



## SSH4A Results Programme: Ethiopia 2nd year mid-term review, 2017-18



**Over the last 18 months<sup>1</sup>, an additional 192,261 people gained access to basic sanitation and hygiene (increase from 57,800 people at baseline in January 2017 to 250,061 in August 2018); 247,858 people practised handwashing with soap after defecation (from 521 people); and open defecation rates fell by 97% (from 175,534 to 4,713). These results are based on the household survey conducted in August 2018, under the SSH4A Results Programme, in Este Woreda, Amhara region.**

This second mid-term review (MTR) provides an update on progress made since, and measured against, the baseline survey, which was conducted in January 2017. The 2<sup>nd</sup> MTR presents disaggregated sanitation and hygiene outcomes, with data on the *woredas*' most vulnerable groups: households in the poorest wealth quintile, female-led households, and households with people with disabilities.

### Activities carried out since the 1<sup>st</sup> MTR

In the first MTR, the programme recommended inclusion of hygiene and sanitation in the *woreda*<sup>2</sup> development agenda, and that existing government and community structures be fully engaged in programme implementation. As a result, multi-stakeholder review meetings were held with relevant *kebeles*<sup>3</sup> and *woreda* stakeholders. In addition, intensive follow-up support were conducted jointly by SNV technical staff, and *kebele* and *woreda* local government WASH teams, cluster health centre staff, and school personnel.

By the end of December 2018, 98% of households gained access to improved toilets; progress attributed to multi-stakeholder engagements. Joint planning, implementation, monitoring, and review sessions by SNV programme staff and WASH stakeholders in various government agencies<sup>4</sup> at different administrative levels, built the capacity of government and enabled them to take the

lead in sanitation delivery. These sessions also ensured the programme's alignment with the government's development plan.

### ACCESS TO TOILET (see fig.1)

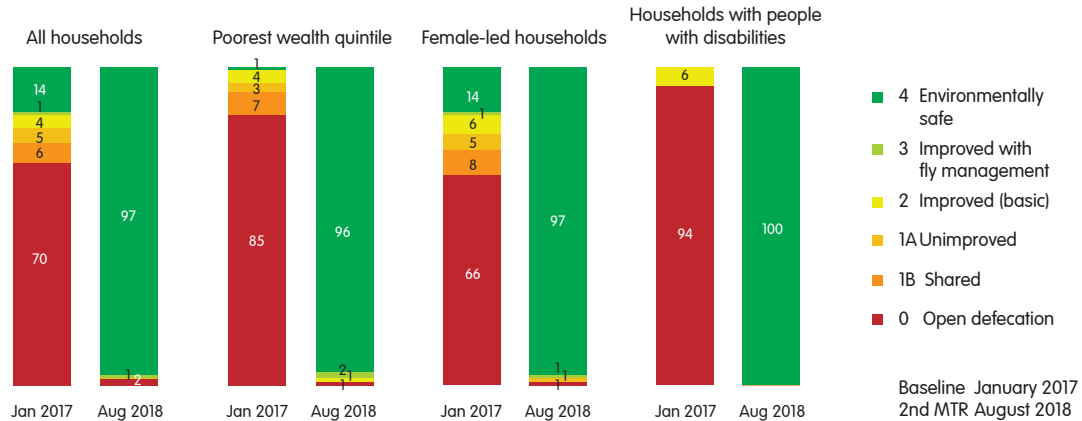
Results from the 2<sup>nd</sup> MTR show 74% increase in access to toilets, and 68% reduction in open defecation practice. Construction of environmentally safe toilets registered highest improvement from 14% at baseline to 97% in the 2<sup>nd</sup> MTR. The main driver for this increased uptake of improved sanitation was the roll out of a community-triggering approach focussed on strengthening 1 to 30 and 1 to 5 networks in communities. Members of 1 to 30 and 1 to 5 Health Development Army Networks were organised to replicate development activities at grassroots level. This meant that community-demand triggering was done through a school-led total sanitation and hygiene approach at development unit level. These networks supported households in the construction, improvement, and sustainable use of their own toilets. Post-triggering support was carried out by village teams on weekly basis, and community bye-laws and hygiene and sanitation regulations were applied to all community members. Monthly progress evaluations were done at cluster *kebele* levels, with on-site feedback to *kebele* leadership. Field reports were submitted quarterly to *woredas* for the *woreda* WASH team's further action. Follow-ups at community level were undertaken by multi-stakeholder

