Reaching the Poorest Children with Nutrition and WASH in Urban Settings: Implementation Science Priorities in East Africa

Roundtable Consultation

Meeting Report

July 2017

EAST, CENTRAL AND SOUTHERN AFRICA HEALTH COMMUNITY

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Acknowledgements

Executive Summary

The rapid growth in urban sub-Saharan Africa, and in East Africa is outpacing the current capacity to plan and provide quality social services and ensure healthy development among the poor—with children and youth representing the most vulnerable.

The East Central and Southern Africa Health Community (ECSA-HC)—in collaboration University Research Company and other partners[1] and with support from USAID— convened a consultation meeting to consider evidence needs, gaps, and opportunities to inform the implementation science agenda for improving the health of poor children in urban areas through nutrition and WASH interventions. Many key stakeholders participated in this discussion, including city authorities (Dar es Salaam, Kampala and Nairobi), national water and sewerage corporations/companies, non-governmental organizations, UN agencies, USAID, academics, researchers, and representatives of ministries of health and education.

Participants deliberated on the determinants of urban health challenges and opportunities for the poorest children in East Africa, discussed existing initiatives in the region, and built consensus around how to advance urban health, including utilization of implementation science to support urban health program and policy development and implementation.

The group concluded that the key factors impacting social service provision for the urban poor include: unhealthy *behaviors and practices, population movement, gender imbalances, lack of ownership (of property), few opportunities for civic participation in decision-making (or "voice"), inadequate policy frameworks to guide responses* from the many actors, orientation of national planning and services delivery towards rural setting, lack of trust in the authorities, and inadequate *information for decision making and monitoring of progress*. Therefore, any response will require evidence generated through implementation science to guide:

- The establishment of innovative partnerships that facilitate effective WASH and nutrition program design and resourcing including fostering *community ownership and buy-in* of the proposed interventions.
- Efforts to address gender inequality.
- Expansion of WASH and nutrition service coverage to the urban poor.
- Improved governance and planning and effective, multi-sectoral engagement in WASH and nutrition.
- An emphasis on ensuring urban issues reach and are maintained on national policymakers' and development partners' agendas through advocacy backed by

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[1] Ifakara Health Institute, Africa Academy of Public Health and Infectious Disease Institute Kampala

evidence.

The participants emphasized that deliberate efforts need to be made to ensure communities or beneficiaries are involved in the identification and framing of questions. Properly thought-out communication strategies should be part of research planning, conduction, and dissemination to facilitate evidence-to-practice.

A multi-sectoral platform is needed to facilitate an integrated comprehensive response and continued engagement of all stakeholders in urban WASH and nutrition challenges. Moving forward, the agenda should also include the one government approach and one health approach.

Proposed next steps include:

1. Conduct implementation science activities to contribute to reduction in the know-do gap related to WASH and nutrition challenges among the urban poor.
2. Review and document the multi-sectoral mechanisms and promising practices for WASH and Nutrition in the region.
3. Conduct an urban health policy analysis with a view to developing a prototype urban health policy, which can be adapted by urban authorities in the region or support developing or updating urban health policy in the member states.
4. Establish a mechanism to maintain urban health on national and regional agendas in eastern and southern Africa through creation and coordination of a community of practice (COP) on urban health for continued engagement and advancement of urban health *(ECSA-HC with the help of URC and other partners has agreed (in principle) to lead on this, and meeting participants agreed to being members of the COP)*.
5. Organize an event on urban health during the forthcoming ECSA-HC Best Practices Forum in Zanzibar as way of maintaining momentum for urban health in the region and ensuring that the health of the urban poor remains on the agenda.

1.0 Introduction

1.1 Background and Context

Urban prosperity often masks stark disparities and inequities between the urban wealthy and poor, with the poor frequently lagging behind rural populations in terms of health outcomes (WHO-UN Habitat, 2016). Attaining the Sustainable Development Goals (SDGs) and Universal Health Coverage (UHC) requires countries to both identify new solutions and improve delivery of existing ones for challenges including health inequities, vital statistics and reporting, the varied health-related challenges driven by population density, and health financing.

