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Mozambique – SSH4A Results Programme Extension endline brief

Between 2017 and 2019, over 68,000 more people gained access to improved sanitation; over 40,000 more people practised handwashing with soap (HWS) after defecation; but open defecation (OD) rates increased by 10,000 people from 53% to 58%. These results are based on the Sustainable Sanitation and Hygiene for All Results Programme (SSH4A RP) household survey conducted in December 2019 in the three programme districts of Angoche, Meconta and Mogovolas in Nampula province in Mozambique.

This endline practice brief summarises key achievements since the programme commenced in the three programme districts, with progress measured against the baseline survey conducted in January 2017. Disaggregated sanitation and hygiene outcomes are presented, with data on the districts' most vulnerable groups: households in the poorest wealth quintile, female-led households, and households with people with disability.

Access to improved toilets increased from 11% of households at baseline to 25% at endline, and encouragingly, 11% of households had constructed environmentally safe toilets compared to only 3% at baseline. But this increase in toilets did not coincide with an increase in handwashing stations – 62% of households had no handwashing stations in 2017, which increased to 75% without facilities by the end of 2019. Indeed, it was not common

Key achievements by household (2017-2019)

25% have access to an improved toilet
(11% in 2017)



17% have access to a handwashing facility with soap after defecation (13% in 2017)





practice to construct a handwashing station when building a toilet. Therefore, the supply chain was refocused in 2019 and households were encouraged to construct facilities using locally available and good quality materials so that handwashing stations could be built in tandem with toilets.

At baseline in 2017, 46% of households had access to sanitation (levels 1A-4). However, this reduced to 41% at endline in 2019 as the programme districts struggled to recover from the impact of Cyclone Kenneth, which hit Mozambique on 25 April of that year. Cyclone Kenneth was the strongest tropical storm ever to hit Mozambique in recent history, directly affecting the northern coastal districts of Nampula province. While the cyclone did not directly impact SSH4A programme districts, which are in the south and on the coastal strip of Nampula province, they were affected by extensive and lengthy rains that resulted in the collapse of houses and toilets.

In general terms, the survey results show that all levels of hygienic use and maintenance of toilets declined between surveys. OD rates increased by five percentage points between 2017 and 2019, and access to hygienically maintained toilets reduced by 21 percentage points from 53% of households to 32%. The endline survey results show the need for

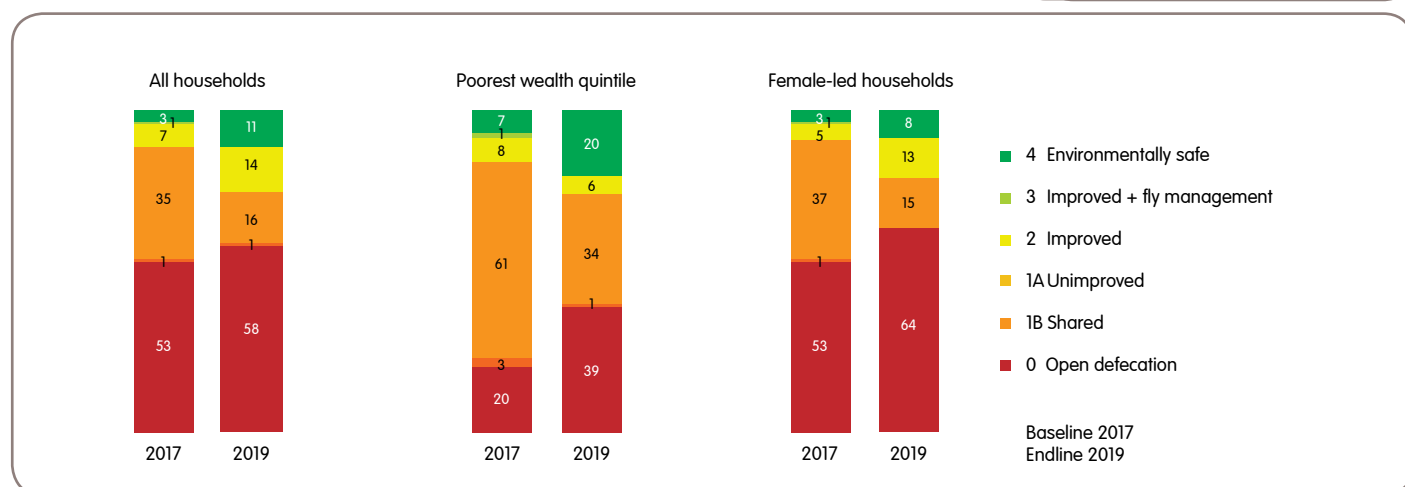
improvement in terms of the functionality, cleanliness and privacy of sanitation solutions across the districts.

