



RESEARCH REPORT

The role of Districts in the implementation of Tanzania's National Sanitation Campaign

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Executive Summary

Background

The Joint Monitoring Programme estimates that only 7% of the rural population in Tanzania use improved sanitation facilities and indicates that the country is off-track to meet the sanitation Millennium Development Goal (MDG) target. However, the Government of Tanzania is making efforts to reverse this situation. The launch in 2012 of the National Sanitation and Hygiene Campaign (NSC) is a milestone for the sanitation sector in the country and a first step towards improving the situation. It aims to motivate 1.3 million households to improve their existing latrines or build new ones and will improve the sanitation facilities of 700 schools all over the country. The NSC will stimulate demand and improve supply through a combination of Community Led Total Sanitation (CLTS) and Sanitation Marketing. The programme will be delivered by training facilitators among district staff to trigger CLTS, and training *fundis* (masons) to improve latrines, sell upgrades, organise experiential marketing events, and develop training and promotion materials.

The first phase, started at district level in the 2012-2013 financial year, has covered 42 districts with a target population of 100,000 households and 88 schools.

Objectives and Methodology

This study aims to provide insights for the improvement of the role of Local Government Authorities (LGAs) in rural sanitation promotion at the local level, based on existing district capacity and the implementation experiences of the National Sanitation Campaign (NSC). The specific objective of this research is to think about incremental advances in the role of LGAs towards sanitation service delivery.

With this in mind, the main research questions are:

- i) What are the major constraints at the district level to the effective promotion of sanitation?
- ii) What support do Local Government Authorities require for a better fulfilment of their role in sanitation promotion?
- iii) What roles can different stakeholders play in the process at all levels (from the national to the local level)?

The nature of the study required an in-depth analysis of the situation in districts, so a reduced purposive sample of six districts was chosen. Interviews were held with the Head of Office and technicians of those departments dealing with sanitation issues in their daily work. In addition, semi-structured interviews and group discussions were held with elected political representatives at ward, village and sub-village levels, and with Government officers at village and ward levels. The analysis of each district was completed through meetings and interviews with key local informants: local partners working in the field of sanitation in the area, Non-Governmental Organisations (NGOs), Community Based Organisations (CBOs), village health workers, sanitation early adopters and members of follow-up committees, local masons, and some villagers that had attended triggering sessions. In total, 81 interviews or

group discussions were carried out. Data were collected from the four ministries concerned and information was obtained from three regions, six districts, nine wards and 15 villages.

Results

The main findings of the study can be summarised as follows:

- The commitment of District Health Departments (DHDs) to promoting sanitation at village level is unprecedented in LGAs in recent national history.
- The district has been allocated a role of direct execution of the campaign. Districts are directly involved in the creation of demand (triggering), the training of masons and the organisation of marketing events.
- The coordination at the district level between involved departments (Health, Education, and Water) has been weak in operational terms, reducing the potential synergies of joint planning and implementation.
- Districts have delegated key tasks within the campaign (e.g. data collection, post-triggering follow-up) to village authorities and groups, without adequate training and little or no incentives.
- The activities for supply development (training, support and follow-up of masons) are outside of the standard competences of DHDs; as a result of this, they are not always adequately integrated in the project cycle. Better selection of masons, support and regulation of their activities is desirable, with greater involvement of other district departments or institutions if needed.
- The school sanitation component has little impact at local level. The focus of the campaign on rehabilitation of infrastructure does not match the huge local need for new latrines. The responsibility for contracting and supervising construction is allocated at each school's committee, with little capacity for this task. As a result, there is a risk for outputs of substandard quality.

Recommendations

The main recommendations proposed are:

- Improve the coordination and coherence between the supply and demand sides of the programme. Ensure the adequate quality of the implementation of both components of the programme, through the presence of adequately trained facilitators for triggering and the support of expert institutions for the development of the supply side.
- Increase the budget per household targeted at district level, with a focus on elevating the level of expenditure and support at village level. Ensure timely funds disbursement to districts, avoiding the implementation of the bulk of the campaign during the rainy season.
- Develop a more flexible implementation of the campaign at household level, making use of the private sector and civil society (CBOs, NGOs, and other service providers) and balancing the role of districts between direct execution, coordination and supervision.
- Develop and disseminate affordable technical solutions beyond the Sungura slab, with the collaboration of the private sector, NGOs and other stakeholders.
- Raise the profile of sanitation in social terms. Improve the social value of sanitation, through for example targeted media spots and testimonies of respected or famous

people, as an effective way to raise demand and ensure the sustainability of behaviour change.

- Revise the implementation mechanism of the schools component, using different district departments to supervise the quality of construction, and further develop the soft part of the campaign.
- Extend the duration of the campaign substantially beyond three years. The change towards the use of improved sanitation in rural areas is a profound social transformation that will require a sustained effort over a long period of time.

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Acronyms and Abbreviations

CBO	Community Based Organisation
CLTS	Community Led Total Sanitation
DCDO	District Community Development Officer
DED	District Executive Director
DEO	District Education Officer
DHD	District Health Department
DHO	District Health Officer
DT	District Technician
DPLO	District Planning Officer
DWD	District Water Department
DWE	District Water Engineer
DWST	District Water and Sanitation Team
GDP	Gross Domestic Product
JMP	Joint Monitoring Programme on Water Supply and Sanitation
LGA	Local Government Authority
MDG	Millennium Development Goal
MKUKUTA	Mkakati wa Kuinua Uchumi na Kupunguza Umaskini Tanzania
MoEVT	Ministry of Education and Vocational Training
MoHSW	Ministry of Health and Social Welfare
MoU	Memorandum of Understanding
MoW	Ministry of Water
NGO	Non-Governmental Organization
NSC	National Sanitation Campaign

ODF	Open Defecation Free
O&M	Operation and Maintenance
PHAST	Participatory Hygiene and Sanitation Transformation
PMO-RALG	Prime Minister's Office – Regional and Local Governments
PRA	Participatory Rural Appraisals
REO	Regional Education Officer
RHO	Regional Health Officer
RMO	Regional Medical Officer
RS	Regional Secretariats
RWE	Regional Water Engineer
S&T	Sanitation and Hygiene
ToT	Training of Trainers
TSSM	Total Sanitation and Sanitation Marketing Programme
TZS	Tanzanian Shilling
UNICEF	United Nations Children's Fund
USD	United States Dollar
VEO	Village Executive Officer
VHW	Village Health Worker
WEO	Ward Executive Officer
WASH	Water, Sanitation and Hygiene
WSDP	Water Sector Development Programme

1. Introduction

Sanitation in Tanzania

The WHO-UNICEF Joint Monitoring Programme on Water Supply and Sanitation (JMP) estimates that the proportion of the rural population accessing some kind of sanitation in Tanzania is 88% (JMP, 2013). However, the majority of these facilities are traditional pit latrines, many of which are not considered safe, i.e. they do not hygienically separate faeces from human contact. Based on 2011 data, the JMP estimates that only 7% of the rural population in Tanzania use improved sanitation facilities, 4% share their sanitation facilities with others, 73% use unimproved sanitation facilities, and 16% of the rural population practices open defecation. The 2010 Demographic and Health Survey found similar figures: 9% of rural households in mainland Tanzania used improved toilet facilities that were not shared with other households. Hence, Tanzania is clearly off-track to meet the sanitation-related MDG target as well as the target established in the Poverty Reduction Strategy Paper MKUKUTA II, which stands at 68% use of improved sanitation by 2015.

However, the Government of Tanzania is making progress in addressing this situation. It is one of the 32 African countries to have signed the 2008 eThekweni Declaration to establish specific public sector budget allocations for sanitation and hygiene programmes. The aspiration is that these sanitation and hygiene allocations should be a minimum of 0.5% of Gross Domestic Product (GDP). The earmarked budget of USD 20 million under the National Sanitation and Hygiene Campaign, launched in 2012, is a milestone for the sanitation sector in the country and a first step towards this commitment.

In addition, a Draft Sanitation Policy has been elaborated (Government of Tanzania (GoT), 2011), which is waiting for approval at the Ministries cabinet. The contents of this draft policy are already guiding the sanitation promotion strategy in the country. This draft policy states that the ministry in charge of sanitation and hygiene (S&H) issues is the Ministry of Health and Social Welfare (MoHSW), under the Environmental Health Unit. The Ministry of Education and Vocational Training defines S&H promotion methodologies at schools, and decides on standards for school water and sanitation services. The Prime Minister's Office for Regional Administration and Local Government (PMO-RALG) is in charge of budget allocation, monitoring and supervision of Local Government Authorities (LGAs). The Ministry of Water (MoW) is responsible for the Water Sector Development Programme (WSDP), which aims at raising water and sanitation coverage in the country. An inter-ministerial Memorandum of Understanding (MoU) on S&H was signed in 2010 by these four ministries (GoT, 2010).

