materials. Material for school farm demonstration projects will also be provided. The construction of first aid rooms will continue to be supported by Project.

b) Housing Construction

The TSHP is responsible for the construction of two houses in Dodoma. These houses should be completed before the end of the current Project period; if there is an unforeseen delay, the houses will be finished in the first few months of the extension. These houses will provide accomodation for both JSI technicians in the even of a Project extension. After the period of extension, one house will be transferred to the auspices of the Tanzanian Government, while the other house will remain for utilization by USAID personnel in support of USAID project activities in the Central Zone, and will also revert to the Government of Tanzania when USAID no longer requires it.

c) Vehicles

A recent survey of the Project vehicle status indicated that nine of the present twelve Project Land Rovers may need to be replaced at the termination of this Project period. Despite careful maintenance, up-country driving conditions exact a heavy toll. The extension proposal has budgeted for the purchase of 4 vehicles for replacement of worn out equipment or assignment to other priority personnel identified as important for Project management or support. With replacement, existing vehicles would be returned over to the MOH motor pool

for salvage of still useable spare parts if they are not useable, or reassigned to other priority areas within the Project. Recommendations from the project evaluation team concerning vehicles and transport pointed out that vehicles are required at the regional level for material distribution, administrative coordination and site inspection activities.

The heavy duty truck proposed for the extension to haul materials and equipment for shallow well installation will also be scheduled to distribute other project heavy freight. As transport and vehicles remain a sensitive issue due to the enormous expense involved in initial purchase, running and maintenance costs, and the high premium placed on availability, the Project cannot support any vehicle operation without secure evidence of the vehicle's effectiveness towards Project goals. High fuel and repair bills for vehicles used in a particular area without associated evidence of progress towards Project goals will not be tolerated. Vehicles will be removed from that area. Evaluation of progress will be made periodically by the Project administration.

V. IMPLEMENTATION SCHEDULE

The implementation schedule presented begins in April 1983, five months before the current Project period ends. This is to allow for the selection of candidates to train in the U.S., and for two new technical advisors to overlap with the current technical advisors, whose contracts are completed on July 31, 1983. It appears that a major factor for success with Project completion, as well as organizing a successful approach towards national implementation, is the ability to monitor and manage activities with some degree of finesse. Major problems will still exist especially with communications. Relocating the project headquarters with both long term technicians in Dodoma may help, but probably most important is a continued flow of accurate, useful information from the field. This was noted as a serious shortcoming by the mid-term project evaluators, and their recommendations and subsequent management directives to improve information flow have still not been fully complied with. It will therefore be a condition of Project extension in a particular district that no further support will be forthcoming without verifiable information regarding Project status from that district. This would apply not only to monthly advances for local procurements, but to continued vehicle availability or replacement and continued involvement of that district's personnel in Project training and administrative coordination sessions. Progress at a particular Project site would then indicate to Project staff whether to continue financing at that location. Criteria for such judgements would be established by central staff in collaboration with local (regional and district) authorities and USAID. Such criteria will pertain to the observed involvement of villagers with the school, progress in constructing latrines and water systems,

appropriate regular visits by the School Health Officer to pilot schools, and cooperation and motivation shown by the school staff and pupils.

<u>Date:</u>	<u>Activity:</u>
April 1983	MOH and MOE candidates selected for U.S. training
June 1983	Workplan completed and submitted USAID/T
June 1983	Contract extension approved and signed
July 1983	New Technical Advisors arrive in Tanzania
July 1983	Current Advisors return to U.S.
August 1983	4 people begin training in the U.S.
August 1983	MOH Director of School Health returns from training
September 1983	Housing Construction in Dodoma completed
September 1983	School Record Card introduced in 80 schools
September 1983	School Health Handbook draft distributed to 80 schools
October 1983, 1984	Training of Trainers Course
September 1983-April 1984	Testing and revising of Handbook
September-December, 1983	System for data collection/analysis from district to central level tested
September-December, 1983	Evaluation and recommendations for locally supplied health kit made
December 1983, 1984	Operations Management Course
December 1983	MOWME equipment delivered
January 1984	Schools submit pilot project requests - school farms
February 1984-1985	Appropriate Technology Agriculture Training

May 1984, 1985

Financial, Personnel Management
Course

June 1984

Return of Zonal Coordinator after
2 year training in U.S.

