Sanitation & hygiene; applied research for equity

(SHARE) – a Research Programme Consortium
SHARE, a partnership:

London School of Hygiene & Tropical Medicine
International Centre for Diarrhoeal Disease Research, Bangladesh,
International Institute for Environment & Development,
Shack/Slum Dwellers International,
WaterAid

Partners chosen for their links to implementing organisations – NGOs, local government etc.
## Primary group of specialists

<table>
<thead>
<tr>
<th>Name</th>
<th>Institution</th>
<th>Position</th>
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</thead>
<tbody>
<tr>
<td>Joel Bolnick</td>
<td>SDI</td>
<td>Organiser; specialist in CBOs &amp; poverty</td>
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<tr>
<td>Prof. Sandy Cairncross</td>
<td>LSHTM</td>
<td>Engineer; specialist in health impacts</td>
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<tr>
<td>Prof. Richard Carter</td>
<td>WaterAid</td>
<td>Engineer; specialist in water &amp; sanitation</td>
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<tr>
<td>Oliver Cumming</td>
<td>WaterAid</td>
<td>Analyst; sanitation/health policy</td>
</tr>
<tr>
<td>Dr Val Curtis</td>
<td>LSHTM</td>
<td>Engineer; specialist in behaviour change</td>
</tr>
<tr>
<td>Dr Sirajul Islam</td>
<td>ICDDR,B</td>
<td>Microbiologist; specialist in hygiene</td>
</tr>
<tr>
<td>Dr Martin Mulenga</td>
<td>IIED</td>
<td>Engineer/architect; urban sanitation</td>
</tr>
<tr>
<td>Dr Richard Rheingans</td>
<td>LSHTM</td>
<td>Economist; specialist in poverty &amp; equity</td>
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This is to some extent an arbitrary selection from a larger team.
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<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Dr Robert Aunger</td>
<td>LSHTM</td>
<td>Psychologist; motivation/behaviour change</td>
</tr>
<tr>
<td>Dr Adam Biran</td>
<td>LSHTM</td>
<td>Anthropologist; social issues, cap. building</td>
</tr>
<tr>
<td>Sophie Boisson</td>
<td>LSHTM</td>
<td>Epidemiologist; randomised trial manager</td>
</tr>
<tr>
<td>Dr Thomas Clasen</td>
<td>LSHTM</td>
<td>Lawyer/epidemiologist; randomised trials</td>
</tr>
<tr>
<td>Dr Jeroen Ensink</td>
<td>LSHTM</td>
<td>Engineer/epidemiologist; capacity building</td>
</tr>
<tr>
<td>Matt Freeman</td>
<td>LSHTM</td>
<td>Epidemiologist; school sanitation &amp; hygiene</td>
</tr>
<tr>
<td>Dr Marion Jenkins</td>
<td>LSHTM</td>
<td>Engineer; sanitation demand studies</td>
</tr>
<tr>
<td>Dr Gordon McGranahan</td>
<td>IIED</td>
<td>Economist; urban poverty and environ’t</td>
</tr>
<tr>
<td>Dr Diana Mitlin</td>
<td>IIED</td>
<td>Economist; poverty reduc’n &amp; civil society</td>
</tr>
<tr>
<td>Dr Tim Ndezi</td>
<td>SDI</td>
<td>Engineer; sanitation and savings groups</td>
</tr>
<tr>
<td>Dr David Satterthwaite</td>
<td>IIED</td>
<td>Vulnerability, urban poverty &amp; environ’t</td>
</tr>
<tr>
<td>Steven Sugden</td>
<td>LSHTM</td>
<td>EHO; sanitation systems &amp; business models</td>
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<tr>
<td>Ousmane Touré</td>
<td>LSHTM</td>
<td>Engineer; HACCP &amp; food hygiene promotion</td>
</tr>
<tr>
<td>Sophie Trémolet</td>
<td>LSHTM</td>
<td>Economist; sanitation financing</td>
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Three research funds

• **Main fund, for SHARE members**  £2 million
  Competitive bidding; rigour, relevance, vfm
  Stratified by size, ranked not scored

• **Southern partners’ fund**  0.6 million
  Peer review for quality improvement

• **External fund**  £1 million
  Competitive bids by outsiders; rotating panel vets them; like old KAR programme
Six focus countries:

Probably Bangladesh, Ghana, India, Malawi, Tanzania, Zambia.