The policy is based on each family's responsibility for provision of their sanitation facilities: "Every head of household will be responsible for promoting sanitation and hygiene in his family and ensure availability of sanitation facilities", while the district holds the responsibility for "planning, coordinating, implementing, monitoring and evaluating sanitation and hygiene activities". These include schools, Government, non-Governmental institutions, public premises and the community itself. Furthermore, the District Council Social Committee should supervise implementation of sanitation and hygiene activities in collaboration with the

regional water and sanitation team under the MoW. At village level, it is the social service committee of the village that should care for vulnerable members of the community to receive support and not be excluded. At upper levels of the Government, the role of the region is to “coordinate, supervise, follow-up and evaluate the implementation of the policy at the level of council”.

The National Sanitation Campaign

The operational programme of this Sanitation Policy is the National Hygiene and Sanitation Campaign (NSC), launched in 2012. It aims to motivate 1.3 million households to improve their existing latrines or build new ones and will improve the sanitation facilities of 700 schools all over the country. The first phase, started at district level in the 2012-2013 financial year, is covering 42 districts. In 2013-2014, it will extend to 70 more districts, with a provisional target of 577,000 households.

According to official documents¹, the NSC will stimulate demand and improve supply through a combination of Community Led Total Sanitation (CLTS) and Sanitation Marketing. The programme will be delivered by training facilitators to trigger CLTS, training *fundis* (masons) to improve latrines and sell upgrades, engaging professional agencies to coordinate messaging, organise experiential marketing events, air supportive radio programming, develop training and promotion materials, improve school sanitation infrastructure, and establish targets and a rigorous monitoring system to allow progress tracking and adjustments. The main elements of this campaign are (GoT, 2012):

- *Messaging and concepts*: clear and consistent message, making use of existing consumer research, concepts and messages that have been developed and pre-tested in Tanzania
- *Mobilisation of households and communities - CLTS triggering and follow-up*: by facilitators (district staff) trained for the purpose.
- *Training of masons and suppliers – training in construction, household sales, and developing access to finance*: the programme would train existing village fundis (masons) in upgrading latrines, hand washing facilities, as well as in sales and business development skills. Trained fundis would be present at CLTS triggerings and would be able to commence taking sales orders once a community action plan is enacted.
- *Improvement of sanitation infrastructure, installation of hand washing facilities, and hygiene promotion in schools*
- *Marketing events – recognition and reinforcement*: to further motivate audiences, professionally developed experiential marketing events would be held in programme areas, with a mix of entertainment and education.
- *Radio – national reach through a trusted source*: radio programming would deliver the sanitation and hygiene messages through dramas/soap operas, short spots, testimonials from national figures, and DJ mentions.
- *Development of training and promotional materials*: to assist in capacity building and delivery of messages to the target audiences, training and promotional materials would be developed based on existing national experiences. Training materials would include CLTS, mason training, and school promotion.

¹ To date (mid 2013), there is no document that extensively describes the National Sanitation Campaign. The most important documents are the Concept Note for the NSC and the Facilitator’s Guidelines for CLTS.

- *Learning and innovation:* the campaign will document lessons and experiences and promote adjustment and local innovation, based on needs on the ground.

The budget, set out in the Concept Note for the NSC, is presented in Table 1. To calculate targets based on the available budget, a unit cost of USD 10 per household was used, based on the experiences from MoHSW and the Total Sanitation and Sanitation Marketing (TSSM) project in ten pilot districts. For school WASH a cost of USD 400 per drop hole was used, based on findings by MoHSW, MoEVT, UNICEF and SNV. USD 100 was added for supervision and monitoring, bringing the drop hole cost to USD 500. Each school is assumed to have 20 drop holes. The target is to achieve a ratio of 40 girls and 50 boys per drop hole.

Table 1: Costs for the NSC

Source: NSC concept paper (GoT, 2012)

Activity	2010 – 2011	2011 - 2012	2012-2013	2013-2014	2014-2015
Cost per household targeted	0	10	10	10	10
Number of Households targeted	0	100,000	300,000	500,000	400,000
Sub Total (USD)	0	1,000,000	3,000,000	5,000,000	4,000,000
Cost per School WASH targeted	0	10,000	10,000	10,000	10,000
Number of school targeted	0	88	175	263	174
Sub Total (USD)	0	880,000	1,750,000	2,630,000	1,740,000
Grand Total (USD)		1,880,000	4,750,000	7,630,000	5,740,000

2. Targets of the study

This study aims to provide knowledge and new insights for improving the LGAs' role in the promotion of rural sanitation at local level, based on the existing capacities among districts and the current experiences of the implementation of the NSC. Hence, the specific objective of the research is to envisage incremental advances in the role of LGAs towards sanitation service delivery.

To this end, we formulated these research questions:

- What are the major constraints at the district level to the effective promotion of sanitation? What suggestions can be proposed to overcome these constraints?
- How can sanitation promotion activities be adequately institutionalised at ward and village level?
- What support do Local Government Authorities require for a better fulfilment of their role in sanitation promotion? What supporting actions should be carried out from higher local government levels? What roles can different stakeholders play?

3. Methodology

The research is based on the in-depth analysis of the implementation of the NSC in a number of rural districts.

Sample

At the time of the survey, the campaign was being implemented in 42 districts. The nature of the study requires in-depth analysis of the situation of the districts; hence a reduced purposive sample of six districts was chosen. The sample includes districts with an initial outstanding performance in the NSC, combined with others with regular or low performance. Districts with and without previous support in sanitation were selected, in order to provide a sense of the varying degrees of initial capacity that exist. The selection was carried out obtaining information from the concerned ministries, and in consultation with the main stakeholders in the field. In all the districts, information was collected down to community level, trying to understand the local institutional dynamics.

The MoHSW has carried out an internal monitoring programme, including random visits and quality checks in several districts. The results of this programme would certainly complement the views collected through our study.

Data collection methods

The following data collection methods were used:

- Extensive review of policy and related documents, grey literature and research related to sanitation in Tanzania.
- In Tanzania, information about the programme at national level was obtained through interviews with officials of the ministries concerned (MoHSW, MoW, MoEvT) and the PMO-RALG. In addition, interviews were held with key stakeholders from relevant organisations.
- In each district, interviews were held particularly with the District Water Engineer (DWE), District Health Officer (DHO), District Education Officer (DEO), District Planning Officers (DPLO) and District Community Development Officers (DCDO). Interviews were also held with technicians of those departments dealing with sanitation issues in their daily work. For the purpose of understanding the situation at lower levels of local government, nine wards were visited. Semi-structured interviews and group discussions were held with elected political representatives at ward, village and sub-village levels, and with Government officers at village and ward levels: Village and Ward Extension Officers, Village Executive Officers (VEOs), and Ward Executive Officers (WEOs). The analysis of each district was completed through meetings and interviews with key local informants: local partners working in the field of sanitation in the area, NGOs, CBOs, village health workers, sanitation early adopters and members of follow-up committees, local masons, and some villagers that had attended triggering sessions.

- The vision from regional level was obtained through interviews with the officers in the Regional Secretariat (RS) related to the implementation of the NSC (RHO, RMO, REO, and RWE).

All participants were informed of the purpose of the research before the interviews, and all but one agreed to participate. Confidentiality on individual opinions was granted.

In total, 81 interviews or group discussions were carried out. Data were collected from the four ministries concerned and information was obtained from three regions, six districts, nine wards and 15 villages. Table 2 presents a summary of participating informants.

Table 2: Summary of the number and positions of interviewees

Source: Authors

Type of informant	Description	Number of interviews
National Level	Ministries concerned with the NSC	4
	NGOs, donors, other stakeholders	8
Regional Level	Officers in RS (RHO, RMO, REO, RWE)	5
	Officers from Regional Support Cooperation Programmes	3
District Level	District Executive Director	6
	Head of Departments (DWE, DHO, DMO, DEO, DHRO, DPLO, DCDO, DED)	12
	Subordinate staff of concerned departments (Water, Environment, Health, Education)	8
Village and Ward Level	VEO & WEO	9
	Village and sub village chairpersons	10
	VHWs/Ward health extension officers	3
	<i>Fundis</i>	3
	Members of follow-up committee	3
	Other community members (e.g. natural leaders, early adopters of sanitation)	5
	CBOs dealing with Sanitation	2

Data analysis and findings

Most of the interviews were held in Swahili, especially at ward and village level. Notes were taken during each interview and were subsequently discussed by the research team, before transcription took place. After analysing the information, the research team developed a first draft report which was shared with project advisors. Their inputs were integral to this report.

