


**SNV**

## SSH4A Results Programme: Uganda 2<sup>nd</sup> mid-term review, 2017-18



**Over the last 18 months,<sup>1</sup> an additional 119,632 people gained access to basic sanitation and hygiene (increase from 671,712 people at baseline in January 2017 to 791,344 in August 2018); 156 people practised handwashing with soap after defecation (from 40 people); and open defecation (OD) rates fell by 69% (from 188,244 to 62,443). These results are based on the household survey conducted in August 2018, under the SSH4A Results Programme in the districts of Zombo, Pakwach, Mubende, Kyegegwa, Kyenjojo, Kibaale, Kakumiro, and Kagadi in Uganda.**

This second mid-term review (MTR) brief provides an update on the progress made since, and measured against, the baseline survey, which was conducted in January 2017. The MTR presents disaggregated sanitation and hygiene outcomes, with data on the programme districts' 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

- The programme collaborated with district leaders to intensify behaviour change communication (BCC) activities to increase access to handwashing with soap (HWWS). BCC strategies for Sanitation Access and Hygiene Promotion were developed for all programme districts through focus group discussions with communities and with district level stakeholder workshops. Through discussions and workshops, key district-specific BCC messages<sup>2</sup> and communication channels were identified, which included places of worship, village meetings, social functions/ gatherings, illustrated posters, home visits, etc.
- The programme sought the support of local leaders and key persons in the community to manage cultural beliefs

and taboos that impede access to, and delivery of, proper sanitation, such as sharing of toilets. This is common in some programme districts<sup>3</sup> because communities live in homesteads and have communal facilities. The programme focussed on triggering community leaders to use their influence and encourage households to adopt toilet construction. Part of the outreach covered by these leaders included providing information around the practice of safe hygienic behaviours such as HWWS after toilet use.

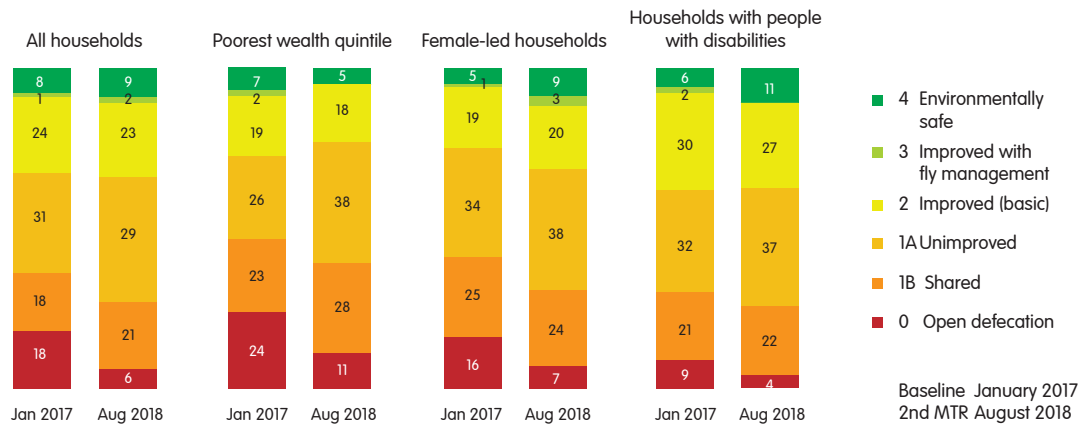
- The programme worked with various stakeholders to intensify public-private partnerships in the construction of low-cost toilets/ handwashing facilities, and the use of locally available and affordable materials. Individual artisans were trained on toilet construction using local materials such as bamboo poles, reeds, and bricks to stabilise the round pits. Private sector players, in collaboration with the programme team and local government staff scaled up BCC and supply chain activities around toilet quality and maintenance improvements. In sludge management, for example, the programme worked with extension workers to sensitise private entrepreneurs, school management, and owners of toilets in rural growth centres on the importance and processes of toilet emptying.

## Access to toilet up by 9% Access to improved sanitation up by 1%

Access rate: **73%** (Aug 2018 second mid-term review)  
**64%** (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.

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

Results from the 2<sup>nd</sup> MTR show that OD practice has reduced by 12% (18% at baseline) and access to sanitation increased by 9% (64% at baseline). The increase is due to combination of actions undertaken by the programme. Some of these actions include retriggering of all villages, strengthening of household monitoring by leaders, and promoting the *Sato pan*<sup>4</sup> through exhibitions in markets. Households continue to face challenges of collapsing soil, especially along the river belts. Technical guidance continues to be extended to households – through extension workers – to stop faecal discharge into the environment. The programme’s demand creation activities have ensured that communities are guided and supported in the construction of environmentally safe toilets.

In-migration and latrine collapse due to loose soils along the Nile belts have resulted in the 3% increase in shared toilets. As new entrants arrived, they either shared in their host household’s toilet, or built makeshift toilets.

