



## Ethiopia – SSH4A Results Programme Extension endline brief

Between 2017 and 2019, over 198,000 more people gained access to sanitation and hygiene; almost 256,000 more people practised handwashing with soap (HWS) after defecation; and open defecation (OD) rates fell from 70% to 1%. These results are based on the Sustainable Sanitation and Hygiene for All Results Programme (SSH4A RP) household survey conducted in December 2019 in Este *woreda* in the Amhara region in Ethiopia.

This endline practice brief summarises key achievements of the *woreda* – equivalent to a district in other countries – since the programme commenced, with progress measured against the baseline survey conducted in January 2017. Disaggregated sanitation and hygiene outcomes are presented, with data on the *woreda*'s most vulnerable groups: households in the poorest wealth quintile, female-led households, and households with people with a disability.

The 2017 baseline survey showed that, before the SSH4A RP began in the *woreda*, 70% of residents had no toilets or were practising OD and only 24% of them had access to toilet facilities. Of households with people with disability, 94% had no access to toilet facilities and a similar proportion had no handwashing station. Most of the *kebeles* – the smallest administrative unit, equivalent to a ward or neighbourhood – that had been declared OD-free (ODF) before 2017 had

### Key achievements by household (2017-2019)

**99%** no longer practise open defecation



**99%** have access to a toilet (**24%** in 2017)



**99%** practise hygienic use and maintenance of toilets (**16%** in 2017)

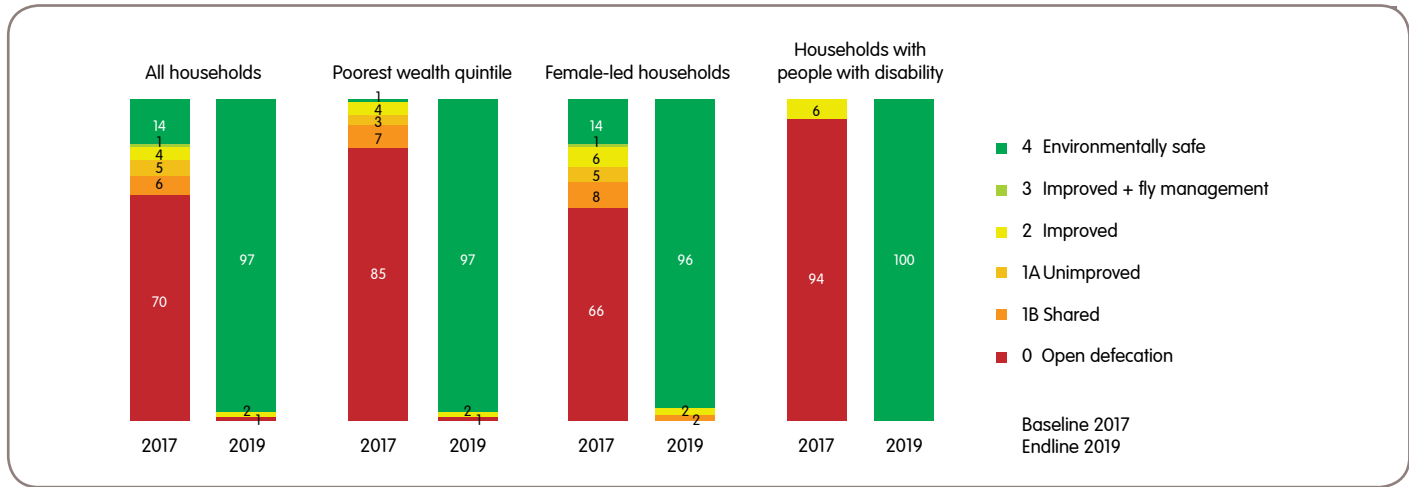


**99%** have access to a handwashing facility with soap after defecation (**0%** in 2017)



**Figure 1: Percentage of households with access to toilets, 2017 and 2019**

Access rate: 99% (2019 endline)   
24% (2017 baseline)



Note: Households with toilets categorised as Level 1A through to Level 4 are considered to have access to sanitation, as defined in the programme by the UK Department for International Development (DFID).

slipped back into this practice because of a lack of follow-up support and because of inadequate access to toilets in most lowland and highland areas that were hard to reach.

