



Ethiopia – SSH4A Results Programme first mid-term review brief



One year after implementation of SNV's Sustainable Sanitation and Hygiene for All Results Programme (SSH4A RP) commenced in Este Woreda, Ethiopia, 187,496 people had gained access to sanitation facilities, 239,858 people had begun practising handwashing with soap after defecation, and open defecation rates had fallen from 71% to 4%.

The Government of Ethiopia has committed to ending open defecation by 2020. In collaboration with the government, SNV is implementing SSH4A's four-pillared integrated approach: demand creation, sanitation supply chain development, behaviour change promotion, and WASH governance strengthening.

The programme, which runs from January 2017 through March 2020, receives funding from the WASH Results Programme of USAID and uses a results-based financing model¹. The programme *woreda* was chosen for implementation because of its poor sanitation conditions and lack of engagement with development partners.

This mid-term practice brief reports progress during the first year of the SSH4A RP programme in Este Woreda. It presents disaggregated sanitation and hygiene outcomes, with data on the *woreda*'s most vulnerable groups: the poorest households, female-led households, and households with people with disability (PWD).

The challenge

A baseline survey² showed that before the SSH4A programme began in the *woreda*, 70% of residents had no toilets or were practising open defecation (OD), and 6% were using shared toilets. Most of the kebeles that had been declared OD-free had regressed because of a lack of follow-up support and limited access to toilets in lowland and highland areas.

ACCESS TO TOILET *(see fig.1 on next page)*

Aggregated household results show a 72% increase in access to toilets, with a 79% increase in construction of environmentally safe toilets, and a 66% reduction in the practice of OD. One contributor to this success is local governments' full involvement and ownership of the project as part of the *woreda* development plan. The programme conducted intensive advocacy and mobilisation at all levels, complemented by demand-triggering activities.

Illustration 1: Four components of Sustainable Sanitation and Hygiene for All (SSH4A) - Area-wide access and usage for all

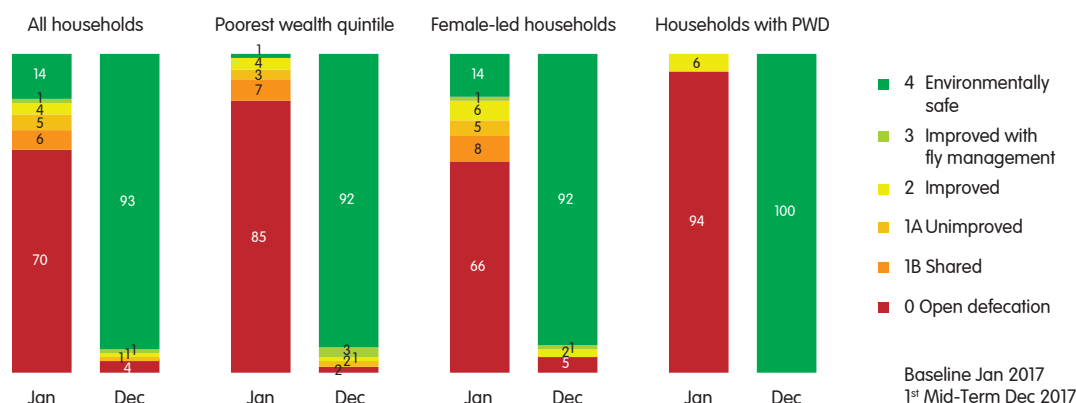


Access to toilet up by 72%, access to improved sanitation up by 76%

Access rate: **96%** (Dec 2017 first mid-term review)
24% (Jan 2017 baseline)



FIGURE 1: Percentage of households with access to toilet, January to December 2017



Note: Households with toilets categorised as Level 1A through Level 4 are considered to have access to sanitation, as defined by DFID in the project.

By December 2017, OD within the poorest wealth quintile had fallen by 83% and access to sanitation facilities increased by 90%, including a 91% increase in access to environmentally safe toilets. In female-led households, OD practice fell by 61% and access to sanitation facilities increased by 69%. PWD households had the most remarkable improvement in access to sanitation facilities during the one-year period: 100% of these households now have environmentally safe toilets.

