



SNV

Uganda – SSH4A Results Programme Extension endline brief

Between 2017 and 2019, over 272,000 more people gained access to basic sanitation and hygiene; over 117,000 more people practised handwashing with soap (HWS) after defecation; and open defecation (OD) rates fell from 18% to 3%. These results are based on the Sustainable Sanitation and Hygiene for All Results Programme (SSH4A RP) household survey conducted in December 2019 in the programme districts of Zombo, Pakwach, Mubende, Kassanda, Kyegegwa, Kyenjojo, Kibaale, Kakumiro and Kagadi in Uganda.

This endline practice brief summarises key achievements since the programme commenced in the nine districts, with progress measured against the baseline survey conducted in January 2017. Disaggregated sanitation and hygiene outcomes are presented, with data on the districts' most vulnerable groups: households in the poorest wealth quintile, female-led households, and households with people living with disability.

At baseline in 2017, 18% of households practised OD across the selected nine districts. By endline, this had reduced to 3% of households – an achievement accredited to SSH4A RP working with local leaders to identify households for improvement and later to benefit from regular follow-up activities, for example joint participatory monitoring exercises. Hygiene campaigns supported communities to adopt zero tolerance for OD and to define

Key achievements by household (2017-2019)

81% have access to a toilet (**64%** in 2017)




68% practise hygienic use and maintenance of toilets (**50%** in 2017)

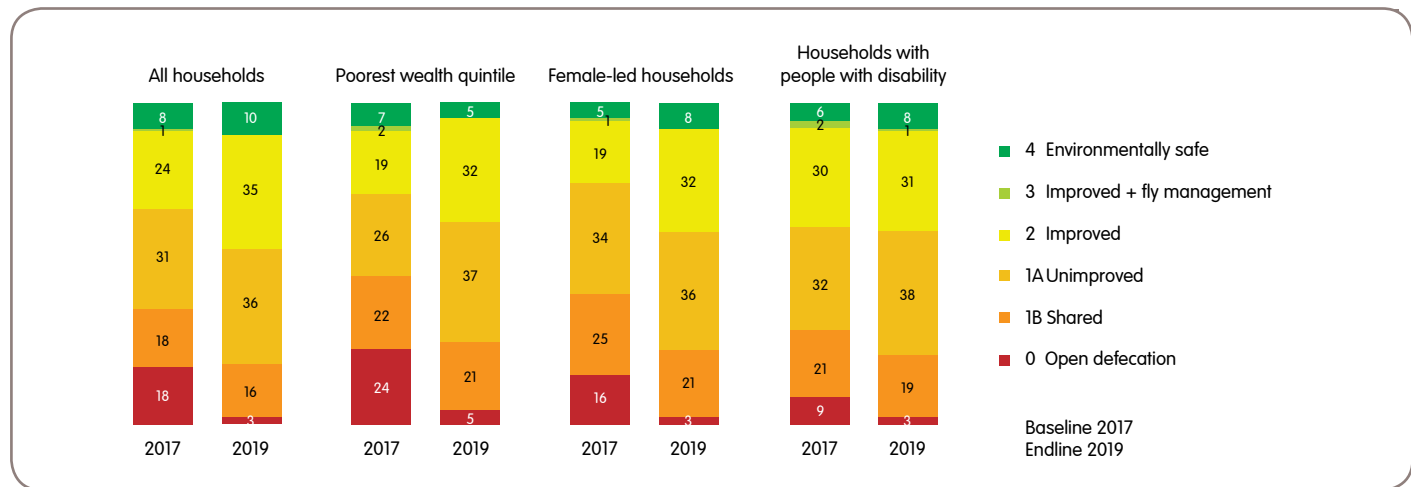


12% have access to a handwashing facility with soap after defecation (**2%** in 2017)



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

Access rate: 81% (2019 endline) 
64% (2017 baseline)



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

roadmaps towards realising OD-free (ODF) status. Although the proportion of households with unimproved toilets increased to 36% at endline from 31% at baseline, this is a positive result since more people moved from practising OD to constructing their own – at least basic – sanitation facility.