Social, economic, public health, and health system challenges all require attention in urban settings. Some of the areas most in need of attention are the double burden of malnutrition (both over- and undernutrition), the triple threat of communicable and non-communicable diseases and violence and injuries, and water and sanitation system safety (WHO-UN Habitat, 2016 & WHO-UN Habitat, 2010). Compared to cities in other low and middle income countries (LMICs) that use the Urban Health Index, urban health conditions in sub-Saharan African cities are poorer overall, but there is substantial variation within the region (WHO-UN Habitat, 2016). This suggests there is no 'one size fits all' solution to the problems the urban poor face. While those living in Kenya, Uganda, and Tanzania reside primarily in rural areas, the urban populations are increasing at a rapid rate. In each of these countries, t*he majority of the urban populations live in areas that qualify as slums (UN-Habitat).*

The East Central and Southern Africa Health Community (ECSA-HC), in collaboration with University Research Co., LLC (URC) and Ifakara Health Institute (IHI), Infectious Disease Institute (IDI, Kampala) and Africa Academy of Public Health (AAPH), and with support from USAID, organized a two-day regional roundtable discussion on Urban Health. This was a consultation in which key stakeholders were asked to present their perspectives/experience and consider evidence needs, gaps, and opportunities to inform the implementation science agenda for improving the health of children in urban areas through nutrition and WASH interventions in East Africa.

The regional roundtable consultation was attended by 45 participants representing diverse players in urban health, including urban authorities of the three capital cities of Kampala, Dar es Salaam, and Nairobi, urban water and sewerage companies/corporations (Uganda National Water and Sewerage Corporation and Dar es Salam Water and Sewerage Authority), Tanzania Cities Network, non-governmental organizations (Population Council, Project Concern International, International Aid

Services, African Centre for Health Systems Innovation, Uganda National Association of Occupation and Community Health), researchers and academic institutions, United National Agencies (WHO, UNHABITAT, World Bank), USAID Washington and USAID Tanzania Country Mission and Tanzania Ministry responsible for Health, and Ministries of Education (Uganda and Kenya). See Annex 1 for a list of participants.

1.2 Meeting Objectives

The specific objectives of the meeting were to:

– Assess the context and determinants of urban health challenges and opportunities to advance nutrition and WASH interventions for the poorest children in urban settings;
– Review the relevant available evidence from Sub-Saharan Africa;
– Consider existing initiatives addressing nutrition and WASH efforts for children in urban settings;
– Propose a set of implementation science priorities to advance the health of children in urban areas through nutrition and WASH.

1.3 Meeting format and procedure

The meeting methods included PowerPoint presentations and panel and plenary discussions (see Annex 2 for the meeting program). The panels were constituted to ensure perspectives and experiences of key actors required for implementation science and research-to-use efforts to be successful: policy makers/decision-makers, program implementers, researchers, and donors. (The private sector and advocacy groups were not represented).

In his opening remarks, Professor Yoswa Dambisya, the ECSA-HC Director General, underscored the importance of moving the urban health agenda into national and regional agendas, especially given urban dynamics, increasing population, and special circumstances associated with providing social services in the urban setting.

Mr Grey Saga from USAID Tanzania noted that most interventions have been directed at rural communities, on the assumption that urban population is well served with health and other social services. It is becoming increasingly clear, however, that the urban poor remain isolated and cannot access the available services. He noted that this meeting provides an opportunity to look for ways to address the specific health challenges faced by the urban poor.

Dr Isiaka Alo, representing the WHO Tanzania country office, noted the multiple players in urban health and the varied health challenges that require a multifaceted approach involving all relevant stakeholders.

Ms. Grace Moshi, representing the Permanent Secretary (PS) MOHCDGEC conveyed the Ministry's sincere thanks to the ECSA-HC Secretariat and partners who organized the meeting and welcomed the participants to Tanzania and to the meeting. She then declared the meeting officially open.

The meeting began with a brief orientation to implementation science and the types of actors—policy-makers, program implementers, researchers, donors, community, and advocates—required for successful research-to-use activities.

> **Goal of Implementation Science**
> To generate and/or use existing evidence to inform improvements in implementation/scale-up of policies, programs, and interventions to improve public health outcomes.

