

# BRIEFING NOTE

## Sanitation and Hygiene Research Symposium

(4th August 2015, Tanzania)



### Acknowledgements

This policy briefing was written by:

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### Summary

On 4<sup>th</sup> August 2015, the [Mwanza Intervention Trials Unit](#) (MITU), [WaterAid Tanzania](#) and the UK Government-funded [SHARE Consortium](#) convened the Sanitation and Hygiene Research Symposium, a one-day event that brought together key stakeholders from Tanzania's sanitation and hygiene sector to focus on three key objectives:

- Highlight challenges of meeting the post-2015 Sustainable Development Goals (SDGs)
- Highlight persistent knowledge gaps and national research priorities
- Strengthen SHARE's proposed MITU and WaterAid Tanzania-led research in Tanzania for 2015-2018.

The Symposium had 49 attendees, comprising of government officials, donors international and local academics and non-governmental organisations (NGOs). Dr Ibrahim Kabole, Country Director of WaterAid Tanzania, and Mr Marco Msambazi, Senior Water, Sanitation and Hygiene (WASH) Advisor at SNV expertly moderated 18 presentations focused on the three central objectives, each addressed by a plenary session (*programme attached*).

The first session set the scene, presenting the WASH context in Tanzania and the challenges facing the country post-2015. The second session drew on existing research and evidence to discuss the challenges of meeting the upcoming SDGs on sanitation and hygiene, with their new focus on: universal and equitable access, behaviour change and service provision beyond the household. In the final session, persisting knowledge gaps and research priorities were highlighted, and the new proposed research projects for Tanzania funded by SHARE and led by MITU and WaterAid Tanzania were presented for discussion.

### **Session 1: Setting the scene – A brief overview of the WASH sector in Tanzania**

The first session of the Symposium began after a warm welcome from Dr Julius Massaga, Acting Director General of the National Institute for Medical Research (NIMR), and a briefing of the day's events by Dr. Kabole and Dr Jeroen Ensink, Senior Lecturer in Public Health Engineering at the London School of Hygiene and Tropical Medicine (LSHTM). Dr Neema Rusibamayila, Director of Preventive Health at the Ministry of Health and Social Welfare (MoHSW), delivered the keynote address during which she emphasised the Government of Tanzania's commitment to improving sanitation and hygiene services at all levels and highlighted the achievement of the National Sanitation Campaign (NSC) which included increased financing on sanitation, gaining access to sanitation and hygiene services by rural households and schools. Citing a number of challenges facing the national programs, she alluded to the centrality of research addressing hindrances to achieving sanitation goals. Dr. Rusibamayila expressed her confidence that the Symposium would reveal research that could help shape the second phase of Tanzania's NSC and called for increased sectoral collaboration.

Next, Mr Stephen Kiberiti, Head of the WASH Section at the MoHSW, gave a brief overview of the WASH context in Tanzania. He outlined the strategies, policies and programmes implemented to date to achieve the sanitation targets of the Millennium Development Goals (MDGs), Tanzania's [National Development Vision 2025](#) and [National Growth and Poverty Reduction Strategy](#), specifically highlighting progress achieved through the NSC. He noted that challenges to achieving these goals and those of the new SDGs remain and will need to be addressed by the WASH sector, including: rectifying staff shortages, more efficient dispersing of funds, and a long-overdue greater focus on urban sanitation. He concluded by emphasising the MoHSW's commitment to supporting [SHARE's vital work in Tanzania](#).

Dr Elisa Roma, Research Fellow at LSHTM, concluded the introductory session by summarising a SHARE-supported, MoHSW-commissioned [process evaluation of the NSC](#). Though the evaluation results were not yet finalised, she was able to reveal that the NSC, despite challenges encountered (such as delays in disbursing funds and limited roll-out of the behaviour change component), successfully delivered and institutionalised a large scale sanitation programme with area coverage estimates ranging between 25 to 39 percent nationally.

