The Road to Total Sanitation:
Notes from a field trip and workshop on scaling up in Africa
In July 2010, six organizations came together to study and discuss current prospects for scaling up access to sanitation and hygiene in East Africa. The group started with a trip to the field – visiting various projects in Tanzania that, between them, represent a range of approaches to improving access to sanitation and changing hygiene practices. The objective was not to evaluate or critique individual projects, but rather to look for overarching principles: what works; what doesn’t work; what are the gaps in our knowledge; how can working in partnership help us achieve our aims; what barriers do we need to overcome in order to extend the benefits of such projects to all people across Africa. These notes reflect the conclusions, recommendations and lessons learned from this trip. They are based on a two-day workshop that was held directly following the trip. Further detailed notes, photos, and video material can be found in the appendices. In addition, it is planned that various databanks of reports, photos and videos will be developed and made available via the web.

In December 2009, the Bill and Melinda Gates Foundation organized a meeting on the topic of scaling up on-site sanitation. Following this meeting, WSP convened a meeting of partners to explore how issues raised at the Gates meeting could be taken forward in East Africa. Individuals agreed that their shared understanding of how best to move forward on scaling up services for the poor could be greatly enhanced by a joint learning visit to the field. A number of discussions enabled the group to refine their expectations for such a trip. It was agreed that this was a new way of working, and that the focus would be on the strengths of different approaches.

Tanzania was chosen as a venue because of the presence of a number of partners already operating on a large scale and also because of the willingness of the Water and Sanitation programme of the World Bank (WSP), WaterAid and UNICEF to host the visit. It offered the opportunity to visit and learn from Plan International’s CLTS work in Dar es Salaam, WaterAid’s latrine emptying work in Dar es Salaam and the Mtumba approach in Mwanza, and the Total Sanitation and Sanitation Marketing approach developed by WSP and implemented in Rufiji. In addition to these field visits, the Government of Tanzania and UNICEF presented the experience of implementing Participatory Hygiene and Sanitation Transformation (PHAST) in Tanzania together with the principles that underlie UNICEF’s Community Approaches for Total Sanitation (CATS).

Objectives of the learning exchange visit

The main objectives of the learning exchange visit were:

- to learn what different partners are doing on rural sanitation especially (but not limited to) CLTS, Sanitation Marketing and PHAST
- to build consensus on the key components to take CLTS and Sanitation Marketing to scale with equity and sustainability
- to further explore collaboration, linkages and partnerships
- to make recommendations for how to scale up that are transferable across all countries in the region

Participants on the trip were from PATH, Plan International, UNICEF, WaterAid, WSP, and WSSCC. They came together with a shared understanding of the importance of sanitation and hygiene, a willingness to learn together, and the intention to ensure that the findings of the visit should be shared and built on, in order to make a real difference to those in need. In addition to their observations of the projects they visited, participants brought their
own extensive experience of working in the fields of sanitation and hygiene, as well as insights from the broader context of health, education and development.

The field visits – providing the basis for further analysis
The field visits provided the raw data on which to base subsequent discussions and analyses during the workshop.

Each field visit examined:

- Overall objectives of the approach
- Sanitation and hygiene goals
- How success is measured: access (physical outputs, coverage), use (proxy indicators), sustainability (functionality, practice as a habit, progress up the sanitation ladder)
- The scale of the operation – including numbers of people
- Timescale from start to finish
- Who funds the project (one or many sources) and at what level?
- Subsidies – to whom and how; with what reach and effectiveness; from whom
- Planning process
- Who implements
- Who monitors

For each approach we looked at:

- Demand creation (e.g. messaging, outreach, education, community mobilization)
- Supply side: range of latrine and containment options and upgrade possibilities (“consumer choice”), innovations (hand washing, upgrades, use of local materials), areas of intervention (household, schools, institutions, other), access to materials, access to skilled labour, sustained demand
- Institutional arrangements
- Role of local government and the community
- Role of public health sector and community health workers
- Role of women/adolescent girls/youth
- Key change agents, if any (elders, leaders, teachers, etc.)
- The scope of the approach, in particular individual vs community-based
Strategies to build capacity and create demand were a particular focus, including:

- Strategies utilized to achieve coverage (whether total or for a defined target)
- Strategies to reach the poorest / most marginalized
- Strategies for encouraging use
- Strategies to ensure sustainability
- Exit strategies – phased withdrawal, community monitoring, local government monitoring
- Partnerships and collaboration
- Particular innovations or characteristics
- Documentation and learning strategies and mechanisms
- Sharing for replication and scale up
- Influencing and advocacy approaches and mechanisms

Overall, the broader learning goals that the group agreed in advance of the visit, and which the various observations outlined above helped answer, included an examination of the following questions:

- What government policies are most effective for scaling up sanitation?
- What are the most cost-effective approaches to increasing access to sanitation?
- What is the most effective use of subsidies to enable poor families to gain access to a level of sanitation that provides significant health benefits?
- How can the local private sector be most effectively stimulated and supported so that they provide appropriate sanitation products and services?
- What are the most common stumbling blocks to the establishment and growth of a sanitation market supply?
- What are the health, economic and educational benefits from improved sanitation?
- What contributes to institutional sustainability?
- What are the perceived benefits that increased resources for sanitation have had on planning, monitoring and evaluation, coordination, Operations and Maintenance (O&M) at different levels of government?
- What latrine designs have been promoted? How easy are they to use? To construct?
- What are the perceptions of users and householders? With regard to products, methodological approach, subsidy – motivations and reasons for building latrines?

About the field trip
30 people travelled to 7 sites within Tanzania. They spent time talking to community organizers and others who were using various approaches to improving access to sanitation and hygiene. A list of the participants in the meeting can be found in Attachment 1. Details about the places and programmes visited, and the contributions of the various organizations that made the trip possible can be found in Attachment 2.
Key principles for scaling up
On the basis of what we had observed during the field trip, and subsequent discussion during the workshop, we drew up key principles: articulating what we perceive to be the practical ideal in an East African context. We believe that these may be equally valid across Africa.

The group agreed that, in order to achieve sanitation and hygiene at scale, it was essential to:

- Recognize that all approaches in the region and in individual countries are learning with a view to working at scale
- Move forward together and in partnership, if we want change at scale that benefits the poor
- Put this understanding into practice by looking for commonalities in the various approaches and ensuring systematic collaboration
- Recognize that PHAST is still very instrumental in the scaling up of hygiene and sanitation and works better with some innovation
- Work intensively within the region and across the continent to address the practical challenges of going to scale with equity and sustainability
- Collectively mobilize resources and investment to address the gaps that prevent us from accelerating achievement of pro-poor services at scale

Definitions and discussions about terminology
A number of terms were used during discussions, and appear throughout this report, for which there were varying definitions.

Some comments about the way the group interpreted specific terms are listed below:

- **Scale** – includes consideration of quantity, quality, reach/distribution and targeted populations. When discussing “going to scale”, some groups were thinking in terms of reaching all people, with equity and sustainability. For others, working “at scale” could be considered to be more narrowly defined, e.g. working with a total population of greater than 10,000 people. Given that donors are increasingly looking for significant numbers (1 million plus) when they refer to scale, this remains a critical area for further deliberation and agreement.
- **Appropriate** – Whether an approach, or a particular technology, is considered “appropriate” includes consideration of the user, environment, geology, cost, culture, water situation and management.
- **Sustainable** – Facilities that last and are durable and behaviours that are continually practised and ultimately, practices that become habits.
- **Equity/inclusion** – approaches that reflect the needs of vulnerable and/or under-represented populations and includes gender, race, age, poverty, physical and/or mental disability, religion/beliefs, tenure rights (illegal versus legal), refugees, internally displaced persons, victims of violence and/or abuse, individuals within challenged environments (e.g. isolated regions, disaster-prone areas, etc.).
- **Harmonization** – was also a concept that was discussed, and the question of whether it was possible, necessary or desirable to harmonize approaches in the region was set as a specific objective of the visit. There was concern about moving towards harmonization if that was interpreted to mean that one approach is the only approach. Group members were more positive about trying to synchronize key principles that allow governments and implementers to make decisions that match the needs of their populations. There was agreement that all approaches must emphasize use, equity and sustainability, and a shared commitment to working in partnership to avoid duplication, maximize resources and ensure impact.
Key areas for action to scale up sanitation and hygiene

The learning from the field visits and the workshop led to the collective identification of the following key areas for action where we felt that further intensive and systematic work is needed in order to translate concepts into practices that work more efficiently and effectively for the poor:

- Sustainability
- Equity and inclusion
- Appropriate technology
- Monitoring and evaluation
- Creating an enabling environment
- Matching supply and demand (or Sanitation Marketing)

Small groups convened to discuss these issues, and the outcomes from their discussions, which they reported back to the broader group, are summarized in the following sections.

Sustainability

The group working on issues of sustainability identified the critical features and attributes of sanitation as being:

- Behaviour change for improved sanitation and hygiene
- Appropriate technologies
- Motivation for government at different levels
- Availability of resources (e.g. finances, human resources, natural resources, etc.)
- Adoption of an integrated approach for improved sanitation and hygiene
- Enabling policies in sanitation technology, such as Uganda’s Disability Act requirement for access in institutional facilities.

It also defined the key principles in going to scale as:

- Speaking the same language (definitions, clear goals, standard indicators, approaches/principles)
- The need for sensible monitoring practices with:
  - short and long term targets
  - Clearly identified, defined, and monitored indicators that are a proxy for behaviour change, i.e. going beyond physical outputs
- Adequate resources (and efficiency of use for scale)
- Use of participatory approaches
- Mix of different communication methods including inter-personal, child to child, and mass media (at community, regional, national levels)

“We should trust the wisdom of the communities. After all, they have built their houses – we should not forget that.”

Dawit Bekele, Plan International, Ethiopia
The group identified key methods for sustaining use and practices as being:

- Motivation of government at different levels and at community level
- Clear goals, phased implementation vs one-off, continuous follow up, capacity building to fill gaps, track and complete performance, incentives for better performance / disincentives for poor performance, ring fenced budgets (logistics, staff and capacity building, allowances)

About the workshop

A 2-day workshop was held directly after the field trip. Some delegates from Government, and others involved in water and sanitation in Dar es Salaam joined the field trip participants for various workshop discussions. The objectives were to:

- consolidate the learning from the exchange visits in a systematic manner
- build consensus on what works well, what might improve and how
- explore opportunities, mechanisms and resources for further collaborative action on going to scale with equity and sustainability
- agree next steps including documentation and dissemination of outputs, drafting of recommendations and wider sharing, cross-regional (West and Southern Africa) dimensions, etc.

- Development of a reporting tool and a tracking mechanism within and across organizations (e.g. governments, NGOs, FBOs, CBOs), or coordinated work within, say, the framework of a SWAP, to map project activities (who, when, where, how much). This would enable organizations to identify opportunities for collaboration and to determine areas where resources are inadequate or totally lacking behaviour change
- Focus on demand creation matched by supply;
- Demand must be culturally appropriate, equitable, affordable, trigger self-analysis, motivate own investment, provide incentive for early adopters / villages which have achieved total sanitation, and identify drivers for change
- Supply must be locally appropriate technologies rather than dependent on external design. It must also be affordable, involve business models and entrepreneurs, and take account of operation and maintenance

“We have been taught to wash hands with soap, but we do not have enough water and money to buy soap”

Mama Salehe, an elderly resident of Kichangani, Temeke

Equity and inclusion

Key principles and action points included:

- Seek to improve political commitments and strategies for sanitation
- Understand the gaps in information and seek to fill them
- Identify and define “vulnerable populations” to allow for the development of representative indicators of equity and inclusion
A recent study by UNICEF found that providing health services to the poorest children in the most impoverished, hardest to reach communities yields a much higher return on investment than mainly helping the less poor in areas that are easier to reach. According to the study, $1 million spent helping children 5 years and younger in the most remote, disadvantaged areas of poor countries would prevent 60 percent more deaths than the current approach.