The SSH4A programme also implemented a targeted *Follow-Up MANDONA*¹ approach and consistent household monitoring which contributed to toilet improvements after triggering. At endline, households that were not using toilets reduced to 10% and the proportion of households that had clean and functional toilets with privacy increased to 19%. To address the relatively low rates of functional toilets equipped with all products for hygienic use, the programme prioritised behaviour change activities and supply chain development alongside equipping communities with ‘do-it-yourself’ knowledge and skills.

At baseline, only 33% of households were aware of the importance of handwashing after defecation, 92% had no handwashing stations and 6% had handwashing stations but no soap. To address the lack of handwashing stations with soap, the programme focused on raising levels of knowledge on handwashing in

order to increase positive behaviour. Through demonstrations, communities were shown how to install their own handwashing facilities (tippy taps), while community leaders were actively engaged in following up those households without handwashing facilities and monitoring those that had installed them to ensure that facilities were maintained.

Access to toilets up by 17 percentage points, access to improved sanitation up by 12 percentage points

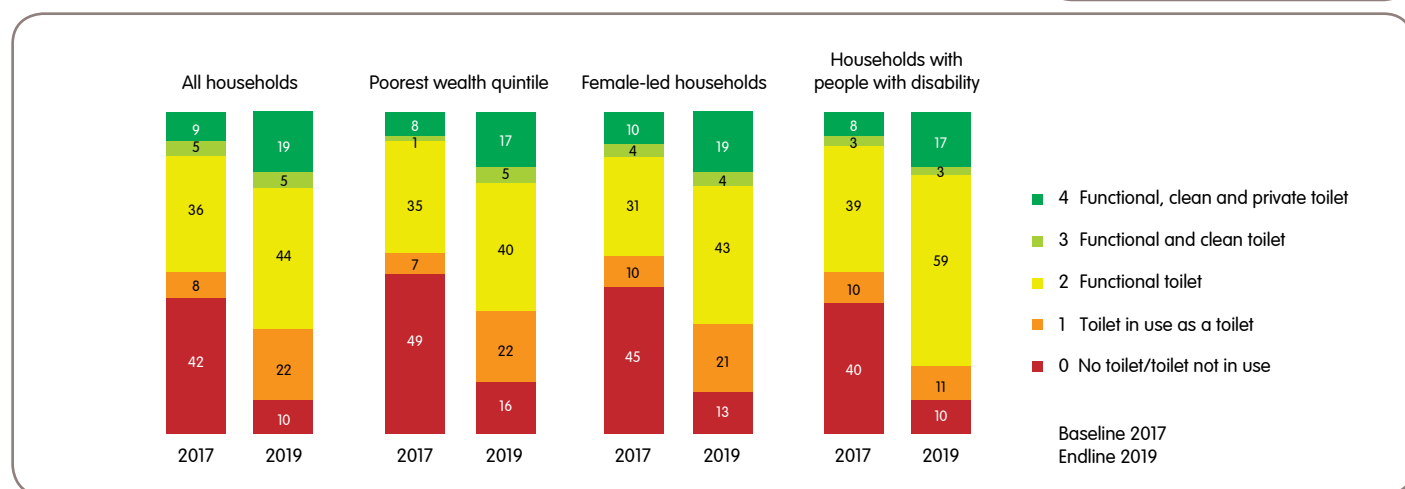
At endline in 2019, access to sanitation had increased by 17 percentage points and OD had reduced by 15 percentage points.² The proportion of households that had constructed environmentally safe (level-4) toilets had risen to 10% of households, which is attributed to the *Follow-up MANDONA* approach that involved village health team members, parish chiefs, community development officers and extension workers reaching out to households to increase coverage and to build durable latrines. The project engaged with local partner organisations for service delivery in hard-to-reach areas and large sub-counties, and left the closer ones to government extension workers. This ensured adequate contact time between extension workers - who have rather limited resources - and the targeted communities.