## Access to toilet up by 74%, Access to improved sanitation up by 79%

Access rate: **98%** (Aug 2018 second mid-term review)  
**24%** (Jan 2017 baseline)



**FIGURE 1: Percentage of households with access to toilet, January 2017 to August 2018**



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

teams, involving cluster health centres, programme-based community facilitators, technical WASH members, and the health office team.

In the poorest wealth quintile, open defecation practice fell to 1% (compared to 85% at baseline) in rural areas. This achievement is consistent with the Sustainable Indicator measurement findings, which revealed that 27 out of the 28 focus group discussion participants from the poorest wealth quintile use their own toilets; which have been constructed with locally available materials. Thus, government needs to continue providing follow-up support to enable groups to maintain and use existing toilets.

In female-led households, open defecation practice fell from 66% at baseline to 1%. Prior to the baseline survey, during programme monitoring meetings, female-led

household representatives stated that there was a general assumption that female-led households cannot construct toilets without their male counterparts. Results of the 2<sup>nd</sup> MTR counter this assumption, showing that regardless of wealth, gender or disability, all households were able to build toilets and improve sanitation.

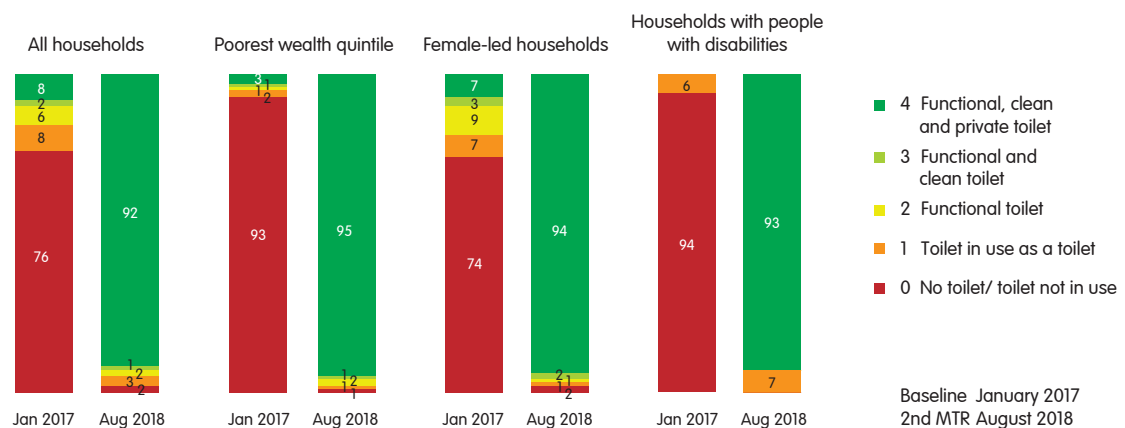
Our 2<sup>nd</sup> MTR results show 100% access to environmentally safe levels of sanitation for households with people with disabilities. Several sanitation exhibitions were organised by the programme to demonstrate wide ranging sanitation options available - such as disability-friendly toilet seats built with locally available materials - to encourage families to make modifications, as needed. Some elderly and persons with disabilities received support from their relatives (family), neighbours and the community to

## Hygienic use and maintenance up by 79%

Use rate: **95%** (Aug 2018 second mid-term review)  
**16%** (Jan 2017 baseline)



**FIGURE 2: Percentage of households' hygienic use and maintenance of toilet, January 2017 to August 2018**



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

construct and maintain toilets. Gradually, people with disabilities are getting used to their new facilities.