To sustain these achievements, the programme will focus on maintenance of improved toilet facilities by promoting sanitation products and services from sanitation marketing centres and trained artisans; helping

residents make informed choices; conducting hygiene promotion outreach; organising multi-stakeholder review meetings with kebele and woreda stakeholders; and continuing project monitoring and follow-up efforts with community facilitators, health extension workers, and schools. The programme will also continue working with local government and community structures, including health extension workers, cluster health centre staff, school teachers and children, kebele administrators and managers, and health development army and development units at village and household levels. The goal is for these institutions to assume ownership of the project.

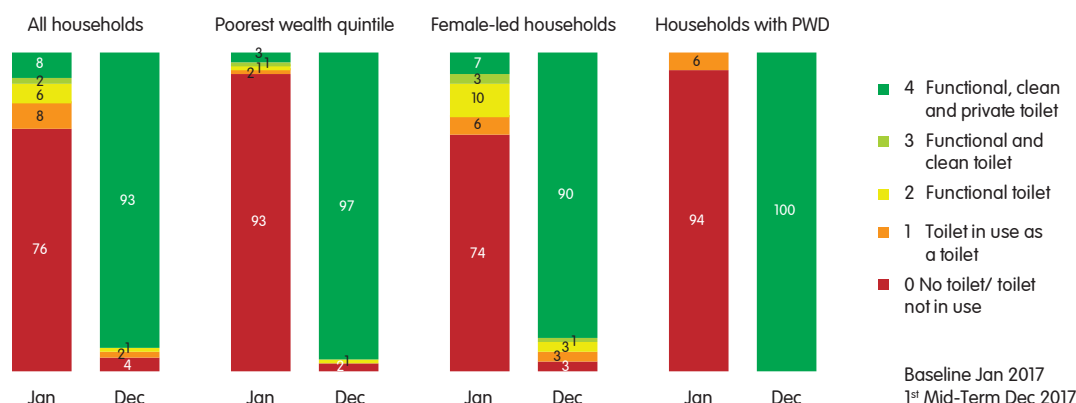


Use of toilet up by 72%, use and maintenance up by 78%

Use rate: **96%** (Dec 2017 first mid-term review)
24% (Jan 2017 baseline)



FIGURE 2: Percentage of households' hygienic use and maintenance of toilet, January to December 2017



Note: Levels 1 through 4 are considered to indicate hygienic use and maintenance of toilets. Maintenance is measured from Level 2.

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

By the end of 2017, use of sanitation facilities had risen by 72%, accompanied by a commensurate reduction in households not using toilets (72%). Households with the highest level of toilet hygiene and maintenance increased by 85%, a result attributed to intensive advocacy and mobilisation at all levels, regular joint monitoring, and follow-up support. The improvements denote the success of a broad-based collaboration between government, civil society organisations, and community-based organisations that conducted awareness and sensitisation campaigns.

Hygienic use of sanitation facilities went up by 91% in the poorest wealth quintile and by 71% in female-led

households; the proportion of households that do not use toilets fell commensurately. Again, the programme was even more successful with PWD households: 94% had no toilets or did not use toilets at the start of the year, but by December 2017, 100% had adopted Level 4 hygienic use and maintenance.

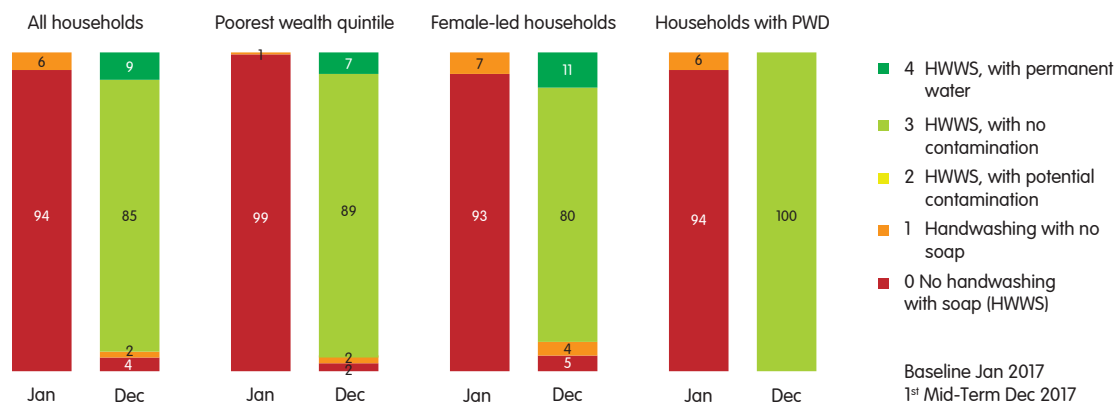
To sustain and strengthen hygienic use and maintenance of facilities, the project will continue developing and deploying hygiene promotion materials, informed by the research findings. Using these materials, the government and community structures will conduct continual hygiene promotion outreach campaigns at kebele centres, schools, and community institutions.

