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

Over the last 18 months[1], an additional 254,680 people gained access to basic sanitation and hygiene (increase from 79,532 people at baseline in January 2017); 216,162 people practised handwashing with soap after defecation (from 66,030 people); and open defecation (OD) rates fell by 89% (from 278,778 to 30,755). These results are based on the household survey conducted in September 2018, under the SSH4A Results Programme in Nepal's Siraha, Saptari, Bara, Mahottari, and Dhanusha districts.

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

Activities carried out since the 1st MTR

• During this period, the programme initiated a multi-stakeholder, national behaviour change communication (BCC) strategy development process. Under the leadership of Department of Water Supply and Sewerage, the goal was to support implementation of Total Sanitation, following the country's success in realising country-wide open defecation free (ODF) rate of 98%.

• Upon creation of new administrative structures from federal to local levels, the newly elected local representatives and staff of these bodies were oriented on the policy of 'no subsidy' in construction and use of toilets, as a means of continuing momentum for sanitation demand.

• The programme increased number of social mobilisers in districts and targeted all SSH4A programme village development committees (VDCs)/ 'wards' simultaneously. 'Social mobilisers/local resource persons' facilitated/ supported WASH Coordination Committees to plan ODF-

related activities, conduct triggering in communities, and work with different groups (community, women, and youth) for sanitation demand creation. In addition, social mobilisers/ local resource persons encouraged local, private-sector entrepreneurs to provide affordable sanitation products and services and supplies, and conduct regular follow-up in communities. Follow-up work was focussed on monitoring households without toilets to construct toilets, and those with toilets, to maintain their cleanliness. This strategy helped create mass momentum for toilet demand in villages that were lagging behind in sanitation, and meet the government's target to achieve country-wide ODF status.

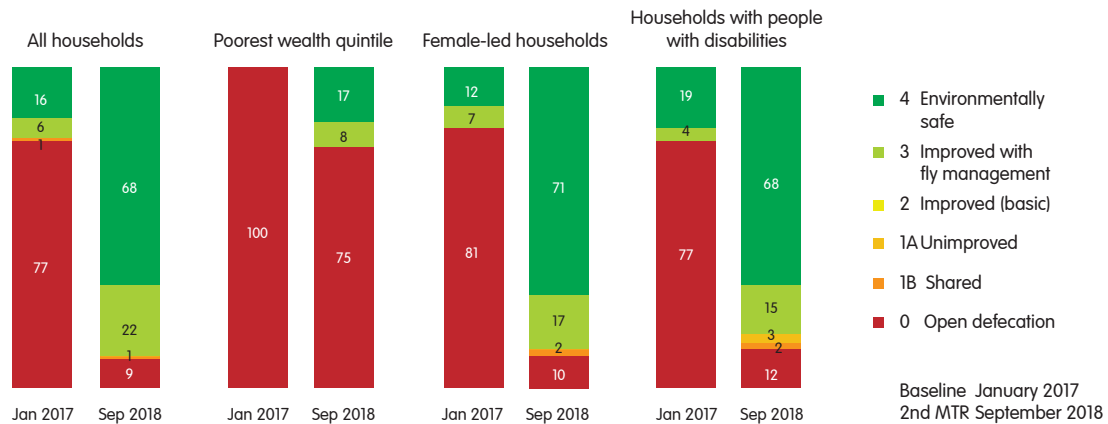### ACCESS TO TOILET *(see fig.1)*

The 2nd MTR results show 68% reduction in OD practice across all households (compared to 77% at baseline), and 52% increase in construction of environmentally safe toilets (compared to 16% at baseline). Adoption of improved quality toilets - Levels 2 to 4 - has improved from 22% to 90%. These achievements are attributed to five key actions. First, the programme's mobilisation of newly established local government bodies to lead sanitation campaigns. Second, equipping women with skills to be in the forefront of sanitation demand activities. Third, facilitating community leaders, activists, youth, organised community groups, health volunteers, and school representatives to roll out the campaign. Fourth, equipping village WASH Coordination Committee with

Access to toilet up by 68%,
Access to improved sanitation up by 68%

Access rate: **90%** (Sept 2018 second mid-term review)
22% (Jan 2017 baseline)

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

Legend:
- 4 Environmentally safe
- 3 Improved with fly management
- 2 Improved (basic)
- 1A Unimproved
- 1B Shared
- 0 Open defecation

Baseline January 2017
2nd MTR September 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.

strategies to reach vulnerable groups. Five, working with sanitation entrepreneurs to provide affordable sanitation products and services suited to varied geographical areas. At baseline, no household had shared toilets amongst the vulnerable groups. The 2% increase realised in this 2nd MTR is because landless households - which previously were not using any toilets - were provided with land by the government to construct shared toilets.