The key issues emerging from the meeting recommendations and next steps are in the following sections.

2.0 Keys issues emerging from the meeting

The major areas to consider with regards to urban poor children include an understanding of the contextual factors as well as the programs and policies impacting urban health interventions.

Contextual factors

Participants recognized that there are opportunities and challenges unique or specific to urban populations that must be understood. Examples included socio-cultural, political and economic determinants of health:

− The lack of land ownership by the urban poor affects the planning and delivery of social services. As the urban poor often do not have a voice in decision-making and may be unempowered to demand appropriate sanitation facilities from landlords. The lack of space in informal settlements also poses a challenge in terms of where to place sanitary facilities
− Attitudinal and behavioral factors that require sustained *investment in social and behavioral change communication* (SBCC), using means that facilitate access to health information education and communication (IEC) by the urban poor. Sometimes the assumption is made that health IEC can be done mainly through television and radio in urban areas. The urban poor may not have such facilities or may not have time to listen and watch. Knowledge does not automatically translate into utilization, and efforts must be made to understand and address the constraints to utilization.
− Some health indicators are much worse among the urban poor. Examples include malnutrition (undernutrition) and child mortality in East African cities, as reflected in data from Demographic and Health Surveys.
− The poor are the most affected by climate change in urban settings. Periodic flooding

worsens the sanitation in slum areas and is usually associated with outbreaks of diseases, such as cholera, that affect the urban poor disproportionately. The effects of climate change on weather patterns have been found to lead to low food production, which limits access to food, especially by the urban poor, within the urban poor, children are the most affected.

– Women and girls face challenges in accessing sanitation facilities in urban slums. This is usually due to lack of security and cleanliness of the (often) shared facilities.

Program and policy issues affecting urban health interventions

a) Urban Health Policy

Meeting participants discussed the lack of specific health polices to guide provision of health services in urban areas. It was noted that the way health services are organized in the region is more attuned to delivery in rural settings. In addition, urban poor settings and needs are very different from rural ones.

Summary of key information policy-makers said they need to make decisions:

> **Policy-maker Suggestions for Sharing Information/Data**
>
> ✓ Simple and clear w/good visuals (e.g. dashboard format, decision-analyses)
> ✓ Data that is translated into what is important and what should be done (e.g. decision A vs. B)
> ✓ Cost-benefit analyses
> ✓ Meetings to share and discuss- even if they are involved throughout
>
> *'Want to avoid being data rich and information poor!'*

- Better data on social determinants of health and behavioral characteristics, "social mapping."
- District and community-level data, information on informal settlements, the physical environment, urban planning and ability to do equity analyses to help inform targeting.
- Information specific to WASH/nutrition, e.g. obesity, fecal sludge mapping,
- Mapping of other efforts in this area—who is doing what across relevant sectors? How do these efforts link to national and global goals?
- Implementation success stories and experiences that are documented and shared,

b) Program Design and Implementation

The following key points arose from the discussion:

- There is a lack of coordination and duplication of program efforts in informal settlements.
- Large numbers of informal service providers exist in the urban poor space. It was

noted that often the incentive of these providers is to generate profit, and it is difficult to ensure quality.

- Ineffective allocation of resources is common, as is the inability to measure outcomes due to the transitional nature of many informal settlements and dwellers.
- There are many challenges with implementing multisectoral and multi stakeholder programs, even though they are very much needed in the urban poor space.

Evidence needs and challenges

Inadequate data and analysis on the urban poor, contributes to non- responsive planning and minimal investment in meeting the needs of these populations. Limitations in research methodology and measurement include inconsistent definitions of 'urban' (e.g.

> **Data Limitations**
> Extract from IHI Presentation on Creating Healthy Cities in Tanzania Report
>
> - DHS, DSS, Census, HBS, HMIS used
> - Wealth quintiles not available for all indicators
> - Three different definitions of 'urban' and 'rural' in Tanzania
> - Data does not allow a focus on intra-urban / intra-rural differences.
> - Data collected should move beyond the typical 'disease' indicators and incorporate mental/social health

how the DHS defines it), biases associated with reporting on key indicators (e.g. high self-reports of handwashing and much lower observed handwashing), and lack of disaggregated data making it difficult to appreciate variation among population sub-groups. This potentially hidden (or uncaptured) variation among subgroups may imply outcomes are better in urban areas—which may not be the case.

