



Study on HR Capacity and Costs of Scaling up Sanitation and Hygiene

**Stakeholders' Workshop –
27.4.12**

**Main Findings and
Recommendations**

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Overview of Presentation

- Purpose and Scope of Study
- Overall Approach
- Main Findings on HR Capacity
- Main Findings on Current Costs
- Potentials to Leverage HH Investments
- Preliminary Recommendations

Purpose and Scope (1)

- HR Capacity – Assess existing and required HR capacity (government, private sector, NGOs) to deliver a national programme, incl. institutional set-up or structures required for coordination and implementation of national sanitation and hygiene activities
- Financing – Identify costs of scaling up sanitation promotion and related software costs during & beyond lifespan of National Campaign; assess potentials to leverage finance from hhs for sanitation improvement; identify 'pinch points' and ways in which public finance can be used to stimulate private and hh investment

Purpose and Scope (2)

The scope of the study is:

- Sanitation as related to safe disposal of human excreta, i.e. toilets/latrines in hhs, schools, health centres, public places;
- Hygiene as related to HW practices & availability of HW facilities w. water & soap;
- Study focus on software costs of scaling up; hardware costs are not covered;
- Study covers Mainland Tanzania only

Overall Approach (1)

- Literature review
- Questionnaire survey
 - Public Inst. & Parastatals - Central: 8
 - Public Inst. – Regional: 2
 - WSSA: 1
 - LGAs: 5
 - Private contractors: 4
 - Local NGOs: 13
 - Training Inst.: 6

Overall Approach (2)

- Interviews:
 - Public Inst. & Parastatals - Central: 9
 - Public Inst. – Regional: 1
 - WSSA: 1
 - LGAs: 5
 - Wards: 7
 - Private consultant: 1
 - Artisans: 4
 - Local NGOs: 12
 - Training Inst.: 6
- Limitations: Access to people & data in DSM

HR Capacity Findings (1)

MOHSW lead:

- 23 staff in Env. Health, Hyg. & San. Dept.
- 5 staff in Water, Food & San. Unit, incl. 2 on study leave; 2 vacancies
- 6 staff by June 2012; 7 staff by mid 2013
- 7 staff in Unit + additional staff in other Units in Dept. assessed to be sufficient

HR Capacity Findings (2)

- MOW's Rural Sanitation Section has 4 staff, w. 2 vacancies; suggested to consider dissolving this section as future MOW rural S&H responsibilities not appearing to need full-time input from several staff;
- Other ministry and central inst.: no S&H staff shortage;
- Not assessed necessary to increase S&H staffing at regional level;
- Some capacity gaps at national level;

HR Capacity Findings (3)

Regional and district WSSAs:

- Sanitation involvement limited to sewerage and some trucks, 11 cities/towns w. sewerage in category A;
- As indication, DUWASA no S&H capacity problems, though staff still need training;
- Since 2009, training programme for weaker WSSAs;
- WSSAs expected to be able to attract qualified staff (some financial autonomy);

HR Capacity Findings (4)

LGAs:

- S&H activities not assigned to specific staff in health & water dept., together with lack of funding may be reason for relatively low priority to S&H in many districts;
- New District Dept. for Cleanliness and Environment (Idara ya Usafi na Mazingira) planned in July; pure prevention, incl. S&H
- MOHSW: Dept. to have 6-7 staff(?), also other responsibilities than S&H;

HR Capacity Findings (5)

LGAs (cont'd):

- Very rough estimate that new Dept. may need 3-4 staff w. S&H expertise;
- Some of these staff already available in districts, but expected many districts will have to recruit additional staff with required qualifications;
- Expected mainly EHOs (with degrees) and other staff at degree level needed; assistant EHOs (with diplomas) may be relevant for some of new positions;

HR Capacity Findings (6)

LGAs (cont'd):