To address the above challenges, the baseline survey recommended that multi-stakeholder advocacy workshops be conducted to consider sanitation and hygiene as a *woreda* and *kebele* development priority. The workshops would also strengthen alignment and coordination in the water, sanitation and hygiene (WASH) sector to fully engage existing government and community structures in implementing the programme in all areas and improve the capacity of local government to steer sanitation demand. As a result, quarterly multi-stakeholder meetings were held with relevant *kebeles* and *woreda* stakeholders and capacity-building activities were introduced for WASH sector staff working at *woreda* and *kebele* levels. In addition, intensive follow-up support was provided jointly by SNV technical staff and the *kebele* and *woreda* local government WASH teams, the cluster health centre and school personnel.

By the end of 2019, only 1% of households in the *woreda* did not have toilets and still practised OD, compared with 70% at baseline. This was enabled through demand-triggering across all development units and school levels, post-ODF follow-up, and joint follow-up and supportive

supervision by government and community structures. The government engaged trained health and education staff and also men’s and women’s development networks to ensure that demand-triggering activities were carried out in all *kebeles* in the *woreda*, while members of *kebele* WASH teams were assigned to each village to provide follow-up support and to evaluate progress weekly (post-triggering activities). Meetings were held on a quarterly basis<sup>1</sup> with all relevant *woreda* and *kebele* WASH stakeholders to review progress of the project overall and intensive follow-up support was provided by the *woreda* technical WASH team at cluster, *kebele* and village level. The findings of the follow-up support were evaluated with the WASH steering team and *woreda* health office staff.

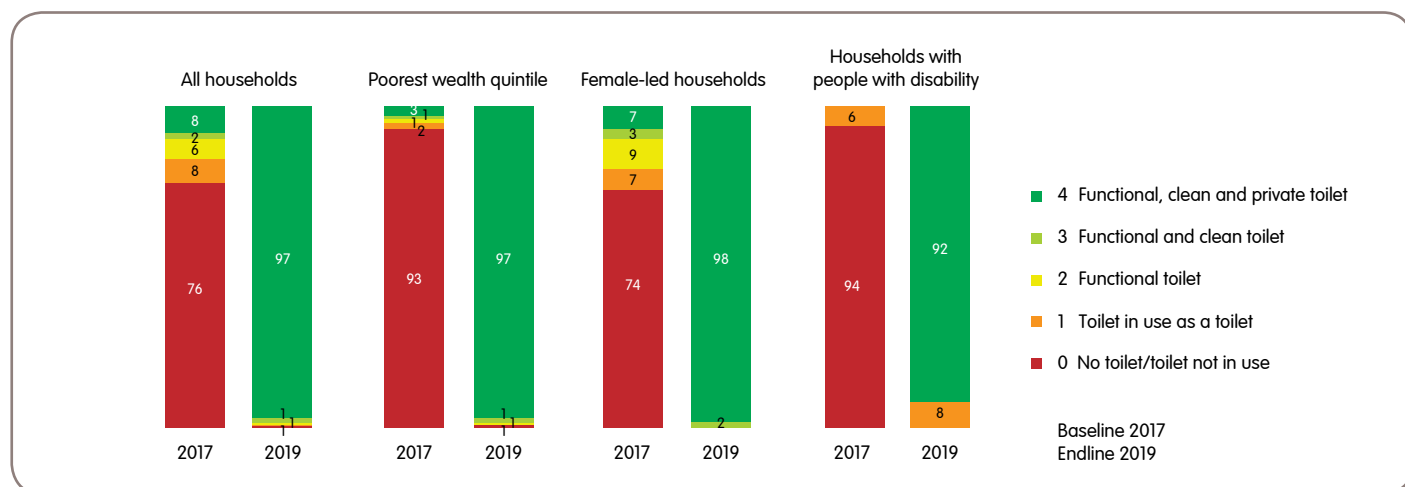
**Access to toilets up by 75 percentage points, access to improved sanitation up by 80 percentage points (fig 1)**

The endline (2019) results show an increase in access to toilets of 75 percentage points (from 109 households to 745) while access to improved toilets increased by 80 percentage points (from 86 households to 745).<sup>2</sup> Construction of environmentally safe toilets registered the highest improvement from 14% at baseline to 97% at endline. This progress is attributed to government commitment to make hygiene and sanitation a *woreda* development priority

<sup>1</sup> Quarterly review meetings involved the *kebele* chair, *kebele* managers, health extension workers (HEWs), the HEWs focal person from health centres, heads of the cluster health centre, *woreda* WASH teams, and *woreda* health staff. Multi-stakeholder discussions were also held with higher officials, the *woreda* administrator and the Mayor.  
<sup>2</sup> All percentage changes (increases and decreases) are given in absolute not relative terms – that is, we give the percentage-point difference between baseline and endline results. Please also note, the percentages given in this briefing are rounded, therefore there may be small variances between these and the raw data.

