



# Safe Hand Tanzania (SHTz)

Dalberg Trust

Safe Hand Tanzania Final Report

May 2020 to July 2021

## EXECUTIVE SUMMARY



The Novo Nordisk Foundation provided a grant to Safe Hands Tanzania (SHTz), a private sector-led initiative, to strengthen the resilience of low-income households against COVID-19. SHTz envisions achieving its goal by distributing hygiene and sanitation commodities at reduced or zero-margin, coupled with targeted behavioral change communication. In its pilot phase, SHTz targeted 100,000 vulnerable individuals from low-income households in Ilala, Kinondoni and Temeke districts in Dar es salaam city. SHTz was conceived to support Tanzania's COVID19 response efforts as per the National response plan (July 2020-June 2021) while aligning to Water Sanitation and Hygiene (WASH) programming efforts in the country to catalyse the impact further. SHTz applied an equity lens to bolster response efforts by fast-tracking the last mile supply and distribution of critical hygiene and sanitation products.

Over the past year, SHTz has engaged with the private sector and has successfully onboarded nine private companies to support manufacturing, distribution, and overall project governance. Furthermore, SHTz has involved the government at national and sub-national levels and gained official approval of the initiative from the President's Office Regional Authority and Local Government (PORALG) and Ministry of Health Community Development Gender Elderly and Children (MoHCDEG). These relationships facilitated re-designing and implementing the initiative at all levels, thereby expanding the target to other communicable diseases such as cholera and the beneficiaries to include public health facilities.

SHTz has ultimately distributed hand washing soaps and water guards to more than 11,000 vulnerable households, reached 943,178 low-income individuals in Temeke, Ilala, and Kinondoni Municipalities through a Social Behaviour Change Communication (SBCC) campaign to improve hygiene and sanitation behaviour among low-income households to increase their resilience against WASH-related diseases. The campaign was carried out through radio programs and conducting on-ground community mobilization and engagement. We organized "smart hands zones" in populated areas within 12 Wards of Temeke Municipality, demonstrated handwashing techniques, and provided health education on safe hand washing practices and the prevention of communicable diseases. We distributed 1,471 liters of hand sanitizers to more than 1,000 health workers in 78 public health facilities in Kinondoni, Ilala, and Temeke municipalities. We successfully launched a media campaign that focused on creating awareness for fundraising whereby SHTz messaging was shared via National newspaper articles and social media platforms. This campaign is ongoing, and we expect to attract development partners and the private sector to fund the initiative for continuing its implementation.

## PHOTO GALLERY



## INTRODUCTION

The Safe Hands Tanzania (SHTz)<sup>1</sup> “Mikono Salama” is a private sector-led initiative aimed at supporting water, sanitation, and hygiene (WASH) programming efforts through an equity lens by reaching the last mile distribution in Tanzania. The housing conditions in low-income communities, the onset of the rainy season, and economic fragility made low-income households particularly susceptible to disease outbreaks such as cholera and community transmission of COVID-19 that thrive in poor hygiene & sanitation conditions. Additionally, health facilities that serve these communities are generally underfunded, and the COVID-19 pandemic created an additional burden to service. SHTz aims to bolster response efforts by fast-tracking the supply and distribution of critical hygiene products including soap, hand sanitisers, disinfectants, and handwashing stations to vulnerable communities at no cost and with depth and breadth of reach. SHTz targeted 100,000 vulnerable individuals from 20,000 households in the TASAF programme in the districts of Ilala, Kinondoni and Temeke. In the course of work, we realized that it was more efficient

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<sup>1</sup> Also referred to as “Smart Hands Tanzania” as advised by the Government of Tanzania to align efforts with other ongoing initiatives.

to target public health facilities, so we changed the mix of targets to include all public health facilities in Kinondoni, Ilala and Temeke.

## APPROACH

Dalberg, in collaboration with public, private sector and Civil Society Organizations partners<sup>2</sup> implemented the project in 2 main phases over one year.

*Phase 1) Inception* whereby we conducted extensive stakeholders' consultation and engagement with the government to review the methodology, define approaches and engaging potential partners into the initiative. Phase 1 was planned for 2 months but it took longer than expected because the Tanzania government changed its approach of combating the spread of COVID-19 in the country; to emphasizing the need for improved water, sanitation and hygiene outcomes. The change in the approach necessitated SHTz to change its approach and adopted a WASH focus both the commodities and behavioural communication. *Phase 2) Implementation* whereby we conducted ground activities to reach project beneficiaries such as commodities distribution and Social Behaviour Change Communication interventions. Below is a summary of activities conducted and key outputs.

