



Zambia – SSH4A Results Programme Extension endline brief

Between 2017 and 2019, just under 130,000 more people gained access to sanitation and hygiene; almost 75,000 more people practised handwashing with soap (HWS) after defecation; and open defecation (OD) rates fell from 28% to 6%. These results are based on the Sustainable Sanitation and Hygiene for All Results Programme (SSH4A RP) household survey conducted in November 2019 in Zambia's Chama, Chilubi and Nakonde districts.

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

The 2017 baseline survey showed that access to sanitation stood at 47%, with 25% of households sharing toilets and 28% of households practising OD. Financial limitations and labour constraints (especially among female-led households), and lack of access to durable toilets and handwashing facility options were established as the greatest barriers to realising access to sanitation and hygiene among the rural communities in the three

Key achievements by household (2017-2019)

77% have access to a toilet (**47% in 2017**)



82% practise hygienic use and maintenance of toilets (**58% in 2017**)



21% have access to a handwashing facility with soap after defecation (**1% in 2017**)





districts. Toilets collapsed as construction did not account for the soil conditions and 98% of toilets (pit latrines) were reported to be leaking since the pits were not lined. As pit emptying, collection and disposal of faecal sludge were not practised in the three project areas – as in most rural areas in Zambia – 42% of households had no toilet or discharged directly into the environment in 2017. Most households (96%) did not have HWWS facilities and the few that had tippy-taps – which are temporary facilities – were prone to destruction by children and animals.

By the end of 2019, all the districts had conducted triggering in line with Zambia's Community-Led Total Sanitation (CLTS) National Guidelines, in which both sanitation demand and good handwashing practices are addressed simultaneously. Households with toilets that leaked reduced to 32% and the proportion of households with no toilet or those discharging directly into the environment fell to 2%. In addition, households using pit latrines with a slab increased by 29 percentage points from

70% at baseline to 99% at endline, with most pit latrines averaging 2.5 metres deep.

The SSH4A programme promoted the availability of affordable toilet options. Masons were trained in each district in the construction of various toilets, including the *Safi* model¹ with a focus on people with disability and the elderly. As a deliberate step to leverage the cost of toilet options, masons were encouraged to accept items in-kind as a payment option, such as agricultural products. This created a flexible payment system, which also included barter and instalment payment.

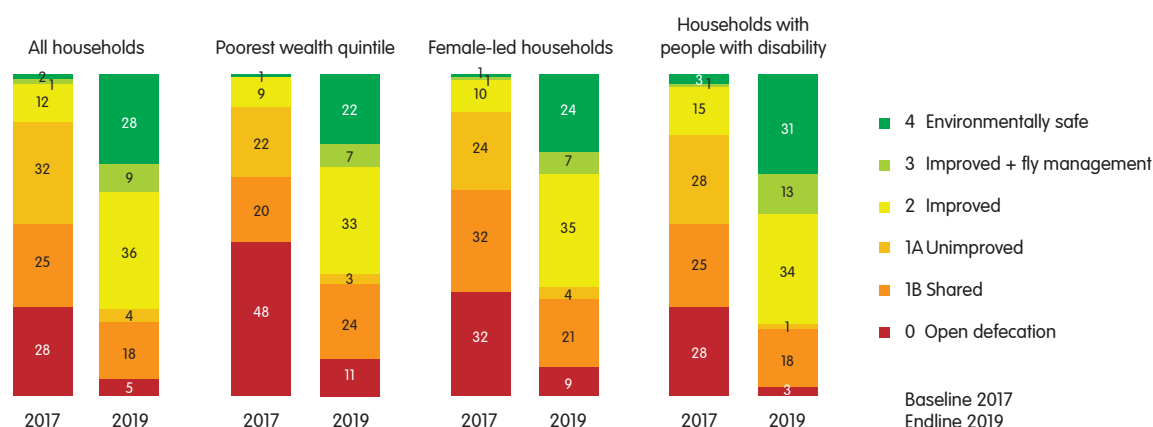
The district structures and sub-structures engaged communities with behavioural change communication (BCC) messages to discourage households from constructing latrines uphill and near water sources, as well as construction of very deep latrines in areas with high water tables to avoid contamination of ground water. Through hygiene (BCC) promotion, households were also encouraged to invest in affordable and durable handwashing stations such as the *Kokola*² as part

¹ Swahili for 'clean'. Safi toilets were designed by SNV through action research and are an adaptation of the easy latrine designed by International Development Enterprises (iDE) in Cambodia. They are affordable and are produced by SNV to meet the durability and safety requirements of households.

