



SNV

Nepal – SSH4A Results Programme Extension endline brief

Between 2017 and 2019, over 295,000 more people gained access to sanitation; just under 254,000 more people practised handwashing with soap (HWS) after defecation; and open defecation (OD) rates fell from 77% to less than 1% in SSH4A RP programme areas. These results are based on the Sustainable Sanitation and Hygiene for All Results Programme (SSH4A RP) household survey conducted in November 2019 in Nepal's Siraha, Saptari, Bara, Mahottari and Dhanusha districts.

This endline practice brief summarises key achievements since the programme commenced in the five 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.

On 30 September 2019 Nepal celebrated achieving open-defecation free (ODF) status as a country, which was the culmination of a successful decade-long sanitation campaign. Situated in the southern *terai* belt, the five SSH4A RP districts represented some of the most challenging areas with regards to ODF efforts and were lagging behind districts. Indeed, Siraha and Saptari districts, which were also part of the first phase of the SSH4A RP,

Key achievements by household (2017-2019)

99% have access to a toilet (**22%** in 2017)



99% practise hygienic use and maintenance of toilets (**23%** in 2017)



85% have access to a handwashing facility with soap after defecation (**19%** in 2017)





were ranked as the two worst districts in the country in 2014 with regards to sanitation.

At the start of the SSH4A extension phase in 2017, 77% of households across the five districts practised OD. In addition to Siraha and Saptari, the District Water, Sanitation and Hygiene Coordination Committees (D-WASH-CCs) of Bara, Mahottari and Dhanusha districts found that 69–81% of households practised OD. However, with continued support from SSH4A RP, household behaviour and access to sanitation changed. Siraha and Saptari became the first two districts to attain ODF status in Province two in March and April of 2018. By September 2019 Bara, Mahottari and Dhanusha had been verified as ODF; following the country’s ODF protocol.

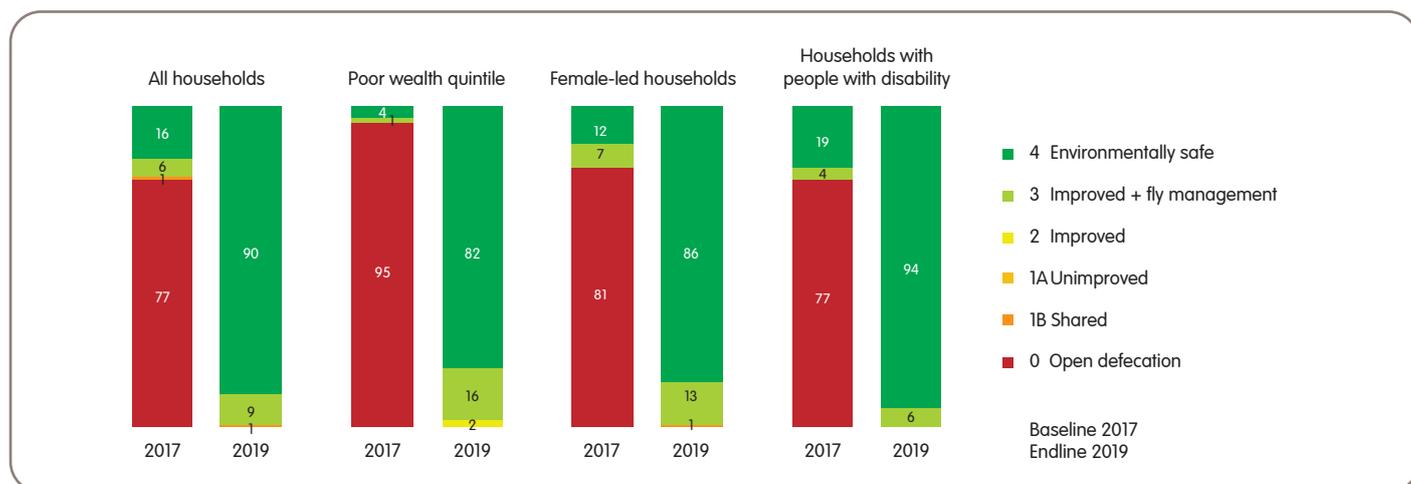
The SSH4A RP extension phase was implemented just as the country adopted a federal system of governance and instituted new levels of government. The programme’s district-wide approach focused on strengthening capacity at district level and, subsequently, supported newly elected local governments and their multi-stakeholder WASH-CCs to plan, implement and monitor sanitation activities and outcomes. Combined with SNV’s long-term engagement in national and regional sanitation platforms, SSH4A has been critical in supporting Nepal’s progress on sanitation, including these notable achievements:

