

Sanitation and Hygiene Behaviour Change Communication in Tanzania: Progress and Results

CLEAR Consortium Team



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**SANITATION AND HYGIENE BEHAVIOUR CHANGE COMMUNICATION IN
TANZANIA: PROGRESS AND RESULTS**

CLEAR Consortium Team

FINAL REPORT

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GLOSSARY

BCD	Behaviour Centred Design
CMG	Clouds Media Group
COVID-19	Coronavirus disease of 2019
DCC	Direct Consumer Contact
DIME	Development Impact Evaluation
FCDO	Foreign, Commonwealth & Development Office
FYDP II	Five Year Development Plan Two
HESAWA	Health through Sanitation and Water
LSHTM	London School of Health and Tropical Medicine
MoHCDGEC	Ministry of Health, Community Development, Gender, Elderly and Children
NSC	National Sanitation Campaign
NSMIS	National Sanitation and Hygiene Management Information System
PHAST	Participatory Hygiene and Sanitation Transformation
SDG	Sustainable Development Goal
TBC	Tanzanian Broadcasting Corporation
TFF	Tanzania Football Federation
TVCs	Television Commercials
TZS	Tanzanian Shilling
VfM	Value-for-money
WASH	Water, Sanitation and Hygiene
ZBC	Zanzibar Broadcasting Corporation

DISCLAIMER

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EXECUTIVE SUMMARY

Between 2017 and 2021, a consortium funded by the UK government's Foreign, Commonwealth & Development Office (FCDO) was charged by the Tanzanian government with providing technical assistance to the country's National Sanitation Campaign (NSC). The consortium, known as the CLEAR Consortium, consisted of international academics, programme management specialists and implementation contractors, and had close relationships with creative agencies, media companies, consumer research companies and private sector retailers. The campaign's objective was to promote increases in the coverage of improved toilets among Tanzanian households and to promote handwashing with soap after toilet use across the country. No subsidies to households were provided, so the campaign was largely devoted to social and behavioural communication strategies, as well as encouraging government officials to provide active support of programme activities and objectives.

Throughout the five-year period of operation, adaptive programming methods were used to continually update the programme's behaviour change strategies. In all phases of programme development, the latest methods were used, such as involving professional agencies or companies in data collection, creative development, campaign implementation and programme evaluation. All activities were implemented under the brand *Nyumba Ni Choo* ('a house is not complete/modern without a good-quality toilet'), which became widely recognised and respected by the general populace.

The project's main performance target was to encourage enough latrines to be constructed or improved to *choo bora* (improved toilet) status to benefit 3 million people. From June 2017 to July 2019, 7.2 million people gained access to improved sanitation according to the National Sanitation and Hygiene Management Information System, 2.4 times this original target. The programme produced many original promotional materials, including nationally broadcast TV shows and radio spots. It aired 28,311 spots, 16,165 mentions and 892 testimonials on 32 radio stations. There were also 97 television programmes, 2,728 television commercials, 582 mentions and 761 testimonials on 8 television stations. 617 on-ground events were conducted across the country. A key feature of programme implementation was media integration, through which materials originally produced in one context (e.g., to document roadshow events) were used in another (as social media postings or on TV news programming). By the end, 97% of the Tanzanian public was aware of the program.

The *Nyumba Ni Choo* programme was highly successful in terms of its objectives, and had the desired impact, increasing the rate of household toilet coverage above the baseline trend rate. It was also cost effective, thanks to the multiple use of media resources, good working relationships with media companies, and willingness of other agencies to piggy-back on the success of the project's brand. The programme also established a brand that the Tanzanian government can use for other behaviour change programming. Indeed, one legacy of the programme is that it is currently being used to help reduce the spread of misinformation about COVID-19 and promote vaccine uptake. In addition, the campaign's adaptive programming methods, which proved crucial to its success, could also be taken up by other public health programmes in Tanzania and elsewhere.

INTRODUCTION

The concept of sanitation and hygiene

A public health problem

Sanitation and hygiene are critical for health, economic growth, personal security and dignity, especially for women and girls. Investments in sanitation reduce health care costs and boost productivity by increasing the time available for work and school. Many countries are challenged in providing adequate sanitation for their entire populations, leaving people at risk from water, sanitation and hygiene (WASH)-related diseases. An estimated 2.4 billion people lack basic sanitation (more than 32% of the world's population), while every day thousands of children around the world die from diarrhoeal disease caused by inadequate sanitation. Insufficient access to sanitation is estimated to have cost the global economy more than USD 220 billion in 2015.¹

While substantial progress has been made in increasing access to clean drinking water and sanitation, billions of people – mostly in rural areas – still lack these basic services. Worldwide, one in three people do not have access to safe drinking water, two out of five people do not have a basic handwashing facility with soap and water, and more than 673 million people still practice open defecation.² The world did not achieve the United Nations' Millennium Development Goal sanitation target to halve the proportion of people without sustainable access to basic sanitation by 2015. Now, the United Nations' Sustainable Development Goal (SDG) 6 is for everyone to have 'adequate and equitable' sanitation for all by 2030.³ Indicator 6.2.1 of SDG 6 measures the 'proportion of population using (a) safely managed sanitation services and (b) a handwashing facility with soap and water.' A safely managed sanitation facility is one where excreta is safely disposed of in situ or treated off-site. A basic handwashing facility is defined as a device to contain, transport or regulate the flow of water to facilitate handwashing with soap and water in the household.

The COVID-19 pandemic has demonstrated the critical importance of sanitation, hygiene and adequate access to clean water for preventing and containing diseases. Hand hygiene saves lives. According to the World Health Organization, handwashing is one of the most effective actions to reduce the spread of pathogens and prevent infections, including the COVID-19 virus.⁴ Yet billions of people still lack safe water sanitation, and funding is inadequate.

Sanitation as a household investment problem

In many contexts, sanitation is a household-level problem, as governments often do not have the resources to provide these services to all their citizens. And yet globally, more people have access to a mobile phone than a toilet. There is thus under-investment by households in sanitation in many countries, reflecting a lack of prioritisation of this service. The job of government in such cases is to promote greater investment by households in providing themselves with healthier options for faeces management.

Research by WaterAid has shown that each dollar invested in WASH could generate a return of up to USD 21. The analysis showed that giving every home a toilet connected to a safely managed sewerage or off-mains system could generate USD 86 billion in wealth a year. Similarly, giving

¹ UNICEF & World Health Organization. (2015). *Progress on Sanitation and Drinking Water: 2015 Update and MDG Assessment*. Geneva, Switzerland: WHO Press.

² United Nations. (2017). Goal 6: Ensure access to water and sanitation for all. *Sustainable Development Goals*. Retrieved from <https://www.un.org/sustainabledevelopment/water-and-sanitation/>

³ Ibid.

⁴ WHO save lives: Clean your hands in the context of Covid-19. https://www.who.int/infection-prevention/campaigns/clean-hands/WHO_HH-Community-Campaign_finalv3.pdf

everyone access to soap and water for handwashing could deliver USD 45 billion a year, and providing a tap in every household could yield USD 37 billion.⁵ The report concluded that sanitation and hygiene ‘can unlock billions in economic opportunities and health savings at relatively low cost; it can address key objectives of stimulus spending post-Covid-19; and can build resilience to increasing global risks.’ The provision of improved sanitation facilities could also improve menstrual health and hygiene, reducing drop-out rates in schools. In low-income nations, each additional year of schooling has been shown to increase long-term income prospects by up to 10%. Despite these obvious benefits, investment in WASH has largely been overlooked.

Sanitation and hygiene in Tanzania

National sanitation and hygiene targets



In Tanzania, WASH-sensitive indicators such as diarrhoea and stunting are still high. Campaigns to encourage sanitation and hygiene practices, like washing hands with soap, can reduce the incidence of diarrhoea by an estimated 47%, while the use of proper sanitation facilities can reduce cases of diarrhoea by an estimated 36%.⁶ It is estimated that Tanzania spends 70% of its health budget on preventable WASH-related diseases as most of the population does not have access to improved sanitation, and close to half of the population does not have access to clean drinking water. Without adequate WASH facilities, homes, schools and health centres become breeding grounds for diseases that kill children and threaten their ability to grow. Girls, children with disabilities and children living in rural areas are most affected. This further heightens inequities and uneven opportunities for development. The impact of poor WASH on children living in crisis situations also affects their chances of survival.

The Government of Tanzania has made several commitments to accelerate access to improved sanitation and hygiene. Among the commitments include those set out in the National Strategy for Growth and Reduction of Poverty (MKUKUTA II), Vision 2025 and the Second Five Year Development

⁵ Sara, J. (2021). Could investment in taps and toilets be the key to unlocking developing countries? *World Bank Blogs*. Retrieved from <https://blogs.worldbank.org/voices/could-investment-taps-and-toilets-be-key-unlocking-developing-economies>

⁶ R. Ejemot, J. Ehiri, M. Meremikwu, and J. Critchley. (2008). Hand washing for preventing diarrhoea (Review). *Cochrane Database of Systematic Reviews*.

Plan (FYDP II) that aim to attain 85% of households with access to basic sanitation and hygiene by 2023.⁷ The NSC is a country-level platform to accelerate progress towards meeting the FYDP II and SDGs for universal access to basic sanitation, handwashing and the elimination of open defecation by 2030. As part of its Vision 2025, the Government of Tanzania has pledged to increase access to improved sanitation to 95% by 2025. The FYDP II has also set the target for access to improved sanitation facilities at 85% in rural areas.⁸

The National Strategy for Accelerating Sanitation and Hygiene for All 2020–2025 intends to eliminate open defecation and ensure that all households have access to basic sanitation and hygiene facilities and practices, so that ‘no one is left behind’. It aims to articulate a pathway to fulfilling this vision and achieving substantial progress towards SDG 6.2 by focussing on three high-level outcomes: elimination of open defecation by 2025; universal access to basic sanitation by 2025; and ensuring at least 60% of the population have access to basic handwashing facilities by 2025. A comprehensive approach has been adopted, targeting households, educational institutions, health care facilities and public places, including workplaces, transport routes and markets among others.

Historical background of sanitation and hygiene campaigns in Tanzania

Sanitation and hygiene are integral to health and wellbeing. The lack of, or inadequate, provision of sanitation and hygiene facilities contributes to several public health concerns, including diarrhoea, cholera and COVID-19. It also contributes to several other infections and neglected tropical diseases, as well as broader health impacts such as undernutrition.⁹ The risks and anxiety associated with a lack of sanitation facilities are especially acute for women, children, older people and people with disabilities. In 2012, the World Bank’s Water and Sanitation Program indicated that the economic costs of poor sanitation substantially amount to USD 206 million (TZS 475 billion at the current exchange rate) annually.¹⁰

Although various sanitation and hygiene programmes and campaigns have been implemented since Tanzania’s independence in 1961, the major notable programmes were the *Mtu ni Afya*, implemented from 1973 to 1978, and the two-phase National Sanitation Campaign (NSC), with Phase I implemented from 2012 to 2015 and Phase II implemented from 2016 to 2021. Table 1 provides a summary of the notable sanitation and hygiene programmes that have been implemented in Tanzania since independence.

Table 1: Notable national campaigns and programmes since independence.

Period	Intervention
1973–1978	<p>The <i>Mtu ni Afya</i> campaign</p> <p>The campaign was implemented under the leadership of Mwalimu Julius Kambarage Nyerere, the first President of United Republic of Tanzania. It was the major national initiative geared to achieve sanitation and hygiene for all after independence. The government aimed to change behaviour through empowerment and peer pressure. The campaign had three specific objectives: i) to increase people's awareness of how</p>

⁷ MKUKUTA Secretariat. (2010). *National Strategy for Growth and Reduction of Poverty II*. Dar es Salaam, Tanzania: Ministry of Finance and Economic Affairs.

⁸ UNICEF (2022). Water, sanitation and hygiene. *UNICEF Tanzania*. Retrieved from <https://www.unicef.org/tanzania/what-we-do/wash>

⁹ Freeman, M. C., Garn, J. V., Sclar, G. D., Boisson, S., Medlicott, K., Alexander, K. T., ... & Clasen, T. F. (2017). The impact of sanitation on infectious disease and nutritional status: a systematic review and meta-analysis. *International journal of hygiene and environmental health*, 220(6), 928-949.

¹⁰ The United Republic of Tanzania. (2020). National Strategy for Accelerating Sanitation and Hygiene for All 2020-2025. Dodoma, Tanzania: MoHCDGEC.

Period	Intervention
	<p>they can make their lives healthier and to encourage both groups and individuals to take appropriate actions; ii) to provide clear and simple information about the symptoms of specific diseases and their respective prevention measures; and iii) to encourage those who had already participated in the national literacy campaign to maintain their skills by reading campaign materials designed especially for the newly literate. Messages were promoted through radio listener groups and other channels.</p> <p>The campaign resulted in widespread latrine construction, the results of which are still evident today, as Tanzania has high sanitation coverage compared to many other African countries. It is argued that the campaign was a turning point in Tanzania, resulting in 80% of the Tanzanian population using basic toilets.¹¹</p>
1985–2002	<p>Health through Sanitation and Water (HESAWA) programme</p> <p>The programme was implemented in the Lake Zone (the six administrative regions surrounding Lake Victoria) with financial support from Swedish International Development Cooperation Agency. The major objective of the programme was to improve the health and welfare of the rural population through improved water supply; health education; environmental sanitation, including the construction of latrines for households and institutions; and community participation and capability building at village and district level. As a priority, it strived to build grassroots capacity to plan and implement interventions. HESAWA was one of the first attempts in Tanzania to change the culture of top-down supply by the government with its key principles being self-reliance, sustainability, cost efficiency, affordability, credibility and replicability.</p> <p>As the largest programme for rural areas at the time, HESAWA benefited 5 million people in the administrative regions of Mwanza, Mara and Kagera, and recorded notable sanitation improvements in the Lake Zone. For instance, data indicates that, by June 2002, Mwanza Region had 2,173 wells newly constructed, 417 traditional water sources improved, 421 institutional latrines built, 13,727 household latrines partly subsidized, and 11,647 village resource persons (health workers, birth attendants, animators, artisans, pump attendants) trained.¹² Despite being the most significant programme for improving sanitation in Lake Zone, the programme faced unsustainability, especially from 2003 onwards.</p>
1997–2005	<p>Participatory Hygiene and Sanitation Transformation (PHAST)</p> <p>PHAST was implemented by the Ministry of Health in collaboration with UNICEF and a wide range of NGOs in Tanzania. The approach was introduced in Tanzania in 1997 with the training of hygiene and sanitation promoters. Over 7,000 persons were exposed to formal PHAST training, including 3,600 Community Owned Resource</p>

¹¹ Thomas, J., Holbro, N., & Young, D. (2013). *A review of sanitation and hygiene in Tanzania*. London, UK: DFID.

