



SNV

Nepal – SSH4A Results Programme endline brief



Household survey results show that between 2014 and 2017, an additional 384,436 people in Nepal gained access to sanitation, and 256,667 more people began washing their hands with soap after defecation. Open defecation rates in 106 target VDCs fell dramatically, to 4% from 73%. These outcomes were achieved through the Sustainable Sanitation and Hygiene for All (SSH4A) Results Programme.

The Government of Nepal is committed to achieving national open-defecation-free status by 2017. By December 2017, the country had almost accomplished this goal, with 95% of the population having access to sanitation. With government, the programme has implemented a four-pillared integrated approach: sanitation demand creation, sanitation supply chain development, behaviour change promotion, and governance strengthening, with a focus on affordable sanitation options and localised strategies to ensure access for potentially disadvantaged households, e.g., poor, landless, female-headed households, and households with people with disability.

The approach, funded by the UKAID WASH Results Programme¹, was implemented in seven districts across three provinces². Programme districts were selected because they had poor sanitation conditions, were in remote areas, and/or had minimal engagement with development partners.

This endline practice brief reports the outcomes and lessons learnt in implementing a rural sanitation and hygiene project at scale in Nepal.

The challenge

The programme's baseline survey³ conducted in July 2014 showed that 73% of households either had no toilets or were practising open defecation (OD), and 5% were using shared toilets. In the three terai districts situated in the southern plains (Banke, Siraha, and Saptari), open defecation, in particular, was a deep-rooted social norm; more than 90% of households practised OD (versus about 60% nationwide).

Most households in the seven programme districts were not washing their hands with soap after defecation. The baseline survey reported that 82% of households understood the importance of handwashing, but only 8% had handwashing facilities with soap.

Key programme achievements

(2014 to December 2017)

The four-year rural sanitation programme achieved the following results:

All 106 target village development committees were declared OD-free (updated to March 2018 values)



91% of all households have access to a toilet (22% in 2014)



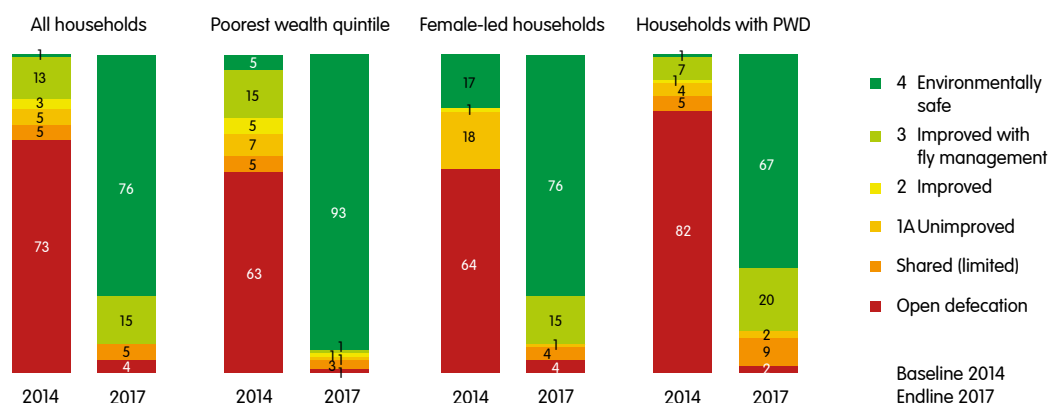
93% of all households practise hygienic use and maintenance of toilets (21% in 2014)



85% of all households have access to handwashing facilities with soap after defecation (8% in 2014)



FIGURE 1: Percentage of households with access to toilet, 2014 and 2017



Note: Under DFID's definition for the Results Programme, households with toilets categorised as Level 1A through Level 4 are considered to have access to sanitation.

End results of SSH4A RP implementation in Nepal

In December 2017, SNV conducted a programme endline survey through the random sampling of 2,554 households in 42 Village Development Committees (VDCs) to measure the benefits of SSH4A Results Programme's four-year implementation. Akvo's FLOW mobile application software was used to ensure efficiency in gathering and verifying data. Endline results are presented by percentage of households⁴.

ACCESS TO TOILET *(see fig.1)*

Aggregated household results show that over the four-year period, OD rates fell by 69%, with a commensurate increase in access to sanitation. In total, 91% of households invested in improved toilets, as defined by the 2011 National Sanitation and Hygiene Master Plan; these toilets are permanent structures until the plinth level and attached to containment units. The programme encouraged households make a one-time investment in the construction of durable, environmentally safe latrines. Notably, 76% of households built environmentally safe toilets that do not contaminate surface or ground water.

The poorest households had a 64% increase in access to sanitation and a 62% reduction in the practice of open defecation. This vulnerable group had the highest proportion of households with environmentally safe toilets (93%), largely because the poorest districts are found in hilly and mountainous areas. In general, although these areas are located far from water sources, the high infiltration capacity of sandy soils means that pits do not leak or overflow.