4. Results

4.1 Implementation of sanitation promotion for households

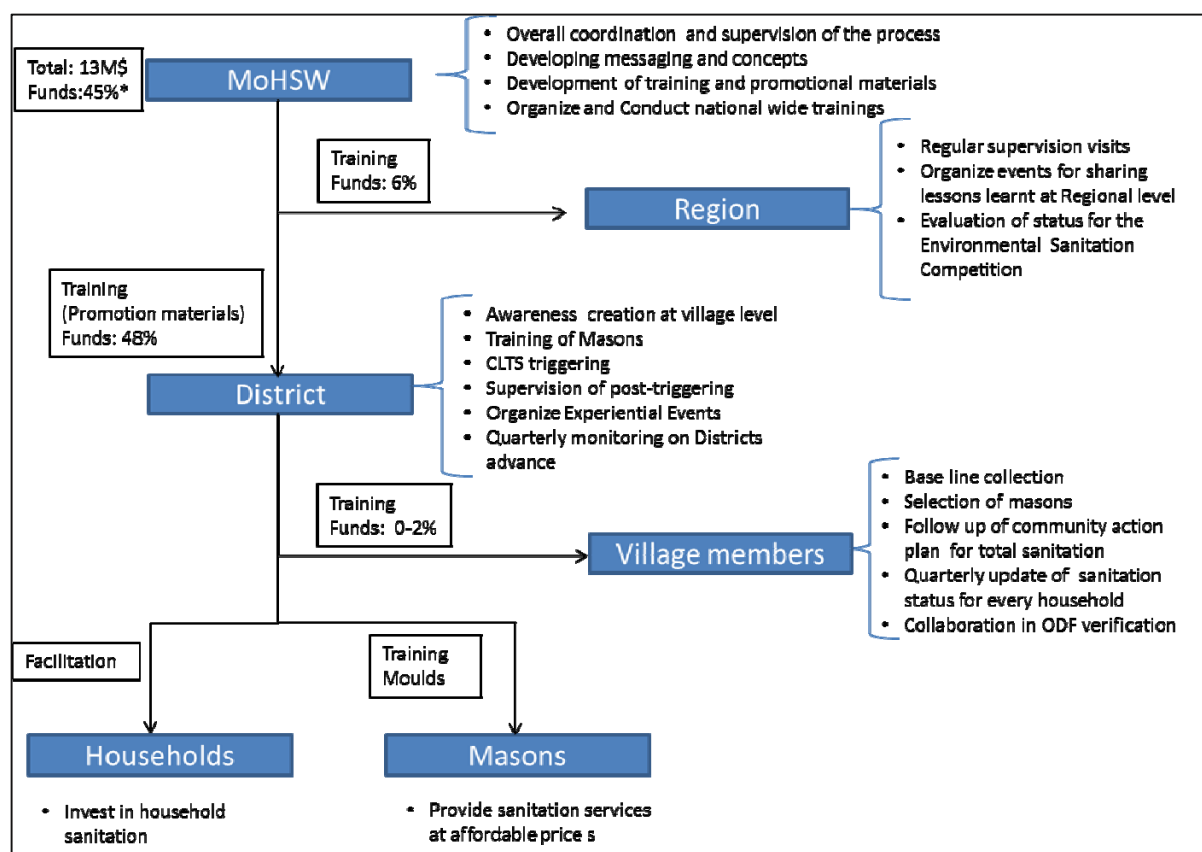
In the 2011-2012 financial year, no activities were carried out at the district level. However, in 2012-2013, the campaign was developed in 42 districts, with a target of 100,000 households. In 2012-2013, the NSC was targeted at local level around four main activities: a) baseline survey; b) triggering; c) training of masons; and d) follow-up and monitoring.

Institutional arrangements

Figure 1 shows the main roles detected for each institution or group for the delivery of the NSC. The most important inputs provided to each institution or group (either percentage of funds, training, facilitation or materials) are represented in the white squares. When one of these inputs is in brackets, we refer to the fact that the inputs had been planned but had not yet been delivered at the time of the survey. The percentage of funds calculated at each level is the average of the results found in each of the districts surveyed, and can only be considered as indicative of what can be found in other parts of the country. The percentage of funds at each level is calculated presuming an overall budget of USD 10 per household, in coherence with the NSC Concept Note.

Figure 1: Roles of each institution and inputs received for the delivery of the NSC

Source: Authors' elaboration from field research



Coordination at National Level

The NSC is led by the Environmental Health Unit of the MoHSW. Under the provisions of the MoU signed with the MoW, PMO-RALG and MoEVT, different working groups have been organised, which meet regularly, also with the presence of the main non-governmental stakeholders in the sector. Exchange of information takes place, though some actors feel that coordination between ministries is mainly understood as a division of tasks rather than a joint effort for achieving better outputs.

Selection of intervention sites

The 42 districts were selected on a combination of criteria, namely low coverage of sanitation and frequent outbreak of diarrhoeal diseases. As such, at the local level, data on diarrhoea and cholera outbreaks were often mentioned as a reason for community selection. These choices were further narrowed down by the need not to select very isolated or culturally challenging areas in which to carry out the intervention; districts were keen to gain confidence in and experience of the intervention prior to implementing it in more challenging contexts. The number of households covered by the NSC at district level is higher than the target defined, since it is considered that not all of the households covered by the NSC will adopt improved sanitation. This is in coherence with relevant research on the results of CLTS at scale in Africa, whereby an average of 39% of triggered communities are finally declared open defecation free (ODF) (Bevan 2011). The targeted households varied from less than 1,000 to more than 4,000 households depending on the district, with a total target of 100,000 households for 2012-2013 and an average target of 2,381 households per district.

Budget and disbursement of funds

For 2012-2013, all districts visited received a budget of between USD 4.5 and 5 per household targeted, which is approximately half of the budget per household foreseen for the NSC (USD 10 per household). This ratio was calculated by taking into consideration the number of households targeted for change and the number of households actually covered by the programme, which was around 30% to 50% higher, meaning the real per capita investment on field activities can be estimated at around USD 3 per household reached. As a reference, our estimation of comparable costs from WaterAid's programme, based on recent studies² (Malebo et al, 2012), stands at USD 13.35 per household, though it must be acknowledged that implementation costs are significantly higher when specialised national NGOs are involved. As an additional reference, excluding sanitation market costs, UNICEF's costs for implementing CLTS in Sub-Saharan Africa are estimated at USD 15 per household (Hickling and Bevan, 2010)..

District level budgets were used for paying district staff allowances for each community visit (i.e. drivers, technicians, etc...), buying fuel, purchasing construction materials such as moulds, providing food and refreshments for village sessions and covering stationery costs. Allowances at local level were not always clearly identified in the budget. The following table

² The costs of the WaterAid program were drawn from Malebo et al.'s 2012 paper. In order to make data comparable, we have excluded the cost of sanitation demonstration centres (not included in the NSC), and have included the cost of facilitation by NGOs (in the case of the NSC this role is performed by the District).

shows the average percentage of districts' NSC budget allocated to these aforementioned core budgetary components.

Table 3: Average percentage of districts' NSC budget allocated to four core budgetary components³

Source: Authors

Main cost	Range (Average)
Allowances for district staff	35%-65% (45%)
Fuel	11%-14% (13%)
Construction materials	7%-12% (10%)
Allowances at village level	0%-5% (2%)

For 2013-2014, all districts budgeted between USD 7.13 and 7.45 per household targeted, with an average of USD 7.30 per household. However, these were the initial budgets elaborated using the preliminary ceilings. Ceilings are in general considerably reduced in the final budget approved, so the expected available budget per household will be similar.

Apart from the amount of funds received, it is important to highlight that the late disbursement of funds was regularly identified by Government officers as a significant challenge to the success of the NSC. Money was ready to use around January, and the activities in the field had to be started in a hurry. Therefore, none of the districts visited could avoid carrying out triggering during the rainy season⁴. This poses important challenges for the success of the exercise due to: i) low attendance to meetings, ii) low availability of cash at community level to make latrine improvements, iii) very limited time for other activities rather than farming, iv) limited availability of masons for latrine upgrades during that period, and v) difficulties for construction during the rainy season (collapse of holes). In some places, farmers live temporarily out of their homes during the rainy season, which has a significant impact on the effect that triggering can produce at community level.

³ Budgets were not shared by all 42 districts. These percentages are, therefore, based only on the five districts for which budgets were disclosed.

⁴ The rainy season goes from mid-March to end of May. The Tanzanian financial year goes from 1st July to 30th June.

Appropriation of the process

There was a very high ownership of the process from the DHD, with a significant engagement of staff, especially within the DHO, in NSC activities. Some districts started the activities even before the funds were officially received (e.g. baseline).

