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SmartLessons

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Marketing Rural Sanitation Improvements in Tanzania

In 2009 the Water and Sanitation Program-Africa¹ began working with 10 local governments to test the effectiveness of marketing as a method to prompt households in rural Tanzania to invest in improving their sanitation facilities. This initiative—carried out with local and national governments, development agencies, nongovernmental organizations (NGOs), and private marketing firms delivering an integrated campaign—is resulting in households upgrading their sanitation facilities. The emerging experiences have enabled the Ministry of Health and Social Welfare to secure funding for a national sanitation campaign in fiscal year 2012. The campaign aims to increase sustained access to improved sanitation.

Background

In rural Tanzania, basic sanitation coverage is about 80 to 90 percent, with most households having some type of latrine.² Despite this high basic coverage, the quality of most latrines in rural areas is low, and many are not of sufficient quality to deliver the health and economic benefits of sanitation. In addition, because of low quality and dangerous conditions, some people, especially children, may be practicing open defecation.

Ten districts are now participating in a marketing campaign that is raising the priority of sanitation and prompting households to improve their sanitation facilities. This approach focuses on subsidizing promotion rather than hardware so that households make the decision to purchase and use improved facilities.

Known as Total Sanitation and Sanitation Marketing, the initiative is coordinated by the Water and Sanitation Program-Africa and implemented by government, NGOs, and marketing firms in partnership with other development organizations. It is part of a global project, which is also taking place in

two states in India and Indonesia that aim to generate sanitation demand at scale, increase the supply of sanitation products and services, and document and learn about impact and sustainability. Implementation in Tanzania began in 2009 and will continue until April 2011.

The intervention mainly targets rural heads of household and their families and communities through participatory approaches to try to achieve sustained behavior change. First, under the Community-Led Total Sanitation approach, which aims to reawaken general demand for sanitation, communities discuss their sanitation facilities and behaviors and decide if and when to improve them. Next, based on household needs and wants, marketing efforts propose the following specific solutions:

Product Focus: While the project encourages households to make a variety of upgrades, special attention is given to sanplats. This two-by-two-foot concrete slab is a consumer favorite and is smooth, washable, and safe for children. The slab has a drop hole in the middle and comes with a concrete cover that seals the hole, effectively containing the feces. The slab is especially useful for upgrading existing latrines, which is what most rural Tanzanian households need to do in order to realize the health and economic benefits of sanitation.

¹ The Water and Sanitation Program (www.wsp.org) is a multi-donor partnership administered by the World Bank to support poor people in obtaining affordable, safe, and sustainable access to water and sanitation services.

² DHS 2007



Campaign platform.

Appropriate pricing: The price of a sanplat is about \$5, with regional variations, and the cost to produce one is about \$4.

Local Distribution: Because of the dispersed nature of villages in Tanzania, transportation is a major constraint, and sanitation-related goods and services are not readily available in most communities. The initiative sponsored training for masons residing in or around villages in producing and selling sanitation upgrades.

Promotion: Promotion is taking place through mass media (radio) and interpersonal events and activities, such as entertainment road shows.

To date, the initiative has trained 470 masons in construction methods for upgrading latrines as well as sales and business skills, prompted 711 communities to draft declarations and action plans, and designated individuals to follow up and ensure that all households have sanitation facilities. The initiative has reached 80,000 people through experiential marketing events and exposed 3.5 million households to a national radio soap opera. Reporting by the 10 participating districts suggests that thousands of households have invested in improving their sanitation facilities.

Lessons Learned

1) To make monitoring and evaluation easier for everybody, fall in line with national reporting structures.

A key objective of the project is to learn how to sustainably scale up access to improved sanitation. To help generate lessons, the project designers initially set up a project monitoring information system that covered a number of areas of the intervention. To collect data, local officials, volunteers, and implementers would report on a number of routine activities, such as mason characteristics, sales, and assessments of community demand. Response rate tended to be very low.

After consulting with the government, the project then started collecting a few simple indicators on the quality of household sanitation and hygiene facilities through village registers that feed into the government's own systems that are linked to national development goals. The simpler register system generated interest by the national government, which has taken over leadership of its implementation nationally. The initiative is now supporting the government in this endeavor, rather than focusing on routine, project-specific monitoring. The more detailed implementation indicators—still of interest in scaling up—could be covered by periodic surveys, such as the project's impact evaluation survey.

2) To bridge the knowledge-behavior gap, design the program around the consumer's immediate needs and wants.

According to consumer research carried out by the project, most Tanzanians know that good sanitation is important for good health, and about 80 to 90 percent own a basic latrine. However most of these latrines are of poor quality. Many consumers stated that they knew they could improve their health with better latrines and cited the cost being too high and other priorities as reasons for not doing so. When pressed, consumers saw safety, convenience, and being perceived as being modern as immediate sanitation benefits.

The project pretested a number of concepts through focus groups with rural heads of households and family members in term of what would make them want to invest in upgrading their sanitation facility. This led to a campaign platform of *Choo Bora Chawezekana – Tumeamua Maendeleo Hadi Chooni*, or *A good toilet is possible—our development extends all the way to the toilet*. This can be more loosely translated as, "The red carpet goes all the way to the toilet."

Focus group participants picked this message as one that made sanitation sound more important while also addressing concerns about price.

3) Integrate supply and demand activities.



Trained masons.

In general, early sanitation promotion efforts focused on improving general sanitation demand and then moved on to the various methods of addressing supply, with mixed results. Practitioners found that if demand is created and no immediate solution is offered, demand may taper off. This initiative focused on training masons to construct and sell upgrades first or in parallel with demand creation. In one district, masons were trained four months before demand activities reached the ward. The masons managed to sell upgrades to 48 households from July through October 2010. Then, when the experiential marketing events arrived in their communities, they managed to sell 111 upgrades in a single day.

4) Strengthen the supply chain.

Although training masons to produce and sell sanitation upgrades as entrepreneurs is effective in some areas, it may not be a scalable model. Masons often lack access to capital and sometimes depend on local governments for up-front support, such as

the supply of molds for casting sanplats. In addition, developing a national training program and attracting the masons with business acumen is a lengthy and costly process. The initiative is now shifting its focus to local hardware suppliers and working out incentives for their entry into the sanitation business. In this approach, the supplier would supply masons with raw materials and pay them to take and fill orders. The initiative is also looking to expand technological options through a design competition that includes service delivery models.

Conclusion

Experience in the 10 districts enabled the Ministry of Health and Social Welfare to secure funding for a three year national sanitation campaign that will eventually reach all districts in the country. The original 10 districts will continue to serve as learning districts for the national campaign through ongoing work in areas such sanitation value chain strengthening, and an impact evaluation.



Experiential marketing activities.



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