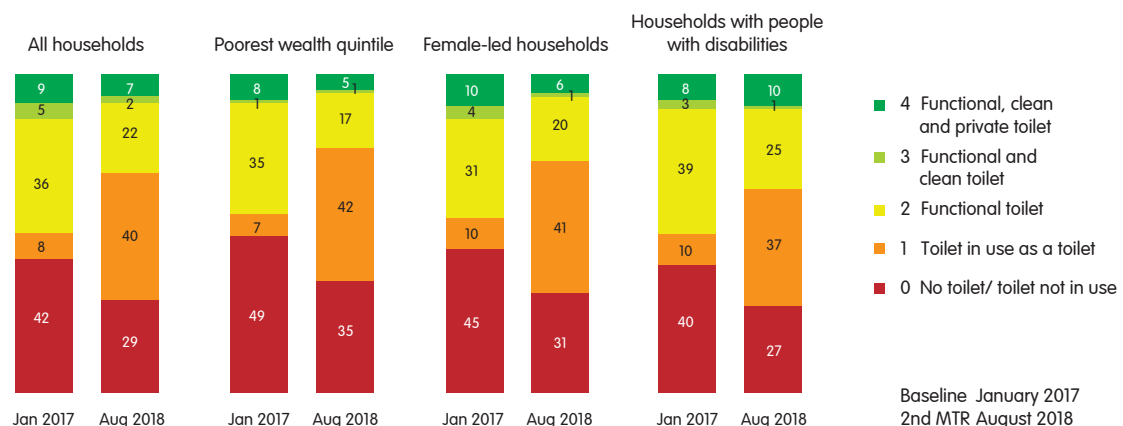
The poorest wealth quintile registered 13% reduction in OD with 7% increase in access to sanitation. Within female-led households, there was 10% increase in access to basic sanitation, with OD practice reduced by 9%. Households with people with disabilities had 4% increase in access to basic sanitation with 11% of households having environmentally safe toilets. The programme, in collaboration with the private sector, will continue to engage more with the poor and poorest groups to agree on support mechanisms and come up with affordable

## Hygienic use and maintenance down by 19%

Use rate: **31%** (Aug 2018 second mid-term review)  
**50%** (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.

sanitation solutions. With support from the programme's research, areas with high disability scores will serve as sites for the promotion of informed choice options to help households modify or construct disability-friendly sanitation facilities.

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

There was 19% reduction in households with hygienically used and maintained toilets (Levels 2-4) (50% at baseline). This drop is explained by the increased number of people in districts, toilet collapse due to loose soils, and/or increased use of shared toilets. These were compounded by a recent change in the delivery approach – once led by local capacity builders, and now by District Environmental Health workers. It is likely that a review of behaviour change communication methods is needed to trigger positive sanitation practice.

There was 32% increase in the number of households with toilets in use as a toilet (8% at baseline), with the number of households with no toilet/ or not in use reduced by 13%. The reduction of households with no toilets is attributed to increased community engagement by leaders on the need to stop OD as the first priority. The programme will continue to reach out to communities by carrying out BCC, coupled with supply chain activities, in order to increase the number of households with access to functional, clean, and private toilets.

The poorest wealth quintile saw 14% reduction in households with no toilets, and 21% reduction in hygienically maintained toilets. Female-led households and those with people with disabilities also registered reduced access to hygienically maintained toilets (at 17% and 14%, respectively). The programme is engaging with

various social groups (e.g., women's, village savings) to communicate behaviour change messages to their members on hygienic use and maintenance of sanitation facilities.

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

Handwashing with soap (HWWS) after defecation registered marginal change. Survey results show 1% increase in access to HWWS while 90% of households do not have handwashing facilities within 10-metres of the toilet. The programme has embarked on BCC campaigns on HWWS with spirited support to enable districts to develop BCC strategies on hygiene.

In the poorest wealth quintile, access to HWWS remained at 5%. Among female-led households, access to HWWS after defecation increased by 12%, with a 15% reduction of households without handwashing stations. In households with members with disabilities, access to HWWS increased by 5%.

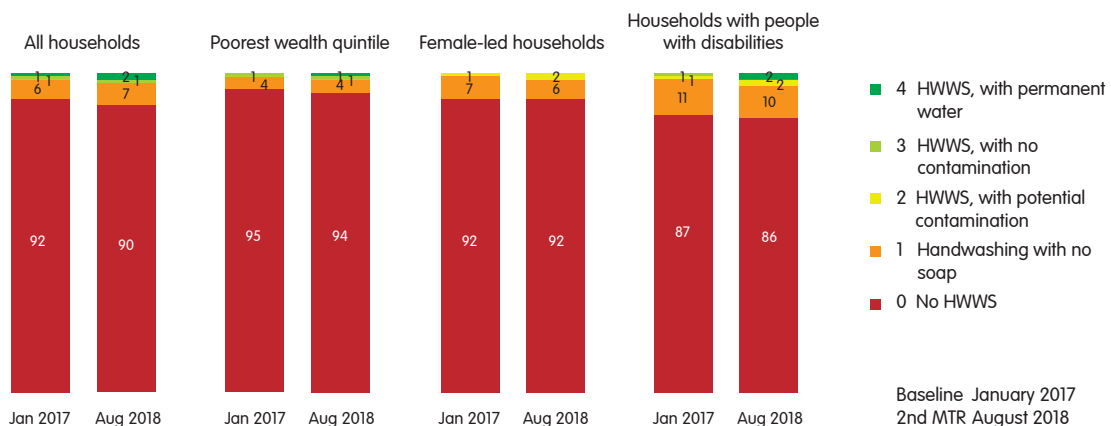
Programme districts, where demand creation activities included HWWS, registered high uptake of installation of handwashing facilities. The target audience for this has been caregivers, children, religious and political leaders. Training on construction of tippy-taps and how to make liquid soap is in the process of being passed on to village savings associations and women's groups. In addition, the programme will also make use of other fora such as elders meeting during Social Action Grant for Elderly (SAGE) funds allocation, youth livelihood forum, and women economic empowerment programmes to sensitise them on access to, and maintenance of, sanitation facilities and the benefits of HWWS stations.