Some confusion occurred initially at district level when determining the department responsible for the campaign and which internal account should receive the funds. As it was the starting year for the NSC, the activities had not been planned in the districts' regular planning exercise, which made the situation somewhat exceptional. In most districts it took a long time to transfer the funds from the Water Department (where money was sent) to the Health department (the executing department). Financial and technical reporting difficulties might appear at district level as the main implementer (Health Department) was not the reporter (Water department).

Despite the initial administrative confusion, the DHD was effectively leading the process in most cases; the District Departments of Environment and Cleanliness were apparently not yet active at a local level.

Coordination at the district level

The coordination of sanitation promotion activities could have been carried out by the District Water and Sanitation team (DWST); however this was only the case in one of the districts visited. Elsewhere, the Council Management Team, which is an established district structure, was used for coordination. Some districts also have internal heads of department meetings regularly, so these channels were used. These mechanisms avoided the duplication of costs, since DWST meetings have been established in the past with paid allowances for attendance. However, it was noticed that the flow of information between the Water, Education and Health departments was low as regards specific aspects that could improve the impact of the implementation. As a result,

- i) Interventions in schools did not always match up with communities to be triggered
- ii) Interventions were sometimes planned in communities with severe scarcity of water, which posed additional challenges to demand creation and even to the production of slabs and rehabilitation of latrines' superstructure. The same water scarcity challenge applied to some of the schools selected.
- iii) It was not always considered if the previously trained masons were still active or not; so it could happen that communities had been triggered and no mason was available, or that new masons were planned to be selected and trained in places where masons already existed.
- iv) Education and Health departments were, in general, not aware of the presence of trained masons for latrine construction in the communities.

As regards the availability of transport for supervision, district officers arranged this in collaboration with other departments for all sites visited. However, joint inter-sectoral missions remain elusive, unless supervision missions from the RS are organised.

Technical capacities at District Health Department

The great majority of the DHO and health technicians involved in the NSC had been trained for at least five days in CLTS, including one day of "triggering practice" in one village. Most

of them seemed to be confident of their capacities. However, it was noticed that facilitators with more training and experience (e.g. the so-called National Facilitators) have much more knowledge about the details of a good triggering process, and their presence in some districts might have a significant impact in the success of the exercise. In addition, due to continual staff rotation, some districts had only two or three trained staff in place.

Regional role & coordination

The RS, through its technical advisors, has a role of supportive supervision in the campaign. A considerable enthusiasm for and commitment to the campaign was found in the Regional Health Departments. Monitoring and technical support are provided through regular visits, which had been already budgeted for and were taking place in the districts surveyed. From the 2013-2014 financial year onwards, the RS will be promoting the sharing of experiences among districts of the same region.

Monitoring the campaign

Reports on the progress of the campaign are produced quarterly, using the same template and methodology for data collection that was used in the baseline (see explanation below).

Ultimately, the NSC is part of the WSDP, and it will be reported on in the Joint Water Sector Review. The national report will be compiled using the information collected by the PMO-RALG, itself informed by the RS. At this level, the RHO and REO will be collecting the information from the districts.

Incentives for good performance

No specific incentive mechanism has been created for the purpose of the campaign. However, there is a longstanding environmental sanitation competition, involving both regional and national evaluators, and carried out at district, ward and village level. The checklist includes household sanitation, among a wide number of other concepts. The questionnaire is being currently revised and could strengthen the role of sanitation and hygiene in the competition.

Implementation at village level

Funding for village level activities

Very little budget (an average of 2% of the district budget in the places visited) was available to provide incentives for specific tasks at village level. However, there are key activities that require a significant dedication of time and effort among villagers: i) collection of database and monitoring information (quarterly); ii) follow-up of community action plan after triggering; and iii) ODF verification process. The first of these was normally implemented by sub-village leaders, while the second was assigned to a committee, selected during triggering. None of the 15 communities visited had reached the third stage.

Villagers feel undervalued when “kazi ya bure” (free work) is required from them. They are aware of the allowances system of the Government, and they usually mention that District Technicians (DTs) receive up to 35,000 TZS per day for coming to visit them, while they are offered nothing or sometimes a symbolic amount (between 3,000 and 5,000 TZS) for a day’s work. The lack of transport for house-by-house visits is a recurrent challenge. Significant

conflicts were found at village level around the allowances issue. For example, in one village sub-village leaders kept the notebooks containing the baseline information “hostage” to try and get some payment for the time worked. In another village, one sub-village leader confronted the district technician and, when offered 3,000 TZS as payment for the day worked, rejected this proposal as he considered it an insult. Some districts had made budgetary arrangements so they would be able to pay some allowances to villagers for baseline collection, sometimes on their own initiative, sometimes pressed by villagers’ demands. However, no district visited had set aside funds to motivate the activities of follow-up by committees, whether in the form of payments or in kind outlays, including resources to do their work (bicycle, training, etc...), or small incentives (T-shirts, soap, etc...).

Data collection for baseline survey

This exercise produced a register of all households with their status regarding sanitation and hand washing facilities. All of the villages visited had performed a baseline survey which had been carried out by one or two people per sub-village. An official template had been prepared by the MoHSW for compiling this manual register at the sub-village level, and this was distributed in a yearly notebook to districts and, from there, to the village level. Information was then collected by local stakeholders (most frequently the sub-village leaders, but also village health workers or others, depending on the location) and the VEO usually consolidated this information, though these arrangements varied from place to place. It is planned that in the future, districts will use an online system to submit the information, but this has not yet been set up.

Selected data collectors were trained for a day or two on how to complete the questionnaire by the District Extension Officers or DTs. They were then given a certain time to bring the questionnaires back. In some places, data collectors were paid up to 15,000 TZS for the exercise, which represents a maximum payment of three days of work at 5,000 TZS per day. However, standard sub-villages can have 100 households, and some had more than 300. No transport facilitation was provided by the district. Sometimes small allowances for transport (e.g. taking a motorbike ride to one remote area) were provided by the village government.

Against this background, it was found that: i) the time allocated was far less than the time needed to conduct the exercise properly (visit every house); ii) the lack of transport was a challenge for reaching some sub-villages; iii) the lack of or inadequate allowances in return for the time spent collecting data prevented data collectors from performing their normal income generating activities; iv) data collectors did not return to a house where people were not found, but data were provided for all the households in the records examined; and v) at the time the baseline survey was carried out, villagers understood it as “another district activity” of little interest to them.

Health extension officers recognise that they have no means or time available to check the information acquired or to provide support, and also lack transport. Around 25% of failure in records was estimated by some district health workers. Our own data verification showed a significant number of inconsistencies (around 40% of households checked were significantly wrong). However, our sample cannot be considered as representative. As regards regular monitoring (every three months), unless real engagement at village level is achieved there might be a tendency to give small and progressive improvements in the figures (“write in what district expects to read”), thereby spoiling the aim of the monitoring process.

Pre-triggering

Awareness-raising among ward and village authorities was the principal activity carried out before the triggering sessions. There was a wide difference in its implementation, ranging from just phone calls, or indirect messages, to sessions with different ward and village committees. In general, the involvement of leaders had not been completely successful in the places visited, and there was room for improvement in future communities.

Community mobilisation for attendance of triggering meetings has been a challenge, aggravated by the rainy season. Lack of planning was culpable on some occasions. In other cases, districts employed additional methods such as touring villages with loud speakers or using popular music albums in order to capture people's interest in attending the meetings.

Triggering exercise

Triggering is carried out by district staff, most of the times with the personal involvement of the DHO. According to the guidelines of the MoHSW, triggering should be carried out at sub-village level, but this has not been always respected. In most of the cases triggering was completed in one day, though some districts planned two days for big communities.

It has been observed that triggering is focused on the improvement of latrines, consistent with Tanzanian reality, but different from the standard CLTS. In all villages, the definition of improved latrine had been made clear: pit latrines must have minimum measurements (4x4 feet), at least a part of cleaning floor of cement (2x2 feet), security and privacy (door, window, 5 feet height of wall) and should be roofed. In all villages, attendants had been cautioned that "not all latrines are valid". This has significant impact on the level of investment required as will be discussed later. The pillars of CLTS most mentioned at the district level are "shame, fear and disgust". These feelings had been successfully developed in many of the triggered communities. In some communities, villagers agreed during the meeting to set up village bylaws to punish non compliers (open defecators) with fines ranging from 2,000 to 15,000 TZS. In none of the communities visited had children participated in the triggering.

All communities visited had signed a declaration committing to ending open defecation (as per an MoHSW template), but only 20% of the villages visited had a clear and visible community action plan that could be consulted. In some places triggering was unsuccessful because of low attendance.

In one of the triggered villages, 27 slabs had been constructed and sold three weeks after the triggering; this was the most successful case visited.

