



# SNV

## Tanzania – SSH4A Results Programme first mid-term review brief



**Over the course of one year, 139,863 people in eight districts in Tanzania gained access to improved sanitation and hygiene, 17,295 people began practising handwashing with soap after defecation, and open defecation rates fell by 11%. The results come from surveys conducted in December 2017, a year after SNV's Sustainable Sanitation and Hygiene for All Results Programme (SSH4A RP) began.**

As part of its Vision 2025, the Government of Tanzania has pledged to reach 95% access to improved sanitation by 2025. In collaboration with the government, SNV is implementing SSH4A's four-pillared integrated approach: demand creation, sanitation supply chain development, behaviour change promotion, and support on governance issues to strengthen sustainability.

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 model<sup>1</sup>. Programme districts<sup>2</sup> were selected because they had poor sanitation conditions and they were not included in the National Sanitation Campaign (NSC)<sup>3</sup>.

This mid-term practice brief reports progress during the first year of the SSH4A Results Programme. 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 (PWD).

### The challenge

High levels of poverty, limited toilet options, and cultural traditions have hampered the area-wide adoption of improved and safe sanitation in rural Tanzania. Pastoralism, for example, has contributed to the high prevalence of open defecation (OD) and the sharing of toilets: large numbers of people live as extended families (homesteads), and pastoralist men commonly have many wives whose families all share a single toilet.

### ACCESS TO TOILET (see fig.1)

During the first year of programme implementation, 11% of households abandoned OD, and overall access to improved sanitation (from Level 1A to 4) increased by 13%. These improvements are attributed to effective behavioural change communication (BCC) campaigns, stakeholder mobilisations, commitment and buy-in from local leaders, and Community-Led Total Sanitation (CLTS) triggering. Households have also benefited from market-led interventions to increase access to affordable and better latrines. In the coming year the programme should focus on encouraging households to move up the sanitation ladder and to build longer-lasting latrines.

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

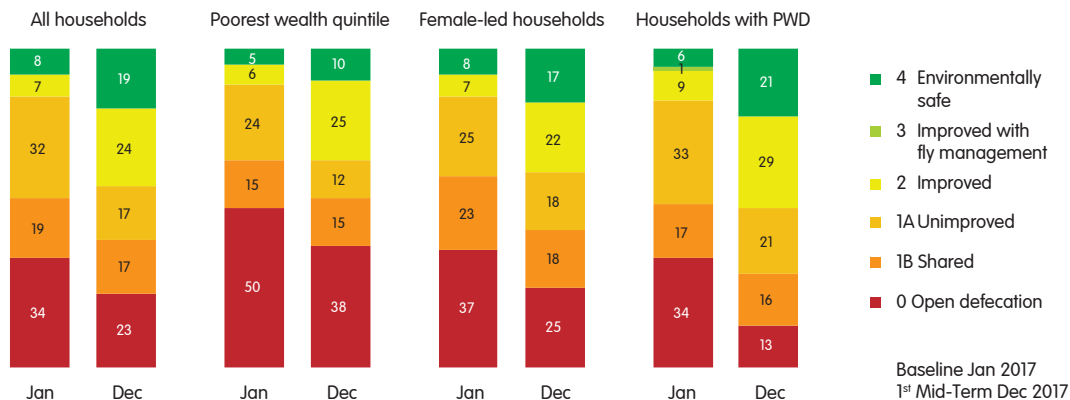


# Access to toilet up by 13%, access to improved sanitation up by 28%

Access rate: **60%** (Dec 2017 first mid-term review)  
**47%** (Jan 2017 baseline)



FIGURE 1: Percentage of households with access to toilets, January and 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.

Amongst the poorest wealth quintile, OD practice fell by 12%, with a proportionate increase in access to sanitation. Although this group showed the least improvement of the three vulnerable categories, access to Level 2 and Level 4 toilets increased by 19% and 5%, respectively.

In female-led households, OD practice fell by 12%, with a 17% increase in access to sanitation. Construction of Level 2 and Level 4 toilets increased by 15% and 9%, respectively. These improvements suggest that more households are conscious of the health benefits of toilet use and are willing to invest in improved sanitation.



On average, 10% of households in the programme area include people with disability (PWD), which is 2% higher than the national average. This large population warrants development of sanitation options that are PWD-friendly. PWD households had the most improved performance in 2017, with a 22% increase in improved sanitation and a 21% decrease in OD practice. In addition, construction of Level 4 toilets increased by 15%, and Level 2 toilets, by 20%, indicating that more PWD households are investing in better toilets. The programme will continue to focus on these households. Wooden pedestals will be promoted as a way to enable elderly and PWDs to use safe toilets.

The following interventions will be given priority for the coming year: fast-tracking CLTS triggering and follow-ups; identifying, verifying, and certifying ODF villages; introducing and promoting Safi latrines; and rolling out improved BCC messages. House-to-house interventions will be used to persuade all households to construct and use toilets. CLTS will also be used to encourage pastoralists to construct and use toilets; because this population is very conservative, the support of local leaders is needed to motivate change.