- ✔ **Progress on sanitation and hygiene in lagging-behind districts and communities in the sanitation campaign.** The programme addressed the entrenched ‘subsidy mind-set’ through political triggering as part of the government’s no-subsidy campaign to motivate households who had the capacity to construct their own toilets; established clear processes to implement local support mechanisms for the most vulnerable groups; contextualised ‘mass triggering’ tools and rigorous follow-up; built capacity of local governments, WASH-CCs, local networks and interest groups, entrepreneurs, activists, cooperatives and other civil society actors to carry out their sanitation responsibilities in harmonised ways; supported locally appropriate sanitation technologies and quality of services for toilet construction, linking demand with supply; and participated in joint monitoring visits for improvement and motivation.
- ✔ **Equity in access through gender and socially inclusive processes and outcomes.** The SSH4A RP supported gender and socially inclusive WASH-CCs engagement in and co-development of sanitation strategies and plans; facilitated demand creation through awareness raising, motivation and advocating against coercion;

¹ For ease of reading, all figures have been rounded off to the nearest whole number. Although 2019 OD and shared toilet rates are registered at 0%, actuals are 0.2% and 0.4%, respectively. For landless ultra-poor households who live on government (or other’s) land and have no space to construct their own facility, shared toilets are the only option. Shared toilets are also found in extended families instead of separate toilets for respective households.

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

Access rate: 99% (2019 endline)¹
22% (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).

encouraged locally led implementation support mechanisms for vulnerable groups; and built capacity and technological knowledge – through training and the publication of handbooks – on options for people with disability, for low-cost toilets and for super-structures that facilitate user privacy and comfort.

✔ **Sustained sanitation and hygiene behaviours.** The programme worked to improve the quality of toilets that households felt comfortable to use; and implemented rigorous, evidence-based behaviour change communication (BCC) campaigns that followed demand triggering and continued after ODF declaration with multiple tools, channels and audiences.

✔ **Better adaptation for environmental risks.** The SSH4A mapped groundwater levels; provided options for toilets in high groundwater and flood-prone areas; recommended safe distances to water points; and supported the district WASH Clusters in hygiene promotion whenever flooding would occur.

✔ **Support to national priority of moving towards Total Sanitation (TS).** The programme enabled 3,000 households in

26 settlements and three Wards to fulfil indicators on the six behaviours of toilet use, personal hygiene (including HWWS), safe food, safe water, clean premises and environmental sanitation.

✔ **Strengthened capacity of local governments for sustainable services in a post-ODF scenario.** The SSH4A RP supported Siraha, Bara and Saptari districts to develop TS strategies and all five districts to develop strategies to strengthen TS products and services; supported 11 local governments to adopt TS frameworks and 54 Wards to develop TS action plans; and built capacity of eight local governments in faecal sludge management and three local governments in developing safe disposal sites through trenching.