Selected as follows:
DFID priority countries – 2 African, 2 Asian
Large urban populations, many lacking sanitation
Presence of SHARE partners; opportunities to work together.
Ongoing implementation offers an opportunity for RIU & O.R.
Ongoing investment in sanitation by DFID and other bilaterals

• Stakeholder consultation
• Learning alliances
• Priority for research sites
• Focus for communications
# Outcome mapping

<table>
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<tr>
<th>Stakeholder (examples)</th>
<th>Knowledge need / gap (What holds them back)</th>
<th>What would they do with new knowledge?</th>
<th>Indicators (Expect, Like, Love to see)</th>
</tr>
</thead>
</table>
| DFID                   | - Knowledge of best practices to be incorporated into funded programmes  
                          - Tools for M & E to meet needs of women and the poor | - Incorporate these tools into funded programmes  
                          - Influence other stakeholders to incorporate them into practice | To be developed during inception period |
| South Research Institutions | - Need internal research capacity  
                          - Need additional financial support  
                          - Need linkages to other research institutions and practitioners | - Develop research collaboration with northern research institutions  
                          - Develop partnerships with national practitioners for adaptive and applied research | Expect: functioning partnerships  
Like to see: results from collaborative studies  
Love to see: impact on policy of those results |

“Converse” to risk analysis, process similar to log frame. Instead of identifying risks, identify:  
• specific actors to influence  
• indicators of success in influencing their practices  
• methods to ensure translation of research into practice.

Leads to Communications strategy, and M & E strategy
Stakeholder consultation

• 2 specialists 2 weeks in each focus country
• Work via local partners of SDI, WaterAid
• Visit practitioners in local government, NGOs, donor agencies etc.
• Research needs, opportunities, priorities
• Data for Outcome Mapping
• Culminates in 2-day meeting of SHARE
SHARE Communications Strategy

Two aims:
1. Existing knowledge into use
2. New critical knowledge into action at scale

Developed during inception, ensuring:
1. Research informed by sectoral constraints
2. Key actors engaged throughout
3. Existing knowledge communicated from the outset
4. Presentation relevant to decision-makers

Examples of communication activities:
• Knowledge synthesis to policy makers
• Dissemination of practical tools
• Help desk
• Direct communication of findings; web, conferences, open access
• National sector dialogue through sector coordination mechanisms
Quick-start projects for inception period

1) Resource manual on best practice for local level hygiene promotion;
   ICDDR,B to use for cost-effectiveness trial
2) Replicate Mali food hygiene study in Bangladesh (ICDDR,B). Later, also in South Africa (U. Venda), Sudan (U. of Gezira)
3) Randomised controlled trial of sanitation, Orissa (co-funded by 3ie, Gates etc.)
Four themes for study:
1. Urban sanitation
2. Institutions
3. Financing sanitation
4. Sanitation & health
Some promising projects

B1 Cluster-randomised controlled trial of sanitation in rural India
B2 Cluster-randomised trial of an intervention to change hand-washing behaviour in rural Bangladeshi households.
B3 Global Water Initiative in West Africa
B4 Cholera control activities in West Africa
B5 Developing, Testing, Sharing and Documenting Sanitation Innovations in Low-income Urban Neighbourhoods
B6 Urban sanitation as a system; latrine pit emptying in Dar es Salaam, Tanzania
B7 Sanitation finance
B8 Assessment of scaling up strategies in community-led urban sanitation
B9 Weaning food hygiene in urban Mali
B10 Democratic Republic of Congo – urban sanitation & hygiene
B11 Trial of impact of sanitation & hygiene on tropical enteropathy, Zimbabwe
B12 Improving the technologies of hand cleansing
Thank you