



SNV

Nepal – SSH4A Results Programme first mid-term review brief



Over the course of one year, 90,840 people in five districts in Nepal gained access to sanitation, 35,702 people began practising handwashing with soap after defecation, and open defecation rates fell by 25%. The figures come from a survey conducted in December 2017, one year after Phase Two of SNV's Sustainable Sanitation and Hygiene for All Results Programme (SSH4A RP) began.

The Government of Nepal has committed to end open defecation, and by the end of 2017, the country had achieved 95% access to sanitation. In collaboration with the government, SNV is implementing SSH4A's four-pillared integrated approach: demand creation, sanitation supply chain development, behaviour change promotion, and governance strengthening.

The programme, which runs from January 2017 to March 2020, receives funding from the WASH Results Programme of USAID and uses a results-based financing model¹. Programme districts chosen for implementation were identified by the government as lagging behind in sanitation and hygiene.

This mid-term practice brief reports progress during the first year of SSH4A RP implementation in Siraha, Saptari, Bara, Mahottari, and Dhanusha districts of Nepal. It presents disaggregated sanitation and hygiene outcomes, with data on the districts' most vulnerable groups: the poorest households, female-led households, and households with people with disability.

The challenge

Complete elimination of open defecation (OD) practice paves the way for sustainable and equitable development. At the start of the programme, 77% of households were defecating in the open. Toilet access and use were low amongst all households — regardless of wealth, the gender of the household head, or the absence or presence

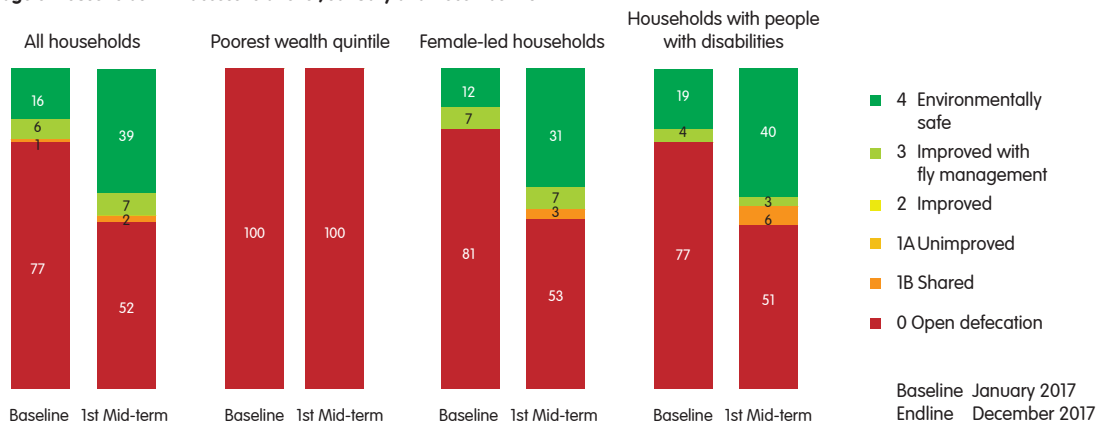
of family members living with a disability. People had low awareness of the importance of sanitation and hygiene and were waiting for government subsidies to construct their toilets. The priority of the programme was to change people's mind-sets and encourage them to invest in building and maintaining their own toilets.

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





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



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

ACCESS TO TOILET *(see fig.1)*

Aggregated household results show that open defecation practice fell by 25% while construction of environmentally safe toilets — improved toilets that do not pollute surface water or groundwater — increased by 23%. Construction of appropriate toilets was guided by the programme’s handbook on sanitation options for the *terai*.

The survey shows that 1.7% of all households in the programme areas belong to the poorest wealth quintile. For these very poor, often landless households, the programme is pursuing a pro-poor strategy that involves sanitation demand creation. After access to sanitation in a community has reached 80% to 90%, the programme will help the village WASH coordination committee identify the poorest households, understand the barriers they face in constructing toilets, and organise the required support. Support typically includes allocating public land for shared toilets and providing construction materials. The programme will avoid subsidising households that can afford to build their own toilets.