## **Session 2: Meeting the SDGs using what we know**

The evolving SDG framework<sup>1</sup>, has three main new areas of focus compared to the MDGs:

1. **Hygiene behaviour change** – while MDG target 7.c. focused on access to safe drinking water and basic sanitation, proposed SDG target 6.2. Commits to achieving access to “adequate and equitable sanitation and hygiene...” The latter can only be achieved through sustainable behaviour change.
2. **Universal and equitable access** – the focus of MDG target 7.c. was on proportional increase of access to water and sanitation, while SDG target 6.2. commits to achieving “adequate and equitable sanitation and hygiene for all”
3. **Sanitation provision and hygiene beyond the household** – the MDG target was monitored through an assessment of household coverage levels. In the proposed SDG framework water, sanitation and hygiene would also be assessed in schools (as part of target 4.a. to build/upgrade education facilities that are inclusive, safe and effective) and health facilities (as part of target 3.8. on universal health coverage and access to quality essential health-care services).

Acknowledging the crucial role research should play in improving sanitation and hygiene in Tanzania post-2015, this session sought to bring to light evidence and lessons learned from existing research in Tanzania that could help policymakers and practitioners realise these three focus areas.

### **Sanitation and hygiene behaviour change**

Presentations in this section covered sanitation and hygiene behaviour change, ranging from the traditional focus of hand washing campaigns, to home water hygiene, to the relatively underexplored area of weaning food hygiene.

In the SuperAmma hand washing with soap (HWWS) campaign, stylistic design of messages that evoke and appeal to natural emotions of nurture and disgust was very effective in triggering significant improvements in hand washing at target events. A similar approach to behaviour change was employed by researchers in Nepal who successfully changed the behaviours of mothers at critical transmission points by using a motivational package (based on emotional drivers) targeting five key food hygiene behaviours. Lastly, research conducted by NIMR on the promotion of household water treatment and safe storage (HWTSS) used a combination of community sensitisation and interpersonal communication approaches to secure behaviour change in favour of HWTSS practices in rural villages.

### **Universal and equitable access**

Presentations in this section covered a range of research undertaken to help ensure universal and equitable access to sanitation and hygiene facilities in Tanzania. Topics included: sanitation microfinance, demand creation, top-down and bottom-up approaches to city-wide sanitation, shared sanitation and faecal sludge management.

A NIMR-conducted evaluation of the Mtumba approach – an approach that drew on the best practices of existing participatory and promotion methodologies to create demand for

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<sup>1</sup> Zero draft of the outcome document for the UN Summit to adopt the Post-2015 Development Agenda

hygiene and sanitation – found that it had generated positive behaviour change in building new toilets, improving existing ones and increasing HWWs. Whilst a SHARE-funded and [MicroSave](#)-led action-research that provided smart subsidies to selected local microfinance institutions and training on market research and financial product development was successful in securing the initiation or scale-up of [sanitation microfinance](#) amongst those partners and highlighted the untapped potential of microfinance for transforming communities' demands for sanitation facilities.

[SHARE-funded research](#), conducted in Tanzania, assessing whether the MDG classifications of 'improved' or 'unimproved' and the Joint Monitoring Programme's sanitation ladder corresponded to hygienic proxies (E. coli on points of hand contact, helminth at point of foot contact, and number of flies) had important implications for the SDGs. It revealed that the current assumption that shared facilities of an improved technology category renders the facility less safe and therefore 'unimproved' was not supported.

A WaterAid-led study on [city wide planning for WASH](#) in the urban settlements of Africa found that the four cities studies (of which Dar es Salaam was one) had master plans but that these often were not owned by the countries themselves, which adversely impacted on their implementation. A similar [SHARE-funded](#) project, looking at bottom-up approaches to city-wide sanitation, identified that simplified sewerage systems were the most appropriate solution for unplanned urban dwellers.

Market-related studies also offered insights for those in the room. A novel research project from the Ifakara Health Institute exploring waste recovery promisingly found that it was possible to generate an economically viable product amidst complex social norms surrounding the human waste reuse. Whilst a WaterAid study that drew on the marketing aspects of the Mtumba approach revealed the importance of promoting products that will meet customer demands and of including commercial entrepreneurs in sanitation business.

### **Cross sectoral collaborative working**

The last two presentations of this session featured research on settings outside the household.