¹ The *Follow-up MANDONA* approach, adopted by the project and spearheaded by the Ministry of Health in Uganda, is an action-oriented approach anchored in the promotion of simple, immediate and doable actions that are implemented during monitoring to drive communities towards ODF status.

² 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: 68% (2019 endline)
50% (2017 baseline)



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

Access to sanitation among the poorest wealth quintile increased by 20 percentage points between surveys and OD reduced by 19 percentage points. Within female-led households, there was a 17 percentage-point increase in access to sanitation and a 13 percentage-point decline in OD. Households with people with disability saw an increase in access to sanitation of 8 percentage points and a decrease in OD of 6 percentage points.

Given their limited purchasing power – and subsequent restricted access to sanitation services – SSH4A worked with social groups, local leaders and partners to identify households that fell under the 'poor' and 'poorest' wealth quintiles and actively involve them in sanitation activities such as community meetings and dialogues. 'Do-it-yourself' options were promoted among this group. Additionally, the programme implemented activities to improve sustained use of latrines by all members of households with people with disability, the elderly and pregnant mothers. Households with these populations were introduced to appropriate latrine technology options such as the Sato stool, latrine handrails and guide strings to sustain latrine use by all household members. People with disability were also particularly encouraged to participate and influence community sanitation issues.

At a general level, communities were also motivated to improve their facilities through behaviour change communication (BCC)

strategies that were tailored to the specific contexts of each district and that worked with existing social groups. Furthermore, supply chain activities that involved community groups to improve and 'localise' designs – and also involved local masons, business persons and stockists offering various sanitation product options closer to communities – had a significant impact on increasing the number of improved sanitation facilities in the districts.


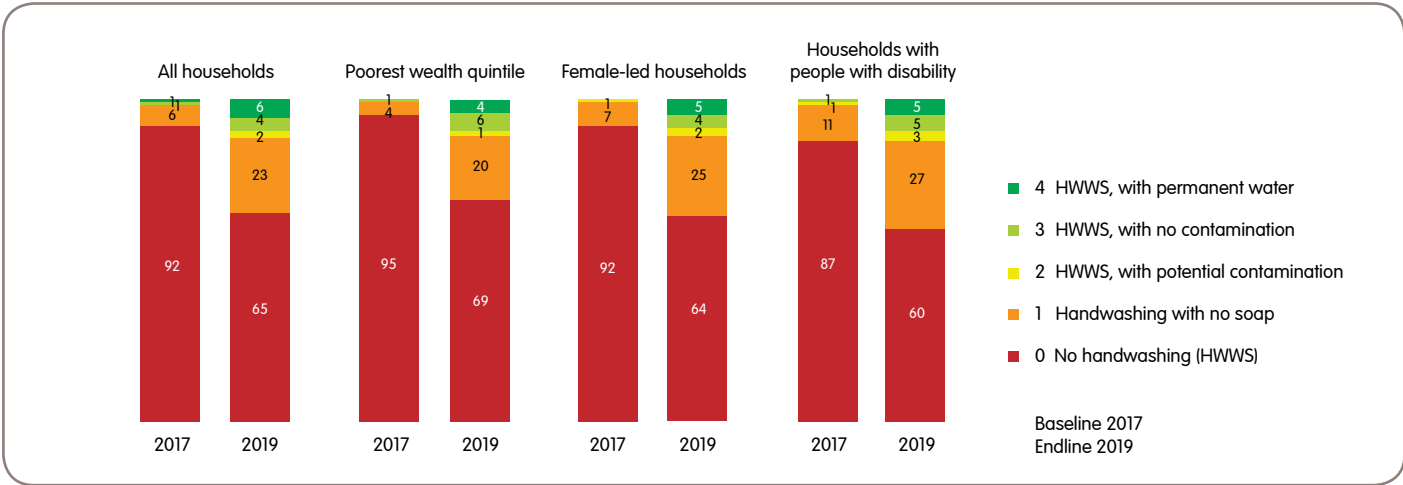
Hygienic use and maintenance of toilets up by 18 percentage points

The endline results show an increase of 18 percentage points in the overall use and maintenance of sanitation facilities by households, and a reduction of 32 percentage points in the number of households with no toilets. Furthermore, the proportion of households using their toilet facility for its intended purpose (level 1) increased to 22% from 8% at baseline.

