

# Sanitation And Hygiene In Wag-Himra

SSH4A: Sustainable Sanitation and Hygiene for All (SSH4A) Results Programme

## At a Glance

The overall goal of the **Sanitation and Hygiene in Wag Himra** SSH4A project is to support the Government of Ethiopia (GoE) in its efforts to increase access to sustainable sanitation and hygiene, through the implementation of the Sustainable Sanitation and Hygiene for All (SSH4A) project in six rural woredas. Together with the implementing partner, Organisation for Rehabilitation and Development in Amhara (ORDA), SNV is strengthening local capacity through four main project components: sanitation demand creation, through a Community Led Total Sanitation and Hygiene (CLTSH) approach; sanitation supply chains and financing; behavioural change communications (BCC) for hygiene promotion; and WASH governance. The SSH4A approach was first developed in 2008 and has been implemented by SNV in more than 15 countries, resulting in many lessons particularly scaling, timing and quality control.

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|-----------------------------|---|
| <b>Coverage</b>             | Waghimra Zone of Amhara (6 woredas)                   |
| <b>Duration</b>             | 2014-18   |
| <b>Donor</b>                | UK Department for International Development (DFID)    |
| <b>Persons benefitting</b>  | 391,440 people  |
| <b>Implementing Partner</b> | ORDA  |
| <b>Clients/partners</b>     | Regional Bureaus of Health, Education, Water & Energy |

## The Development Challenge

Rural sanitation coverage in Ethiopia, according to the 2011/12 Annual Report of the GoE Growth and Transformation Plan (GTP), was 64%. About 38.1 million people in Ethiopia still practice open defecation in 2014 (UNICEF). GoE's Universal Access Plan (UAP) WASH targets include 80% of communities achieving open defecation free (ODF) status, and 77% of the population practising hand-washing at critical times. A study by SNV in 2013 found that in the best performing woreda in Amhara only 2 out of 24 kebeles were ODF, and only 10% of the rural households had improved basic latrines. The infant mortality rate in Amhara is 76 deaths per 1,000 live births, compared with 47 for Ethiopia nationally, and the under-5 mortality rate is 108, compared with 68 nationally. According to the 2014 project baseline survey, 78.3% of the overall population of 452,000 people in the targeted woredas still practice open defecation.

## SNV Solutions

**Value chains:** SNV is working with local private sector enterprises to develop market-based solutions to improve rural access to affordable sanitation and hygiene hardware and services.

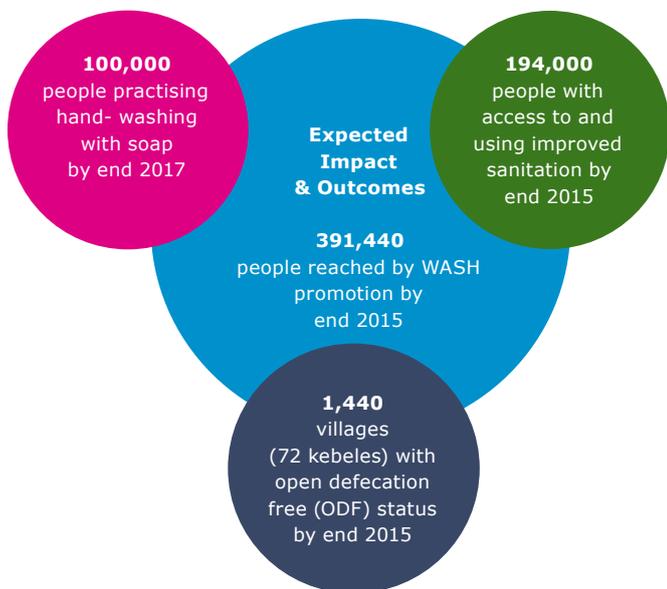
**Inclusive interventions:** The project's outcome and sustainability indicators are designed to ensure that the sanitation and hygiene interventions are socially equitable and meet the needs of disadvantaged groups.

**Capacity building:** The SSH4A approach supports local governments and organisations to strengthen their WASH capacity, based on SNV's experience that building capacity and leadership from the start is essential for ensuring the sustainability of interventions.

**Behaviour change:** SNV is working with regional, zonal and woreda level health and education sectors to build capacity of implementers and community for innovative hygiene behavioural change communications, with a focus on hand-washing with soap; latrine use and maintenance; and safe water handling.

**Systemic change:** The project is ensuring WASH sector alignment amongst local stakeholders, and contributing to national rural sanitation and hygiene sector development through improving scaling up strategies and certification processes.





## How is SSH4A supporting change?

**Business Development:** Bringing together tailored demand creation and appropriate WASH supply chain activities in Amhara will be a breakthrough for the sustainability of sanitation and hygiene facilities in Ethiopia. SNV is strengthening capacity for sanitation supply chains and finance, based on identified constraints, to develop affordable market-based solutions that meet consumer needs and can be implemented at scale. Indicators are designed to measure the progress of private sector engagement in sanitation hardware sales, as well as the availability of sanitation options not exceeding 5% of annual cash income, for the poorest wealth quintile. Project activities include: sanitation demand and hardware supply chain analysis; design innovations and testing; a handbook and marketing materials on rural sanitation technology options; sanitation marketing and business development training; and accessing seed money for sanitation micro-enterprises.

**Capacity Development:** Developing local capacity is the essence of SSH4A, which works closely with stakeholders in the project woredas to align efforts around sanitation and provide for sustainable service delivery. Capacity of local governments, organisations and enterprises is being strengthened to implement and steer sanitation demand creation at scale, through training, local adaptation of sanitation demand creation tools, demand triggering activities, and encouraging demonstration latrine construction. Training and materials are being provided to at least 200 CLTSH facilitators. The project is developing practical service strategies at local levels to meet the sanitation needs and preferences of disadvantaged groups, such as the ultra-poor, elderly and disabled.

**Behaviour Change:** The project is conducting multilevel advocacy to strengthen networks and partnerships and build consensus on the way forward for coordinated planning and action. The aim is to anchor effective hygiene related communications in local practice, through improving capacity and quality for hygiene promotion at woreda level. A BCC strategy and materials have been developed, informed by action research on hand-washing with soap, hygienic use and maintenance of toilets and the sanitation needs of people with disabilities and the elderly. The project organises Global Hand Washing Day events, and video and radio messages are being produced to reinforce community and household commitment to improving hygiene and sanitation. Project priorities include building the capacity of health workers, schools community and general community actors to act as agents of change for sanitation and hygiene.

**Knowledge Development:** Results from the interventions are analysed for dissemination of project learning to national level. Activities under this project component include: baseline and periodic household surveys; publications and case studies; exchange visits to other regions in the country; and review meetings and reports. SNV's Managing for Results (MfR) framework ensures that SSH4A is adaptive and responsive to the requirements of implementation at scale, informing programme delivery and expanding the evidence base for implementing rural sanitation and hygiene programmes. Indicators are designed to measure how project outcomes are socially equitable and sustainable in terms of: functionality; institutional capacity of local organisations and structures; availability of funds to meet initial and ongoing costs; and environment, in reducing impacts on water resources and building climate resilience into technology and design.



Yilma Worku is a committed Administrator of Waghimra Zone who has shown his determination to improve sanitation and hygiene in his zone by motivating the six woredas under his authority to include the deliverables of the SSH4A Results Programme into their respective annual work plans. The deliverables include: declaring ODF status, improving sanitation facilities, and improving hygiene and sanitation behaviour through promotion activities.