Firstly we heard about a [collection of SHARE-funded papers](#), two of which were based on research conducted in [Tanzania](#) and [Zanzibar](#), that has provided much-needed new evidence on the vital role that WASH can play on improving maternal and newborn health outcomes globally. This body of research has underpinned a [prominent cross-sectoral call to action](#). Indeed, we then heard about an upcoming UNICEF-funded and NIMR-led study that will be assessing the WASH situation in Tanzanian healthcare facilities.

### **Session 3: Defining What We Don't Know**

The final session of the day included presentations on national sanitation and hygiene research priorities, and concluded with an interactive workshop on SHARE's proposed MITU and WaterAid Tanzania-led research in Tanzania.

Mr Amour Seleman, Environmental Health Officer at the MoHSW summarised persistent research gaps that need to be addressed so that national sanitation commitments, such as Phase 2 of the NSC, can be achieved. Amongst others, these included:

1. Behaviour change approaches for overcoming hard to change communities
2. Socio-cultural drivers of sanitation and hygiene behaviours e.g. open defecation, hand washing with soap and child faeces disposal
3. Comprehensive mapping of sanitation and hygiene stakeholders in Tanzania
4. Systems and financing mechanisms for urban sanitation
5. Impact of improved sanitation on health and social welfare
6. Adequacy of WASH in public areas (markets, health facilities and offices)
7. Human and institutional capacity development strategies for sanitation and hygiene improvement

The final presentations of the day came from Dr. Safari Kinungh of NIMR/MITU and Mr Timeyin Uwejamomere of WaterAid on plans for SHARE's new 3-year research programme in Tanzania.

MITU's proposed study will explore the impact of a behaviour change intervention promoting HWWS in school children on the prevalence and intensity of two soil-transmitted helminth infections, *Ascaris* and *Trichuris*, in this population. It is posited that improved hand hygiene will reduce re-infection rates post-deworming. The study will entail developing, implementing and evaluating a scalable school-based HWWS intervention in Mwanza, Tanzania. It is designed as a randomised control trial that will involve 20 schools (6000 children).

WaterAid's proposed study will explore how universal access to adequate, sustainable and equitable sanitation can be achieved in Tanzania. This applied research project will investigate the conditions under which municipalities can deliver town-wide strategic infrastructure plans and sanitation facilities and services for all. Two potential districts have been earmarked for intervention.

A facilitated break-out session for discussing and strengthening these proposed plans then took place, during which the following comments were made:

1. There is a need to describe how other routes of infection transmission will be addressed in the proposed de-worming study
2. How will the de-worming study address the role of mothers in spreading infections?
3. How will the proposed city project fit in with ongoing interventions in the districts in question?
4. To what extent is having one intervention site for town-wide planning going to be representative of the impact of the approach?

The overall consensus from Symposium participants was that the day was a huge success as it provided a rare opportunity for them to exchange technical expertise on WASH research, policy, and practice, and to discuss current and future research priorities for Tanzania. There was overwhelming appetite from those in the room for future such symposia to facilitate further knowledge sharing and continued engagement between stakeholders, particularly for generating plans to overcome challenges to progress towards the new post-2015 goals for sanitation. Dr Saidi. Kapiga closed the Symposium by thanking those present and encouraging them to strengthen the collaboration established during the day.





