



SNV

Uganda – SSH4A Results Programme first mid-term review brief



In one year, 106,510 people in nine districts in Uganda gained access to sanitation, 3,046 people began practising handwashing with soap after defecation, and open defecation rates fell by 9%. The results come from surveys conducted in December 2017, a year after SNV's Sustainable Sanitation and Hygiene for All Results [Extension] Programme (SSH4A RP) began.

The Government of Uganda has committed to end open defecation by 2030. To help achieve this goal, SNV is working with the government and implementing SSH4A's four-pillared integrated approach: demand creation, sanitation supply chain development, behaviour change communication, and WASH governance strengthening.

The programme, which runs from January 2016 to March 2020, receives funding from the WASH Results Programme of UKAID and uses a results-based financing model¹. Programme districts were selected because they had poor sanitation conditions and limited engagement with development partners.

This first mid-term practice brief reports progress during the first year of SSH4A Results [Extension] Programme implementation. It presents disaggregated sanitation and hygiene outcomes, with data on the programme's most vulnerable households: those that are very poor, female-led, or include persons with disability (PWD).

The challenge

In the programme areas, 35% of households use unimproved toilet facilities and 19% share toilets. Access to sanitation remains precarious because of poverty, poor soil conditions, limited knowledge of suitable technological options, and unwillingness to invest in better-quality toilets.

The programme's baseline survey² found that 92% of the population had no access to a handwashing station near a toilet. This lack of access explains why only 1% practised good hygiene, even though 33% knew the importance of handwashing with soap (HWWS) after defecation.

Illustration 1: Four components of Sustainable Sanitation and Hygiene for All (SSH4A) - Area-wide access and usage for all

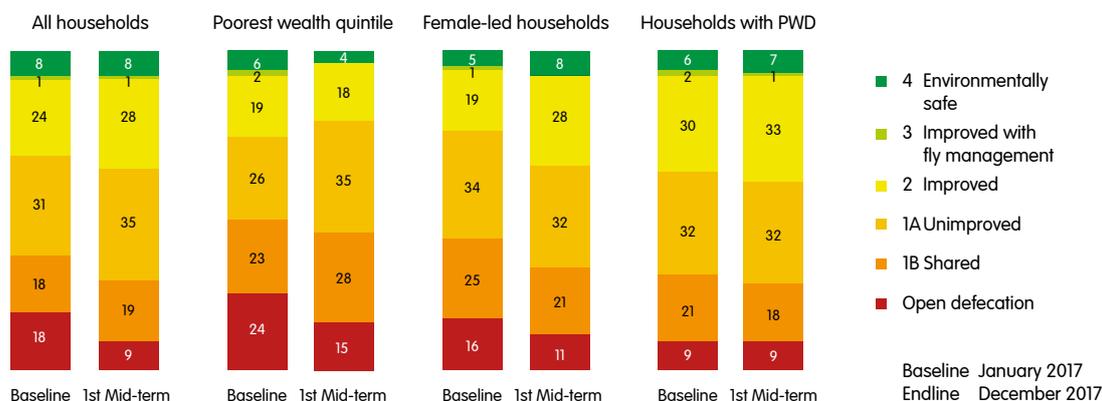


Access to toilet up by 8%, access to improved sanitation up by 4%

Access rate: **72%** (December 2017 first mid-term review)
64% (January 2017 baseline)



FIGURE 1: Percentage of households with access to toilets, January and December 2017



Note: Households with toilets categorised as Level 1A to Level 4 are considered to have access to sanitation, as defined by DfID in the project.

ACCESS TO TOILET (see fig.1)

Aggregated household results shows a 9% reduction in open defecation (OD) practice during the first year of programme implementation, attributed to institutional triggering that targeted local leaders. The project team sought to make the district leaders part of the sanitation and hygiene improvement team, and participation by leaders at all levels helped the project reduce OD.