Establish equity indicators and processes that can be used globally as benchmarks for progress
Test and validate designs and assumptions across all populations and specifically across vulnerable groups
Quantify the burdens on women
Recognize men as a key target group for behaviour change
Develop approaches and options for specific groups or issues: e.g. home-based care for HIV incorporating WASH, child-friendly design in schools, menstrual hygiene management
Work with other sectors to better serve vulnerable groups
Prepare a practical guide for translating inclusion and equity concepts into practice with measurable impact

Appropriate technology
The group that discussed appropriate technology made the following recommendations for further action:

Do more work on inclusive/equitable design i.e. the needs of pregnant mothers, women with infants and toddlers, disabled people, children, menstruating women, and old people
Ensure sustainability by linking local conditions to technology choices (local geology and soil type: rocky, collapsible; ground water situation; water logging; flood prone; etc.)
Design options based on consumer preferences (affordability, acceptability, appeal of the technology, availability of the product)
Ensure the safety and privacy of users
Ensure that toilets and hand washing with soap go together
Promote innovation in design, construction and use of latrines by the community itself
Include training on low-cost sustainable sanitation technology options in the education curriculum
Support professional associations of artisans
Integrate sanitation with other development initiatives

Monitoring and evaluation
The group focussed primarily on monitoring. It was agreed that work was needed for practical monitoring guidance that practitioners across Africa could actually use to inform programme work, as opposed to merely feeding into
aggregated global and national monitoring indicators. Having a performance monitoring system is critical for planning, decision making and tracking progress.

Key principles for monitoring were agreed as follows:

- Monitoring should be designed for planning and decision making not just for reporting: performance monitoring is a tool for better implementation
- Value your data – share results and provide feedback to those collecting so that they can use the information to inform their work
- National sanitation monitoring partnerships are needed
- It is important to provide technical assistance to strengthen government monitoring and evaluation (M&E) groups
- If partners and government can agree process and basic indicators, it allows comparison across different projects and provides government with a clearer picture of progress and activities
- Measure behaviour change (monitor use) – for example it is not enough just to measure the presence of latrines, we need to capture how they are used – e.g. are they used by all? all of the time? are squat hole covers put back? are they cleaned?
- Measure components - measuring by definitions such as ‘basic sanitation’ or ‘improved sanitation’ means that if the definition changes it is hard to continue making comparisons. For example – if the definition of improved sanitation at one time is focused only on a cover and washable floor but then after a few years changes to include a door, then on the graph you may see a sudden decrease in improved sanitation since many latrines with a cover and washable floor (previously counted as “improved”) do not have doors. If the focus of the monitoring is on components (components of the sub-structure, the platform and the super-structure, presence of fecal matter – not total sanitation) then these components can be pieced together to fit various (and changing) definitions.
- Develop training tools and encourage capacity building on M&E terminology and frameworks

Next Steps:
Draft a concept note for an Africa-wide meeting on the basic monitoring of components

- To develop a set of minimum indicators that break down current JMP/national descriptors into components that are easily understood by practitioners e.g. is it necessary to specify the type of material a door is made from?
- To consider if we can build on the current process of monitoring progress on the commitments made under the eThekwini Declaration, through which xx countries in Africa pledged to create separate budget lines for sanitation and hygiene and to commit at least 0.5 percent of GDP. This might include indicators for the enabling environment, policy, etc.

Creating an enabling environment for the sector
In order to create an environment that is conducive to the scaling up of sanitation services it was agreed that it was essential to:

- Proactively support the creation and nurturing of a stand-alone national policy and strategy on sanitation and hygiene
- Support the designation of an institutional home and clear responsibilities for sanitation with accountability for sanitation
- Ensure that sanitation is explicit in key national strategy documents and investment plans
- Advocate for public sector allocations for adequate human and financial resources
- Facilitate a harmonized approach and implementation guidelines
Matching supply and demand or Sanitation Marketing
There is often a tendency to over-simplify sanitation marketing, labeling it just as ‘supply’ of materials or parts (e.g. slabs) for toilets, or else just as behaviour change communication. Two different models being trialed in the East Africa region were discussed: the WSP Total Sanitation/Sanitation Marketing project (TSSM) and Plan International’s Sanitation Marketing experience in Uganda. More details about these two approaches can be found in Attachment 3, and in the bibliography of documents. Consideration of these two projects was followed by a broader discussion on particular issues of interest.

Key Discussion areas:

Demand Creation

- Approaches to demand creation (amount of CLTS and amount of Sanitation Marketing) will need to vary depending on the coverage of latrines.
- A strong focus is needed on demand creation, on the grounds that if the demand exists, the market should naturally develop to meet the demand.
- Sanitation must continue to be ‘advertised’ to maintain existing toilets – this cannot be just a ‘one-off’ as Operations and Maintenance (O&M) will fall away.
- Enforcement – through legal and/or social pressure - can also be an important aspect of demand creation in some countries (e.g. Uganda).

Formative Research

- Is it necessary to conduct a big formative research study in every county? Probably not – see Attachment 3 for full discussion.
- Useful alternative approaches include: small qualitative studies; focus on the motivations of ‘positive deviators’ or early adopters; examination of the value chain to see all the links.

Equity

- marketing naturally aims at the ‘top and middle of the pyramid’, and as such is not a very equitable approach, but it does create sustainable coverage.
- If you can get coverage to trickle down you can then bring in targeted subsidy later to the very poor.
- Subsidies which are brought in too soon will just leak up the pyramid.
- The use of CLTS within the TSSM approach is intended to support the lowest quintile, but as yet there is no data to confirm if this is happening.

Branding

- Can we expect people to want to buy a ‘Ventilated Improved pit latrine’ – or should we be giving models local names? Local names can be useful, but should perhaps emerge naturally.

Private Sector

- Discussion centered on the greater use/partnering with skills from the private sector, not only in marketing, but also supply and distribution.
- Would the Public Private Partnerships (PPP) model used in hand washing work with sanitation?
- PATH has experience in PPPs and also in evaluating value chains, and would be very interested to explore these options further.
Financing

- Some exploration is needed of different financing models to ‘kick-start’ sanitation marketing. e.g. franchising models.
- Using microcredit to give loans/credit would also help with affordability. Should this be linked to the marketing, or in parallel?

Capacity Building

- Could there be some training across organizations on key components of sanitation marketing?
- Should we be looking to increase the capacity of government to do sanitation marketing, or is the role of government to enable, facilitate, support or promote?

Key points to follow up on:

- Would a PPP for sanitation work? Greater capacity is needed in the sector if we are to go to scale with these approaches, and the private sector seems the most obvious area to look for it.
- Further exploration is needed on the links between sanitation marketing/behaviour change and CLTS – can we still call it CLTS or Total Sanitation if we are not aiming for “total” sanitation or access for all or ODF status? Is it OK to drop this goal – would we still achieve the health benefits of sanitation coverage if the last 10% are not reached?
- Working with the commercial sector – who? how? mutual benefits?
- Need to analyze organisational strengths, weaknesses, opportunities and threats (SWOT) to assess what different organisations can bring to the table.
- Advocacy aspects of sanitation marketing – promoting a wider awareness, training courses on approaches for partners.
How do we move ahead on particular topic areas?
In order to maximize the value of this partnerships visit, we agreed that we would select a few of the areas identified above for further work. For each topic, a self-selected core group agreed to work further to achieve clearly defined outcomes that would fill the gaps that had been identified. Initial discussions took place during the workshop.

<table>
<thead>
<tr>
<th>Topic</th>
<th>Group members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equity and inclusion</td>
<td>Millie Akwi (WaterAid), Sophie Hickling (UNICEF), Archana Patkar (WSSCC), Ann Thomas (UNICEF), Robyn Wilmouth (PATH)</td>
</tr>
<tr>
<td>Sanitation marketing</td>
<td>Yolande Coombes (WSP), Mark Guy (PATH), Marko Msambazi (WaterAid), Carol Nabalema (Plan International), Ann Thomas (UNICEF)</td>
</tr>
<tr>
<td>Monitoring and evaluation</td>
<td>Jane Bevan (UNICEF), Yolande Coombes (WSP), Kevin Flick (PATH) Mary Swai (Ministry of Health and Social Welfare, Tanzania), Archana Patkar (WSSCC)</td>
</tr>
</tbody>
</table>

The members of these groups agreed to:
- Sign up for some intensive work on selected areas with an emphasis on operational outcomes
- Bring in wider expertise and resources that can move this work along
- Look outside the sector while developing these core areas
- Review progress in six months
- At that time, consider further learning and advocacy opportunities, including links to experience in West Africa and regional sanitation events

Partnerships

Another overall concern of the group, and a specific objective of the meeting, was to see how best to use partnerships to scale up access to sanitation and hygiene.

We assessed our individual organizational strengths and weaknesses with a view to sharing competencies and filling gaps through collaboration and partnership. We also looked at shared opportunities and threats in the sector and found many common threads. Summaries of SWOT analyses from each organization are included in Attachment 3, which also gives more detail about each of the workshop sessions. The figure below gives a graphical representation of the rationale for working in partnership.
A RATIONALE FOR WORKING IN PARTNERSHIP

Shared opportunities
- Corporate commitment to demand driven, pro-poor approaches
- Commitment to go to scale
- Working in Partnerships

Shared constraints
- Challenges in putting in practice policies and strategies on equity and sustainability
- Monitoring behavior change
- Limited area of operation
- Funding environment

In country presence
Direct implementer with local governments
National and global advocacy
Research and documentation

Healthy behaviour
PPP

CLTS+ Livelihood

CLTS+ Equity & inclusion

Research and documentation

Path

Plan International

Plan International

UNICEF

WSP

WSSCC

WaterAid

Plan International

CATS, Multi sectoral Equity Monitoring (MICS, JMP)

TSSM, Handwashing Influence on WB, AfDB

Neutral broker of knowledge, GSF (incl CLTS, TSSSM)
In conclusion, we decided that:

“Collectively we can do more and better”

since each organization

- has particular strengths, experiences and knowledge
- works in a defined geographical area
- with partners on different levels

but shares the same challenges on sustainability, equity, monitoring, financing and scaling up -

we agreed that to scale up effectively in the region, we will jointly (together):

- harmonize our work to fill gaps and avoid duplication
- learn from each other and share systematically
- harness partner strengths to improve our work
- help to address capacity and resource gaps
- collaboratively monitor progress in the sector
- work on key identified areas
- maximize our advocacy work nationally and regionally.