Amongst female-led households, open defecation rates fell by 25%, mostly from the adoption of environmentally safe toilets. Progress is attributed to the programme’s women-led sanitation campaigns and the mobilisation of women to encourage other women to construct household toilets.

Households with people with disabilities had a similar 26% decrease in open defecation practice and a 21% increase in access to environmentally safe toilets. The programme will initiate dialogues with these households to ensure that family members with disabilities are comfortable using the household toilets and support adjustments where needed.

The 24% increase in overall access to improved sanitation is attributed to several project interventions: using locally adapted Community-Led Total Sanitation triggering tools, mobilising relevant stakeholders, training masons in building suitable toilet options, and linking supply chain actors that provide materials and construction services the community. The programme has begun orienting newly elected local representatives on the national

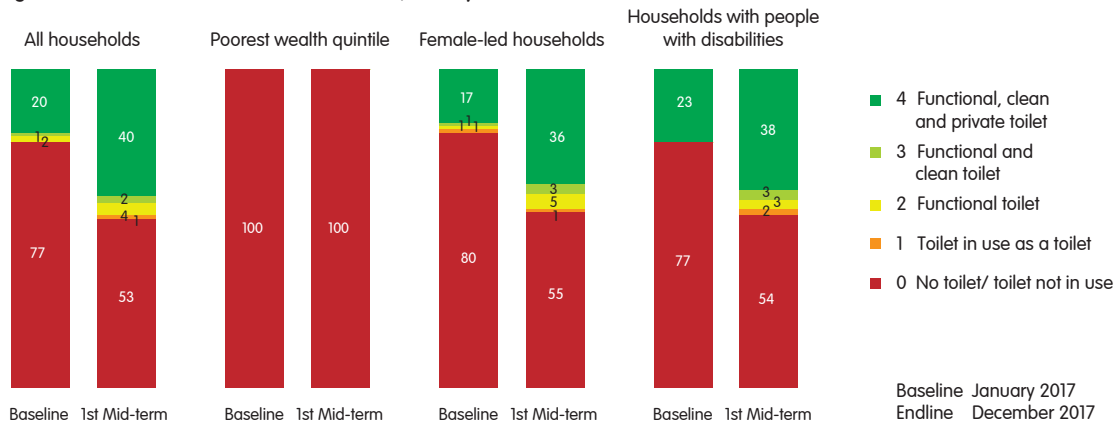


Hygienic use and maintenance of toilets up by 23%

Use rate: **46%** (December 2017 first mid-term review)
23% (January 2017 baseline)



FIGURE 2: Percentage of households' use and maintenance of toilets, January and December 2017



Note: Levels 2 to 4 are considered to indicate hygienic use and maintenance of facilities.

'no subsidy' policy as a way of creating momentum for sanitation demand and sustained behaviour change.

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

The survey results show that almost all constructed toilets are being used. Only 1% of households that have access to toilets (Level 0, Figure 1) are not using them (Level 0, Figure 2). Most of these households have functioning flush toilets that are clean and provide privacy. This result indicates the success of behaviour change communication campaigns.

The poorest households showed no change in access to toilets, and thus no change in hygienic use of facilities. The programme will implement pro-poor mechanisms as communities reach a higher level of access to sanitation to make sure people are not waiting for subsidies.

Survey results show that nearly all female-led households and households with people with disabilities that have toilets are using them. Notably, most of these toilets are Level 4: they are functional and clean and provide privacy (36% for female-led households and 38% for households with people with disabilities).