June 1984-June 1985

Handbook prepared for distribution

July 1984

National Extension Plan prepared

August 1984

National Conference introducing
handbooks

August 1984-June 1985

Curriculum instituted in teachers Colleges

Illustrative Budget
Two Year Extension
Tanzania School Health Project

98.

	May 1, 1983- August 31, 1983	**	September 1, 1983 - August 31, 1984	September 1, 1984 - August 31, 1985	TOTAL
PROJECT INPUTS					
<u>Technical Assistance</u>					
Chief of Party	\$ 50,405		\$ 94,220	\$ 124,082	\$ 268,707
Sanitarian	34,670		41,524	67,216	143,410
Home Office Support			56,500	62,150	118,650
<u>Overhead</u>	11,725		86,450	95,095	193,270
<u>Cooperating Nationals</u>			15,000	16,500	31,500

**This column reflects a three month overlap of two new long term technicians with the current field team which will leave the project at the end of the current contract. These are the only cost associated with the transition.

22

PROJECT INPUTS

Short term consultants
for in-country training
6pm x \$150/day x 22

September 1, 1983 -
August 31, 1984

September 1, 1984 -
August 31, 1985

TOTAL

\$ 19,800

\$ 21,780

\$ 41,580

Training

Long term:

4 people selected from the
MOH and MONE for management
training in US at \$21,000 ea.

84,000

92,400

176,400

Short term:

SHC Handbook Training

2 sessions X \$10,000

Handbook Review Session

20,000

10,000

20,000

10,000

Operations, Logistics Training

20 people x \$21 per diem x 15 days
x 1 session per year.

6,300

6,930

13,230

Training of Trainers

20 people x \$21 per diem x 15 days
x 1 session per year

6,300

6,930

13,230

Le

	September 1, 1983 - August 31, 1984	September 1, 1984 August 31, 1985	TOTAL
.PROJECT INPUTS (cont'd)			
Agriculture, Appropriate Technology Training			
20 people x \$21 per diem x 15 days x 1 session per year	\$ 6,300	\$ 6,930	\$ 13,230
Planning, Finance and Personnel Management			
20 people x \$21 per diem x 15 days x 1 session per year	6,300	6,930	13,230
<u>Off-shore Procurement</u>			
4 replacement vehicles and spare parts	64,000		64,000
Office Equipment-Dodoma	8,200		8,200
Paper-Handbook	7,452		7,452
Paper, production of health cards	14,000		14,000
Truck, water and sanitation equipment for Maji	143,500	6,000	149,500
Health Kit replenishment			
\$100 x 80 schools	8,000		

	September 1, 1983 - August 31, 1984	September 1, 1984 August 31, 1985	TOTAL
PROJECT INPUTS (cont'd)			
<u>Local Commodities and Construction</u>			
Latrines:			
28 schools x 15 latrines x \$200	\$ 84,000		\$ 84,000
12 schools x 15 latrines x \$200		\$ 36,000	36,000
Shallow wells:			
15 wells x \$1,300	19,500		19,500
Water supply improvements*			
23 schools			
First Aid Rooms			
30 x \$1,000	30,000		30,000
10 x \$1,100		11,000	11,000
School Farms:			
13 demonstration projects x \$100	1,300		1,300
32 demonstration projects x \$100		3,200	3,200

*costs are included with budget for truck and materials

	September 1, 1983 - August 31, 1984	September 1, 1984 - August 31, 1985	TOTAL
PROJECT INPUTS			
<u>Local Commodities and Construction (cont'd)</u>			
<u>Other Direct Costs</u>			
Vehicle Maintenance 10 vehicles x \$12,000	\$ 120,000	\$ 132,000	\$ 252,000
Printing, Distribution of Teachers Guides			
\$15 per copy x 100 copies	1,500		1,500
5 per copy x 10,000 copies		50,000	50,000
Per Diem-Consultants:			
6 pm x 30 days x \$106	19,080	20,988	40,068
Per Diem-SHO's			
12 months x 10 days x \$21 per day x 8 people	20,160	22,176	42,336
Per Diem-Field Team:			
12 months x 5 days x \$50 x 2 people	6,000	6,600	12,600
International Travel:			
6 trips x \$2500	15,000	16,500	31,500
Communications, supplies, freight, misc.	120,000	132,000	152,000
Funds for extension activities		96,000	
Subtotal	\$ 96,800	1,124,386	2,270,593
Fee			101,600
TOTAL			\$2,372,193