¹² Tufvesson, A., Bunduki, A., Butoto, L. M. Z., & Mkare, D. (2005). Sustaining HESAWA in Mwanza Region, Tanzania. In: *Maximising the benefits from water and environmental sanitation: Proceedings of the 31st WEDC International Conference*, Kampala, Uganda, 31 October-4 November 2005, pp. 262-265.

Period	Intervention
	<p>Persons who extended PHAST into the community.¹³ PHAST was introduced as an approach to health promotion that was intended to focus on community participation and capacity development rather than health messages.</p> <p>After over eight years of implementation of PHAST, reviews and evaluations had revealed that, although it was effective at conveying key health messages, it had not always been effective in bringing important improved hygiene behaviour change. Nevertheless, it was clear when visiting villages in Tanzania in 2012 that several visible practices, such as the use of dish racks, were still common.¹⁴</p>
2007–present	<p>Citywide Slum Upgrading and Prevention Programme Unit</p> <p>This joint initiative between the Tanzanian government and UN HABITAT saw a Citywide Action Plan developed in 2007 to increase services in the informal settlement areas of Dar es Salaam. The plan was implemented by the Citywide Slum Upgrading and Prevention Programme Unit, which is linked to local communities through a technical support team in each municipality. The Citywide Action Plan aimed to increase the number of people serviced with basic sanitation and waste collection from 30–60% by 2020; conduct assessments on user needs; construct 159 communal latrines; construct three demonstration latrines, and establish a regulatory framework for desludging.¹⁵</p>
2012–2015	<p>NSC Phase I</p> <p>This four-year programme fell within the rural water supply and sanitation component of the Tanzania’s Water Sector Development programme (WSDP). This programme adopted a sector-wide approach which incorporated all activities undertaken in the water sector in Tanzania, funded by development partners and the government of Tanzania. The programme was implemented by the then Ministry of Water and Irrigation, the Ministry of Health and Social Welfare, the Prime Minister’s Office – Regional Administrative and Local Government Authorities (PMO-RALG), and other implementing agencies. The campaign used a combination of approaches including Community-Led Total Sanitation, Sanitation Marketing and Behaviour Change Communication.¹⁶</p> <p>The campaign was geared to accelerate sanitation coverage, particularly in rural areas. This first phase relied heavily on triggering communities, gathering signed</p>

¹³ Malebo, H. & Makundi, E. (2012). *Mtumba sanitation and hygiene participatory approach in Tanzania*. Dar es Salaam, Tanzania: National Institute for Medical Research. Retrieved from https://assets.publishing.service.gov.uk/media/57a08a86e5274a31e000064e/Scaling_up_MTUMBA_report_August_2012.pdf

¹⁴ Massa, K. (2012). *Tanzania Country Programme Proposal: Usafi wa Mazingira Tanzania (UMATA)*. Water Supply and Sanitation Collaborative Council and Global Sanitation Fund. Retrieved from <https://www.ungm.org/UNUser/Documents/DownloadPublicDocument?docId=666268>

¹⁵ United Nations Human Settlements Programme, Tanzania Government, Dar es Salaam Local Authorities and Cities Alliance. (2010). *City action plan for upgrading unplanned and unserved settlements in Dar es Salaam*. Nairobi, Kenya: UN-HABITAT.

¹⁶ Mwakitalima, A., Massa, K., Seleman, A., & Kassile, T. (2018). Scaling up rural sanitation in Tanzania: evidence from the National Sanitation Campaign. *Journal of Water, Sanitation and Hygiene for Development*, 8(2), 290-306.

Period	Intervention
	<p>community declarations, orientating decision and policy makers and education to generate public demand for sanitation facilities, particularly for households. The campaign made some progress, but it suffered from its relatively low priority, weak monitoring and reporting of results, and ineffective deployment of financial resources. The UMATA project, funded by the Global Sanitation Fund, occurred during this time as well, but with little result. To mitigate these shortcomings, the government embarked on the second phase in 2016 and relaunched it as the <i>Nyumba Ni Choo</i> campaign in December 2017, focussing on behavioural change.</p>
2016–2021	<p>NSC Phase II (<i>Nyumba Ni Choo</i>)</p> <p>This was the second phase of the NSC, better known as <i>Usichukulie Poa, Nyumba Ni Choo</i> ('Do not take it lightly, a house is not complete without a modern toilet'). The campaign was geared to ensure that households in every Tanzanian region and district had access to improved toilets and practiced handwashing with soap at critical moments. It set an ambitious goal to eliminate open defecation by 2021 and ensure at least 75% of households in Tanzania use <i>choo bora</i> (an improved toilet) by 2021. <i>Nyumba Ni Choo</i> secured high-level political support and evolved into one of Tanzania's most successful government-led campaigns and a unique and valuable brand and platform. It has mobilised more than 8 million Tanzanians to build and upgrade their toilets¹⁷ and has seen national coverage of improved sanitation rise from 42.4% in June 2017 to 70.1% in June 2021 (MoH, June 2021). Learning from the <i>Mtu ni Afya</i> campaign, the <i>Nyumba Ni Choo</i> adopted strategies that helped to elevate sanitation to the top of the political agenda in Tanzania.</p> <p>One of the key unique characteristics of the <i>Nyumba Ni Choo</i> campaign was its adoption of a private–public partnership approach, whereby the government, through the MoHCDGEC, led the coordination and provided the implementation oversight of the campaign. This partnership with the private sector helped the government leverage skills and platforms which were efficient in delivering results. The campaign was built around drivers of change rather than education or training, using modernity as a driver for toilet improvement. In addition, high-level ownership of the campaign instilled a sense of accountability and commitment from most of the national and local leaders, and government officials, development partners and private sector partners aligned to the core mission of the campaign. The campaign embraced evidence from research studies for the majority of its activities, which allowed smooth adaptive programming during implementation. As a result of these characteristics, <i>Nyumba Ni Choo</i> has been successfully implemented throughout Tanzania, where it is now well known by the public – paving the way for it to be used for other initiatives as a brand and platform with great value.</p>



¹⁷ Ibid.

PROGRAMME BACKGROUND

Purpose of the programme

The programme aimed to encourage the nationwide uptake of good-quality toilets and handwashing with soap through a focus on institutional and community behaviour change. It was designed to assist the Government of Tanzania by accelerating progress on meeting the SDGs for universal access to safely managed sanitation, handwashing and the elimination of open defecation by 2030.

Programme strategy

The programme hoped to achieve its aim through adaptive programming, guided by a particular theoretical approach, Behaviour Centred Design (BCD).¹⁸ Developed by the London School of Hygiene and Tropical Medicine (LSHTM), BCD follows five steps: Assess, Build, Create, Deliver and Evaluate. BCD is based on the best available science on what determines behaviour in real-world contexts, known as ‘behaviour settings’. These are small-scale situations that achieve some social objective, such as a sports game, mealtimes, a business meeting or bus trip. BCD recognises that most behaviour is motivated by one or more of 15 human motives, such as hunger, love, status, affiliation and curiosity. The BCD Theory of Change sets out the minimum chain of causes and effects that must occur for behaviour to change and the desired impact to be produced. As shown in Figure 1, the task is to design an intervention that can produce changes to the environment which causes changes in the brains of the target audience; this, in turn, causes the target audience to behave differently in some behaviour settings. The consequences of behaviour are changes in the state-of-the-world, such as better health or human dignity.

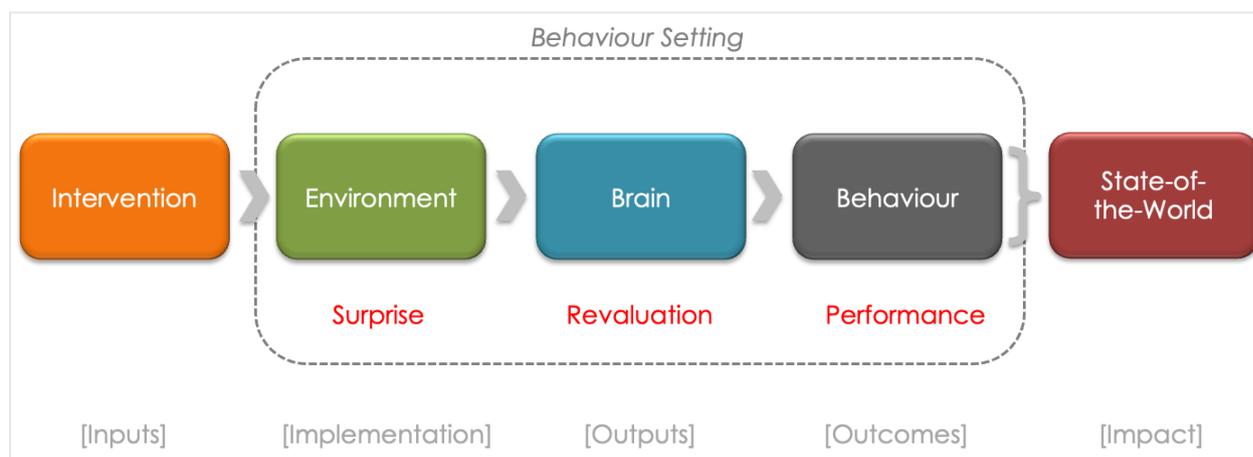


Figure 1. Behaviour Centred Design: Generic Theory of Change.

The elements of the behavioural change communication were arranged in the summary Theory of Change diagram below (Figure 2). The campaign’s implementing agencies and secondary audiences (shown in green) engaged core audience in their settings (dashed lines) through a set of activities and events, often referred to as channels (shown in light grey). These engagements helped the core audience link sanitation and hygiene to their aspirations for modernity, and to improve their control and ability to take immediate action (shown in blue). The resulting behaviour change (dark grey) will lead to achievement of universal access to improved sanitation and handwashing with soap (orange).

¹⁸ R. Aunger, and V. Curtis. (2016). Behaviour Centred Design: towards an applied science of behaviour change. *Health Psychol Rev* (2016) 1-22.

R. Aunger. (2020). *Reset: An Introduction to Behaviour Centred Design*. Oxford, UK: Oxford University Press.

Effective action by secondary audiences is also key to the campaign’s effectiveness. This was the driving purpose of early action by the campaign and continued to be a major element throughout its duration. Figure 3 outlines the Theory of Change for engagement of secondary audiences to build campaign momentum and scale. The NSC management (green) will continue engagement efforts with agencies and secondary audiences (shown in light grey) to raise the profile of the campaign and the need to be a part of it (blue), to ensure campaign leadership and resources are available at all levels (light grey). This will lead to continued mobilisation and momentum (orange).

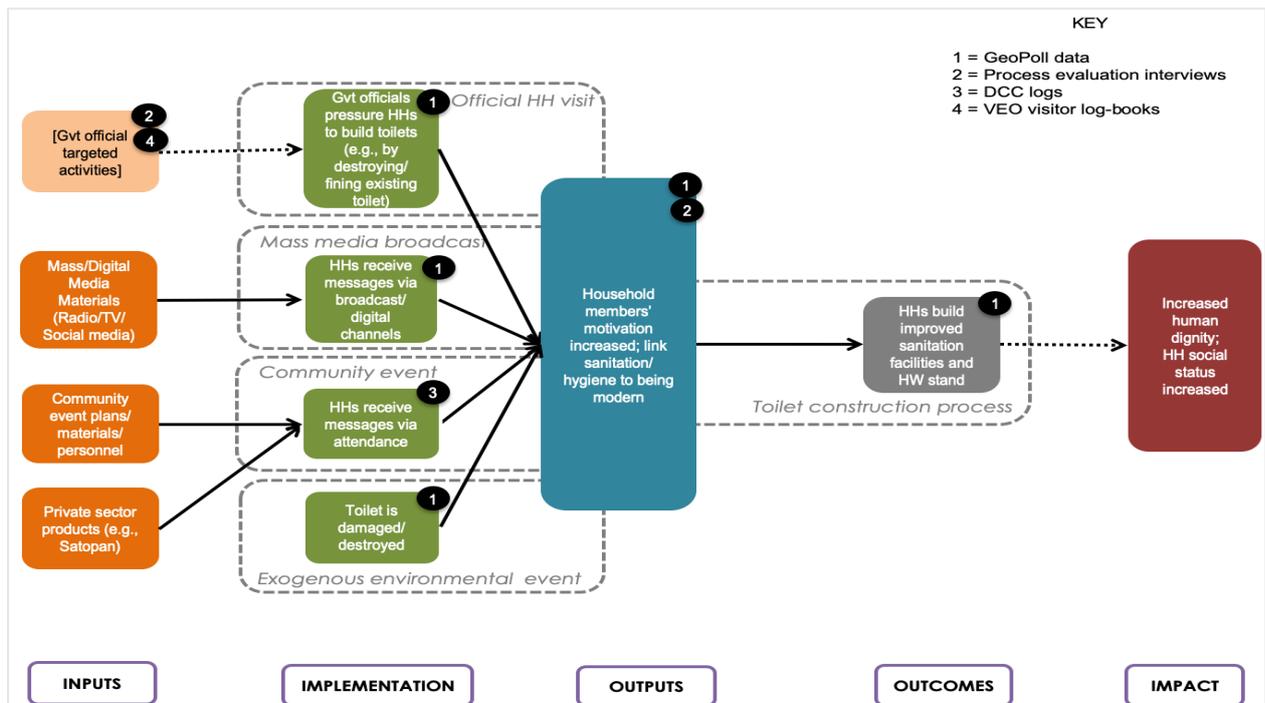


Figure 2: Theory of Change for primary target/audience.