Next steps

At the conclusion of the meeting, the group agreed that:

- The thematic work outlined above will continue: each group will set its own time frame and manner of working
- The full group of participants will take part in a teleconference in November 2010
- In January 2011, we will do a “6 month journal” – with a particular view to looking for any joint activities that grew out of the Tanzania trip
- Findings should be disseminated via this report, with supplementary detail available in appendices
- Information banks, of the documents, photos and videos that were gathered in preparation for, and during this trip, should be organized and made available via the web.
<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
<th>email</th>
<th>Phone</th>
<th>Photo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nabalema Carolyne Esther</td>
<td>Plan Uganda</td>
<td><a href="mailto:Carol.nabalema@plan-international.org">Carol.nabalema@plan-international.org</a></td>
<td>+256772862950, +256414305000</td>
<td></td>
</tr>
<tr>
<td>Amsalu Negussie</td>
<td>PLAN Kenya</td>
<td><a href="mailto:Amsalu.Negussie@plan-international.org">Amsalu.Negussie@plan-international.org</a></td>
<td>+254718195497</td>
<td></td>
</tr>
<tr>
<td>Dawit Bekele</td>
<td>Plan International Ethiopia</td>
<td><a href="mailto:Dawit.bekele@plan-international.org">Dawit.bekele@plan-international.org</a></td>
<td>+251-11-4670175, mobile 251-91-3886532, 251-91-1123144</td>
<td></td>
</tr>
<tr>
<td>Atnafe Beyene</td>
<td>Plan International Ethiopia</td>
<td><a href="mailto:atnafe.beyene@plan-international.org">atnafe.beyene@plan-international.org</a></td>
<td>+251-11-4670175, mobile 251-91-1123144</td>
<td></td>
</tr>
<tr>
<td>Harriet Nattabi</td>
<td>WSP Uganda</td>
<td><a href="mailto:hnattabi@worldbank.org">hnattabi@worldbank.org</a></td>
<td>+256 772505443</td>
<td></td>
</tr>
<tr>
<td>Peter Hawkins</td>
<td>WSP Mozambique</td>
<td><a href="mailto:phawkins@worldbank.org">phawkins@worldbank.org</a></td>
<td>+258 823009650</td>
<td></td>
</tr>
<tr>
<td>Yolande Coombes</td>
<td>WSP Kenya</td>
<td><a href="mailto:ycoombes@worldbank.org">ycoombes@worldbank.org</a></td>
<td>+254 734992307</td>
<td></td>
</tr>
<tr>
<td>Jason Cardosi</td>
<td>WSP Tanzania</td>
<td><a href="mailto:jcardosi@worldbank.org">jcardosi@worldbank.org</a></td>
<td>+255 786284563</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Name</td>
<td>Organization</td>
<td>Email</td>
<td>Phone</td>
</tr>
<tr>
<td>---</td>
<td>---------------------</td>
<td>--------------------------------</td>
<td>------------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>9</td>
<td>Craig Kullmann</td>
<td>WSP Tanzania</td>
<td><a href="mailto:ckullmann@worldbank.org">ckullmann@worldbank.org</a></td>
<td>+255 22 2136200</td>
</tr>
<tr>
<td>10</td>
<td>Kaposo Mwambuli</td>
<td>WSP Tanzania</td>
<td><a href="mailto:kmwambuli@worldbank.org">kmwambuli@worldbank.org</a></td>
<td>+255 784872224</td>
</tr>
<tr>
<td>11</td>
<td>Belete Muluneh</td>
<td>WSP Ethiopia</td>
<td><a href="mailto:Bmuluneh@worldbank.org">Bmuluneh@worldbank.org</a></td>
<td>0911-502927</td>
</tr>
<tr>
<td>12</td>
<td>Upneet Singh</td>
<td>WSP Tanzania</td>
<td><a href="mailto:usingh@worldbank.org">usingh@worldbank.org</a></td>
<td>+255 22 2163200</td>
</tr>
<tr>
<td>13</td>
<td>Mark Guy</td>
<td>PATH Seattle, USA</td>
<td><a href="mailto:mguy@path.org">mguy@path.org</a></td>
<td>206-2853500</td>
</tr>
<tr>
<td>14</td>
<td>Kevin Flick</td>
<td>PATH Seattle, USA</td>
<td><a href="mailto:kflick@path.org">kflick@path.org</a></td>
<td>206-2853500</td>
</tr>
<tr>
<td>15</td>
<td>Robyn Wilmouth</td>
<td>PATH Seattle, USA</td>
<td><a href="mailto:rwilmouth@path.org">rwilmouth@path.org</a></td>
<td>206- 3024659</td>
</tr>
<tr>
<td>16</td>
<td>Rebecca Budimu</td>
<td>UNICEF, Tanzania</td>
<td><a href="mailto:rbudimu@unicef.org">rbudimu@unicef.org</a></td>
<td>+255 754-820192</td>
</tr>
<tr>
<td>No.</td>
<td>Name</td>
<td>Organization</td>
<td>Email Address</td>
<td>Phone Numbers</td>
</tr>
<tr>
<td>-----</td>
<td>--------------------</td>
<td>--------------------------</td>
<td>------------------------------------</td>
<td>------------------------------------</td>
</tr>
<tr>
<td>17</td>
<td>Wilhelmina Malima</td>
<td>UNICEF, Tanzania</td>
<td><a href="mailto:wmalima@unicef.org">wmalima@unicef.org</a></td>
<td>+255 754-327987</td>
</tr>
<tr>
<td>18</td>
<td>Sarah House</td>
<td>UNICEF, Tanzania</td>
<td><a href="mailto:shouse@unicef.org">shouse@unicef.org</a></td>
<td>+255 786-421 278 +255 786-999 630</td>
</tr>
<tr>
<td>19</td>
<td>Ann Thomas</td>
<td>UNICEF</td>
<td><a href="mailto:anthomas@unicef.org">anthomas@unicef.org</a></td>
<td>+1 917 2654546 +1 917 2802312</td>
</tr>
<tr>
<td>20</td>
<td>Sophie Hickling</td>
<td>UNICEF EASRO</td>
<td><a href="mailto:shickling@unicef.org">shickling@unicef.org</a></td>
<td>+254 737978647</td>
</tr>
<tr>
<td>21</td>
<td>Jane Bevan</td>
<td>UNICEF West Africa</td>
<td><a href="mailto:jbevan@unicef.org">jbevan@unicef.org</a></td>
<td>+221 774504228</td>
</tr>
<tr>
<td>22</td>
<td>Ms. Kulule Mekonnen</td>
<td>UNICEF Ethiopia</td>
<td><a href="mailto:kmekonnen@unicef.org">kmekonnen@unicef.org</a></td>
<td>+251 912 006 517</td>
</tr>
<tr>
<td>23</td>
<td>Mr Takele Hunde</td>
<td>UNICEF Ethiopia</td>
<td><a href="mailto:thundie@unicef.org">thundie@unicef.org</a>, <a href="mailto:takelehunde@yahoo.com">takelehunde@yahoo.com</a></td>
<td>+251 911 409 158</td>
</tr>
<tr>
<td>24</td>
<td>Amanda Marlin</td>
<td>WSSCC Switzerland</td>
<td><a href="mailto:amanda.marlin@wsscc.org">amanda.marlin@wsscc.org</a></td>
<td>+41 22 560 8175 +41 79 650 2629</td>
</tr>
<tr>
<td>25</td>
<td>Archana Patkar</td>
<td>WSSCC Switzerland</td>
<td><a href="mailto:archana.patkar@wsscc.org">archana.patkar@wsscc.org</a></td>
<td>+41 22 560 8165 +41 79 650 2604</td>
</tr>
<tr>
<td>No.</td>
<td>Name</td>
<td>Organization</td>
<td>Email/Contact Information</td>
<td>Phone/Contact Information</td>
</tr>
<tr>
<td>-----</td>
<td>-----------------------</td>
<td>-----------------------</td>
<td>---------------------------------------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>26</td>
<td>Milly Akwi</td>
<td>WaterAid</td>
<td><a href="mailto:MillyAkiwi@wateraid.org">MillyAkiwi@wateraid.org</a></td>
<td>+256 41 505797 256 782611708</td>
</tr>
<tr>
<td>27</td>
<td>Birhanu Genet Feneta</td>
<td>WaterAid</td>
<td><a href="mailto:birhanu.genet@wateraidet.org">birhanu.genet@wateraidet.org</a>, <a href="mailto:birhanug@wateraid.org">birhanug@wateraid.org</a></td>
<td>+251 911672383</td>
</tr>
<tr>
<td>28</td>
<td>Kuribachew Mamo</td>
<td>WaterAid Ethiopia</td>
<td><a href="mailto:kuribachewm@wateraid.org">kuribachewm@wateraid.org</a></td>
<td>+251 114661680</td>
</tr>
<tr>
<td>29</td>
<td>Marko Msambazi</td>
<td>WaterAid</td>
<td><a href="mailto:markomsambazi@wateraid.org">markomsambazi@wateraid.org</a></td>
<td>0025522260280</td>
</tr>
<tr>
<td>30</td>
<td>Bartholomayo Ngaeje</td>
<td>MoHSW Tanzania</td>
<td><a href="mailto:bangaeje@yahoo.com">bangaeje@yahoo.com</a></td>
<td>+255 784877478</td>
</tr>
<tr>
<td>31</td>
<td>Juhudi Nyambuka</td>
<td>WASH Coalition Temeke District</td>
<td></td>
<td>+255 755917782</td>
</tr>
<tr>
<td>32</td>
<td>Laban Kitule</td>
<td>Rufiji District Health Officer</td>
<td></td>
<td>+255 784668425</td>
</tr>
<tr>
<td>33</td>
<td>Elias B. Chinamo</td>
<td>MoHSW Tanzania</td>
<td><a href="mailto:Chinamoebm@yahoo.co.uk">Chinamoebm@yahoo.co.uk</a></td>
<td>+255 784831623</td>
</tr>
<tr>
<td>34</td>
<td>Gideon Mshumbusii</td>
<td>Magu District Musoma, Tanzania</td>
<td></td>
<td>+255 753316061</td>
</tr>
<tr>
<td>35</td>
<td>Ally Ahamada</td>
<td>MoHSW Zanzibar</td>
<td></td>
<td>+255 777209205</td>
</tr>
<tr>
<td>36</td>
<td>Khalfan Shah</td>
<td>MoHSW Zanzibar</td>
<td></td>
<td>+255 777474629</td>
</tr>
<tr>
<td>37</td>
<td>Gratian Kweyamba</td>
<td>Plan Tanzania</td>
<td><a href="mailto:Gratian.kweyamba@plan-international.org">Gratian.kweyamba@plan-international.org</a></td>
<td>+255 784337635</td>
</tr>
<tr>
<td>38</td>
<td>Levina John Kato</td>
<td>WSSCC</td>
<td><a href="mailto:Levinakato@gmail.com">Levinakato@gmail.com</a></td>
<td>+255 784508244</td>
</tr>
<tr>
<td>39</td>
<td>Sarah H. Ishemo</td>
<td>World Bank-WSP Tanzania</td>
<td><a href="mailto:Sarah-ishemo9@gmail.com">Sarah-ishemo9@gmail.com</a>, <a href="mailto:Sarah_ishemo@yahoo.com">Sarah_ishemo@yahoo.com</a></td>
<td>+255 784508244</td>
</tr>
<tr>
<td>40</td>
<td>Mary Swai</td>
<td>MoHSW Tanzania</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Okello Robert</td>
<td>Plan Uganda</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>--------------</td>
<td>-------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>41.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Tanzania Sanitation study trip
17 – 23 July 2010

Attachment 2:
Field Trip
In July 2010, 30 individuals, representing six organizations, took part in an extensive field trip to various sites in Tanzania. The visits provided an opportunity to compare different approaches, to identify common themes and challenges, and to reflect on what needed to be done in order to go to scale. There was a strong spirit of openness and a willingness to learn. The visits provided a chance to talk with those involved in running the programmes and to the community members who were both the implementers and the beneficiaries of the projects.