ANNEX I

List of Evaluation Recommendations with present status
of response to each

Recommendations

Response

I. INPUTS

A. Project Management

- | | |
|--|---|
| 1) Written definitions of rules and responsibilities for all Project Personnel must be made. This would form part of a recommended Project Policies and Procedures Manual. | 1) Written definitions of JSI personnel at Dar es Salaam headquarters have been prepared. A table of organization of all project personnel was also prepared and included with the JSI mid-term report. |
| 2) Ministry of National Education Personnel must be integrated into project implementation and training activities. | 2) done; REO's now informed and participating in Project, MONE specialist assigned to complete Handbook. |
| 3) Working relationships must be defined between the District School Health Officers and the District Education Officers. | 3) pending; was to be prepared by RMO and REO in Dodoma; will be completed by September 1983. |
| 4) JSI Chief of Party, MOH Project Director and USAID/T Project Manager must meet at least monthly together to discuss Project. | 4) done; regularly scheduled meetings have occurred monthly since August 1982. |
| 5) Withholding of disbursements to DSHOs who do not submit monthly reports on time should be considered. | 5) done; regional and district authorities informed and are in agreement. |
| 6) JSI sanitarian/Zonal coordinator must supply regular written reports to the Central Office. | 6) done; two quarterly reports have been received to date. |
| 7) All project equipment must be marked and an inventory book established. | 7) done |
| 8) Zonal Office should be opened in Dodoma staffed with local Secretary/Bookkeeper. | 8) Zonal office has been opened located at the office block in the Dodoma Regional Hospital. Permission has not yet been granted to hire a secretary/bookkeeper. |

B. Financial

- 1) JSI should report expenditures monthly to the MOH in a format to be provided by MOH,
 - 2) JSI should prepare programmatic budget analysis of past and future expenditures. Expenditure reports to the MOH should also be made by project component.
 - 3) A detailed work plan for input use and output completion with cost estimates for future requirements by project objective should be prepared as soon as possible.
 - 4) JSI should provide a short term management consultant to institute budget work, assist with preparation of work plans and creation of policy and procedures manual.
- 1) awaiting MOH format
 - 2) In preparation by JSI in Boston with materials and vouchers supplies by field staff.
 - 3) Will be prepared after completion of 2 above. Detailed work plan for proposed extension will be prepared by JSI/MOH in proposal for contract extension.
 - 4) Short term management consultant came for two weeks to Dar es Salaam and introduced a new accounting procedure. Management consultant still required to assist with preparation of a detailed work plan, but will depend on outcome of decision to extend project. A policy and procedures manual will be developed at the same time. If the project is extended, the Chief-of-Party replacement would work in conjunction with the present JSI/central staff during a brief period of overlap, at which time these materials would be prepared

C. Transport

- 1) One more vehicle be purchased for the RSHO/Singida.
 - 2) If MOH Zonal Coordinator is appointed, he should also have a vehicle.
- 1) & 2) must await decision about project extension.
 - 2) JSI Sanitarian, who has a vehicle, is acting as Zonal Coordinator pending return of MOH staff person from training.

D. Housing

1) Ehmer, Pollard, Tesha should present situation to Principal Secretary for resolution.

1) & 2) done, housing construction now proceeding, with completion scheduled for July 1983.

2) Construction should begin in December, 1982.

E. Technical Assistance

1) Full time health education specialist is needed for a number of activities (See outputs below).

1) has been provided by the Ministry of National Education.

2) Short term consultants should stay in Tanzania not less than three weeks.

2) acknowledged.

F. Training

1) Revised objectives for teacher training in handbook use, health services and record keeping with new action plan must be completed by March, 1983.