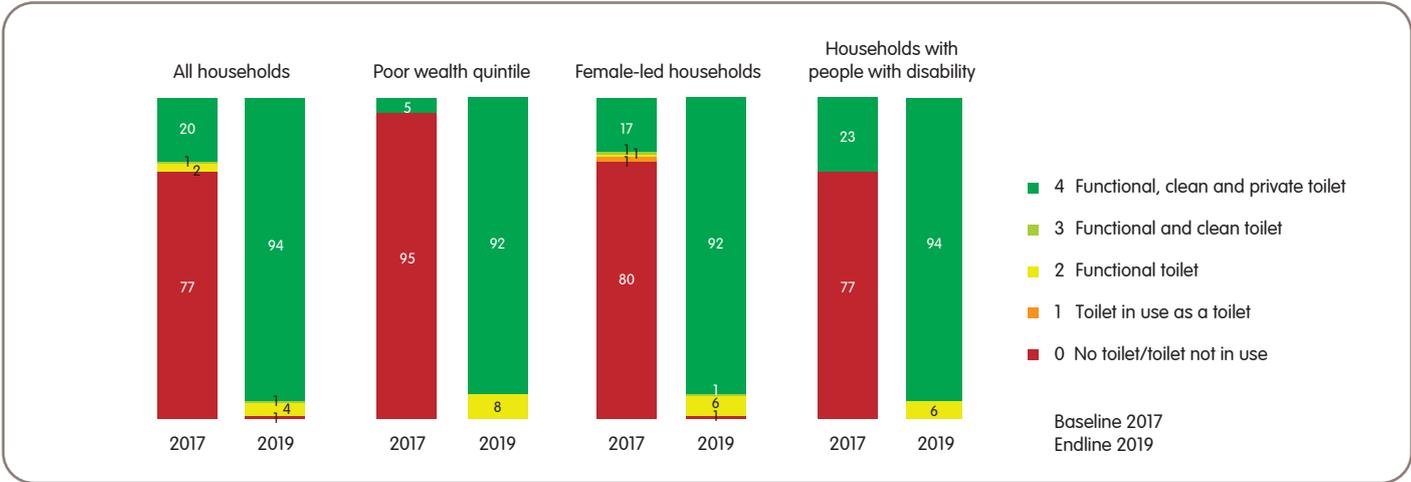
Access to improved sanitation up by 77 percentage points (fig 1)

The 2019 endline survey results show that OD reduced by 77 percentage points and that all households had constructed improved toilets (levels 2–4). In the poor wealth quintile,² all households constructed improved toilets. Access to sanitation in female-led households and households with people with disability increased by 80 and 77 percentage points, respectively.

² In this endline brief, poor quintile data interpretation is included and the poorest wealth quantile is not included. This is to avoid statistically erroneous information as we found only one household represented from the poorest wealth quantile through data collected from random sampling.

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

Use rate: 99% (2019 endline) 
23% (2017 baseline)



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

Strengthened government-led, multi-stakeholder processes to develop district sanitation strategies with a clear vision, targets, implementation strategies and monitoring and verification protocols were key to increasing access to sanitation. Important too, was the rollout of particular activities, including implementation of locally adapted community-led TS triggering tools; changing the 'subsidy mind-set' to a 'reward mind-set'; mobilising elected local body representatives, local leaders, the police force, volunteers, women's groups, and the health and education sector networks; creating an enabling environment with transparency and participation; and rigorous follow-up to build toilets.

To enable people to actually build toilets, the programme addressed misconceptions around the perceived high cost of toilets, ensured the availability of materials, and promoted know-how and services for the construction of affordable and quality toilets. Findings of an SNV study on consumer preferences and sanitation supply chains in the district³ supported the Water Supply and Sanitation Division Offices, entrepreneurs, and sector actors to gain a better understanding of the sanitation market scope and to identify strategic action areas to strengthen the supply chains.⁴ The strategies were then transformed into tangible activities and outputs. As a result,

new entrepreneurs emerged, satellite production units were established in rural areas, multiple and tailored toilet packages were introduced, transport charges were minimised, and the quality of masons' construction steadily improved.

In line with the government's post-ODF agenda to minimise slippage to old practices and emphasise use of toilets, the SSH4A supported D-WASH-CCs to develop and endorse BCC strategies for mass communication as well as community-level activities. Reinforcing changed mind-sets, these BCC initiatives have significantly supported the sustainability of the programme's results.

