



SNV

Zambia – SSH4A Results Programme first mid-term brief



One year after implementation of SNV's Sustainable Sanitation and Hygiene for All Results Programme (SSH4A RP) in Chama, Chilubi and Nakonde districts, 56,669 people had gained access to sanitation and hygiene, and 8,081 people begun practising handwashing with soap after defecation, and open defecation rates had fallen from 28% to 4%.

The Government of Zambia has committed itself to end open defecation by 2030. In collaboration with the government, SNV is implementing SSH4A's four-pillared integrated approach: demand creation, sanitation supply chain development, behaviour change promotion, and WASH governance strengthening. The programme, which runs from January 2017 through March 2020, receives funding from the WASH Results Programme of UKAid and uses a results-based financing model¹. The programme districts were chosen for implementation because of their poor sanitation conditions, distance from cities, and lack of engagement with development partners.

This mid-term practice brief reports progress during the first year of SSH4A RP programme implementation in the three districts. It presents disaggregated sanitation and hygiene outcomes, with data on the districts' most vulnerable groups: the poorest households, female-led households, and households with persons with disabilities (PWD).

The challenge

Financial limitations, labour constraints (especially amongst female-led households), and lack of access to durable toilets and handwashing facility options are the greatest barriers to realising sanitation and hygiene in rural communities in Zambia.

Prior to the application of the SSH4A approach, 28% of the local population were practising open defecation

(OD) and 25% were using shared latrines. Whilst such practices are considered unsafe and unsanitary, their prevalence are likely due to limited access to resources for the construction of a toilet: in cash, labour, or both. In addition, 42% of the population were found to either have no toilets, or toilets that were not in use. The results of the programme's baseline survey² reveal that although communities built toilets in response to behaviour change triggering, a significant proportion are not using them across all wealth quintiles: the poorest households performing the worst.

Illustration 1: Four components of the Sustainable Sanitation and Hygiene for All (SSH4A) approach

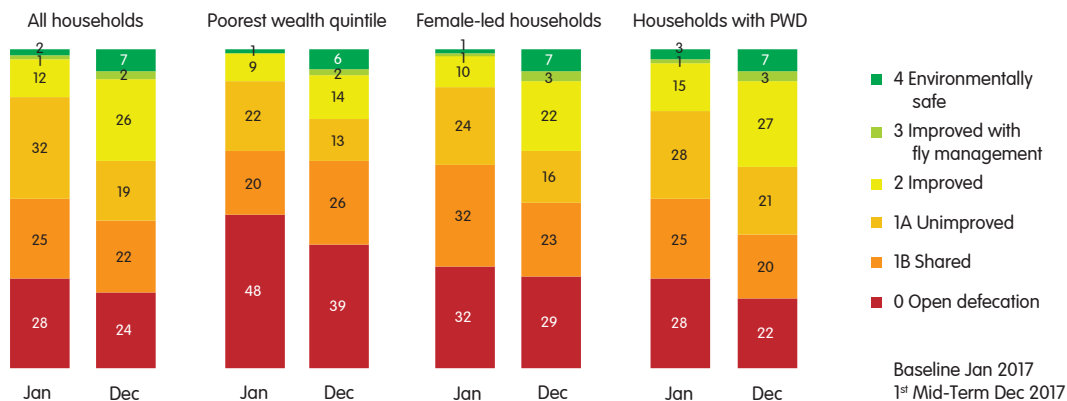


Access to toilet up by 7%, access to improved sanitation up by 20%

Access rate: **54%** (Dec 2017 first MTR)
47% (Jan 2017 baseline)



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



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

ACCESS TO TOILET *(see fig.1)*

During the first year of programme implementation the team raised awareness on diverse toilet options, and promoted informed (household) choice. Increased awareness on SAFI³ toilets (suitable for loose rock formation) and other toilet options led to a 13% reduction in all household use of unimproved toilets, and a 14% increase in access to improved sanitation. Behavioural communication change activities helped 4% of all households abandon OD practice, and encouraged households to upgrade their toilets to National Rural Water Supply and Sanitation Programme (NRWSSP)⁴-compliant ones.

Amongst the poorest wealth quintile, OD practice fell by 9% and use of unimproved toilets by 9%. By end 2017, a marginal 7% increase in overall access to sanitation (from level 1A to 4) was registered.

Between the ages of 15 and 49 years, women are considered to be in their most “active and productive” phase: socially and economically, making them great allies in effecting positive sanitation and hygiene changes. Despite this, the MTR found that 86% of all female-led households continue to lack access to labour and financial resources for toilet construction.

For households with people with disability (PWD), the 6% reduction in OD practice and 11% increase in access to sanitation were attributed mainly to programme interventions and government social cash transfer⁵. At the advice of members of the District Water, Sanitation and Hygiene Education Committee (DWASHE), households with PWDs are allowed to use part of their social cash support to finance toilet construction. Under the government’s Food Security Pack Program and social cash transfer, PWDs receive double the allocation received by other vulnerable groups, such as the elderly and female-led households.

Given the effectiveness of traditional leaders in championing change in communities, the programme will continue leveraging their influence in educational activities to help eradicate OD by 2030. As well, developing specific interventions that offer cost-effective and affordable sanitation options will continue to be a focus. To address the urgent need to end OD, the programme will also intensify efforts to seek for synergies between the components of sanitation demand creation and sanitation supply chains and financing.