1) done

2) Illustrative financial information on transport and per diem costs for support of training activities be provided to MOH and MONE so they can include support of some training in 83/84 Govt.

2) done

3) Proposed health education technician should assist in planning and development of future seminars introducing experimental learning techniques and modelling suggested teaching methodologies. This is necessary due to lack of pedagogical skills among most MOH staff.

3) done

4) In service training for MONE staff should be provided.

4) planned if project is extended.

5) Long term training for MONE staff should be funded from contingency funds. Seminars introducing experimental learning techniques and modelling suggested teaching methodologies. This is necessary due to lack of pedagogical skills among most MOH staff should be funded from contingency funds.

5) planned if project is extended.

2. OUTPUTS

A. Health Handbook

- 1) Achievement of current objective will take up to two years.
- 2) If progress continues to be slow current committee consensus approach may have to be modified.
- 3) Full time health education specialist should be assigned to complete, pre-test, and coordinate production plus providing input to the National Colleges of Education for inclusion of this material in teaching training.
- 4) MONE Director of Teacher Training should be requested by MOH to assign staff member to work with project in colleges of Education.

1), 2), & 3) all taken into account with revised objectives for handbook completion and distribution under direction of MONE specialist.

4) under consideration, to be followed up by MOH and MONE specialist.

B. Health Services

- 1) Planning must be initiated to cover eventuality of over-utilization of Health services component by the community.

1) not applicable as considered by RMO and staff.

2) Detailed plans must be developed regarding how the project will develop the records system, how it will be introduced and how the information collected will be put to use.

2) in process now that data/information storage and retrieval system is intact. Planning for primary school health information system is now being done by TSHP central staff in consultation with the MOH Planning Unit and with technical assistance from the Faculty of Medicine Dept. of Biostatistics and Epidemiology. The part of a health information system most difficult to successfully implement seems to be the data forwarding (from schools to district HQ, to region HQ, then to TSHP HQ) process. Due to lack of adequate communications or transport, preliminary attempts to obtain collected data on a routine, reliable basis have not been successful. Therefore, several alternatives including less frequent compilations are being planned.

C. School Farm Program

1) Project should specify the innovative agricultural, animal husbandry, and storage methods it will introduce and promote, and detailed work plans and budget estimates must be made.

1) in preparation in anticipation of project extension.

D. School Feeding Program

1) Abandon goal for all schools of providing one meal per day for whole year with farm output.

1) goal for MOH not abandoned, but feeding program as originally conceived not considered feasible for Project in pilot areas.

2) Offer each school a choice of resources and a fixed budget to support feeding program allowing each school to decide best use of funds.

2) in discussion with USAID/MOH officials, will be addressed in extension proposal.

3) Develop written school feeding strategy (coordinate with FAO/UNICEF programs).

3) abandoned. However, a written nutrition program for primary school children is included in the Handbook, and the FAO school feeding program is progressing.

L. Water

- | | |
|---|------------------|
| 1) Consideration should be given to increasing the budget for water supply support, given the critical nature of this resource. | 1) done |
| 2) Provide training in functioning and maintenance of water systems for teachers and pupils. | 2) done |
| 3) Construct small water tanks at each school. | 3) not feasible. |
| 4) Develop decision criteria for which schools will get project help and which won't. | 4) done |
| 5) By January 1983 JSI technician should prepare a detailed water construction work plan. | 5) done |

F. Latrines

- | | |
|---|--|
| 1) Water should be provided near latrines for handwashing. | 1) mechanisms will be explored during extension. |
| 2) Materials for construction be purchased outside Tanzania if not available here. | 2) major construction materials are available in Tanzania. |
| 3) One demonstration household latrine should be built in each village as a model. | 3) not feasible with present budget. |
| 4) JSI technician should test various slab construction materials and thicknesses for strength. | 4) done |

G. Data Collection

- | | |
|---|----------------|
| 1) Prepare dummy data set files of all information proposed to be collected detailing how the information will be used. | see B 2) above |
|---|----------------|

H. Extension

- 1) Recommended project extension with no additional finding of from one to two years (see pages 75-84, Report on the Mid-Term Evaluation of the Tanzanian School Health Project.
- 1) under consideration with this document.