Although data could be collected on two particular vulnerable groups – that of households in the poorest wealth quintile and female-led households – the survey teams faced challenges in identifying households supporting people with disability. The number of households identified for this group was well below expected national levels, with only five households identified in the 2019 survey. This represented just 0.29% of the 1,705 sampled households, which is a statistically insignificant number and is not representative of the national average. Disabled Peoples’ Organisations do not currently exist in Nampula province, therefore it has been difficult to engage people with disability to assist with the SSH4A surveys and raise awareness in issues relating to disability among community leadership.

Over the long term, efforts to strengthen the sanitation supply chain and promote more durable toilet models built from local materials – supported by behaviour change communication (BCC) that emphasises hygiene and maintenance of facilities – will be key to increasing and sustaining access to sanitary toilets and their hygienic use and maintenance across the programme districts.

Figure 1: Percentage of households with access to improved sanitation, 2017 and 2019

Access rate: 25% (2019 endline)
11% (2017 baseline)



Note: Households with toilets categorised as Level 1A through Level 4 are considered to have access to sanitation, as defined in the programme by the UK Department for International Development (DFID).

Access to improved sanitation up by 14 percentage points (fig 1)

Overall, access to improved sanitation (levels 2–4) rose from 11% of households at baseline¹ to 25% at endline, while access to environmentally safe (level 4) toilets in particular increased from 3% to 11%. However, despite this progress, 10,307 (5%) fewer people had access to sanitation facilities across levels 1A–4 by the end of 2019.² Furthermore, the survey results show that some households had slipped back to OD practices following the collapse of their toilets from heavy rainfall, with OD rates increasing from 53% at baseline to 58% at endline.

In 2018, the SSH4A programme focused on post-triggering and OD-free (ODF) support for improved sustainability of sanitation. The strategy aimed to promote durable sanitation facilities built with locally available materials, more durable adobe/mud blocks and with improved roofs (familiar technologies in rural Mozambican house-building) to avoid slab collapse during rains. Indeed, the 14-percentage point increase in access to improved toilets between surveys bodes well in sustainability terms – the programme expects better quality toilets to be sustained for a longer period, surviving

several rainy seasons. Additionally, the progress in access to environmentally safe toilets across all districts is attributed to better cooperation between project technicians and local leaders in teaching the communities about the basics of toilet construction, promoting the use of toilet squat-hole covers and raising awareness about managing pits once full.

In the poorest wealth quintile, access to environmentally safe and improved sanitation increased by 13 percentage points³ between surveys, but OD rates increased by 19 percentage points. Interestingly, the results reveal that there was limited investment in high-quality sanitation facilities across all wealth quintiles between 2017 and 2019, as 20% of households in the poorest wealth quintile had invested in environmentally safe toilets by endline compared to only 10% in the richest wealth quintile.⁴ This might be due to the fact that wealth difference among the households categorised into quintiles is very low in the rural Nampula context, and also that richer households can be identified as a 'defiant' group for whom a toilet is not considered an asset that adds to the social status of the household and pit latrines are not a desirable option.⁵

¹ SNV, *Mozambique – SSH4A extension phase country baseline report*, Maputo, SNV Mozambique, April 2017.

² Access to improved sanitation is measured from level 2 upwards. Endline results reveal that access to unimproved toilets (level 1A) reduced by 136,599 households (from 276,245 at baseline to 139,646 at endline) and access to level 3 toilets reduced by 6,102 households (from 6,614 at baseline to 512 at endline). Thus, though access to level 2 and level 4 toilets increased by 61,201 and 71,193 respectively, the overall access ended up being negative.