**Objectives of the field trip:**
As outlined in the report, the main objectives of the learning exchange visit were:

- to learn what different partners are doing on rural sanitation especially (but not limited to) CLTS, Sanitation Marketing and PHAST
- to build consensus on what are the key components to take CLTS and Sanitation Marketing to scale
- to further explore collaboration, linkages and partnerships
- to make recommendations for how to scale up that are transferable across all countries in the region

**Itinerary**

**Sanitation and Hygiene Partnerships Study Tour and Workshop**

<table>
<thead>
<tr>
<th>Saturday, July 17</th>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1100</td>
<td>Optional: Visit to Dar SanMark/Latrine Emptying</td>
</tr>
<tr>
<td></td>
<td>1700</td>
<td>Sites and Plan CLTS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sunday, July 18 – Field Trip Day 1</th>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1010 - 1130</td>
<td>Fly to Mwanza from Dar</td>
</tr>
<tr>
<td></td>
<td>0900 - 1100</td>
<td>Travel to Nzega</td>
</tr>
<tr>
<td></td>
<td>1100 - 1730</td>
<td>Visit Mtumba village(s)</td>
</tr>
<tr>
<td></td>
<td>Sunday Night</td>
<td>Stay in Nzega, Forest Hotel</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Monday, July 19 – Field Trip Day 2</th>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0900 - 1300</td>
<td>Visit to villages and Sanitation Centre</td>
</tr>
<tr>
<td></td>
<td>1300 – 1600</td>
<td>Travel to Mwanza</td>
</tr>
<tr>
<td></td>
<td>Monday Night</td>
<td>Stay in Mwanza, Tilapia Hotel</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tuesday, July 20 – Field Trip Day 3</th>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12.10 - 1330</td>
<td>Fly from Mwanza to Dar</td>
</tr>
<tr>
<td></td>
<td>1400 - 1730</td>
<td>Travel to Rujiji</td>
</tr>
<tr>
<td></td>
<td>Tuesday Night</td>
<td>Stay in Rufiji / Selous</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Wednesday, July 21 – Field Trip Day 4</th>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0800 - 1600</td>
<td>Village visits in Rufiji</td>
</tr>
</tbody>
</table>
Details of the visits

Saturday 17 July - Dar es Salaam Briefing
The group assembled in a local hall for an overview of WaterAid’s and Plan International’s programmes in Dar es Salaam, Tanzania. This briefing was followed by site visits to view the projects that had been discussed. The discussions immediately brought up the concerns that were to become key themes of the field trip and workshop: how to ensure that technologies are appropriate to the soil and geography of the local environment; whether various approaches ensure access to disadvantaged groups; how much different services cost, and whether consumers can actually afford these costs; how to best combine the efforts of various partners, government and the private sector.

WaterAid – Mjimpya Primary School: Child to Child education on hygiene and sanitation
This trip was organized by WaterAid. The group was welcomed by the headmistress and her staff, and introduced to members of the Child to Child (C-C) sanitation and hygiene club, who sang a vibrant song about good hygiene.

In Swahili, they sang “Usafi wa mtu binafsi uzingatiwex...”: which means “personal hygiene must be observed”. This approach involves teaching children about good hygiene practices, especially handwashing, and allowing the children to act as powerful and credible communicators of these messages to their family and friends.

The group had the opportunity to visit the newly-built sanitation block, which featured: a concrete, washable floor; secure, locked doors; good drainage; and facilities for hand washing as well as the latrine for physically-disabled students or teachers.
Tedegro, Temeke district– Latrine Emptying – Gulper Technology

Mr. Samson Mmbando – Chairman, briefed the group on a project to develop and test a device called “the gulper”. This is a pump for emptying latrines that is mounted on a motorcycle, so that it can be maneuvered through the narrow streets that are characteristic of slum areas such as Temeke, in Dar es Salaam.

This project is being supported by WaterAid, which is interested in testing low cost technologies for emptying latrines, such as the gulper and similar devices such as the nibbler and sand grubber. TEDEGRO received a loan to purchase the three-wheeled motorbike that is currently being used to transport sewage. The CBO was able to repay their loan to Water Aid in March 2010.

Tedegro also builds capacity and mobilizes the private sector to run pit-emptying businesses on a commercial basis.

However, it was observed during a briefing meeting at Temeke Municipal hall that the business requires close follow up and significant support from Municipal authority and DAWASCO, the water regulatory body in Dar es Salaam, to ensure that the community uses the services and that the operators run the business efficiently.

The Municipal council is currently responsible for inspections of premises, and is moving towards a policy of encouraging householders in unplanned settlement to use the emptying services, instead of just fining them when they find their toilets are full.

The group learned that the dumping charges set by DAWASCO amount to 3,500 Tanzanian shillings per 300 litres of sewage; sufficiently high to be a disincentive to entrepreneurs seeking to establish businesses in emptying latrines and unaffordable to many householders. Municipal authorities and representatives from DAWASCO have been involved in various discussions, with a view to seeing whether the dumping charges could be reduced.

As in the past, Tadegro will stage demonstrations of the gulper technology during relevant national events such World Toilet Day and Global Hand Washing Day.

While in this area, we also interviewed residents, including an elderly woman, Mama Salehe, who owned the latrine that we had seen emptied. She explained that this latrine serves the needs of six households, comprising 22 people.
She acknowledged the efforts by Temeke municipal authorities to educate community members about sanitation, but explained the economic barriers to implementing the recommendations. For example, she said it is too expensive to buy soap for washing hands. Like the secondary school teenager interviewed, she admits that though she is aware of the benefits of using sanitary pads during her monthly periods she cannot afford to.

These examples are a clear testimony that economic inability hampers many efforts to improve sanitation.

Plan Tanzania – Project to improve household latrines in Mtamba village, Kisarawe district, Coast region

This project was established in 2007, at which time latrine coverage was estimated to be 75%. Since then, the coverage has risen to 80% and the goal is to reach 100% coverage by December 2010.

The village has a total of 1,050 people and 270 households.

To reach out to all households, the village formed committees and elected leaders to oversee the project.

To encourage compliance, representatives from the committees conduct regular visits to talk with householders, conduct inspections, and hold village meetings.

For the households that include people with physical disabilities or who cannot afford to construct latrines, the committee mobilizes family members and friends to help construct latrines.
The leaders told the group that person hygiene messages are also attached to sanitation messages. Plan staff explained that the mobilization efforts had been successful but not without their challenges and that the community is keen on building on the first phase of lessons learnt in order to achieve shared goals.

Sunday 18 July

**WaterAid - Mambali, Nzega district to visit SanMark Centre**

The group visited two different sanitation markets that showcased the ‘Mtumba’ approach developed by WaterAid in Tanzania. Mtumba, named after the village in the Dodoma region where partners met to decide the underlying concepts of the approach, draws on the strengths of various participatory approaches. It borrows and modifies tools from PHAST (Participatory Hygiene and Sanitation Transformation), CLTS (Community Led Total Sanitation) and Participatory Rural Appraisal (PRA).

Mtumba focuses on demand creation through sanitation marketing, and offers consumers a wide range of latrine options, displayed in sanitation centres, sometimes known as “SanMarts” or “SaniCentres”.

The group was welcomed at the first centre, in Mambali, by members of the community, artisans and animators, and village, ward, and district authorities. Each of these authorities gave a brief presentation, outlining their involvement in the project, their achievements, challenges and the way forward.

The community recruited 30 artisans – people who were trained and able to construct a range of different sorts of latrines. They also identified 15 animators, who worked with the community to trigger demand. The community was also responsible for drawing up an action plan, monitoring the implementation process, evaluating, and lobbying District authorities to include sanitation plans in their Comprehensive Health Department plans and budgets.

Generally there has been a positive community response in terms of greater coverage, upgrading of latrines and improved usage. Participants in the study group were able to confirm these outcomes in conversations with local villagers who we visited after touring the sanitation centre.
A tour of the SanMarts

The group looked at different latrine options developed in accordance with community preferences and needs. Wherever possible, the latrines are constructed from locally available materials to ensure that they are affordable. The various designs on display showed different options for pit lining, slab construction and superstructures.

Another important aspect of the project is the training that is provided to artisans – “fundis”. They learn about latrine constructions, but also business skills – entrepreneurial approaches, how to market their products, pricing and basic bookkeeping.

The artisans group, called Kiwama Group for Mambali Ward, Nzega district, is registered and has principle responsibility for managing the sanitation centres. A total of 54 artisans and 17 Community Based Organizations have been trained.
Kiwama Group Secretary Stephano John told the sanitation partners that the entrepreneurship training has enabled them to become more dynamic and diversify their services, beyond solely household latrine construction. This will help promote sustainability and a year-round income for the fundis, as latrine construction is not possible all year due to rainy seasons.

The KIWAMA group is already building institutional latrines, with Nzega Local Government Authority awarding them a contract for toilets at a Ward Police Post and dispensary. Despite these achievements the group is faced with challenges such as a lack of transport and enough capital to transport and purchase building materials from the district headquarters.

Sunday evening

**Dinner with the Nzega District Commissioner**

On their arrival at Forest Hotel, the group had dinner together offered by WSP. It was also a good opportunity for the group to meet to meet the Nzega District Commissioner Ms. Florence who applauded WaterAid and other partners for making the Mtumba project a success.

The District Commissioner attributed the downward trend of cholera outbreaks to the implementation of San Centre, thanks to which a wider population in the area have improved their latrines.

**Monday 19 July**

**WaterAid - Mtoa, Singida**

The group also visited Mtoa Sanitation Centre in Singida. This project is a part of three other initiatives in Nzega, Iramba and Mbulu in Tabora, Singida and Manyara regions respectively, which are implemented by WaterAid.

Specific communities have been identified as priority concerns, the rural population in particular. WaterAid is addressing the needs of around 13 villages with an estimated population of 54,081 people.

The project has been able to successfully set up sanitation facilities for demonstration and marketing options. The models range from individual to institutional latrines.

The centre at Mtoa is strategically positioned to attract the attention of community members and is multi functional: it is also used for village meetings and training.

The sanitation tour group split into two groups and visited neighboring communities. The majority observed that there is a significant improvement in construction of improved latrines.
Wednesday 21 July

WSP – Total Sanitation and Sanitation Marketing, Rufiji

In the Rufiji district, south of Dar es Salaam, the group had the opportunity to visit a number of sites where the Water and Sanitation Programme of the World Bank (WSP) are implementing TSSM – Total Sanitation and Sanitation Marketing. This approach addresses both the supply and demand aspects of the sanitation market. It draws on CLTS-type approaches to stimulate demand, and incorporates the best aspects of social marketing approaches.

The group heard about the extensive formative research that had informed development of the approach – allowing WSP to clearly identify current knowledge, attitudes and behaviour around sanitation and hygiene, and map out the desired changes in each of these elements.

In Hanga, we were welcomed in song by the community leaders who were responsible for sanitation and hygiene in their local villages. Click to see our youtube.com video.

As we travelled, we called by a local market, where a group were gathering to see a singing and street theatre to communicate messages about hygiene and sanitation. We heard about the new campaign – “Asante mama” – saying thank you (in Swahili) to mothers for the good work they’ve done in teaching us about washing our hands and taking care of our health. The positive messaging, as opposed to the more usual approach of giving care givers, especially mothers, one more thing that they have to do, resonated with many members of the group.

The TSSM approach to “branding” sanitation was also particularly obvious – with community leaders and fundis easily identifiable because of their bright red T-shirts, and outlets for buying latrines clearly marked.

The discussions we had with community leaders and the WSP staff responsible for implementing the project were complemented by the chance to walk around nearby villages, talk to householders, and find out about the impact in people’s lives. The role of women as leaders in the community, caregivers for children and the aged, and gatherers of water was particularly noted. The commitment that these people were making to the wellbeing of their community, on a voluntary basis, was noted.
Summary
In total, these visits, the presentations from programme organizers and the discussions with end-users, provided valuable insights that prepared the group to discuss key principles and next steps during the workshop.

The journeys between the different sites, often quite long, allowed extensive opportunities for discussion and sharing of impressions. They also allowed group members to make comparisons between what they were seeing in Tanzania and the situations in their own countries. For example, the importance of finding appropriate technologies suited to local climate conditions, soil types and the availability of various building materials was a common topic of discussion. The economic climate in which the programmes were being implemented was also extensively discussed – the feasibility and affordability of delivering services to large populations was examined. Further, concerns about equity and inclusion were raised – with group members constantly wondering about the extent to which the solutions on offer would work for marginalized members of society, including the disabled, the very poor, children and widows.

Acknowledgements
The group acknowledges the support of all partners who provided facilitation in terms of transport, meals and other logistics to make this mission a success.

WSP provided vehicles for the field trips on Saturday 17 July and for the visit to Rufiji district on Tues – Wednesday 21 – 22 July. They also provided lunch and refreshments for the groups during these journeys.

WaterAid provided vehicles for the group on 18 and 19 July, and meals and refreshments, including the dinner on the evening of Sunday 19 July.