### Inception phase – 2 months (May 2020 to June 2020)

<b>Duration:</b>	2 months
<b>Key activities</b>	<ul style="list-style-type: none"> <li>Conducted consultative meetings with the CEO roundtable (CEOrt) members to introduce and enroll new partners to support the initiative.</li> <li>Engaged UNICEF Tanzania and AMREF Tanzania to provide Technical Assistance on the WASH communication intervention and project M &amp;E activities.</li> <li>Conducted consultative meetings with MOHCDGEC and PORALG to obtain project endorsement.</li> <li>Engaged with the of Local Government Authorities (LGAs) to introduce the project and getting buy in.</li> </ul>
<b>Outputs</b>	<ul style="list-style-type: none"> <li>Onboarded 9 companies to support the initiative<sup>3</sup>.</li> <li>Endorsement from MOHCDGEC, PORALG and the LGAs</li> </ul>

### Implementation phase – 12 months (July 2020 – July 2021)

<b>Duration:</b>	12 months
<b>Key activities</b>	<ul style="list-style-type: none"> <li>Joint planning meetings in collaboration with LGAs for the implementation phase.</li> <li>Procurement and distribution of hand hygiene and sanitation commodities to low-income households.</li> <li>Hygiene and sanitation awareness campaign through media and engagement of community volunteers to facilitate behaviour change.</li> <li>Media campaign to create awareness for fundraising for the SHTz initiative.</li> </ul>

<sup>2</sup> CEOrt, UNICEF Tanzania, AMREF Tanzania, Chemicotex, Primefuels, Price Water Coopers

<sup>3</sup> Price Water Coopers – Overall governance and fund management | Africa practice – Communication | Novo Nordisk foundation - Funding | Clyde & Co – Legal counsel | Chemi Cotex – Manufacturing | Serengeti Breweries – Logistics and distribution | Tanzania Cigarette company – Logistics and distribution | Primefuels – Logistics and distributions | AB InBev – Logistics and distribution

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## Outputs

- Development of a joint plan with the LGAs for commodities distribution and social behaviour change communication interventions.
  - Distribution of commodities to low-income households in Temeke and Kinondoni.
  - Reached low-income households' members with behaviour change messaging
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## MEASUREMENT AND EVALUATION



SHTz conducted a survey to assess how the initiative supported vulnerable communities in Temeke and Kinondoni Municipalities to improve hygiene and sanitation practices. The survey was conducted in two phases before and after distributing hygiene commodities and community behavioural change intervention in Kinondoni and Temeke Municipalities in Dar Es Salaam. The project collected baseline data from sampled 927 households and the end-line survey data from sampled 980 households in Temeke and Kinondoni Municipalities.

Findings revealed 51% of HHs started using water purification tablets to purify their drinking water after the distribution of hygiene commodities, while before the distribution only 39% purified their water. Moreover, hand hygiene practice among the low-income communities improved from 72% before the distribution of hygiene commodities to 87% after the distribution.

*"I congratulate and thank the project implementers, development partners and everyone else who took part in this project for bringing in such useful interventions to the poor households"- Government Official Temeke*

## KEY ACHIEVEMENTS

**Endorsement of SHTz by the Government of Tanzania at National and Subnational levels that facilitated smooth implementation of the initiative**

SHTz engaged the MOHCDGEC and PORALG at the national level and obtained policy guidance and official approval for its implementation in Dar es Salaam. This ensured alignment of its efforts with the broader national efforts towards COVID 19 prevention and response and WASH initiatives. Further, engagement with the Local Government Authorities (LGA) in Ilala, Kinondoni and Temeke created government ownership of the initiative and facilitated efficient distribution, health education and project M&E

SHTz leveraged the CEOrt platform to facilitate engagement with the private sector and development partners. These engagements resulted in the successful onboarding of nine companies that supported the initiative by waiving a portion of their margin to support the overall governance, legal counsel, manufacturing, and distribution of commodities during the pilot. We raised 6493 USD from ABSA Bank Tanzania as additional funding to the initiative. We saved 8000 USD following discounted prices on hand sanitisers and distribution costs from Chemicotex and Primefuels, respectively

**Engagement of the private sector and development partners who supported the initiative.**

**Reached 67% of targeted beneficiaries with hand hygiene and sanitation products in Dar es Salaam**

SHTz has reached 943,178 vulnerable individuals through mass awareness and sensitization campaigns. Distributed handwashing soaps and water purification products to over 11,000 vulnerable households. In addition, more than 1,000 health workers from 78 public health facilities received 1,471 litres of hand sanitizers, whereby 438 litres of hand sanitizers were distributed to 24 health facilities in Temeke, 517 litres of hand sanitizers to 27 health facilities in Ilala, and 516 litres of hand sanitizers to 27 health facilities in Kinondoni