Households in the poor and poorest wealth quintiles account for 30% and 25%, respectively, of the population in the project area. Despite their lack of financial resources, the poorest households' access to sanitation rose by 4% and OD practice fell by 9%. The 5% increase in the use of shared toilets indicates that some households opted for better sanitation by not practising OD. Ensuring the availability of sanitary facilities that can be upgraded, coupled with flexible financing, will support these households in achieving higher levels.

Female-led households showed a 9% increase in access to sanitation, with OD practice falling by 5%. Through their village savings and loan association, they are able to collectively improve their households' living conditions. These associations also make it possible for the private sector to reach traditionally hard-to-reach groups.

PWD households saw a 3% increase in access to toilets and a similar increase in improved sanitation. Although their uptake of latrines may seem slow, these households already had better access to sanitation compared with the overall programme population. However, OD practice showed no change and remained at 9%.

To sustain achievements, the programme will continue the current strategies: reaching out to communities and empowering them to construct better toilets; training leaders and other stakeholders on toilet

quality; engaging supply chain actors; designing and disseminating behaviour change communication (BCC) messages, especially those targeting the poorest and PWD households; and using fresh approaches, such as participatory hygiene and sanitation transformation, especially where community-led total sanitation (CLTS) approaches have not succeeded. Another approach is *Mandona*, an action-oriented effort to accelerate OD-free status after the initial CLTS triggering to motivate communities to adopt behaviour change by undertaking simple, immediate and doable actions.

The project team will support local governments in the implementation of their sanitation plans, encourage them to integrate sanitation and hygiene into their programming, and increase the involvement of private sector players. Participatory monitoring, reviews, and evaluations will encourage ownership, timely feedback, and accountability to communities.

HYGIENIC USE AND MAINTENANCE OF TOILETS (see fig.2)

Aggregate results for all households show a 15% increase in use of hygienic toilets, accompanied by a comparable reduction in households that do not use toilets. This is attributed to sanitation and hygiene triggering efforts conducted by leaders at district, sub-county, and parish levels during buy-in meetings and implementation work plan preparations. The leaders' success in mobilising village teams to take action is anticipated to continue to improve as the Mandona approach is rolled out. Mandona enables households to incrementally improve existing sanitary facilities so that all household members can use them.

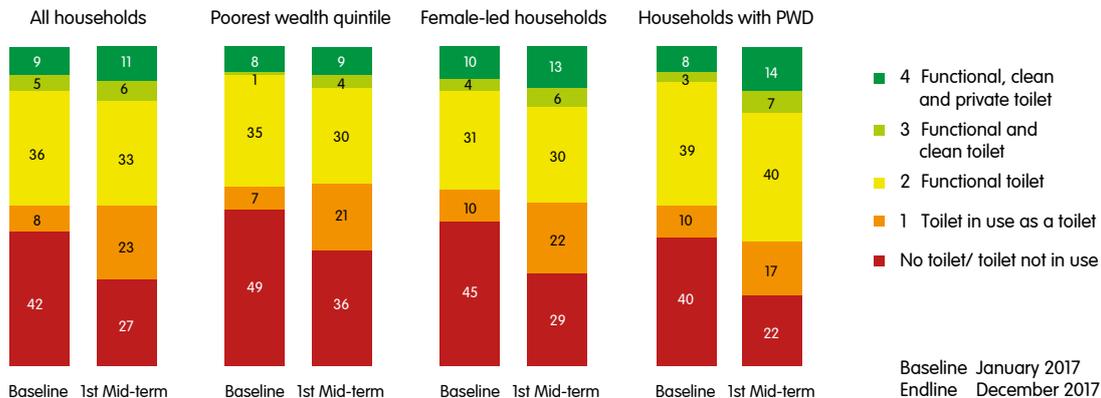
Despite the limited number of health assistants in some districts, use of hygienic toilets increased by 13% for the poorest households, 16% for female-led households, and 19% for PWD households. Each group had a proportionate

Use of toilets up by 15%

Use rate: **73%** (December 2017 first mid-term review)
58% (January 2017 baseline)



FIGURE 2: Percentage of households' hygienic use and maintenance of toilet, January and December 2017



Note: Levels 1 to 4 are considered to indicate improvements in hygienic use and maintenance of facilities. Maintenance is measured from Level 2.

reduction in households with no access to hygienic facilities. By the end of December 2017, PWD households registered a 6% increase in Level 4 toilets—the highest gain realised. This suggests that privacy is highly valued by persons living with disability.