² This innovative product was developed under the SSH4A RP initiative. The station is made of metal (for durability), and it has a coat of paint to reduce rusting. At the front of the station is a soap container, reminding individuals to use soap when handwashing. The cylinder device is covered with a top lid, which slides open and closed, and has a tap at the bottom for water to pass through.

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

Access rate: 77% (2019 endline)
47% (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).

of the project's endeavours to change behaviour and enhance knowledge on HWWS at all critical times. Furthermore, increased capacity of Sanitation Action Groups (SAGs) and Community Champions (CCs) in masonry work enhanced the support provided to households in monitoring the quality of toilet construction. Finally, the introduction of a social cash transfer³ provided supplementary funds to vulnerable households to enable them to purchase quality materials and build affordable and appropriate toilets and handwashing stations.

Access to toilets up by 30 percentage points, access to improved sanitation up by 58 percentage points (fig 1)

At endline in 2019, access to sanitation facilities had risen to close to 285,000 households from around 155,000 at baseline. This translates to an increase of 30 percentage points in households accessing toilets between the two surveys.⁴ Access to environmentally safe toilets increased from 2% to 28%, while the proportion of households practising OD reduced from 28% at baseline to 5% at endline. The reduction in households sharing toilets from 25% at baseline to 18% at endline is attributed to the BCC campaigns and targeted monitoring⁵ by CCs, SAGs and Environmental Health Technologists (EHTs).

Access to sanitation among the poorest wealth quintile and female-led households increased by 33 and 34 percentage points, respectively, with the construction of environmentally safe toilets increasing by 21 and 23 percentage points, respectively, despite the financial challenges that these households face. Indeed, the survey revealed that the poor availed of social cash transfer funds from government to build better toilets. Where women were involved in income generating activities, they invested their income in the construction of durable toilets. In households with people with disability, the endline results reveal a 32 percentage-point increase in households that had adopted toilets between 2017 and 2019, and a 28 percentage-point increase in the use of environmentally safe toilets.

Improved sanitation among these three vulnerable groups is attributed to the availability of trained masons at local levels who supported the construction of improved toilet options, post-triggering monitoring by community facilitators and the rollout of BCC activities focused on these groups. Households with people with disability were specifically encouraged to build disability-friendly toilets.

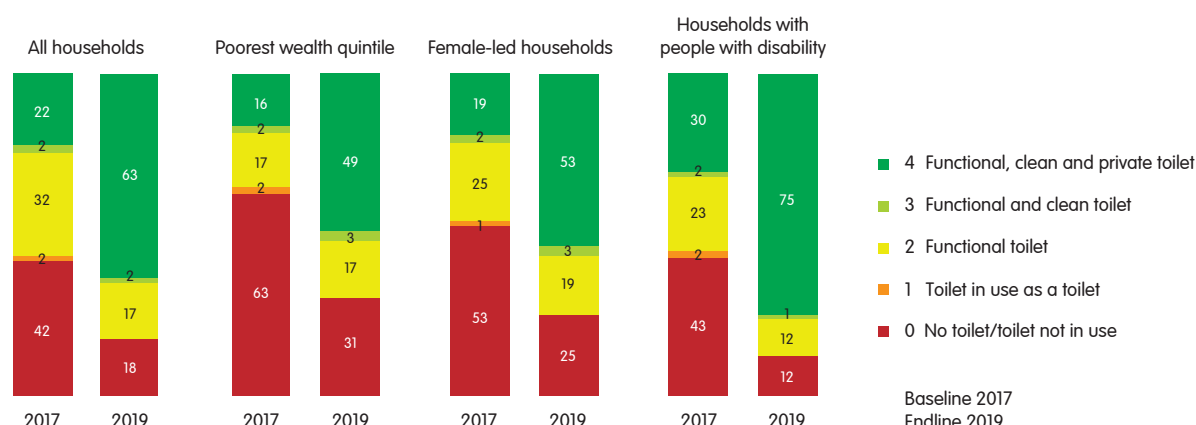
³ Funds given to the poor by the Government of the Republic of Zambia (GRZ) through the Ministry of Community Development and Social Welfare, thereby giving the poor some disposable income.