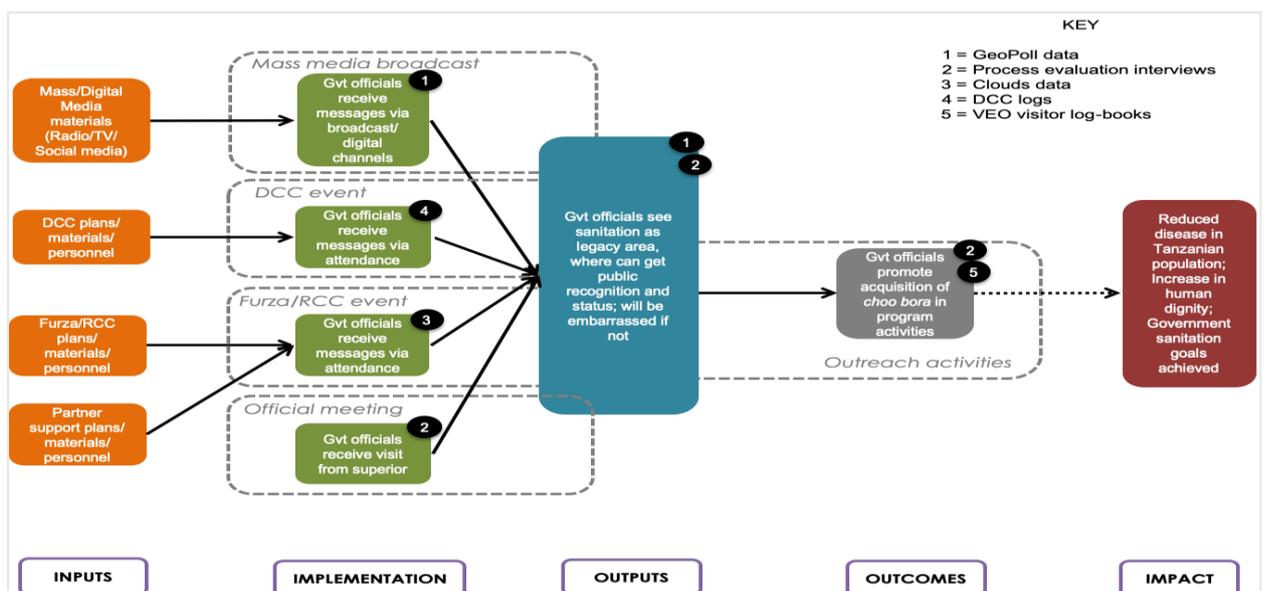


Figure 3: Theory of Change for secondary target/audience.

Programme development

Assess Phase

Structural arrangements: The CLEAR Consortium

A consortium of professional agencies was brought together to manage and implement the programme. The CLEAR Consortium was led by academics from LSHTM's Environmental Health Group, with support from Project CLEAR Ltd., a project management firm; Innovex, an implementation and logistics company; McCann Global Health, a creative design firm; and Clouds Media, a media company. These partners were all under the guidance of the funder, the Foreign, Commonwealth and Development Organisation (FCDO), a unit of the British government. The consortium thus brought together experts with a wide variety of skills to lead the project on behalf of the Tanzanian government. Consortium members as well as other stakeholders met several times to agree the project mission, directives and scope of action.

Creation of the Centre for Behavioural Studies

Apart from undertaking formative research and creation of communication content, another important decision made during the Assess Phase was the establishment of the Centre for Behavioural Studies in the School of Economics at the University of Dar es Salaam. The objective was to create a local human resource pool that could help the NSC on behaviour-related research, including experiments necessary to guide the implementation of the campaign. At the behest of the programme, FCDO provided considerable funding to support the establishment of this new centre.

Build Phase: Formative research

Phase II of the NSC started with formative research and creative design in 2017, geared to understanding thoroughly the sanitation practices and drivers in Tanzania. A rapid but in-depth desk review of reports and publications relevant to the behaviours of interest was first carried out. The review was necessary to establish what was known about the behaviours listed in the programme's Terms of Reference. These behaviours include: i) handwashing with soap at critical moments; ii) ceasing to defecate in the open; iii) upgrading, consistently using and maintaining household toilets; iv) household water treatment and storage, and v) upgrading and consistently using and maintaining toilets in public places and institutions such as schools and health facilities.

Formative research provided the insight needed to design new creative materials for the NSC in Tanzania. Also, it informed a Theory of Change that was used by the Tanzanian government (in partnership with the commissioned partners) to create a high-profile, multi-channel campaign including mass media and associated community mobilisation activities. Moreover, the research was crucial to define with greater precision the behaviour change challenges, the target audiences and the likely drivers of change in a range of contexts, as well as to understand potential channels of behaviour change.

The research team from the CLEAR Consortium, led by principal investigators from LSHTM, carried out the formative research. Included in research teams were staff from WaterAid Tanzania and Innovex and creative personnel from McCann and EXP, a professional implementation agency. The research team employed BCD research techniques, including filming, scripting, routine diaries, attribute ranking, motive mapping, habit assessment, behaviour trials and events. Four districts from the regions Morogoro and Mwanza were selected. Thereafter, seven rural and three peri-urban villages, differing in remoteness, sanitation coverage and exposure to previous sanitation promotion, were selected.

The research findings indicated that 56% of households had unimproved toilets, 40% of households had improved toilets, and 4% of households had no latrines. The results revealed that respondents valued hard work, enterprise and improving their lives over many years. They wanted better toilets

but felt no urgency to act quickly. A common emotional motivator for improving toilets was to protect children from disease, but this was insufficient to drive rapid change. Disgust with traditional toilets meant they were built at a distance from the house: an ‘out of sight, out of mind’ attitude. Other powerful motives included the desire to improve living conditions, and to become a modern Tanzanian, albeit without ‘showing off’. Construction costs and water scarcity were the main stated barriers to improved toilet construction. Receiving information about realistic costs, being supported to access materials, and visiting better latrines elsewhere were commonly reported reasons for improving latrines.

The findings were used to develop the Theory of Change on improving sanitation in Tanzania. The resulting Theory of Change recommended that the intervention surprise people with a novel conversation about toilets, promote toilets as a means of conferring status, and introduce a perceived urgency to ‘act now’. The findings suggested that modest improvements would lead to a better life. Feelings of disgust with poor quality toilets should be amplified, and barriers to improved toilet construction should be lessened by promoting transformational toilet improvements and improving access to modern toilet products. The findings provided considerable insight into sanitation behaviours in Tanzania, which in turn informed creative intervention design.

The creative intervention design was then produced by McCann Global Health’s creative team with input from EXP. This process was overseen by a small team comprising behaviour change specialists from LSHTM, government partners and a small number of the key implementing partners. After several reverts to the creative agency, the preferred options were field tested by EXP, who then adapted the content for the local audience and undertook iterative field testing with both target audiences and implementers.

Create Phase: Creative production

Development of the central brand: Nyumba Ni Choo

The creative team used the findings from the formative research in an insight identification process, which recognised that while many households had, in the past decade or so, upgraded the quality of their houses, concomitant improvements in their sanitation had not followed suit. What was required to encourage these improvements was a change in conception – to include the toilet in the popular imagination as part of the house. It followed that enjoying a modern lifestyle required heads of household not only to improve their houses but their toilets as well. This insight was encapsulated in the Swahili phrase *Nyumba Ni Choo*, which roughly translates as ‘a house is not complete without a good-quality toilet’. This catchphrase became the foundation for all the campaign’s communications.



Application of the brand to a COVID-19 campaign

In 2020, in response to the arrival of the COVID-19 pandemic in Tanzania, the government asked the CLEAR Consortium to instead promote the internationally recognised behaviours that would protect Tanzanians from the disease: keeping distance in social places, washing hands with soap and wearing a mask.

Production of branded materials

Between 2017 to 2021, the project went through a number of creative refreshes, during which the overall brand was accompanied by different taglines with emphases appropriate to the current stage of the campaign. The phases included, for sanitation, *Nipo Tayari* ('I am ready'), *Usichukulie Poa* ('Do not take it lightly'), *Tumetoka Mbali* ('We have come far'), and for COVID, *Mikono Safi, Tanzania Salama* ('Clean hands, safe Tanzania'), *Unategemewa* ('You are depended on'), and *Siri ya ushindi* ('Secret to victory'), which are discussed in more detail below.

The project produced numerous communication materials that were amplified through different media platforms. The materials produced included collateral materials as well as audio and media content (i.e., testimonials and mentions), as detailed in Table 2.

Table 2: Communication materials.

Material	Details
Radio spots	A total of 47 spots were produced from 2017 to 2021. The spot content focussed on different campaign phases to convey the relevant message.
TVCs	The project produced the total of 30 television commercials (TVCs). TVCs also conveyed theme messages in congruency with campaign phases.
Mentions and testimonials	A total of 1,376 mentions and 1,158 testimonials were produced for both television and ground activations. This content was produced during ground activations. The message focussed on improving toilets, installing handwashing facilities and COVID-19 preventive measures.
Collaterals	A total of 33,146 collateral materials were produced. These included T-shirts, caps, bandanas, kangas, flash drives, handwashing facilities, soap, stickers, reflector vests, sanitiser, dispensers, notebooks, trophies, certificates, ABS plastic boards, shop signs, wall paintings, flags, booklets, football jerseys, balls substitution boards, goal nets, medals and awards. All collateral materials were tailor-made for a specific target audience. For instance, T-shirts were distributed to heads of households who attended campaign events from distant villages, enabling the campaign to extend its message to the people who did not attend the events. Other collaterals, like jerseys, were designed for football players, whereas flash drives containing campaign messages were distributed to motorcycle riders contained.

Delivery Phase

Adaptive delivery of campaign messaging

Nyumba Ni Choo embraced an adaptive programming model which allowed the campaign to respond quickly to challenges such as COVID-19 and issues that did not work as planned. After every quarter the campaign team evaluated activations to underline lessons learned and inform new plans. Continuous monitoring and quarterly evaluation reports also informed the continuing

evolution of the campaign focus, slogans and materials. The campaign outsourced some of the activities, such as creative development and production, to Clouds Media Group (CMG) in the first year, and thereafter to the Tanzania House of Talent to ensure that messages were renewed. The result was a constantly refreshed campaign, as summarised in Figure 4.

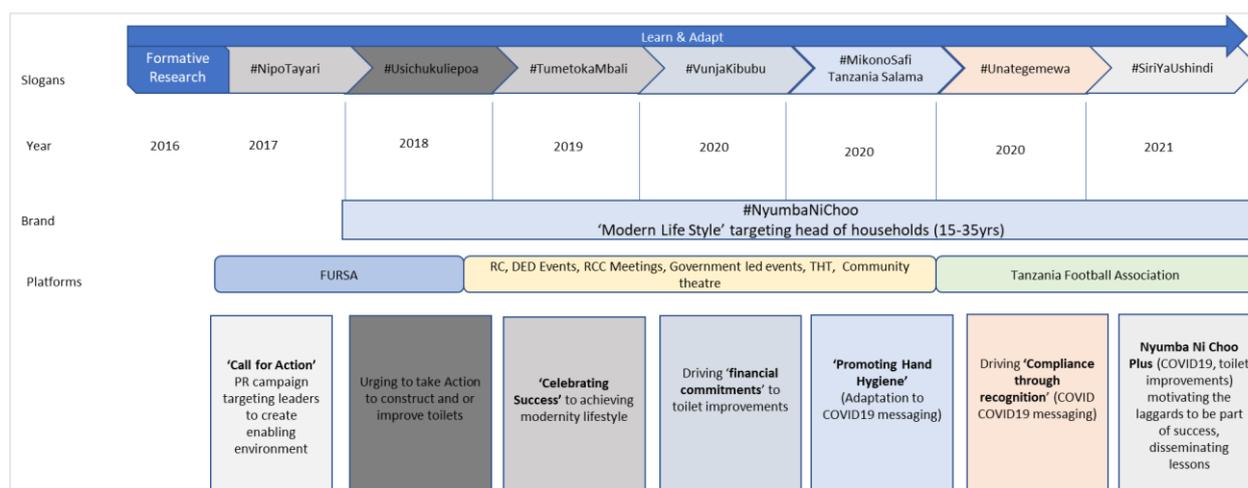


Figure 4: Evolution of the *Nyumba Ni Choo* Campaign.

Delivering the campaign phases

***Nipo Tayari* (June–December 2017):** *Nipo Tayari* is a Swahili phrase meaning 'I am ready'. The term connotes readiness and personal commitment to do something, and you're a campaign aimed to create readiness to participate and support the campaign initiatives. Top government officials and political leaders were engaged during this time to declare their readiness to support the NSC. *Nipo Tayari* saw different ministers, Members of Parliaments, Regional Commissioners, District Commissioners, District Executive Directors and development partners testify their readiness to support sanitation and hygiene initiatives.