The programme will now focus on ensuring that sanitation facilities are durable, are maintained, and can be used by all members of a household. The team will work with all three vulnerable groups, which constitute the majority of the targeted population, to ensure that low-cost sanitation upgrades are implemented. Specific BCC interventions based on local practices are planned for the future.

HANDWASHING FACILITY WITH SOAP ACCESS (see fig.3)

Overall, handwashing with soap (HWWS) rates registered minimal change. By December 2017, 89% of households still did not have access to handwashing facilities within

a 10-meter distance of a toilet (versus 92% at baseline). Only 1% of households had access to HWWS with permanent water. The number of households with no access to soap increased across all vulnerable groups, apparently because of low interest in investing in handwashing facilities with soap, inadequate handwashing campaigns, and little facilitation by the village health teams.

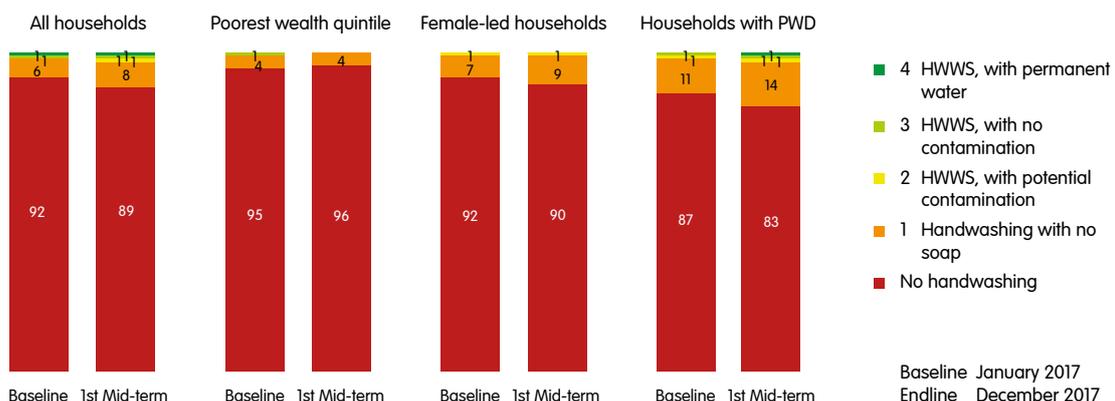
Redefining toilet standards to incorporate the presence of a handwashing facility with soap is long overdue. Even when households have soap, using it for handwashing at critical moments is not a priority. Clearly, messages are needed to trigger households to change their behaviour. The project has been taking steps in this direction by training village health teams to facilitate behaviour change and to go beyond the promotion of messages about hygiene.

Access to handwashing facility with soap near toilet up by 1%

Access rate: **3%** (December 2017 first mid-term review)
2% (January 2017 baseline)



FIGURE 3: Percentage of households with access to a handwashing facility with soap, January and December 2017



Note: Levels 2 to 4 are considered to indicate access to handwashing facility with soap.

In the poorest wealth quintile, 96% of households do not have access to HWWS after defecation. For female-led households, the figure is 90%. Only 1% of PWD households had access to HWWS with permanent water. Tippy-tap technology, promoted by the project, has not yet found a place within households.

To promote the use of soap, the programme recommends training women's groups in making liquid soap, which can be made available through village savings and loan associations at low cost. The hygiene promotion teams can also teach soap-making as an income-generating activity.



The programme will continue to involve community groups, faith organisations, role models, and influential politicians in HWWS campaigns to advocate for behaviour change and participate in monitoring, enforcement, and reporting on progress.

Reflection on the effectiveness of the BCC objective and a review of BCC target audiences is on the project's agenda. In Uganda, although men are responsible for building handwashing facilities with soap, it is the women who train family members to practise good hygiene. This suggests the need for a targeted approach for men, to trigger their support in encouraging household users to make HWWS a household norm.