⁴ 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. Please also note, the percentages given in this briefing are rounded, therefore there may be small variances between these and the raw data.

⁵ This monitoring targeted households that were sharing toilets.

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

Use rate: 82% (2019 endline)
56% (2017 baseline)



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

Hygienic use and maintenance of toilets up by 26 percentage points (fig 2)

By the endline survey in 2019, 82% (92,000) of households hygienically used and maintained toilets compared to 56% at baseline. The sharp rise in level-4 toilets (from 22% to 63% of households) was a result of BCC interventions conducted by CCs that focused on the hygienic management of toilets. By the end of 2019, 236,000 households had functional, clean and private toilets, and the number of households with no toilet or a toilet not in use had dropped to 66,000 (18%).

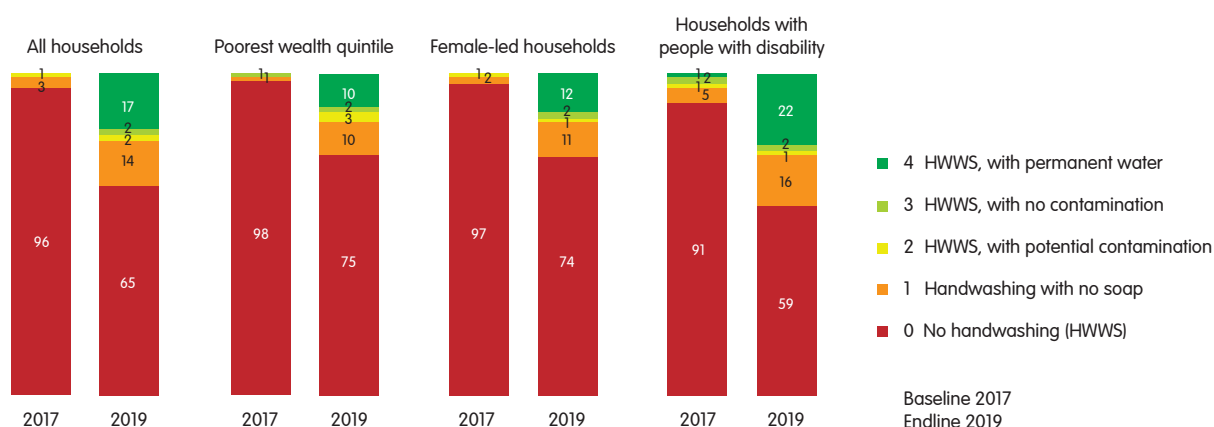
Among the poorest wealth quintile, female-led households and households with people with

disability, the hygienic use and maintenance of toilets increased by 34, 29 and 33 percentage points, respectively. Furthermore, an increase of 33, 34 and 45 percentage points, respectively, was registered for these vulnerable households in terms of those opting for level-4 toilets. Households with no toilets/toilets not in use reduced by 32 percentage points in the poorest wealth quintile, 28 percentage points in female-led households and 31 percentage points in households with people with disability. The BCC interventions conducted by CCs were instrumental in ensuring that these households constructed, used and maintained their toilets in a hygienic manner.



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

Access rate: 21% (2019 endline)
1% (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 20 percentage points (fig 3)

At endline, 21% of households had access to HWS compared to 1% at baseline, with 17% of households having access to HWS with permanent water (compared to 0% at baseline) – this equates to over 115,000 more people gaining access to handwashing between surveys. The proportion of households without handwashing stations reduced to 65% compared to 96% at baseline.

The above progress is attributed to BCC campaigns by hygiene promoters and other community extension workers that promoted handwashing after defecation. BCC campaigns during social gatherings, house-to-house visits and clinic talks for mothers primarily sought district/community buy-in and ownership of the interventions. Wide-ranging topics included how to make cheap and easily accessible handwashing facilities like the tippy-tap; cascading triggering tools such as egg/cassava demonstrations; and providing information on the faecal-oral transmission route, five steps for proper HWS and critical times for handwashing. Role plays and infographics were also used in the campaigns to engage communities. Messages were based on the formative research findings carried out in SSH4A RP Phase 1 districts, as the communities were deemed to be the same, and were designed

to reflect identified motivators such as households wanting to be seen as educated and committed to disease prevention.