## Access to handwashing facility with soap near toilet up by 1%

Access rate: **8%** (Aug 2018 second MTR)  
**7%** (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

While there has been improvement in people's knowledge of the two critical moments of handwashing (before eating food and after using the toilet); the review findings indicate that handwashing practice around these moments remains low. The programme plans to conduct formative research to identify barriers and motivators on handwashing. This will help accelerate BCC campaigns in all programme districts.

The programme will continue to hold discussions with stakeholders from sub-county to village levels regarding social inclusion. Follow-ups will be carried out using the *MANDONA*<sup>5</sup> approach to improve quality of toilets and upgrade sanitation facilities to be user-friendly for people with disabilities and elderly. The programme has started training parish-based teams on appropriate toilet technologies. Promoters, conducting

community outreach, are already in the field encouraging households to invest in improved toilets (Levels 2-4).

The programme will also trigger heads of households with shared sanitation facilities on the need to construct and use their own toilets. The programme will continue to promote low-cost affordable sanitation technology options (traditional improved pit toilets) using materials such as wooden logs for slabs, and poles for superstructure construction.

Hygienic use and maintenance of sanitation facilities is partly influenced by the quality of the facilities and user's motivation to keep it clean. Under supervision of sub-county extension workers and parish leaders, the programme will continue community follow-ups for sanitation and hygiene improvements and triggering by encouraging community leaders to exemplify good hygienic practice and influence over other community members.

## Endnotes

<sup>1</sup> '18 months' refers to the period between January 2017 and July 2018.

<sup>2</sup> Some of the key messages include:

*'I know what I want for my family. That is why I invest in a good latrine. Build one for yourself today.'*

*'Your hands are your wealth. Wash them with soap after using a toilet.'*

*'Clean children are very intelligent. Wash your hands with soap after using a toilet.'*

<sup>3</sup> SNV Uganda SSH4A 2nd Midterm HH report, September 2018.

<sup>4</sup> The Sato pan is designed as a plastic mold that fits into a concrete base over a pit, which means it can be used even when basic plumbing or sewer infrastructure is absent. It derives its name from 'Safe Toilet'—an attempt to limit the transmission of disease by ensuring that toilets being used are closed off from the open air, thus preventing insects or other vectors from communicating those diseases.

<sup>5</sup> Follow-up *MANDONA* (FUM) is an action-oriented, collective approach for post-triggering follow-up visits, accelerating the end of OD after initial CLTS-triggering session. Based on CLTS principles, FUM involves a series of facilitated sessions with the entire community to reinforce behaviour change and collectively undertake small, immediate, and doable actions to become ODF in the shortest time possible.



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

The programme concludes in 2020.

### SNV Netherlands Development Organisation

SNV 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, Joe Lambongang and Dennis Lakwo Odong, with support from Rosenell Odondi. It was edited by Leslie O'Brien and designed by Belle Phromchanya.

Photos ©SNV/ Emmanuel Museruka

**(FRONT)** Sanitation champion extends service to a household in Kibale district

**(P4)** Resident with visual impairment uses a stick to make his way to the latrine

### For more information

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In collaboration with the Government of Uganda, 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 districts: Zombo, Pakwach, Mubende, Kyegegwa, Kyenjojo, Kibaale, Kakumiro, and Kagadi. The programme reached 1,080,333 people. The second mid-term results are highlighted here.

From January 2017 through August 2018...

**Access to toilet**

- 61%** of the poorest households, **up from 54%**
- 70%** of female-led households, **up from 59%**
- 75%** of households with people with disabilities, **up from 71%**

**119,600**

people gained access to sanitation



**160**

people began handwashing with soap after defecation



= 100k People



= Baseline January 2017

**Hygienic use and maintenance of toilet**

- 23%** of the poorest households, **down from 44%**
- 28%** of female-led households, **down from 45%**
- 36%** of households with people with disabilities, **down from 50%**

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

- 2%** of the poorest households, **from 1%**
- 2%** of female-led households, **from 1%**
- 4%** of households with people with disabilities, **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
<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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