- Interviews: need for much S&H capacity dev. for existing district staff (planning & management, S&H approaches, low-cost facilities, monitoring ...);
- Interviews: Lack of specific S&H guidelines and other materials;
- Lack of transport and other funding;

HR Capacity Findings (7)

Ward and village levels:

- Shortage of assistant EHOs/EHAs in health centres; other health staff not attended specific S&H training;
- General shortage of staff in health centres; prevention e.g. for S&H given less attention than treatment;
- Lack of knowledge & guidelines on S&H promotion issues and approaches;

HR Capacity Findings (8)

Ward and village levels (cont'd):

- Most school teachers only have basic S&H knowledge; not possible for many pupils to put new knowledge into practice (lack of latrines and HW facilities w. water & soap)
- Artisans, village health workers, animators appear most important at village level; insufficient knowledge and skills; several not active after training;

HR Capacity Findings (9)

Private sector:

- Due to lack of S&H funding, very limited sector involvement of consultants and contractors;
- Some consulting companies and contractors w. sector experience + hire free-lance staff when needed;
- Private company normally pay higher salaries than others, so expected they can attract most qualified staff if/when more S&H assignments;
- Many artisans inadequate knowledge & skills in latrine construction; not all active after training, low demand, lack guidelines + tools

HR Capacity Findings (10)

NGOs:

- Approx. 25 local and 8 international NGOs active in the S&H sector;
- Assessment of local NGOs only as all/ most international NGOs not directly implementing;
- Local NGO staff much dedication and satisfied w. working conditions;
- Many local NGOs insufficient funds for salaries, training and activities;

HR Capacity Findings (11)

NGOs (cont'd)

- Capacity of many local NGOs appear still weak and much training and support needed; part of this is due to many having only a few years' experience.

Development of Capacity (1)

Training institutions & study programmes:

- MUHAS: 1) Env. Health Science, degree; 2) Health Policy and Man., Masters;
- ARU: 1) Env. Engineering, degree; 2) Municipal and Industrial Eng., degree; 3) Env. Science and Management, degree; 4) Postgraduate Diploma Env. Technology and Man.; 5) MSc. in same; 6) PhD in same

Development of Capacity (2)

Training inst. & study programmes (cont'd):

- IRDP: 1) Env. Planning & Man., degree; Postgraduate diploma in Env. Planning;
- UDEM: 1) Civil & Water Resources Eng., BSc, MSc, PhD; 2) Integrated Sanitation Man., MSc; 3) Sociology, BA and PhD
- SUA: Env. Science, degree
- Mpwapwa School of Hygiene: Env. Health Sciences, diploma

Development of Capacity (3)

Training inst. & study programs (cont'd):

- 3 Health Colleges: Env. Health Sciences; certificate
- VTC, Iringa: Plumbing and Masonry, certificate
- VTC, Shinyanga: 1) Plumbing, certificate; 2) Masonry, certificate
- UDOM: Medicine and nursing degrees

Development of Capacity (4)

Short Training Courses (not all):

- PHAST 1997-2008: 75 national, 90 regional in 18 regions, 1,425 in 80 districts, 1,300 in 200 wards, 10,000 CORPS in 2,000 villages; approx. 12,000 villages covered; big variations in district performance
- Together with PHAST in some district, training of artisans on improved latrine construction;

Development of Capacity (5)

Short Training Courses (cont'd)

- CLTS w. WSP support, 2008-2010: 90 district facilitators in 10 districts; no WSDP funding for training at ward and lower levels;
- HW training w. WSP support, 2008-2010: 505 CORPS in 10 districts; approx. 1/village
- Training of masons w. WSP support, 2008-2010: 470 in 10 districts; approx. 1/village

Development of Capacity (6)

Short Training Courses (cont'd)

- Mtumba training, 2008-2011: 22 from WaterAid, local NGOs, 6 district councils (1/district), 235 at sub-village, village and ward levels (20-35 per ward)

Findings on Current S&H Costs (1)

