

Case study



Tanzania

Multiple approaches to increase WASH for health outcomes



Context

Even though the Geita Region is bordered by Lake Victoria, through a baseline study we determined that there was limited access to water in HCF and at community level in Geita and Nyang'whale districts. Common sources of water for households, facilities and schools included seasonal boreholes, unprotected wells and dams. Women had to travel long distances to collect water, even when they were pregnant. This was particularly challenging for the pregnant women who had no choice but to bring a bucket of water to the maternity ward.

The lack of water and handwashing facilities meant that hygiene practises were difficult to uphold and IPC impossible to sustain. Availability and use of toilet facilities in HCF was an area that needed to be addressed to improve faeces disposal and help minimise disease transmission. Further to these practical issues, it was clear that women's participation in decision making was very low, with only few women able to make decisions regarding their health and other household matters.

▼ Nyaganga Juma Samuel, 37, nurse and midwife, showing Modesita Hamisi, 28, how to keep her newborn baby comfortable, Nyamalimbe Dispensary, Geita District, Tanzania. June 2020.



WaterAid/James Kiyimba

Barriers

Through a baseline survey, in depth interviews and focus group discussions with district officials, village leaders and community members, we determined the following barriers:

- **Limited funds were allocated by district councils for WASH in HCF** to improve WASH in HCF. For example, this meant that the allocated annual budget was inadequate to ensure every health facility has reliable source of safe water. This is partly attributed by lack of joint efforts between health and water department to advocate for water availability during Council meetings.
- **Weak integration of WASH** during HCF planning at the District Council Level, leading to poor prioritisation of WASH in HCF.
- We found there was weak integration of sanitation and hygiene messages into community health workers' scope of work.
- **Poor knowledge in the community** on women's empowerment and their ability to make decisions to seek and utilise reliable health services for themselves and their families.

Approach

We implemented the Tanzania 'Deliver Life' project over 4 years in the Geita and Nyang'whale districts, which in addition to the construction of infrastructure focused on generating change through engaging with community and government advocates. Project delivery included the following activities:

- Constructing WASH infrastructure at 12 HCF, increasing access to running water within facilities, flushing toilets and handwashing stations to the maternity wards, operating rooms, and other areas within the facility through partners' engagement.
- Training 1,906 community health workers and skilled birth attendants (SBA) on the provision of gender-sensitive services and best practices in WASH.
- Identifying, training and mentoring 878 community change agents to influence peers on positive WASH practises, including the impact of gender inequalities.
- Awareness-raising campaigns on available WASH services using local influencers and artists who used a mixture of role play, engagement with local women and people in the waiting room to raise awareness on WASH in HCF.
- In collaboration with the Local Government Authority, advocating for the inclusion of women in community water and environmental committees. The former community water committee (COWSO) were women-led and had a role to maintain and expand water infrastructures including use the collected fund to expand water services to the community, including HCF to increase the number of people who has access to water and increase the collection as well.
- Orienting local leaders on WASH issues for improved budgeting and planning for WASH in HCF.

Table 1. Coverage of delivery services among women with a live birth in the two years preceding the survey in Geita and Nyang'whale districts, at baseline²¹ (2016) and endline²² (2020)

	Baseline	Endline		
	Total % (95% CI)	Geita % (95% CI)	Nyang'whale % (95% CI)	Total % (95% CI)
Skilled Birth Attendants (clinician, nurse, midwife)	59 (51–66)	79 (73–84)	75 (70–80)	78 (74–83)
Place of birth				
Home	46 (39–53)	16 (12–20)	23 (17–28)	17 (14–21)
Hospital	15 (12–19)	13 (10–16)	16 (12–20)	14 (11–16)
Clinic/health centre	23 (18–28)	37 (30–43)	41 (34–47)	37 (32–43)
Dispensary	16 (12–21)	33 (27–38)	19 (13–25)	30 (25–35)

21. Baseline survey conducted by DAMAX Solutions Co. Ltd with technical and financial support from Amref Health Africa and WaterAid Tanzania.

22. Endline survey conducted by Tanzania Institute of Monitoring and Evaluation (TIME) with technical and financial support from Amref Health Africa, Christian Children's Fund of Canada (CCFC), The Hospital for Sick Children's Centre for Global Child Health (SickKids) and WaterAid.

Evidence of change

The project contributed to significant improvement in the experience of women who deliver their babies at all HCF in the Geita and Nyang'whale districts. For example, women are no longer required to bring their own buckets of water during delivery. In addition, before the intervention, only 59% of women surveyed had an SBA present during the birth process – that statistic rose to 78% after the intervention.

These measures have contributed to improved access to sanitation and hygiene services and there has been a decrease in sepsis cases.

The end line evaluation for the project indicated that HCF have included the project activities in their plans – such as repair and maintenance of infrastructure built by the project. We were able to reach 729,093 community members through education and awareness-raising campaigns on available WASH services using local influencers. As a result of the advocating through the Local Government Authority, we recruited 247 COWSO members, which are women-led community water and environment management committees.

Key lessons

- Inclusion of different stakeholders from the project design to inception is very important in enhancing participation, ownership, awareness, and sustainability of the project. It is particularly important to include political leaders who are responsible for allocating government funds. The project team cooperated with the whole regional and local administration from higher to lower levels, which made it easier to understand the project and further increase the commitment to achieve the project goal.
- Since the water supply is handed over from the COWSO to the new community-based water and sanitation organization (CBWSO), institutional capacity needs to be strengthened. The CBWSO is a community organisation with the same responsibilities as the COWSO but involves additional members such as teachers, doctors, government staff.

For sustainability purposes, the CBWSO water projects should be integrated within the formal government operational board/agency (water utility) to potentially raise revenue for O&M and contribute to extensions of the project.

- The proper technical design and successful construction of RWH can help to solve water challenges in HCF throughout the year.
- Access to WASH in HCF increases trust in the health services to give birth in facilities in comfort and safety as opposed to at home.

Conclusions and recommendations

From our work in the Geita region, we recommend that the actors' different roles are understood and supported as follows:

- **Government at all levels.** The government should ensure adequate funds are allocated and disbursed in the sub-national level office to cover for the cost related to O&M, renovation and expansion of WASH services in the HCF. Sustainability and expansion of project activities require the commitment of the government from the national to the local levels and other key partners.
- **Health facility.** HCF governing committee should meet regularly to review their roles and to make a follow up of the facilities to ensure the achievements made in WASH in HCF are sustained and expanded/replicated.
- **Community.** We recommend that where the community has responsibility for water supply, the CBWSO should use collected funds to expand water services to the community including public institutions like HCF. This will increase the number of people who have access to water and increase the revenue for CBWSO. In long run, the whole community will have access to water. The CBWSO should have forums with village leaders and national assignee water governance bodies/agencies to discuss water issues in the respective village to avoid interference and conflict of interest between the organisations and ensure everyone is working toward the same goal.