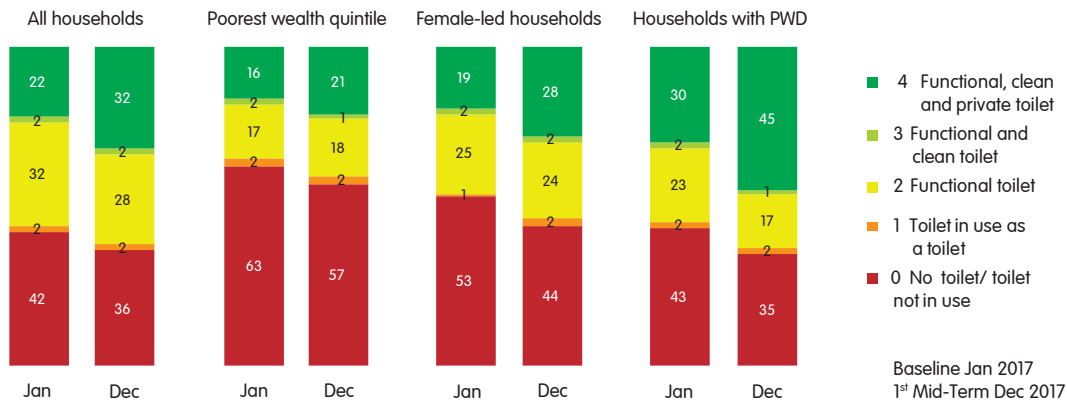


Use of toilet up by 6%, use and maintenance up by 6%

Use rate : **64%** (Dec 2017 first MTR)
58% (Jan 2017 baseline)



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



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

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

Aggregate results of all households show a 6% increase use of hygienic toilets accompanied by a similar reduction in households with no toilets. There was a 6%, 9% and 8% increase in use of hygienic toilets and a similar reduction in those with no access for the poorest wealth quintile, female-led households, and those belonging to PWDs, respectively. By end December 2017, aggregate household results registered a 10% increase on Level 4: the highest gain realised across all levels. This suggests that 'privacy' holds great value for many households.

Within one year of programme implementation, 15% more households with PWDs moved up to level 4, followed by 9% for female-led households, and 5% for the poorest wealth quintile. It is assumed that because some PWDs use walls and the floors as walking aids, issues of cleanliness and privacy are paramount and perhaps, of greater importance compared to the other household categories.

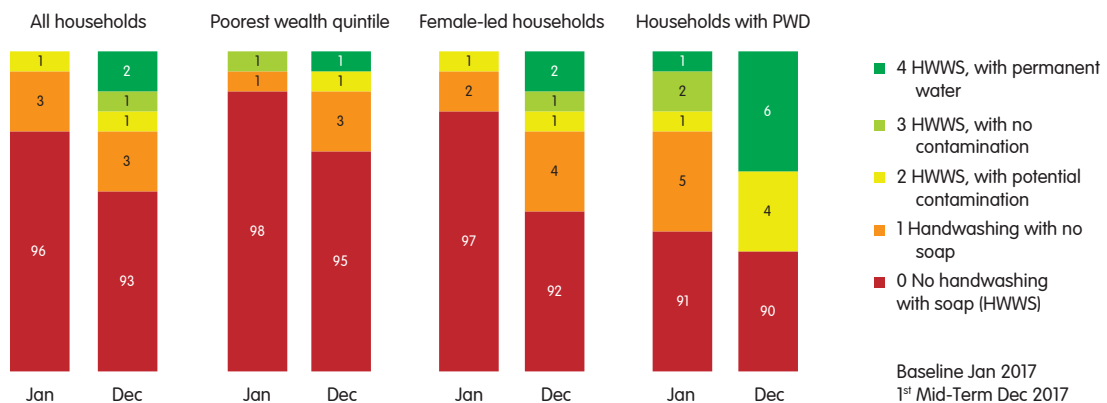
Communities have responded positively to triggering and building toilets, as manifested by the increased proportion of households with access to levels 2-4. But a significant

Access to handwashing facility with soap near a toilet, after defecation up by 3%

Access rate: **4%** (Dec 2017 first MTR)
1% (Jan 2017 baseline)



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



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



In collaboration with the Government of Zambia, SNV supports local governments in leading and accelerating progress in realising area-wide sanitation coverage in the rural districts of Chilubi, Chama and Nakonde. From January through December 2017, the Sustainable Sanitation and Hygiene for All Results Programme (SSH4A RP) main achievements during the first year of implementation are highlighted below.



* Lighter shaded areas reflect those districts that adopted the SSH4A approach earlier. For more information, read: SNV. (2018). Zambia - SSH4A results programme endline brief [Practice Brief].

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's 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, affordable market-based sanitation solutions that address the needs and/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 the '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/exit the toilet. Human faeces do not contaminate surface water or groundwater.
3 Improved with fly management	Human faeces contained and not in contact with humans or animals. No flies or rodents enter/exit the toilet.
2 Improved	Human faeces contained and not in contact with humans and animals. Flies or rodents may be present.
1A Unimproved	Unimproved (private) toilet. Human faeces are not contained, and may be in contact with humans and animals.
1B Shared	Unimproved toilet shared between two or more households. Human faeces are not contained and may be in contact with humans and 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/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 handwashing with soap (HWWS) near a toilet

Indicator level	Description
4 HWWS, with running tap 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 is within an accessible distance, but water container is not covered, and can easily be contaminated when "hands touch the water".
1 Handwashing with no soap	Handwashing station within accessible distance. No soap.
0 No handwashing (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 on 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 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 climb up the 1 Toilet in use as a toilet and 2 HWWS, with potential contamination signify an improvement.

For more information

Solomon Mbeve, SSH4A RP Programme Leader in Zambia

✉ smbewesolomon@snv.org