Sustainable Sanitation and Hygiene for All (SSH4A)
The sustainable sanitation and hygiene for all (SSH4A) results programme, funded by the DFID Results Challenge Fund, is being implemented in nine countries in Africa and Asia. The project uses an approach which combines work on demand creation; mainly through Community Led Total Sanitation – sanitation supply chains, hygiene behavioural change communication and governance. In the initial stages of programme implementation emphasis was placed on moving communities from open defecation to open defecation free status using community led total sanitation.

Since 2014, the number of people without latrines within the project intervention area has reduced from 16% in 2014 to 5.5% in 2015, less than the 2015 JMP figure of 8% in rural areas across the country indicating better performance from the project areas.

The capacity of the District health teams to steer and implement demand creation across 69 sub-counties in the 15 districts in has been strengthened leading to an increase in open defecation free communities.

The reduction in shared facilities within the project intervention areas can be attributed to more neighbours constructing their own facilities. It must be noted that sharing within the homestead remains an acceptable practice for many rural settlements.

Sustainability within scale implementation

According to the WHO/UNICEF Joint Monitoring Program (JMP) report 2015, only 17% of the rural people in Uganda have access to improved sanitation (defined as percentage of population using sanitation facilities that are not shared, not unimproved and no open defecation). Providing infrastructure (improved or not) without adequate emphasis on proper use, cleaning and maintenance triggers an involuntary descent off the sanitation ladder. Understanding this reversal movement is critical in sustainable sanitation services.
Sustainability of sanitation facilities should be a priority for all and should be reflected in the following areas:

**Functional sustainability of facilities that are operational in the long-term**

The quality of the facilities installed by the households should relate to their needs for households to own and commit to maintaining them. During project implementation, we developed a catalogue of informed choice materials which promoters carried along when triggering communities. Upon determining a need (triggered through demand creation) the household was then availed with the various technological options to choose from when constructing a latrine and other sanitary facilities. These choices termed as informed choices were developed based on the consumer study conducted in 2014. The barriers identified revolved around inability to construct in rocky, waterlogged, sandy or collapsing soil textures, and also retro fitting to accommodate the needs of the elderly and persons with disabilities.

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**Country, area or territory**

<table>
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<tr>
<th>Year</th>
<th>Population (x1,000)</th>
<th>Improved</th>
<th>Shared</th>
<th>Other</th>
<th>Open defecation</th>
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<th>Improved</th>
<th>Shared</th>
<th>Other</th>
<th>Open defecation</th>
<th>Progress towards MDG target</th>
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</table>

Sustainability of sanitation facilities should be a priority for all and should be reflected in the following areas;
This change can be attributed to the follow up support provided by the field teams in siting and construction of the latrines based on the appropriateness of the technology.

One of the community follow up strategies adopted by the project is the MANDONA strategy that is being spearheaded by the Ministry of Health. The approach is anchored on the promotion of simple immediate doable actions that are implemented during monitoring to drive the community towards open defecation free status. MANDONA is an action oriented approach that is aimed at motivating communities to take up immediate simple doable actions.

More toilets are now in use as a toilet compared to the baseline. The project effort has now shifted to enhance behavioural change around the newly acquired toilet facilities through behavioural change communication.

**Institutional sustainability so that the facilities and behaviours can be sustained by local organisations and structures**

Mapping and working with various local stakeholders helps to build a strong network of actors to escalate sanitation issues even after project closure. Working with this end in mind, we carried out a series of reflective learnings with sub county level teams so as to refine our objectives towards the attainment of the project results. The planning, implementation and monitoring of the project activities was dissected through the rigorous MOU review processes conducted across the 15 districts, both at the district and sub-county level to enrich and refine the sanitation and hygiene promotion agenda. SNV has also used these platforms to share project progress and emerging issues, such as the ODF verification protocol review which was influenced by SNV’s experience in delivering CLTS at scale. Some of the emerging issues relate to the resources needed for stakeholders to certify ODF claims reported by the local government, post ODF support and planning from the local governments. The certification process requires an independent team from the implementing entity to maintain objective criteria for ODF claims by the villages. The sampling approach which recognises ODF on a stepwise change is still under review for the sector to periodically review the villages that claim ODF and whether they remain so after several months or years.

**Environmental sustainability in terms of reducing impact on water resources and incorporating climate resilience into technological designs**

The SSH4A project monitoring framework reports access to sanitation based on a ladder whose criteria includes environmentally safe latrines. The country policies and guidelines are applied during the project implementation. In partnership with the appropriate technology centre (ATC), technical hands on support to the young sanitation entrepreneurs (YSEs) in the 15 districts to ensure the existing and newly constructed (pit) underground structures do not pollute the environment.

YSEs are youth groups in village savings and loan associations that SNV has mentored and trained in business skills, marketing as well as pit digging and construction of concrete slabs to enable them supply and sell sanitation products. Currently SNV is working with 30 YSEs in the 15 districts.

The project team is now working with local governments at sub county level towards regulating the work delivered by the YSEs to ensure it consistently matches the quality standards.

