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



Over the last 18 months,¹ an additional 207,034 people gained access to basic sanitation and hygiene (increase from 454,374 people at baseline in January 2017 to 661,408 in August 2018); 130,621 people practised handwashing with soap after defecation (from 6,330 people); and open defecation rates fell by 57% (from 333,818 to 145,101). These results are based on the household survey conducted in August 2018, under the SSH4A Results Programme in Tanzania's Maswa, Misungwi, Itilima, Msalala/ Kahama, Shinyanga, Arusha Rural, Monduli, and Hanang 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

- Due to low sanitation coverage within the programme districts during the baseline survey, demand creation approaches continued to take precedence. Priority interventions focussed on getting households to appreciate the need for toilets before embarking on supporting them to improve toilets with more durable options (e.g., traditional improved pit latrine).
- The programme introduced and promoted *Safi*² toilets in all districts. The *Safi* toilet was introduced in the market because of the safety it provides (it has concrete rings used to line the pits and protect them from collapsing), its capacity to reduce bad smells (due to the presence of a ventilated improved pit-latrine system), and it is relatively cheaper (US\$ 60 for a 3-ring *Safi* toilet). Other toilet options with similar attributes cost more than US\$ 150.
- In pastoral communities that tend to be culturally conservative and experience difficulties in discussing

issues related to faeces, local leaders were engaged to conduct house-to-house discussions with residents.

- Community facilitators carried out promotional campaigns (at sub-village levels, with support from students and religious institutions) aimed at creating awareness on why a handwashing facility should be constructed whenever a toilet is built. The second message focussed on the importance of practising handwashing with soap. Communities were reached through short videos and films. Use of mass media increased outreach of hygiene messages.

ACCESS TO TOILET *(see fig.1)*

Results from the 2nd MTR reveal that on average, 20% of households have moved up the sanitation ladder and adopted environmentally safe toilets. Forty per cent of households invested in improved toilets (Levels 2–4 on the ladder), which includes 27% of households having environmentally safe toilets. Open defecation (OD) practice fell to 14% compared to 34% at baseline. Access to sanitation increased to 66% (compared to 47%). Support from local leadership, community mobilisation through demand creation, and establishment of 10-cell sanitation networks³ (committees) at village level have contributed to increased access. Modelling improved traditional pit toilet technology has aided in the construction of durable toilets.

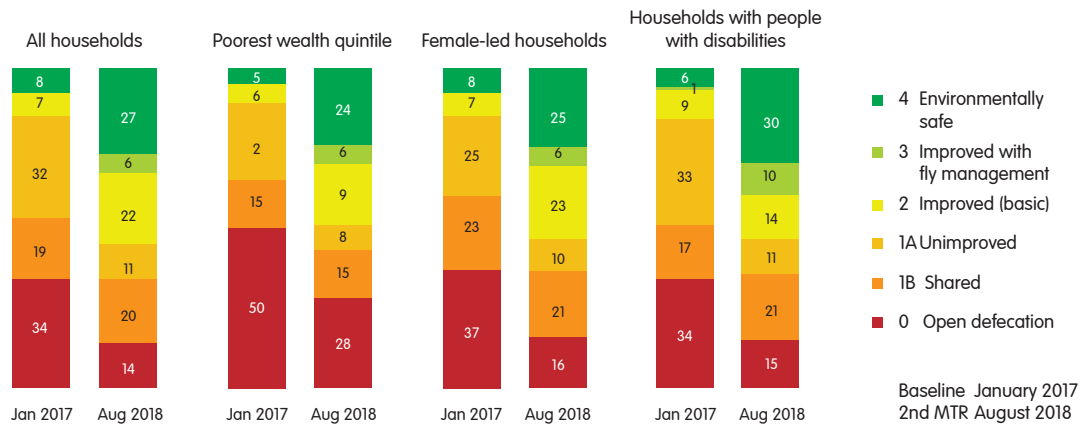
Access to sanitation facilities within the poorest wealth quintile increased by 22%, with a commensurate reduction

Access to toilet up by 68% Access to improved sanitation up by 40%

Access rate: **66%** (Aug 2018 second mid-term review)
47% (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.

in OD practice. With 24% of households in the poorest quintile investing in environmentally safe toilets, there was 38% increase in access to improved toilets (Levels 2–4). Among female-led households, OD practice fell by 21%, with 23% increase in access to improved sanitation. Majority of households in the programme area (90%) are women of reproductive age (15–49 years). To promote their participation, the programme focussed on training female community health promoters in every village to share sanitation and hygiene. This was a strategic decision taken as women tend to be more receptive to female health promoters. In households with people with disabilities, access to toilets increased by 16% with 30% of households adopting Level 4 toilets. OD practice reduced by 20%.

Survey results suggest that sanitation technologies suitable for elderly people ought to be developed as half

of households (49%) have people older than 50 years of age. People with disabilities openly expressed their disappointment that insufficient attention has been given to their sanitation and hygiene needs. Local communities continued to provide support to elderly and people living with disabilities to access local materials, such as trees and grass for construction of improved traditional toilets.