***Usichukulie Poa, Nyumba Ni Choo* (December 2017–January 2019):** After *Nipo Tayari* successfully created readiness for the NSC, the campaign was refreshed. In December 2017, *Usichukulie Poa, Nyumba Ni Choo* was officially launched by the then Vice President of Tanzania, Hon. Samia Suluhu Hassan. In the first half of 2018, *Usichukulie Poa, Nyumba Ni Choo* was the main focus of mass media (radio and television) and social media platforms. Only three national broadcast stations were engaged: Clouds Radio, Clouds TV and the Tanzanian Broadcasting Corporation (TBC). Other existing platforms, such as Regional Consultative Council meetings, religious meetings, sports events like the Ndondo Cup Football Competition and other events coordinated by CMG – including *Malkia wa Nguv'* ('Strong women'), *Usiku wa Nandy, Jiwe la Mwezi* ('Night of Nandy') – were also used to amplify campaign messages. This period also saw the Morogoro Region being used to prototype Direct Consumer Contact (DCC) events and local/community radio engagement. After the prototype in Morogoro Region, the campaign was scaled up to Tanga, Dodoma, Mbeya and Songwe regions, showing people that they are not complete in their endeavour to become modern if they do not use an improved toilet. This was done between October 2018 and January 2019. Radio spots, television commercials, testimonials and mentions were produced and amplified during this phase.

***Tumetoka Mbali* (April–December 2019):** In February 2019, the campaign was reviewed and refreshed, and a new slogan adopted. The slogan used in this phase was *Tumetoka Mbali* – 'We have come from far' – which celebrated to the progress already made from using unimproved toilets to improved toilets and washing hands with soap. This slogan called for people to join hands or continue with the campaign, insisting that people had succeeded in achieving a modern lifestyle by improving toilets and washing their hands with soap after using the toilet. Under this theme, DCC

events were conducted in the regions of Kagera, Geita, Mwanza, Mara, Simiyu and Shinyanga. Radio spots, television commercials, testimonials and mentions were produced and amplified.

Mikono Safi, Tanzania Salama (March–June 2020): This slogan, which translates as ‘Clean hands, safe Tanzania’, was developed in response to the COVID-19 pandemic. It was quickly used to remind communities and individuals to frequently practice handwashing with soap as a preventive measure. This slogan was used when the country was yet to record any case of COVID-19. Radio spots, television commercial, testimonials and mentions were produced and amplified. Activation in the form of road shows were the conducted in Mbeya, Songwe, Dar es Salaam and Pwani, which were selected as they had busy ports where COVID-19 could enter the country.

Unategemewa (July–December 2020): After the first case of COVID-19 was reported in Tanzania, the campaign was again refreshed to reflect this new reality. The new slogan of *Unategemewa*, or ‘You are depended on’, recognised that everyone has a role to play in a healthy society, and the phase aimed to use this motivation to promote compliance with COVID-19 preventive measures, such as wearing masks and maintaining physical distance. The idea was to show everyone that they are depended on, and hence responsible to protect themselves and their loved ones. The campaign involved influential people in Tanzanian society such as musicians (Mrisho Mpoto and Khadija Kopa), footballers (Juma Kaseja) and renowned fashionista Flaviana Matata, who all made testimonials focussing on how they are depended on and urged Tanzanians to adopt COVID-19 preventive measures.

Siri ya ushindi ni kubalansi (January–June 2021): This slogan, meaning ‘The secret to victory is balance’, was developed as a COVID-19 coexistence strategy. During this period Tanzania had achieved some of notable successes. Building on the World Bank’s declaration that Tanzania had entered middle-income status, this phase appealed to Tanzanian national pride at past successes. To fight fatigue towards COVID-19 safety behaviours, the phase branded COVID-19 behaviours as the secret to personal and national victory. Despite the focus on COVID-19, there was a continued association with hygiene and sanitation, as reflected in the additional phase slogan *Siri ya ushindi Nyumba Ni Choo*, or ‘Having an improved toilet is a secret to success’.

Evaluation Phase

During its five years, the campaign used different monitoring and evaluation platforms to plan and refresh messages in order to improve effectiveness and efficiency in the implementation. This enabled the team to establish baselines, ensure fidelity, monitor distribution, estimate reach and understand the reception and the overall outcome of the project. In the Build stage, the National Sanitation and Hygiene Management Information System (NSMIS) and formative research findings were used to guide the development of campaign themes, methodology, media options and priority areas to be reached. In addition, a national guide for sanitation and hygiene behavioural change communication, referred to as the Campaign Implementation Manual, was used ensure fidelity and guide the delivery of the campaign.

Distribution, reach and reception of campaign materials was monitored through different software, with reports produced either monthly or quarterly. In 2018, during the early stages of the campaign, Ipsos was engaged to monitor the distribution of communication materials. From 2019 to 2021 Ipsos was replaced by GeoPoll, which was engaged to assist in the monitoring and evaluation of the campaign and its materials, estimate campaign reach and measure its effectiveness and efficiency. The monitoring and evaluation reports produced quarterly by GeoPoll guided the CLEAR Consortium in the production of materials and selection of distribution platforms.

Impact on production of materials

Survey reports were produced that informed the type and the contents of materials to be developed by the *Nyumba Ni Choo* campaign in a number of occasions. For example, a survey conducted in

June 2020 showed that people had grown tired of practicing hygiene behaviours such as handwashing, physical distancing and wearing masks, as they felt that they had already won the fight against COVID-19. The *Nyumba Ni Choo* campaign production team used this insight to develop a new campaign phase with the slogan *Siri ya ushindi ni kubalansi* to replace the previous phase of *Unategemewa*. The new phase aimed to continue promoting the ideal COVID-19 preventive measures by associating personal and national success as a result of balancing daily life activities, such as earning an income, and maintaining hygiene practices. In another example, experiments conducted in August 2020 and January 2021, to understand the appropriateness of communication strategies to be used by the campaign, were also used to guide the delivery of the campaign. The experiments revealed that people were more interested in *Nyumba Ni Choo* messaging from celebrities than government officials. It is in this context that DCC events and road shows from January to June 2021 were mainly led by a famous artist in Tanzania, Mrisho Mpoti. Government officials attended the events as participants but supported Mpoti in some of the events.

Impact on distribution of materials

By monitoring the distribution of campaign messages through both mass and social media, data was collected daily for all media based on the current media plan. Data was collected on the number of communication contents distributed by each respective mass media or social media channel. The distributed contents were compared with the planned contents and then evaluated to establish the reach of the campaign messages. This was done using GeoPoll evaluation systems, which took into account factors such as listenership rates and demographic data of radio listeners.

The evaluation reports were used to inform the media team of the reach of the past media plans. This enabled the CLEAR Consortium to make necessary changes to improve media reach and performance. Media plans were improved on monthly basis by dropping stations with the least reach and increasing distribution on platforms/stations and programmes with higher reach. For instance:

- In quarter three (July–September) 2019, Project CLEAR replaced Kwizera FM with Jembe FM in the Lake Zone. Monitoring data showed that Kwizera FM had more than 300,000 listeners.
- In quarter one (January–March) 2020, Mbeya Highlands FM was replaced with Ebony FM. Mbeya Highland FM reached 2.7 million listeners whereas Ebony FM reached 5 million.
- In quarter four (October–December) 2020, East Africa Radio was replaced with Wasafi FM. The recorded reach for Wasafi FM was 20 million listeners, whereas East Africa Radio had 13 million.

Finally, distribution and reach data were used to inform the campaign's budgetary allocations for different platforms. More budgetary resources were allocated to mass media as it had a greater reach compared to other platforms. Similarly, resources were also prioritised for on-ground activation as the messages were more easily understood.

Impact on reception of materials

Intermediate outcomes of the *Nyumba Ni Choo* campaign were also monitored quarterly using SMS surveys. The aim was to measure how the campaign messages and slogans had been received by the target audiences, and what the associated reactions were after receiving them. Both the primary audience (heads of households) and secondary audiences (government officials, political leaders, private sector, development partners and influential people) were evaluated. Findings from the surveys were used to refresh campaign themes and decide on community delivery options.

RESULTS

Outputs

Distribution of communication contents

Campaign messages were distributed to target audiences using different media options, including mass media, digital media, display media and DCC events (Table 3).

Table 3: Distribution of campaign messages.

Material	Details
Radio spots	A total of 28,311 spots were aired on 32 radio stations that were engaged in different phases from 2018 to 2021. The stations included those with national coverage such as E FM, Clouds Media, TBC Taifa, TBC FM, Radio Free Africa, Wasafi FM, East Africa Radio and Radio One. They also included stations covering Tanzania's regional zones, such as the Lake Zone (Jembe FM, Kwizera FM, Kahama FM and Victoria FM), Central Zone (AFM, Dodoma FM, Standard FM, and CG FM), Northern Zone (Arusha one FM, Sunrise and Manyara FM), Highlands Zone (Mbeya Highlands, Ebony FM, Must FM and Dream FM), Southern Zone (Mashujaa FM, Key FM and Newala FM), Coastal Zone (Abood FM, Coconut FM and VOA) and Zanzibar (Coconut FM, ZBC FM and Bahari FM).
TVCs	The campaign aired the total of 2,728 TVCs, 582 mentions and 761 testimonials on 8 television stations. The engaged television stations were Clouds TV, Independent Television Limited, East Africa TV, Clouds Plus, TBC 1, Azam Sports HD, Azam News Media and ZBC, all of which have national coverage. TVCs were aired mainly during programmes with higher viewership ratings like news and sports programmes. The mentions and testimonials captured during DCC events were shared on national television to ensure amplification of the commitments made by leaders on different regions.
Television programmes	The campaign aired the total of 97 television programmes that were produced during different campaign phases. The programmes included 'Mr Nogesha', which focussed on promoting toilet makeovers, 'KAA HAPA', in which Mrisho Mpoto conducted interviews with Regional Commissioners to elaborate on their campaign commitments, and 'KIPANYA CHOONI' in which Masood Kipanya aimed to show audiences that it is cheap to renovate/build your toilet by visiting different streets and school in Dar es Salaam and asking questions about ideal price to build the toilet, as well as linking heads of household with hardware shops and masons.
Mentions and testimonials	A total of 1,376 mentions and 1,158 testimonials were produced for both television and ground activations. These contents were produced during ground activations. The message focussed on improving toilets, installing handwashing facilities as well as COVID-19 preventive measures.
Radio mentions and testimonials	A total of 16,165 mentions and 892 testimonials were aired on radio stations. The mentions were either prepared internally by the creative team or produced during DCC activations. Every time the target audience made a commitment or gave a testimonial about improving their toilet, the content was captured and distributed on different platforms to reach a larger audience.

Material	Details
DCC mentions and testimonials	A total of 990 mentions and 994 testimonials were produced from the total of 617 events that were conducted. The mentions involved political leaders supporting the campaign initiatives or urging head of households to improve their toilets. The production team was present at all activation events to ensure distribution across different media platforms.

Reach

The campaign has managed to directly reach over 20 million unique (unrepeated) media audience, which is approximately 65% of all media consumers in Tanzania.¹⁹ The average audience member is estimated to have interacted with the campaign message at least 126 times (based on repeated media monitoring surveys), which represents an effective exposure. Studies shows that audiences begin discussing adverts after their third exposure, marking the start of behaviour influencing.²⁰ The campaign engaged a total of 32 radio stations, of which 8 were national radio stations and the rest regional stations. The local stations were selected based on their reach and the region where ground activations were being conducted.

DCC frequency/effectiveness

DCC events are one of the project's communication channels used to influence the targeted behaviours. DCC events targeted six different audiences, including households as the primary audience, but also government officials, political leaders, private sector actors, influencers, and development partners as secondary audience groups.

DCC events as an intervention were initiated in the first quarter of 2018. The contents of the events have taken different shape ever since. For instance, the first activation was conducted through *Malkia wa Nguvu* Event, Regional Consultative Council meeting, BAKWATA (Muslim Central Council in Tanzania) meeting. This is because there was no separate budget for DCC. Therefore, it was cost effective to use existing platforms instead of launching new ones. In the following quarter (April-June 2018), the first prototyping of DCC events was conducted in Morogoro at village level, led by CMG. During prototyping, more activities were performed including data verification and market support. At that time, the celebrity Mrisho Mpoto was engaged as an influencer for the campaign. As a result, many participants were attracted to its events. In the fourth quarter of 2018, it was then decided to extend the approach to other regions, including Tanga, Dodoma, Mbeya and Songwe.

Furthermore, the campaign team employed a dynamic approach in selecting project areas. Initially, the project targeted areas with poor sanitation and hygiene performance. However, this was later changed into areas with high population density. The assumption behind this choice was that high population density is more likely to spread message of the campaign to broad areas and households. On top of that, local radios were engaged to spread the campaign message. Similarly, collaterals were used during DCC events where T-shirts, stickers, flash drives, reflectors, notebooks, table flags, shop signs, bandanas, and caps. In total, the campaign reached over 300,000 people by the middle of July 2021, including both primary and secondary audience groups.

Activation of government officials

A central objective of the programme Theory of Change was to activate its secondary audience, government officials, to increase their efforts towards promotion of good toilets and handwashing

¹⁹ GeoPoll survey, 2021.

²⁰ Makienko, I. (2012). Effective frequency estimates in local media planning practice. *Journal of Targeting, Measurement and Analysis for Marketing*, 20(1), 57-65.

practices in households. A process evaluation study conducted by programme staff showed that the project was quite successful in this regard, through interviews with officials at all levels of government. Officials reported both being pressured to engage in a greater effort to promote sanitation by their superiors and that they were motivated by exposure to campaign materials. (See the separate Process Evaluation report for more details.)