UNICEF arranged for politicians and civil servants at district and national level to participate in the study trip and subsequent discussions during the workshop.

WSSCC coordinated the compilation of the background reading for participants, facilitated the workshop and was responsible for documentation of the visit.

All partners sent representatives who took out time from their busy schedules to come together in the spirit of true collaboration, sharing insights and participating in discussions as a group with a shared goal - that of going to scale with sustainable sanitation and hygiene services for the unserved or under-served poor in Africa.
Appendix 1. Case Study

Sanitation and Hygiene Education: A Household in Kichangani, Temeke

The majority of members of the community in the Temeke district, Dar es Salaam, appreciate both the central and local governments’ efforts to educate them on good hygiene practices.

They acknowledge they have received basic education on hygienic care and sanitation, but explained their difficulty in putting into practice what they had heard. Social and economic limitations have limited sanitation and hygiene care for them. That a four-person family lives in one room demonstrates how poverty hinders efforts to total sanitation.

Mama Salehe and her twenty tenants live close to Mji Mpya Primary school in Temeke. This school is implementing a Child-to-Child programme to educate their community on hygiene and sanitation matters and helping to create a change in behavior.

In her house, which has eleven rooms, each room is rented by a family of at least four. Everyone in the house shares one latrine with a drop-hole regardless of age.

"We have been taught to wash our hands with soap, but we do not have enough water and money to buy soap," says Mama Salehe, an elderly woman at Kichangani, Temeke.

Mama Salehe’s house is located a few meters from the Gulper offices, a toilet emptying facility, but she says she rarely seek the services from Tedgro, a community based organization that runs Gulper services.

One of the tenant’s daughters, Husna Hamis a secondary school student, said her family walks roughly five kilometers to fetch water from boreholes. Alternatively, her family can buy a 10-litre bucket of water for 20 shillings. Her six-member family requires at least five buckets for daily domestic use.

Seventeen year old Ms. Hamis says she uses rags during menstruation as she cannot afford the cost of sanitary pads. When asked how she disposes the rags she replied, "I use the rags, wrap them in plastic bags, and burn them after my periods".

Source: Interview, Saturday 17, July 2010
Tanzania Sanitation study trip
17 – 23 July 2010
Attachment 3:
Summary of the Workshop and Presentations
After a field trip to 7 different sanitation and hygiene projects in Tanzania, both rural and urban, participants from six different organizations, along with representatives from local and national government, met to discuss the challenges of and the way forward for scaling up Sanitation in the region.

**Objectives**

The main objectives of the workshop were:

i) To consolidate the learning from the exchange visits in a systematic manner

ii) to build consensus on what works well, what might improve and how

iii) to explore opportunities/mechanisms and resources for further collaborative action on going to scale with equity and sustainability

iv) To agree next steps including documentation and dissemination of outputs, drafting of recommendations and wider sharing, cross-regional (West and Southern Africa) dimensions, etc.

**Agreed Outputs**

I. A collaborative report on the learning outcomes from this visit

II. Recommendations for learning and scale-up for other countries

III. A plan for further linkages and collaboration

IV. Audio-visual and documentation material that can be used where appropriate in national and regional meetings as appropriate.
Workshop schedule

Thursday 23rd July

08.30-0930 Agree workshop structure, process and expected outcomes
   Revisit Objectives, agree style, process and shared responsibilities

09.30 Hopes, expectations, fears

10.00 Coffee

10.30 Looking back on the Field trips: discussion in plenary
   Lessons learnt: successes and challenges around
   - Improving access (physical facilities, coverage)
   - Improving and sustaining use
   - Hand washing – turning knowledge into practice
   - Participation, equity, institutions
   - Going to Scale

11.30 Group Work
   Drawing up the key principles for the practical ideal in an African context
   - Supply and Demand
   - Appropriate Technology
   - Equity
   - Sustainability
   - Enabling Environment

12.45 Lunch

14.00 Group Work (continued)

16.00 SNAPSHOTS from the field

17.00 Close

19.00 ODF BBQ
**Friday 24th July**

08.00  Summary of Day 1: Discussions and Conclusions

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>08.00</td>
<td><strong>Day 1 Conclusions</strong></td>
</tr>
<tr>
<td>09.00</td>
<td>Group Work completion and report back</td>
</tr>
<tr>
<td>10.30</td>
<td>Sanitation Marketing: Presentation on the concept and Tanzania experience (WSP) and Uganda experience (PLAN)</td>
</tr>
<tr>
<td>11.45</td>
<td>Presentation on the government of Tanzania’s experience with PHAST</td>
</tr>
<tr>
<td></td>
<td>Round Table Discussion on Lessons from PHAST</td>
</tr>
<tr>
<td>13.15</td>
<td>LUNCH</td>
</tr>
<tr>
<td>14.30</td>
<td>SWOT analysis by each participating organization and presentation including an update of any new developments</td>
</tr>
<tr>
<td></td>
<td>Collective stock of strengths and shared threats and concerns</td>
</tr>
<tr>
<td></td>
<td>What gaps remain- how can we fill and best resource?</td>
</tr>
<tr>
<td>15.30</td>
<td>Next steps</td>
</tr>
<tr>
<td></td>
<td>1. Outputs from this visit: responsibility/ principles/use</td>
</tr>
<tr>
<td></td>
<td>2. Commitment on working groups to resource key gaps identified.</td>
</tr>
<tr>
<td>17.30</td>
<td>Tea and Close</td>
</tr>
</tbody>
</table>
Summary of presentations
The workshop time was divided between plenary sessions, which allowed all members to exchange views on certain issues, small group work, involving more detailed examination of particular themes, and presentations.

Feedback from these sessions, particularly the small group reports, are presented here, in the order in which they were covered during the course of the two-day workshop. Some notes, particularly those on equity and sanitation marketing, are more detailed, as small groups worked further on them after the workshop.

Expectations, Hopes and Fears
Workshop participants had time to reflect on the discussions and deliberations of the meeting by expressing their expectations, hopes and fears.

Expectations
- Sharing of knowledge, and skills on the best of practices/approaches of total sanitation.
- Agreeing and getting a shared understanding of the Total Sanitation & Sanitation Marketing approaches without distortion
- Expecting to share experience on how to sustain the improvements/benefits from CLTS approach in sanitation & hygiene improvement
- Identifying gaps experienced so far in sanitation improvement by using different approaches.
- That clarity and consensus on collaboration with government will be attained.
- That key learning will be shared, the areas of collaboration will be identified and the way forward will be cleared
- Identifying major issues to scale up
- Building on strengths so we don’t duplicate our efforts
- Sharing of ideas and innovations in simple and clever ways in which solutions work
- Harmonizing out approaches
- Identify key points on sanitation and sanitation marketing to up scale
- That the government (Central and Local) has to be lead entity going to consolidate what the participants learned from the field for building consensus on CLTS versus other approaches
- That participants find concrete ways to move forward as a partnership
- To learn how sanitation marketing could be an input to hygiene and sanitation promotion
- Defining a feasible solution to getting improved technologies and materials to remote communities

Hopes
- Discussion will provide more clarity on methodologies and how to go to scale
- Reflections on the past few decades would be used to assess what may be missing /nascent / underfunded for having impact
- To bridge the gap, address both theoretical best practices, and practical implementation
Fears

- People might find it hard to be objective about the approaches that their organization implements
- We might get bogged down in detail
- We might run out of time for discussion
- We will focus too much on Tanzania and what we saw during the field trip, and not look at the commonalities for the region
- Need to be honest and say “it’s not working” or “it’s too expensive

Supply and Demand

CLTS and Sanitation Marketing

- CLTS is a one-time and very effective tool to create demand for improved sanitation; it cannot in itself be sustained
- Demand can be interpreted as “perceived value”, whether monetary, social, health etc.
- That demand or value needs to be “cashed in” against improved sanitation to realise its value
- “Sanitation Marketing” helps people to gain maximum benefit for that perceived value

Community Led Total Sanitation

- Is not prescriptive of latrine designs
- No subsidy at all- relies on power of collective community action and local materials
- Triggers awareness of poor sanitation due to OD through shame, fear and disgust
- Awakening done through a ‘facilitation process’ that fosters community self analysis

Sanitation Marketing (SM)

- SM needs to be sustained from the moment of triggering, both to guide the immediate ODF response and then to help people climb the sanitation ladder
- SM should observe 4 classic P’s + 2 other P’s
  - Product (see next slides)
  - Promotion (social marketing)
  - Place (placement of products/ideas/skills in the target communities)
  - Price (see later slides)
  a) As well as Partnerships and Policy to make 6P’s

Product

- SM should be a flexible response to demand, and not the selling of uninformed predetermined products or ideas
- There are two main mechanisms for this:
  - Community-level discussion with well-informed facilitation
  - Prior formative research with some communities on motivators and options for latrine adoption and type of technology, leading to a range of feasible options
- A balance must be struck between having too few prescribed options ready for delivery on triggering, and delays in preparing options identified in subsequent community dialogue
- **Policy:** Examine on How to link better with by-law enforcement & budgeting/prioritising for SM
- **Partnerships:** Work with various stakeholders to create better enabling environment for SM

**Price**

- Affordability is a key factor in product development, whether pre- or post-triggering
- Any hardware subsidies must be very closely targeted, otherwise they will cost too much at scale

**Gaps**

- How to maintain the momentum of CLTS with a smooth transition to SM
- How to carry out prior formative research on products or facilitate community design of products after triggering
- Development of other elements of the supply chain – e.g. financing/credit for both buyers and sellers
- Lack of country-level specific guidelines on TSSM
- Inadequate address to other Hygiene Issues other than latrine construction e.g. Hand washing, food/personal hygiene, drinking water management

**Appropriate Technology**

1) **Access:** The best sanitation technology should consider the following major issues:
   a) Inclusive design: Design of the technology should address the interest of all community groups (pregnant mothers, disabled people, children and the elderly)
   b) The technology should be to the National and “International” standards/requirements e.g. JMP
   c) The local conditions should be taken into consideration during the technology choice
      - Local geology/soil type (rocky, collapsible)
      - Ground water situation
      - Water lodging areas
      - Flood prone areas etc.
   d) The technology should be built on local experiences/knowledge (VLOM type)

2) **Use of Technology:** To maximize the use of designed technology the following issues should be considered:
   a) Consumer preference:
- Affordability
- Acceptability
- Attraction of the technology
- Availability of the product

b) Safety and privacy of the consumer should be insured
c) Hand washing with soap or other available local detergents (Ash, sand etc.) should be included
d) Strong promotion should be considered to move up sanitation ladder starting from the 3rd level as base
e) Using various approaches to promote construction and use of latrines by the community itself (Bye laws, enforcing community laws, punishments or Community support etc.)