To sustain these achievements, the programme intends to undertake intensive behavioural change and communication (BCC) campaigns starting December 2018. BCC promotion will focus on promoting use and maintenance of sanitation facilities, ensuring access to sanitation products and services through marketing centres, and promoting sanitation technology options for various types of impairments that limit toilet use.

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

Results from the 2<sup>nd</sup> MTR show that hygienic use and maintenance of toilets rose by 79%, and most households (92%) have invested in functional, clean, and private toilets. This improvement is attributed to households' increased awareness of key hygiene measures that encourages toilet use and maintenance. These measures include school teachers monitoring toilets in *kebele* development units and households. Community-level promotion of hygiene and sanitation utilises existing communication channels, e.g., government communication affairs and school media, to reach wider community, and reinforce implementation and community ownership. And, awareness-raising sessions on early toilet replacement before it's filled up, as majority of rural communities do live in areas with sufficient land space for replacement.

Intense post-triggering outreach support on hygienic use and maintenance of toilets with focus on potentially disadvantaged groups was done during this intervention period. Support included: review of designs and technical options that meet their needs, community BCC interventions that looked at use and maintenance of

toilets, and one-to-one support on how to clean toilets. The progress, as shown in figure 2, attests to the success of this approach.

To sustain hygienic use and maintenance of toilets, the programme will provide multi-stakeholder BCC training for staff across various levels in government. Training will focus on the roll out of *Woreda* BCC strategy and strengthening capacity to monitor BCC progress.

### HANDWASHING FACILITY WITH SOAP ACCESS *(see fig. 3)*

The 2<sup>nd</sup> mid-term household survey results<sup>5</sup> show that 86% of households are aware that handwashing after defecation is critical. Acting on this knowledge, access to a handwashing with soap (HWWS) facility near the toilet increased by 97%. Most households adopted Level 3 handwashing facilities (88%), with 9% having permanent water. The predominance of access to HWWS is due to prevalence of tippy-taps<sup>6</sup> in most households, with soap or soap alternatives found in many of them. Technical support on water use and construction of tippy-taps was done by the programme implementation team, which also includes government staff. In addition, hygiene promotion outreach campaigns during Global Handwashing Day celebrations across the *woreda*, and other intermittent mini-campaigns, helped to solidify progress.

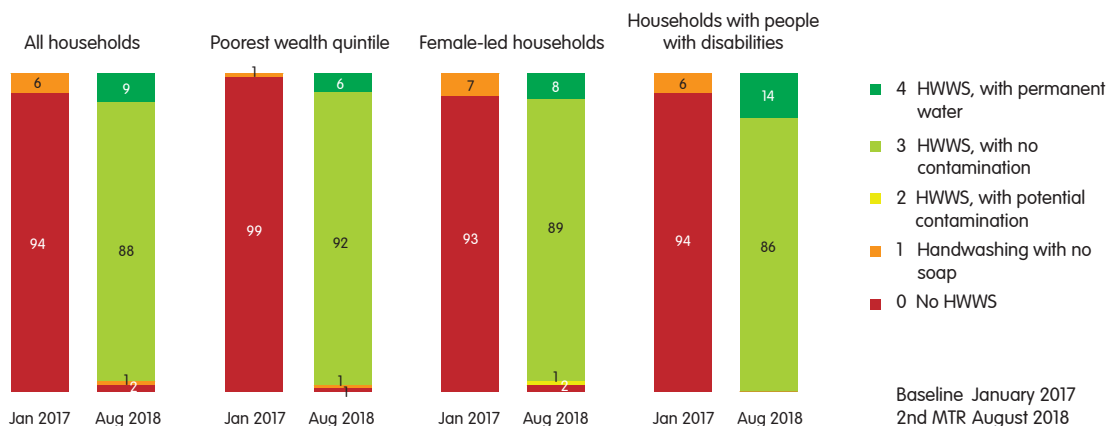
Most households in vulnerable groups (poorest wealth quintile, female-led households, and households with people with disabilities) have invested in Level 3 and Level 4 facilities; an indication that households continue to demonstrate appreciation of the need and benefits of having handwashing stations near toilet facilities.