Tools and approaches to using existing datasets (e.g. big population-level data sets and spatial data) to analyze urban health issues may be available, yet this knowledge may not be well known and capacity underdeveloped to do these types of analyses; these are some of the *program and policy level know-do gap that need to be addressed through implementation science*.

Researchers—in partnership with other stakeholder groups—need to be pragmatic and aware of the potential tension between demands for more and better quality data and the need to provide evidence rapidly when information is needed for decision making.

The manner in which data is reported or presented can affect the motivations of data users. Planners and policymakers want data at decision making time; delays in providing such data leads to non-evidence informed decision making and inadequately informed resource allocation. The data should also be in a format that is simplified, such as a dashboard, and tailored to specific stakeholders.

The stakeholders entrusted with services planning and delivery in urban settings have varied information needs. From the discussion, it was apparent that East Africa urban authorities and other WASH and nutrition implementers require:

- Information that helps in understanding the differences in slums needs and the socio-cultural dynamics that affects WASH and nutrition delivery and other health services.
- Information on equity in urban settings, ownership, access and/or use of various facilities and services such as sanitation facilities (services coverage), the type of sanitation facilities, and how to have relevant health information in the context of the urban setting as opposed to only highly-medicalized data.
- Evidence needed to predict effects of climate change, particularly flooding, as well as the potential health impact and which areas of the city are likely to be most affected.
- Information on behavioral preferences in urban settings and other risk factors, including air pollution levels.
- Best approaches in urban community engagement and partnership.
- Information on food chains, food prices, and feeding practices among the urban poor as well as the existing level of malnutrition among children with a focus on the urban poor.
- Data on urban physical planning.
- A compendium of success stories, experiences, and evidence of best practices on how to establish effective WASH and nutrition interventions in urban settings to facilitate adoption/adaptation, lobbying, and advocacy for improving urban health.
- Cost-benefit analyses of interventions, especially for those approaches requiring changes in funding.

From the discussion, it is clear there exist contextual issues that affect responses to social services provision to the urban poor including *behaviors, population movement, gender imbalances, lack of ownership (of properties) and a platform to contribute to decision-making*. Other issues include *inadequate policy frameworks to guide responses* by the many actors as well as lack of trust in the authorities and inadequately *synthesized information to guide decision making and monitoring of progress*. Therefore, any response will require evidence generated through implementation science to guide:

- The establishment of innovative partnerships that facilitate effective WASH and nutrition program design and resourcing, including fostering *community ownership and buy-in* of the proposed interventions.
- Social marketing and social entrepreneurial approaches that are sustainable and

lead to the improvement of behaviors, attitudes, and practices.
- How to address gender inequality.
- The expansion of WASH and nutrition service coverage to the urban poor.
- Improved governance and planning and effective, multi-sectoral engagement in WASH and nutrition.
- How to ensure urban issues reach and are maintained on national policymakers' and development partners' agendas through advocacy backed by evidence.

3. Recommendations

There was consensus on the need and opportunities to strengthen urban health services, taking into consideration the many players involved in the production of health. For WASH and nutrition, stakeholders should: -

Harness evidence for planning and implementing WASH and nutrition interventions for the urban poor

Generation, managing, and using evidence should take into account the fact that program design for urban poor needs a special approach that considers issues such as:

- The need to build on the positive aspects identified among urban populations and to understand why people migrate to urban areas, what is working and how to take advantage of it (e.g. lower childbearing rates in urban than rural areas), and explore these reasons.
- How to generate the right kind of evidence on urban issues to bring out the inequities—current data sets are limited.
- In the context of urban populations there are synergistic relationship between water, sanitation, hygiene, and the need for good nutrition. Thus, planning should exploit these linkages and the need to engage other stakeholders beyond WASH and nutrition.
- The need to understand underlying factors regarding why there is a low uptake of positive interventions (i.e. handwashing; good sanitation) in urban areas. For instance, most sanitation facilities are not being used by women because of safety factors in urban areas. What are the other factors that influence behavior in urban settings among the urban poor?
- How to (re)define indicators that are context specific for urban services and outcomes, including WASH and nutrition services availability, coverage, and access.