Relative roles of activity types

A central question for programme design is: which elements of a complex intervention proved to be most powerful in contributing to campaign outcomes? This is a standard question underlying process evaluations. The process evaluation undertaken by the CLEAR Consortium was also able to address other central questions, such as the overall effectiveness of the campaign in terms of increasing sanitation coverage. It determined the following:

- Media, roadshows and government activity all played significant roles in getting households to improve their toilets, in conformity with the campaign Theory of Change.
- However, ranking their relative importance is confounded by cross-channel content and synergies between causal routes.
- The rate of toilet improvement increased during the span of the programme, suggesting that although there is a long-term trend towards having an improved toilet, this trend was amplified by programme activities during the last few years.
- In particular, coverage increased faster in areas where roadshow events had taken place compared to areas where they had not.
- The government was effective as a central coordinator of partners for national public health efforts when it led from the top and filtered down hierarchies while making use of bottom-up insights reflecting the needs, wants and incentives of the public and local officials.
- Building up a branded platform leverages partners and reach.
- Politicians and government officials making public-facing commitments and taking part in public activities were more effective at behaviour change than training and workshops.
- Adaptive programming needs to be built into contracting and evaluation by considering how milestones/jobs and outcomes are defined.

Outcomes

Improved sanitation coverage

The standard designs for evaluating the impact of a communication campaign were not available in this case due to the lack of a 'control group' that remained unexposed to the campaign's activities. Nevertheless, the project did conduct studies of the extent to which changes in the rate of toilet improvement could be attributed to specific activities. Findings of these studies include:

- 44% of households said they built an improved toilet because they heard or saw a campaign about improving toilets (a direct effect of the campaign) or were visited by officials (an indirect effect) (GeoPoll household survey 2021).
- The significant association of toilet construction with campaign influence is a good indicator of impact.
- 76% of officials suggested there had been an increase in toilet coverage because of the campaign (Local government official interviews 2021) (Figure 5).

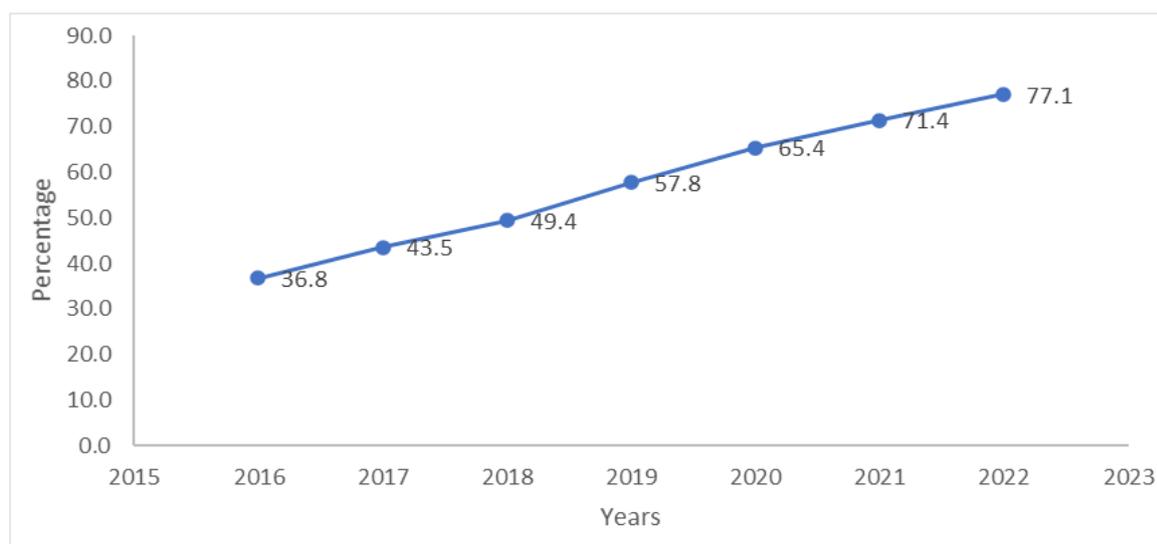


Figure 5: Trend in rate of household toilet improvement, as measured by the percentage of households with improved toilets in Tanzania.

Source: (NSMIS, 2022).

Note: Percentage of households with improved toilets for 2022 is a projection based on the trend of previous years.

Evaluating the impact of DCC events

The evaluation analysis of DCC sought to answer the following questions:

- Was DCC implemented as intended?
- What contribution did DCC make to the improved household latrines?

DCC events were successfully implemented in 21 of Tanzania's 26 regions, which is equivalent to 80.7% of the country's population. In 19 regions these events promoted sanitation, and in two regions they promoted COVID-19 vaccination. The total audience for these events was about 710,400 individuals. Mtwara Region had the highest reach of 79,487 heads of households.

Meanwhile, the region with the lowest reach was Rukwa, where an estimated 10,280 heads of household attending events. The regions where DCC was not implemented include Dar es Salaam, Iringa, Arusha, Kilimanjaro, Njombe and Coastal regions. Most of these regions had satisfactory sanitation and hygiene compared to the intervention regions.

DCCs were an intervention element additional to mass media. Parallel trend analysis was conducted to assess changes in the outcome before and after the local intervention. A total of 23,891 wards in 10 regions were selected for the assessment. A total of 4,189 wards participated in local activations while 9,702 wards did not participate during the review period. The data capture the percentage of households with improved rates before DCC began in 2017, and after intervention began in 2018 (Figure 6).

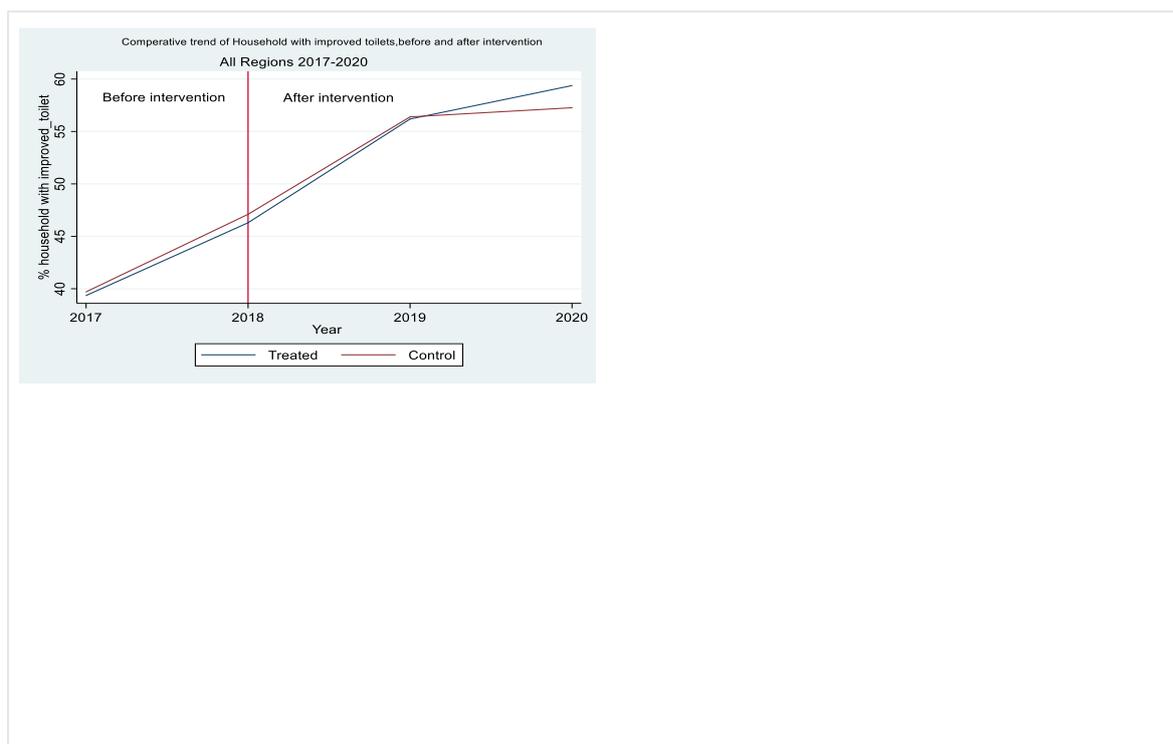


Figure 6: Trend analysis of improved toilets for both treatment and control wards in the selected regions/wards.

Source: NSMIS, 2021.

As indicated in Figure 7, before the intervention, the selected treatment wards (4,189) had a low percentage of household with improved toilets compared to control wards (9,702). However, after the intervention the gap between treatment wards and control wards started to diminish until 2019, when treatment wards outperformed control wards. Therefore, it is evident that DCC contributed to the improvement of toilets at the household level. This confirms the Theory of Change of the designed intervention. Nonetheless, analysis of individual regions may show variation of effects depending on the selection of wards that received intervention. Some wards were selected based on the performance while others were selected based on the population density and interaction. Therefore, the approach of treatment wards during project implementation may show different results at the regional level.

Open defecation

During the period of this project, the proportion of households without toilets decreased significantly, suggesting that open defecation was nearly completely eliminated from the country (see Figure 7).

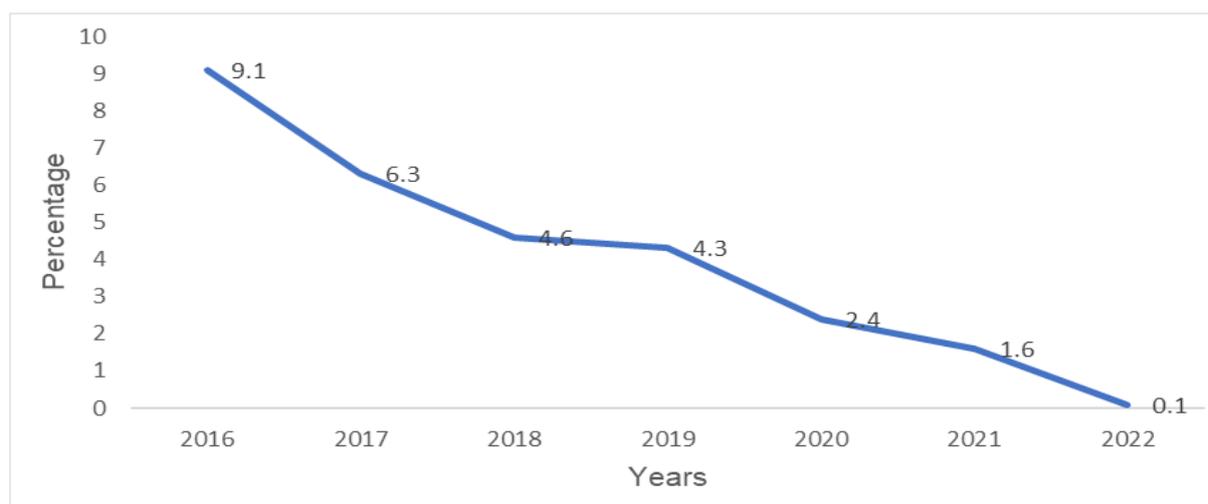


Figure 7: Percentage of households without toilets in Tanzania since 2016.

Source: NSMIS, 2022.

Note: Percentage of households without toilets in 2022 is a projection.

Households with handwashing facilities

The proportion of households with handwashing facilities, as reported by the government's NSMIS data, also increased significantly during the period of this project (see Figure 8), perhaps thanks in part to the campaign's messaging about the importance of handwashing. However, the biggest increases came during the time of COVID-19, which probably contributed to the perceived necessity of having such a facility.

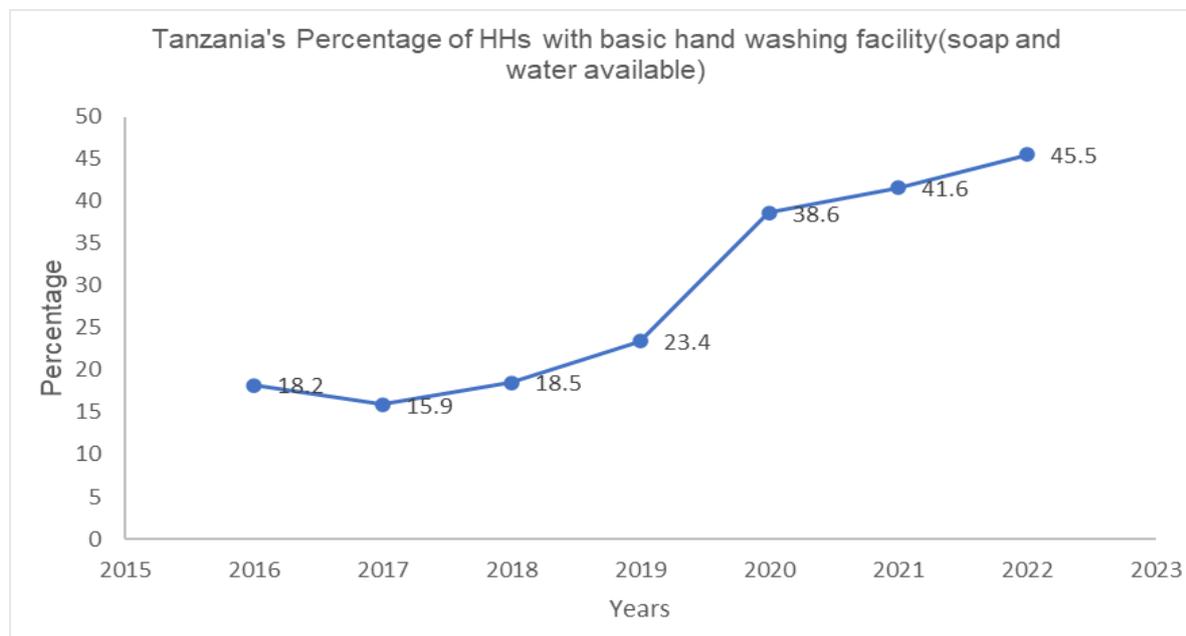


Figure 8: Percentage of households with basic handwashing facilities (soap and water) in Tanzania.