The 2019 survey showed a 14 percentage-point increase in access to HWS among households in the poorest wealth quintile as well as female-led ones. Access to HWS in households with people with disability increased by 21 percentage points between surveys. The development of the District CLTS Plans helped steer uptake of HWS among these vulnerable households through focused BCC interventions and campaigns, including demand creation at community level around the construction of toilets and handwashing facilities.

The District Water Sanitation and Hygiene Education (DWASHE) committee⁶ and extension workers were instrumental in steering and implementing sanitation demand creation activities, while the GRZ national sanitation protocols – including the Zambia Open Defecation-Free (ODF) Strategy 2018–2030 – provided guidance on the quality of toilets. The latter defined the parameters for an adequate toilet, which guided the districts and sub-districts in their monitoring work.

⁶ A multi sectoral committee comprised of technocrats from various government departments at district level as well as representatives from non-governmental organisations and the private sector.

Conclusion

While significant progress has been made in the programme districts since 2017, 23% of the population (those who shared a toilet or still practised OD at endline) can be assumed to have been without access to sanitation and hygiene still by the end of 2019 and 4% remained at an unimproved level. Furthermore, effort needs to be exerted to ensure that the 77% with access do not revert to OD or sharing toilets.

To this end, SAGs and traditional leaders, in collaboration with extension workers, should support households without toilets to construct them and support those who already have access to sustain their hygienic use and maintenance. As SAGs form part of each village, the project gains can be sustained and improved upon through continued communication at community level.

Behaviour change is a slow process. Hence BCC campaigns need to be rolled out periodically to ensure that the right target group is reached with appropriate motivators. Such campaigns should be closely monitored to assess effectiveness and be adapted where required. Additionally,

the government should provide dedicated funding to sanitation and hygiene promotion to ensure interventions initiated during the SSH4A programme are sustained.

The DWASHE is a key coordinating platform that has the potential to build broad-based commitment from key stakeholders in the district. It is paramount that the DWASHE exploits the comparative advantages provided by its multi-stakeholder membership from government, civil society and the private sector. Backed by an adequate resource envelope from the local authority and its partners, gains made under the SSH4A programme can be sustained and improved upon by the DWASHE.

Finally, the programme's use of disaggregated data has been appreciated in the sector. Zambia's ODF Strategy for 2018–2030 has already incorporated interventions and recommendations from SSH4A, while a national Water, Sanitation and Hygiene (WASH) communication strategy has been developed, informed by the BCC formative research and BCC strategies developed for the SSH4A RP districts.

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 Zambia is a collaborative initiative with the Government of Zambia. 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 Kumbulani Ndlovu, with support from Rosenell Odondi and Anjani Abella. It was edited by Joanna Fottrell and designed by Belle Phromchanya.

Photos ©SNV
(FRONT) 'Keep Zambia Clean' sanitation and hygiene ambitions of the government coming into fruition
(P2) Chief of Bemba advocating animatedly about good HWWS practice to Lubushi villagers
(P4) Lundu chiefdom celebrates open defecation-free achievement

For more information

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In collaboration with the Government of Zambia, SNV supported local governments to lead and accelerate progress towards area-wide sanitation coverage in rural areas.¹ Between January 2017 and November 2019, the Sustainable Sanitation and Hygiene for All Results Programme (SSH4A RP) was extended to the districts of Chama, Chilubi and Nakonde. The programme reached 373,925 people. The endline achievements are highlighted here. From January 2017 through November 2019...

129,872

people
gained access to sanitation



Access to toilets

65% of the poorest households,
up from 32%

70% of female-led households,
up from 36%

79% of households with people with disability,
up from 47%



74,693

people
began handwashing with soap after defecation



Hygienic use and maintenance of toilets

69% of the poorest households,
up from 35%

75% of female-led households,
up from 46%

88% of households with people with disability,
up from 55%



Handwashing with soap after defecation

15% of the poorest households,
up from 1%

15% of female-led households,
up from 1%

25% of households with people with disability,
up from 4%

¹SNV sought to guarantee that at least 100,000 people gained access to improved sanitation by the end of March 2020, and at least 30,000 people practised handwashing with soap after defecation.



= 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.

For more information

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