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

Mid-term survey results indicate that households practising the hygienic use and maintenance of sanitation facilities increased by 14%, with a commensurate reduction in households with no toilets. Most households (61%) now have 'functional' toilets and many have opted for Level 4 toilets – an indication that they value private as well as sanitary facilities. The increase in hygienic toilets also shows that the demand creation triggering being implemented through CLTS and the BCC interventions are effective.

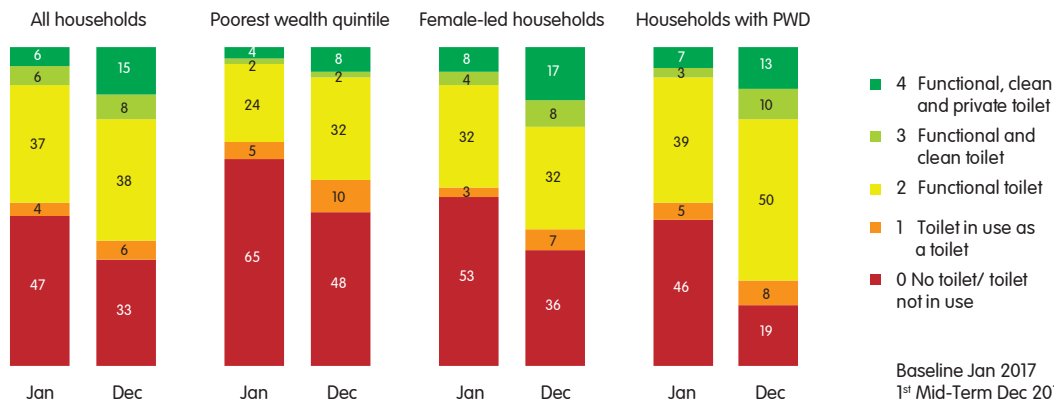
More BCC interventions will be directed at households that are still at Level 1 or 0, and will include a video that shows

## Use of toilets up by 14%, use and maintenance up by 12%

Use rate : **67%** (Dec 2017 first mid-term review)  
**53%** (Jan 2017 baseline)



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



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

how people end up eating excrement if they do not wash hands after going to the toilet or after cleaning a baby's bottom. One video shows a mother changing her baby's nappy – while waiting in line for vaccination services at a health clinic – who does not wash her hands afterwards; it is intended to start a conversation on the 'issue at hand', and what should have been done. The same video could trigger young children at school to encourage their parents to build tippy-taps and wash their hands with soap at five critical times.

A baseline survey and anecdotal studies of the poorest households found that unhygienic use and poor maintenance of toilets were responsible for the high

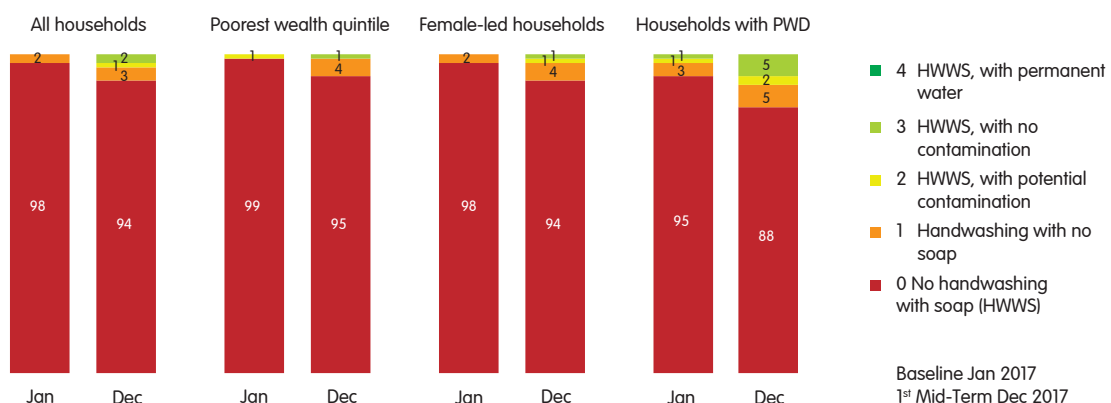
incidence of sanitation-related diseases amongst the rural poor. However, significant progress has been made: the mid-term results show a 17% increase in access to hygienic toilets, accompanied by a similar reduction in households with no toilets. Similarly, female-led households showed a 17% increase in access to hygienic toilets, with most investing in Level 3 and 4 toilets. There was no change from the baseline in the proportion of households using Level 2 toilets, which remained at 32%. Within one year, however, PWD households had the highest increase in access to hygienic toilets, 27%, and a similar reduction in households with no toilets; 73% of these households now have 'functional' toilets, compared with 49% at baseline.