Source: NSMIS, 2022.

Note: Percentage for 2022 is a projection.



Impact

The scale and duration of the *Nyumba Ni Choo* campaign meant that it likely produced changes beyond those contemplated by the Theory of Change. Again, strict scientific demonstrations of the causal relationship between programme activities and these society-level trends cannot be made. However, some relationships can plausibly be argued, as the following sections demonstrate.

Contribution to the attainment of middle-income status

In July 2020, Tanzania was declared a lower-middle income country by the World Bank. Attaining this economic status was largely influenced by the country's macroeconomic stability. However, sustaining this lower-middle income status requires a holistic approach including the participation of the private sector in the country's social and economic development. The CLEAR Consortium, through its adoptable strategies, has been promoting sanitation/hygiene improvement and fighting hesitancy towards COVID-19 vaccines. Given that the World Bank states that maintaining Tanzania's lower-middle income status post-COVID-19 will depend on strengthening national resilience,²¹ the CLEAR Consortium's efforts will likely contribute to the sustainability of economic growth in Tanzania.

Contribution to reducing COVID-19, neglected tropical diseases and faecal-oral diseases

Using a flexible approach, the CLEAR Consortium has made an effort to understand public hesitancy towards COVID-19 vaccination. The objective is to reduce COVID-19 prevalence in the country. First, the consortium conducted formative research to understand the drivers of vaccine hesitancy. Second, the CLEAR Consortium is working closely with the Tanzanian government and other stakeholders to collectively tackle vaccine hesitancy. Third, activation through football competitions

²¹ World Bank. (2022). *The World Bank in Tanzania*. Washington DC, USA: The World Bank. Retrieved from <https://www.worldbank.org/en/country/tanzania/overview#1>

has been adapted to promote vaccine uptake in Tanzania. Additionally, poor hygiene practices and a lack of adequate sanitation can contribute to the spread of preventable neglected tropical diseases such as cholera or typhoid.²² Therefore, by promoting improved hygiene practices over four years, the *Nyumba Ni Choo* campaign is likely to have contributed to the reduction of diseases associated with poor sanitation and hygiene practices.

Platform branding (allowed to switch to COVID-19)

Nyumba Ni Choo has become a universal brand in Tanzania. Ninety-seven percent of the general population questioned in a GeoPoll survey in 2020 confirmed they were aware of the message and brand of *Nyumba Ni Choo*. The nationwide recognition of the brand allowed it to serve as a platform for both the original improved hygiene and sanitation campaign and COVID-19 messaging. The preventive measures that dominated COVID-19 messaging in early 2020 were pivoted to areas of WASH, which was aligned with the *Nyumba Ni Choo* campaign.

Cultural/political change

During the early stages of the programme in early 2018, the *Nyumba Ni Choo* campaign did not have satisfactory acceptance by senior political leaders. Talking about toilets in public was a sensitive subject, especially for the elites and political leaders. It was even once denied to be discussed in parliament, even when it became a political priority. However, after amplification across mass media and through the involvement of influencers like Mrisho Mpoto, the campaign later attained higher acceptance, eventually becoming famous both among head of households and government leaders. For instance, in December 2019 the Mtwara Regional Commissioner, Hon. Gelasius Byakanwa, launched *Shule Ni Choo* – which translates as ‘a school is not complete without a toilet’ – based on the ‘*Nyumba Ni Choo*’ concept.

Value-for-money

Value-for-money practices

A concern for Value-for-money (VfM) has been one of the key factors in the *Nyumba Ni Choo* campaign’s success. It was integrated into each aspect of the campaign’s processes, from the design to the evaluation of the behaviour change communication contents. Its purpose was to ensure that every campaign action and activity had the maximum impact at relatively low cost. VfM practices for *Nyumba Ni Choo* come under three categories: prototyping and production of materials, distribution of materials and monitoring of the efficiency and effectiveness of the campaign.

Prototyping and production of materials and messages

After the behavioural change communication creative contents had been designed, they were subjected to prototyping and pretesting for production. Prototyping and pretesting of the communication messages ensured the production team knew what to produce and therefore eliminated trials and errors in production. This helped to reduce production costs as it avoided wasting production materials and time.

During implementation of *Nyumba Ni Choo*, campaign materials and messages (mentions and testimonials) were produced in house using project staff and equipment rather than an external production firm which would have produced fewer materials at a higher cost. For instance, engaging an external production firm would have required a monthly fixed cost consulting fee amounting to TZS 5 million, which would have been payable to the firm whether materials had been produced or

²² Reed, B. (2017). *Faecal-oral diseases: Preventing transmission*. Loughborough, UK: Water, Engineering and Development Council, Loughborough University. Retrieved from <https://wedc-knowledge.lboro.ac.uk/resources/e/mn/018-Preventing-the-transmission-of-faecal-oral-diseases.pdf>

not. This cost excluded production fees. Not only did in-house production avoid this cost, but ensured that the materials produced were timely, better quality and relatively low cost.

Distribution of materials and messages

Mass media

Good partnerships with media stations both national (such as IPP Media's station) and local resulted in savings in the procurement of airtime for message amplification. For instance, for the period July to September 2020 the campaign was supposed to pay TZS 103,825,217, but, thanks to its good relationship with IPP Media, actually paid TZS 62,295,130, saving a total of TZS 41,530,087. Furthermore, for the period October to December 2020 the campaign was supposed to pay IPP Media TZS 219,856,400 but, due to a mutual interest in fighting COVID-19, instead paid TZS 20,442,000, saving TZS 119,414,400.

Project CLEAR Ltd negotiated with other radio and television stations to secure a lower than market price (rate card price). The campaign also achieved VfM by securing long-term media contracts.

Local radio stations, which were cheaper than national stations, were engaged more. The average cost of airing the communication content through national radio was TZS 450,000 whereas for local radio was TZS 80,000. Moreover, locals are often loyal to their local radio stations, making them appropriate channels for campaign messaging.

Digital media

Digital media platforms were used to amplify campaign messages. Activities, mentions and testimonials from DCC activations were recorded and posted to WhatsApp, Facebook, Instagram, Twitter and YouTube, reaching millions of viewers at relatively little cost.

Social media content was tested before posting to ensure that they effectively disseminate targeted messages to targeted audiences and thus achieved VfM. The message communication strategies themselves were also tested experimentally for effectiveness and reach.

Activations

The campaign coordinated different DCC events, including road shows and football matches. In the distribution of messages from activations, the *Nyumba Ni Choo* campaign learned the following with respect to VfM:

1. The partnership with the Tanzania Football Federation (TFF) enabled the campaign to display messages in stadiums at a low cost, which were mostly printing and message installation costs. A commercial enterprise would have incurred larger costs. For example, the mobile operator Vodacom paid TFF TZS 9 billion from 2019–2021 to sponsor the Tanzanian Premier League.
2. The partnership with the Tanzania Police Force enabled the campaign to get permits for its road shows, allowing *Nyumba Ni Choo* to communicate to larger audiences across the country. Given that the police force is responsible for road safety, this partnership helped the campaign save time and use fewer human resources and equipment such as vehicles, PA systems and billboards.
3. During DCC, the distribution of campaign communication messages and the production of mentions and testimonials is done at the same time. This practice reduced production costs.

Monitoring and evaluation

The use of the National Sanitation and Hygiene Management Information System (NSMIS) for monitoring and verification of outcome data has saved significant costs, as it could be expensive to physically conduct national monitoring each month, quarter or year. At the lowest level, NSMIS data is collected from streets (in urban areas) or villages (in rural areas) by a focal person, who sends that

data to ward level. From ward level, the data is sent to district level. Up to December 2021, Tanzania had 4,262 streets and 12,300 villages. Each village or street is assigned one focal person, whose estimated cost is at minimum of TZS 100,000 quarterly. This means the total cost for all focal persons in Tanzania for each quarter could be TZS 1,656,200,000 to TZS 6,624,800,000 annually, depending on the total number of actual data collectors. By using NSMIS, this amount of money is saved quarterly.

By using GeoPoll, the campaign could determine stations and time slots with high audience reach. This meant that, before airing communication messages, analysis was done to determine when the target audience for both local and national radio and television stations is most likely to be listening or watching.

To compliment NSMIS, Project CLEAR Ltd set up a 12-hour call centre to verify outcome data by calling District Health Officers from each district or council to discuss data incompleteness, incorrectness and inaccuracy in the NSMIS. The call centre ensured that the outcome data the campaign used were complete, correct and accurate. The call centre was also used to conduct in-house telephone surveys, which previously had to be outsourced.

Summary of VfM

Generally, project VfM has been assessed in five categories: economy, efficiency, effectiveness, equity and cost-effectiveness. In terms of economy, the project produced and distributed communication materials below the market price. Equally, the efficiency of reach for both media and activation can be demonstrated by the large proportion of the targeted project beneficiaries who were reached at lowest cost compared with the market. In terms of effectiveness, over 90% of the target audience want to improve their latrines and handwash with soap. Equity of access to campaign messaging and promotional activities was improved by use of multiple channels of reach and outreach, none of which was targeted. This implies majority of the targeted audience confirmed the project largely achieved its intended objective.



LESSONS LEARNED

The long history of this project, coupled with the intensity and scale of its implementation and the involvement of many partners from multiple sectors, has produced many learnings. Key lessons learned are recounted here, categorised by the BCD phase to which they refer.

Assess Phase

Management through a consortium of professionals

The *Nyumba Ni Choo* campaign was unusual in many respects. One of these was the involvement of a consortium composed of members from a wide variety of sectors, including education (LSHTM) and private sector partners such as Lixl and Unilever. The upside of this collaboration was the ability to rely on true experts in many of the fields underlying campaign success, including consumer research, creative communication, project management, event implementation, media monitoring and project evaluation. The downside was the need to coordinate and maintain communication among partners located in different countries (which became particularly difficult during the pandemic). We believe that, on balance, the upsides considerably outweighed the downsides in terms of contributing to the project's overall success.

Case Study: *Nipo Tayari* and the development of *Nyumba Ni Choo*

The *Nipo Tayari* campaign was initiated by the CLEAR Consortium. The campaign mainly targeted political leaders, top government officials and development partners, encouraging them to make commitments and to begin taking actions to improve sanitation and hygiene in the community. Political leaders such as Parliamentarians, Ministers, Regional Commissioners and District Commissioners made commitments to support campaign initiatives while government officials like Permanent Secretaries of Sectoral Ministries, Regional Administrative Secretaries and District Executive Directors also did the same. Their commitments were recorded and amplified on different platforms, creating a ripple effect that reached other leaders throughout the country. For regional and district leaders, commitments focussed on improving sanitation coverage in their areas, while for development partners it meant aligning their functions to the NSC or funding it. In addition to government officials and political leaders, the *Nipo Tayari* campaign also reached development partners such as the World Bank, which committed to cooperate. This campaign was not originally planned, and the CLEAR Consortium initially intended to spend this time conducting formative research and no other activity was planned. However, the MoHCDGEC suggested an introductory campaign be implemented in parallel to the formative research while getting ready for the bigger *Nyumba Ni Choo* campaign, leading to the launch of *Nipo Tayari*.

Nipo Tayari made the *Nyumba Ni Choo* campaign smooth to implement. After the launch of the *Usichukulie Poa, Nyumba Ni Choo* campaign in 2017, all the regions and local government authorities were engaged in ensuring the campaign becomes a success. Different target audiences, including politicians, government officials and influential people, were engaged. For the first time, Tanzania saw members of parliament raise funds for improving toilets in primary schools. This event was spearheaded by the Speaker of the National Assembly and raised a total of TZS 902,954,765. After *Nipo Tayari*, the *Nyumba Ni Choo* prototype campaign started in Morogoro Region, followed by ground activation in 18 regions: Tanga, Dodoma, Mbeya, Songwe, Kagera, Geita, Mwanza, Mara, Simiyu, Shinyanga, Singida, Tabora, Kigoma, Katavi, Rukwa, Ruvuma, Mtwara and Lindi. *Nipo Tayari* encouraged governments and political leaders at the district and regional level to actively participate when the campaign arrived in their areas. During the campaign prototype in Morogoro, Village Executive Officers were committed to ensuring every house in their villages have an improved toilet and handwashing facility with soap. In the other regions, commitments were made by Regional Commissioners and instructions were passed down to District Commissioners and District Executive

Directors and then to Ward Executive Officers and Village Executive Officers. With the backing of top officials, campaign commitments were implemented at lower levels.

Commitments made during *Nipo Tayari* and *Nyumba Ni Choo* were sometimes continued even after ground activations were finished in regions, with several District Commissioners starting their own campaigns to influence the construction and use of improved toilets. This was seen in Ileje District Council, Songwe Region, where District Commissioner Joseph Mkude started the *Jenga choo na Mkude* campaign ('Build your toilet with Mkude'), whereby he provided iron sheets and cement freely to people who had started building improved toilet so as to motivate others. Also in Songwe Region, in Mbozi District Council, a *Shule Ni Choo* ('It's not a school without toilets') campaign was started in 2019, calling the community to build school toilets.

In 2021, while the national health budget was being presented before the National Assembly, Members of Parliament called for additional financial allocations to continue implementing *Nyumba Ni Choo*. Members of Parliament testified that the campaign was crucial in the prevention of oral-faecal infections as well as other communicable and neglected tropical diseases. The MoHCDGEC was requested to make sure campaign messages continue to be amplified even in the aftermath of the campaign. In regional activities, 20 Regional Commissioners and 140 District councils, through District Commissioners or Executive Directors, directly committed to supporting the campaign. Regional and District Commissioners received the campaign positively and made commitments to ensure that all households construct and use improved toilets in their respective areas. For four consecutive years, sanitation and hygiene have been and still are regional agendas, with 7 regions already reaching 75% coverage of improved toilets and 19 regions at 60%.