In female-led households, OD rates decreased by 60%, and access to sanitation increased by 56%. Efforts were made to promote the participation of women through dedicated female-led sanitation

campaigns. Female health mobilisers, women's groups, and house-to-house campaigns motivated women to prioritise investment in toilets.

Households with members with disability had an 80% decrease in OD practice and a 76% increase in access to sanitation. Furthermore, the programme engaged directly with such households to promote toilet options for different types of disability using local materials.

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

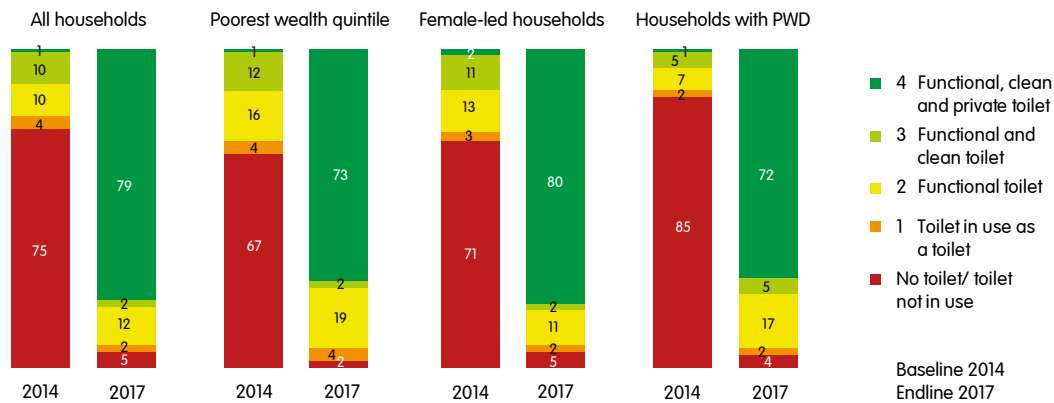
By the end of 2017, households with hygienically used and maintained toilets increased by 72%, with 79% of households being at Level 4 for the indicator (toilets are functional, clean, and provide privacy to the user). Non-use of constructed toilets was only 1%⁵. This high rate of use and proper maintenance of toilets resulted from a behaviour change communication (BCC) strategy that motivated households to use the toilets they had constructed regularly until the practice became normal behaviour for individuals, households, and the community as a whole. Keeping toilets clean and upgrading superstructures for the privacy and comfort of users were also key communication messages.

The poorest wealth quintile and female-led households similarly saw a 65% and 67% increase respectively

Hygienic use and maintenance of toilet up by 72%

Use rate: **93%** (2017 endline)
21% (2014 baseline) 

FIGURE 2: Percentage of households' hygienic use and maintenance of toilets, 2014 and 2017



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

in households with access to hygienically used toilets; most of them being at Level 4 on the measurement scale. In both types of households, non-use of toilets was also limited to 1%. Households with people with disability saw a 71% increase in use of functional, clean, private toilets, and an overall increase of 81% on the indicator. This can be attributed to the programme's rigorous BCC campaigns that focused on reaching all households through multiple actors/ sectors (VDC, health sector, education sector, local leaders, religious institutions, etc.), and used locally-tailored communication materials and activities (e.g., house-to-house visits, public announcements).

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

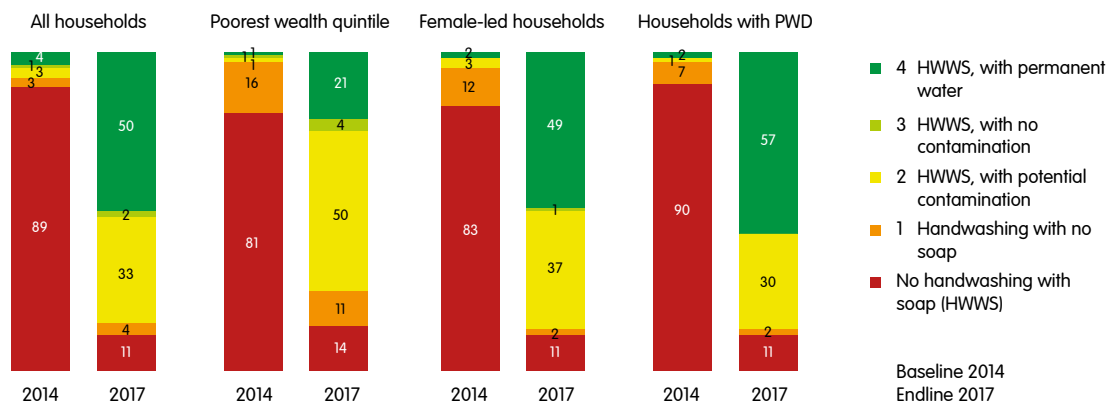
HWWS BCC campaigns resulted in a 77% increase in households with access to handwashing facilities with soap (Levels 2, 3, and 4). These improvements validate survey results that 98% of respondents acknowledged the importance of washing hands with soap after defecation.