Post triggering follow-up

In all sites visited, a committee was chosen for follow-up; eight people in the community (with reasonable representation of the different sub-villages) were selected through acclamation by the same community members. The main mission of this committee was to closely follow-up on the commitments agreed during the triggering session. However, it was usually found that committee members were not confident with the process (some were even unable to say why they thought they had been selected), they were not aware of their specific tasks, and, in many cases, the committee had not met after the triggering session. In

all cases, district staff admitted that committee members were not trained, just briefly “instructed” on what they had to do. In one of the districts visited, the facilitators were the ones choosing the committee, looking to choose those that had been the front-liners during the triggering event; in this case, the follow-up was proceeding better. In all cases however, no established routine follow-up tasks could be described by those involved.

This aspect is particularly important, since previous experiences show that an adequate follow-up (especially intensively in the weeks after triggering) is a key element for success (Allan, 2003). Accounts from other communities affected by previous CLTS district-led programmes showed their disappointment by the lack of follow-up: “They promised to come back to review latrine by latrine, but they never did, and people lost motivation” (statement from village leader, personal communication 08 April 2013).

Follow-up at the district level was intended to be conducted through communication with health extension officers (when available in the triggered communities), through mobile phone calls with VEOs, WEOs or members of the village government, or by taking advantage of other field trips scheduled at district level. Other districts did not have a clear strategy on how to follow-up.

Re-triggering and the use of by-laws

At all levels of planning (from MoHSW to district) there is awareness that not all communities will become ODF after the first triggering session. The strategy adopted is to trigger a higher number of communities. In none of the sites visited was there a clear plan on what to do with those “wet matches”⁵. The rigidity of the district budget, district staff’s required allowance for travelling to the field, and the limited budget allocated for the NSC at district level all allowed for few unplanned activities. Some of the districts intended to “find their way” to come back and re-trigger. In most cases, the next step mentioned in case of no progress was the application of punishments or fines, either by using local by-laws or through the Public Health Act (GoT, 2009).

Selection and training of masons

This activity was not so clearly embedded in the sanitation promotion cycle of the NSC. Some DHDs relied on the activities carried out in previous years by other programmes, e.g. TSSM, or the activities carried out by the water department in the past to train masons (e.g. using water sector funds in previous years). In districts without previous interventions, the DHD either planned this training in coordination with the respective water department, or just planned and implemented it on their own. In all cases, the target was to train one mason per village, proposed by the community, and provide some moulds for producing Sungura slabs (see pictures 1 and 2), which could be kept at the District Council and borrowed when needed.

Masons as service providers

At the local level, it is widely known that many of the masons trained did not carry out the expected activities when they came back to their villages. However, a few successful cases

⁵ Name usually used in CLTS jargon to name a community that has been triggered but where no collective action to end open defecation takes place.

can be found. For the great majority of successful masons, these services do not constitute the mason's main income generating activity. This is consistent with previous studies on the topic in the country (Schroeder, C. 2010; WSP, 2011). Masons normally rely on the village government to make them known to the villagers. In places where previous promotion activities had taken place (e.g. TSSM project), the Sungura slab was widely known by villagers.

None of the masons interviewed knew where to buy a mould, or its price, nor did they have any intention of buying one. In some cases, they kept the moulds that were intended to be rotated. Masons were carrying out the procurement of materials (cement, wire mesh, and aggregates) needed to fabricate the slab. As an indication of lack of "client oriented" services, most of them requested upfront payment from clients. As the cost of materials, e.g. a bag of cement (around 15,000 TZS), is more than the price of a slab, the potential customers had to organise themselves in groups, so that bags of cement, aggregates and wire mesh could be bought by the mason without any personal expenditure. This system creates additional difficulties for the potential clients, threatening the possibilities of success.

The number of available moulds was also perceived as a challenge; when the triggering exercise had ignited the community, one mould per village (if available) was not enough. Some masons did not know that there were moulds available for borrowing at the district, or thought it was too difficult to get them. The previous experience of the TSSM programme with this system was not entirely successful. However, the one-stop shops at district level have not yet been created.

The option of casting the slab against the earth surface could eliminate the need for a mould, but raises three other challenges: i) the smoothness of the surface will not be the same, which in turns affects the ease of cleaning and can favour the accumulation of faecal soiling, ii) the drainage pattern to the inside hole ensured by the mould is difficult to obtain when casting on the ground, favouring the accumulation of water in the corners of the latrine, thus bringing infection risk; and iii) the mould also serves to make the lid covering the drop hole of the latrine. Without the mould, the lid might not be produced, though it is important for the correct use and functionality of the latrine.

Apart from the issue with the moulds, the biggest difficulties for masons were the procurement of cement and aggregates in small amounts.

Follow-up of masons

Follow-up and regulation of masons' activities was not included in district plans. DHD tends to see masons as a secondary responsibility, while District Water Department (DWD) sees itself outside of the NSC, and acts only at the request of DHD for specific activities. The supervisory role of the district had not been adequately performed, even in districts with previous TSSM interventions. In general, the purchase of sanitation services is seen as a free market transaction between the masons and their clients. Prices for slabs were kept relatively low (5,000 to 8,000 TZS), but in villages where triggering had been successful, the high demand and very low supply increased prices to 12,000 TZS. Similarly, the quality of products delivered can be adversely affected if demand is very high for a few suppliers, which in turn might undermine the user's safety.



Picture 1: Latrine with Sungura slab and lid



Picture 2: Moulds for Sungura slab production

Technological challenges

The “Sungura Slab” is a widely known product sold at a very reasonable price in the rural areas. Both the facilitation in triggering sessions and the training of masons have been focused on this single solution as a way to advance to “improved sanitation” status. However, beyond this standard product, there are few cost-effective alternatives known either to masons or villagers. Latrines with off-set pit and washable concrete slab were sold for 250,000 TZS, while in other places, the rocky areas made the hole-digging an exhausting exercise that could last months and cost over 300,000 TZS (if subcontracted). Hence, there is a need to develop a wider choice of products, appropriate to different environmental conditions (soil, water table, heavy rains, etc..) and that suit the wallets of different customers (see Box 1). Moreover, semi-urban communities tend to opt for more sophisticated solutions (flush toilets, ceramic seats etc...) which will require the development of a market for manufactured products and better capacities from service providers.

Box 1: The promotion of different latrine options through Sanitation Centres

Since 2008, WaterAid in Tanzania has been implementing an approach to sanitation and hygiene promotion called Mtumba, amalgamated from participatory rural appraisal (PRA) tools, Participatory Hygiene and Sanitation Transformation (PHAST), and CLTS. Sanitation centres are constructed at ward level, artisans are trained and different latrine designs are demonstrated in the village setting. According to a recent evaluation, sanitation centres are seen at the local level as the go-to centres of knowledge on improved latrines, designs, construction costs and approaches based on different locally available materials. Up to twelve different latrine options were available at some sanitation centres, including a basic latrine with washable slab, five different types of dry improved latrines, a ventilated improved latrine, a pour-flush latrine, one option of institutional latrine, and one option for a latrine adapted for disabled and elderly users. The costs for these products (including superstructure) ranged from 20,000 TZS for the most basic to 846,000 TZS for the most expensive. Total annualised costs for running a demonstration site in one ward were equivalent to 33,618,000 TZS, or US\$20,759, of which 78.1% was the cost of buildings.

Source: Malebo et al, 2012, “Outcome and Impact Monitoring for scaling up Mtumba Sanitation and Hygiene Participatory Approach in Tanzania”, SHARE Report, August 2012.

Vulnerable households and solidarity mechanisms

Among all consulted experienced workers in the sector in Tanzania, and from testimonies at village level, it was clear that no peer solidarity mechanisms are in place to assist vulnerable people within their communities. Such mechanisms are perceived as something “from the past” but no longer effective. In general terms, if someone does not have enough resources to make a latrine, the community will try to contact that person’s relatives for support, even if s/he is living outside the community. If that strategy does not succeed, then the case will be taken to the village government for a decision. Sometimes the village government might decide to contract and pay for the labour on behalf of the vulnerable household. These were seen as very exceptional cases (perhaps one or two per village at the very most). This has implications for the pro-vulnerable outcome of the approach, which need to be considered. This also agrees with the finding of another evaluation of WaterAid’s sanitation approach in the country, that households with higher incomes are five times more likely to own an improved latrine by the end of the programme than the poorest households (Malebo et al, 2012). In none of the districts visited could a plan to monitor how the vulnerable households would gain access to services be found.

Promotional materials and events

Promotional materials had not been distributed to districts. They were considered to be important in order to spread the message and create campaign momentum at local level. In some places, promotional events were going to be developed with the assistance of the District Cultural Officer, using local cultural groups.