Build Phase

The campaign's success in terms of achievements and adaptability largely depended on the evidence and insights from research studies. These have been important in shaping the mode and type of campaign design, production and distribution of communication messages. All stages of the campaign, ranging from creation to outcomes, were enriched with research. As part of the CLEAR Consortium, Project CLEAR has worked with other partners such as LSHTM, the World Bank's Development Impact Evaluation (DIME) and GeoPoll to undertake research studies necessary to enhance the campaign's decision-making process. The contribution of each these partners is highlighted below.

In particular, GeoPoll, an international consumer research agency, through their Kenya office, was hired to produce a variety of surveys, ranging from measuring sanitation coverage to attitudes and beliefs about COVID-19.

Create Phase

A number of general lessons can be learned from the creative processes used in this project:

- Involve creative professionals if possible;
- Carry out an insight generation/development process to get to a 'brand message' that can be used as the special identifier for whole project/programme;
- Undertake an implementation component/allocation development process, as interventions can be multi-component;
- Repeat/iterate these processes fairly regularly (e.g., every six months) to keep messaging fresh and surprising;
- Go live: campaigns can use not only pre-produced material, which can be costly, but capture live engagements ('reality TV/radio'), which can then be edited/produced before dissemination;

- Regarding digital material as multi-purpose, multi-channel content increases its reach at minimal extra cost.

As described previously, there were regular changes to the planned messaging strategy and content to maintain surprise and brand interest throughout the five years of the campaign.

Case study: Refining the campaign's television programming

Television programming associated with the campaign underwent major changes over time, following an approach that became increasingly sophisticated as the campaign progressed. In *Tumekubamba* ('We've got you covered'), a dynamic young host trying to find households in some location which lacked adequate sanitation. The host then essentially convinced them that they were 'caught' in the embarrassing position of having 'traditional' toilets rather than modern ones. This was presented as a kind of 'reality TV' show, with the host interacting in an amusing way with householders. However, the show left the households without having upgraded their toilets. Hence the idea became one of trying to find households willing to upgrade their own toilets under the theme of a 'makeover' show, by analogy to existing reality television shows following people as they upgrade the quality of their homes. Again, the host would identify households with a *choo bora* (traditional toilet) get them to declare their willingness to invest in an improved toilet, and then lead them through the engineering and financial aspects of upgrading. This concept became the programme was known as the Mr. Nogesha Show.

Finally, the renowned political cartoonist and a famous figure in Tanzania, Masood Kipanya, was enlisted to host a further evolution of this kind of show, called *Kipanya Chooni* ('Kipanya in the toilet'). The idea in this case was to motivate schools and other local institutions, such as football clubs, to improve their sanitation facilities, as the host followed the process and showed happy toilet users at the end. A number of shows were broadcast in 2019.

Design principles

Several principles were used to direct the constantly evolving messages and activities associated with this project:

- A focus on true insights, generally from formative research, which continued throughout the programme's lifespan;
- Use of emotional drivers to ensure that campaign messages would be motivating and thus cause behaviour change;
- Use of different influencers rather than just one, each with a different target audience;
- Need for high quality creativity in communications to ensure constant surprise and public interest in the message over time.

To achieve both economy and relevance, mentions, testimonials and live content from local events were generated to supplement produced material. This material could reflect local concerns and issues, as well as culture, and thus maximise the applicability of the message to local audiences. Both pre-produced and 'on-the-spot' materials were then uploaded to digital media platforms for further dissemination and to potentially function as the foundation for external use and augmentation.

Case study: Mrisho Mpoti

Mrisho Mpoti is a Tanzanian poet and musician widely known throughout the country. He presents himself as a common person, often wearing simple clothing and no shoes, and produces songs that are like folktales. This relatable image made him a highly appropriate celebrity spokesperson for a target audience of poor people. He was therefore used in several capacities by the campaign, and became its best-known public face. He appeared in the campaign's reality television shows and produced adverts featuring his music.

Importantly, Mpoto was also the driving force behind the development and implementation of the campaign's DCC events. These events came to have a particular flavour that mirrored his professional persona (see case study below on DCC event evolution). His ability to speak on equal terms with, and motivate, political figures, was an important aspect of his effectiveness in terms of this kind of outreach.

Delivery Phase

Media integration

Nyumba Ni Choo successfully used social media platforms to engage the targeted audience with campaign messages. The campaign used major social media platforms like Facebook, Instagram and Twitter. Its events were livestreamed to enable people in different places to see the campaign in action, and the content produced, like mentions and testimonials, were shared on daily basis. The campaign also leveraged the increasing use of WhatsApp in Tanzania by setting groups in each region where the campaign was conducted. These groups involved Regional Commissioners, District Commissioners, District Executive Directors, health officers and the campaign team, and were used to share different campaign content which helped the campaign sustainability. In 2021 *Nyumba Ni Choo* won the award as the best social advocacy campaign in the digital space from Serengeti Bites at the Tanzania Digital Awards.

Case study: DCC event evolution

During the design of *Nyumba Ni Choo*, activations were originally planned to be performed in form of Community-Led Total Sanitation triggering, which focussed on changing behaviour through shame and disgust. However, this changed during prototyping in Morogoro Region (April–May 2018), where the use of the more positive modernity concept, which focussed on positive aspiration for change by using celebrities, was started.

Clouds Media Group (CMG) was then contracted to perform ground activations during prototyping in Morogoro to influence the construction and use of improved toilets by using the modernity concept with the slogan *Usichukulie Poa, Nyumba Ni Choo*. In Morogoro, activations were performed at village level and Village Executive Officers made commitments to ensure that their villages constructed and used improved toilets. The events were characterised by theme songs, debates on modernity and activations conducted by CMG. During this early phase, events reached an average of 200 people.

Between October 2018 and January 2019, when activations were conducted in Tanga, Dodoma, Songwe and Mbeya, Mrisho Mpoto was introduced to facilitate the DCC events. This was done in an effort to raise the number of participants attending the events to a minimum of 500, as required by the Campaign Implementation Manual. The activations were also conducted at ward level, but no longer at village level. At the ward level, the campaign saw participants from between three and seven villages and their specific leaders participate the events. The selection of wards was based on the sanitation coverage of the ward, prioritising wards with low sanitation coverage. By engaging a celebrity spokesperson and conducting events at ward level, the number of participants for each event increased to an average of 800, while also increasing the average number of villages to an average of 5. To accompany these DCC activations, branded collateral materials like T-shirts, reflector vests, kangas, notebooks and bandanas were distributed to attendees so that campaign messages would be taken to areas beyond the event site, especially those with limited media connections.

In February 2019, a flagpole ceremony was introduced to DCC events. At each event, a Tanzanian flag was raised only to the level of the ward's sanitation coverage. For wards with 100% sanitation coverage the flag would be raised to the top of the pole, whereas for those with 50% coverage, the flag would be raised only halfway up the pole. The ceremony was also used as a public symbol of

commitment, which leaders found harder to refuse to than the previous method of having them sign ready-made commitment papers. This ceremony was implemented between May and September 2019 when the campaign was implemented in the Lake Zone (Kagera, Geita, Mwanza, Mara, Simiyu and Shinyanga regions). In these regions events were done at the ward level, but the selection of event site/wards changed. Sites with a large population with big events, such as auctions, were selected. This amplified campaign messaging to areas where the activations were not performed. The theme used in this phase was *Tumetoka Mbali* ('We have come far').

In 2020, the campaign and its DCC events were hit by the outbreak of COVID-19 and adapted COVID-19 messaging. The theme used in this phase was *Mikono Safi Tanzania Salama* ('Clean hands, safe Tanzania'), which encouraged people to wash their hands regularly so as to protect themselves and the country from COVID-19. The campaign introduced the handwashing challenge (to demonstrate in public that they were handwashers) in which many influential people such as leaders and artists participated, including: Hon. Jokate Mwegelo, Masoud Kipanya, Hon. Sophia Mjema, Maulid Kitenge, Zembwela, Banana Zoro, and other religious, cultural and traditional leaders. In this phase, the campaign partnered with Tanzania Police Force to deliver the campaign messages, as they are responsible for protecting the community and monitoring border areas, where COVID-19 was most likely to enter the country. The campaign therefore went to border areas such as the border town of Tunduma. Ground activations were also conducted in Songwe, Mbeya, Dar es Salaam and Pwani regions.

In the second half of 2020, during the *Unategemewa* phase, the campaign was mainly conducted via mass media due to the national presidential elections and widespread political campaigning. During this phase the insistence was on recognising everyone's role in the society and use that as a driver to promote compliance of COVID-19 preventive measures. Testimonials and mentions from influential Tanzanians were amplified. The campaign was also joined by other development partners such as WaterAid and the African Medical and Research Foundation to conduct activations in the regions of Geita, Mwanza, Zanzibar, Dodoma and Dar es Salaam.

In 2021, ground activations were conducted in Singida, Tabora, Kigoma, Katavi, Rukwa, Ruvuma, Lindi and Mtwara, where a new phase *Siri ya ushindi ni kubalansi* ('The secret to victory is balance') was introduced. In this period, the Project CLEAR consortium partnered with TFF to conduct activations in form of the *Nyumba Ni Choo* Cup, a football tournament. Activations were done at the district headquarters and no longer at the ward level. Football games were used to attract crowds, and the competition attracted larger audiences than any other platform. In one football match an estimated of 5,000 people attended. New, football-related branded collateral materials were introduced during this phase, including football jerseys, corner flags, substitution boards, goal nets and footballs. T-shirts, reflector vests and kangas continued to be distributed. In each local government authority, four team participated in the *Nyumba Ni Choo* Cup. The teams were selected from wards with the highest population and wards with sanitation challenges, so that players and coaching staff can serve as effective as *Nyumba Ni Choo* ambassadors.

Influence of the *Nyumba ni Choo* campaign

As the result being endorsed by top government officials, using existing platforms like Clouds Media, as well as influential celebrities like Mrisho Mpoti, the campaign attained great public acceptance and became famous both among heads of households and government leaders. Spinoff campaigns like *Shule Ni Choo* indicate just how pervasive the influence of the campaign became.

Market support: Invite private sector/local distributors to participate

Ensuring that a programme is affiliated with private sector companies can prove mutually beneficial, as the missions of both organisations can overlap, enabling synergies in their activities. For *Nyumba Ni Choo*, the private sector partner was Lixl, an international manufacturer of sanitation facilities. In particular, they innovated a low-cost hygienic toilet pan for the Tanzanian market simultaneously

with the operation of *Nyumba Ni Choo*, making it much cheaper for households to improve their toilet. The fact that a major corporation was invested in ensuring the manufacture and distribution of this product throughout Tanzania was a major boon to the success of the campaign in terms of its primary outcome – increased coverage of improved toilets.



Evaluation Phase

Training is not the answer

Many campaigns focus on training implementors with the aim of imparting new knowledge. *Nyumba Ni Choo* was conducted differently. Recognising that health officers – who are responsible for supervising sanitation in their specific areas – have knowledge but lack motivation, the campaign did not seek to train them but inspire them. Campaign techniques such as public discussion of sanitation status and giving recognition certificates to health officers inspired them to prioritise sanitation supervision in their areas. In some areas, like Kagera and Songwe, health officers continued to conduct roadshows and football events to promote sanitation in their areas even after *Nyumba Ni Choo* had ended.

Capacity building should not be considered a desirable activity within public health programming, as it requires someone who may not be predisposed to training, either motivationally or in terms of personal capacities, to sit through a number of sessions in which someone transmits skills to them. They are paid to sit through these sessions, and then are left by the programme to engage in the new, skilled behaviours. However, they have already been rewarded for sitting through the sessions, which means their intrinsic motivation may have been replaced by the external rewards received. Consequently, they may not have necessarily been empowered to engage in the skilled behaviours, which may:

1. require learning-by-doing, not learning-by-observing;
2. depend on acquiring a new role in their organisation in order to be charged with the responsibility to produce outcomes based on the newly acquired skill;

3. depend on having additional funding to do the new things – funding which the project may lack due to training expenditures ('crowding out' of actual outputs).

Compare this to a model where the project simply concentrates on producing actual outputs (e.g., the payment-by-results model) by hiring those with the necessary capabilities only, or where it gives part of the money to institutions and agencies that specialise in training (e.g., educational institutions), so that training is probably more efficient and effective, and where 'trained' individuals are given new certifications that enable them to take on the new roles in which they can actually exercise their new skills. *People are not necessarily motivated to be trained, they are motivated to achieve.*

In sum, training should not be considered a programme outcome; it is a means to an outcome, and should not normally be considered part of what a public health project achieves itself. When it is required, skill development should be outsourced to professionals, not left to programme operatives who may not be trainers themselves.

Case study: Branding a public health campaign

A fascinating aspect of this long programme was the ability to 'brand' it. That is, there was an established slogan, tone, authority, and aim shared by a long stream of communications, all linked to the same program. Building a messaging platform to achieve sustainability through continual refresh was the overall strategy of *Nyumba ni Choo*. The advantages of such a strategy are several:

- You can use existing platforms to build a brand quickly – in this case, the government's previous national sanitation campaigns provided a foundation.
- Co-branding – establishing a brand allows others take build on that foundation for themselves (e.g., those who applied similar logics to their programming, such as 'Schule ni choo')
- Having a brand allowed the programme to adapt rapidly – in particular, to take on the government's request to help with COVID and vaccine hesitancy messaging as new 'product lines'

The consequences were a number of brand achievements

- The brand became a part of popular culture (e.g., women on-line would post pictures of themselves with protruding body parts, calling them 'Nyumba ni choo'; it also became acceptable to talk about faeces disposal in public, where previously it had been a forbidden topic).
- It also became part of political culture: Local politicians could win votes by talking about toilets, and want to identify with the NNC.
- Virality was achieved through the independent use of the brand by other players – e.g., 'Shule ni choo', 'Mwanamke ni choo', as described elsewhere).