Hygienic use and maintenance of toilets up by 76 percentage points (fig 2)

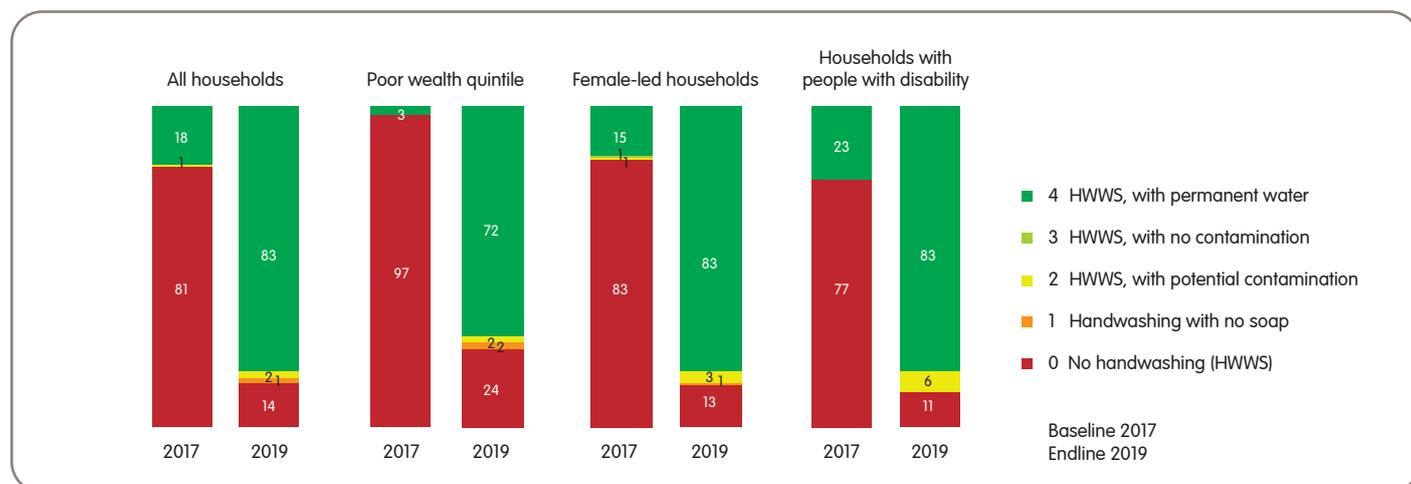
Hygienic use and maintenance of sanitation facilities rose by 76 percentage points, with 94% of households having functional, clean and private toilets by endline. While 92% of households in the poor wealth quintile had functional, clean and private toilets by the end of 2019, 8% had toilets that were not clean (level-2 toilets), perhaps due to inadequate access to water from community hand pumps. Among female-led households 92% had attained level-4 toilets by endline and 94% of households with people with disability had access at this level.

³ The study's subjects covered different consumer segments, including latrine users and non-users, and different supply chain actors including wholesalers, retailers, ring-producers and masons.

⁴ These strategies were subsequently endorsed by the D-WASH-CC and incorporated in their respective district sanitation strategies.

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

Access rate: 85% (2019 endline)
19% (2017 baseline)



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

This progress is the result of the 'no-subsidy' approach adopted by the Government of Nepal, and SSH4A RP supporting households to invest in their own toilet and therefore feel ownership. Evidence-based BCC was also influential here, with activities starting right after the construction of toilets and continuing after all households had gained access. The design of campaigns was informed by communication objectives identified through the formative research conducted in the *terai* in Phase 1 (2014–2017) of the project, with materials produced for different settings and target audiences, and using a variety of communication mediums⁵ and channels.⁶ Successful activities include SNV's 'I promise' campaign, which sought individual-, community- and institutional-level commitment to help sustain progress on sanitation. A wide range of quality tools were also developed that may prove useful beyond the project timeframe to aid the government's 'Towards Total Sanitation' programme.

Access to a handwashing facility with soap near toilet up by 66 percentage points (fig 3)

At endline, a significant proportion of households knew the importance of HWWS after defecation. This knowledge translated into behaviour change as 85% of households had access to a HWWS facility in or near the toilet at endline compared to

only 19% at baseline, with progress attributed to BCC campaigns that were implemented soon after demand creation. By endline, 83% households had established a handwashing station within 10 metres of a toilet and were also using soap (only 1% had no soap).