## Access to handwashing facility with soap near toilet up by 97%

Access rate: **97%** (Aug 2018 second mid-term review)  
**0%** (Jan 2017 baseline)



FIGURE 3: Percentage of households with access to handwashing facility with soap near toilet, January 2017 to August 2018



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



## Key recommendations

✓ The 2<sup>nd</sup> MTR recommends government to continue the rewards system to motivate *kebeles* to improve their sanitation conditions; as stated in the national Community-led Total Sanitation and Hygiene (CLTSH) Implementation, Verification and Certification Guidelines. According to the CLTSH, a *kebele* that has been declared primary ODF (open defecation free) shall be awarded a 'green' flag, and a *kebele* that reaches secondary<sup>7</sup> ODF, shall be awarded a 'white' flag. This will encourage elimination of open defecation, and motivate other *kebeles* to achieve ODF status.

✓ The 2<sup>nd</sup> MTR also recommends further training for sanitation marketing centres and private artisans, under the leadership of *woredas'* Technical Vocational and Enterprises Development Offices (TVEDOs)<sup>8</sup>. These training opportunities will equip participants with know-how and tools to set up effective exhibitions and display centres in communities, and promote toilet products. Lack of knowledge on technical options typically limits the capacity of households to make informed decisions. TVEDO will, on behalf of the government, support trained artisans in the provision of affordable sanitation and hygiene products and (in collaboration with the government sector of administration, health, and education) undertake sanitation monitoring and follow-up services.

## Endnotes

- <sup>1</sup> '18 months' refers to the period between January 2017 and July 2018.
- <sup>2</sup> The basic decentralised administrative unit in the regional states, which has an administrative council composed of elected members.
- <sup>3</sup> The smallest administrative unit of Ethiopia similar to ward, neighbourhood, or localised and delimited group of people.
- <sup>4</sup> WASH stakeholders in this case refer to a composition of different stakeholders responsible for WASH activities that represent health, education, water, agriculture, administration, finance, and women sectors.
- <sup>5</sup> The SNV Ethiopia SSH4A 2nd Mid-term HH report, September 2018.
- <sup>6</sup> A local self-pouring 3-litre jerry can devised with a small hole in the lower part of the can, capped with nail heads after use. The jerry can's cap is held by string to avoid loss. Presence of a tippy-tap is the minimum handwashing device standard for the Ministry of Health in Ethiopia.
- <sup>7</sup> Primary ODF refers to a community free from open defecation practices; while secondary ODF covers higher levels of sanitation by interrogating behaviours related to handwashing with soap, safe water handling, and treatment at household level.
- <sup>8</sup> TVEDO is the government institution mandated to support small and medium-sized enterprises.

## SUSTAINABLE SANITATION AND HYGIENE FOR ALL RESULTS PROGRAMME (SSH4A RP)

SSH4A RP is SNV's largest results-based funded programme to date, which is being implemented in select countries in Africa and Asia. The programme contributes to ending open defecation; increasing the use of toilets that are functional, clean and provide privacy; and increasing access to handwashing facilities with soap (located next to toilet or areas where food is prepared). SSH4A RP in Ethiopia is a collaborative initiative with the Government of Ethiopia. It receives generous funding from UKAID of the Government of the United Kingdom.

The programme concludes in 2020.

### ABOUT SNV

SNV Netherlands Development Organisation is a not-for-profit international development organisation. We provide practical know-how to make a lasting difference in the lives of people living in poverty by helping them raise incomes and access basic services. Our team of 1,300 is the backbone of SNV.