Access to handwashing facility with soap near toilet up by 94%

Access rate: **94%** (Dec 2017 first mid-term review)
0% (Jan 2017 baseline)



FIGURE 3: Percentage of households with access to handwashing facility with soap, January to December 2017



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

HANDWASHING FACILITY WITH SOAP ACCESS

(see fig.3)

The mid-term SSH4A household survey of December 2017³ shows that 61% of households are aware that handwashing after defecation is critical. Residents are acting on this knowledge, as evidenced by the 94% increase in access to HWWS (compared with 0% at baseline) and the 90% decrease in households with no handwashing stations. Households with handwashing facilities without soap fell by 4%, indicating that people have access to soap or soap alternatives.

The poorest wealth quintile and female-led households saw 96% and 91% increases in access to HWWS, respectively, with comparable reductions in households with no HWWS. All PWD households have now adopted Level 3 handwashing facilities.



The successful results are attributed to a three-month hygiene promotion outreach campaign in 121 schools, communities, and *kebele* centres throughout the *woreda*. In addition, survey results showed increased availability of soap (or ash) and water, and tippy-taps made from local materials. Regular joint support and consistent follow-up by both government and project teams have been successful in getting communities to act.

An annual *woreda*-level multi-stakeholder meeting is highly recommended to highlight hygiene and sanitation issues as a major development goal, alongside other health programmes. The project will provide training in developing and using behaviour change tools and conduct hygiene promotion activities in collaboration with health extension workers, health development armies, and school teachers.

SUSTAINABLE SANITATION AND HYGIENE FOR ALL RESULTS PROGRAMME (SSH4A RP)

SSH4A RP is SNV's largest results-based funded programme that is being implemented in selected 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 Ethiopia is a collaborative initiative with the Government of Ethiopia. It is being implemented in two phases, and receives generous funding from the United Kingdom Government. The next phase of the programme concludes in 2020.

SNV

SNV is a not-for-profit international development organisation. Founded in the Netherlands over 50 years ago, SNV has built a long-term, local presence in 38 of the poorest countries in Asia, Africa and Latin America. SNV's global team of local and international advisors work with local partners to equip communities, businesses and organisations with the tools, knowledge and connections they need to increase their incomes and gain access to basic services – empowering them to break the cycle of poverty and guide their own development.

This first MTR practice brief was prepared by Anne Mutta and Andualem Anteneh, with support from Anjani Abella and Rosenell Odondi, based on the SNV Ethiopia SSH4A 1st Mid-term Household Report, December 2017. It was edited by Sally Atwater, and designed by Bingo!

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(FRONT) Female-led householder Agin Ben (L) poses in front of her self-built 5-month old toilet, with Shimagle Giorgis' health extension worker (R)

(P2) Villagers engage in transect walk to spot sanitation-related health risks, and get insight into the community's need for improved sanitation and hygiene practice

(P4) A yellow flag set up by government indicates that community is one step away from being ODF certified

For more information

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Endnotes

- ¹ The UKAID WASH Results Programme applies a relatively new form of development financing in which partners (e.g., SNV) receive funding based on independently verified results.
- ² SNV Ethiopia SSH4A Country Extension Baseline report, July 2017.
- ³ SNV Ethiopia SSH4A 1st Mid-term HH report, December 2017.