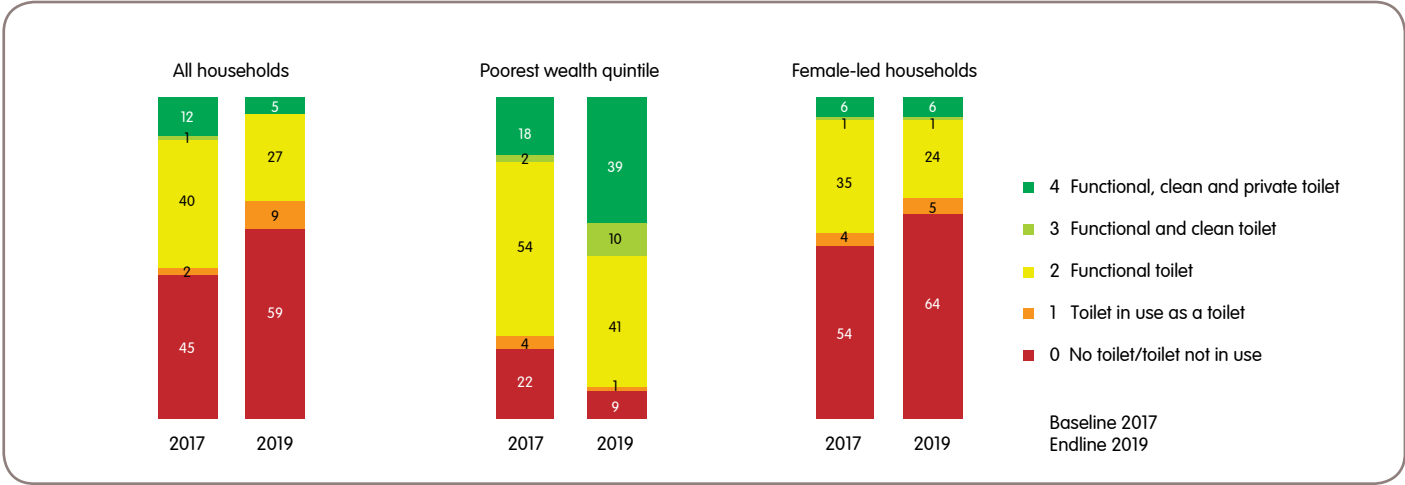
³ All percentage changes (increases and decreases) are given in absolute not relative terms – that is, we give the percentage-point difference between baseline and endline results.

⁴ Data available in SNV, *Mozambique – SSH4A extension phase country endline report*, Maputo, SNV Mozambique, January 2020.

⁵ Identified as the 'last mile group' in M. Florencia Reiro, 'Identifying the last 10% of households practising open defecation in rural Tanzania', *SSH4A programme fact sheet*, Maputo, SNV in Mozambique, 2019, https://www.ircwash.org/sites/default/files/snv_the_last_mile_case_study_-_june_2019.pdf (accessed 3 March 2020).

Figure 2: Percentage of households with hygienic use and maintenance of toilets, 2017 and 2019

Use rate: 32% (2019 endline) 53% (2017 baseline) 



Note: Levels 2 through 4 are considered to indicate improvements in hygienic use and maintenance of toilets.

In female-led households, access to improved sanitation increased by 12 percentage points but OD rates also increased by 11 percentage points between surveys. Lessons learnt from the SSH4A programme have revealed that the increase in OD practices was not only due the impact of Cyclone Kenneth and the resulting collapsed toilets, but also that access to basic sanitation facilities declined for widowed and elderly women because of their physical capabilities, economic constraints and lack of family and community support. Although the results indicate that all households (100%) with people with disability had no toilet or practised OD by endline compared to 40% at baseline, as described earlier, the survey team faced challenges in identifying a representative sample of households among this vulnerable group.

Hygienic use and maintenance of toilets down by 21 percentage points (fig 2)

The endline results show a reduction of 21 percentage points in hygienically maintained toilets (levels 2–4) and an increase of 14 percentage points in households not having or using toilets from 45% in 2017 to 59% in 2019. As explained earlier, this decline is associated with the impact of Cyclone Kenneth and heavy rainfall damaging sanitation facilities in the programme areas. Despite the overall significant decrease in access to hygienically maintained toilets since baseline, there was continuous effort by project technicians and health promoters throughout the programme period to sensitise communities on the importance of toilet use through house-