**Social equity so that vulnerable groups are able to benefit equally from the project interventions.**

If one household in a village has no access to a latrine, indirectly the community has no latrines because of the high likelihood of community members to ingesting faeces transmitted through several channels by the one household without a latrine. Similarly if a member of the household is unable to use the sanitary
Thinking outside the box to scale up handwashing with soap

From the 2014 SSH4A project baseline report it was clear that hygiene practices were very poor with only 7% of all households in the project area having access to a hand washing facility, despite the widespread knowledge about hand washing. The project consumer insight study found that the lack of action on hand washing was part of a broader set of sanitation behaviours. With most latrines being of poor quality, subject to frequent collapse and unhygienic use, many households had little incentive to improve their hygienic practices. The initial project phase thus focused on getting households to build better toilet facilities using the CLTS approach. The CLTS approach was largely successful and many households constructed latrines in the project area. As the quality of the latrines improved, it was now imperative to complement it with a hygiene component, focusing on complementary hygienic behaviour, such as hand washing with soap.

Based on these findings, SSH4A designed the following hygiene campaign:

- For hand washing, the project linked with and used the campaign (materials) from the National Hand Washing secretariat;
- Informed Choice materials were developed on appropriate technology options for constructing of latrines, to provide confidence to consumers that they could build a long-lasting latrine;  

The campaign was implemented by 25 organisations in 71 Sub Counties, covering more than 4,000 villages. It consisted of two steps:

1. In each sub county, a reconnaissance was carried out, which consisted of a baseline (mapping household situation with respect to sanitation facilities) and a PESTEL analysis, describing the socio-cultural and economic conditions of the area, guiding the selection of the appropriate BCC campaign from the national offer;
2. Building on the radio campaign and using the provided posters, the field facilitators engaged in Inter Personal Communication, small and large gathering.

The campaign mostly focused on the first two critical moments (i.e. Defecation and before cooking or preparing food). The focus of the BCC campaign was not so much increasing the level of knowledge, but rather assisting people to move from knowledge to action, i.e. moving from the awareness of the need for hand washing to actually starting to practice hand washing. The mid-monitoring report revealed an increase in availability of facilities at the point of cooking food from 2% to 23% since the project started.
The first step in the process from knowledge to practice is the creation of a facility for hand washing. Good progress has been made since the project started its interventions. The number of households with a hand washing station after defecation has increased from 7% to 28%.

While this is a considerable improvement, it still leaves 72% of all households without a hand washing facility after defecation, and 77% without a hand washing facility for cooking and before food preparations. Furthermore, with 15% of the households having people with disabilities, effort to find appropriate handwashing facilities for this vulnerable group needs to be invested. Hygiene is a crosscutting public health issue. However, often-segmented efforts have been occurring-trying to promote hygiene in isolation. Integration of hygiene in general programming is highly recommended for more impact and holistic results. Future hygiene promotion campaigns should adopt holistic approach; hand washing is a cross-cutting issue that can be integrated in child health, maternal, nutrition, school programs, etc. Cross-sectoral collaboration is pertinent in embedding of hand hygiene promotion through behavioural change communication. Measurement of handwashing practice remains a hindrance to sector performance monitoring. Existence of tippy taps at household level is still the main sector performance measurement for access to handwashing at household level. Tippy taps however, serve only as proxy indicators for HWWS, they are not sufficient to predict handwashing practice.

The availability of facilities at the households still remains a big challenge due to the promotion of the tippy tap technology which is not durable. Sustaining handwashing behaviour will require the promotion of construction of more durable handwashing facilities through peer to peer groups such as village saving associations, interpersonal communication as well as sustained behaviour change promotion.

For national uptake and scale out, future hygiene promotion interventions need to be mainstreamed at institutional level-technical support units, District Local Governments, etc. A typical example is the inclusion of Handwashing with soap facility as one of the criteria in the CLTS national manual for declaration of an ODF village. However, deliberate follow up is a prerequisite for effective operationalisation.

SNV Uganda’s lessons from implementing the SSH4A programme reaffirm the need for an integrated approach for resolving sanitation and hygiene challenges and that the four components of the project need to feed on each other:

- **Demand creation** is essential to drive the process, and create the initial momentum and results, with attention for the quality of all the key elements: triggering, follow up, ODF declaration and post-ODF monitoring.
- **Market development** is required to deliver the technology options, which households require to construct a longer lasting solution.
- **Behaviour Change Communication** is necessary as the second monitoring showed a clear link between exposure to campaign messages and uptake of sanitation and hand washing improvements, and effective use and maintenance of facilities.
- **Governance** ensures momentum and commitment from all stakeholders is maintained and promotes inclusiveness of the interventions.

The campaign focused on the first two critical moments:

- After defecation
- Before preparing food and cooking
Our Work in Uganda

Operating in 98 districts across Uganda
Working with District Local Governments, development partners and 91 Local Capacity Building Organisations to improve the health and livelihoods of:

171,200 primary school going children
306 primary schools
700,400 people in rural communities through interventions in WASH, Renewable Energy and Agriculture.

Sustainable Sanitation and Hygiene for All Results Project Districts

Enabling poor rural people to overcome poverty

Kingdom of the Netherlands