The above achievements are attributed to SSH4A reaching out to communities using the *Follow-Up MANDONA* approach and providing affordable and appropriate sanitation options to households. By implementing house-to-house monitoring visits using a joint monitoring team (led by SNV and also comprising district local government technical staff, politicians and local partners), the programme convinced households to improve and maintain their toilets. By the end of 2019, the percentage of households with functional, clean and private toilets (level 4) had increased

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

Access rate: 12% (2019 endline)
2% (2017 baseline)

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

to 19% from 9% in 2017, which is attributed to communities adopting 'do-it yourself' approaches to develop their own solutions for doors or squat hole covers using locally available materials.

The poorest wealth quintile saw a 33 percentage-point reduction in households with no toilets and an 18 percentage-point increase in hygienically maintained toilets (levels 2–4). Female-led households and those with people with disability also registered increased access to hygienically maintained toilets between surveys of 21 and 29 percentage points, respectively. This achievement is attributed to the project strengthening sanitation supply chains and local artisans' interest in producing and making available appropriate and affordable toilet sanitation products such as squat-hole covers and doors/screens. The programme also engaged with various social groups including women's groups and village savings groups to communicate behaviour change messages to their members on hygienic use and maintenance of sanitation facilities. Demonstrations were given on how to make squat-hole covers and privacy screens, for example, which resulted in households making their own products to improve their household latrines.

It is known that hygienic use and maintenance of sanitation facilities is influenced by the quality of sanitation facilities as well as the motivation of users to keep them clean. The project therefore worked with local partners and sub-county

extension workers to conduct household visits within communities. In addition, BCC campaigns were conducted to motivate households to construct, sustain and use their own latrines based on other extrinsic factors like pride, exemplary leadership and child welfare.

Access to a handwashing facility with soap near toilet up by 10 percentage points

At endline, 12% of households had access to handwashing with soap (HWWS) compared to only 2% at baseline, and the proportion of households without handwashing stations reduced to 65% from 92%. The project supported all nine districts to develop and implement district-specific BCC strategies that had aspirational messages on HWWS after defecation. Community Extension Workers and local leaders were also oriented on BCC messaging and facilitated community dialogues and demonstrations aimed at increasing community knowledge on HWWS at critical moments.

The reported results for handwashing stations with no soap (level 1) increased to 23% from 6% at baseline. Households with HWWS facilities with permanent piped water increased to 6% compared to 1% at baseline, which is attributed not only to the intense *Follow-Up MANDONA* sessions in all the project districts but also to SSH4A's work with existing social groups. This approach provided a platform to reach already mobilised community members with handwashing messages.



Looking at the most vulnerable groups, the endline results show increases of 10 percentage points in access to HWWS among households belonging to the poorest wealth quintile and also female-led households, and an increase of 11 percentage points for households with people with disability. The general increase is attributed to the integration of BCC messages such as 'your hands are your wealth', 'wash your hands with soap after using the latrine', 'being successful comes at a cost', 'soap is a small price in the pursuit of your family's dreams', and 'invest in hand washing with soap'. The project worked with community leaders to reach out to all household heads in the villages on a one-to-one basis to emphasise the importance of installing and maintaining handwashing facilities.

The endline results illustrate that progress has been made overall in terms of handwashing practices in the districts, albeit with HWWS rates remaining relatively low by the end of 2019. In this regard, it should be recognised that climbing the behaviour change ladder requires time – especially where handwashing facilities have been recently installed.

Conclusion

Notable progress was made across the nine project districts in terms of both increased access to sanitation facilities and a decline in OD rates among households. Working with the local government in each district was key to align

approaches, interventions and perspectives and to integrate these with local sanitation plans. This was a success factor of the project and enabled improvements in access to sanitation and OD rates of 17 and 15 percentage points, respectively.