SUSTAINABLE SANITATION AND HYGIENE FOR ALL RESULTS PROGRAMME (SSH4A RP)

SSH4A RP is SNV's largest results-based funded programme that is being implemented in selected countries in Africa and Asia. The programme contributes to ending open defecation; increasing the use of toilets that are functional, clean, and provide privacy; and increasing access to handwashing facilities with soap (located next to toilet or areas where food is prepared).

SSH4A RP in Uganda is a collaborative initiative with the Government of Uganda. It is being implemented in two phases, and receives generous funding from the United Kingdom Government. The current programme concludes in 2020.

SNV

SNV is a not-for-profit international development organisation. Founded in the Netherlands over 50 years ago, SNV has built a long-term, local presence in 38 of the poorest countries in Asia, Africa and Latin America. SNV's global team of local and international advisors work with local partners to equip communities, businesses and organisations with the tools, knowledge and connections they need to increase their incomes and gain access to basic services – empowering them to break the cycle of poverty and guide their own development.

This first MTR practice brief was prepared by Anne Mutta and John Robert Okello, with support from Anjani Abella and Rosenell Odondi, based on the SNV Uganda SSH4A 1st Mid-term household report, December 2017. It was edited by Sally Atwater, and designed by Belle Phromchanya.

(FRONT) Local champion demonstrates tippy-tap use as part of the "Where is Your Leader Hygiene & Sanitation Campaign"
(P4) YSE in Alwi sub-county, Pakwach district, marketing their sanitation products in the community

Endnotes

- ¹ The UKAID WASH Results Programme applies a relatively new form of development financing in which partners (e.g., SNV) receive programme payment based on independently verified results.
- ² SNV Uganda SSH4A Country Extension Baseline report, May 2017.



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For more information

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In collaboration with the Government of Uganda, SNV supports local governments in leading and accelerating progress towards area-wide sanitation coverage in rural areas. Between January and December 2017, the Sustainable Sanitation and Hygiene for All Results Programme (SSH4A RP) was extended to additional sub-counties in the districts of Kyenjojo, Mubende, Kibaale, Kagadi, Kakumiro, and Kyegegwa in Rwenzori Region, and Zombo and Pakwach districts in West Nile Region. The programme reached 1,094,000 people. Main achievements for the first mid-term are shown below.

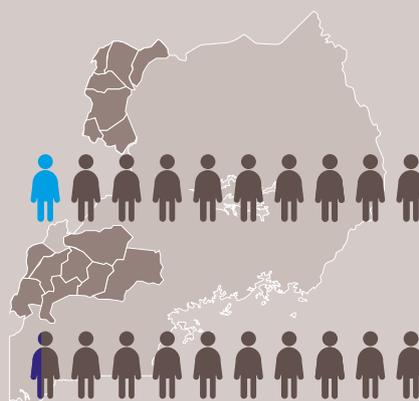
From January through December 2017...

Access to toilet

- 57%** of poorest households, up from 53%
- 68%** of female-led households, up from 59%
- 73%** of households with people with disability, up from 70%

107,000

people gained access to sanitation



3,046

people began handwashing with soap after defecation



Hygienic use of toilets

- 64%** of poorest households, up from 51%
- 71%** of female-led households, up from 55%
- 78%** of households with people with disability, up from 60%



Handwashing with soap after defecation

0% of poorest households, down from 1%

1% of female-led households, no change

3% of households with people with disability, up from 2%

Sustainable Sanitation and Hygiene for All (SSH4A) is an integrated approach that supports local governments in achieving area-wide rural sanitation and hygiene. The goal is to meet the needs of the entire population: no one should be left behind.



