



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



Over the last 18 months¹, an additional 182,680 people gained access to basic sanitation and hygiene (increase from 156,396 people at baseline in January 2017 to 339,076 in August 2018); 81,892 people practised handwashing with soap after defecation (from 339 people); and open defecation (OD) rates fell by 21% (from 28% to 7%). These results are based on the household survey conducted in August 2018, under the SSH4A Results Programme in Zambia's Chama, Chilubi, and Nakonde 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

- There is need for durable toilet options and handwashing facilities able to withstand specific soil properties and climate conditions in Northern and Muchinga Provinces. In response, the programme continued to lay emphasis on the need for universal access to sanitation by promoting informed choice materials, which include various toilet and handwashing station options suitable for loose soil formations, warm weather, and areas that are swampy or prone to flooding.
- Community champions, hygiene promoters, and traditional leaders (chiefs) worked together with private sector in scaling-up affordable sanitation and hygiene options, and income generating activities, in the three most vulnerable types of households, i.e., female-led households, people with disabilities, and low-income households.
- Households with unimproved toilets were engaged through community champions and Sanitation Action

Groups (SAGs) and encouraged to improve their toilets to meet toilet adequate parameters in line with national guidelines and move up the sanitation and hygiene ladders.

ACCESS TO TOILET *(see fig.1)*

Results of the 2nd MTR show 27% increase in access to sanitation and 21% reduction in OD practice. Access to improved sanitation (Levels 2 to 4 toilets) went up by 50% (compared to 15% at baseline), showing an increase in awareness and importance of quality toilet construction. There was 5% drop in shared toilets across all households. These improvements are attributed to the programme's behavioural change communication (BCC) campaign activities and increased awareness of importance of upgrading toilets to National Rural Water Supply and Sanitation Programme (NRWSSP) standards. The programme provided bicycles to all chiefs facilitating follow-up, monitoring implementation of sanitation and hygiene interventions at village level, and bi-monthly meetings with residents. In addition, all villages were triggered by community champions (supported by environmental health technologists, community health assistants, Sanitation Action Groups (SAGs), chiefs, and District Water and Sanitation Health (DWASHE) members) to monitor sanitation structures and push for attainment of open defecation free (ODF) status.

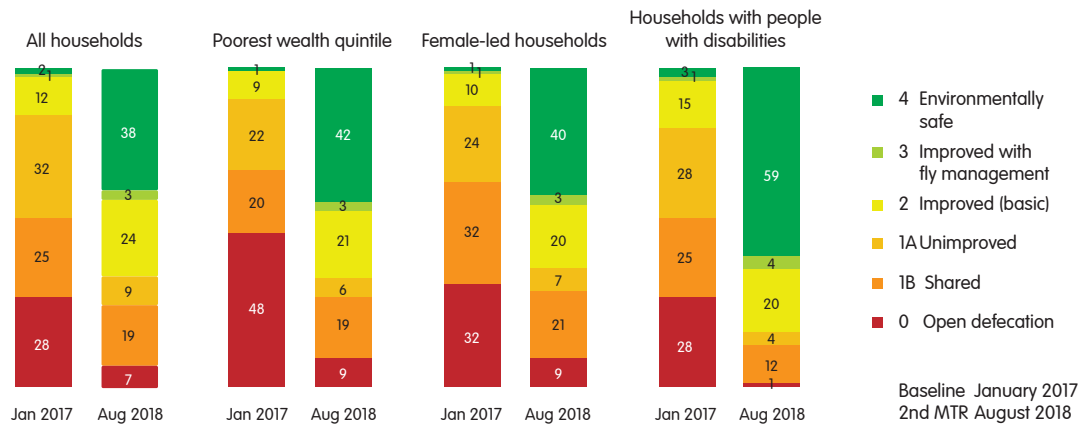
Households in the poorest wealth quintile showed 40% increase in access to sanitation with only 9% still practising OD. In general, the 56% increase in access to improved toilets amongst the poorest is attributable to triggering