In the poorest wealth quintile, access to HWWS increased by 72%, with a 67% reduction in households without handwashing stations, and a 5% reduction in households with handwashing facilities but no soap. Here it can be seen that the poorest wealth quintiles were less likely to have a handwashing facility where water was not contaminated (e.g., a closed bucket with a tap). Among female-led households, access to HWWS after defecation increased by 82%, with a 72% reduction of households without handwashing stations and a 10% reduction in households with handwashing facilities but no soap. In households with members with disability, access to HWWS increased by 84%, including a 55% increase in HWWS with no contamination of water. As with hygiene behaviour on toilet use, HWWS campaigns similarly aimed at reaching all households and different segments of the population (children, mothers, etc.).

Access to handwashing facility with soap near toilet up by 77%

Access rate: **85%** (2017 endline)
8% (2014 baseline) 

FIGURE 3: Percentage of households having handwashing facility with soap, 2014 and 2017



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

Recommendations and next steps

✓ **Transition to new structures:**

The administrative structures that the programme has worked with during the life of the project are changing owing to the country's adoption of a federal system of governance. Targeted support will be required for the new structures and stakeholders to further build on the achievements of the sanitation and hygiene sector, and to ensure a smooth transition of responsibilities to the new local bodies.



public impact but little personal or local impact. These take time and require higher level campaigns than those used in sanitation and hygiene promotion thus far. It is likely that these will need a sustained focus at all levels – local, sub-national and national – over a prolonged period.

✓ **Faecal sludge management:**

In the low-lying terai belt, soils are less permeable and ground water is high in many areas.

This means that the pits constructed for containing human waste will start filling up in the coming years and will need to be managed safely. New local bodies will need to develop and implement strategies that promote awareness of households on timeliness and safe emptying, services by the private sector on the same, basic practices in safe disposal (that can be expanded to collective treatment facilities in the future), and in the means of enforcing safe practices and services.

✓ **Professionalising services:**

While the campaign style approach has helped achieve ODF at a rapid pace, the new rural and urban municipalities should be encouraged to professionalise services and further institutionalise behaviour change functions to achieve the next milestone of 'Total Sanitation'⁶.

✓ **Changing mindsets:** 'Total Sanitation' addresses six key behaviours, some of which have broad

Endnotes

¹The 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.

²Humla, Mugu, Surkhet, and Dailekh in Province 6; Banke in Province 5; and Siraha and Saptari in Province 2.

³SNV Nepal SSH4A Country Baseline Report, October 2014.

⁴Figures are rounded off to the nearest whole number.

⁵This is calculated by subtracting the level 0 of the indicator on 'hygienic use of toilets' which shows the % of households with no toilets and toilets that are not being used with level 0 of the indicator on 'access to toilets' which only shows the % of households with no toilets.

⁶The National Sanitation Hygiene Master Plan's definition of 'Total Sanitation' consists of six indicators for achievement after ODF is realised. These are further described in the National Guidelines on 'Total Sanitation'.



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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 toilets or areas where food is prepared).

SSH4A RP in Nepal is implemented in collaboration 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.

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Photos ©SNV (by Nico Hertweck/HUMA)

(FRONT) At a behavioural change communications (BCC) community gathering in Malhaniya Saptari (P4) 'Total Sanitation' in practice: Salyan resident shows how she safeguards the family's health by, e.g., properly storing water

For more information

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In collaboration with the Government of Nepal, SNV supported local governments in leading and accelerating progress towards district-wide sanitation coverage in rural areas. Between 2014 and 2017, the Sustainable Sanitation and Hygiene for All Results Programme (SSH4A RP) was implemented in Banke district in Province 5; Humla, Mugu, Dailekh, and Surkhet districts in Province 6; and Siraha and Saptari districts in Province 2. Main achievements of this four-year collaborative effort are highlighted here.

From 2014 through 2017...

Access to toilets

- 96%** of poorest households, up from 32%
- 92%** of female-led households, up from 36%
- 89%** of households with people with disability, up from 13%

380,000 people gained access to sanitation

250,000 people began handwashing with soap after defecation

Hygienic use and maintenance of toilets

- 94%** of poorest households, up from 29%
- 93%** of female-led households, up from 26%
- 94%** of households with people with disability, up from 13%

Handwashing with soap after defecation

- 75%** of poorest households, up from 3%
- 87%** of female-led households, up from 5%
- 87%** of households with people with disability, up from 3%

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 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
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 a 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 handwashing with soap	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 sanitary toilet (outcome indicator 1) is counted from 1A Unimproved level. For outcome indicators 2 and 3, households that reach the levels of 2 Functional toilet and 2 HWWS with potential contamination - signify an improvement.

For more information

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