## AGENDA: Tanzania Sanitation and Hygiene Research Symposium

*Protea Courtyard Hotel, Dar es Salaam, Tanzania*

*4th August 2015*

TIME	TOPIC	MODE	RESPONSIBLE
9:00 – 9:10	<b>Welcome</b>	Address (10 mins)	Dr Julius Massaga – Acting Director General, National Institute for Medical Research (NIMR)
9:10 – 9:15	<b>Introduction to day's proceedings</b>	Address (5 mins)	Morning Moderator: Dr Ibrahim Kabole, Country Director, WaterAid Tanzania
9:15 – 9:25	<b>Keynote address</b>	Address (10 mins)	Dr Neema Rusibamayila, Director of Preventive Health Services, Ministry of Health and Social Welfare (MoHSW)
	<b>SESSION 1: SETTING THE SCENE</b> <i>A brief overview of the WASH architecture in Tanzania</i>		<i>Facilitated by the Morning Moderator</i>
9:25 – 9:35	<b>The WASH context in Tanzania</b> <ul style="list-style-type: none"> <li>From MDGs to SDGs – what has changed for sanitation and hygiene?</li> </ul>	Presentation (10 mins)	Mr Stephen Kiberiti, Head of WASH Section, MoHSW
9:35 – 9:50	<ul style="list-style-type: none"> <li>Process Evaluation of Tanzania's National Sanitation Campaign Phase I</li> </ul>	Presentation (15 mins)	Dr Elisa Roma, Research Fellow, London School of Hygiene & Tropical Medicine (LSHTM)
9:50 – 9:55	<ul style="list-style-type: none"> <li>Challenges facing the WASH sector post-2015 (<i>presentation was not delivered</i>)</li> </ul>	Presentation (5 mins)	Ms Dorisia Mulashani, Rural Sanitation Coordinator, Water Sector Development Program
9:55 – 10:05	<ul style="list-style-type: none"> <li><b>Questions and discussion</b></li> </ul>	Plenary (10 mins)	All participants



	<ul style="list-style-type: none"> <li>5. City wide sanitation – Centre for Community Initiatives (CCI) and the Tanzanian Federation of the Urban Poor (TFUP)</li> <li>6. Examples of Low cost faecal sludge treatment solutions for urban and rural Tanzania</li> <li>7. WaterAid’s experience in urban business model, rural sanitation marketing</li> </ul> <p><b>Questions and discussion</b></p>	Plenary (20 mins)	<p>Manager – Urban, WaterAid</p> <ul style="list-style-type: none"> <li>5. Ms Mwanakombo Mkanga, CCI and Ms Husna Shechonge, TFUP</li> <li>6. Jacquie Thomas, Ifakara Health Institute</li> <li>7. Abel Dugange, Director of Programmes, WaterAid Tanzania</li> </ul> <p>All participants</p>
1 hour	<b>LUNCH</b>		
13:35 – 14:05	<p><b>Cross Sectoral Collaborative Working –</b> <i>What can we learn from existing research?</i></p> <ul style="list-style-type: none"> <li>1. WASH as an entry point for improved maternal and newborn health and infection prevention and control</li> <li>2. WASH in Health Care Facilities</li> </ul> <p><b>Questions and discussion</b></p>	<p>Presentations (10 mins each)</p> <p>Plenary (10 mins)</p>	<ul style="list-style-type: none"> <li>1. Dr Catherine Kahabuka, CEO &amp; Lead Consultant, CSK Research Solutions</li> <li>2. Dr Hamisi Malebo, Head, Traditional Medicine Department, NIMR</li> </ul> <p>All participants</p>
	<p><b>SESSION 3: DEFINING WHAT WE DO NOT KNOW</b> <i>Identification and discussion of persistent knowledge gaps</i></p>		<p><i>Facilitated by the Afternoon Moderator:</i> Mr Marco Msambazi, Senior WASH Advisor, SNV</p>
14:05 - 14:15	<b>National research priorities for Tanzania</b>	Presentation (10 mins)	Mr Amour Seleman, Environmental Health Officer, MoHSW
14:15 – 14:25	<b>Questions and discussion</b>	Plenary (10 mins)	All participants





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## Research for sanitation and hygiene solutions

The SHARE Research Consortium comprises eight organisations that have come together to generate rigorous and relevant research for use in the field of sanitation and hygiene. The purpose is to join together the energy and resources of the five partners in order to make a real difference to the lives of people all over the world who struggle with the realities of poor sanitation and hygiene.

SHARE is led by the London School of Hygiene and Tropical Medicine (LSHTM) and includes the following partners:

- Centre for Infectious Disease Research, Zambia
- Great Lakes University of Kisumu, Kenya (GLUK)
- International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B)
- International Institute for Environment and Development (IIED)
- Mwanza Interventions Trial Unit, Tanzania
- Shack/Slum Dwellers International (SDI)
- University of Malawi (College of Medicine and Polytechnic)
- WaterAid

The SHARE core team work from LSHTM.

October 2015