Access to sanitation facilities within the poorest wealth quintile increased by 25%[2], with 17% of households opting to construct environmentally safe toilets. OD practice remains high - at 75% - among ultra-poor households hindering districts from attaining ODF status. Ultra-poor households need support in the form of construction materials, labour, provision of land for shared toilets, etc. According to government policy, pro-poor mechanisms are
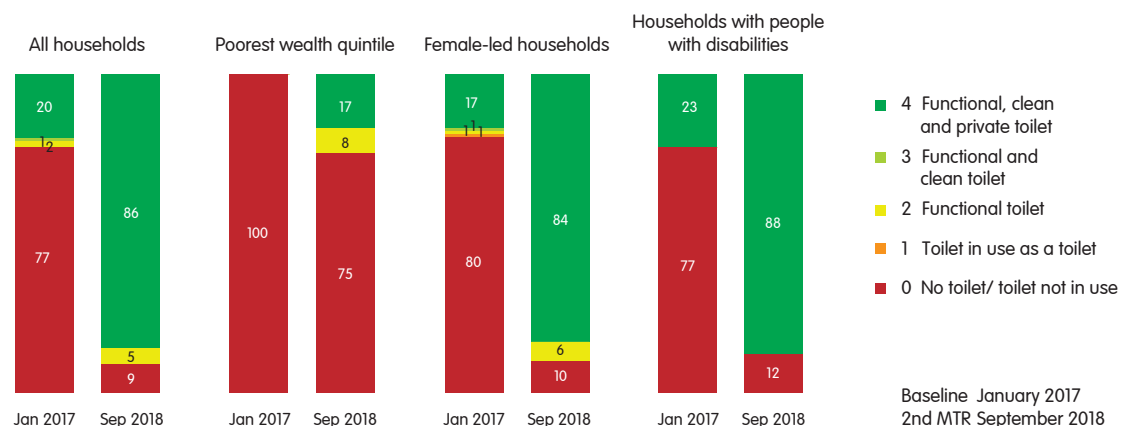
initiated when access to sanitation in a community has reached 80-90%[3]. Hence, the ultra-poor and vulnerable households with access to toilets become more visible as the number of ODF-declared areas increases. In female-led households, OD practice fell by 71% (compared to 81% at baseline), while access to improved sanitation facilities increased by 69% (compared to 19%). Women mobilisers were critical in increasing access amongst female-led households because they could easily conduct house-to-house visits and overcome gender barriers that would otherwise be faced by male mobilisers. Households with people with disabilities had 63% increase in access to sanitation facilities (compared to 23% at baseline), while OD practice reduced by 65% (compared to 77%). The programme specifically supported households with persons with disabilities, adapting their toilets for accessibility and convenience.

Hygienic use and maintenance up by 68%

Use rate: **91%** (Sept 2018 second mid-term review)
23% (Jan 2017 baseline)

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

Legend:
- 4 Functional, clean and private toilet
- 3 Functional and clean toilet
- 2 Functional toilet
- 1 Toilet in use as a toilet
- 0 No toilet/ toilet not in use

Baseline January 2017
2nd MTR September 2018

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

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

Hygienic use and maintenance of sanitation facilities rose by 68% (compared to 23% at baseline), with 86% of households investing in functional, clean and private toilets. The 2nd MTR reveals that 91% of households are effectively maintaining the toilets they constructed, and possess a greater sense of owernship. In the poorest wealth quintile, 17% of households had reached Level 4 with a functional, clean, and private toilet. Female-led households and households with people with disabilities had Level 4 hygienic toilets at 84% and 88%, respectively. Success in hygienic use and maintenance of toilets across all households is a result of adopting the government's 'no-subsidy' approach, i.e., households are expected to invest in, feel ownership of, and are motivated to use toilets that they have constructed. It also shows that people in SSH4A RP extension areas are convinced that using hygienic toilets is beneficial for them.