**Figure 2: Percentage of households with hygienic use and maintenance of toilets, 2017 and 2019**

Use rate: 99% (2019 endline)  
16% (2017 baseline)



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

through frequent and periodic monitoring as well as follow-up support activities. As an incentive, office equipment like tables, chairs and shelves were awarded by the project to 20 *kebele* Administrations to encourage competition among them all (18 were awarded for declaring primary ODF and two for declaring secondary ODF).<sup>3</sup>

Access to sanitation increased by 91 percentage points in the poorest wealth quintile households with most households (97%) having adopted level-4, environmentally safe toilets; OD reduced by 84 percentage points. Access to sanitation in female-led households increased by 72 percentage points with 96% of households having adopted level-4 toilets by 2019. By endline, OD was no longer practised in both female-led households and households with people with disability: indeed, access to sanitary toilets in households with people with disability was reported at 100% with all households having adopted level-4 toilets. These improvements are attributed to various measures. Besides the services provided for the general community, the programme also implemented a disability inclusiveness initiative by establishing and building capacity of Disability People Organisations (DPOs) at *kebele* and *woreda* levels, as well as encouraging hygiene promotion using 'health development armies' and health extension workers.


To sustain these achievements, the *woreda* health office will: 1) take the lead in achieving *woreda*-wide ODF by identifying and supporting households lagging behind; 2) continue to mobilise WASH technical teams at *woreda* and *kebele* level for post-ODF follow-up in primary ODF-declared *kebeles* to improve the quality of toilets and ensure sustainability; and 3) mobilise and fully engage existing government structures in health, education and administration as well as community networks of male and female development groups including school student networks. It is also recommended that the *woreda* health office reviews progress in access to sanitary toilets at *woreda*, cluster and *kebele* level and integrates with other health development activities until the *woreda* attains ODF status.

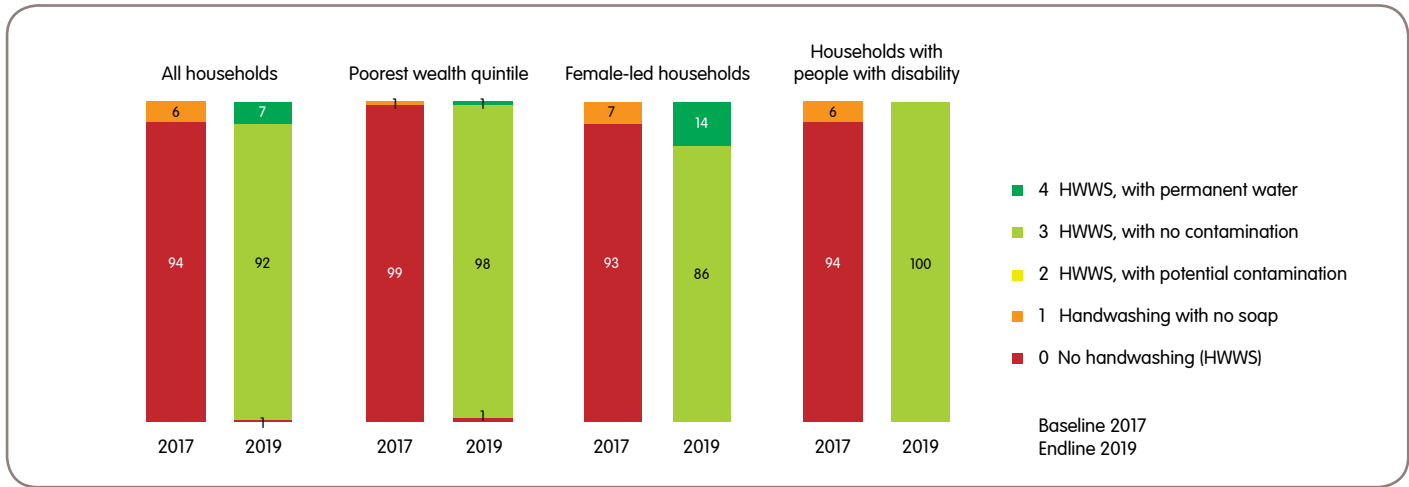
### Hygienic use and maintenance of toilets up by 83 percentage points (fig 2)

Aggregate results by the end of 2019 show that hygienic use and maintenance of toilets rose by 83 percentage points and that 97% of households had invested in functional, clean and private toilets. The proportion of households with no toilet or that did not use a toilet reduced by 75 percentage points (from 356 households at baseline to six households). This improvement is accredited to residents' increased awareness of key hygiene measures that encourage them to use and maintain toilets, including: 1) monitoring

<sup>3</sup> Primary ODF means the community is free from OD practices, while secondary ODF includes behaviour such as handwashing with soap and safe water handling and treatment at household level.