We leveraged pre-developed and approved messaging by MOHCDGEC around improved hand hygiene and sanitation practices. We used on-site demonstration of proper hand hygiene techniques and distributed 6,612 educational materials for improving hand hygiene. We launched a two-week media campaign to raise awareness for fundraising and driving behavior change whereby we engaged 3 national newspapers, Twitter and LinkedIn platforms of all our partners. The media campaign generated over 1000 impressions via twitter

**Reached 94% of low-income households with communication interventions for behavior change and other stakeholders for fundraising**

## CHALLENGES FACED



### Delays in obtaining Government approvals to implement the initiatives.

In June 2020, the Tanzania government changed its approach to combating the spread of COVID-19 in the country; to emphasize the need for improved water, sanitation, and hygiene outcomes. The change in the approach delayed the official approval of the SHTz, as the MoHCDGEC was no longer granting approvals and endorsement of projects focused solely on COVID-19. To deal with the challenge, SHTz also altered its approach and adopted a WASH focus on both commodities and behavioural communication. The new focus changed the basket of commodities to be distributed to targeted household, now including handwashing soaps and water purification tabs. The MoH advised distributing hand sanitisers to public health care workers who work closely with low-income communities



### Low turn up of beneficiaries at TASAF distribution points

Due to delays in approval for starting the implementation, the number of days to conduct effective community mobilization before product distribution was reduced to just one day. In addition, the distribution was done when Dar es Salaam was experiencing a heavy rainy season that hampered the public transport systems. All these resulted in limited access to the distribution centers, especially in Kinondoni district and low turnover numbers of beneficiaries compared to the expected.



### Low coordination among stakeholders for effective implementation

SHTz initiative was led by the private sector but closely engaged government and other sectors to leverage capabilities and build sustainability. This multistakeholder nature of the partnership resulted in coordination challenges such as consulting with multiple levels that caused delays. We had to be flexible and adjust quickly to allow a smooth implementation of the project.

***“The project has helped the community to learn more about handwashing not only for prevention of COVID 19 but also for other diseases such as Cholera” -Health Officer Kinondoni***

## LESSONS LEARNT



### **Aligning commodities distribution with TASAF cash distribution dates results in improved turnout of beneficiaries for commodities collection.**

The practice showed a higher number of beneficiaries turn up if there was an ongoing cash distribution by the TASAF. This was observed on the first day of commodities distribution in the Kinondoni district, aligned with TASAF cash distribution. In the scale-up phase, aligning the commodities distribution with TASAF cash distribution dates will facilitate improved beneficiaries' turnover.

### **Improved community mobilization, prior to distribution, creates more awareness and enhance demand for commodities.**

Limited time to execute the project, owing delays in obtaining government approvals, resulted in a reduced number of days for mobilizing the community before distribution. Pre-distribution community mobilization could facilitate increased demand for the commodities and overall increase the number of beneficiaries reached. We expect to conduct adequate community mobilization in the scale-up phase by increasing the allocated number of days

### **Innovation and adaptability to external changes is critical to project delivery.**

SHTz had to pivot its approach to suit the changing policy environment in Tanzania related to the fight against COVID-19 and broaden its scope. This was possible through close engagements and collaborations with the Ministry of Health, which allowed us to adapt to national priorities while still impacting the lives of targeted beneficiaries

### **Onboarding the right partners and leveraging on partner's capabilities adds high value.**

Through the project, we leveraged partner's capabilities such as AMREF's extensive volunteer system to conduct distribution and demonstrations as well as the government TASAF system to correctly identify and reach the vulnerable individuals with the interventions.



## OUTCOMES

### OUTCOME 1:

#### Improved access to hygiene and sanitation products among low-income households in Dar es Salaam

SHTz has successfully improved access by ensuring the availability of hygiene and sanitation products at subsidized costs. We procured 96% of the products at zero margin and covered 94% of low-income households in Kinondoni and Temeke districts with supply of handwashing soaps and water purification tablets. Furthermore, we reached all public health facilities in Kinondoni, ilala and Temeke with hand sanitizers. The SHTz was endorsed by MOHCDGEC and its implementation aligned with other national efforts on COVID 19 prevention and WASH initiative. This enhanced impact and started to build sustainability beyond its implementation period given the leverage in public sector machinery for implementation. We conducted 6 outreach meetings with LGAs focal points responsible for WASH interventions to explore synergies and collaboration areas

### OUTCOME 2:

#### Improved hand hygiene and sanitation practices

At baseline, we observed that 70% of targeted low-income households had no fixed handwashing facility in their premises, while the post survey shows 68% has handwashing facilities in their houses. On the other hand, while baseline survey data indicated only 55% of the households are practising basic hygiene using soap and water, the end-line survey revealed 87% of households routinely cleans their hands with water and soap. Furthermore, 53% of targeted low-income households in Kinondoni and Temeke have access to improved latrines which are not shared with other households. The post distribution households survey shows 68% of households have accessed to improved latrines.