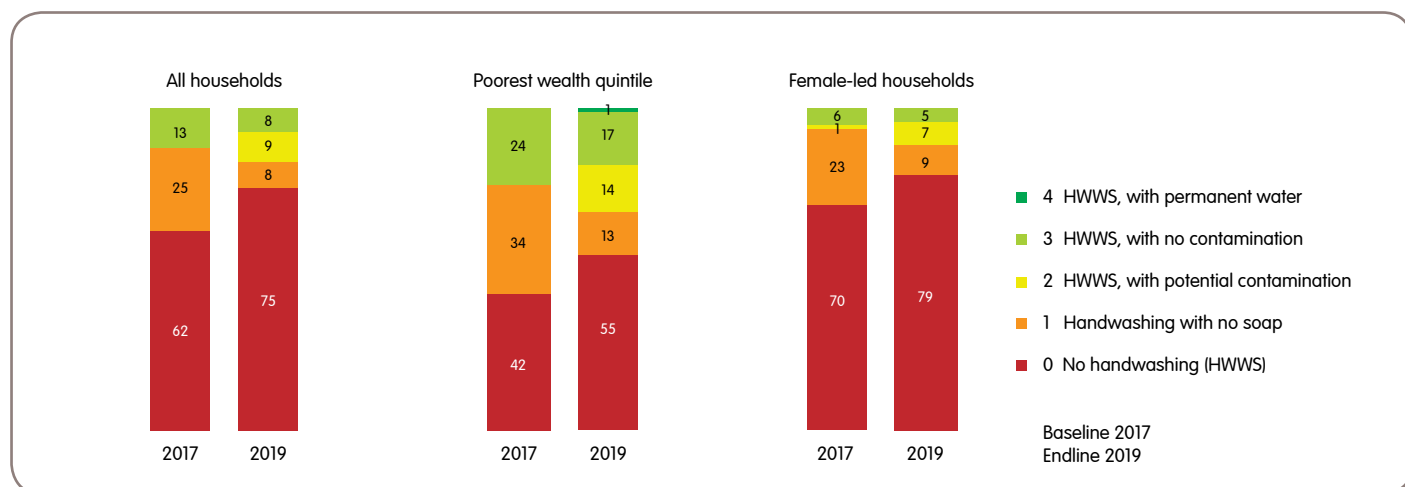
to-house visits and small meetings during post-ODF and post-triggering follow-up activities. The results indicate that more work needs to be done on hygiene and sanitation promotion activities with local government focusing on improving functionality and cleanliness of sanitary facilities.

By the end of 2019, 39% of households in the poorest wealth quintile had invested in functional, clean and private toilets (level 4) compared to 18% at baseline – an improvement that could be attributed to BCC by health promoters. Households with no toilets or toilets not in use also reduced by 13 percentage points among this vulnerable group, but the figure increased by 10 percentage points among female-led households. As noted previously, by endline all households (100%) with people with disability lacked hygienically maintained toilets compared to 40% at baseline, but improvements are needed to better identify people with disability through household surveys.

An additional point to note is that attention is required around the disposal of children’s stools, as 49% of households in the districts reported that they dispose of this waste as part of household garbage. This is normally via an open pit exposed to flies and other vectors, which presents a public health risk. This represents a sizeable health risk considering that the majority of households (52%) in the programme areas have children under five years. Awareness-raising efforts are needed to explain the importance of safe disposal of children’s stools in toilets.

Figure 3: Percentage of households with access to a handwashing facility with soap near toilet, 2017 and 2019

Access rate: 17% (2019 endline)
13% (2017 baseline)



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

Access to a handwashing facility with soap near toilet up by four percentage points (fig 3)

The endline survey results show that the proportion of households with handwashing stations with soap near a toilet (levels 2–4) increased from 13% at baseline to 17% at endline. This equates to an additional 40,421 people having gained access to a handwashing facility with soap, and is attributed to BCC messages that highlighted the importance of handwashing with soap and that promoted the construction of various types of handwashing stations using locally available materials. However, the number of people accessing handwashing stations with soap without contamination reduced by 35,596 people (5%). The level of service reduced for a significant proportion of people. Further emphasis is needed to encourage the improvement of water used for handwashing.

By endline, there had been an eight percentage-point increase in access to handwashing with soap (HWWS) (levels 2–4) among households in the poorest wealth quintile, but there had been a 13 percentage-point increase in those with no handwashing stations. Similarly, the survey findings show a five percentage-point increase in access to HWWS among female-led households but a nine percentage-point increase in those with no handwashing stations. None of the households identified with people with disability had access to a handwashing station.

Conclusion

Access to improved sanitation levels increased across all programme districts, from 11% at baseline to 25% at endline and the proportion of households that had adopted environmentally safe toilets increased by eight percentage points. These improvements in the quality of the toilets constructed bode well for the sustainability of the intervention, as the programme expects better quality toilets to be sustained for a longer period and to survive several rainy seasons into the future.