Access to toilet up by 27%, Access to improved sanitation up by 51%

Access rate: **74%** (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.

and sensitisation activities, through interpersonal communication by SAGs, encouraging households to construct their own toilets using local materials. In female-led households, the results show 34% increase in access to sanitation with 23% reduction in OD practice. The programme focussed on ensuring women invested in constructing durable toilets resulting in 63% increase in improved toilets (Level 2 to 4), as compared to 12% at baseline. In households with people with disabilities, OD practice reduced by 27% with access to sanitation going up by 40%. Improved sanitation among these three vulnerable groups is attributed to the establishment of SAGs that champion and monitor demand-creation interventions at village level. Toilet construction requires labour and/ or cash, thus the SAGs ensured that vulnerable types of households, including those with elderly, received support to construct sanitation and hygiene facilities. This

was done by mobilising community members at village level and asking them to construct toilets for people with disabilities and elderly with no relatives who could help. In cases where a person with disabilities was a member and not head of a household, SAGs engaged household heads and challenged them to build a suitable toilet.

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

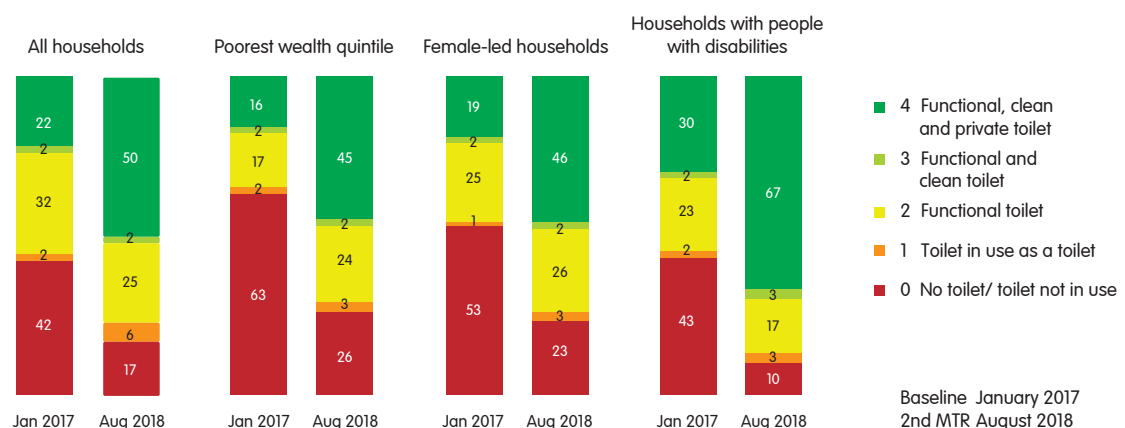
Hygienically maintained toilets (Levels 2 to 4) increased by 21% (compared to 56% at baseline) with at least 50% valuing 'privacy' by maintaining functional, clean, and private toilets. Households without toilets or those not using their toilets reduced by 25% (compared to 42%). These improvements show that BCC interventions after CLTS-triggering is impacting behaviour change as residents are building and using their toilets with focus on maintaining

Hygienic use and maintenance up by 21%

Use rate: **77%** (Aug 2018 second mid-term review)
56% (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.

privacy. Hygiene and sanitation are intertwined; therefore, community champions and SAGs were engaged to provide intensive CLTS-monitoring and support households on how to hygienically use and maintain toilets.

In comparison to baseline results², within the three vulnerable groups, households with the highest increase in adopting hygienically maintained toilets were from the poorest wealth quintile (increase of 36%), followed by those with people with disabilities (32%), then female-led households (28%). Conversely, households most likely to have functional, clean, and private toilets are those of persons with disabilities (67%), followed by female-led households (46%), and the poorest wealth quintile (45%). The increase in Level 4 toilets among people with disabilities is probably because walls and floors can be used as walking aids thus requiring both cleanliness and privacy.