### OUTCOME 3:

#### Mobilized resources for procurement and distribution of hand hygiene and sanitation products

We raised \$139,500.00 to facilitate procurement and distribution of commodities from Novo Nordisk Foundation. We raised 6493 USD from ABSA Tanzania as additional funding to the initiative. We saved 8000 USD following discounted prices on hand sanitisers and waived distribution costs from engaged companies. These savings allowed us to conduct a second round of distribution of commodities and SBCC interventions in Temeke

*“The project has been beneficial not only for the poor households in Dar es Salaam but for the entire Nation” – Government official Dar es Salaam.*

## OPPORTUNITIES GOING FORWARD

### Fundraising

We will continue fundraising through several media platforms. This campaign is ongoing, and we expect to attract development partners and other private sector partners to fund the initiative for scale up in other WASH priority regions in Tanzania

### Adapting good practices to other health projects

There is significant scope to adapt lessons learned and good practice from the project findings to other public health challenges. This proven approach illustrates how private sector actors and philanthropic funders can blend their respective capabilities, expertise, and networks together as a first line of defense in the fight against WASH-related diseases.

### Scaling up SHTz

Discussions on taking the initiative to scale are in progress with CEO Roundtable of Tanzania and potential partners. The concept/approach taken remains valid for deployment in other similar opportunities.

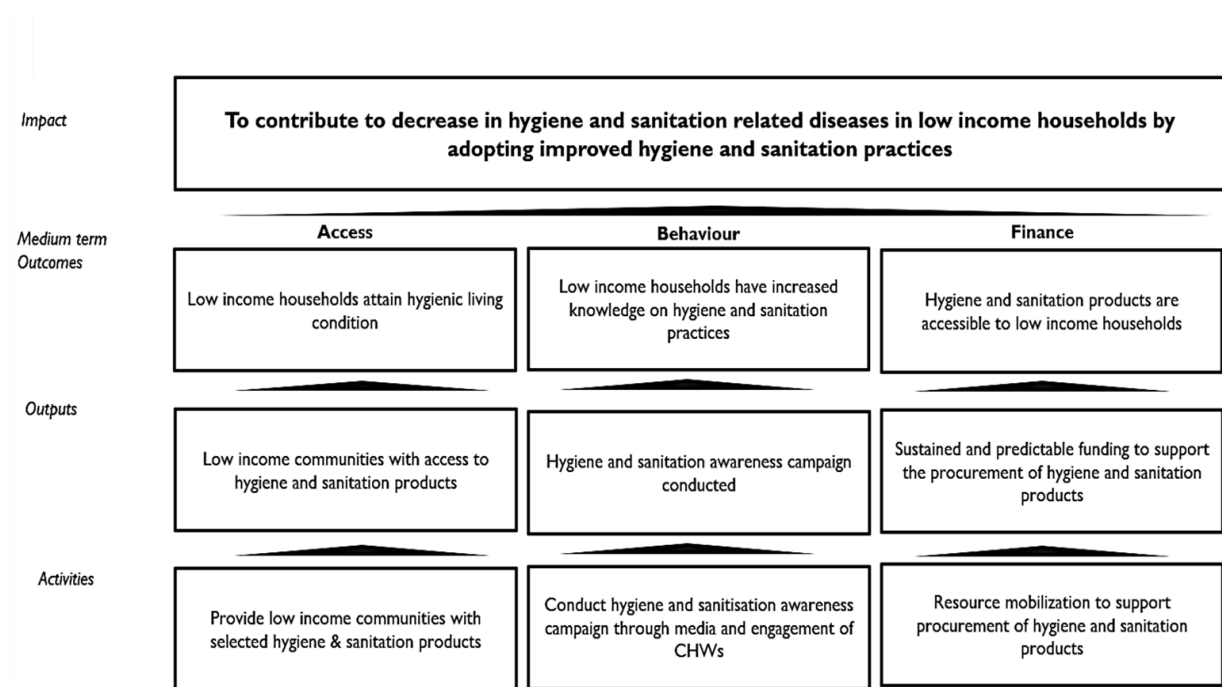
*“Smart hands Tanzania came in timely when we wanted the communities in Dar es Salaam to learn more about handwashing for disease prevention”-Government official.*