## Access to handwashing facility with soap near toilet up by 3%

Access rate: **3%** (Dec 2017 first mid-term review)  
**0%** (Jan 2017 baseline)



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



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



The programme will continue behaviour change and advocacy interventions to mobilise the 33% of households with no toilets or do not use the ones they have. The programme will also continue using market-led interventions to increase access to improved toilets, with a focus on affordable options.

## HANDWASHING FACILITY WITH SOAP ACCESS

(see fig.3)

Households' access to handwashing facilities with soap remains low. Although 25% of the population had knowledge about HWWS after defecation, 94% of all households do not have handwashing facilities within a 10-meter distance from the toilet. No household achieved the highest level, handwashing with soap with permanent water – an indication that HWWS is still very low across all households. Overall progress was marginal, with a 3% increase from the baseline.

In the poorest and female-led households, 95% and 94% of households, respectively, had no access to HWWS, with marginal 1% and 2% increases in HWWS. Project interventions should target households at all wealth quintiles and encourage them to construct HWWS facilities.

PWD households had a 5% increase in access to handwashing facilities, but 88% of these households have no access to HWWS facilities. The small improvement is attributed to CLTS triggering and BCC interventions.

Over the next three years of the programme, households need to be educated or sensitised on HWWS through a robust behaviour change communication campaign with videos, radio promotions, messages to schoolchildren, and emotion-triggering demonstrations on why a handwashing facility should be constructed whenever a toilet is built. Also important is prioritising messages on using soap and washing hands at critical times; and refresher training for those who conduct triggering activities.

To address durability, affordability, and accessibility issues, the programme will continue to support artisan and mason training on technology options, including PWD-friendly options. The project will continue mobilising local leaders at sub-village levels to strengthen monitoring, enforcement, and reporting of progress. Hygiene promotion activities should continue to be implemented through local government and community health promoters, mainly in large community gatherings, religious institutions, and schools.



## 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 Tanzania is a collaborative initiative with the Government of Tanzania. 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 Jackson Wandera, with support from Anjani Abella and Rosenell Odondi, based on the SNV Tanzania SSH4A 1<sup>st</sup> Mid-term Household Report, December 2017. It was edited by Sally Atwater, and designed by Bingo!

### Photos ©SNV

(FRONT) Community meeting on sanitation progress in Mwambola village at Misungwi district

(P2) SNV advisor and local entrepreneur admiring squat pan

(P4) SSH4A RP multi-country programme manager talking to a latrine owner in Shashinulu village in Shinyanga district

## Endnotes

- <sup>1</sup> 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.
- <sup>2</sup> Maswa, Misungwi, Ililima, Msalala/Kahama, Shinyanga, Arusha Rural, Monduli and Hanang.
- <sup>3</sup> To address the poor health conditions in the country, in 2011 the Government of Tanzania embarked on a National Sanitation Campaign under the Water Sector Development Programme. Phase I of the campaign (2011–2015) aimed to provide rural households with adequate water and sanitation facilities, using a combination of Community-Led Total Sanitation, social marketing and behaviour change communication, as well as providing schools with appropriate WASH conditions.



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### For more information

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## 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 the '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
<b>4 Environmentally safe</b>	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.
<b>3 Improved with fly management</b>	Human faeces contained and not in contact with humans or animals. No flies or rodents enter or exit the toilet.
<b>2 Improved</b>	Human faeces contained and not in contact with humans and animals, with the exception of flies or rodents.
<b>1A Unimproved</b>	Unimproved (private) toilet. Human faeces not contained and may be in contact with humans or animals.
<b>1B Shared</b>	Unimproved toilet shared between two or more households. Human faeces not contained and may be in contact with humans or animals.
<b>0 Open defecation</b>	No toilet; open defecation.

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

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

Indicator level	Description
<b>4 Functional, clean and private toilet</b>	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).
<b>3 Functional and clean toilet</b>	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.
<b>2 Functional toilet</b>	Toilet used for its intended purpose. Functional water seal or cover (not blocked).
<b>1 Toilet in use as a toilet</b>	Toilet used for its intended purpose.
<b>0 No toilet/toilet not in use</b>	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
<b>4 HWWS, with permanent water</b>	Handwashing with soap within accessible distance. Hands do not touch water source. Permanent water available (running water, or handwashing at well).
<b>3 HWWS, with no contamination</b>	Handwashing with soap within accessible distance. Water container covered properly, with no risk of contamination. Hands do not touch water source.
<b>2 HWWS, with potential contamination</b>	Handwashing with soap within accessible distance. Water container not covered and easily contaminated when hands touch water source.
<b>1 Handwashing with no soap</b>	Handwashing station within accessible distance. No soap.
<b>0 No handwashing with (HWWS)</b>	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.

Note: In the SSH4A programme, progress in access to toilet (outcome indicator 1) is counted from 1A Unimproved Level. For outcome indicators 2 and 3, households that reach the levels of 1 Toilet in use as a toilet and 2 HWWS, with potential contamination - signify an improvement.

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