3) Sustainability /Best practices:
   a) Inclusion of training on sanitation technology options in education curriculum/technical education (started in Ethiopia and Uganda)
   b) Organizing artesian association (profession) to maximize:
      - Access to funds
      - Access to loans
      - Access to different bids
      - Get recognition
      - Integration and diversification of engagements
   c) Linking artesian with government structure and priority
   d) Encouraging and motivating local innovations
   e) Building the capacity of artesian on entrepreneurship skill and marketing
   f) Integration of Sanitation with other dev’t aspects (diversification)
   g) Inclusive design as policy in sanitation technology (Case, Uganda’s Disability act requirement for access)
   h) Collaboration and coordination among different stakeholders
      - Reduce duplication of efforts
      - Maximize efficiency and effectiveness

4) Gaps:
   a) Inclusion issue still needs improvement (especially in institution latrines)
   b) Privacy issue needs further improvement in institutional and HH technologies (e.g. latrine doors)
   c) Integration of WASH components to maximize impact
   d) Different behaviors require different targets audiences/technology with different approaches
   e) Issue of regular M&E needs further strengthening, needs baseline and clear indicators
   f) Flexibility in technology choice and definition of technologies (e.g. SanPlat should not be stand only for concrete slabs)
Attributes of Equity in Community Sanitation

- ensuring 100% access and use of latrines via approaches that aim for Total Sanitation
- includes gender, socio-economic, vulnerable groups, etc.
- relates to the sustainability of projects, relapse ‘those who fall off the ladder or never make it on’

Areas for improvement:

1. Political commitments and strategies for sanitation should explicitly incorporate specific strategies for addressing equity for the poor, women, children, disabled, etc.
2. Disaggregated baseline and monitoring data on vulnerable groups should be collected to understand inequities and be able to effectively design and monitor sanitation programs for progress on equity
   - Using available information to map and prioritise programming and to understand gaps in information
   - Information to be collected at various levels from hh to national
   - there is no cookie –cutter approach, should be country/district/community specific
3. Establish equity indicators/process that can be used globally as benchmarks for progress.
   - Equity indicators should be agreed upon, integrated into programming and used as benchmarks for performance
   - Inclusion of equity indicators in the basic monitoring components.
   - Each country/region will have different equity issues and should be able to select those which are most useful/appropriate
   - using the MDG monitoring data to analyse progress by wealth quintiles (i.e. to see which countries have made progress in the bottom quintiles)

GAPs:
More research is needed on the use and design of subsidies to support the most vulnerable groups and answer questions such as: how to identify the most vulnerable most effectively? how do other sectors use and target subsidies? the use of subsidies at various levels: to sssps, community, etc. There is a general acknowledgement in the sector that subsidy to households does not necessarily lead to behaviour change and is neither scalable nor sustainable. Action required in the area of the use of smart subsidies to effectively target and support vulnerable groups.

Services and use

1. Hardware and software processes/design should be user-centred (not assumptive).
   - basically that we need to proactively seek out/question whether our designs and assumptions work across all populations and specifically to vulnerable groups.
   - similar range of options to be considered, developed in addressing the needs of the vulnerable (i.e. from toilet design to mhm)
2. In support of the focus on 100% inclusion, steps need to be included in the traditional ‘triggering’ process to include those left behind (when this is the case), i.e. specific guidance on a second visit to specifically meet with vulnerable groups, etc.
- facilitation is an issue of equity

3. Men and women to be included as part of behaviour change campaigns and messaging.
   - need to consider burdens on women as part of being targeted by interventions
   - men’s behaviour as a contributor to reaching ODF

Examples: Home based care HIV incorporating WASH, child –friendly design in schools, menstrual hygiene management.

**Sustainability**

1. Working with other sectors to better target and achieve greater equity for vulnerable groups, i.e. working through OVC (orphan vulnerable children) programs and HIV programs to deliver WASH/home based care.
   - WASH sector to improve targeting and strategies for vulnerable groups
   - identify which programs are already working with disadvantaged groups, etc.

GAPS: Using social norms reinforcement and legal enforcement as ways to promote 100% uptake. Using enforcement as a social net?

**Sustainability**

1. **What?** What are we referring to when we talk of sustainability?...sustainability of...
   - Behaviour change for improved sanitation and hygiene
   - Appropriate technologies
   - Motivation of government at different levels and at community level

2. **How?** General points re. going to scale with sustainability
   - Speaking the same language:
     o Definitions
     o Clear goals
     o Standard indicators
     o Approaches / principles
   - Monitoring:
     o Need for short and long term targets
     o Monitoring indicators that are a proxy for behaviour change & going beyond physical outputs
   - Adequate resources needed (and efficiency of use for scale)
   - Use of participatory approaches
   - Mix of different communication methods:
     o Inter-personal communication
     o Mass media (at community, regional, national)
     o Child to child
3. **How? Motivation of government at different levels and at community level**

- Clear goal
- Phased implementation vs. one-off
- Continuous follow up
- Capacity building to fill gaps
- Track and complete performance
- Incentives for better performance / disincentives for poor performance
- Ring fenced budget (logistics, staff & capacity building, allowances)

4. **How? Behaviour change**

- Focus on demand creation matched by supply
- Demand:
  - Culturally appropriate
  - Equity (considering of how to ensure the poorest and most vulnerable are also reached)
  - Affordable
  - Trigger self-analysis
  - Motivate own investment
  - Incentive for early adopters / villages who have achieved total sanitation
  - Identify drivers
- Supply:
  - Locally appropriate technologies vs. external design
  - Affordability
  - Business models / entrepreneurs
  - Operation and maintenance

### Enabling environment

<table>
<thead>
<tr>
<th>Enabling Environment Principals</th>
<th>eThekwini Commitments 2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Political Will/ Sanitation and Hygiene Champion</td>
<td></td>
</tr>
<tr>
<td>Sanitation and Hygiene priority in PSRP</td>
<td>Sanitation &amp; Hygiene Profile in PRSP</td>
</tr>
<tr>
<td>Clear policy and strategy for Sanitation and</td>
<td>National Plan</td>
</tr>
<tr>
<td>Hygiene</td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>---</td>
</tr>
<tr>
<td><strong>Legislation</strong> allowing enforcement of Sanitation and Hygiene</td>
<td></td>
</tr>
<tr>
<td><strong>Institutional home</strong> i.e. lead institution for Sanitation and Hygiene</td>
<td></td>
</tr>
<tr>
<td>Functional and effective <em>Coordinating Mechanism</em> for Sanitation and Hygiene</td>
<td></td>
</tr>
<tr>
<td>Agreed upon <strong>methodology/approach</strong> with implementation guidelines</td>
<td></td>
</tr>
<tr>
<td><strong>Human and Financial resources</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Enabling Environment Principal Specifics</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Political Will/ Sanitation and Hygiene Champion</strong> → in not then it will make it difficult ensure that the components of the enabling environment are implemented</td>
<td></td>
</tr>
<tr>
<td><strong>PSRP</strong> explicitly states time bound sanitation and hygiene targets → if not then inadequate resources will be allocated</td>
<td></td>
</tr>
<tr>
<td><strong>Stand alone Sanitation and Hygiene policy and strategy</strong> that is not embedded in other policies → if not then lack of direction and commitment</td>
<td></td>
</tr>
<tr>
<td><strong>Legislation</strong> such as public health act or housing act that gives local governments ability to enforce → if not then enforcement ability is undermined</td>
<td></td>
</tr>
</tbody>
</table>
**Institutional home** means that there is sanitation and hygiene department or directorate within a ministry → if not then accountability for progress will be diffuse and it will not be given priority compared to other programs such as Malaria and HIV/AIDS

Functional and effective **Coordinating Mechanism** requires that there is a lead ministry and roles/responsibilities/accountability of all actors (gov’t and non-gov’t) are defined

Agreed upon **Methodology/approach** with **Implementation guidelines** is based on evidence and grounded in field experience. The methodology/approach should be cost-effective in order to scale up. The implementation guidelines should clearly describe a monitoring system and be accessible to all actors involved with sanitation and hygiene. → if not then government and implementing agencies run risk of fragmented and uncoordinated activities

**Human and Financial Resources** requires that there is dedicated national budget for Sanitation and Hygiene that allows for implementation of activities but also training and institutional capacity building → if not then it will be an unfunded mandate and goals will not be met

---

**Sanitation monitoring**

**Key Principles**

1. Monitoring for planning & decision making
2. Value your data – share results and provide feedback to those collecting
3. National sanitation monitoring partnerships
   - Strengthen government M&E group
   - Agree process & basic indicators
   - Measure behaviour change (monitor use)
   - Measure **components** (see next slide)

**Sanitation Indicator Components**

Measure components of indicators rather than definitions (ie. not improved/traditional), as definitions change over time and vary between countries, eg.

a) Substructure
b) Slab
c) Superstructure
d) Presence of faecal matter (not total sanitation)

Components combine to meet definitions
**Recommendations**

1. **Africa-wide basic monitoring of components**
   - To build consensus on minimum indicators to be measured
   - Could build on eThekwini process of sanitation process
2. **Africa-wide scaling-up indicators for the enabling environment, eg. manpower, resources, partners.**

**Sanitation Marketing**

These notes aim to reflect the key points of the discussion held between the participants during the Tanzania Sanitation & Hygiene Study Tour, within the overall context of accelerating coverage/scaling up sanitation. 2 different models being trialed in the East Africa region were discussed, followed by a broader discussion on particular issues of interest.

**1. Overview of Sanitation Marketing principles and TSSM**

Yolande Coombes of WSP presented a basic background to sanitation marketing, and in particular the WSP approach of the SaniFOAM framework. SaniFOAM is a framework developed by several organizations at a workshop in Durban in 2008 to capture the determinants of HWWS behavior. This has been elaborated elsewhere, and a description can be found in the overview document: ‘Introducing SaniFOAM’: [http://www.wsp.org/UserFiles/file/GSP_sanifoam.pdf](http://www.wsp.org/UserFiles/file/GSP_sanifoam.pdf)

There is often a tendency to over-simplify sanitation marketing, labeling it just as ‘supply’ of materials or parts (eg. slabs) for toilets, or else just as behaviour change communication. The framework is a useful tool to help us consider the many ‘ingredients’ that need to be in the right place for sanitation marketing to be successful.
**SaniFOAM Framework**

<table>
<thead>
<tr>
<th>FOCUS</th>
<th>OPPORTUNITY</th>
<th>ABILITY</th>
<th>MOTIVATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target population</td>
<td>Access/availability</td>
<td>Knowledge</td>
<td>Attitudes and beliefs</td>
</tr>
<tr>
<td>Desired behavior</td>
<td>Product attributes</td>
<td>Skills and self-efficacy</td>
<td>Values</td>
</tr>
<tr>
<td>Social norms</td>
<td>Social support</td>
<td>Emotional/physical/social drivers</td>
<td></td>
</tr>
<tr>
<td>Sanctions/enforcement</td>
<td>Roles and decisions</td>
<td>Competing priorities</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Intention</td>
<td>Willingness to pay</td>
</tr>
</tbody>
</table>

**TSSM:** In Tanzania, the WSP Total sanitation/sanitation marketing (TSSM) programme combines CLTS to create demand for sanitation at the community level with Sanitation Marketing based on SaniFOAM to stimulate demand at the household level. In addition marketing techniques are used to improve the supply of sanitation-related products and services with the aim of developing a self-sustaining demand and supply mechanism (market) and to support the whole ‘value chain’ from cement suppliers to household. SaniFOAM was used to help develop formative research as well as a communications brief.

A major formative research study was undertaken to determine what would motivate householders to build/purchase latrines and issues relevant to supply that meets consumer preferences. From this, the DCC (direct contact communication) programme was developed by a specialist external promotion agency. The materials focus on very positive messages for handwashing and latrine building with the theme of Asante Sana Mama! (Thank you Mum!) for HWWS and Choo Bora Chawezekani (A good toilet is possible). CLTS does not go far enough in providing the motivation and support to move a household higher up the ladder. Low-cost sanitation options are not readily available in rural communities, masons (fundis) have limited business and marketing skills, little access to credit, and households have not been targeted to make the relatively large investment into upgrading their latrine. To rectify this, the Project is training fundis in latrine construction, and basic business and marketing skills. Many rural households in Tanzania already have poor quality traditional latrines – the aim of the marketing is to persuade them to improve the latrine with a concrete slab (sanplats most commonly promoted) and other improvements to make it safer and more hygienic. The mason training is conducted concurrently with the CLTS training. More documentation on TSSM in Tanzania can be found at:
2. PLAN Uganda Sanitation Marketing Experience

Carol Nabalema and Amsalu Negussie explained that a communication survey and formative research study was also undertaken in the Uganda programme, looking at both consumers and suppliers. Using the principle of creating livelihoods as a driving force behind the programme, previously trained masons were supported to develop their marketing skills and create their own demand. Local institutions have also helped to raise the profile and develop the sanitation marketing. A guidance manual for the masons and a latrine marketing catalogue were developed. This unique model is being trialed in one area of a Ugandan District, and CLTS in another. In the coming year, PLAN’s intention is to bring the two approaches together in a third area. With these 3 project areas, the combined impact should be measurable. More information can be found at:


Other examples of marketing were seen during the field visit, eg. on the WaterAid Mtumba project – local Sanicentres have constructed example latrine models, and offer a service (with tiered prices) to prepare your slab and/or whole toilet in the village. Combined with CLTS triggering, the project aims to both create demand and respond to it. Of the few latrines we saw in the villages, some people had purchased the slab only, and several had attempted to build offset ‘pour flush’ style toilets – not on offer at the centres. This raises questions around market research and meeting the felt needs and consumer preferences which should be key principles of a. sanitation marketing approach.