Therefore, there is need to conduct implementation science activities to facilitate the bridging of the *know-do-gap*. However, deliberate efforts should be made to ensure communities or beneficiaries are involved in identification and framing of the questions. Properly thought-out communication strategies should be part of the planning, conduction, and dissemination of research to facilitate evidence-to-practice.

For WASH and nutrition interventions for the urban poor, implementation science priorities should include:

− Provision of information and evidence on equity, coverage, and access to sanitation and nutrition interventions;;
− How to improve access to services for the poor through social targeting
− How to improve functioning or establishment of multi-sectoral mechanisms for WASH and nutrition in urban settings;
− Effective ways of generating and presenting data for better decision making and practice, improved capacity for engaging the policy-process (for researchers), and more engagement of decision-makers in the implementation science process.

Strengthen multi-stakeholder platforms for urban health engagement

Multi-stakeholder platforms for urban health are needed to facilitate an integrated comprehensive response to, and promote wider and continued stakeholder engagement in, urban WASH and nutrition challenges. These should encompass the following principles: - multi-sectoralism, one government approach, and one health approach. Stakeholder engagement will lead to better:

− Defining of question(s), problems, and solutions;
− Understanding processes in all relevant sectors and focusing on the stakeholders as way to facilitate multi-sector planning and division of responsibilities based on comparative advantages amongst partners and sectors;
− Flexibility in funding, which allows incorporation of the beneficiaries' view points and prioritized needs.

4. Proposed next steps

− Research partners (IDI, IHI, URC, and others organizations) in collaboration with ECSA-HC, urban authorities, and other stakeholders should design and conduct implementation science activities that address planning and implementation questions highlighted in section 2 above. This will contribute to reduction in the know-do gap by individuals and in program and policy implementation geared towards addressing WASH and nutrition challenges among the urban poor.
− Review and document the multi-sectoral mechanisms for WASH and nutrition in the region and their functioning and identify good and promising practices in multi-sectoral responses to WASH and nutrition for the urban poor. This documentation should include an in-depth stakeholder analysis on urban health actors in WASH and nutrition

to facilitate understanding of the processes, multi-sectoral arrangements, and effective engagement.

− Urban authorities, ECSA-HC and partners should engage the private sector in the design and implementation of WASH and nutrition interventions.

− ECSA-HC and partners should support urban health authorities to conduct urban health policy analyses with a view to develop a prototype urban health policy, which can be adapted by urban authorities in the region or support developing or updating urban health policy in the member states.

− ECSA-HC will engage URC and other partners to explore a mechanism to maintain urban health on national and regional agendas in eastern and southern Africa through
  o Creation and coordination of a community of practice (COP) on urban health for continued engagement and advancement of urban health *(participants at the meeting committed to being members of this COP)*.
  o The establishment of an agenda on urban health, including an event on urban health during the forthcoming ECSA-HC Best Practices Forum in Zanzibar as way of maintaining momentum for urban health in the region.

Annexes

Annex 1: Participant List

	Name	Title/Position	Institution
1	Ms. Santa Ojok	Principal Education Officer/Primary Education	Ministry of Education-Uganda
2	Mr. Paul K. Mwongera	National Coordinator-School health, nutrition and meals	Ministry of Education-Kenya
3	Dr. Daniel Okello Ayen	Ag. Director Public Health and Environment	Kampala City Council Authority
4	Dr. Samuel Ochola	Chief Officer of Health Services	Nairobi City County
5	Ms. Janet A Mnzava	Regional Nutrition Coordinator	Dar es Salaam City Council
6	Dr. Joyceline Kaganda	Managing Director	Tanzania Food and Nutrition Centre (
7	Mr. Jude Ngobi Mwoga	Senior Manager Programs and Performance Management	Uganda National Water Sewerage Corporation
8	Grace Mbena	Ag. National Coordinator	Tanzania Cities Network
9	Amy E. Cunningham	Country Director	Project Concern International
10	Ms. Elfrida Kumalija	Health and Nutrition Technical Advisor	Project Concern International
11	D.r Timothy Abuya	Associate	Population Council-Kenya
12	Juliet Namukasa	Country Director	International Aid Services Uganda
13	Dr. Fatuma Manzi	Principal Research Scientist	Ifakara Health Institute
14	Dr. Mwifadhi Mrisho	Principal Research Scientist	Ifakara Health Institute
15	Dr. Masuma Mamdani	Chief Research Scientist	Ifakara Health Institute
16	Mohamed Yunus	Medical Anthropologist	Ifakara Health Institute
17	Dr. Jane Wanyama Namukasa	Researcher	Infectious Disease Institute
18	Dr. Elizabeth Kiboneka	Pediatrician	Infectious Disease Institute
19	Dr. Aggrey Semeere	Researcher	Infectious Disease Institute
20	Mary Mwanyika Sando	Executive Director	Africa Academy for Public Health