4.2 Implementation of sanitation promotion in schools

The scope of the NSC in schools is very limited. 700 schools will be covered, out of more than 16,000 primary schools existing in Tanzania. For the 2012-2013 financial year, 88 schools are targeted in 12 regions and 42 LGAs. The mandate is to promote the rehabilitation of premises, not necessarily involving new construction. Whether water supply systems could also be included in the NSC actions at school level was not entirely clear throughout the district visits, though it seems feasible due to the general situation of water access in schools.

The limited scope of the NSC contrasts with the terrible situation of school sanitation. A recent study covering 16 districts and 2,697 schools showed that only 11% met the official drop hole ratio (20 girls and 25 boys per drop hole), only 1% had hand-washing facilities with soap, and only 4% had facilities that could be used by disabled children (SNV, UNICEF & WaterAid, 2011). The MKUKUTA target is that 50% of schools should have improved sanitation by 2015. Given this situation, the MoEvT is looking for additional funding from other donors. However, the share of funds for the MoEvT in the NSC is significant: while USD 13 million is provided for MoHSW, USD 7 million is allocated for MoEvT. This can be explained by the high per capita cost of the works (USD 500 per drop hole). The ratio of children per drop hole has also been revised and reduced to 40 female and 50 males per hole.

School Water Sanitation and Hygiene (SWASH) guidelines (GoT, 2010b) are mentioned as the guiding document for the campaign. This is a comprehensive document containing a main report and five annexes, and including a variety of sanitation blocks designs, drawings, bill of quantities and templates. The document does not seem to be well known or used at district level, partly because of its complexity. The cost of copying and distributing such material is not negligible, so diffusion to local level has been limited.

Focus of the campaign

The campaign is mainly focused on construction. 90% of funds received at district level were usually allocated to construction and 10% to supervision and facilitation of soft activities. The total budget received per district was around 20 million TZS, equivalent to USD 7,235 per school. Hence, around 25% of the costs are kept for monitoring and general support, in line with the estimations of the NSC Concept Note.

The focus on the rehabilitation of latrines is controversial at the local level. The rehabilitation of a latrine's superstructure while the pit hole might be already half full is perceived as a short-term remedy for the situation which does not tackle the real problem, namely an insufficient number of drop holes in the schools.

The promotion strategy is based on school sanitation clubs. However, the plans rarely go beyond the initial session in which clubs are formed. The strategy is for students to be held responsible for the operation and maintenance (O&M) of the latrines. They are selected randomly in groups and trained once every month, at the same time that supervision is carried out. Schools without water services pose additional challenges, both for generating demand for sanitation and for the construction and O&M of the facilities.

Implementation mechanism

The District Education Departments were, in general, not very enthusiastic about the NSC; this is understandable since the scope of activities, in terms of number of schools reached (2 in most of the districts), is very limited (the number of primary schools in a district can be around 100), though the budget allocated per school is quite significant. Schools were selected by the education department at district level, and most of the time this selection was independent from the selection of communities.

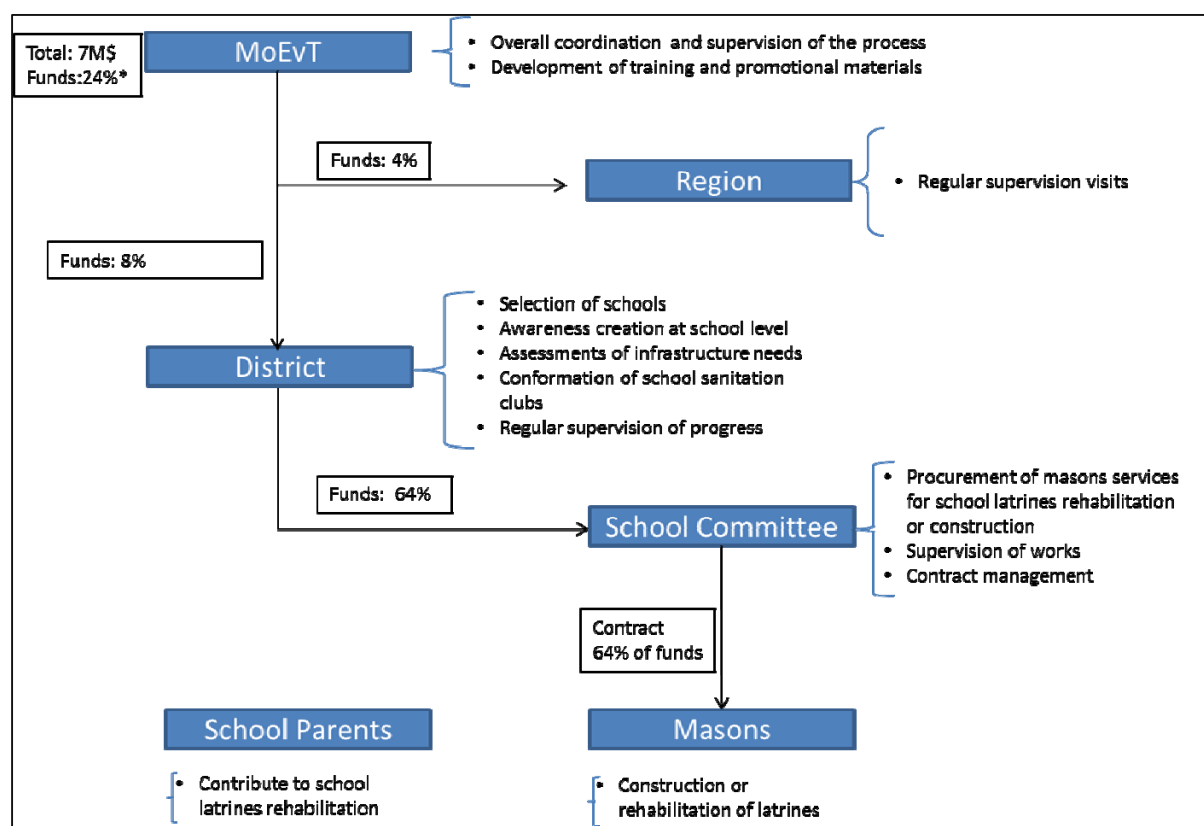
The funds for school sanitation are channelled down to the corresponding school committee. However, this committee might have difficulties in engaging good quality contractors among the locally available options. This, in combination with a lack of capacities for supervision and contract management, can lead to very poor construction quality. Unfinished or unusable “new” latrines were found in some schools. In addition, District Education Technicians are not always suitably trained and don’t always have the time to help supervise the construction. Other departments, such as the water or works departments, could easily collaborate in these tasks. However, there is no official arrangement for this yet.

No baseline formats to compile needs assessments for schools without sanitation were found at local level. Some districts use the baseline formats from donors’ programmes, which are in general not focused only on sanitation.

Figure 2 shows the institutional arrangement in place for the delivery of the campaign in schools. The most important inputs provided to each institution are represented in the white squares. The percentage of funds calculated at each level is the average of the results found in each of the districts surveyed, and can only be considered as indicative of what might be found in other parts of the country. The percentage of funds at each level are calculated using the overall budget detailed in the NSC Concept Note.

Figure 2: Roles of each institution and inputs received for the delivery of the NSC in Schools.

Source: Authors' elaboration from field research



5. Recommendations

5.1 Household Sanitation

1. Keep ownership of the programme with DHD at the district level

The high commitment showed by all DHD visited make them the perfect host at the district level to lead the campaign, assuming coordination with the education and water departments.

2. Increase the budget per household reaching the districts.

The ratio of USD 7.5 per household, consistent with the budgets proposed by districts themselves, seems reasonable and in line with the costs of similar programmes in the region. If more than USD 2.5 per household is needed for general supervision and other costs at higher levels of Government, the deficit should not be deducted from the available funding at local level. An increase of total budget might be advisable, considering costs of similar projects in the region.

3. Ensure timely disbursement of funds to districts.

This will certainly help the districts implement the activities with quality, while avoiding conducting the main part of the activities at community level during the rainy season.

4. Ensure that a sufficient number of trained staff is available at district level.

The rotation of staff poses challenges for implementation in some districts. Moreover, the personal involvement of DHO might not be possible in all places, and for the whole duration of the campaign. This will be further complicated if the scale of the intervention per district increases. Cascade training at district level might be part of the solution, complemented with some centrally organised training to ensure a minimum level of high quality capacity building. The selection of participants should take into consideration the available trained resources in each district, and should enforce the direct involvement of the trainees in the NSC after they have been trained.

5. Develop district inter-sectoral dialogue mechanisms to improve the efficiency of sanitation promotion.

This must go beyond the mere exchange of information about the activities planned. Synergies can be found in: i) the selection of target communities and schools; ii) the selection and training of masons; and iii) supervision of latrine improvement both at household and school level. The DWST task force, formed by technicians of different departments related to water and sanitation, could be the ideal unit for making these synergies.