INTRODUCING THE SSH4A COMPONENTS

The SSH4A approach contributes to building systems and capacities in rural areas. SSH4A integrated components include:

- ✔ **Strengthening capacity to steer and implement sanitation demand creation** of local governments and partners to generate community demand for quality sanitation services, and to take this demand to scale.
- ✔ **Strengthening capacity for sanitation supply chains and finance** to develop and deliver appropriate and affordable market-based sanitation solutions that address the needs or desires of various consumer segments.
- ✔ **Strengthening capacity for behavioural change communication (BCC) for hygiene** to institutionalise hygiene promotion and sustain positive hygiene behaviours.

- ✔ **Strengthening capacity for WASH governance** to improve sector alignment of sanitation and hygiene initiatives, and address the needs and aspirations of traditionally disadvantaged groups - girls and women, the poorest, minorities, people with disabilities, and the elderly.

MEASURING SSH4A PERFORMANCE: OUTCOME INDICATORS

Progress in sanitation and hygiene is realised incrementally and measured in small steps as people climb up 'ladder' of access to and use of services. The performance and appropriateness of the approach is measured by three outcome indicator ladders, adapted from WHO/UNICEF's Joint Monitoring Programme (JMP) for Water Supply, Sanitation and Hygiene.

OUTCOME INDICATOR 1. Progress in access to toilet

Indicator level	Description
4 Environmentally safe	Human faeces contained and not in contact with humans or animals. No flies or rodents enter or exit the toilet. Human faeces do not contaminate surface water or ground water.
3 Improved with fly management	Human faeces contained and not in contact with humans or animals. No flies or rodents enter or exit the toilet.
2 Improved	Human faeces contained and not in contact with humans and animals, with the exception of flies or rodents.
1A Unimproved	Unimproved (private) toilet. Human faeces not contained and may be in contact with humans or animals.
1B Shared	Unimproved toilet shared between two or more households. Human faeces not contained and may be in contact with humans or animals.
0 Open defecation	No toilet; open defecation.

Outcome indicator 1 measures the presence and quality of a toilet within the household.

OUTCOME INDICATOR 2. Progress in hygienic use and maintenance of toilet

Indicator level	Description
4 Functional, clean and private toilet	Toilet used for its intended purpose. Functional water or seal cover (not blocked). No faecal smears on premises. Walls and doors in place. Cleansing materials and water available. Privacy assured (door can be closed and locked).
3 Functional and clean toilet	Toilet used for its intended purpose. Functional water or seal cover (not blocked). No faecal smears on premises. Walls and doors in place. Cleansing materials and water available.
2 Functional toilet	Toilet used for its intended purpose. Functional water seal or cover (not blocked).
1 Toilet in use as a toilet	Toilet used for its intended purpose.
0 No toilet; toilet not in use	No toilet on premises, or toilet not used for its intended purpose.

Outcome indicator 2 measures the general cleanliness and maintenance of toilet within the household.

OUTCOME INDICATOR 3. Progress in access to handwashing with soap (HWWS) near a toilet

Indicator level	Description
4 HWWS, with permanent water	Handwashing with soap within accessible distance. Hands do not touch water source. Permanent water available (running water, or handwashing at well).
3 HWWS, with no contamination	Handwashing with soap within accessible distance. Water container covered properly, with no risk of contamination. Hands do not touch water source.
2 HWWS, with potential contamination	Handwashing with soap within accessible distance. Water container not covered and easily contaminated when hands touch water source.
1 Handwashing with no soap	Handwashing station within accessible distance. No soap.
0 No HWWS	No handwashing station within accessible distance.

Outcome indicator 3 is measured by proxy - the presence of a handwashing station within an accessible distance - rather than the behaviour of handwashing itself. A proxy indicator is used because questions about behaviour can prompt 'social desirable' answers that do not reflect actual practice. Accurate measurement at household level is difficult.

The use of soap is considered more essential than the availability of running water. A handwashing station with running water, but with no soap is scaled down to Level 1, below the acceptable benchmark.

In the SSH4A RP programme, progress in access to a toilet (outcome indicator 1) is counted from 1A Unimproved Level. For outcome indicators 2 and 3, households that reach the levels 1 Toilet in use as toilet and 2 HWWS, with potential contamination signify an improvement.

For more information

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