The above results can be attributed largely to the programme's focus on increasing new access to sanitation through greater engagement with the local, political and administrative leadership at the administrative post and district levels. Implementation was more closely linked to the government processes of planning, monitoring and sensitising at different levels to prioritise sanitation and demonstrate leadership. In addition, the SSH4A work on the supply chain was refocused during 2019 to link with community-based artisans and the promotion of durable toilet construction using local materials and construction methods instead of more expensive and heavy concrete components.

Although the levels of OD remained above 50% through the extension phase of the programme, progress has been demonstrated in the increasing levels of improved and environmentally safe sanitation among households in the programme

districts. In the context of rural Mozambique where communities often build simple toilets after triggering and struggle to sustain ODF status, this is an important contribution to enabling communities to stop the cycle of repeated toilet collapse. This has had a significant impact on the momentum for achieving and sustaining ODF status and working towards the national target of an ODF Mozambique by 2025.

There is need for greater awareness of the needs of people living with disability and for the establishment of Disabled Peoples' Organisations in Nampula province, however. Not only could these organisations raise awareness of issues relating to disability at a general level, but they could also aid in the identification of people and households with disability for future engagement in the SSH4A survey process. Attention is needed too around

household disposal of children's stools due to the considerable public health risk that current practices pose. Promotion of safe disposal of child faeces in a toilet should be a focus of hygiene promotion work beyond the end of this programme.

Despite the challenges faced in the three districts with regards to sanitation, the provincial and district governments have been fully engaged in SSH4A RP, with district sanitation plans and budget allocations having been revised beyond the end of the programme. These plans include taking the SSH4A BCC campaigns to a further seven districts. Furthermore, the lessons learned and approaches to sanitation supply chain support will be taken on in the National Rural Water Supply and Sanitation Programme (PRONASAR), meaning that the achievements of the SSH4A programme have a high likelihood of being sustained.

Sustainable Sanitation And Hygiene For All Results Programme (SSH4A RP)

SSH4A RP is a pioneering results-based financed programme implemented in select countries in Africa and Asia. The programme contributed to ending open defecation; increased use of safely managed, functional and private toilets; and increased access to handwashing with soap facilities. SSH4A RP in Tanzania is a collaborative initiative with the Government of Mozambique. It received generous funding from UKAID of the Government of the United Kingdom.

SNV

SNV is a not-for-profit international development organisation that makes a lasting difference in the lives of people living in poverty by helping them raise incomes and access basic services. Focusing on three sectors – Agriculture, Energy and Water, Sanitation and Hygiene (WASH) – SNV has a long-term, local presence in over 25 countries in Asia, Africa and Latin America.

This SSH4A RP endline brief was prepared by Anne Mutta and Alex Grumbley, with support from Rosenell Odondi and Anjani Abella. It was edited by Joanna Fottrell and designed by Belle Phromchanya.

Photos ©SNV

(FRONT): Handwashing demonstration in a village in Nampula province.
(P2): Locally available materials are used for construction of sanitation facilities.