Use professional agencies at each BCD stage

It is desirable to involve subject experts to perform the highly varied tasks associated with managing a large-scale, long-term public health programme.

Assess Phase

A professional implementation agency, EXP, was used to gain involvement of political figures through specialised events in which they professed their support for the new sanitation campaign (under the *Nipo Tayari* campaign slogan). This jump-started the campaign by producing political will to see it succeed.

Build Phase

LSHTM researchers supported the *Nyumba Ni Choo* campaign with its process evaluation and formative research. The formative research in 2016 improved understanding of the status quo of sanitation and the underlying reasons for unpleasant sanitation status in Tanzania, and informed the development of behavioural change insights (to inform a creative brief) that were salient in designing *Nyumba Ni Choo*. The main purpose of the process evaluation, meanwhile, was to understand the main pathways which have influenced households to improve their existing latrines (influence of exposure to the mass media campaign, DCC events, pressure from local authorities, etc.). From these findings the campaign managed to develop messages and select appropriate amplification platforms to influence behaviour change, adaptability and programming in Tanzania

Create Phase

Creative content design and production for *Nyumba Ni Choo* was led by McCann Global Health's creative team, with inputs from LSHTM and EXP. McCann Global Health also supported EXP, who led on the delivery of the planning, buying, and monitoring of the mass media campaign.

The campaign outsourced some of the activities such as creation and production of campaign materials such as ads to CMG in the first year, and thereafter to Tanzania House of Talent to ensure that messages were renewed. CMG was also contracted to perform ground activations during prototyping in Morogoro to influence the construction and use of improved toilets.

Using CMG's platforms such as *Fursa* (for young business professionals), *Jiwe la mwezi*, *Malkia Wa Nguvu*, and Ndondo cup (a youth football federation), the *Nyumba Ni Choo* campaign attained higher acceptance among both government officials (as they endorsed the campaign) and heads of households.

Delivery Phase

Researchers from the DIME group at the World Bank supported the design and implementation of experimental studies on the effectiveness of behavioural change messaging strategies for *Nyumba Ni Choo* while achieving the VfM. The experimental studies were important in informing the design and distribution of the communication strategies of *Nyumba Ni Choo* messages. The findings from experiments found that it was effective to design and distribute campaign messages featuring celebrities, government officials, experts and influential leaders. Experimental study findings have played an important role in identifying who (celebrities, government officials, experts, influential leaders and head of households) should be featured in our campaign so that to reach our target audience. For instance, celebrities such as Flaviana Matata and Juma Kaseja were used in *Usichukulie Poo, Unategemewa* as the outcomes of the experimental studies' findings. Also, sustainable engagement with Mrisho Mpoti in *Nyumba Ni Choo* has been justified by experimental studies.

Experiments have been important in identifying, examining and informing *Nyumba Ni Choo* on the appropriate framing of its communication messages. For instance, the findings from experimental studies indicate that positive framing of communication messages are better received than negative messages. The experiments also revealed that the believability of the communication messages depends on who communicates to the audience. For instance, health-related information, whether true or false, are likely to be believed when communicated by approved health professionals rather than traditional healers or non-medical professionals. As a result, *Nyumba Ni Choo* communications were mainly positively framed and communicated with appropriate influencers.

GeoPoll carried out quarterly SMS evaluation surveys to collect data on *Nyumba Ni Choo* on behalf of the CLEAR Consortium. These evaluations were geared towards understanding the reception and reaction of communication messages (intermediate outcome) and how they influenced action (outcome). GeoPoll also collected data for surveys on other topics such as COVID-19 and vaccine

hesitancy in Tanzania. Furthermore, data for experimental studies to inform the design and distribution of communication messages such as testimonials was also collected.

The role of EXP in *Nyumba Ni Choo* was to pilot creative material contents, implement the mass media campaign and support the implementation of interpersonal activities. For instance, it was responsible for forming compound-, village- and district-level events, drawing large audiences with engaging behaviour changing activities. EXP used its knowledge of local communities to build a 'bottom-up' targeted programme that led to sustainable behaviour change.

EXP also led a public relations/advocacy strategy to elicit concerted national will and maintain momentum throughout. The strategy's objectives were: a) publicise the situation on the ground and emphasise the need for the *Nyumba Ni Choo*; b) drive 'talk-ability' through the creative use of sanitation ambassadors; and c) mobilise communities through by encouraging them to compete to be part of a national change. To achieve these objectives, EXP used the following tactics: identifying and supporting spokespeople; creative use of digital and social media; radio call-ins; editorials in print and electronic media; press releases in video and print; and strategic partnerships with private sector, for example getting them to 'adopt' (financially support) schools or health facilities.

EXP was also responsible for delivery of the DCC events. DCC events were coordinated in tandem with mass media and district-level activities to maximise campaign effectiveness.

Evaluation Phase

LSHTM researchers were again used to lead the design and analysis of programme activities. Significant effort was put into measuring outcomes and assign those outcomes to the causal influence of the programme. This effort was complicated by several factors: the entire country had been exposed to mass and social media; there had been significant on-ground activity in some regions but not others; and messaging had changed so many times over the course of the campaign's five years. A process evaluation was nevertheless undertaken, as was a specialised study of the impact of on-ground roadshows on local rates of increase in toilet improvements, and a VfM evaluation. All were conducted and written up in separate reports; hence further description here is avoided.



CONCLUSIONS

The key characteristics of the *Nyumba Ni Choo* campaign that drove its success include:

- Adoption of a private–public partnership approach where the government, through the MoHCDGEC, led the coordination and provided the implementation oversight. This partnership with the private sector helped the government leverage skills and platforms which were efficient in delivering results.
- Building the campaign around the psychological drivers of change – using modernity as a driver for toilet improvement – rather than educating or training.
- Ownership of the campaign was at the highest levels of government, which instilled a sense of accountability and commitment in most of the national and local leaders, government officials, development partners and private sector partners personally, and ensured they were aligned with the core mission of the campaign.
- The campaign team embraced evidence from research studies during the development of each line of its activities, thus permitting smooth adaptive programming during implementation phases.

As a result, *Nyumba Ni Choo* has been successfully implemented and is well known to the public in Tanzania, paving a way for it to be used as a brand and platform with great value.

The importance of adaptive programming reflects the rapidly changing circumstances within which long-term projects are often implemented. Adaptive programming can be defined as engaging in practices that enable a programme or project to respond in real time to changes in external circumstances and to new information about the efficacy of the programme itself.²³

The CLEAR Consortium has been evolving and adapting from the onset. For example, it introduced the *Nipo Tayari* ('I am ready') campaign in its first year in response to the Tanzanian government's request that the campaign bridge the gap between design and implementation. The decision to move production in house to lower overall costs is another clear example of how project execution changed over time.

The implementation of this campaign has also had to adapt to changing circumstances in other ways. For example, the campaign initially depended on national media to broadcast all messages. The media monitoring reports showed that the use of national media resulted in high reach, but GeoPoll surveys indicated that the quality of reach was poor. To improve this situation, the decision was made to engage several community radio stations to ensure messages were tailored to specific areas.

Another example of adaptive programming can be seen in the execution of DCC events. The campaign initially hired local artist groups to perform in the DCC events. However, the data from the DCC monitoring tool showed that the use of local artists was not effective in attracting participants to these events. The decision was therefore made to engage the more influential and respected Mrisho Mpoti to lead execution of the DCC events. His engagement helped attract large crowds (on average 6,355 participants per district). As an influencer, he also helped the campaign to engage the Regional and District Commissioners to commit publicly to support the implementation of the campaign.

²³ C. Valters, C. Cummings, and H. Nixon. (2016) *Putting learning at the centre: Adaptive development programming in practice*. London, UK: Overseas Development Institute.

The DCC team further developed events in ways which were not originally planned to attract participants. For instance, branded collaterals were distributed to motorbike (*boda boda*) riders. Another example was the introduction of jogging through town before an event, which attracted more participants to the events. Local media stations such as Makonde FM (Tunduru) were approached and agreed to support the event at zero cost. These augmentations increased the number of participants beyond initial targets.

Significantly, the monitoring, evaluation and learning infrastructure that the programme developed over time helped to pivot the campaign to respond to COVID-19. When the first case in Tanzania was reported in March 2020, the campaign pivoted to communicate appropriate COVID-19 behaviours and become an integral part of the Tanzanian government's response to the pandemic.

Programme achievements in context

Finally, it is worth outlining how this campaign and its programming can be taken as an example for other, similar efforts.

Project management under adaptive programming

Working in an international consortium to direct activities of a public health programme presents unusual challenges, especially when partners in the consortium are different kinds of organisations (academic institutions, private service providers, media and creative agencies, some of which are subcontracted to other organisations). These challenges include getting established through memoranda of understanding and other contractual arrangements, clearly assigning roles and finding effective communication practices – which can be particularly difficult when partners are in different countries, speak different languages, and at some points cannot meet in person due to travel restrictions. There were also personnel changes over the course of the project, meaning that working relationships built up over time to cope with these difficulties could then require another round of trust- and workaround-building. As the consortium gained a reputation through its activities, many other players sought to cooperate with the campaign, so that working relationships with external partners also had to be established.

Given that the lead partner was a university, and given the desire of the government to learn from its activities, research was at the heart of this programme. Research occurred in line with another major aspect of adaptive programming – the need to constantly monitor implementation activities as well as the consequences of those activities, such as audience reception, appreciation and behavioural consequences. Some of these consequences can be unintended (e.g., negative or defensive responses to messaging). For these reasons, GeoPoll and Ipsos were hired to conduct periodic surveys of the country's attitudes, beliefs and behaviours, as well as to register the actual activities of the media companies used. This made it possible to invoke social norms more effectively to motivate people who had not yet improved their toilets, encouraging them not to be 'left behind'.

The emphasis on research and learning also meant that a proper evaluation was sought of the programme's effectiveness, both in terms of the increase in the proportion of households with improved sanitation and intervening variables such as changes in attitudes and intentions to participate in the movement towards more modern sanitation facilities. For this reason, LSHTM led the implementation of a complex evaluation (see separate programme process evaluation report).

Ultimately, the advantage of engaging in the more difficult process of adaptive programming is that it is more likely to achieve good outcomes, and potentially at a cost advantage.

Issues of scale

A major problem with many public health programmes is that they are conducted by NGOs and similar agencies or interest groups with limited resources and hence reach. But when the public health problems are widespread and have social consequences, such as communicable disease (as is

the case with the lack of safe disposal of human faeces), then it becomes important to tackle those problems at the largest scale available. In this case, it was therefore appropriate that *Nyumba Ni Choo* was rolled out nationwide. This was achieved through a combination of official sponsorship by the national government and the use of media outlets with national reach.

A potential problem of working at scale is ensuring that the content reaching a large audience is consistent with programme objectives. One way of guaranteeing fidelity of this kind is through the use of produced materials such as television or radio spots. Another problem is ensuring that such spots are conceived properly in the first place, which can be facilitated by hiring professional creatives and retaining control over what is produced. However, objectives themselves might become problematic if underlying conditions in the environment or in the target population themselves change over time, which requires programmatic adaptation. Ensuring continued buy-in from stakeholders when programmes run for years can also be difficult. However, in this case, regional WhatsApp groups were set up to allow stakeholders – and in particular government officials – to communicate and thus retain solidarity with the programme’s mission.



ANNEX 1: FINANCIAL REPORT

Expenditures

From 2017 to 2022, FCDO provided GBP 14.8 million as the sole funder of Tanzania’s National Sanitation Campaign (NSC). GBP 7 million was transferred to the Tanzanian Ministry of Health for national coordination and monitoring. GBP 7.8 million was spent by the CLEAR Consortium on behaviour change activities carried out on behalf of the Ministry. Annual transfers are shown in the table below.

Table 1: FCDO support to the NSC (GBP millions).

Year	MOH Direct*	CLEAR Consortium on behalf of MOH**	Total
2017	1.5	1.3	2.8
2018	1.5	2.0	3.5
2019	2.0	1.5	3.5
2020	2.0	1.3	3.3
2021	0.0	1.6	1.6
2022	0.0	0.1	0.1
Total	7.0	7.8	14.8

*Reflects the previous fiscal year, e.g. 2017 covers April 2016 to March 2017.

**Reflects the calendar year, e.g. 2017 covers January 2017 to December 2017.

Return on Investment

As discussed in the main body of this report, FCDO carried out a Value for Money (VfM) analysis on the CLEAR Consortium’s campaign channels, such as media and events. This analysis found positive outcomes across key VfM levels, including cost efficiency and equity.

Although the national scale of the campaign did not allow for comparable data to support a cost-effectiveness analysis, the project estimated a simple Return on Investment from 2017 to 2019 as a standalone investment using total project amounts.

In 2012, the World Health Organization (WHO) estimated that for every dollar invested in sanitation there was return of USD 5.50 in lower health costs, increased productivity and fewer premature deaths.²⁴ From 2017 to 2019, FCDO transferred USD 12.6 million (GBP 9.7 million) to the NSC. Assuming this led to the tangible improvements in sanitation reported by the National Sanitation and Hygiene Management Information System (NSMIS) during that same period, such as the 7.2 million people who gained access to basic sanitation, the investment gave a return of USD 69.3 million. As it is unclear if the WHO study discounted the initial investment costs, the value of the final investment in benefits alone is conservatively estimated at USD 56.7 million, a 4.5-fold return on investment.

²⁴ The 2012 WHO study (<https://www.who.int/data/gho/data/themes/topics/sdg-target-6-ensure-availability-and-sustainable-management-of-water-and-sanitation-for-all>) did not include leveraged household investment in sanitation facilities.

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