	Name	Title/Position	Institution
21	Dr.Victoria Mwakalinga	Lecturer	ARDHI University
22	Dr. Jane Mumma	Researcher	Great Lake University of Kisumu
23	Dr. Deogratias Sekimpi	Executive Director	UNACOH
24	Mr. Grey Saga	Project Management Specialist	USAID/Tanzania
25	Micheal La Due	Research Analyst	World Bank/Tanzania
26	Dr. Helen Petach	Senior Science Advisor	USAID/DC
27	Ann Yang	Program Analyst	USAID/DC
28	Barthasar Rwelengera	National Professional Officer, Environment and Climate Change	WHO-Tanzania
29	Dr. Isiaka Alo	Technical Officer, Nutrition	WHO-Tanzania
30	Mr. Abdallah Kassim	Human Settlement Officer	UNHABITAT
31	Dr. Cyprian Misinde	Lecturer	Makerere University
32	Dr. Emily Peca	Implementation Research Scientist	URC
33	Dr. Prea Gulati	Consultant	URC
34	Dorothy Temu-Usiri	Applied Research-to-Use Technical Adviser	URC
35	Grace Sembajwe	Associate Professor	City University of New York
36	Prof. Yoswa Dambisya	Director General	ECSA-HC
37	Walter Odoch	Manager HSCD	ECSA-HC
38	Alphonse Kalula	Program Officer	ECSA-HC
39	Beatrice Muhochi	Finance Officer	ECSA-HC
40	Chiho Suzuki	Senior Health Specilaist	World Bank Tanzania
41	Grace Moshi	Ag. Assistant Director Nutrition Section	MOHCDGEC
42	Francis Levira	Research Scientist	Ifakara Health Institute
43	Jitihada Baraka	Research Scientist	Ifakara Health Institute
44	Moses Tetui	Program Director	African Centre for Health Systems Innovation
45	Hamisa Mulokozi	Environmental Engineer	Tanzania Association of Environmental Engineers

Annex 2: Meeting Program

Regional Consultation:
Reaching the poorest children with nutrition and WASH (water, sanitation and hygiene) in urban settings: implementation science priorities in East Africa
June 15-16 2017, Dar es Salaam, Tanzania

AGENDA

Objectives
1. Assess the context and determinants of urban health challenges and opportunities to advance nutrition and WASH interventions for the poorest children in urban settings
2. Consider different stakeholder perspectives related to nutrition and WASH efforts that address children in urban settings
3. Review the relevant available evidence from East Africa
4. Propose a set of implementation science priorities to advance the health of children in urban areas through nutrition and WASH

DAY 1:

Thursday, 15 June 2017		
Session 1: Introduction, meeting objectives		
8:30 – 9:00	Registration and coffee	
9:00-9:30	**Introductions, meeting objectives, agenda** **Opening Remarks** − **ECSA-HC DG** − **USAID** − **WHO-Tanzania** − **MINISTRY OF HEALTH COMMUNITY DEVELOPMENT GENDER ELDERLY AND CHILDREN**	ECSA-HC
9:30-10:30	**Understanding Implementation Science and overview of the Urban space with respect to WASH and nutrition**	URC
10:30- 11:00	*Coffee Break*	
Session 2: Social Determinants of Urban WASH and Nutrition in the Urban Setting		**Session Chair: Dr. Sekimpi**
11:00-11:45	**Understanding the contextual determinants** Conditions and circumstances, often outside of the health sector, which shape the urban health WASH and nutrition context.	**Presentation:** IHI **Key Discussant:** UNHABITAT **Panelists:**
11:45- 12:30	**WASH and Nutrition Panel – Program Perspective** - Key programmatic work and implementation issues	• Ministry of Education, Uganda & Kenya (**Ms. S. Ojok & Mr. P. Mwongera**)