Using insights from formative research, the programme developed BCC strategies as part of district sanitation strategies, e.g., Mahottari. The strategy focussed on two behaviours, toilet use and handwashing with soap (HWWS), as initial steps to lead to adoption of Level 4 toilets. The roll out was enhanced with use of multiple channels for outreach (e.g., murals, audio campaigns via radio, mass community mobilisation through street dramas, house-to-house visits, and monitoring by different community groups). Behavioural change communication strategies will continue as part of ODF, as well as post-ODF activities so that sanitation behaviours become norm, and will continue after a community has been declared ODF.

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

The 2nd mid-term survey results[4] show 97% of households know the importance of handwashing after defecation. Figure 3 indicates this knowledge has been translated into practice, with 77% of households having access to HWWS facility near the toilet. Prevalence of handwashing stations with permanent water is attributed to common use of hand pumps in the *terai* as the primary water source. Progress in HWWS (77%) closely follows behind progress in access to sanitation (90%). This is a result of twinning BCC campaigns on hygienic use of toilets with washing hands with soap after using the toilet (see results under Outcome Indicator 2).

HWWS facilities in the poorest wealth quintile increased by 8% (from zero at baseline). In female-led households, access to HWWS increased by 56% (from 17%), and in households with people with disabilities, access increased by 55% (from 23%). Amongst the vulnerable groups, the poorest households showed the biggest difference in access to a toilet and HWWS facility. The programme will need to understand further the reasons behind this, and address identified gaps to ensure that everyone gains access to a handwashing facility as part of the government's Total Sanitation campaign. As per the government, ODF campaign is a priority and SSH4A programme focussed on demand triggering for access to toilets. The first focus was on better off households who could build their own toilets. The poorest households were targeted in later stages. Although, BCC initiatives are ongoing side-by-side in all households, the SSH4A programme will intensify BCC campaigns in the poorest households, female-led households, and households with people with disabilities in a post-ODF stage.

Access to handwashing facility with soap near toilet up by 58%

Access rate: **77%** (Sept 2018 second mid-term review)
19% (Jan 2017 baseline)

FIGURE 3: Percentage of households with access to handwashing facility with soap near toilet, January 2017 to September 2018
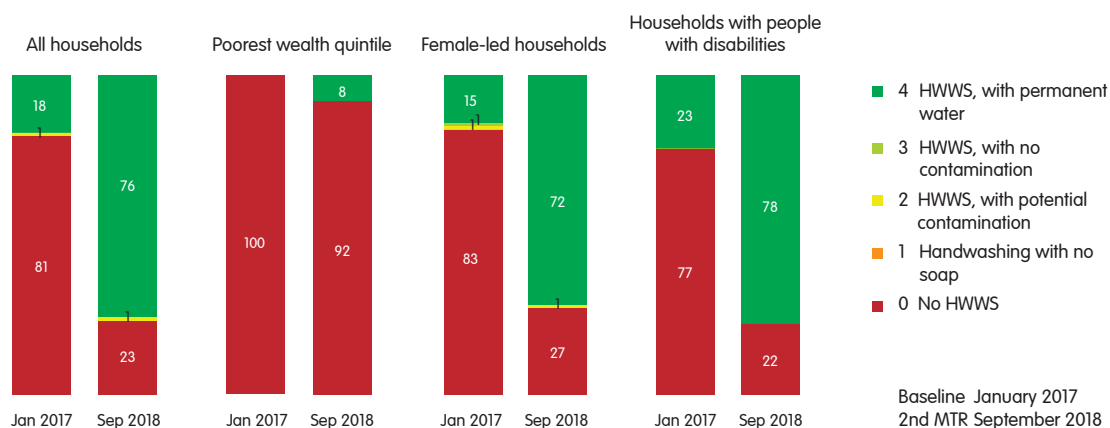
Note: Levels 2 through 4 are considered to indicate access to a handwashing facility with soap.

Key recommendations

✅ Currently, the programme is putting in significant efforts in orienting the newly elected representatives on sanitation and enlisting their support for the sanitation movement. It was found that many of the representatives had campaigned for distribution of 'free' toilets as part of their election manifesto. Therefore, the programme and WASH partners are making efforts to familiarise elected representatives with the 'no-subsidy' policy and practice. Accordingly, local government needs to give priority to strengthening private sector involvement in WASH to achieve ODF targets on time.