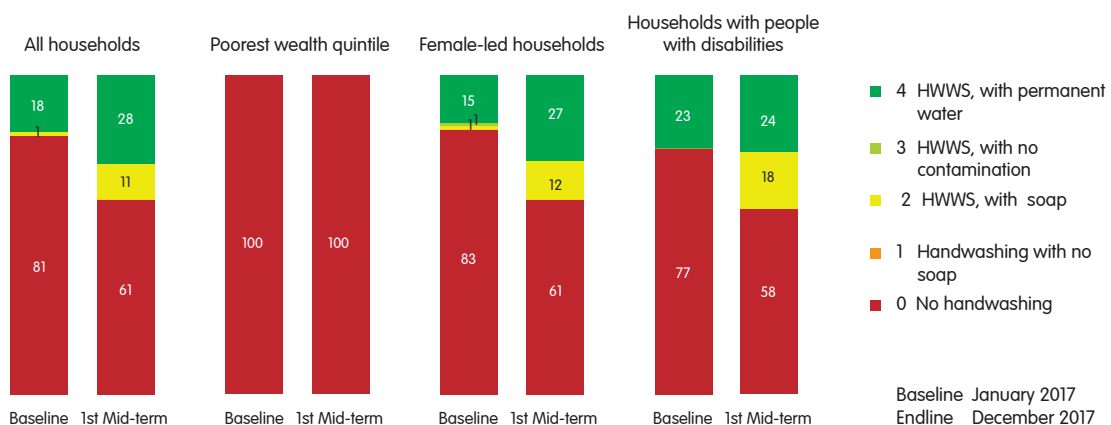
The BCC campaigns employ multiple channels and involve multiple activities, following the evidence-based strategies developed at the district level. As the results show, the campaigns have led to improvements in the hygienic use of toilets across different types of households and will be continued even after the communities achieve OD-free status, to ensure the sustainability of the results.

Access to handwashing facility with soap near toilet up by 20%

Access rate: **39%** (December 2017 first mid-term review)
19% (January 2017 baseline)



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



Note: Levels 2 to 4 are considered to indicate access to handwashing with soap (HWWS).

HANDWASHING FACILITY WITH SOAP ACCESS *(see fig.3)*

Aggregated household results at the end of 2017 show a 20% increase in facilities for handwashing with soap (HWWS) near toilets.

With handpumps being common in the *terai*, 28% of households had HWWS with permanent water. Soap was available at all handwashing facilities, indicating that handwashing behaviour change communication campaigns linked to defecation were effective. However, more emphasis is needed on constructing HWWS facilities when toilets are built.



No household in the poorest wealth quintile had a handwashing facility near the toilet — an obvious result following from these households' lack of access to toilets.

Amongst female-led households, access to HWWS after defecation increased by 22%. Households with HWWS with permanent water increased by 12%.

For households with people with disabilities, access to HWWS increased by 19%, and facilities with permanent water rose by 1%.

The programme will continue BCC campaigns on the importance of washing hands with soap after defecation.

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 Nepal is a collaborative initiative with the Government of Nepal. 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, Nadira Khawaja and Ratan Bahadur Budhathoki, with support from Anjani Abella and Rosenell Odondi, based on the SNV Nepal SSH4A 1st Mid-term Household Report, December 2017. It was edited by Sally Atwater, and designed by Belle Phromchanya.

Photos ©SNV (c/o Nico Hertweck)

(FRONT) Pictured at Saptari, government officials supporting BCC actions

(P2) Masons building a toilet at Mahottari district

(P3) Handwashing with soap during critical moments: a basic practice that leads to healthier lives

Endnotes

¹ The UKAID WASH Results Programme applies a relatively new form of development financing where partners, e.g., SNV, receive programme payment based on the quality of results, which are verified independently.

For more information

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In collaboration with the Government of Nepal, 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) in Siraha, Saptari, Bara, Mahottari, and Dhanusha districts engaged 366,076 people. Main achievements are shown below.

From January through December 2017...

Access to a toilet

- 0% of poorest households, **no change**
- 44% of female-led households, **up from 19%**
- 43% of households with people with disability, **up from 23%**



Hygienic use and maintenance of toilets

- 0% of poorest households, **no change**
- 45% of female-led households, **up from 20%**
- 46% of households with people with disability, **up from 23%**

Handwashing with soap after defecation

- 0% of poorest households, **no change**
- 39% of female-led households, **up from 17%**
- 42% of households with people with disability, **up from 23%**

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 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 'ladder' of access to and use of services. The performance and appropriateness of the approach is measured by three outcome indicator ladders, adapted from WHO/UNICEF's Joint Monitoring Programme (JMP) 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 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	Human faeces contained and not in contact with humans and 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.

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

OUTCOME INDICATOR 3. Progress in access to handwashing with soap (HWWS) near a 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 - rather than the behaviour of handwashing itself. A proxy indicator is used because questions about behaviour can prompt 'social 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 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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