Subsequently, earmarking of existing limited district resources for sanitation and hygiene was achieved, which will be critical for the sustainability of the project gains in the long term. Additionally, the capacity of local governments and partners at district level was built 'on-the-job' through joint implementation and monitoring, while perspectives were harmonised across the administrative, political and technical levels of local government. To sustain momentum in this area, it is recommended that local governments incorporate sanitation in the orientation of newly recruited or transferred staff.

Hygienic use and maintenance of sanitation facilities increased by 18 percentage points at endline. This was made possible through a combination of BCC messaging, outreach and follow-up approaches, as well as improvements in the availability of affordable sanitation products locally through neighbourhood retail shops and deepening of private-sector involvement. Do-it-yourself approaches enabled the communities to develop their own sanitary products and facilities using locally available materials, which also contributed to the increase in the percentage of functional, clean and private

ENDLINE BRIEF

toilets from 9% to 19% of households.

Extension workers, community volunteers and local partner organisations were key actors in ensuring the hygienic use and maintenance of toilets too. With guidance from the SSH4A team, they ensured sufficient contact time with the communities to instil and maintain physical and behavioural change. Local partner organisations have created a strong profile in sanitation work and have the capacity to sustainably plan and implement high-quality sanitation interventions beyond the life of the SSH4A project. Mainstreaming sanitation and hygiene activities into other areas of work that engage communities can further support the districts' long-term goals while working in a resource-constrained context. However, there is a need for continuous follow-up of sanitation and hygiene issues in the community. Currently, districts receive only limited support through a conditional sanitation grant.

Although there was a general increase in the availability of handwashing facilities and

household knowledge on handwashing after defecating, this area needs more time and attention to attain area-wide access. Furthermore, while the tippy-taps that are commonly used by households are easily installed and costs are low, the structures are fragile and the containers are prone to theft, which puts at risk the sustainability of the results in the long term. The development of district-specific BCC strategies on HWWS and capacity-building of extension workers have been key to realising the results in this area far. These will allow local governments and other stakeholders, such as extension workers, to continue the same consistent approach after the end of the project to ensure sustainable results.

SSH4A's approach to strengthen the capacity of local authorities across the four pillars of; demand creation, the supply chain, behaviour change and governance has proven to be successful in the nine districts in Uganda. It should be adopted in future interventions and can be adapted to suit different settlement patterns such as refugee settlements and hosting communities.

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 Uganda is a collaborative initiative with the Government of Uganda. 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 Sonja Hofbauer, with support from Rosenell Odondi and Anjani Abella. It was edited by Joanna Fottrell and designed by Belle Phromchanya.

Photos ©SNV (FRONT)
(FRONT) Namakula Winfrida, household sanitation model, knows the value of having an HWWS station next to the area where she prepares food
(P5) Area-wide WASH success can only be achieved when everybody - in their diversity, including people with disability - participate in WASH planning

For more information

Sonja Hofbauer
SSH4A RP Programme Leader in Uganda
shofbauer@snv.org



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



In collaboration with the Government of Uganda, 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 nine districts: Zombo, Pakwach, Mubende, Kassanda, Kyegegwa, Kyenjojo, Kibaale, Kakumiro and Kagadi. The programme reached 1,161,232 people. The achievements at the end of the project are highlighted here. From January 2017 to December 2019...

272,254

people gained access to sanitation



Access to toilets

74% of the poorest households, up from 54%

76% of female-led households, up from 59%

78% of households with people with disability, up from 70%



117,273

people began handwashing with soap after defecation



Hygienic use and maintenance of toilets

62% of the poorest households, up from 44%

66% of female-led households, up from 45%

79% of households with people with disability, up from 50%



Handwashing with soap after defecation

11% of the poorest households, up from 1%

11% of female-led households, up from 1%

13% of households with people with disability, up from 2%

= 100k 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
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 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
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 a toilet within the household.

OUTCOME INDICATOR 3.

Progress in access to a handwashing facility with soap 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.

For more information

Sonja Hofbauer | SSH4A RP Programme Leader in Uganda

✉ shofbauer@snv.org