**Figure 3: Percentage of households with access to a handwashing facility with soap near toilet, 2017 and 2019**

Access rate: 99% (2019 endline)  
0% (2017 baseline) 



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

of toilets in each development unit through community and school student networks; 2) wider community-level hygiene promotion through existing communication channels like religious places, health institutions, development meetings, government communication affairs and school media to reinforce implementation and community ownership; and 3) awareness sessions on early toilet replacement before they fill, as the majority of rural communities live in areas with sufficient land to establish replacement facilities.

Working with government, community and school networks, the project undertook intense post-triggering outreach support on hygienic use and maintenance of toilets with a focus on potentially disadvantaged groups. The greatest improvement was observed for households in the poorest wealth quintile, with 94 percentage-point increase in hygienic use and maintenance of toilets. This achievement was closely followed by households with people living with disability, at 90 percentage-point increase. And female-led households, at 81 percentage-point increase. Community bylaws on hygiene and sanitation regulation were applied by *kebele* WASH teams against those who opposed the construction of toilets, while the school community (students' network and assigned lead teachers) were engaged to use weekly structured checklists to monitor follow-up of demand-triggering at development unit levels.

To sustain hygienic use and maintenance of toilets, the health sector will: 1) take the lead in integrating follow-up support with other health activities; 2) implement post-ODF follow-up support in primary ODF-declared *kebeles*; and 3) periodically review the progress of sanitation and hygiene access at various administrative levels. Other activities will include supporting sanitation marketing centres to provide products and services for the wider community, and tracing and supporting households that are lagging behind.

**Access to a handwashing facility with soap near toilet up by 99 percentage points (fig 3)**

At endline, knowledge on handwashing after defecation increased to 94% of households (compared to 18% at baseline). Further, 99% of households (levels 3 and 4) had access to handwashing with soap (HWWS) (compared to 0% at baseline) with most households investing in facilities where there was no contamination when washing hands. Of these, 21% of households had access to soap while 79% had access to soap substitutes like ash while practising handwashing. Most households had access to self-pouring tippy-taps and ash.

Only one (1) household had no HWWS station at endline. This achievement is attributed to hygiene promotion outreach campaigns<sup>4</sup> undertaken in 2019 for three consecutive months at community

<sup>4</sup> The promotion materials included 12,600 brochures, 1,302 posters, 180 table calendars, 74 banners, 3 billboards, 2,100 T-shirts and caps, 150 flip charts, 2,150 soaps and 300 jerrycans for handwashing demonstration, 380 English-Amharic dictionaries as awards for a children's school competition, and 84 tapes with flash in local languages.



level and the yearly Global Handwashing Day (GHD) celebrations<sup>5</sup> at primary school level. The key messages of the hygiene promotion campaigns were HWWS, hygienic use and maintenance of toilets, and safe water handling and treatment at household level.

Progress was achieved across all vulnerable groups with the rates of HWWS access reaching 100% for female-led households and households with people with disability. These results show that all households appreciated the benefits of having handwashing stations near toilet facilities.

## Conclusion

On behalf of local government, the *Woreda* health office should strengthen the capacity of its team and cluster health centres through monitoring and progress review meetings. These activities should be integrated with other sectoral programmes using existing government structures and also community and school student networks to ensure no slippage occurs back to former practices.

The *woreda* should continue to implement its district sanitation plan (DSP) and post-ODF plan. To do this, the existing *woreda* WASH structure needs to continue to align its WASH activities with other government sector activities to achieve *woreda*-wide ODF, and to improve the

quality, and use and maintenance, of sanitation and hygiene facilities. Focus should be given to resource mobilisation among the community, the government and other potential donors for implementation of the DSP.

Hygiene promotion should also continue using existing sectoral and community structures as well as government communication affairs and school mini-media to reinforce community ownership. Knowledge on handwashing after defecation could improve from 94% to 100% through continuous hygiene promotion by health extension workers to women's networks and school children. Behavioural change communication (BCC) messages targeted at all households with toilets could help to realise the goal of an ODF Ethiopia by 2024 and encourage more households to invest in handwashing stations with permanent water.