Funding sources for S & H promotion:

- Some funds from WSDP, but previously not much annually, 2007-08: USD 2400/district, 2008-09: USD 16400/district; 2009-2010: 2100 USD/district; now though 20 million from AfDB for 4 year period;
- Health Basket Fund, but District Councils may prioritize to use funds for other areas;
- Projects/programs by development partners, incl. NGOs;

Findings on Current S&H Costs (2)

Cost of different approaches per district:

- UNICEF: PHAST example, 37 wards, 300,000 USD/ district, equal 470 million TSh; excl. salaries of Gov. staff;
- UNICEF: PHAST & artisan training, 27 wards, 250,000 USD/district, equal 393 million TSh; excl. salaries of Gov. staff.

Findings on Current S&H Costs (3)

Cost of different approaches per district:

- WaterAid: Mtumba pilot incl. training of artisans, 40-50 million/ward/year; w. 20 wards 800 million to 1 billion TSh/district; incl. salaries of local NGOs; may be cheaper when scaling up;
- MOHSW: Future CLTS 120 million TSh/district, w. 20 wards/district; excl. salaries of Gov. staff;

Costs of Scaling Up

Issues/questions:

- 152 LGAs in Tanzania, incl. 19 new ones; PMO-RALG not sure how many rural and urban LGAs, wards and villages;
- MOHSW will implement National Campaign in all 152 LGAs – correct?
- Four cost examples not directly comparable, as one includes staff costs, others do not; CLTS normally not including HW, PHAST does;
- What approaches will be used in the future? A mixture?

Potentials to Leverage HH investments (1)

- Government policy is no subsidies for hh latrines; should be maintained;
- Demand-responsive approach, with information on latrine options; low-cost appropriate latrine options essential;
- Loans could be offered to hhs; TASAf only provides loans to communities, not hhs; what is status of microfinance discussions?

Potentials to Leverage HH investments (2)

- Public finance for sanitation and hygiene promotion, capacity development, M&E and other software costs essential; follow-up, technical support and refresher training essential;
- Any suggestions how public finance should be targeted to stimulate private sector and NGO engagement? Short training courses could be one suggestion;

Preliminary Recommendations (1)

- MOHSW's Water, Food and Sanitation Unit: 2 vacancies to be filled as planned by June 2012;
- Some capacity development to central level staff, e.g. on new developments; consider national programme/ guidelines, e.g. when diff. approaches most appropriate;
- New District Department for Cleanliness and Environment to be established as planned in July 2012 and qualified staff transferred/ recruited;

Preliminary Recommendations (2)

- Additional env. health staff to be employed in health centres; (at least 1 EHO/EHA per health centre?)
- Capacity development to focus on district, ward and village levels; need support after training, e.g. from NGOs and other resource persons;
- As important part of capacity development, district, ward and village levels to have specific hh-level S&H guidelines (not too long); as prepared for school WASH;

Preliminary Recommendations (3)

- District and health centre staff working with S&H to have access to transport (bicycles, motorbikes, cars);
- Teachers to be trained as already planned in connection with introduction of school WASH guidelines;
- Artisans to be trained on latrine construction and marketing; to be coordinated with other promotional activities in local area to encourage demand for services; guidelines and, if possible, tool kits to be provided;

Preliminary Recommendations (4)

- Training of CORPs on HW and sanitation promotion and follow-up and support, e.g. regular meetings, exchange visits; incentive payment?
- Capacity development to be provided for local NGOs as also in the future they are likely to be an important resource;
- The option of institutionalising (some) short, tailor-made training courses in training institutions to be explored;

Preliminary Recommendations (5)

- Future public sector funding for S&H to mainly go to promotion, capacity development, M&E and other software costs;
- Majority of public sector funding to be transferred to districts for the mentioned activities;
- The possibility of extending loans for households to invest in improved latrines to be explored further.



**Draft report will be distributed
on 2 May 2012**

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