12:30 – 1:00	**Discussion (30 min)**	• African Centre for Health Systems Innovation. **Mr. M. Tetui** • Slum Dwellers (**Ms. S. Nandudu**) • International Aid Services (**Ms. J. Namukasa**) • Project Concern International (PCI) (**A. Cunningham**) • Tanzania Cities Network (**G. Mbena**)
13:00-14:00	*Lunch break*	
Session 3: Reviewing the Evidence—What are the Gaps and Opportunities?		**Session Chair: Grace Sembajwe**
14:00-15:30	**WASH** - What does the research tell us are key priority areas? - What are the gaps and opportunities? **Nutrition** - What does the research tell us are key priority areas? - What are the gaps and opportunities? **Discussion** • What are the opportunities for overlap? • Does this align with your experience? What gaps and opportunities were not captured in this review?	**Presenters:** GLUK (WASH) IDI (Nutrition)
15:30 – 15:45	*Coffee Break*	
15:45- 17:00	**Sources of Data—what do we have and what is missing?** • How can we use "big data?" • Other data?	**Presenter: USAID/DC** **Discussant**: **World Bank Tanzania-Chiho Suzuki**
16:45-17:00	Summary of the day	USAID/TZ

Friday, 16 June 2017		
9:00-19:15	Recap of Day One	ECSA-HC
Session 4: Policymaker Perspective: What do you need to make decisions? **Session Chair: Dr. Ochola (Nairobi City County)**		
9:15 10:30	**Implementation Science Stakeholder Panel** *What do different actors need to make decisions about priorities in WASH/nutrition in urban settings?* • What information do you use to make decisions on policy and program priorities? • What information would help you make decisions? • Do the gaps and opportunities highlighted in the literature reflect your experience? What is missing? **Discussion**	Panelists: (short remarks) • Kampala City Council Authority (**Dr. D. Okello**) • NWSC-Uganda (**J. Mwoga**) • Ministry of Education (**Mr. P Mwongera)** • MOHCDGEC –**Grace Moshi** • Tanzania Cities Network-**Grace Mbena**
10:30-11:00	*Coffee break*	
Session 5: Building partnerships: Moving from knowing to doing **Session Chair: Dr. Mary Mwanyika - Sando (AAPH)**		
11:00- 01:15	Panel Discussion *An implementation science partnership requires engaging colleagues at each stage of the IS lifecycle including decision-makers, implementers, researchers & advocates* • What should we study and why? What are the priorities for investment? • Are there 'best or promising approaches' that are not being studied, but should? • Do we need to consider newer/innovative approaches? • What are the opportunities to build on what is already underway? • Current understanding of players and investments	Panelists (short remarks): • IDI (**Dr. A. Semeere**) • Population Council (**Dr. T. Abuya**) • ECSA-HC **W. Odoch** • IHI (**Dr. Masuma**) • International Aid Services –**Juliet Namukasa**
01:15-14:15	*Lunch Break*	
Session 6: Next Steps and Future Opportunities **Chair: Dr. Prea Gulati**		
14:15-15:30	Panel Discussion • Understanding gaps and opportunities what current work could we build off-of in the future? What work is needed? • Who needs to be engaged? Who are the key players? • What are the upcoming opportunities and events? • What is the upcoming research agenda? • What is the programmatic agenda?	Panelists (short remarks): • USAID/TZ • PPD- **Cyprian Misinde** • UNACOH-**Dr. Sekimpi** • Project Concern International • Nairobi City County -**Dr. Ochola**
15:30-16:00	*Coffee*	
16:00-17:00	Summary and Next Steps	Prof. Dambisya