On behalf of the government, the *woreda* health office and the Technical, Vocational and Enterprises Development Office (TVEDO) jointly should strengthen sanitation marketing initiatives and review the affordability and outreach of products and services. The health and education sectors can also work together to promote sanitation and hygiene products and services to create demand in the community. Sanitation marketing centres and private artisans, through TVEDO, could continue to present their products and services in annual

<sup>5</sup> Celebrated in 2017 and 2019 in 121 schools and 73 primary schools. Across the two years, a total of 44,755 and 43,314 school teachers, students and parents participated, respectively.

exhibitions organised in the *woreda* capital and other emerging towns, while public-private partnerships could assist in training and equipping artisans in new and affordable technology options.

To ensure sustainability, continued progress and scale up, SNV organised a handover workshop engaging community representatives, *woreda*, zone, regional and federal officials

to enable the community and *woreda* stakeholders to build on the sanitation momentum achieved by the project. During the workshop, pertinent project information and documents were shared. In particular, zonal, regional and federal officials were equipped with the know-how to sustain progress and take project lessons and successes in their respective areas to scale.

## Sustainable Sanitation And Hygiene For All Results Programme (SSH4A RP)

SSH4A RP is a pioneering results-based financed programme implemented in select countries in Africa and Asia. The programme contributed to ending open defecation; increased use of safely managed, functional and private toilets; and increased access to handwashing with soap facilities. SSH4A RP in Ethiopia is a collaborative initiative with the Government of Ethiopia. It received generous funding from UKAID of the Government of the United Kingdom.

## SNV

SNV is a not-for-profit international development organisation that makes a lasting difference in the lives of people living in poverty by helping them raise incomes and access basic services. Focusing on three sectors – Agriculture, Energy and Water, Sanitation and Hygiene (WASH) – SNV has a long-term, local presence in over 25 countries in Asia, Africa and Latin America.

This SSH4A RP endline brief was prepared by Anne Mutta and Andualem Anteneh, with support from Rosenell Odondi and Anjani Abella. It was edited by Joanna Fottrell and designed by Belle Phromchanya.

Photos ©SNV/Zelalem Belay (FRONT) Female-led training session on sanitation for health development armies (P5) Este *woreda* Lecha *kebele* resident proudly showing off his handwashing facility with soap



Suggested citation: SNV in Ethiopia, 'Ethiopia - SSH4A Results Programme Extension endline brief', *SSH4A RP endline brief*, 2020.

## For more information

Andualem Anteneh  
SSH4A RP Programme Leader in Ethiopia  
aanteneh@snv.org



In collaboration with the Government of Ethiopia, SNV supported local governments to lead and accelerate progress towards area-wide sanitation coverage in rural areas. Between January 2017 and December 2019, the Sustainable Sanitation and Hygiene for All Results Programme (SSH4A RP) was extended to Este *woreda* in South Gondar zone of Amhara National Regional State and reached 259,006 people. The endline achievements are highlighted here. From January 2017 through December 2019...

**198,461**

**people**  
gained access to sanitation



**Access to toilets**

**99%**

of the poorest households, up from 8%

**98%**

of female-led households, up from 26%

**100%**

of households with people with disability, up from 6%



**255,892**

**people**  
began handwashing with soap after defecation



**Hygienic use and maintenance of toilets**

**99%**

of the poorest households, up from 5%

**100%**

of female-led households, up from 19%

**92%**

of households with people with disability, up from 0%



**Handwashing with soap after defecation**

**99%**

of the poorest households, up from 0%

**100%**

of female-led households, up from 0%

**100%**

of households with people with disability, up from 0%



= 50k People



= Baseline January 2017

**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 to address the needs and aspirations of traditionally disadvantaged groups – girls and women, the poorest, minorities, people with disability 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 the World Health Organization (WHO) and United Nations Children's Fund (UNICEF) Joint Monitoring Programme for Water Supply, Sanitation and Hygiene.

### OUTCOME INDICATOR 1.

Progress in access to a 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 a toilet within the household.

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.

### OUTCOME INDICATOR 2.

Progress in hygienic use and maintenance of a 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 a toilet within the household.

### OUTCOME INDICATOR 3.

Progress in access to a handwashing facility with soap 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.

## For more information

Andualem Anteneh | SSH4A RP Programme Leader in Ethiopia

✉ [aanteneh@snv.org](mailto:aanteneh@snv.org)