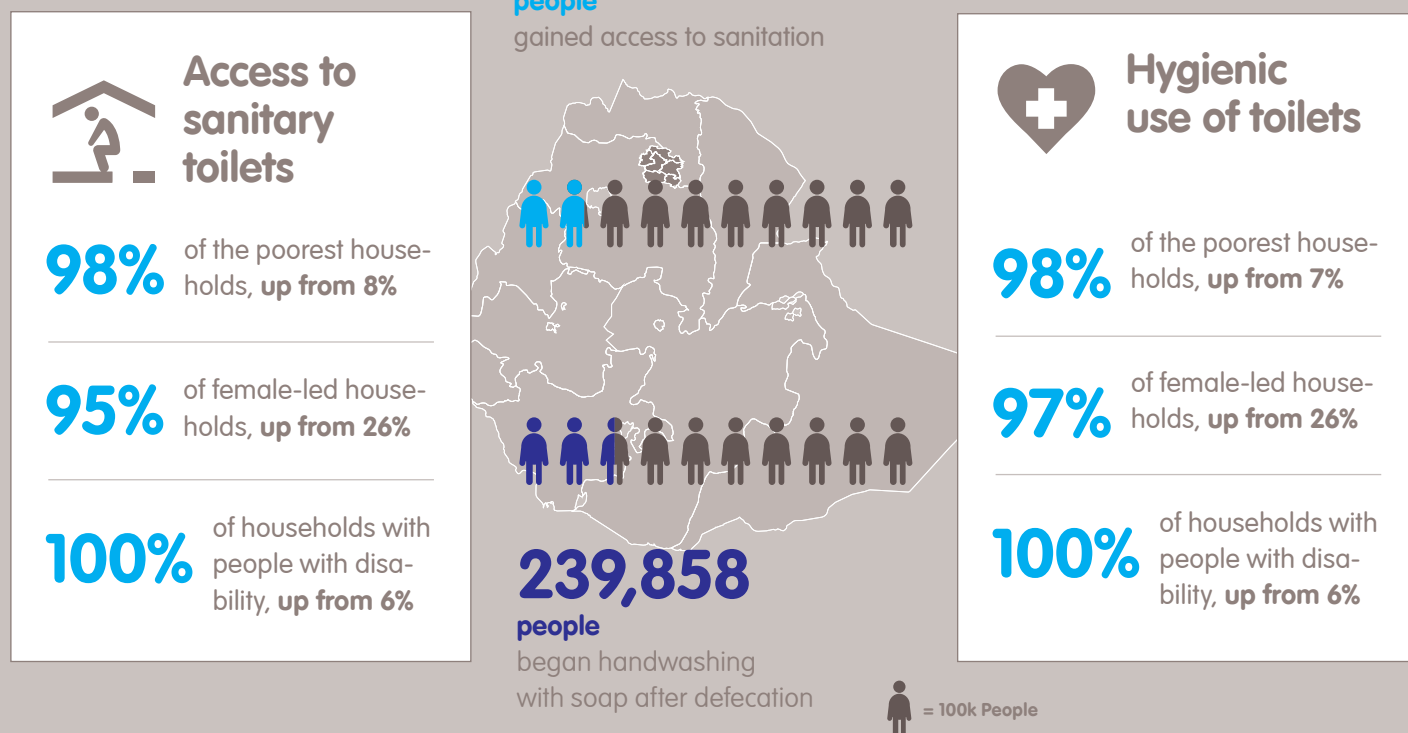


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In collaboration with the Government of Ethiopia, SNV supports local governments in leading and accelerating progress towards district-wide sanitation coverage in rural areas. Between January and December 2017, the Sustainable Sanitation and Hygiene for All Results Programme (SSH4A RP) was extended to Este Woreda in South Gondar zone of Amhara National Regional State. The programme engaged 250,000 people. Main achievements are shown below.

From January through December 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's 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, affordable, market-based sanitation solutions that address the needs and/ or desires of various consumer segments.
- ✓ **Strengthening capacity for behavioural change communication** 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 to and use of services. The performance and appropriateness of the SSH4A 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 toilet. Human faeces do not contaminate surface water or groundwater.
3 Improved toilet with fly management	Human faeces contained and not in contact with humans or animals. No flies or rodents enter or exit toilet.
2 Improved	Human faeces contained and not in contact with humans or animals. Flies or rodents may be present.
1A Unimproved	Unimproved (private) toilet. Human faeces not contained and may be in contact with humans and animals.
1B Shared	Unimproved toilet shared between two or more households. Human faeces not contained and may be in contact with humans and animals.
0 Open defecation	No toilet; open defecation.

Outcome indicator 1 measures the presence and quality of a toilet within the household.

OUTCOME INDICATOR 2. Progress in hygienic use and maintenance of toilet

Indicator level	Description
4 Functional, clean, 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, 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 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 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 the household level is difficult.

The use of soap is considered more essential than the availability of running water. A handwashing station with running water but with no soap is scaled down to Level 1, below the acceptable benchmark.

In the SSH4A RP 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 the levels 1 Toilet in use as toilet and 2 HWWS, with potential contamination signify an improvement.

For more information

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