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

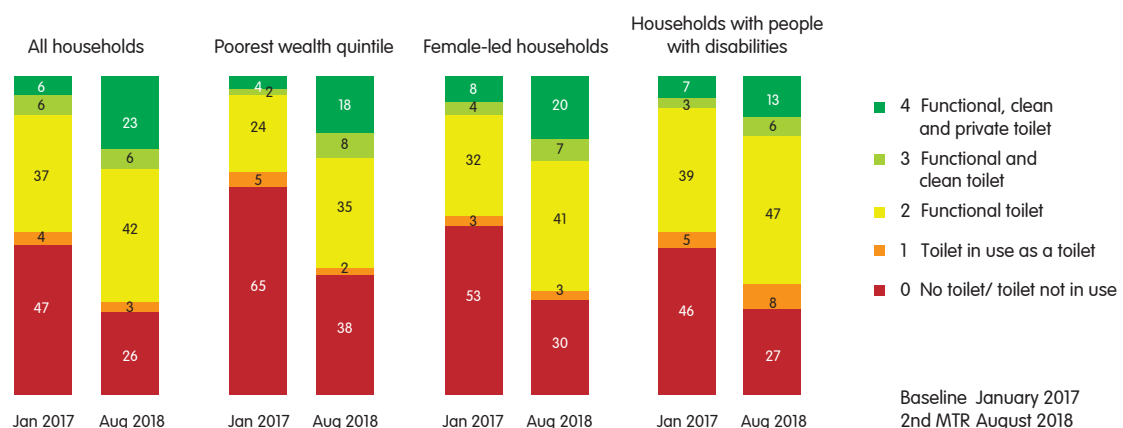
The hygiene messages rolled out during this period focussed on promotion of clean facilities that provide users with comfort and privacy. Increased use and maintenance of toilets is a result of behaviour change communication (BCC) interventions and demand creation whereby households with hygienically maintained toilets rose to 71%, from 49%.

Hygienic use and maintenance up by 22%

Use rate: **71%** (Aug 2018 second mid-term review)
49% (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.

Though anecdotal information from Tanzania indicates that many toilets in rural areas in the poorest wealth quintile are not well used and maintained, the 2nd mid-term survey results show significant improvements in this quintile with 31% increase in households with hygienically maintained toilets. Female-led households and people with disabilities saw 24% and 6% increase in hygienically maintained toilets, respectively. These positive results are attributed to the programme’s BCC outreach campaigns and support provided by local leadership. It confirms that more households are conscious of the health benefits of toilet use, and are willing to invest in improved sanitation.

HANDWASHING FACILITY WITH SOAP ACCESS (see fig. 3)

Handwashing with soap (HWWS) facilities increased by 13% from zero at baseline. Overall hygiene promotion recall increased by 39% in the eight programme districts validating survey results showing 10% increase in households having Level 3 handwashing stations (HWWS without contamination), and suggesting that households have become more conscious of sanitation-related diseases. Reported evidence⁴ shows that higher knowledge of HWWS after defecation is attributed to community-based behavioural change promotions and sanitation demand triggering. Despite this increased knowledge of HWWS, there was only 4% increase in households without access to soap or soap alternatives; an indication that behavioural change in adopting the use of soap remains a challenge.

In the poorest wealth quintile, access to HWWS increased by 15% from 1% at baseline. BCC intervention is needed not only to target the 79% of households that do not have handwashing stations, but also the 5% of households that have handwashing stations but cannot access soap or soap alternatives. Among female-led households, access


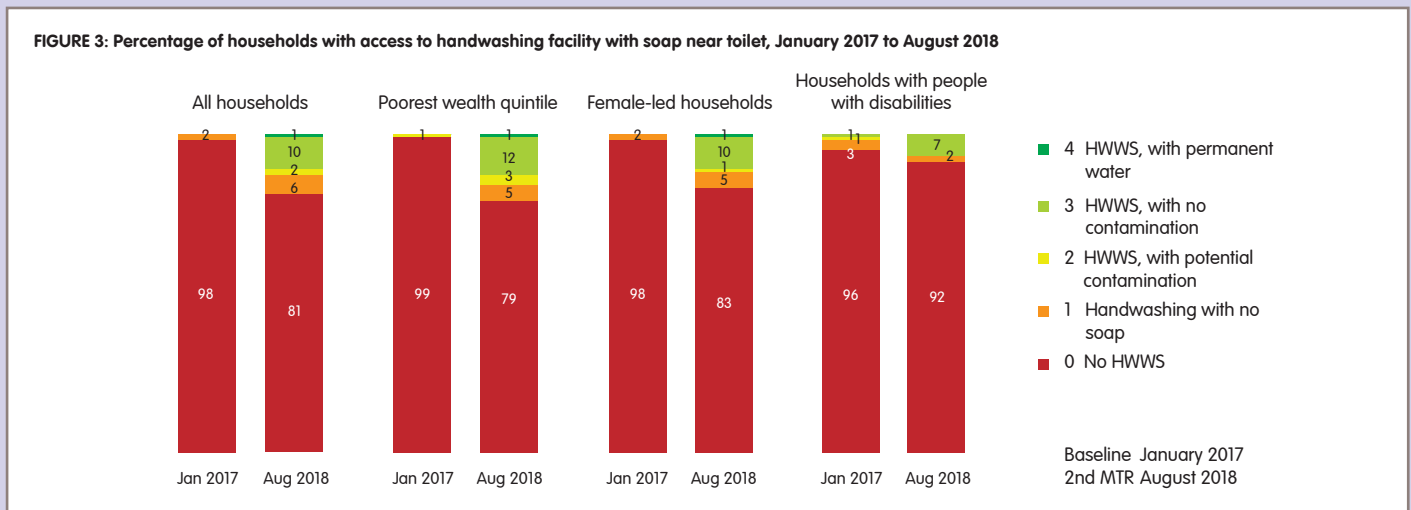
to HWWS after defecation increased by 12%, with 15% reduction of households without handwashing stations. There was 3% increase in households with handwashing facilities but no soap. In households with members with disabilities, access to HWWS increased by 5%, including 4% reduction of households without handwashing stations.