## ANNEXES

### ANNEX 1: FINANCIAL REPORT

Safe Hands Tanzania Initiative Start Period: December 2020			
ITEM NO	DETAILS	TZS	USD
<b>1</b>	<b>RECEIPTS FROM DONORS</b>		
	NOVO NORDISK, /RFB/320517292//SAFE HANDS TANZANIA	323,500,500.00	139,500.00
	CEO ROUND TABLE - SAFE HANDS TANZANIA INITIATIVES		
<b>2</b>	<b>EXPENDITURE</b>		
	Commodities and Distribution *	158,389,117.17	68,359.45
	Communication & Social Behaviour Change Campaign*	90,220,137.63	38,845.92
	Monitoring and Evaluation *	26,844,343.71	11,575.83
	Project Admin	48,046,901.49	20,718.80
	<b>Total Expenditure</b>	<b>323,500,500.00</b>	<b>139,500.00</b>
	<b>Balance as of 31 May 2021      TZS</b>	-	
	<b>Balance as of 31 May 2021      USD</b>	-	
	<i>* Amount includes costs to be covered in the May - June extension period</i>		

## ANNEX 2: RESULTS FRAMEWORK



# ANNEX 3: SBCC CAMPAIGN REPORT

## CAMPAIGN SUMMARY



- **BRIEF:** In line with the planned distribution of WASH items (soaps, sanitizers and water guards) in the Temeke region. We were briefed to develop and implement a behavioral change campaign that will support the ongoing activities as well as acting as a platform to sensitize vulnerable communities on WASH education.
- **OBJECTIVE:** To improve hygiene and sanitation behavior among low income households to increase their resilience against WASH related diseases.
- **TARGET AUDIENCE:**
  - **Primary:** Low income households within the Temeke region
  - **Secondary:** General public
- **TARGET LOCATION:**  
Targeting high populated areas including Bus Stations, Open spaces Markets, Ward Offices, Schools, Shopping areas and residential. Being places that are accessed frequently by the target market.
- **CAMPAIGN VEHICLES:**  
We took into consideration effective means of reaching the intended audience in order to have greater impact. Whereby activities on the streets and support on the radio were chosen due to;
  - **Street activations** – in order to reach the primary target audience and beneficiaries of the project in a more direct manner and within their day to day surroundings. **Using engaging mechanics to sensitize the communities.**
  - **Radio** – A health awareness promotion campaign on the leading radio station targeting programs that have high listenership with the target groups. Offers a way to maximize on the ability to reach out to both primary and secondary groups on a mass scale.

## STREET ACTIVATION



### ROLLOUT MECHANICS

J&O was responsible for organizing and coordinating the street activation. The main medium used was edutainment whereby the following activities were deployed.

1. **PUBLIC ANNOUNCEMENTS** - This was carried out by our MC/educator. Who was trained on safe hand wash practices.
2. **CROWD PULLERS** – on arriving at selected location the team entertained the residents through dance and acrobatic as a mean to establish a crowd.
3. **DRAMA AND MUSIC** – was used to play out various scenarios for the audience, with each carrying a lesson on hygiene.
4. **HAND WASHING** – a demonstration on hand washing was conducted and members of the public were encouraged to wash their hand by following the steps shown. This involved 2 willing participant from the crowd (1 male and 1 female)
5. **COMMUNITY DIALOGUE** – the segment conducted along with Leo Tena program producer spoke to the residents on hand washing and sanitation in their respective areas. Through question and answer session aimed at checking that individuals are understanding the campaigns message. Its was also instrumental for residents to speak openly with their peers and neighbors on basic hygiene matters. Some of the sound bites from the interactions were captured and were used in the radio campaign.

### SUMMARY:

- Our street activations were **conducted in 12 wards** over a timeframe of twelve days.
- The unit moved across different locations within the ward to maximize the audience reach.
- Activations were targeted specifically in high populous locations including bus stops, markets and business centers.
- Overall the team **visited 41 streets** within the targeted wards.
- In each street the 5 key activities were carried out. Totalling up to **246 behavioral change activities executed**
- **Total estimated reach was 12,079.** This being the crowd that had formed at the areas of activity.
- **260 individuals participated directly.** These were people from within the crowd that took part in the demonstration, community engagement including question and answer session with the mc and clouds fm.