The second SSH4A RP MTR practice brief was prepared by Anne Mutta and Andualem Anteneh, with support from Rosenell Odondi. It was edited by Leslie O'Brien, and designed by Belle Phromchanya.

### Photos ©SNV

**(FRONT)** Global Handwashing Day 2017 celebration at the Mekane-Eyesus primary school (by Meseret Kebede)  
**(P4)** Tsegaye Melkie, farmer from Magot Village, Gindatemem kebele tests his handwashing facility (by Tilahun Adugna)

### For more information

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Suggested citation: SNV. (2019). *SSH4A Results Programme: Ethiopia, 2nd year mid-term review* [Practice Brief].



In collaboration with the Government of Ethiopia, SNV supported local governments in leading and accelerating progress towards area-wide sanitation coverage in rural areas. Between January 2017 and August 2018, the Sustainable Sanitation and Hygiene for All Results Programme (SSH4A RP) was extended to Este Woreda in the South Gondar zone of Amhara National Regional State. The programme aims to improve sanitation conditions of 254,774 people. The second mid-term achievements are highlighted here.

From January 2017 through August 2018...

**Access to toilet**

- 99%** of the poorest households, up from 8%
- 99%** of female-led households, up from 26%
- 100%** of households with people with disabilities, up from 6%



**Hygienic use and maintenance of toilet**

- 98%** of the poorest households, up from 5%
- 97%** of female-led households, up from 19%
- 93%** of households with people with disabilities, up from 0%

**Access to handwashing facility with soap near toilet**

- 98%** of the poorest households, up from 0%
- 98%** of female-led households, up from 0%
- 100%** of households with people with disabilities, up from 0%

**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 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 and services. The performance and appropriateness of the approach is measured by three outcome indicator ladders, adapted from WHO/ UNICEF's Joint Monitoring Programme for Water Supply, Sanitation and Hygiene.

### OUTCOME INDICATOR 1. Progress in access to toilet

Indicator level	Description
<b>4 Environmentally safe</b>	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.
<b>3 Improved with fly management</b>	Human faeces contained and not in contact with humans or animals. No flies or rodents enter or exit the toilet.
<b>2 Improved (basic)</b>	Human faeces contained and not in contact with humans or animals, with the exception of flies or rodents.
<b>1A Unimproved</b>	Unimproved (private) toilet. Human faeces not contained and may be in contact with humans or animals
<b>1B Shared</b>	Unimproved toilet shared between two or more households. Human faeces not contained and may be in contact with humans or animals.
<b>0 Open defecation</b>	No toilet; open defecation.

Outcome indicator 1 measures the presence and quality of toilet within the household.

### OUTCOME INDICATOR 2. Progress in hygienic use and maintenance of toilet

Indicator level	Description
<b>4 Functional, clean and private toilet</b>	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).
<b>3 Functional and clean toilet</b>	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.
<b>2 Functional toilet</b>	Toilet used for its intended purpose. Functional water seal or cover (not blocked).
<b>1 Toilet in use as a toilet</b>	Toilet used for its intended purpose.
<b>0 No toilet/ toilet not in use</b>	No toilet on premises, or toilet not used for its intended purpose.

Outcome indicator 2 measures the general cleanliness and maintenance of toilet within the household.

### OUTCOME INDICATOR 3. Progress in access to handwashing with soap (HWWS) near toilet

Indicator level	Description
<b>4 HWWS, with permanent water</b>	Handwashing with soap within accessible distance. Hands do not touch water source. Permanent water available (running water, or handwashing at well).
<b>3 HWWS, with no contamination</b>	Handwashing with soap within accessible distance. Water container covered properly, with no risk of contamination. Hands do not touch water source.
<b>2 HWWS, with potential contamination</b>	Handwashing with soap within accessible distance. Water container not covered and easily contaminated when hands touch water source.
<b>1 Handwashing with no soap</b>	Handwashing station within accessible distance. No soap.
<b>0 No HWWS</b>	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.

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.

#### For more information

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