✅ Newly elected local government bodies and officials should continuously be mobilised to lead sanitation campaigns and include all key stakeholders (women, youth, activists, community groups, and health and school representatives).

✅ As soon as the ODF objective has been achieved, post-ODF/ Total Sanitation phase will begin as per government's Total Sanitation guidelines. The programme will then focus on continuation of BCC campaigns targeting three key changes in behaviour. One,

25% of ultra-poor households who already have access to toilets but have yet to instill new hygienic behaviours, e.g., using toilets hygienically and washing their hands with soap and water. Two, persons with disabilities, to ensure convenient use of their sanitation facilities. Three, promoting the installation of HWWS stations. The programme will focus on maintaining good coordination, and will work with newly elected local representatives and staff after achieving ODF in programme districts.

✅ Faecal sludge management in the low-lying *terai* belt showed that soil was less permeable and many areas had high groundwater. This means that pits constructed for human waste would start filling up in the coming years, and would need to be managed safely. The programme recommended that development and implementation of strategies on timeliness and safe emptying services be promoted by new local bodies to strengthen household awareness. Engagements in the topic of faecal sludge management will start in 2019, as part of Nepal's post-ODF promotion. Government needs to collaborate with private sector to develop and implement safe emptying services.

Endnotes

[1] '18 months' refers to the period between January 2017 and July 2018.

[2] It is important to note that this population represents the ultra-poor in the districts. The poorest wealth quintile consists of only 0.8% of households within the programme area. As per the programme approach, pro-poor mechanisms are initiated when access to sanitation in a community has reached 80-90%. Hence progress on access to sanitation appears less for the bottom two wealth quintiles.

[3] The programme first creates mass demand; then follows this up with households that have the means to construct toilets. When 80-90% of the community had installed toilets, WASH-CC is facilitated to identify who the vulnerable groups are (ultra-poor; old/ women only HHs; landless) and the type of support they need (materials, labour, land for shared toilet, etc.). The wealthier HHs are encouraged to support HHs because if they defecate in the open, the whole community is affected. Until June 2018, local government had funds to support the sanitation drive (district water supply office also had funds to support ultra-poor). Back then, the WASH-CC examined local government sanitation fund availability, mobilised additional funding from the community (e.g., donations) and groups (e.g., cooperatives), if needed, and negotiated with/ convinced local government to provide land for landless people (government land, private land, land owned by religious institutions) to construct shared toilets.

[4] SNV Nepal SSH4A 2nd Midterm HH report, October 2018.

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Sustainable Sanitation and Hygiene for All Results Programme (SSH4A RP) in Nepal

In collaboration with the Government of Nepal, SNV supported local governments in leading and accelerating progress towards area-wide sanitation coverage in rural areas. Between January 2017 and September 2018, the Sustainable Sanitation and Hygiene for All Results Programme (SSH4A RP) was extended to Siraha, Saptari, Bara , Mahottari, and Dhanusha districts. The programme engages with 368,766 people across five districts. The second mid-term achievements are highlighted here.

From January 2017 through August 2018…

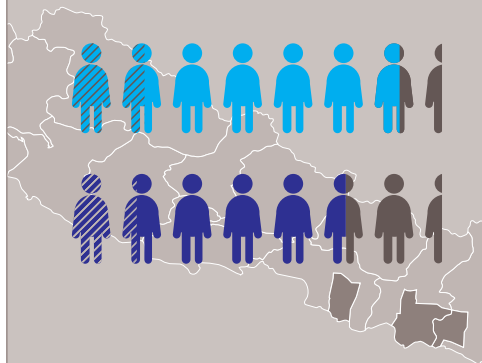**255,000 people** gained access to sanitation

Access to toilet

25% of the poorest house-holds, **up from 0%**

88% of female-led house-holds, **up from 19%**

86% of households with people with disabili-ties, **up from 23%**

216,000 people began handwashing with soap after defecation

Hygienic use and maintenance of toilet

25% of the poorest house-holds, **up from 0%**

90% of female-led house-holds, **up from 19%**

88% of households with people with disabili-ties, **up from 23%**

= 50k People   = Baseline January 2017

Access to handwashing facility with soap near toilet

8% of the poorest households, **up from 0%**

73% of female-led households, **up from 17%**

78% of households with people with disabilities, **up from 23%**

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.

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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
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 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 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 toilet within the household.

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

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.