Among households in the poor quintile, access to HWWS increased by 71 percentage points between surveys from only 3% at baseline, with 24% of households still having no HWWS facility by the time of the 2019 survey. However, a key factor here is the use of community hand pumps for accessing water that are farther than 10 m from homes. Access to HWWS in female-led households and households with people with disability had reached similar levels as other households by endline, with 86% and 89% access, respectively.

The project supported the government's post-ODF agenda by helping the D-WASH-CCs to develop BCC strategies for mass campaigns and community-level campaigns on sanitation and hygiene, including HWWS. Since access to water was not a challenge in the *terai* districts (plains), the project was able to convince people on the overall importance of cleanliness through ending OD practices, keeping toilets clean and HWWS after defecation.

⁵ Such as jingles, leaflets, posters, calendars, flex charts, hoarding boards, street dramas, wall paintings, demonstrations and movies.

⁶ Such as village development committees (VDC)/wards, the health and education sectors, local leaders, religious institutions, house-to-house visits and public announcements.

Conclusion

The SSH4A RP extension phase was implemented just as Nepal transitioned from a unitary to federal government. In spite of continuing challenges post-transition, 99% of households had access to improved sanitation by the endline survey; 99% of households demonstrated hygienic use of toilets; and 85% of households had a HWWS facility near their toilet. The results also show significant improvement for female-led households and households with people with disability. Furthermore, the SSH4A programme supported all five districts to achieve ODF status and contributed to the country's efforts to celebrate ODF on 30 September 2019.

The SSH4A RP approach provided a holistic methodology for strengthening multi-stakeholder platforms to align approaches and synergise the efforts of government, civil society, the private sector, rights-holder groups and development partners. The programme also created mass demand with contextualised triggering tools and rigorous follow-up; strengthened the capacity of private-sector actors to provide sanitation

materials and construction services for quality toilets with locally appropriate and affordable options including for people with disability and flood-prone areas; and sustained behaviours through evidence-based BCC campaigns rolled out for diverse audiences with multiple tools and channels.

Importantly, the approach enabled the project team to respond to the evolving national priorities and to facilitate post-ODF sustainability and the country's next milestone towards TS. Districts were supported to develop TS strategies, and BCC campaigns were expanded from the two key behaviours of hygienic use of toilets and HWWS to cover an additional four behaviours of safe food, safe water, clean premises and environmental sanitation. Trainings and orientations were conducted for local governments to plan for TS and initiate activities on safe emptying, transportation and disposal of faecal sludge through trenches. Together, these activities contributed to building the capacity of local governments to further deliver sustainable sanitation services.

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 Nepal is a collaborative initiative with the Government of Nepal. 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, Krishna Hari GC and Nadira Khawaja, with support from Rosenell Odondi and Anjani Abella. It was edited by Joanna Fottrell and designed by Belle Phromchanya.

Photos ©SNV/Nico Hertweck (FRONT) Handwashing with soap is a practice not limited to toilet use. It is also essential practice for food preparation. (P2) Trained sanitation masons in action.



Suggested citation: SNV in Nepal, 'Nepal - SSH4A Results Programme Extension endline brief', *SSH4A RP endline brief*, 2020.

For more information

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In collaboration with the Government of Nepal, SNV supported local governments to lead and accelerate progress towards area-wide sanitation coverage in rural areas. Between January 2017 and November 2019, the Sustainable Sanitation and Hygiene for All Results Programme (SSH4A RP) extension phase was implemented in Siraha, Saptari, Bara, Mahottari and Dhanusha districts. The programme reached 374,816 people. The endline achievements are highlighted here. From January 2017 through November 2019...

295,283

people gained access to sanitation



Access to toilets

100% of poor households, up from 5%

99% of female-led households, up from 19%

100% of households with people with disability, up from 23%



253,888

people began handwashing with soap after defecation



Hygienic use and maintenance of toilets

100% of poor households, up from 5%

99% of female-led households, up from 19%

100% of households with people with disability, up from 23%



Handwashing with soap after defecation

74% of poor households, up from 3%

86% of female-led households, up from 17%

89% of households with people with disability, up from 23%



= 50k People



= Baseline January 2017

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.

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