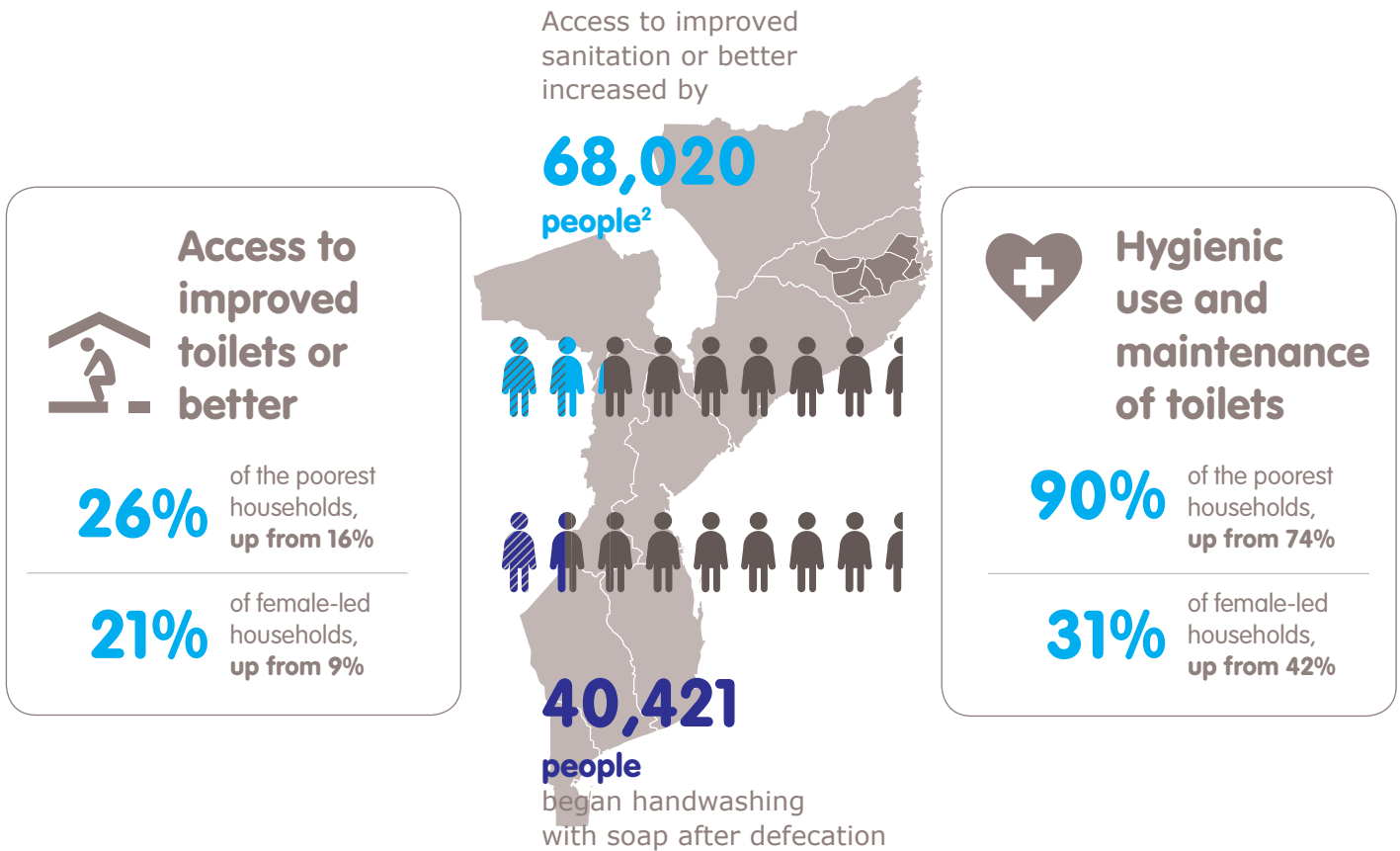
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For more information

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In collaboration with the Government of Mozambique, SNV supported local governments to lead and accelerate progress towards area-wide sanitation coverage in rural areas. Between January 2017 and December 2019, the Sustainable Sanitation and Hygiene for All Results Programme (SSH4A RP) was extended to three programme districts of Angoche, Meconta and Mogovolas in Nampula province in Mozambique. The programme reached 853,582 people. The endline achievements are highlighted here. From January 2017 through December 2019...¹



¹ Due to the challenges faced in identifying households with people with disability and the lack of willingness or understanding of household members with disability to provide data, these households have been left out of this programme extension endline brief summary. Only five households out of 1,705 sampled households provided data on people living with disability, which is a statistically insignificant number and is not representative of the national average.

² Progress in increasing access to sanitation was hampered by the effects of Cyclone Kenneth in the Nampula province. Extensive and lengthy rains brought about by the cyclone resulted in the collapse of houses and toilets during 2019. As a result, access to a toilet (includes level 1A Unimproved) fell by 10,307 people.



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 to address the needs and aspirations of traditionally disadvantaged groups – girls and women, the poorest, minorities, people with disability 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 the 'ladder' of access and services. The performance and appropriateness of the approach is measured by three outcome indicator ladders, adapted from the World Health Organization (WHO) and United Nations Children's Fund (UNICEF) Joint Monitoring Programme for Water Supply, Sanitation and Hygiene.

OUTCOME INDICATOR 1.

Progress in access to a 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 (basic)	Human faeces contained and not in contact with humans or 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.

In the DFID-funded **SSH4A Results 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 level 2 'Functional toilet' and 'HWWS, with potential contamination' signify an improvement, respectively.

OUTCOME INDICATOR 2.

Progress in hygienic use and maintenance of a 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 a toilet within the household.

OUTCOME INDICATOR 3.

Progress in access to a handwashing facility with soap near 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 of a household's toilet – rather than the behaviour of handwashing itself. A proxy indicator is used because questions about behaviour can prompt 'socially 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 permanent water. A handwashing station with permanent water, but with no soap is scaled down to Level 1, below the acceptable benchmark.

For more information

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