There is still need for more intensive BCC to ensure that people's behaviour towards OD, construction of, and hygienic use and maintenance of toilets is fully impacted and continues to change and improve. The programme will support districts to orient SAGs with necessary skills on hygienic use and maintenance of toilets so that they can sensitise households as they conduct CLTS monitoring in villages. Training in BCC will also be rolled out to district and sub-district staff. In addition, the programme will focus on specific programme interventions targeting vulnerable groups such as reviewing low-cost sanitation options.

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

Comparison of results between baseline and the 2nd MTR³ shows improvement in access to handwashing with soap (HWWS). There was 26% increase in households accessing HWWS facilities (from 1% at baseline). At least 23% of households adopted handwashing facilities with running water (considering no household had a HWWS facility with running water at baseline). This improvement

is attributed to the fact that HWWS was included as one of CLTS-triggering activities, in addition to follow-up sessions undertaken by community champions, and ODF campaign interventions by traditional leaders. The DWASHE members and key stakeholders promoting hygiene and sanitation in the districts urged households to construct adequate toilets where one of the parameters of 'adequacy' is presence of HWWS station. Households have also adopted tippy-taps⁴, which are easy to make using local materials and empty containers. The challenge was in households' access to soap (Level 1 on the measuring scale), which increased from 3% to 17%. Although households did practise the habit of handwashing, this was done without soap. There is need to re-strategise BCC promotional messages and emphasise the benefits of using soap after defecation.

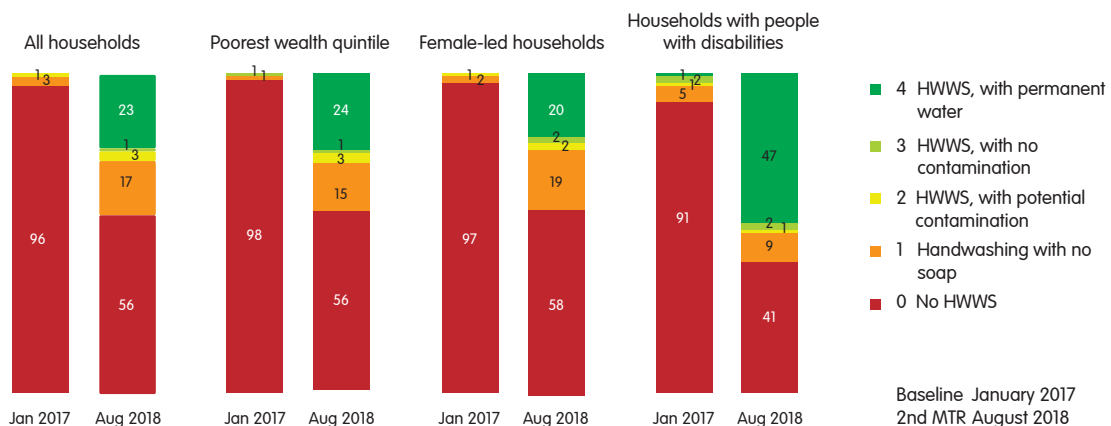
Households belonging to the poorest wealth quintile had 27% increase in access to HWWS. Households without handwashing stations decreased by 42%. Female-led households had 23% increase in access to HWWS. Survey results⁵ show that though 27% of women are in reproductive age group of 15-49 years, they are disadvantaged on two grounds. First, 43% of these households fall under the poorest wealth quintile. Second, traditionally and culturally, they are less likely to realise self-development as they do not own property like land, and generally do not get involved in economic activities such as fishing, which is labour intensive. Hence, there are more female-led households than male-led ones in the lower wealth quintiles. Thirty-nine per cent of households in the poorest wealth quintile had people with disabilities, yet households with people with disabilities had 46% increase in access to HWWS. The programme will continue to support all district and sub-district structures to ensure that adequate awareness is made, focussing on all households, regardless of wealth status, gender or physical ability, and that technology design options will consider people with disabilities.