3. Sanitation Marketing – Questions and areas of discussion

Demand Creation – approaches will need to vary depending on the coverage. For example in Tanzania, coverage is already very high (80%+) and so the focus is on improvement, and the household is the target level for the promotion. A strong focus is needed on demand creation, as if the demand exists, the market should naturally develop to meet the demand. Sanitation must continue to be ‘advertised’ to maintain existing toilets – this cannot be just a ‘one-off’ as O&M will fall away. Enforcement – through legal and/or social pressure - is also an important aspect of this.

Formative Research – is it necessary to conduct a big FR study in every county? This is not always needed – can do small qualitative studies to quickly discover what motivates people, eg ‘day in the life’ studies, where one individual is observed or asked about their habits at key times of the day. A further useful approach is to focus on the motivations of ‘positive deviators’ or those who are the early adopters – why did they do it, and how can we improve those factors for all? The value chain should be examined to see all the links.

Equity – marketing naturally aims at the ‘top and middle of the pyramid’, something that all will naturally aspire to. The aspiration should gradually trickle down to all members of the community (parallels made with mobile phone ownership – has taken about 25 years). So no, sanitation marketing is not a very equitable approach, but it does create sustainable coverage. Also if you can get coverage to trickle down you can then bring in targeted subsidy later to the very poor. Subsidies which are brought in too soon will just leak up the pyramid.
The use of CLTS within the TSSM approach is intended to support the lowest quintile through CLTS, but as yet there is no data to confirm if this is happening. Whilst using the CLTS approach for ‘triggering’, TSSM does not focus on ODF status of communities, preferring to work at the household level with incremental improvements to toilets.

**Branding** – Can we expect people to want to buy a ‘Ventilated Improved pit latrine’ – or should we be giving models local names? Local names are a good idea, but these should perhaps emerge naturally? Upneet Singh of WSP India gave the example of the Indian marketing catalogue where they have given the toilets names like the Queen, the King etc.

**Private Sector** – A large part of our discussion centered on the greater use/partnering with skills from the private sector, not only in marketing, but also supply and distribution. The PPP model used in eg. handwashing was discussed – would a similar model work with sanitation if we could encourage eg. cement companies to become involved?

PATH has experience in PPPs and also in evaluating value chains, and would be very interested to explore these options further.

**Financing** – Some exploration is needed of different financing models to ‘kick-start’ sanitation marketing. Eg. franchising models might work. Using microcredit to give loans/credit would also help with affordability. Should this be linked to the marketing, or in parallel?

**Capacity Building** - Some participants expressed a desire to learn more about social marketing and sanitation marketing in particular. The idea was raised as to whether there could be some training across organizations on key components of sanitation marketing.

4. **Summary**

Key points to follow up on, arising from the discussions:

- Would a PPP for sanitation work? Greater capacity is needed in the sector if we are to go to scale with these approaches, and the private sector seems the most obvious area to look for it.
- Further exploration needed on the links between sanitation marketing/behaviour change and CLTS – Can we still call it CLTS or Total Sanitation if we are not aiming for ODF status? Is it OK to drop this goal – would we still achieve the health benefits of sanitation coverage if the last 10% are not reached?
- Working with the commercial sector – who, how, mutual benefits.
- Advocacy aspects of sanitation marketing – promoting a wider awareness, training courses on approaches etc

**Sanitation Marketing Group** – An inter-agency team agreed to follow up on these discussion issues and take the points forward:

WSP – Yolande Coombes  
UNICEF – Ann Thomas  
PLAN - Carol Nabalema  
WaterAid - Marko Msambazi  
PATH – Mark Guy
**Participatory Hygiene and Sanitation Transformation (PHAST)**

Summary of presentation titled: Overview of the Participatory Hygiene and Sanitation Transformation (PHAST) Approach in Tanzania 1999-2010, given by Mary Swai-Principal Health Officer, Tanzania Ministry of Health and Social Welfare (MOHSW).

**Status of Sanitation & Hygiene in Tanzania**

1. 2005 MOHSW Survey in 7 districts:
   a) Human Excreta disposal
      Latrine coverage was 89.8%. However, focusing on durability only 47.2% were rated permanent
   b) Solid waste
      60-80% of solid waste in urban areas NOT properly disposed off
   c) Sanitation in schools
      50% of primary schools had inadequate sanitary facilities
   d) Hygiene
      57% boil drinking water
      31.3% of the latrines had hand washing facilities
      15.1% of the households had children feaces around the compound (MoHSW-2004)

2. TDHS 2004:
   86% of households use traditional pit latrine.
   3.8% use VIP latrines; 2.6% flush toilets.

3. HBS 2007:
   90% of rural and 98% urban = basic latrines

4. JMP (WHO and UNICEF, 2008):
   33% access to improved latrines (31% urban, 34% rural)

**PHAST Interventions – The Tanzania Scenario**

PHAST as implemented in Tanzania has adopted the following approach/strategy:-

i. Advocacy/orientation workshops at various levels (National/regional, district, ward and community level. 35-70 participants, often more)

ii. Capacity building through training of resource persons at various levels (National, Regional, District, Ward & Community)

iii. Training of village/community artisans on construction of improved latrine options

iv. Development of Community Action Plans

v. Supervision, follow-up and monitoring of the implementation

vi. Participatory M&E incl. evaluation of the approach

**Partners for PHAST**

- MOHSW – Overall coordination, ......
- UNICEF - PHAST into TZ, NTOT training, Tool Kits development, introduction into more than 30 districts, artisans training etc.
- Dutch - Shinyanga RWSS Prog – 8 districts
WHO – Trained National PHAST Team in Zimbabwe.
AMREF – 10 districts, World Vision, ISF, CONCERN.
Local NGOs (TWESA, ESHO, ENVITECH)

PHAST Implementation and Outputs/Outcomes

- Outputs of PHAST - seen in two categories:
  - Qualitative (behavioural changes e.g. hand washing)
  - Quantitative (based on coverage indicators, e.g. number of households with latrine, number of households with garbage pits etc)
- Results vary from place to place, some districts have encouraging outputs
- A good number of facilitators have been trained to facilitate PHAST at various levels
- Total villages covered in Tanzania = approx 12,000

PHAST Evaluations

- Evaluations have been conducted twice since the inception of PHAST.
- **First evaluation conducted in June 2006** in the following districts: Manyoni, Magu, Hai, Mbarali, Kilosa and Kisarawe.
- The first evaluation revealed an average increase in latrine coverage of 6%; adoption of good hygienic practices e.g. boiling drinking water and increased awareness to the community on the protection of water source in the study districts.
- Generally, awareness on sanitation and hygiene issues was reported to be high.
- **Second evaluation carried out in 2007** in the following districts: Temeke, Kilosa, Shinyanga and Mpwapwa.
- Findings were not promising - perhaps due to most villages/mitaa in the study areas were not covered extensively?
- With exception of Kilosa, other districts were only partially covered e.g. Mpwapwa in less than 20% of the villages.

Lessons Learned

- PHAST creates longer term awareness and capacity at all levels, a foundation for other S&H interventions/approaches
- Multi-sectoral approach is challenging but important e.g. Makete district using non-health Ward TOTs to get sanitation data
- Advocacy/orientation and training at all levels helps to build longer term capacity
- District continued commitment and support for ward and community level critical
- Close follow up by national/regional level to continue challenging districts to provide needed support is important improvements
• Districts differ in capacity & commitment. Extra attention needed strengthening community level for implementation and sustainability - important for success, not to rely on district and ward level alone.
• VHWs not sufficient to cover especially big villages. CORPs are challenging but important. We can’t afford to do away with them.

Recommendations
• PHAST should be followed immediately by training of artisans for tangible changes to happen
• In implementing S&H, need to use and strengthen existing mechanisms, not creating parallel ones
• Piloting must think of and incorporate scale up issues right from beginning e.g. costs/ resources, implementation/ follow up, mechanisms (e.g. scale up within whole district), ownership, etc.
• National level (NTOTs) to dialogue with and assist districts/villages to plan and budget for S&H using available opportunities e.g. CCHP, WSDP, ESDP, O&OD, etc.
• National level to facilitate districts to identify/strengthen existing affordable mechanisms for CORPs motivation
• Promote a wide range of sanitation options including emphasis on pit reinforcement and more than one hand-washing options

Way forward
• Strengthen supervision and monitoring of PHAST activities at community level
• Finalize and endorse revised tools + orient facilitators at different levels on their use
• Conduct strategic advocacy at district level to win commitment and support from decision makers
• MOHSW and s/holders to harmonize / systematically link PHAST with other key approaches
• Conduct Annual S&H Stakeholder Forum
• MOHSW to conduct mapping of various stakeholder S&H activities and their coverage in the country
• Advocate for increased investment for implementing Sanitation and Hygiene
• Share Experience on best practices through networking

SWOT analyses of participating organizations

An overview of the partnership approach, and analyses of the common themes and challenges, are provided in the study tour report. In the following sections, the information from each participating organization is presented.
Organization Summary: PATH
Seattle, Washington, USA (headquarters)
www.path.org

PATH envisions a world where innovation ensures health is within reach for everyone.

PATH is an international nonprofit organization that creates sustainable, culturally relevant solutions, enabling communities worldwide to break longstanding cycles of poor health. By collaborating with diverse public- and private-sector partners, we help provide appropriate health technologies and vital strategies that change the way people think and act.

We currently work in 70 countries, with offices in 30 cities in 21 different countries.

PATH’s three key areas of focus include:

- Advancing technologies
- Strengthening systems
- Encouraging healthy behaviors

Our organizational mandate over the next several years is to accelerate our impact, broaden our reach, strengthen our monitoring efforts, and continue to build internal capacity.

PATH’s Safe Water Program is fairly new to the sector. We have been working on the provision of household safe water and storage since December 2006 through a grant from the Bill & Melinda Gates Foundation. Our work is primarily focused in India, with additional activities in SE Asia and Africa. In addition, we have done small-grant-funded work in community water treatment as well as sanitation. Our sanitation work began in January 2010 (focused on assessing the value chain for provision of sanitation in Cambodia and Kenya through qualitative work, as well as learning about the end user needs for sanitation).

Our current mandate within the Safe Water Program is to explore how the tools we have developed through our Safe Water Project work can be applied to the sanitation sector and partners currently working in the WASH space.

Strengths: public-private partnerships, value proposition for partners, catalyzing partnerships (by assessing alignment and conducting due diligence), understanding the end user perspective as well as the entire value chain (including gap analyses), strong history of relationships across a broad spectrum of partners, technology development and adaptation, qualitative research and research tools

Weaknesses: we are new to the WASH space and do not have as rich a history as other players, we are not an implementing organization but one that works through partners, we are not a demand generation or marketing firm, we are strictly grant funded

Opportunities: Given that we are new to the space, we feel we bring a fresh perspective to WASH approaches, especially in the realm of public-private partnerships and involvement of the commercial sector. We feel confident that we have well-developed tools from our current work that may have key relevance to the sanitation sector.
Threats: We are strictly grant funded and are limited as to how quickly we can enter into specific scopes of work.

