



## Sustainable Sanitation and Hygiene for All (SSH4A)

Sustainable Sanitation and Hygiene for All (SSH4A) is SNV's capacity development approach to achieve area-wide rural sanitation and hygiene. SSH4A combines sanitation demand creation, sanitation supply chains development, behavioural change communication and governance. Implemented in households, schools and health care facilities, SSH4A was developed since 2008 and has been carried out in more than 160 districts across 18 countries in Asia and Africa.

### The challenge

Although access to improved sanitation is a basic human right, a third of the world's population still lives without a safe and sanitary toilet. From health impacts to economic losses, the costs of inadequate sanitation are staggering.

Women, girls and vulnerable groups – such as people with disability – are most affected by lack of sanitation and poor hygiene. Rural areas lag behind. Progress in access barely keeps up with population growth and disparities increase. But this is one global crisis that is preventable.

Improving access to sanitation services is essential for public health, wellbeing and

achieving the SDGs. Improved sanitation ensures dignity and minimises the risk of disease, thereby reducing overall vulnerability. Climate change and population growth make basic sanitation even more urgent.

The evidence is there for equitable and sustainable rural sanitation and hygiene interventions to reach scale. What is needed now, are political will, knowledge management and capacity development.



Photo: Entrepreneurs showcasing some sanitation options in Zambia (SNV in Zambia)

### Highlights (2014-2020)



Implemented in more than 160 districts across 18 countries in Asia and Africa



5.4 million people gained access to basic (improved) sanitation facilities... and counting



15 global learning events organised since 2010



Uniform service levels and capacities monitoring system across all countries

## Our approach

SNV's SSH4A approach starts from the recognition that access to water and sanitation is a human right, and that governments are the duty-bearers of the progressive realisation of this right in their jurisdiction. Hence, we strengthen capacity of local authorities to develop and sustain area-wide sanitation service delivery in their area. And to do so in collaboration with the broader group of stakeholders in private sector and civil society.

Specifically, we enhance capacities to:

- steer and implement sanitation demand creation at scale,
- develop sanitation supply chains and monitor performance of service providers,
- introduce and reinforce evidence-based hygiene behavioural change communication – including menstrual hygiene, and
- strengthen WASH governance, accountability and voice.

Users in households, schools and health care facilities are at the centre of our efforts. We understand that to reach all, targeted interventions must be made. With our partners we implement inclusive strategies that address the needs of potentially disadvantaged groups, ensure their meaningful participation, and contribute to greater gender equality and social inclusion at all levels.

Our SSH4A approach emphasises the need to innovate hygiene promotion practice, link it to the sanitation drive, and systematically use evidence to improve its effectiveness and embedding in long-term health promotion strategies.

*Overall, sanitation coverage (by the SSH4A programme) increased by 53 percentage points... a recent systematic review found that sanitation interventions to date have only increased latrine coverage by an average of 14 percentage points.<sup>1</sup>*

<sup>1</sup> P. Apanga, J. Garn, Z. Sakas and M. Freeman, 'Assessing the impact and equity of an integrated rural sanitation approach: a longitudinal evaluation in 11 Sub-Saharan Africa and Asian countries', *Int. J. Environ. Res. Public Health*, vol. 17 51, 1808, 2020; <https://doi.org/10.3390/ijerph17051808>.

We strengthen civil society organisations' (CSOs) capacity in evidence-based advocacy to strengthen government leadership, resources and regulation in WASH. And to create linkages with agencies beyond the sector, e.g., disability and climate change.

Learning and reflection is the driving force in SSH4A. Our team engages routinely in progress measurement. With district stakeholders, we agree upon what worked and what did not; in terms of sanitation access and hygiene behaviours, and within our own capacities and systems. We celebrate small steps of progress and adapt our methods based on identified gaps. Our global knowledge partners, Emory University,

CBM Australia and ISF-UTS support in this. For most countries, the focus is to increase access and use of basic sanitation services and hygiene practices.

For countries and areas that have achieved (nearly) full coverage, SSH4A Phase 2 approach supports in the transition to a service delivery model that is responsive to specific disease outbreaks, avoids possibility of groups reverting back to poor hygiene and ensures safely managed services.

## Our experience

### Sustainable Sanitation and Hygiene for All Results Programme (SSH4A RP) | multi-country | 2014-2020 | € 44M | UKAID

SNV is an RBF WASH pioneer, with external validators reporting increased access to improved sanitation by 4.2 million people due to SSH4A RP. In Ethiopia, Ghana, Kenya, Nepal, Tanzania, Uganda, Mozambique and Zambia, SSH4A contributed to ending open defecation, increased use of safely managed, functional and private toilets, and increased access to handwashing with soap facilities.

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### Nepal Health and Hygiene Activity (HHA) | 2016-2020 | € 4.5M | USAID

In Nepal, HHA is enabling health care facilities' (HCFs) adherence to hygiene and infection prevention best practice and strengthening health workers' capacity to promote good hygiene through training and behavioural change communication activities. It has installed 41 solar PV systems and has engaged in 50 WASH HCF infrastructure works. Reaching over 140 HCFs, the project is led by SNV, with PSI as implementing partner.

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### Sustainable Sanitation and Hygiene for All in Cambodia | 2012-2020 | € 2.6M | Stone Family Foundation

More than 630,000 people in Bhutan have benefitted from SSH4A through the government's adoption of SSH4A in its own national rural sanitation and hygiene programming, RSAHP. In Nepal, SNV's roll-out of SSH4A helped increase improved toilet access to 92%, handwashing facility access to 73% and ended open defecation practice in 116 communities.

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## Our experience

### SSH4A in Bhutan and Nepal | 2014-2018 | € 3.2M | DFAT

More than 630,000 people in Bhutan have benefitted from our approach through the government's adoption of SSH4A in its own national rural sanitation and hygiene programming, RSAHP. In Nepal, SNV's roll-out of SSH4A helped increase improved toilet access to 92%, handwashing facility access to 73% and ended open defecation practice in 116 communities.

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### Supporting Sanitasi Total Berbasis Masyarakat (STBM) in Lampung province | Indonesia | 2014-2017 | € 1.5M | Netherlands embassy in Indonesia

In Indonesia, we strengthened capacity of three districts to take the government's sanitation and hygiene (STBM) programme to scale. In 2017, one district achieved ODF status. Followed by two others in 2019, with support from the SNV-Dutch advocacy collaboration – Voice for Change Partnership (V4CP). We co-designed the national Menstrual Hygiene Management guidelines and introduced improved sanitation targets, which are now being embedded in local planning. Sanitation budget has seen a five-fold increase.

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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. We focus on three sectors and have a long-term, local presence in over 25 countries in Asia, Africa and Latin America. Our team of more than 1,300 staff is the backbone of SNV.

[www.snv.org](http://www.snv.org)

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