

From our water correspondent

Our water correspondent reports on the Government of Tanzania's allocation of roles and responsibilities for water and sanitation – but asks whether hygiene has been pushed off the agenda.

Good news for sanitation and hygiene in Tanzania! In June the last of four ministries signed a Memorandum of Understanding setting out roles and responsibilities among the Ministry of Health and Social Welfare, Ministry of Water and Irrigation, Ministry of Education and Vocational Training, and Prime Minister's Office – Regional Administration and Local Government, and other partners active in implementation. There are many areas where cooperation is necessary, including the provision of services in schools, clinics and other institutions, water quality control, household water treatment and management, solid and liquid waste disposal, and hygiene promotion.

This is a great first step for Tanzania but a small one given the sheer scale of the crisis. Last year's Household Baseline Survey 2007 showed that access to basic sanitation facilities is close to universal access. However, the vast majority of household

facilities are unimproved and unhygienic according to WHO/ UNICEF Joint Monitoring Programme standards. The Joint Monitoring Programme statistics showed Tanzania's trend line regressing this year with only 24 per cent of Tanzanians having access to an improved latrine. The Household Budget Survey (2007) was conducted by the National Bureau of Statistics (NBS) during 2007. The full survey report, published in December 2008, is available to download from the NBS website: www.nbs.go.tz. Moving Tanzanians up the sanitation ladder will require creative thinking and considerable financing, both of which have been lacking in recent years. That said, there is fresh momentum and emerging leadership from the Ministry of Health and Social Welfare, which needs to be capitalized on. The African Development Bank has been astute enough to recognize this, and – fingers crossed – we should see increased funds for a national programme to encourage households to improve their facilities starting in 2011.

But there is a risk of hygiene being left out of the equation. Little data is available about

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hygiene practices in Tanzania. Monitoring handwashing behaviour is notoriously difficult since soap-use behaviour changes significantly during observation. Household surveys have not included indicators relating to hygiene though it is possible to begin monitoring whether households have a designated place for handwashing where water and soap are present. A small survey conducted by UNICEF in 2009 found that handwashing is not common after attending a child who has defecated or before handling food (UNICEF [2009] *Government of Tanzania/UNICEF Interventions in 7 Learning Districts*). Fewer than 40 per cent of respondents reported washing hands after using the toilet.

As for sanitation, the main responsibility for hygiene promotion falls to the Ministry of Health and Social Welfare and its Environmental Health workers at the local government level. There is some funding coming from the Health Basket Fund but currently, hygiene promotion is one of 16 'priority' areas and faces strong competition from curative interventions. Fresh research and evidence is desperately needed to feed into policy development, guidelines and training for local government staff. Behaviour change is notoriously difficult to initiate and sustain and successful health interventions require

knowledge and understanding of existing practices, and their roots in society and culture as well as an understanding of those who are most receptive to change. Who are these people in Tanzanian communities? Much hygiene promotion work (including WaterAid Tanzania's own projects) has been done using the child-to-child approach, based on the assumption that children will act upon and pass on messages to their peers, families and communities. But how far is this assumption correct? We need to be exploring a range of strategies targeting families, children, women, social networks and communities.

At WaterAid, our focus has also been on 'hygiene education' – passing on knowledge and assuming this will lead to sustained change. But is knowledge enough or are there other key determinants we have not properly understood, such as affordability of soap, access to water, social pressure, cultural beliefs or values? Much work has been done in other sectors which we can explore and build on: for example, the health promotion efforts targeting the uptake and use of bed nets or the use of condoms in the field of HIV and AIDS prevention. It would be great if the newly signed Memorandum of Understanding is able to spark a working relationship which could promote this kind of cross-government knowledge sharing.