Key recommendations

- ✔ In the period ahead, the programme will give priority to the following interventions that have proven effective: BCC roll out at sub-village levels, improvement of traditional pit toilets through thatching and compacting floors, establishment and strengthening of 10-cell sanitation networks, partnerships with students and faith institutions as agents of change, and sales of *Safi* or other toilets. Local leaders, including councillors, will be given an opportunity to visit good performing districts for experience-sharing and learning.
- ✔ In predominantly pastoralist community districts of Monduli and Arusha, there are many households that constructed toilets because of pressure from local administration. To ensure sustainability, the programme recommends more sensitisation through homestead-to-homestead discussions by respected local leaders, showing BCC films, and the 10-cell sanitation groupings to increase knowledge on the importance of using toilets. Within the same districts, working with traditional leaders (*Oleikwanane*) and Morans, the programme will explore additional measures to reduce the percentage of shared toilets, which are predominantly inhabited by the Maasai community.
- ✔ Use of shared toilets increased across all vulnerable groups mainly due to emergence of trading centres. In pastoralist areas, polygamous households are common, and it is culturally acceptable to share resources; toilets being no exception to this. The programme recommends

Access to handwashing facility with soap near toilet up by 13%

Access rate: **13%** (Aug 2018 second mid-term review)
0% (Jan 2017 baseline)

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



that staff and local leaders be given the opportunity to learn from the best performing neighbouring districts and to receive support in mobilising communities to establish 10-cell sanitation committees, and to construct improved traditional pit latrines.

✓ The programme will continue following-up on households with people with disabilities to ensure that they have access to disability-friendly toilets. The programme will also give priority to the production and sales of pedestals for elderly and people with disabilities.

✓ Changing handwashing behaviour can be a challenge considering the nature of handwashing facilities (especially tippy-taps or closed buckets) since they are susceptible to breakage and/ or theft. Therefore, the programme will intensify its BCC activities and campaigns to ensure door-to-door visits and discussions with families emphasise the benefits of HWWS. Information leaflets on the importance of handwashing will also be disseminated. Hygiene promotion activities will continue to be implemented through local government and community health promoters, mainly in large community gatherings, religious institutions, and schools.

Endnotes

- 1 '18 months' refers to the period between January 2017 and July 2018.
- 2 *Safi* is a Swahili word meaning 'clean'. These toilets are affordable and produced by SNV to meet durability and safety requirements of households.
- 3 In each sub-village, 10 households have formed a group and elected a leader who mobilises, keeps track of, and reports on the sanitation status of each member in the group.
- 4 SNV Tanzania SSH4A 2nd Midterm HH report, September 2018.



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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 Tanzania is a collaborative initiative with the Government of Tanzania. It receives generous funding from UKAID of the Government of the United Kingdom.

The programme concludes in 2020.

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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 Jackson Wandera, with support from Rosenell Odondi. It was edited by Leslie O'Brien, and designed by Belle Phromchanya.

Photos ©SNV

(FRONT) General upkeep of latrines in practice at Misungwi

(P4) Moving away from collapsed latrine scenarios, Misungwi

For more information

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In collaboration with the Government of Tanzania, 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 eight new districts: Maswa, Misungwi, Itilima, Msalala/Kahama, Shinyanga, Arusha Rural, Monduli, and Hanang. The programme engages with 1,022,317 people. The second mid-term achievements are highlighted here.

From January 2017 through August 2018

Access to toilet

- 57%** of the poorest households, up from 35%
- 63%** of female-led households, up from 40%
- 65%** of households with people with disabilities, up from 49%



Hygienic use and maintenance of toilet

- 61%** of the poorest households, up from 30%
- 68%** of female-led households, up from 44%
- 65%** of households with people with disabilities, up from 49%

Access to handwashing facility with soap near toilet

- 16%** of the poorest households, up from 1%
- 12%** of female-led households, up from 0%
- 7%** of households with people with disabilities, up from 2%

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
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.

For more information

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