Access to handwashing facility with soap near toilet up by 26%

Access rate: **27%** (Aug 2018 second mid-term review)
1% (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 programme recommends district-wide monitoring of sanitation and hygiene to ensure effective implementation of interventions under sanitation demand-creation activities in order to accelerate ODF attainment by chiefdoms.
- ✔ In order to ensure the programme continues to be entrenched in local government structures for sustainability purposes, effort should be directed at engaging decision makers so that local authorities can start planning and funding some of the implementations.
- ✔ The programme will continue working with chiefs until chiefdoms are declared ODF. In addition, encourage community champions, hygiene promoters, and traditional leaders to enrich district-wide CLTS-interventions by encouraging construction of improved toilets based on NRWSSP parameters. Focus will continue to be on mobilising and orienting SAGs and community champions to support and make informed follow-up visits to households. Also, promoting informed toilet technology options by ensuring trained artisans and entrepreneurs can provide top-end durable and affordable selections to enable all households to move up the sanitation ladder.
- ✔ All community champions will give equal attention to handwashing and

CLTS re-triggering, which would be complemented by intense hygiene promotion activities. These achievements will be sustained three ways. First, by continually engaging communities and intensifying BCC interventions that promote HWWS. Second, through capacity development of district and sub-district staff to promote handwashing at critical times. Third, in synergy with Sanitation Supply Chain and Finance component, implement BCC activities to ensure availability of durable and affordable handwashing options for all households and, promotion of benefits of using soap or soap alternatives. Entrepreneurs should also be engaged to consider selling soap in smaller quantities to improve affordability. BCC training provided to SAGs will also equip them with necessary skills that will influence behaviour change at community level and increase awareness of handwashing at critical times.

- ✔ The programme recommends the need for enhanced collaboration amongst and between key stakeholders, such as traditional leaders who exert tremendous influence on their subjects, Ministry of Health staff, especially environmental health section, and through respective sub-district and district WASH committees, in order to sustain the gains being made in the programme districts.

Endnotes

- ¹ '18 months' refers to the period between January 2017 and July 2018.
- ² SNV Zambia SSH4A 2nd Midterm HH report, October 2018.
- ³ SNV Zambia SSH4A 2nd Midterm HH report, October 2018.
- ⁴ Tippy-tap is a simple, innovative device operated by foot lever and designed to dispense flowing water in small amounts for washing hands. It is especially appropriate for rural areas where there is no running water.
- ⁵ SNV Zambia SSH4A 2nd Midterm HH report, October 2018.



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

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

The programme concludes in 2020.

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

Photos ©SNV/ Solomon Mbewe

(FRONT and P4) More and more households are now practising handwashing with soap in the programme districts of SSH4A RP in Zambia

For more information

Kumbulani Ndlovu
SSH4A Project Leader in Zambia
✉ kndlovu@snv.org



In collaboration with the Government of Zambia, 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 the districts of Chama, Chilubi and Nakonde. The programme reached 366,830 people. The second mid-term achievements are highlighted here.

From January 2017 through August 2018

Access to toilet

- 72%** of the poorest households, **up from 32%**
- 70%** of female-led households, **up from 36%**
- 87%** of households with people with disabilities, **up from 47%**

182,700

people gained access to sanitation



81,500

people began handwashing with soap after defecation



= 50k People



= Baseline January 2017

Hygienic use and maintenance of toilet

- 71%** of the poorest households, **up from 35%**
- 74%** of female-led households, **up from 46%**
- 87%** of households with people with disabilities, **up from 55%**

Access to handwashing facility with soap near toilet

- 28%** of the poorest households, **up from 1%**
- 24%** of female-led households, **up from 1%**
- 50%** of households with people with disabilities, **up from 4%**

NB: Unless stated otherwise, most data above reflect the aggregated household-level results of the second mid-term review household survey conducted by SNV and partners between August and September 2018.

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

Kumbulani Ndlovu, SSH4A Project Leader in Zambia

✉ kndlovu@snv.org