Organization Summary: Plan International
Woking, Surrey, United Kingdom (headquarters)
http://plan-international.org/

Mandate - Plan International is a child centred organization which is mandated to address all child rights issues focusing on child survival, development, protection and children participation. Plan has been working to alleviate child poverty guided by its “Child Centred Community Development” (CCCD) approach. Water, Sanitation and Hygiene is one of the core programs of Plan’s holistic child poverty alleviation strategy.

New Direction: In the last 10 years Plan introduced a new direction of right based programming to modify its child sponsorship approach. In the water and sanitation sector:

- It analyzed it’s subsidize approach and justified that there was no equity and justices on subsidizing the household sanitation facilities in different countries and decided to move to community based self reliance approach. Since 1997 Plan at the regional level accepted CLTS as the main approach
- Climbing the Sanitation ladder is considered essential and the promotion of Sanitation Market is encouraged by the organization
- Multiple uses of water is introduced and planning within IWRM framework is the main approach to address child poverty
- Currently Plan is considering the wider environmental management to overcome the negative impact of climate change, particularly focussing on natural resources development/conservation and renewable energy initiatives

Strength:

- Plan is very close to household and communities. It has frontline staff who learn from the community and work at household and community level
- It is well structure to address issues from household to the global level. It has 46 program countries coordinated by 4 Regional Office, 17 National Office in developed countries and each country program is structured in Program Units to work at community, districts and local governments levels
- Plan is a learning organization and it documents its experiences and findings at all level
- It invests in human capital to bring change
- It has a capacity to mobilize resources

Weakness

- Plan’s Advocacy at country, regional and global level is not very strong
- Although Plan has an intensive community development work its working areas are limited comparing to the magnitude of the problems in the given countries
- Although Plan is a learning organization, it is slow in taking a position on some issues
- Plan works with implementing partners but it is week to strength relationship with strategic partners at all level
Opportunity

- CLTS + SANMARK are accepted as main sanitation and hygiene approach for the organization
- The Plan Region of Eastern and Southern Africa is given a mandate to manage CLTS/SANMAR at Pan African Level. Now there is a 5 years Pan African CLTS/SANMARK Project to Scale-up CLTS/SANMARK in 8 African Countries (5 E&S and 3 West Africa)
- Plan has skilled manpower at all level, National Offices, Regional and Country Offices as well at Program Unit level
- Plan has great potential for resources mobilization
- Plan has taken a new direction of addressing child poverty in the right based approach, introducing multiple/economic uses of water, Climate change/Environmental management including renewable energy development broaden the opportunity of the WATSAN Sector
- New community managed initiative such as Village Saving and Loan Association could create a good opportunity to expand SANMSRK

Threat

Recently Plan’s income has started to relay on grant funding. Donor driven initiative could be a threat and Plan may loss its independent thinking and strategic planning ability.

Organization Summary: UNICEF
New York, USA (headquarters)
www.unicef.org

Corporate Mandate

UNICEF Works for Children and has a presence in UNICEF is present in 180 (?) countries globally and has WASH programmes in 60 priority countries. The overall objective of UNICEF in the area of water, sanitation and hygiene (WASH) is to contribute to the realization of children’s rights to survival and development through promotion of the sector and support to national programmes that increase equitable and sustainable access to, and use of, safe water and basic sanitation services, and promote improved hygiene.

<table>
<thead>
<tr>
<th>UNICEF packages of support:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Comprehensive package in 60 countries with high child mortality and low WASH coverage:</td>
</tr>
<tr>
<td>(i) Support to water supply and sanitation services</td>
</tr>
<tr>
<td>(ii) Support to WASH in schools</td>
</tr>
<tr>
<td>(iii) The basic package (see below)</td>
</tr>
<tr>
<td>(b) Emergency package in emergency countries:</td>
</tr>
<tr>
<td>(i) Meeting the WASH-related Core Commitments for Children efficiently</td>
</tr>
<tr>
<td>(c) Basic package in all other countries where UNICEF supports programmes:</td>
</tr>
<tr>
<td>(i) Hygiene improvements</td>
</tr>
<tr>
<td>(ii) Drinking water safety</td>
</tr>
<tr>
<td>(iii) Monitoring global indicators</td>
</tr>
<tr>
<td>(iv) Emergency preparedness</td>
</tr>
</tbody>
</table>
For WASH priority countries UNICEF has 2 strategic targets –

1. Halve, by 2015, the proportion of people without access to safe drinking water and sanitation (MDG target 10)
2. WASH facilities in 100% primary schools

In addition to this in Africa UNICEF has a specific focus on scaling up sanitation, handwashing with soap and household drinking water treatment as part of the child survival and development agenda in all countries. UNICEF WASH works cross-sectorally with health, nutrition, education, protection.

In sanitation UNICEF support Community Approaches to Total Sanitation (CATS) with the goal of eliminating open defecation in communities. The CATS essential elements are a set of principles which provide a framework for action and a set of shared values which can be easily adapted for programming in diverse contexts.

**SWOT**

**Strengths**

- Present in many countries throughout the world (both programme countries and national committees) with solid history of partnership with government and others.
- Work at various levels – with government and other partners at national and decentralized levels
- Multisectoral
- Monitoring – national systems, JMP
- Mandate for emergency preparedness and response (cluster coordination for WASH)

**Weaknesses**

- Lack of operational focus in some countries
- Currently a predominantly rural focus for sanitation activities
- Bureaucratic machine

**Opportunities**

- Currently planning a review of CATS and conceptualizing how UNICEF may apply sanitation marketing concepts strategically in the context of CATS.
- Organizational prioritization of equity
Organization Summary: WaterAid
London, United Kingdom (headquarters)
http://www.wateraid.org/

The WaterAid Cooperative Mandate

Mandate

First, it should be recognized that under our Aim 4 - we will further develop as an effective global organization recognized as a leader in our fields and for our values

Under the New WA Global strategy: the organization has stipulated that Will continue to partner with a wide range of organizations including civil society, governments, private sector international organization academic institutions and the media:

Our value

While prioritizing the cooperate mandate, we observe our values which are:

- Inclusive: Working with economically poor and marginalized and discriminated people (rural poor, urban poor, people with disability, people living with HIV/Aids, geographically marginalized). The needs and voices of the communities shape our policy and practice.
- Inspiring: WaterAid is a passionate champion of the role of safe WASH play in improving health and education and reducing poverty.
- Courageous: We are assertive yet humble and respective.
- Accountable: accountable, responsive and transparent to those we serve and to those who support us.
- Collaborate: WASH crisis will only be solved by collaborative action.
- Learning: Put learning is central to our work.

Principles:

- Appropriateness
- Sustainable
- Transferable
- Integrated
- Informed

New strategic direction

We are moving towards:

- Influencing
- equity and inclusion
- child protection (school WASH),
- programming rather than project
## SWOT Analysis

<table>
<thead>
<tr>
<th>Strength</th>
<th>Weaknesses</th>
<th>Opportunities</th>
<th>Threats</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>New strategy for 2009-15</strong></td>
<td>Scaling up of the technologies and approaches BOP is slow.</td>
<td>Scaling up from 17 country to 26( new countries such as Kenya, Rwanda and Latin America</td>
<td>Climate change</td>
</tr>
<tr>
<td>WaterAid developed Global strategy. with defined Aims, objectives, indicators, targets, principles and values.</td>
<td>-</td>
<td>Networking</td>
<td>Global financial uncertainty</td>
</tr>
<tr>
<td>Advanced in advocacy and influencing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adopted programming approach.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Credible in Research and Documentation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mainstreaming equity and inclusion frame work. Led by the East African Regional Director</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning &amp; good at organizational development</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Technical support unit available at head quarter to support regions and Country programs.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**SWOT analysis**

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>• community level knowledge and contact</td>
<td>• Not out ward/ looking enough, sharing and advocacy.</td>
</tr>
<tr>
<td>• Working with local governments and structures</td>
<td>• Work in contained or limited geographical areas in a country. Influence is limited.</td>
</tr>
<tr>
<td>• Resource mobilization 4 regions-12 east Africa, 11 west Africa. 46 countries. 17 national offices –fund raising – sponsorship organization.</td>
<td>• decision making is slow (large Program)</td>
</tr>
<tr>
<td>• Learning organization</td>
<td>• To have a clear position</td>
</tr>
<tr>
<td></td>
<td>• Strategic partnerships could do better.</td>
</tr>
<tr>
<td></td>
<td>• adding environment broader mandate</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Opportunities</th>
<th>Threats</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Sanitation marketing /CLTS positioning.</td>
<td>• Donor driven funded 70% funding compromising their independence.</td>
</tr>
<tr>
<td>• human development at all levels .</td>
<td></td>
</tr>
</tbody>
</table>
WSP SWOT

The Water and Sanitation Program is a multi-donor trust fund administered by the World Bank that has been in existence for just over 30 years. Its mission is to support poor people in obtaining affordable, safe and sustainable access to water and sanitation services. WSP works directly with client governments at the local and national level in 25 countries through regional offices in Africa, East and South Asia, Latin America and the Caribbean, and in, Washington D.C. WSP’s FY11-15 business plan has incorporated a new strategic direction of scaling up rural sanitation and hygiene.

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Strong linkages with International Finance Institutions such as World Bank and African Development Bank, and as a result strong linkages with government counterparts</td>
<td>• Limited implementation capacity (number of staff and number of countries where WSP works)</td>
</tr>
<tr>
<td>• Strong experience in implementing total sanitation and sanitation marketing programs at scale over the last four years</td>
<td>• Limited to funding technical assistance</td>
</tr>
<tr>
<td>• Well resourced for technical assistance and learning</td>
<td></td>
</tr>
<tr>
<td>• Strategic learning and knowledge sharing is a core area</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Opportunities</th>
<th>Threats</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Ability to influence World Bank and African Development Bank investment programs</td>
<td>• Longer-term funding is dependent upon donor funds</td>
</tr>
<tr>
<td>• See partnerships as a key element to scaling up sanitation and hygiene interventions</td>
<td>• Frequent changes in government and threat of losing capacity built within government</td>
</tr>
</tbody>
</table>
Organization Summary: WSSCC
Geneva, Switzerland (headquarters)
www.wsscc.org

WSSCC Corporate Mandate

Mission: Improved Sanitation & Hygiene for the poor

SWOT Analysis

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weakness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Networks</td>
<td>Small Geneva Secretariat</td>
</tr>
<tr>
<td>- old partnerships, credibility, national, global, regional</td>
<td>Several coordination fora at national level</td>
</tr>
<tr>
<td>Advocacy</td>
<td>Capacity to respond and support</td>
</tr>
<tr>
<td>- global campaigns</td>
<td>Non rooted advocacy</td>
</tr>
<tr>
<td>Multistakeholder</td>
<td></td>
</tr>
<tr>
<td>Non-competitive partner</td>
<td></td>
</tr>
<tr>
<td>Clearing house</td>
<td></td>
</tr>
</tbody>
</table>

Global Sanitation Fund
17 countries by 2011

Networking Knowledge Mgt
35 Coalitions
3400 Members
Knowledge Prod

Advocacy Communication
Global Campaigns,
WASH Media,
SWA

Steering Committee
Donors

Partners
<table>
<thead>
<tr>
<th>Opportunities</th>
<th>Threats</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional partnerships – going to scale,</td>
<td>How are we different from WA/WSP/EWP/FAN</td>
</tr>
<tr>
<td>decentralized devolution</td>
<td>GSF programming overtakes Networking, Knowledge, Advocacy, Communication</td>
</tr>
<tr>
<td>South-South</td>
<td></td>
</tr>
<tr>
<td>Advocacy outside WASH</td>
<td></td>
</tr>
<tr>
<td>Rooted evidence</td>
<td></td>
</tr>
<tr>
<td>GSF</td>
<td></td>
</tr>
</tbody>
</table>