6. Allocate funds at village level.

It is recommended to set aside enough funds to support villagers in: i) baseline and regular data collection; ii) transportation to remote sub-villages; and iii) follow-up activities after triggering. The campaign does not need to be sustainable in the long run, but should be intensive and effective over a specific period of time. With these conditions, adequate incentives for local stakeholders would be worthwhile.

7. Ensure the presence of national CLTS facilitators in a minimum number of triggering sessions in each district.

Though the basic principles of triggering are known in all cases, a bigger emphasis on the important details of successful triggering and more on-the-job training might be required for DTs. The presence of national CLTS facilitators could be important for reaching the level of quality required for an overall reasonable rate of success. The number of national facilitators should be increased if needed.

8. Ensure that supply side activities are integrated in the project cycle at local level.

The supply side activities are less well understood by the health departments. However, these are essential for the success of the approach. These activities must be embedded in the project cycle, and be carried out in collaboration with other departments if needed (e.g. water), or by partially outsourcing them to other institutions (training institutes, NGOs, etc...).

9. Develop and disseminate affordable technical solutions beyond the Sungura slab.

The provision of alternative robust technical solutions to the Sungura slab needs to be promoted. Pilot actions with specialised NGOs, service providers and knowledge centres can be carried out to develop affordable solutions for pit lining, digging tools and techniques, superstructures, toilet options, etc... The training of masons should go beyond “Sungura slabs production” and cover a wider range of services, at least in specific areas with other technological needs (e.g. sandy areas) or different demand patterns (e.g. semi urban villages).

10. Raise the profile of sanitation in social terms.

Improving the social value of sanitation, through for example targeted media spots and testimony support of respected or famous people – as carried out in countries such as Zambia (Zulu et al, 2010) - has proven to be a very effective way to raise demand. It is crucial to ensure the sustainability of behaviour change, and this can be achieved through nation-wide media campaigns. This might be particularly necessary to initiate behaviour change in tribes that do not traditionally contemplate the use of sanitation facilities.

11. Complete the NSC implementation model, and document and disseminate this model.

The basis for the NSC is in place. However, some additional effort needs to be made. Important technical details of implementation are not internalised at local level, and this would require more documentation and dissemination on campaign implementation. *Developing complementary approaches towards unsuccessful triggered communities and the procedure of monitoring access for vulnerable households* are two key aspects to be included in the campaign. In addition, *the inclusion of other stakeholders in different aspects of implementation* could help to address some of the gaps identified. Annex 1 provides some more specific suggestions to the implementation model.

5.2 School Sanitation

1. Revise the school WASH focus and implementation mechanism.

The focus on rehabilitation rather than construction of new latrines does not fit with the very low number of drop holes that currently exist in primary schools in Tanzania. The fact that the funds are transferred to school committees can lead to low quality construction, especially if strong support from the district level cannot be ensured. The participation of the water or works departments in the contracting and supervision of these facilities could be institutionalised.

2. Simplify school WASH guidelines.

The guidelines should give clear indications of the activities to be developed at local level, with a preferred technological option for service delivery under standard conditions and a clear set of activities to be developed on the soft side of the programme. The current text, though comprehensive, is not clear or simple enough for field implementation.

3. Engage on pilot projects for innovative design of solutions to reduce the cost of sanitation in schools.

The need for school sanitation in Tanzania is huge, but will be very difficult to satisfy with the current estimated cost per unit (USD 500 per drop hole). A joint effort with academia, NGOs and service providers would be needed in order to develop and test low cost options for school sanitation.

6. Conclusion

The NSC sets a crucial milestone in the promotion of sanitation in rural areas of Tanzania, not seen in the country since the 1970s campaign. The commitment of DHDs to promoting sanitation at village level has no precedence in LGAs. However, this commitment, while necessary, will not be enough to reach an overall satisfactory level of success. A supplementary effort at national level for the articulation of the intervention approach is needed; this should address important technical details and aim to improve the coordination and coherence between the supply and demand actions. This will undoubtedly involve a higher investment at district level per household targeted, with a focus on increasing the level of expenditure and support provided at village level.

Moreover, the implementation capacity of the districts is almost at its maximum with the current targets (2,500 households per district per year on average). The pace of the campaign cannot be increased with the current implementation model, as it would fall short of trained staff at local government level. Intensive investment in providing resources and new staff for DHD is required. Alternatively, a more flexible implementation arrangement could be developed, making use of the private sector and civil society (CBOs, NGOs, and other service providers) and balancing the role of districts between direct execution, coordination and supervision.

The change towards the use of improved sanitation in rural areas is a profound social transformation that will require a sustained effort over a long period of time. This change needs to permeate through district staff, be channelled down to ward and village leaders, spread towards the private sector and other stakeholders, and reach the rural people themselves with an array of messages and options for change. A much longer duration of the household campaign would be advisable in order to make this change possible.

The school sanitation implementation mechanism needs to be revised to ensure the quality of services provided. However, a significant impact will not be reached unless the level of funds allocated to school sanitation in Tanzania is much higher, and the cost per unit is significantly reduced. The schools campaign could be used to develop an implementation mechanism that works, and to develop and test cheaper technological options.

Annex 1: Suggestions for the implementation model

The following are specific suggestions for the intervention model, based on the weaknesses detected at the district level:

1. Improve data collection mechanisms.

The accuracy of the data collected to date should be improved. In order to do this, baseline data should be collected after awareness has been raised at the community level, formal and basic on-the-job training of data collectors has taken place and appropriate incentives are in place at the village level. Moreover, accuracy of the data collected should be randomly reviewed by other village officers (e.g. VEOs or Ward Health Extension Officers), and appropriately rewarded.

2. Use community level social capital.

Community actors should be mapped at the outset, so that they can be integrated as much as possible in the sanitation promotion process. Actors may include: i) trained and/or active masons or associations of masons (e.g. building brigades); ii) active and trained Village Health Workers (VHWs); and iii) active CBOs, even if they are not working on health issues. Both VHWs and existing CBOs could play a pivotal role in the post-triggering follow-up process (see Box 3), while the masons are needed for household and schools latrine improvement.

3. The selection of fundis for training should be based on their proven interest in the campaign, rather than on community preference.

Candidates who apply must show previous skills and interest. The commitment of masons to providing the services required by villagers should be made clear before the training. The presentation of masons to the community should be part of the triggering session (masons should have been trained before).

4. Provide increased support and supervision to fundis.

The main support needed would be in making the moulds available. The lending of moulds by the district, although not optimal, can be a solution in the short term, while one stop shops or deals with the private sector are set up at the district level. Each village could receive from the district between two to five moulds (depending on the size of the village), managed by the village government and lent to the masons. These moulds would be returned to the district after ODF status is achieved, but the masons should have the possibility to purchase them from the district at a favourable price. Deals with local stores to supply the moulds should also be sought. The regulation for the use of moulds and the prices of main products and services can also be explained in a follow-up meeting some days after the triggering session, to ensure that villagers have the right information and avoid misunderstandings. Abuses should be reported to the VEO and the Ward Health Committee. The DHD should be supervising the overall process, with assistance from other departments (e.g. water) if needed. Masons should be encouraged to train new masons at the village level or form associations if demand cannot be met by only one mason.

5. Pay attention to the details of the triggering process.

Details are important for success. Some tips, based on the challenges encountered in some districts, are summarised in the next box:

Box 2: Tips for triggering based on the challenges encountered in the first phase of the NSC

Pre-Triggering

- **Gain leaders' commitment at the local level:** plan for enough advocacy meetings and sessions at the ward and village levels.
- **Ensure enough time for community mobilisation** before triggering, allowing people to get organised with a few days' notice.

Triggering

- **Make sure that key stakeholders are present at the triggering sessions**, including the trained masons, CBOs, VHWs, and relevant village and ward authorities.
- **Carry out triggering at the sub-village level**, except for in small and concentrated villages.
- **Make sure that the community action plan is finished by the end of the session**, and is visible in the community premises.
- **Present the masons to the community during the triggering session**, so that people know who they can ask for service if they want to.
- **Selection of the follow-up committee should be carried out by the facilitator;** picking committee members from the front-liners of the triggering session might be beneficial. Daily follow-up of the progress could be carried out by the VHWs or existing CBOs (see Box 3) receiving some kind of reward, and reporting to this committee.

Post-triggering process

- **Ensure the follow-up committee knows what they have to do and are able to perform their work.** If they require training, provide them with this, and follow-up closely at the beginning.
- **Set up a follow-up meeting with interested villagers and masons** to discuss the main available products and prices.
- **Build a close relationship with the follow-up committee and the village leaders immediately after the triggering session.** Closeness and support from the district level can be also improved through regular phone calls to key stakeholders at the village level. Make sure that your interest in the process is felt at the village level.

6. Revise the post-triggering follow-up process.

The current strategy is based on the election of a newly created committee, with neither previous experience nor training to carry out the necessary follow-up. Wherever possible, use the existing local resources for that purpose, namely the existing CBOs, and/or VHWs (see Box 3). Eventually these could be supervised by front-liners from the triggering session, in collaboration with the village government. In all cases, basic training and close follow-up of this committee should be part of the methodology.

Box 3: The use of CBOs for post-triggering follow-up

From 2011, the international NGO ONGAWA, in collaboration with the Tanzanian NGO TWESA, developed a methodology to use CBOs as the key actors for post-triggering follow-up. CBOs were selected through an open process at village level. CBOs were eligible if they fitted the following criteria: existence of previous activity, registration documents and bank account. The final selected CBO entered into an agreement with the NGO to work on sanitation and hygiene promotion on a volunteer basis, receiving occasional allowances for specific time intensive actions. In return, the NGO undertook to provide training on hygiene and sanitation issues, materials (stationery, T-shirts of identification, PHAST Toolkit, etc...) and resources (bicycles) to carry out the work.

The CBOs collected baseline data and monitoring information, and followed-up on the community action plan after triggering. They visited each household once or twice a week immediately after triggering, reducing the frequency gradually afterwards. In these visits they carried out promotion activities, mainly through using PHAST pictures and explaining different latrine options. The CBOs were also useful for the identification of vulnerable households, as they avoided manipulation of this process by local politics. In some places, the VHWs were part of the CBOs. Their activities in the community lasted for around six to eight months in total, covering one dry season. The total payment in allowances amounted to 800,000 TZS, paid by activity satisfactorily accomplished. The CBOs involved would have liked having higher monetary compensation and greater recognition at local level.

The campaign was very successful, attaining 100% latrine coverage, with a 15% increase in the number of concrete slabs present in latrines.

Source: ONGAWA “Final Report: Water and Sanitation Programme in Same District” July 2013. EU Water Facility and field research.

7. Support the applications of fines only if they were previously agreed upon by the villagers and if deadlines have not been met.

The application of fines coming from district by-laws or external rules could be counterproductive, leading to “latrines [being] built to be shown to the authorities, but not to be used”. In semi-urban villages, where the sense of community is lower and awareness of the threat to public health created by individual unsafe actions is higher, this option might work better.

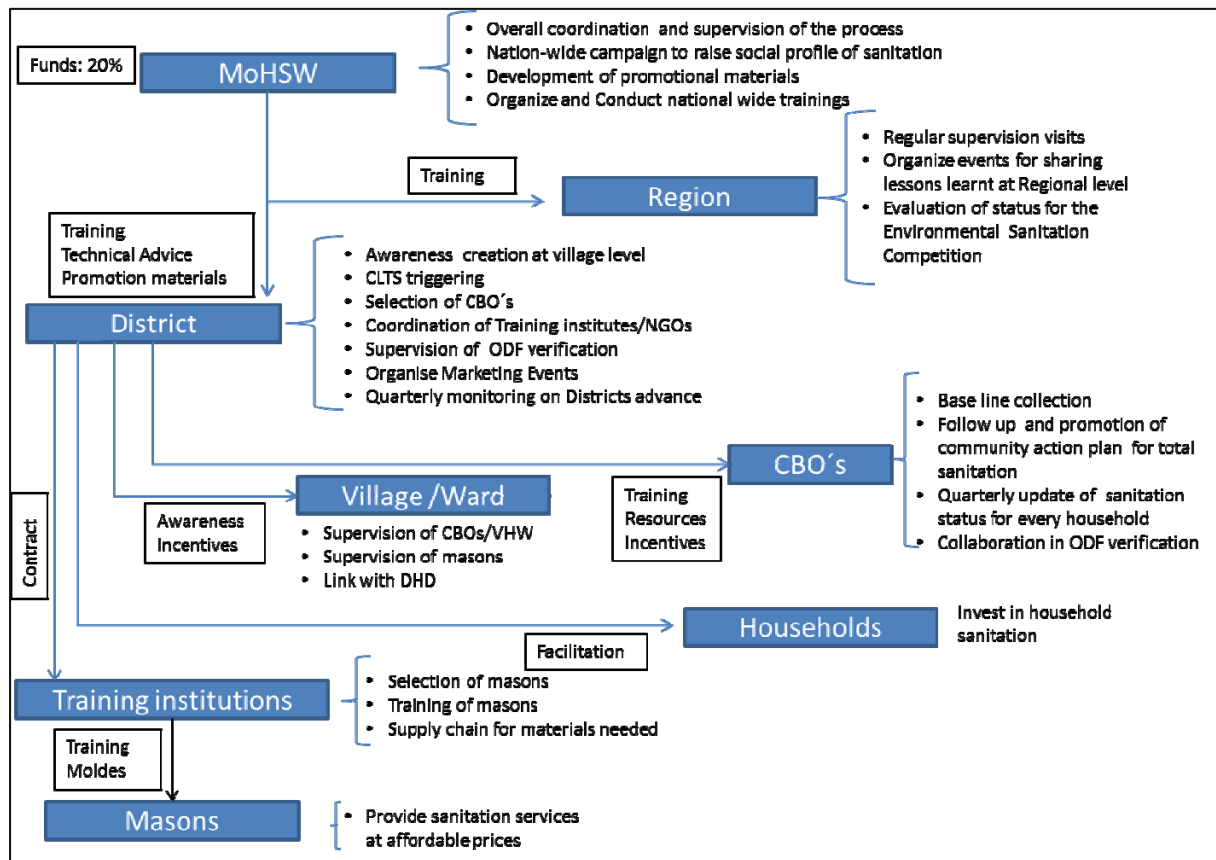
8. Plan for promotional materials and marketing events at local level.

Promotional materials are well accepted at the community level, and can improve the motivation of the local stakeholders involved (*fundis*, VHWs, sub-village leaders, etc...). In addition, marketing events at village/ward level should also be planned.

The following figure provides a graphical overview of how the implementation model could be made more flexible.

Figure 3: Alternative model for delivery of the NSC using different stakeholders.

Source: Authors



References

Allan, S.C. (2003). The WaterAid Bangladesh/VERC 100% sanitation approach: cost, motivation and sustainability. MSc Thesis. London School of Hygiene and Tropical Medicine, September, 2003.

Bevan, J. (2011). A review of the UNICEF roll-out of the CLTS approach in West and Central Africa. 35th WEDC International Conference. Water, Engineering and Development Centre. Loughborough University, Loughborough, UK.

Government of Tanzania (2009). The Public Health Act. No. 1 to the Gazette of the United Republic of Tanzania No. 12 Vol. 90, 20 March 2009.

Government of Tanzania (2010). Memorandum of understanding among Prime Minister's office,- Regional Administration and Local Government, Ministry of Health and Social Welfare, Ministry of Water and Irrigation, and Ministry of Education and Vocational Training for the Integrated Implementation of Sanitation and Hygiene Activities in the Mainland of the United Republic of Tanzania.

Government of Tanzania (2010b). National guidelines for school water, sanitation and hygiene (SWASH) in Tanzania, Draft, October 2010. Developed jointly by: Ministry of Education and Vocational Training, Ministry of Health and Social Welfare, Ministry of Water, Prime Minister's Office -Regional Administration and Local Government.

Government of Tanzania (2011). Sanitation and hygiene policy, Draft. January 2011. Ministry of Health and Social Welfare, Dar es Salaam.

Government of Tanzania (2012). Concept note: National Sanitation Campaign. Ministry of Health and Social Welfare.

Joint Monitoring Programme for Water Supply and Sanitation, WHO/UNICEF (2013). Progress on sanitation and drinking-water. 2013 Update. Joint Monitoring Programme for Water Supply and Sanitation. World Health Organization Press. Geneva.

Malebo, H.M., et al (2012). Outcome and impact monitoring for scaling up the Mtumba Sanitation and Hygiene Participatory Approach in Tanzania, SHARE Report, August 2012.

ONGAWA (2013). Final Report: MAMA water and sanitation programme in Same District. July, 2013. Prepared for the European Commission.

Schroeder, C. (2010). Investigating the supply side of latrine building from the perspective of the mason in rural Tanzania. MSc Thesis. London School of Hygiene and Tropical Medicine, September, 2010.

SNV, UNICEF & WaterAid (2011). School water, sanitation and hygiene mapping in 16 districts of Tanzania. Lessons learnt and proposed ways forward. May 2011.

Water and Sanitation Programme (2011). Scaling up rural sanitation in Tanzania. Enabling environment endline assessment. Prepared by Andy Robinson. December 2011.

Zulu G., Harvey P. and Mukosha L. (2010). Revolutionising sanitation in Zambia: scaling up CLTS. In: Tales of shit: Community-Led Total Sanitation in Africa, vol 61. Participatory Learning and Action (PLA), London.



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